

TOLL-FREE **800.262.8777**

LOCAL **540.667.0600**

FAX **540.667.6562**

**VIRGINIA DEPARTMENT OF HEALTH
STATE EMS ADVISORY BOARD MEETING**

**FRIDAY, AUGUST 02, 2019
1:04 P.M.**

**EMBASSY SUITES BY HILTON RICHMOND
2925 EMERYWOOD PARKWAY
RICHMOND, VIRGINIA 23294**

APPEARANCES**ON BEHALF OF THE VIRGINIA DEPARTMENT OF HEALTH:**

JACQUELINE HUNTER BUYER

OFFICE OF EMERGENCY MEDICAL SERVICES

1041 TECHNOLOGY PARK DRIVE

GLEN ALLEN, VIRGINIA 23059

TELEPHONE: 571.528.5518

E-MAIL: JACQUELINE.HUNTER@VDH.VIRGINIA.GOV

BOARD:

CHRIS PARKER, CHAIR

EDDIE FERGUSON

PARHAM JABERI, M.D.

GARY R. BROWN, DIRECTOR

SCOTT WINSTON, ASSISTANT DIRECTOR

GEORGE LINDBECK, M.D.

AMANDA LAVIN

GARY CRITZER

KEVIN DILLARD

JON HENSCHER

GARY SAMUELS

DREAMA CHANDLER

JOHN KORMAN

TOM SCHWALENBERG

1 **BOARD :**

2 JASON FERGUSON

3 VALERIE QUICK

4 LORI KNOWLES

5 ALLEN YEE, M.D.

6 SAMUEL BARTLE, M.D.

7 MICHEL ABOUTANOS, M.D.

8 SHAWN SAFFORD

9 KAREN SHIPMAN

10 MIKE WATKINS

11 FEFF YOUNG, M.D.

12 MARGARET GRITTEN, M.D.

13 MARK DAY

14 GREY WOODS

15 William Ferguson

16 **SPEAKERS :**

17 CHRISTOPHER L. PARKER - CHAIR - VIRGINIA

18 EMERGENCY NURSES

19 DILLARD E. FERGUSON JR. - VIRGINIA STATE

20 FIREFIGHTERS ASSOCIATION

21 PARHAM JABERI, MD, MPT - CHIEF DEPUTY

22 COMMISSIONER

23 GARY R. BROWN - DIRECTOR

24 CAM CRITTENDEN

25 ADAM HARRELL

1 **SPEAKERS :**

2 VINCENT VALERIANO

3 KAREN OWENS

4 GEORGE LINDBECK MD - STATE EMS MEDICAL DIRECTOR

5 AND OEMS STAFF

6 AMANDA LAVIN - ASSISTANT ATTORNEY GENERAL

7 KEVIN DILLARD

8 JONATHAN HENSCHER

9 GARY SAMUELS - VIRGINIA FIREFIGHTERS/IAFF

10 DREAMA CHANDLER - VIRGINIA ASSOCIATION OF

11 VOLUNTEER RESCUE SQUAD

12 THOMAS E. SCHWALENBERG

13 R. JASON FERGUSON - BLUE RIDGE EMS COUNCIL

14 VALERIE QUICK - THOMAS JEFFERSON EMS COUNCIL

15 LORI KNOWLES - RAPPAHANNOCK EMS COUNCIL

16 ALLEN YEE - MD, FAAEM - VIRGINIA COLLEGE OF

17 EMERGENCY PHYSICIANS

18 JASON D. FERGUSON - WESTERN VIRGINIA EMS COUNCIL

19 SAMUEL BARTLE - AMERICAN ACADEMY OF PEDATRICS

20 MICHEL ABOUTANOS MD - AMERICAN COLLEGE OF

21 SURGEONS

22 DR. SHAWN STAFFORD

23 MIKE WATKINS

24 JEFF YOUNG

25 TIM ERSKINE

1 **SPEAKERS :**

2 KELLY PARKER

3 GREG WOODS

4 GARY W. TANNER - VIRGINIA ASSOCIATION OF

5 COUNTIES

6 BETH ADAMS - NORTHERN VIRGINIA EMS COUNCIL

7 ED RHOADES

8 WALTER N/L/N

9 VALETA C. DANIELS - VIRGINIA ASSISTANT OF

10 VOLUNTEER RESCUE SQUADS

11 CHAD BLOSSER

12 DILLARD E. FERGUSON - VIRGINIA STATE FIREFIGHTERS

13 ASSOCIATION

14 HEIDI N/L/N

15 JOHN C. BOLLING - SW VIRGINIA EMS COUNCIL

16

17

18

19

20

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

VIRGINIA DEPARTMENT OF HEALTH
STATE EMS ADVISORY BOARD MEETING

FRIDAY, AUGUST 2, 2019

1:04 P.M.

MR. PARKER: I'd like to take a moment and welcome everyone to the August 2nd EMS Advisory Board quarterly meeting. The agenda is before, should be before most of you. I know we're running a little tight on seats. The staff is working to bring more seats in. First we'd like to stand for the Pledge of Allegiance. The flag is located in this direction.

(WHEREUPON, the Pledge of Allegiance was recited.)

MR. PARKER: Please remain standing for a moment of silence for those public safety members who have lost their lives since our last meeting. I ask that you keep Dr. Melton and his family as well as the entire healthcare community in your thoughts.

(WHEREUPON, a moment of silence was observed.)

MR. PARKER: Thank you. You may be seated. The first item up is the approval of the May 3rd meeting minutes. The minutes were distributed as well as posted on the town hall.

1 A motion to approve the minutes?

2 **BOARD MEMBER:** I submit.

3 **MR. PARKER:** Second?

4 **(WHEREUPON, the motion was seconded.)**

5 **MR. PARKER:** All in favor?

6 **(WHEREUPON, the board members voted in the**
7 **affirmative.)**

8 **MR. PARKER:** Motion passed. You
9 have before you the agenda. I need a motion to
10 approve the agenda.

11 **(WHEREUPON, the motion was approved.)**

12 **MR. PARKER:** So moved. Second?

13 **BOARD MEMBERS:** Second.

14 **MR. PARKER:** All in favor?

15 **(WHEREUPON, the board members voted in the**
16 **affirmative.)**

17 **MR. PARKER:** Agenda is approved.
18 Chairman's report. And I apologize for this
19 being a little lengthy, and I want to start off
20 this meeting by reading a few statements from the
21 EMS Agenda 2050. "More than 20 years ago,
22 Emergency Medical Services pioneers and leaders
23 described a vision of data-driven and evidence-
24 based systems in the EMS Agenda for the Future.
25 Since then, the profession has worked tirelessly

1 to fulfill the vision set out in that landmark
2 document. When tasked with creating a vision for
3 the future of the Emergency Medical Services in
4 the United States, the charge was clear: to
5 create a bold vision for EMS and the people we
6 serve. A people-centered EMS system includes
7 processes, protocols, technology, policies and
8 practices designed to provide the best possible
9 outcome for individuals and communities. The
10 people-centered EMS system serves as the front
11 line of a region's healthcare system and plays a
12 core role in supporting the well-being of a
13 community residents and visitors through data-
14 driven, evidence-based and safe approaches to
15 prevention, response and clinical care. EMS
16 organizations collaborate with their community
17 partners and have access to the resources they
18 need, including up-to-date technology and a
19 highly trained, healthy workforce." Many of you
20 are aware, although some may not be, the system
21 we have here in Virginia was founded mostly on
22 the hills of this historical document of twenty
23 years ago. As we move into this new era of EMS,
24 one thing remains clear: Virginia stands on the
25 forefront of being both innovate and

1 collaborative in our approach to Emergency
2 Medical Services in this state. I would like to
3 personally thank Gary and all of the office of
4 EMS staff for pushing and oftentimes hurling,
5 sometimes kicking and screaming, Virginia forward
6 to remain ahead of most of the country. As
7 prescribed in Code of Virginia, the purpose of
8 the EMS Advisory Board is in advising the Board
9 of Health by way of the Office of EMS on the
10 following. The administration of the statewide
11 Emergency Medical Services system, the Emergency
12 Medical Services vehicles maintained and operated
13 to provide transportation to persons requiring
14 emergency medical treatment, and for reviewing
15 and making recommendations on the statewide
16 Emergency Medical Services plan. Furthermore,
17 the EMS Advisory Board is charged to review
18 reports on the status of all aspects of the
19 statewide Emergency Medical Services system to
20 determine what is in the best interest of the
21 patients of which we serve within this great
22 Commonwealth. With that in mind, it is
23 imperative that we reflect and look forward and
24 also inward to determine if we are where we
25 should be for the future of the EMS system in

1 Virginia. I also want to note that we will be
2 following the Board of Health procedures for
3 public comment during this meeting. Those coming
4 before the board are reminded that they will have
5 three minutes to address the board. The board
6 does not have to respond to public comment. And
7 this concludes my report. Next up is the vice
8 chair report, Eddie Ferguson.

9 **MR. FERGUSON:** Thank you, Mr.
10 Chairman. I don't have a report at this time.

11 **MR. PARKER:** Thank you. Chief
12 Deputy Commissioner Dr. Jaberri?

13 **DR. JABERI:** Thank you, Mr. Chair.
14 It's a pleasure to be here. In your opening
15 remarks, you mentioned Dr. Melton's name and I
16 just wanted to, for those who aren't aware, just
17 to share some messages and some information that
18 we heard this morning. For those that don't know
19 him, Dr. Sam Hughes Melton is a long-time
20 physician leader and has assumed many, many
21 different roles with the state. Previously he
22 was in this role, the chief deputy commissioner
23 for Virginia Department of Health, and most
24 currently had been serving as the commissioner
25 for the Department of Behavioral Health and

1 Developmental Services. We were informed that he
2 was in a motor vehicle crash on Wednesday
3 afternoon and was transported to UVA where he
4 sustained very serious injuries. This morning it
5 was reported at the commissioner's office that it
6 does not seem that he will be able to surmount
7 those injuries today. So again, we'd like to
8 just certainly acknowledge him. I know there
9 will be a lot more information coming from the
10 governor's office, from the commissioner's office
11 and certainly the secretary of health with
12 regards to this event, and again we ask that you
13 keep his family in your thoughts and prayers in
14 this difficult time. He has touched the lives of
15 many folks at VDH and I'm sure many of you here
16 in this community, and his loss will be felt
17 throughout Virginia. So again, I'm sorry to
18 share that news with you, but thank you for the
19 acknowledgement, Mr. Chair. The report I guess
20 that I want to just simply share is a follow-up
21 of some conversation, impromptu to some extent.
22 We knew that we'd have a number of stakeholders
23 here in this quarterly meeting gathered here in
24 Richmond, and some questions and concerns and
25 some paths for future strategic planning as it

1 relates to the relationship between the Office of
2 EMS and our EMS councils across the state. So
3 we've had certain discussions recently about
4 offering additional assistance to the councils in
5 providing some staff support, some FTEs where we
6 would be able to better help and coordinate the
7 administrative duties that falls upon many of our
8 councils. Really, for the sake of efficiency,
9 for the sake of where things like such as
10 procurement where we could use the assets and
11 resources of the state to be able to purchase
12 equipment or items at a reduced rate, for a
13 number of reasons, our Office of EMS had been
14 again approached for some support, and I'll ask
15 Mr. Brown to expand upon those. At the same
16 time, we had also been asked by some stakeholders
17 about the communications and the relationship had
18 between the Office of EMS and our councils. We
19 realize that we're a regulatory agency, we're
20 contracting out to the councils, and some of the
21 discussions that are sometimes had about the
22 deliverables of what is expected and what we hope
23 to achieve can require some revisiting, and
24 really looking at how those questions and those
25 demands or those asks are had of the councils and

1 what we could do to ensure that the communication
2 between the office and the councils continues so
3 that we can maintain our coordinated and
4 collaborative system as we go forth. So we have
5 an issue of staffing the councils and issue
6 regarding communications. And then as many of
7 you know, I took this position on ten months ago
8 and in recent months had been working with the
9 Office of EMS leadership to learn a little bit
10 more about the impact the councils have had
11 across the state, and I've come to realize, as
12 many of you know, there have been multiple
13 iterative processes, one approximately every ten
14 years, to look at how we can improve service
15 delivery across the state. We realize that the
16 councils are an extension of the office, are able
17 to help us implement and coordinate much of the
18 work that the office is charged to do by code in
19 the system. They're the ones that know the
20 partners and they bring many of the critical
21 stakeholders together, and that effort is not
22 just unique to OEMS. That is exactly how we do
23 our work and other offices across VDH. Our
24 Office of Drinking Water has a central office in
25 Richmond. The employees in the regional office

1 are ours but we work through a coordinated and
2 collaborative system to ensure that local input
3 is taken and received and that we're able to
4 ultimately deliver a product in the service that
5 takes into account the variability across this
6 beautiful and very large state. So the
7 discussions have kind of evolved around where do
8 we need to standardize and where do we need to
9 keep that local flexibility in a discussion I
10 presume will continue ten years again from now
11 and twenty years again from now, but some
12 interest in looking at what exactly again do we
13 need the councils to do to ensure that we have
14 this coordinated and collaborative system, what
15 is the ask of the Office of EMS, how can we
16 really partner most effectively to ensure the
17 citizens, the providers, and all other
18 stakeholders receive the necessary services from
19 VDH and again our local stakeholders. So I just
20 wanted to put this out there on the table. We
21 had this discussion with the Executive Advisory
22 Committee on Wednesday, and it was felt that we
23 should openly share this interest with all of our
24 members here today. We are working on developing
25 that stakeholder input, but we wanted to simply

1 let you know that this was something that VDH,
2 the Office of EMS was looking at in terms of
3 again the role of the EMS councils, how we can
4 best support them, and future collaborations
5 going forth. While that is the long-term
6 project, I do want to allow Mr. Brown to comment
7 on some of the more immediate steps and requests
8 of our office in terms of the administrative
9 support that some of the councils have asked of
10 OEMS to take on.

11 **MR. BROWN:** Okay. Thank you, Jr.
12 Jaber. For those of you that were here for the
13 February meeting of the State EMS Advisory Board,
14 Gary Critzer, who was past chair of the advisory
15 board but also president of the Central
16 Shenandoah EMS Council, did report on a, kind of
17 a new approach, a new model in the Commonwealth
18 of a partnership with that council. They had
19 approached us about some of their challenges,
20 whether it be fundraising to staffing to service
21 delivery, and we entered into just open
22 discussions and dialogue, and it was really
23 driven by Central Shenandoah, their Executive
24 Committee, and their board of directors with
25 regards to what was the best opportunity for that

1 region of the state through the council for
2 support of their EMS system, their EMS providers,
3 their EMS agencies, the hospitals, and so forth.
4 It was, as we began that dialogue, it did become
5 very evident, and they expressed this themselves,
6 that the sustainability of their council was
7 pretty bleak in some respects, and they were
8 really looking to, at a different way of doing
9 business. And that business, what was finally
10 agreed upon, again it was a true dialogue and
11 coming to an agreement that we would place state
12 staff in that region. The council still exists,
13 still has a board of directors, but we would
14 assume all the staffing and operational
15 responsibilities, and that includes everything
16 from rent to payroll to HR, just the
17 infrastructure of technology support, the VITA
18 drops, the computers, the phones, and really take
19 that burden off the council and the amount of
20 time that they were using to try to fundraise,
21 and then being in competition with their
22 jurisdictions and agencies, which was becoming
23 more and more difficult for them to continue with
24 reasonable funding for the council. So we have
25 entered into an agreement with the board of

1 directors of the Central Shenandoah EMS Council,
2 and Mr. Critzer did present this to the board in
3 February. Immediately following that, there was
4 some additional interest expressed to the Office
5 of EMS from a couple other councils. We have not
6 moved swiftly, but we are moving forward with
7 discussions with these couple of other councils
8 that are exploring this same opportunity to be
9 able to possibly mirror something very similar to
10 Central Shenandoah, but knowing that it needs to
11 be what's right for those council service areas.
12 It is not the desire, it has never been the goal
13 of the Office of EMS, Virginia Department of
14 Health to do away with regional councils. In
15 fact, what we're trying to do is support
16 regionalized systems of care. That tier in the
17 Commonwealth is really important. We have
18 national documentation most recently from the
19 Institute of Medicine that talks about
20 regionalized systems of care, and we have to have
21 that. The Office of EMS, Virginia Department of
22 Health cannot do everything from Richmond, nor
23 should we. It has to be a reasonable approach.
24 There has to be the protocols. There has to be
25 the drug box exchanges. It has to be local

1 involvement to reflect what the EMS system needs
2 in their particular service area, because one
3 size does not fit all. So it has to be, we can't
4 go in and just with one model if you will and say
5 here it is, take it or leave it, and that has
6 been stated that we've had approach in some
7 respects on some things like that. That is not
8 our approach. This has to be customized. It has
9 to be worked out with each of the councils and it
10 has to be something that is doable. It has to be
11 something that is going to make improvements and
12 it is going to make a difference, and we're
13 driven by several creeds if you will, but the
14 main one, and I'm glad that the Chair read from
15 the Code of Virginia, because this is patient-
16 care driven. If we do what's right in the
17 Commonwealth, no matter what region you're in, to
18 improve and do what's right for the delivery of
19 EMS patient care, then we're doing our jobs, and
20 that's what has to drive this process and that's
21 what is driving it. The second thing that I've
22 always lived by is do the right thing, and we're
23 going to do the right thing. And so it is a
24 collaborative effort. I'm glad that Dr. Jaber
25 is here. He knows that it's a collaborative

1 effort that needs to be instilled and he's very
2 well aware that we have to have good
3 communications, and we do need to move forward.
4 We need to, models that were put into place in
5 the 1970s and 1980s simply are not working for
6 today. Things have changed. So that's kind of I
7 guess a little bit of some specificity, but
8 that's really where we are at the moment. It's
9 just, it's an open dialogue and it's really
10 working together, and we'll work with any of the
11 other regions that at any point they want to
12 approach us, but we're not going into any area of
13 the state and initiate discussions first. We're
14 waiting to see if any councils that liked what
15 they heard about Central Shenandoah and they have
16 approached us, then we will listen. And that's
17 exactly what we're doing right now.

18 **MR. JABERI:** Thank you and just to
19 piggyback on that, again, this is being shared,
20 oftentimes we come here to present a plan. It's
21 just a simple opportunity for us to be
22 transparent and let you all know of our intent.
23 Certainly open to any feedback, comments,
24 questions. Many of you have your specific
25 contacts of the Office of EMS, but with regards

1 to these two issues, I would ask that you do, if
2 you have those contacts, to cc Mr. Brown or
3 myself where appropriate so we can be kept
4 abreast of the necessary questions and desires
5 that need our attention. But again, I just want
6 to simply appreciate, send my appreciation to all
7 of the individuals that did come forward
8 throughout the course of this week and prior to
9 share their concerns. We at the Virginia
10 Department of Health take all of those comments
11 quite seriously and we like to take action that
12 shows our responsiveness and hopefully our
13 ability to resolve those issues. So thank you
14 again and thank you for allowing us to have this
15 update.

16 **MR. BROWN:** Thank you, Dr. Jaber. I
17 We're down to the Office of EMS reports. I
18 guess, let me do a little bit more. Maybe I
19 shouldn't be announcing what I'm getting ready to
20 announce, but just to be fully vetted here, we
21 have put in a budget amendment through the VDH
22 process. All state agencies' offices every year
23 are given an opportunity to submit proposed bills
24 or budget bill language and so forth, and we have
25 put in a request, it's a non-financial budget

1 request. It's only to establish FTEs, in the
2 case we need them, and what we're doing is just
3 trying to again be visionary to be proactive. If
4 we need to pool from a pool of FTEs because we
5 bring on another council and support that council
6 through state staff, then we're able to have
7 those FTEs. So that has been put forward. We
8 don't know what the outcome of that's going to be
9 at the moment, but we are working that way. And
10 to give one other example, one of the executive
11 directors for council said that they were
12 spending up to seventy percent of their time
13 fundraising and it's becoming really even more
14 difficult to have support for the council, and
15 it's said that the sustainability of that council
16 is probably less than two years. So they are
17 being proactive in working with us, but we also
18 have to have the infrastructure and the ability,
19 because we don't want to see a council or region
20 fail. We want to see it succeed. And if we're
21 going to come in and help be part of the
22 solution, we will need a pool of FTEs. So again,
23 just want to kind of put that out there. I hope
24 that was okay. Oh, he didn't say yes.

25 **MR. JABERI:** Just for those that

1 don't work in the state government, just to
2 understand, let me explain why Gary is sharing
3 that. So that was an office request of the
4 commissioner's level. That issue is actually,
5 the discussion started on Wednesday going forth.
6 In order to meet the needs of Central Shenandoah,
7 we just simply took from our agency FTE pool. We
8 all have a certain number of individuals we can
9 hire, regardless of whether we have funding or
10 not, and so, you know, those are positions that
11 could be a disease surveillance specialist, a
12 public health nurse, wherever. So we created
13 those positions earlier this year. However, the
14 request that had come in was roughly twenty-nine
15 FTEs. So the reason we share that here is it's
16 important when VDH puts forth those requests, if
17 it is approved in that forum, I believe we'll
18 probably have a more sequential introduction that
19 we would recommend to the secretary's office,
20 which then needs to be, you know, approved by the
21 governor's office before it's brought forth to
22 the general assembly, is that many times, it's
23 looked upon as expanding the size of government.
24 So it's important for you all to understand what
25 the process is like, is that if we do want state

1 FTEs to help support the councils while we have
2 the funds for it, it's still creating new
3 positions and expanding the size of government,
4 so we would need to work with the messaging with
5 our local partners in order to ensure and really
6 help elucidate why we are doing what we're doing.
7 So while we were able to respond to Central
8 Shenandoah's needs using the current FTEs of VDH,
9 we do not have additional FTEs to be able to
10 respond to the newer requests that have come in.
11 So again, just in the spirit of transparency,
12 sometimes we deal with, in the state agencies,
13 specific challenges that prevent us from
14 necessarily being able to move forth, and I want
15 to just make sure everybody has that
16 understanding. So that consideration is working
17 its way up through the commissioner's level and
18 the secretary's level, and certainly your input
19 as to whether you feel this is an appropriate
20 path to take would be helpful as we make our case
21 to the secretary and the governor's office.
22 Thank you.

23 **MR. BROWN:** Thank you. At this
24 time, I'd like to introduce a new member to the
25 state EMS Advisory Board. As you know, Northern

1 Virginia was represented by Jose Salazar and he
2 retired from Loudoun County, and so the Northern
3 Virginia EMS Council did submit three nominees to
4 the secretary of the Commonwealth's office for
5 the governor's consideration, and the governor
6 did make his appointment, and we were notified
7 earlier last week that it's Beth Adams. Beth, if
8 you'll raise your hand and say hi. And so Beth
9 is representing the Northern Virginia EMS Council
10 with the unexpired term of Jose and then will be
11 eligible obviously for reappointment. At the
12 moment, Beth is a quality manager for the EMS
13 Division Fairfax County Fire and Rescue
14 Department. She's also been an adjunct assistant
15 professor in the clinical research and leadership
16 of the health science programs at George
17 Washington University in D.C. She's been in that
18 role since 1995 to the present. She is really a
19 laundry list here of professional experience,
20 education, licensure and certification, and
21 selected professional activities, very highly
22 qualified. I've met Beth I think back in the
23 nineties and it's really a pleasure to have her
24 on board as the newest Advisory Board member, and
25 Beth, I'll see if you would like to say anything

1 to the board.

2 **(WHEREUPON, Ms. Adams indicated negatively.)**

3 **MR. BROWN:** Okay.

4 **MR. PARKER:** To be transparent,
5 she just met me about three minutes before...

6 **MR. BROWN:** Exactly.

7 **MR. PARKER:** ...the start, so...

8 **MR. BROWN:** Exactly.

9 **MR. PARKER:** ...welcome aboard.

10 **MR. BROWN:** Okay. And as we're
11 doing some recognition, we do have, at Office of
12 EMS, we do have an employee that I do want to
13 recognize, and if she could at least come forward
14 and stand in the middle so we can embarrass her,
15 Heather Phillips. She's somewhere in the room.
16 Okay, while Heather is walking towards the
17 center, here's a resolution, it's the State EMS
18 Advisory Board Certificate of Recognition. By
19 virtue of the authority vested by the State
20 Emergency Medical Services Advisory Board of the
21 Commonwealth of Virginia and the Virginia Office
22 of Emergency Medical Services, there as hereby
23 officially recognized S. Heather Phillips Green.
24 Whereas S. Heather Phillips, National Registry
25 Paramedic, has dedicated more than thirty years

1 of service to the EMS field as a volunteer and
2 career professional, she has represented EMS
3 interests throughout the Commonwealth by serving
4 at the local, regional, and state level to help
5 improve Virginia's EMS System. And whereas
6 Phillips has served as an EMS provider, educator,
7 staff member of the Virginia Office of EMS, in
8 September of 2001, Phillips became a Virginia
9 Office of EMS program representative, and in
10 March of 2006, she accepted the role as program
11 representative supervisor. She has held up her
12 retirement, to her retirement now. Whereas
13 Phillips has managed numerous commitments
14 effortlessly throughout her career, her extensive
15 knowledge and expertise in the field of public
16 safety has allowed her to actively participate on
17 various committees and serve as a resource of
18 information to EMS agencies and to the EMS
19 community. Whereas consistently Phillips worked
20 to improve the quality and service delivery of
21 EMS Virginia as a provider, instructor, and
22 compliance investigator. In addition, she
23 maintains numerous certifications in emergency
24 management and as an EMS instructor. Therefore,
25 be it resolved that the Virginia Office of EMS

1 and the State EMS Advisory Board hereby commends
2 and honors S. Heather Phillips Green for her
3 commitment and contribute to Virginia's EMS
4 system and for her service to protect the health
5 and promote the well-being of all people in
6 Virginia. Signed by myself and Chris Parker.

7 So, Heather?

8 **(WHEREUPON, the audience applauded.)**

9 **MR. BROWN:** Okay, well, as we're
10 honoring someone that's retiring, we're going to
11 recognize someone that just started, so Cam
12 Crittenden, if you will introduce the newest
13 member of your staff. Hey Cam, can you come to
14 the mike? I know you love that.

15 **MR. CRITTENDEN:** Thank you,
16 everybody. Narod Misroy has been working with
17 the Office of EMS for the last year as a contract
18 epidemiologist. We got approval from our
19 leadership to post that as a full-time position
20 and we recruited and interviewed multiple
21 candidates. Narod was one of them, and he came
22 through with flying colors, was the best
23 candidate and we were very fortunate to offer him
24 a full-time position and he accepted, so he is
25 part of our team permanently now. So welcome

1 him.

2 **(WHEREUPON, the audience applauded.)**

3 **MR. BROWN:** Okay and following
4 the path of recognition, we do have a board
5 member that needs to be recognized and was just
6 recently appointed chief of Goochland County, and
7 that is Eddie Ferguson. Where is Eddie? Oh,
8 right here.

9 **(WHEREUPON, the audience applauded.)**

10 **MR. BROWN:** That was a big deal.
11 He was even on television here in the Richmond
12 area for the announcement and so forth, and let
13 me tell you, if you're looking for a good county
14 to move to, you can move to Goochland because
15 you're going to be in great hands with Eddie and
16 his staff.

17 **MR. FERGUSON:** Appreciate that.

18 **MR. BROWN:** Okay, along these
19 lines, I will continue with Adam Harrell to
20 introduce an intern that's in our office, and if
21 Adam will come to the microphone, too, and we're
22 going to have our intern explain the project that
23 he's working on, which I think will be of
24 interest to everyone here.

25 **MR. HARRELL:** See, I came up to

1 the mike without having to be prompted. And I'm
2 not going to be near as long-winded as Cam. I'm
3 going to let Vince do the talking. Vince came to
4 the Office of EMS as a graduate intern for the
5 summer. He comes from Liberty University, and
6 I'm going to let him provide you a little bit
7 more on his background and the project that he's
8 working on.

9 **MR. PARKER:** Is that microphone
10 on?

11 **MR. VALERIANO:** Hello?

12 **MR. PARKER:** There.

13 **MR. VALERIANO:** Okay. Thank you
14 for having me here. It's an honor to be here.
15 I've really enjoyed my time at the Office of
16 Emergency Medical Services and I have a passion
17 for the project that they have tasked me with.
18 As many of you know, EMS provider mental health
19 is a serious issue. In 2015, reviving responders
20 conducted a national survey on EMS provider
21 mental health and found that EMS providers
22 contemplate and commit suicide at a rate ten
23 times higher than the national, or the general
24 population. In 2018, the Ruderman Foundation did
25 a study and found that first responders are more

1 likely to die by suicide than in the line of
2 duty. So EMS provider mental health is a serious
3 issue, and currently we don't have any
4 information or data about EMS provider mental
5 health within the state of Virginia. And so my
6 project that I've been tasked with is to build a
7 surveillance instrument to assess EMS provider
8 mental health. And so some of the objectives of
9 that are to one, get a baseline understanding of
10 what is the mental health status of our EMS
11 providers. Two is understanding what are the
12 barriers to EMS providers seeking help. Three is
13 understanding what services are being utilized
14 and what services are needed. Four is
15 understanding the culture and attitude
16 surrounding mental health within EMS agencies and
17 to see if there's, EMS providers feel supported,
18 if EMS providers feel that there are high levels
19 of stigma within their agency, just to get an
20 understanding of that. And then five I think is
21 important is to provide EMS providers a safe and
22 stigma-free place to express concerns about
23 mental health issues that they may have seen or
24 are experiencing. And so our goal is to really
25 understand what are the issues surrounding EMS

1 provider mental health, and then two is to really
2 have data to back up interventions that we will
3 do in the future. And so these past two months,
4 I have been working on building a survey with my
5 team. We've had internally the Office of
6 Emergency Medical Services. We have constructed
7 a survey utilizing previously validated questions
8 and creating some of our own. We have sent out
9 the survey to a thousand randomly selected EMS
10 providers to pretest the instrument. We made
11 final changes to the instrument, and this past
12 two Mondays ago, we sent out the instrument. And
13 so as of today, we have out of thirty-four
14 thousand EMS providers that we sent the
15 instrument to, the survey to, we have about
16 twenty-three hundred responses. So I can give
17 you guys some stats of our baseline of what we
18 have so far. So as of today, 62.8 percent of EMS
19 providers reported having experienced being burnt
20 out in their career or volunteering as an EMS
21 provider; 54.6 report experiencing traumatic
22 stress that has had a negative impact on their
23 mental health as an EMS provider; 40 percent
24 report that they have suffered from depression
25 due to serving as an EMS provider; 38.5 percent

1 believe that they have experienced PTSD due to
2 serving; and 14.7 percent reported that they have
3 contemplated suicide since becoming an EMS
4 provider. And so these are just some of the
5 really crude baseline statistics that we have so
6 far. We're going to be doing another week of
7 data collection, and then after that, we're going
8 to be analyzing the data and then coming up with
9 a plan of action. But our ultimate hope is that
10 this survey will result in further action that
11 will help EMS provider health and safety and
12 resiliency and hopefully also decrease stigma
13 that may be around EMS provider mental health.
14 Thank you.

15 **MR. PARKER:** Thanks, Vince.
16 Appreciate that. I would also have, kind of
17 challenge Vince and Adam and Karen that we submit
18 a post-abstract to the National Association of
19 State EMS Officials for next year for their
20 competition. I think we're going to be very
21 strong in terms of a submission and I think it
22 will gain national recognition. Just another
23 example of things that we're doing as an office
24 that truly is I think ahead of the curve and
25 ahead of other states in terms of what we're

1 doing. So stay tuned. Oh yeah, well, I tell
2 you, Karen, you said you like surprises, so let
3 me call on you. We have done, and I think we
4 mentioned at the last board meeting, met the call
5 presentation, and we actually rolled out the
6 video at last year's EMS Symposium at the banquet
7 that night and kind of talk about that and any
8 statistics off the top of your head and also our
9 award.

10 **MS. OWENS:** Oh, well, I didn't
11 make note cards. So as y'all know, the Make the
12 Call Campaign was a targeted campaign to all of
13 public safety to take the stigma away, to get
14 them to understand that it's okay to make the
15 call and to, you know, step up and recognize
16 mental health as an issue. We shared it. We did
17 a targeted campaign that actually ended at the
18 end of July, of posters, Twitter posts, Facebook
19 posts that actually targeted first responders.
20 We kept the video up. When we first shared the
21 video on Facebook, the Richmond Ambulance also
22 shared it and they had over twenty-four thousand
23 views in the first two days, which was very
24 mindboggling. So that targeted campaign is
25 technically done. We're no longer advertising

1 the campaign or the video across social media,
2 but it's all out there still. It's available,
3 the video, the posters, all of the media that was
4 put together by the company we worked with is
5 available for free to anybody that wants it.
6 It's at www.vdh.virginia.gov/makethecall. Okay,
7 I had to make sure. I didn't want to give you
8 the wrong website. And you know, the company
9 that we worked with was actually very excited for
10 the work. They were passionate about it, you
11 know, put together a good product. Do you want
12 me to give the rest of the, okay. I see a lot of
13 head shakes. And they submitted it to a
14 competition, the fortieth anniversary of the
15 Telly Awards is this year, and they were excited
16 to share with us that the Make the Call Campaign
17 won a bronze Telly for the category that it was
18 submitted. These are awards that are given to
19 media that has developed, Conan O'Brien has won
20 awards for media shown on his show, CNN, Fox
21 News, a lot of, MSMBC, they've all kind of
22 submitted some of the health videos that have
23 gone out have been put in for this, so we were
24 really excited to win bronze and glad that it got
25 a little more attention just nationwide to get

1 that campaign out. I have no statistics, though.

2 **MR. BROWN:** Thank you, Karen. We
3 won a bronze out of fifteen thousand submissions
4 for awards. And now that she mentioned the
5 fortieth anniversary of the Telly Awards, that's
6 a good segue for me to talk with the fortieth
7 anniversary of the Virginia EMS Symposium. And
8 so that's coming up in November. Irene I know
9 has reached out to every member of the EMS
10 Advisor Board, and years ago we, even though it's
11 really hard on the staff, it was still, we
12 thought it was important that the last quarterly
13 meeting of the calendar year for the state EMS
14 Advisory Board be held in concert with the State
15 EMS Symposium. And we have held it there I guess
16 probably for at least the last twenty years, it
17 seems, and we felt it was important to, because
18 that's really the largest gathering of EMS
19 providers at any one time in the Commonwealth of
20 Virginia, and to be able to, number one, expose
21 them to who the advisory board was, but also give
22 the advisory board members an opportunity to look
23 at the providers and say the decisions we make
24 are impacting each of you. So it's a really win-
25 win educational session both ways, and we have

1 found that it's really well-attended. Our EMS
2 providers like that opportunity to know who the
3 advisory board is, what they are, what you do and
4 so forth. So anyway, we do waive the
5 registration fee for the advisory board members
6 to attend the entire symposium. We do cover at
7 least one night of lodging for you, and multiple
8 nights in terms of if you're also attending any
9 of the committee meetings or you're a member of
10 any of the other committee meetings that are
11 taking place at the symposium. If you have not
12 registered, do see Irene so she can get you
13 registered in our system because we do have to
14 override a couple of the fields to waive the fee
15 and things of that nature and let her know what
16 lodging requirements you have and so forth to
17 attend the symposium. And speaking of that, we
18 have over four hundred classes scheduled this
19 year, so we're keeping with the four and the
20 fortieth, and that's the largest number of
21 classes of any conference in the entire United
22 States. So again, we're really pleased about
23 that. We have tremendous tracks, tremendous
24 speakers both from Virginia and nationally and
25 internationally. We're going to have, in working

1 with Kevin Dillard. We're going to have guests
2 from Germany here during the symposium. We
3 normally have, we've kind of gone a little bit
4 international of people attending the symposium,
5 and it's really a great even, so please make sure
6 you get in touch with Irene so we can take care
7 of you. I think there was something else I
8 wanted to say about the symposium, but it's, you
9 know, we hope that you celebrate with us on the
10 fortieth and we look forward to seeing you down
11 on Norfolk on November the 6th. That Wednesday
12 is the actual board meeting, but then we also
13 have a lot of committee meetings and then all the
14 classes. And one thing I, Chris, I haven't even
15 had a chance to talk to you about this, but we
16 were able to, we were approached by Ed Brazle
17 with Virginia Beach, and we do have a couple of
18 sessions that he and Virginia Beach are going to
19 offer on the shooting even that occurred in
20 Virginia Beach, and he would like and I think it
21 would be appropriate, some time on the advisory
22 board schedule on November the 6th to also make a
23 presentation to the board. So that's something
24 that will take place, too, so again, a lot of
25 good highlights that are going on. We're

1 bringing back Randy Mantooth who, if you're as
2 old as I am, you remember Emergency on TV and
3 that's what got a lot of people involved in EMS
4 in the country. We have Bob Page who retired his
5 Grim Reaper presentation years ago, but he's
6 going to, he's promised to brush that off and do
7 that for one more encore just for us. And we've
8 got some other national speakers for some general
9 sessions and we're bringing back a banquet
10 speaker for the Saturday night EMS awards
11 program. Okay. I will, oh, I'm supposed to
12 mention this, too. On Friday, August the 16th in
13 Charlottesville at the Holiday Inn Monticello is
14 a VDH Office of Health Equity and Office of EMS
15 is offering a mobile integrated healthcare
16 community paramedicine summit. Dr. Jaberri will
17 be there to speak, Dr. Allen Yee will be there to
18 speak. We have some out-of-state guests
19 including from Georgia and also counsel from Page
20 Wolfberg & Wirth, Kevin McGinnis, who is a
21 program manager for the National Association of
22 State EMS Officials, who's also been a national
23 leader in mobile integrated healthcare community
24 paramedicine. And so this is free. I will look
25 at Tim and Chris, if there's anything that they

1 want to add to this that I'm maybe not covering,
2 but you can get with Tim or Chris or myself or
3 contact the office and again, if you have an
4 interest in that, that is being offered on
5 August 16th at no cost. And with that, I'm going
6 to turn to George, and George, maybe you can hit
7 on the first thing that was in the green book,
8 and I always mention that you got a copy of the
9 quarterly report. It is on our website as well
10 for those that are not on that distribution list,
11 and maybe you can talk about HB nineteen?

12 **DR. LINDBECK:** Seventeen?

13 **MR. BROWN:** Seventeen? 1943.

14 **DR. LINDBECK:** So just a brief
15 update on that, this is concerning provider
16 exposures. We've been managing that for a long
17 time fairly well. Recently we've become aware of
18 some gaps in that system, particularly when we
19 deal with victims, patients who have expired in
20 the field, and how do we get testing done on both
21 first responders as well as good Samaritans who
22 have attended to patients who have died in the
23 field, and it has exposed a lot of issues. How
24 to run serology testing on cadaver blood, who can
25 do that? It turns out that there are no labs in

1 Virginia that are credentialed to run serology on
2 cadaver blood. Who's going to provide counseling
3 for those people, who's going to provide post-
4 exposure prophylaxis when needed, et cetera. So
5 we had a meeting about two weeks ago with OCME
6 and it was a very productive meeting in terms of
7 getting everybody at the table discussing
8 concerns and sharing their issues. It wasn't at
9 the point where we could make any decisions yet,
10 but we are moving that along. Right now I don't,
11 I can't say that we've got a solution for that
12 problem. It's probably going to require some
13 regulatory language and some changes to make that
14 work, but we are working on it and we realize
15 it's an issue. I think that's about it. I don't
16 think I have anything else to report that won't
17 be covered by one of the committees.

18 **MR. BROWN:** Okay, thank you,
19 George. And I think that's, we'll stop there,
20 Mr. Chair, because anything else I would mention
21 will probably be covered under the committee
22 reports. Thank you.

23 **MR. PARKER:** Thank you, Gary.
24 Amanda?

25 **MS. LAVIN:** I don't have anything.

1 **MR. PARKER:** Okay. All right, so
2 now we're down to the State Board of Health EMS
3 representative report. I received an email
4 earlier in the week from Gary Critzer and then a
5 second email this morning. Unfortunately, he
6 could not be in attendance this week due to a
7 family emergency. He continues to thank the EMS
8 Advisory Board for allowing him to represent EMS
9 on the Board of Health and apologizes immensely
10 for not being able to attend the meetings this
11 week. Much of his report has already been
12 covered by the Office of EMS reports and Dr.
13 Lindbeck. The next Board of Health meeting will
14 be on September 5th at the Perimeter Center, and
15 this concludes his report. So we are now down to
16 standing committee reports and action items.
17 First up is the Executive Committee. The
18 Executive Committee met on Wednesday, July 31st,
19 and there was a lengthy discussion surrounding
20 the much-needed evaluation of both committee and
21 advisory board structure and composition. There
22 are currently committees with clearly-defied
23 goals and objectives, and there are committees
24 that do not have such. The Executive Committee
25 strongly feels that there needs to be a retreat

1 workday for the entire advisory board with an
2 outside facilitator to look at both committee and
3 board composition. The Executive Committee has
4 tasked the office to work with them in planning
5 such a retreat and more to come on this. This
6 concludes the Executive Committee report.

7 Financial Assistance Review Committee, Kevin
8 Dillard?

9 **MR. DILLARD:** Thank you, Mr.
10 Chair. No action items. We will be offering
11 another webinar for the rescue squad assistance
12 technical assistance. That's going to be on
13 Thursday, August the 15th from 1:00 to 3:30, and
14 we will also be offering some classes at the EMS
15 symposium. The Fall Branch cycle just opened
16 yesterday, and it closes on Monday, September the
17 16th. Thank you.

18 **MR. PARKER:** Thank you, sir.
19 Administrative Coordinator Jon Henschel and you
20 can give your Rules and Regulations Committee
21 report.

22 **MR. HENSCHEL:** Okay. Rules and
23 Regs met on Wednesday. Most of the topics we
24 discussed were informational. The regs are
25 currently, we're pausing at this point to allow

1 time for replica language to be modified within
2 the regs as well as the mobile-integrated
3 healthcare. Other than that, the rest of the
4 information can be found in your quarterly
5 report.

6 **MR. PARKER:** Thank you.
7 Legislative and Planning Gary Samuels?

8 **MR. SAMUELS:** Legislative and
9 Planning met this morning. We have no action
10 items. Again, we went over a lot of
11 informational topics and reviewed some
12 legislation from the past year, and we're
13 planning to alter our meetings scheduled for
14 November into an October meeting so that we can
15 review the state EMS plan so it will be ready to
16 move forward at the November meeting, working
17 with Chris and his team.

18 **MR. PARKER:** Infrastructure
19 coordinator, Dreama Chandler?

20 **MS. CHANDLER:** None of the
21 committees have any action items. Transportation
22 Committee, in speaking with Eddie, they had no
23 grants to review so they had no meeting.
24 Communications Committee met this morning. There
25 was not a quorum, so there was no business

1 conducted, but they did have a lengthy very
2 informational meeting and I will turn the other
3 over to Tom.

4 **MR. PARKER:** Thank you. Emergency
5 Management Committee, Tom?

6 **MR. SCHWALENBERG:** Good afternoon.
7 The Emergency Management Committee met yesterday.
8 We have no action items at this time. Three
9 items for just general information, we did review
10 the new triage tag, which incorporates both salt
11 and start. We reviewed that and approved that to
12 move forward for production. We also reviewed
13 the emergency operation training documents, both
14 a registration form and a roster form, with a
15 goal of getting better data collection on those
16 that are taking MCI classes and partly for grant
17 but also just to move it to a less manual process
18 to process those course requests. And then much
19 discussion on highly infectious disease from a
20 standpoint of working with the Office of
21 Epidemiology to make sure that we have a
22 consistent message between Office of EMS and the
23 rest of VHS, VDH, excuse me, for addressing those
24 issues. This has some crossover with the Health
25 and Safety Committee, as well, as far as

1 consistent messaging for highly infectious
2 disease. And on that topic, just a reminder, on
3 October 28th, there will be the Virginia Ebola
4 Summit in Richmond, so please look out for that.
5 That concludes my report.

6 **MR. PARKER:** Thank you.
7 Professional Development Coordinator R. Jason
8 Ferguson, and you may give your TCC report, as
9 well.

10 **MR. FERGUSON:** Okay. I'll defer
11 to the individual chairpersons to report on their
12 committees. For TCC, the TR-98 work group met on
13 July 9th and we made great progress on revising
14 the TR-98 competency requirements. The new
15 version will align more with the Appendix G that
16 the paramedic programs follow for the COA
17 accreditation. The work group will meet again on
18 September the 3rd at 10 o'clock at the Office of
19 EMS. Our goal is to focus on the quality of
20 education versus quantity of skills performed,
21 and we hope to have a final version to this board
22 to approve at the November meeting. Training
23 certification met the next day on July 10th.
24 Billy Fritz has been reappointed to fill the non-
25 VCCS program's position. Lisa Hale was appointed

1 by recommendation of VAVRS to fill their
2 position, but she is no longer with VAVRS. So I
3 reached out to both the executive director and
4 the president for their recommendation, and as
5 discussed in the Executive Committee, Scott Davis
6 has been appointed to fill that position. There
7 were no other action items there, and the next
8 training certification meeting is here on October
9 the 2nd at 10:30.

10 **MR. PARKER:** Thank you. Workforce
11 Development Committee, Valerie Quick?

12 **MS. QUICK:** We met this morning.
13 We have no actionable items. We did welcome
14 Chris Payne, who is representing the military
15 portion of VMS. He actually brought up just some
16 information and queries about how to properly
17 bridge his military staff into our EMS, so we
18 actually directed him to the TCC to come up with
19 some different options for them to take back to
20 the military group. We do have an EMS officer
21 course that actually filled within three days at
22 symposium, so they're going to continue to offer
23 that and they're going to broaden out the
24 instructor pool. They are plugging right along
25 with the standards of excellence. No new

1 applicants at this time, but they are going to do
2 some re-visits on ones that are already
3 accredited. The last thing is Jason Ferguson
4 actually sent out a survey that over two thousand
5 people responded. This was workforce based
6 looking at what providers and agencies see as
7 barriers and incentives to recruit men in
8 retention, why they stay in, why they leave, and
9 he is going to be compiling those and bringing it
10 back to our workforce. We do have an EMS
11 provider survey that is also going to go out
12 within the next couple of months to be able to
13 assess the demographics of our EMS agency. And
14 we are meeting that Friday at 10 o'clock at
15 symposium, I think that's the eighth, is that
16 correct? Yeah, at 10:00 a.m. And I have no
17 further.

18 **MR. PARKER:** Provider Health and
19 Safety Committee, Lori Knowles.

20 **MS. KNOWLES:** Thank you, Mr.
21 Chair. Provider Health and Safety Committee met
22 this morning. We have no action items. Most of
23 my report has already been covered by previous
24 reports. We do have some continuing discussion
25 on forming a DICO group to share information. It

1 was reported that the responder safety website is
2 now listing the number of fatalities that occur
3 on roadways, and these are fatalities that are
4 occurring to law enforcement and other public
5 safety, firefighter, EMS, et cetera, and there
6 are also resources on that website for training
7 and safety. And lastly, we reviewed the CISM
8 accreditation application. We're going to try to
9 make that a little bit easier for those that want
10 to become accredited teams and peer teams.

11 That's all I have.

12 **MR. PARKER:** Thank you. Patient
13 Care Coordinator Dr. Allen Yee and you may give
14 the Medical Direction Committee report, as well.

15 **DR. YEE:** I have no report as
16 coordinator. For the Medical Direction
17 Committee, we met this past quarter. We have no
18 action items. We have four informational items.
19 The Medical Direction Committee feels that the
20 scope of practice and formulary, I mean that is
21 the practice max within the state, but it is not,
22 we voted to say that it is not the educational
23 minimum. The educational, in working ad hoc with
24 the TCC Chair, we decided that the educational
25 minimum will be the national educational

1 standards which are being developed and likely
2 released in the next year or two. So we have
3 some time before we have to make any transitions.
4 Another informational item is we have a working
5 group from medical control working on critical
6 care and mobile-integrated healthcare. Both of
7 these working groups are developing concept
8 documents that the Office of EMS can use as a
9 basis for regulations. That's moving on quite
10 nicely. The Medical Control Committee has also
11 voted to replace, place Dr. Reed Smith from
12 Arlington County as an open member, member at
13 large. That's all we have.

14 **MR. PARKER:** Thank you, Dr. Yee.
15 Medevac Committee, Jason D. Ferguson.

16 **MR. FERGUSON:** The Medevac
17 Committee met yesterday morning. We have no
18 action items. There was just mainly general
19 conversation and discussion around status of
20 regulations. Some agencies were discussing
21 potentially applying for variances on equipment
22 and things of that nature, and everything else
23 can be found in the report.

24 **MR. PARKER:** Thank you, sir. EMS
25 for Children, Dr. Bartle?

1 **MR. BARTLE:** Mr. Chairman, we last
2 met on July 31st. We have no action items.
3 There are a couple informational items I would
4 like to share. We reviewed the ongoing
5 distribution of child transport restraint systems
6 that the committee has been giving out to various
7 agencies. We also reviewed on the level of the
8 Pediatric Readiness Project in the state where
9 we're emphasizing to have a pediatric coordinator
10 at hospitals to help with pediatric care. Two
11 new things that are coming up that I want to
12 share. One is that EMSC Committee is sponsoring
13 some positions for the symposium registration
14 fees. We have, we're going to cover forty
15 attendees who want to go. It's the registration
16 fee that will be covered, with the stipulation
17 that they have to take three pediatric courses at
18 the time of the symposium. It is a first come,
19 first serve, so if there's anybody that you know
20 would like to go but might be somewhat
21 restrictive, this is basically a scholarship for
22 the registration. Another new point is that we
23 are starting collaboration with the Trauma
24 Committee on the development of a state pediatric
25 disaster planning. EMSC also would like to thank

1 the Office of OEMS for altering when our
2 committee meetings meet. We're now trying to
3 meet more with a, in conjunction with the rest of
4 the committees here so there would be a lot more,
5 there would be more of ability for crossover
6 members who want to attend either EMS or EMSC or
7 one of the other committees. That's my report.

8 **MR. PARKER:** And I want to commend
9 you for moving the committee meeting. It was the
10 first one I was able to attend and it was very
11 well.

12 **MR. BARTLE:** Thank you.

13 **MR. PARKER:** Trauma system
14 coordinator and the TAG report, Dr. Aboutanos?

15 **DR. ABOUTANOS:** Thank you, Mr.
16 Chair. For the trauma system quarterly report, I
17 will leave the various chairs to talk about their
18 committee report. For the TAG report, we met
19 today. There was no action item; however, there
20 are a couple of things quickly to report. We did
21 have a planning session in June, 27 of June, and
22 that was mainly to give more orientation online
23 to various committees as the committees are
24 starting to grow, wanted to make sure they're all
25 aligned under the same mission and the vision for

1 the trauma system plan. And there was one
2 central theme that was, if we wanted to be a
3 data-driven system plan, we need to know our
4 data. And so the central theme as you will see
5 from all the various committees is to go back and
6 find out what are the value of different data
7 that drive the entire trauma system plan all the
8 way from pre-injury to pre-hospital, then to
9 acute care and then post-acute care. And that
10 was kind of the main aspect. The other dominant
11 theme that was discussed today at our meeting was
12 the trauma fund, and more strategic plan and a
13 pathway for us to be able to figure out how do we
14 respond and how to prepare ourself more of a
15 unanimous voice, all the trauma centers with the
16 help of the Office of EMS and VHHA with regard to
17 the large threat of having the trauma fund not be
18 available and the significant, significant impact
19 that that's going to have on the various trauma
20 centers. So we decided that within six weeks, we
21 can have a system so we can have an actual plan
22 how we're going to go forward with this plan.
23 And last, we decided that the Trauma
24 Administrative and Governance Committee will
25 start meeting every six weeks instead of

1 quarterly because of the significant amount of
2 work that needs to be done. And that concludes
3 my report for the TAG.

4 **MR. PARKER:** Thank you, sir.
5 System Improvement Dr. Shawn Stafford?

6 **DR. ABOUTANOS:** So Dr. Shawn
7 Stafford had to leave, but I'll quickly give his
8 report. Basically we rated that every committee
9 is going to work on data as we mentioned, and the
10 system committee is going to be involved
11 specifically with housing the various data from
12 the various continuum of care, develop a regular
13 output of a report with regard to the data. The
14 first report will be now in December. That's
15 the, one of the main action. That's basically an
16 ongoing aspect, but there was no action item for
17 them.

18 **MR. PARKER:** Okay. Injury and
19 Violence Prevention, Karen Shipman?

20 **DR. ABOUTANOS:** Is Karen here? I
21 don't see...

22 **MR. PARKER:** Is there someone from
23 the office that can provide a report? Okay. No
24 report from Injury and Violence Prevention. Pre-
25 Hospital Care, Mike Watkins?

1 **MR. WATKINS:** Good afternoon.
2 Pre-Hospital Care Committee met yesterday. We
3 have no action items. We do have some
4 informational items. We identified some of our
5 key areas of data requests and try to outline
6 some of that with the Trauma and Critical Care
7 Formatic System so we can start pulling some of
8 that information. We reviewed the trauma
9 quarterly report and identified some areas that
10 we wanted to try to narrow down focus specific
11 for age ranges, pediatrics and geriatric patients
12 in trauma, and we identified and kind of
13 demonstrated the challenges of data collection at
14 the pre-hospital level with kind of an
15 illustration with the V-Fib V3 system. So,
16 that's all I have.

17 **MR. PARKER:** Thank you. Acute
18 Care, Dr. Jeff Young?

19 **DR. ABOUTANOS:** Jeff Young just
20 had to step out, as well, and his committee also
21 met today and the main action they talked about,
22 again with the same theme of collecting data for
23 now what is the best data for the system. There
24 will be more to come on that. There were no
25 action items.

1 **MR. PARKER:** Okay. Post-Acute
2 Care, Margaret Griffin?

3 **DR. ABOUTANOS:** Actually, Tim
4 Erskine will report.

5 **MR. PARKER:** Okay, Tim?

6 **MR. ERSKINE:** Hi, I'm temporarily
7 Maggie. We have no action items from the Post-
8 Acute Care Committee. The committee spent its
9 time reviewing potential data sources for
10 rehabilitation, also just locating rehabilitation
11 facilities. That's a fairly nebulous concept.
12 The Brain Injury Association has actually a large
13 robust data base which will be the starting point
14 and there is an idea that was formulated during
15 the meeting at looking at acquiring
16 rehabilitation data from trauma centers that have
17 an inpatient rehabilitation facility to allow for
18 a longer term view of the outcomes of trauma
19 victims. And that's about it.

20 **MR. PARKER:** Thank you. Emergency
21 Preparedness and Response, Mark Day?

22 **DR. ABOUTANOS:** It will be
23 actually Morris Reese to give the report if
24 Morris is here. Maybe Kelly, can you give the
25 report?

1 **MR. PARKER:** Either Morris or
2 Kelly or someone that can give a report?

3 **DR. ABOUTANOS:** Kelly will.

4 **MR. PARKER:** Hi.

5 **MS. PARKER:** Hi. Thank you. We
6 don't have any action items, just a couple of
7 informational...

8 **MR. PARKER:** Can you state your
9 name for the...

10 **MS. PARKER:** Yeah, sorry. Kelly
11 Parker, Virginia Hospital and Healthcare
12 Association. We discussed kind of the planning
13 effort at the local, regional, and statewide
14 level for emergency preparedness and disaster
15 plans and how the Emergency Preparedness
16 Committee can inform those plans from a trauma
17 perspective. And then like most of the other
18 committees, we discussed what data is available
19 to kind of look at routine referral patterns and
20 how we can use those routine patterns to
21 potentially anticipate surge for some of our more
22 vulnerable compilations.

23 **MR. PARKER:** Awesome, thank you.
24 At this point, we've been at it for an hour and
25 five minutes. I feel like it's time to take

1 about a ten-minute break.

2 **(WHEREUPON, a brief recess was taken from 2:10**
3 **p.m. to 2:22 p.m.)**

4 **MR. WOODS:** Greg Woods, chairman
5 of the Regional Directors Group. By
6 informational items, our group did meet on July
7 the 31st. A couple of things that we're doing,
8 we have agreed to be a symposium sponsor this
9 year, so we are happy to continue supporting
10 symposium. We also put together a work group to
11 develop a regional EMS services assessment to
12 help us as we move forward in the collaborative
13 spirit that we have always enjoyed as part of the
14 state EMS system. I do want to take a moment to
15 note that we did meet, a small group of us,
16 myself, Tracey McLaurin, the vice chair, and Rob
17 Logan, who is the longest-serving regional
18 counselor director with Dr. Jaberri, Gary Brown,
19 and Scott Winston, to discuss the relationship,
20 communication, and collaboration between regional
21 EMS councils and the state, and I appreciate your
22 comments related to collaboration because we
23 truly believe that collaboration and partnership
24 is the only way that we move forward and advance
25 pre-hospital care in Virginia. We believe that

1 collaboration and partnership and communication
2 is also the only way that we improve
3 efficiencies, and we are very much open to
4 discussions that lead to the improvement in pre-
5 hospital care all across Virginia. With that
6 said, we do, we have provided to you a document
7 that refers specifically to information you
8 received in the quarterly report. We believe
9 that collaboration and communication must be
10 open, honest, and transparent, and we do have
11 issues with the way material presented in
12 Appendix A was presented to the group, and so we
13 provided that response. In respect of your time,
14 we're not going to read that, but we will, I am
15 going to summarize some of those key points and
16 how it relates here today. I would ask that if
17 you have any questions, feel free to direct those
18 to me, and anything contained within our report
19 or within the statements that I make today, I can
20 verify in writing. I believe that statements
21 should be verifiable, that they should be fact
22 driven, and I have those today should anyone want
23 to see those. So I want to frame our discussion
24 about the Appendix A to say that it provides data
25 related to the total contract amounts and

1 disbursement within specific categories, and the
2 data presented is probably accurate in its
3 presentation of accounting, but that is an
4 incomplete picture of how we got to that
5 relationship and how we performed. So in
6 abbreviated history of the provision of
7 continuing education of our regional councils in
8 Virginia, you all probably remember that in May
9 of 2016, around May, it was determined that the
10 EMS Training Fund Program and the contracting
11 practices were no longer allowable under state
12 procurement laws. And so that delayed the
13 availability of EMS training funds. Because the
14 regional EMS councils understand the impact that
15 those losses present for EMS agencies all across
16 our regions, I in July of that year reached out
17 to the Office of Emergency Medical Services and
18 asked if there was a way to utilize our existing
19 contracts to ensure the continuity of continuing
20 education all across Virginia. I received a
21 reply from OEMS that that was, that they would
22 look into it, and then in fact in August of that
23 year, we were informed that a process had been
24 approved and that regional EMS councils had been
25 identified as a contractor to ensure the

1 continuation of CE programs in Virginia. So
2 along the way after several months we, in May, we
3 were told that an MOU had been approved. On May
4 24th, we received an electronic copy of that
5 without any information related to finances
6 related to it, and we also scheduled a meeting
7 with OEMS where we could meet and discuss that
8 MOU, what was expected from it, and at that
9 meeting for the first time we were given an
10 opportunity to look at the financial model that
11 was presented by the state. That financial
12 model, we had a couple of issues with that, based
13 on the unique geographic and demographic
14 variations within Virginia. In two specific
15 areas, one related to the number of CE programs
16 per locality and one related to the number of CE
17 courses that, auxiliary CE courses that should be
18 completed by providers in our regions. We
19 expressed those concerns and we were told that
20 that funding mechanism had been determined by
21 OEMS, and it was not open to discussion. Now
22 over the course of time, there were five versions
23 of the MOU, and a stream of emails back and forth
24 making some adjustments to the contract language
25 within that MOU, but not changing the formula

1 that had been presented to us. And prior to
2 that, we had had no input into either the MOU
3 language or the financial structure that was
4 proposed for us. We were told at that meeting
5 that this represented a funding maximum, that
6 this was the maximum amount per region that would
7 be allocated under that MOU. However, after we
8 signed, we had questions related to how that was
9 going to be administered. So in follow-up
10 communication with OEMS personally, I asked about
11 those auxiliary numbers because for Southwest
12 Virginia, the number was incredibly skewed. And
13 we were told again that this was a funding
14 maximum, that we would be compensated for what we
15 accomplished and not penalized for what we did
16 not do. That was affirmed again when another
17 regional council director emailed the state and
18 we got a reply from Charles Faison, who at that
19 time was managing the program that we were
20 correct, we would be compensated for what was
21 accomplished, not penalized for what we couldn't
22 do. We do have copies of those emails. If
23 anyone would like to see them, I'd be happy to
24 share those with you. From that time forward, we
25 received no feedback or information regarding

1 performance or any changes to the expectations
2 under those MOUs. It was extended and a new
3 contract reached the following year, which is
4 year two represented in that report. It wasn't
5 until May of this year that we received any kind
6 of feedback, and it was the document that now is
7 included in Appendix A in your quarterly report,
8 indicating that we had not performed as expected
9 under that contract. The two, some of the issues
10 that we have related to how that was presented
11 and the implications of that report are that we
12 were not a party to the creation of the funding
13 matrix used in FY-2018 or FY-2019. The regional
14 councils expressed their opposition to that
15 funding matrix because we didn't feel that it
16 realistically represented regional demands, nor
17 did it take into account the geographic or
18 demographic differences within regional councils.
19 We were told at that first initial meeting that
20 we could either take that MOU with that funding
21 mechanism or leave it, and that if we chose not
22 to execute the MOU, they would find an
23 alternative means to do that. The administrative
24 fees that are referenced in that report were not
25 negotiated or determined by the regional EMS

1 councils, and in fact, we were not, we did not
2 invoice for those fees throughout any of the
3 terms of those two contracts. Those were added,
4 calculated and added by the state office, and no
5 feedback was received at any time indicating a
6 performance deficiency or change in outcomes. We
7 believe that collaboration is essential in
8 creating and implementing programs that impact
9 Virginia's EMS system, and it's necessary to
10 ensure efficiency to produce plans that consider
11 the geographic and demographic variations across
12 Virginia. And Gary, I do want to thank you in
13 your comments for noting that regional EMS has
14 significant variations across Virginia and that
15 we must in our processes meet those unique
16 demands that are representative of regions. And
17 that has been the goal and the aim of the
18 regional EMS councils since our implementation
19 and our founding nearly forty years ago. We
20 believe that collaboration between OEMS and
21 stakeholders is essential to advancing the field
22 of Emergency Medical Services in Virginia and
23 understanding very well those unique needs, those
24 unique challenges that arise from our geographies
25 and our demographics. We've always striven to be

1 proactive in our collaborations to build
2 successful programs. Under the current MOU that
3 was presented at our meeting in May, we were once
4 again presented a document that we had not seen
5 that defined a funding matrix that we had no
6 input into. While we had opportunity for some
7 discussions during that meeting, having not
8 received the document in advance, we could not
9 have informed discussions related to the impacts
10 of that program or how we were going to
11 administer those. So in that spirit of
12 collaboration that we talked about, that
13 following Monday I emailed the state to Mr. Chad
14 Blosser and said, "Thank you for your
15 presentation at our meeting on Thursday. I've
16 spoken to numerous colleagues since our meeting
17 about this proposal. The majority seem to agree
18 that this is an innovative approach to ensuring
19 the provision of EMS continuing education across
20 Virginia. My colleagues have expressed their
21 support of the program and desire to work
22 collaboratively to make the program successful.
23 With that said my colleagues have expressed
24 challenges to implementation of this program as
25 proposed. Not having the information in advance

1 precluded thorough discussion and dialogue during
2 our brief meeting. With time to read the MOU and
3 analyze costs, many of us have identified
4 operational challenges to implementing this
5 program as presented. Many of these arise out of
6 the unique geographic, demographic, and
7 structural characteristics of our regions.
8 However, I believe that I can speak for our group
9 in stating that our shared goal is to make this
10 program succeed. I believe that we can build a
11 better plan and better product by working
12 together. As chair of Virginia's regional EMS
13 councils, I am requesting a meeting to continue
14 these discussions. I do not believe it must
15 necessarily involve the entire regional
16 director's group. I believe representative
17 groups from the RDG and OEMS would be sufficient.
18 I am willing to come to Richmond if necessary to
19 meet or to meet between here and there. Please
20 let me know what dates you have available and we
21 will go from there. I did receive a reply back
22 that Adam Harrell would be answering those
23 questions, but we never got to a point where we
24 had a meeting to discuss that MOU proposal. For
25 background, I had already prior to this point

1 emailed all of the other regional EMS councils,
2 asked them to refrain from directly contacting
3 OEMS and expressing their individual views, to
4 send those to me by email so that I could in a
5 direct way address all of those concerns on
6 behalf of all of us. Polling our group and
7 having heard from all of them, only one region in
8 the Commonwealth prior to my sending this email
9 had had direct communication with OEMS after we
10 left Richmond after being presented with these
11 documents. So on Tuesday, May 7th, we received
12 an email from Adam Harrell, noting that due to
13 the considerable issues with deliverables,
14 contract value, terms and conditions, and the
15 desired level of performance and availability of
16 continuing education, they were rescinding their
17 offer of the CE MOUs for all regions. At this
18 point, one region had already signed and returned
19 the MOU in anticipation of being able to work
20 through to implement this program. So I did
21 follow-up with Gary Brown after receiving Adam's
22 reply, and I noted that yesterday I requested a
23 meeting as chair of the regional director's
24 group, which had to talk through some questions
25 raised after reviewing the proposed CE MOU and

1 having time to work with those numbers to project
2 costs. Having not provided those documents in
3 advance precluded informed discussion, and it's
4 not an approach that I expect of government
5 offices. Similarly, drafting such a plan with no
6 input from EMS constituents or those intended to
7 implement it cannot produce a truly well-reasoned
8 and developed systemic solution. My email to
9 Chad expressed my desire to work together to
10 develop a workable and successful plan; however,
11 it appears my offer has been summarily dismissed.
12 This is not a positive or helpful response in
13 this situation. And then I went on to say while
14 I've advocated for partnership and collaboration
15 between the regional offices and the state for
16 years and continued to do so, responses and
17 reactions such as this do not convey the openness
18 nor transparency expected of government. Then I
19 asked, I ask for your intervention as the head of
20 OEMS to change the manner of discourse between
21 members of the state office and OEMS to move
22 toward greater partnership. Since those times,
23 there have been a lot of communications related
24 to those MOUs that were proposed in May of this
25 year. They do not adequately describe what

1 happened, nor do they describe the exchanges
2 between the regional EMS councils and OEMS, and
3 they're not conducive to building and fostering
4 collaborative relationships. Those who have
5 studied leadership, we know that trust is
6 essential and that honest and open communication
7 engenders trust. I am very much encouraged and
8 our regional directors are very encouraged by the
9 efforts by Dr. Jaberri to talk with us and to
10 foster opportunities for dialogue, but we do not
11 appreciate the report that implies that our
12 performance was inadequate when that measurement
13 criteria had been affirmed multiple times by OEMS
14 and we were in good faith executing financial
15 schemes that we had no part in drafting to the
16 best of our abilities; and we don't appreciate
17 the non-transparent and sort of biased approach
18 that has been taken in explaining those
19 interactions over time. We look forward to
20 continued discussions and we look forward to
21 having open frank and honest discussions about
22 what regional EMS councils should be doing and
23 how we work with the state to accomplish the goal
24 that all of us in this room should have, and that
25 is simply improving pre-hospital care and making

1 sure that the patients that we touch have the
2 best outcomes possible all across Virginia. I
3 will not get into any of the details unless you
4 ask of the specifics of what that MOU looked like
5 or why I make the statements that there were
6 challenges to it. You're welcome to ask those
7 questions and I can speak from my region, or you
8 can find me on a sidebar. If you have any
9 questions, I encourage you to ask your regional
10 EMS council, and as noted, I can share with you
11 those email exchanges if you feel they're
12 beneficial. With that, I conclude my report.

13 **MR. PARKER:** Thank you. We're now
14 down to public comment period. For those wishing
15 to make public comment, you're asked to come to
16 the microphone, state your name, and then the
17 Chair, myself, will recognize your three minutes
18 as noted on the clock in the center of the room.
19 You are asked to speak slowly so the court
20 reporter can understand what you're saying.

21 **MR. TANNER:** Mr. Chair?

22 **MR. PARKER:** I open the floor for
23 public comment.

24 **MR. TANNER:** Mr. Chair? I'd like
25 to make a motion that this document that was

1 handed out be added to the minutes of the
2 meeting.

3 **MS. ADAMS:** Second.

4 **MR. PARKER:** So we'll call for a
5 vote. All in favor signal by lights on. So I
6 have one, two, sorry about that. All right, all
7 in favor say so by saying aye.

8 **(WHEREUPON, board members voted in the**
9 **affirmative.)**

10 **MR. PARKER:** Any opposed? Any
11 abstained? Motion passed.

12 **(WHEREUPON, the motion was passed.)**

13 **MR. PARKER:** Public comment
14 period. Is there anyone wishing to bring any
15 business before the board today?

16 **MS ADAMS:** Mr. Chair? I've been
17 asked by the Northern Virginia Fire and EMS
18 Chiefs to provide a statement, and in light of
19 what just preceded, this seems like a good time
20 for that.

21 **MR. PARKER:** Okay.

22 **MS. ADAMS:** Thank you again for
23 making me feel welcome on day one. Roughly
24 thirty years ago I joined the Minnesota EMS...

25 **MALE:** Turn the mike.

1 **MS. ADAMS:** Turn the mike towards
2 me. Thirty years ago I was welcomed to the
3 Minnesota EMS Advisory Committee, had been
4 appointed by that governor, so what's old is new
5 again. In the intervening years, as Gary noted,
6 I have spent much of my time as an educator. My
7 first dozen years in Virginia, I taught with
8 George Washington University full time and at one
9 point was responsible for continuing education
10 for five of the seven major jurisdictions in
11 Northern Virginia. So I had a pretty good handle
12 on what was going on and have worked closely, and
13 in the dozen years since, I've been in the,
14 working for a specific agency. So on behalf of
15 the Northern Virginia Fire Chiefs and EMS Chiefs,
16 I've been asked to share this information with
17 you. The Northern Virginia EMS Council has met
18 or exceeded all parameters for performance for
19 the MOU for disseminating training funds. The
20 office of EMS has stated that the cost of doing
21 business on the previous MOU was prohibitive;
22 however, the MOU stated that the regional EMS
23 councils would receive ten to eleven percent of
24 their allocated amount as administrative fees.
25 This caused many of the EMS councils to receive

1 the same amount or even more money than what was
2 invoiced for their region. The proposal was
3 brought up by the regional directors and again by
4 the Northern Virginia Chiefs at a meeting at the
5 Virginia Office of EMS to suggest that the MOU be
6 amended to only provide the ten to eleven percent
7 based on invoices provided. This incentivizes
8 the additional training and collaboration within
9 the region, thus making it easier for EMS
10 providers to find CEU classes closer to their
11 home or even workplace. When the regional
12 directors offered to assist in making the
13 proposed new MOU a more effective program, Office
14 of EMS staff stated they do not negotiate with
15 contractors. Although the terminology of
16 contractor in quotes is correct, citing section
17 32.1-111.11 of the Code of Virginia, establishing
18 the regional councils in defining their function
19 and purpose. The purpose of the councils is to
20 collaborate with the Office of EMS, local
21 government officials, physicians, hospitals, and
22 EMS agencies to plan and coordinate EMS
23 activities at the regional level to promote
24 quality of care. The establishment of contracted
25 educators directly through the Office of EMS

1 specifically bypassing the councils is not an
2 effective way to collaborate. Introducing a
3 change in the MOU during a meeting in May with
4 expected implementation by July 1 is not a very
5 effective way to make positive change. Self-
6 imposed deadlines on the part of the Office of
7 EMS makes it difficult to plan for the future on
8 a regional level. A contingent of the Northern
9 Virginia Fire Chiefs traveled to Glen Allen on
10 June 12th of this year for a meeting with Office
11 of EMS staff to voice their concerns. Shortly
12 after the conclusion of that meeting, Mr. Brown
13 asserted that the Office of EMS would be working
14 on a new plan to be presented to the NoVA Fire
15 Chiefs as an alternate option, and to date there
16 has been no plan received by the group. The
17 Board of Directors at the Northern Virginia EMS
18 Council is appointed by the EMS agency heads
19 within our region. Those are the fire chiefs.
20 They determine the representation to the board,
21 and so when the EMS councils, Northern Virginia
22 EMS Council Board speaks, the majority or
23 speaking on the behest of the fire chiefs.
24 Bypassing the Northern Virginia EMS Council with
25 programs such as these makes it difficult for the

1 Board of Directors and the chiefs to work with
2 the Office of EMS. As customers of the Office of
3 EMS, this can't be the norm, and they have four
4 asks. Ask number one: the best option would be
5 to restore the MOU for training funds with the
6 amendment that the administrative fees paid to
7 the councils be based on their invoices provided
8 to the Office of EMS. Two, if that cannot be
9 done, the chiefs would like the Office of EMS to
10 work with the Board of Directors from the
11 Northern Virginia EMS Council to develop an MOU
12 effective for all parties. And in addition,
13 three, changes of significance brought forth by
14 the Office of EMS should be discussed at this
15 board or at the appropriate subcommittee so that
16 there is an opportunity for its discussion prior
17 to implementation. And lastly, what commitment
18 or specificity is there with regard to
19 collaboration with the EMS councils for training
20 that will be conducted in their region by these
21 state-funded contractors. Thank you. And I'll,
22 Chris, I'll send you an email copy of this.
23 Thank you.

24 **MR. PARKER:** Thank you. Is there
25 anyone else that would like to come before the

1 board?

2 **MR. RHOADES:** Mr. Chairman, Ed
3 Rhoades coming to you as chairman of the Health
4 and Human Resources Subpanel of the Commonwealth
5 Preparedness Panel, inviting the board to come to
6 our next meeting on September the 10th of this
7 year at the Glen Allen Library off Staples Mill
8 Road. Thank you.

9 **MR. PARKER:** Is there anyone else
10 that would like to bring any business before the
11 board?

12 **MR. HUMER:** My name is Walter
13 Humer. I am currently, been working in EMS for
14 thirty years. Some people here know me.
15 Thirteen years in Richmond, seventeen years in
16 Dinwiddie County where I reside. I have seen a
17 lot of people injured throughout my time as I was
18 a medic, so I come to the conclusion, I started
19 an organization that's a 501(c)(3) nonprofit
20 charitable organization called Foundation Trauma.
21 It is, with the mission of helping those that
22 have been critically injured. To date, I have
23 helped four families that have been sent from
24 area hospitals to level one trauma centers and
25 sent back home. They are in need of financial

1 help mainly, so I was able to help them as much
2 as I could. So I'm looking for some recognition
3 and you all putting the word out for me to help
4 other people. Thank you for your time.

5 **MR. PARKER:** Thank you, sir. Is
6 there anyone else that would like to bring any
7 business before the board? At this point, we're
8 at the unfinished business. Is there any
9 unfinished business to come before the board
10 today? Valeta?

11 **MS. DANIELS:** I just have a couple
12 of questions about some reports that were given
13 today. One is what about giving the regional
14 councils more people? And I don't understand
15 what the state is hiring people to do CEU credit
16 classes for versus it being the regional
17 councils. That's my first question. I have
18 another question, but, so I'm just not
19 understanding the difference there. Did we pull
20 it from the regional councils and now the state
21 is going to handle that?

22 **MR. PARKER:** Hey, Adam.

23 **MS. DANIELS:** I'm just not clear
24 on how that happened and what those positions
25 are, what they're going to be expected to do.

1 **MR. HARRELL:** So what the state
2 is, what the office is doing is we're hiring
3 contractors. We're hiring people to perform
4 category one CE for every planning district. So
5 these are not taking funds away from the council,
6 you know, that were, not taking people away from
7 that, that type of arrangement. This is a new
8 model for providing specific category one CE
9 throughout the Commonwealth.

10 **MS. DANIELS:** So were the councils
11 not presenting enough category CEU one, CE
12 category ones?

13 **MR. HARRELL:** The overall CE that
14 was being delivered was not meeting expectations.
15 I can't say that each council didn't meet
16 performance measures. It was the program as a
17 whole was not meeting the CE needs that were
18 anticipated. So this is a different approach of
19 providing staff instructors within the planning
20 districts to provide that continuing education.

21 **MS. DANIELS:** And then how will
22 they be disbursed?

23 **MR. HARRELL:** It will be, it's
24 roughly one per planning district. Some planning
25 districts, because of their size of geography,

1 receive two, but it is one full-time employee,
2 forty hours a week, providing continuing
3 education to every planning district.

4 **MS. DANIELS:** And what about, so
5 do the regional councils still have their
6 training funds?

7 **MR. HARRELL:** No, ma'am.

8 **MS. DANIELS:** Okay. So the
9 training funds have been pulled from the regional
10 councils?

11 **MR. HARRELL:** That is correct.

12 **MS. DANIELS:** In lieu of the state
13 hiring people to do this.

14 **MR. HARRELL:** Correct.

15 **MS. DANIELS:** Do they have state
16 benefits and all that?

17 **MR. HARRELL:** No, they do not.
18 These are contract employees through the state's
19 contingent labor contract. So they do not have
20 full-time benefits. They receive an hourly wage
21 per that contract.

22 **MS. DANIELS:** And where are they
23 going to work out of?

24 **MR. HARRELL:** They will be home-
25 based employees with state assets. They have

1 access to state email. They have a state
2 telephone. They have projection and educational
3 equipment. They will be monitored by the ACE
4 Division and will be under Mr. Chad Blosser as
5 direct reports.

6 **MS. DANIELS:** All right. I just
7 have some concerns about this, but okay, thank
8 you.

9 **MR. HARRELL:** Mm-hmm (indicating
10 affirmatively).

11 **MS. DANIELS:** Okay, question
12 number two, Dr. Lindbeck and Dr. Jaber. So I
13 just find it hard to believe that the Medical
14 Examiner's office has never ever had an employee
15 exposed to something. What did they do if they,
16 I mean, I know that they suit up. I know, but
17 things rip, things tear, so what's their internal
18 process if one of their employees is exposed?

19 **DR. LINDBECK:** So a different
20 issue, they have had exposures. The point is
21 that they don't run serology in-house. It gets
22 sent out to a reference lab. And there are only
23 two reference labs in the country that do this.
24 One is at the Mayo Clinic in Rochester. The
25 other is LabCorp, and the closest LabCorp lab is

1 in North Carolina right now. So the OCME has
2 looked after their own employees...

3 **MS. DANIELS:** Right.

4 **DR. LINDBECK:** ...but they've
5 never had a mandate to look after the EMS system,
6 first responders, and nobody really knows what to
7 do with the good Samaritans.

8 **MS. DANIELS:** Right.

9 **DR. LINDBECK:** Because nobody
10 really has responsibility for them and
11 responsibility incurs costs and availability, and
12 we just don't have that system. So OCME has
13 always looked after their employees, but again,
14 they don't run these serologies in-house. Even
15 their toxicology work generally gets sent out to
16 a reference lab. Does that make sense?

17 **MS. DANIELS:** Yes, sir. Thank
18 you.

19 **DR. LINDBECK:** Okay.

20 **MR. PARKER:** Any unfinished, any
21 more unfinished business? Sorry.

22 **MR. BOLLING:** Just an additional
23 question. The...

24 **MR. PARKER:** Can you slide the
25 microphone a little bit?

1 **MR. BOLLING:** Normally I don't
2 have to have a little audio assistance to project
3 my voice, but I'll be happy to. The, going
4 further with her question, the new continuing
5 education program is a replacement program as a
6 result of rescinding the CE MOUs, correct? So
7 this is just moving forward?

8 **MR. HARRELL:** That is correct.

9 **MR. BOLLING:** And secondly, how
10 will success of this program be measured? What
11 are the metrics to measure success of this
12 program?

13 **MR. HARRELL:** So there will be
14 multiple factors utilized to measure success. So
15 we are, we will solicit input from the agencies,
16 the operational medical directors, the
17 individuals that are listed in our system as
18 super users for each agency within those planning
19 districts, as well as provide a mechanism for
20 individual providers to provide input to the
21 office to say these are the topics that we want
22 to see taught within our region. We're also
23 working with our epidemiologist in-house to take
24 a look at patient care data to determine areas,
25 you know, areas of specific education based upon

1 region to take that back to the agencies and
2 operational medical directors to say based upon
3 the data, these are areas of deficiency. So once
4 education is being delivered, we're going to
5 gauge it from customer satisfaction surveys,
6 determining how well the EMS community is
7 accepting that education, how well was the
8 quality of the education delivered. We're also
9 going to monitor this geospatial identification
10 of availability of CE versus, you know, time of
11 day, number of providers, and then compare that
12 to historical data to determine performance.

13 **MR. BOLLING:** Excellent. Have you
14 set a bar as to what is acceptable and what is
15 not?

16 **MR. HARRELL:** In, from...

17 **MR. BOLLING:** For those results.
18 What...

19 **MR. HARRELL:** We have historic
20 data..

21 **MR. BOLLING:** Okay.

22 **MR. HARRELL:** ...that we are using
23 as a baseline right now and we're also utilizing
24 industry-specific educational customer service
25 metrics, so similar to what you see at community

1 colleges and universities.

2 **MR. BOLLING:** Are these the same
3 metrics for measurement that were part of the
4 previous MOUs when the councils were overseeing
5 that?

6 **MR. HARRELL:** You can't, so it's
7 different methodologies, so we can't, it's apples
8 to oranges, the education that's going to be
9 delivered, because under the old method, it was
10 the councils utilizing multiple educators and
11 multiple individuals that may be delivering
12 various topics through various methodologies. So
13 this is a universal-guided approach throughout
14 the entire Commonwealth to be able to gauge
15 performance on a statewide level, as well as
16 being able to drill down to specific planning
17 districts and regions.

18 **MR. BOLLING:** Were the metrics for
19 measurement of success, the way it was previously
20 done, were those communicated through the MOU or
21 was it left open?

22 **MR. HARRELL:** So when you look at
23 it from a standpoint of performance, there was no
24 identified performance metric specifically to
25 each council. It was the overall utilization of

1 the monies to produce education within each
2 region is what we looked at as a performance
3 factor, because at the time, that's what that
4 program was to do, was to put education out. We
5 saw a, we didn't see education necessarily being
6 delivered in each of those regions. That's the
7 data that's in the advisory board report.

8 **MR. BOLLING:** So it was more about
9 spending the money than it was the end result?
10 Is that...

11 **MR. HARRELL:** No, sir.

12 **MR. BOLLING:** Okay.

13 **MR. HARRELL:** That's not what I'm
14 saying.

15 **MR. BOLLING:** All right, then say
16 it again for me.

17 **MR. HARRELL:** What I'm saying
18 is...

19 **MR. BOLLING:** A little slower for
20 me, clarify for me.

21 **MR. HARRELL:** ...there were
22 specific things that were put into that contract
23 to say that X number of courses could be taught
24 in a specific FIPS code.

25 **MR. BOLLING:** Okay.

1 **MR. HARRELL:** And that's how the
2 budgets were determined. So as was previously
3 stated, there was a contract maximum. This is
4 the maximum we'll pay for the number of classes
5 being taught.

6 **MR. BOLLING:** Okay.

7 **MR. HARRELL:** Looking at that as a
8 performance measure, if the money was not spent,
9 classes weren't being taught. So we also had
10 direct input from providers throughout the
11 Commonwealth that they were not finding classes,
12 they didn't have classes available in their
13 regions, although they had heard through the
14 advisory board and through other communications
15 that money was going to the regions to support
16 education. So what we're going to look at now is
17 taking that into account. That's how we're going
18 to gauge performance moving forward.

19 **MR. BOLLING:** Okay, thank you.

20 **MR. HARRELL:** Yes, sir.

21 **MS. DANIELS:** I have another
22 question. So what about the merit badge courses,
23 the ACLS, PALS, those?

24 **MR. HARRELL:** At this time it's
25 not included in this CE program. This is

1 category one continuing education.

2 **MS. DANIELS:** Because that hurts.
3 That hurts a lot. So how can we be able to get
4 those, still get those classes, as a volunteer,
5 still get those classes because I don't have
6 \$150, \$250 to put out for one merit badge course.

7 **MR. HARRELL:** So one mechanism is
8 return to locality monies. They are able to be
9 utilized for training purposes. That money can
10 be used by a jurisdiction to identify specific
11 education they would like to have conducted. The
12 move away from auxiliary programs was one we were
13 seeing substantial utilization of that as a means
14 of continuing ed., and through national research,
15 it's been identified that utilizing auxiliary
16 programs as a primary means of continuing
17 education is not effective. Because now you can
18 get ACLS online. You go in and you might show
19 somebody your skills or you may perform them on a
20 mannequin. So what we were looking at is this
21 money being utilized to put educators out there
22 or hands-on in-person education, not necessarily
23 a merit badge course that helps bulk some hours
24 together to recertify.

25 **MS. DANIELS:** Then it doesn't go

1 towards certification hours anymore? ACLS and
2 PALS don't. They used to. I think it was about
3 two years.

4 **MR. HARRELL:** They still do.
5 National Registry does not require them anymore.

6 **MS. DANIELS:** Right.

7 **MR. HARRELL:** But they, you do get
8 CE, CE is available for auxiliary courses.

9 **MS. DANIELS:** Okay. Something's
10 not right and I certainly hope that the board and
11 our director will work with the EMS councils
12 because it just seems that there has been a lot
13 of not taking into account the regional councils,
14 and we certainly obviously need those as Gary
15 alluded to at the beginning, so.

16 **MR. PARKER:** I appreciate your
17 comments. Is there any other comments to come
18 before the board?

19 **MS. ADAMS:** I have a question.

20 **MR. BOLLING:** For my last follow-
21 up, one other just, I'm sorry.

22 **MS. ADAMS:** Go right ahead.

23 **MR. BOLLING:** I'd just like to
24 follow-up with one other comment, and while
25 they're referred to as a merit badge course, I

1 need you to answer for me, just pull up a seat
2 beside me here, Adam. While they may be referred
3 to as merit badge courses, I feel like that's an
4 understatement of actually what the classes are,
5 and while National Registry may not require
6 those, there are some operational medical
7 directors in our region, I'm going to go back to
8 address some regional needs, that do require
9 these classes. And where we're operating under
10 their license, our agencies are operating under
11 their license, I do feel like those classes,
12 while they aren't merit badges, they do have
13 merit and I feel like that now saying we're going
14 to let what your operational medical director is
15 requiring, we're going to shovel the cost of that
16 back on to the localities, and that's how it's
17 going to be perceived, and the little towns
18 throughout Southwest Virginia, we've got
19 everything on our backs we can. Can these
20 classes not be a part of the education program,
21 blend this to meet the needs of each region?
22 Some places may not need this, and I thoroughly
23 understand that, but I do know the region I come
24 from, these are required by some of the
25 operational medical directors. So could there be

1 some type of blending or some type of research to
2 say okay, well, if this is what that region
3 needs, then we'll include this as part of it, to
4 have a more effective program, and then I'll
5 digress.

6 **MR. HARRELL:** I can make the same
7 comments that I made to VAGEMSA earlier
8 referenced to the auxiliary programs. It's not
9 that we haven't, that we decided, you know, we're
10 not going to fund auxiliary programs anymore.
11 The mechanism that we're getting out right now to
12 provide continuing education that's required for
13 recertification is to get these educators out.
14 We're still looking at options for auxiliary
15 programs. As was alluded to earlier, the old
16 training funds program went away because of
17 fraud. The bulk of that fraud occurred through
18 auxiliary programs, because what we continue to
19 see, and even recently are seeing, is people
20 falsified the required documents to the parent
21 organization just for the sake of getting the
22 money. Now I'm not saying that that's the only
23 reason it's not included in this, but there has
24 to be a different methodology looked at to
25 provide auxiliary programs on a statewide basis.

1 And in some respects, trying to look at this from
2 what can we do as you said regionally to be able
3 to promote these, looking at things like working
4 through the Virginia Community College System or
5 working through, I know VCU here in Richmond
6 offered discounted courses. What can we do along
7 those lines? It's not that we are completely
8 discounting auxiliary courses. It's that through
9 a means of procurement, we have got to identify a
10 way that we can vet what we're paying for.

11 **MR. BOLLING:** Maybe even through
12 the regional councils. Backing up to what you
13 said about there was fraud, was there any
14 investigation, any charges, any prosecution made?

15 **MR. HARRELL:** There was
16 investigation occurred and that was forwarded on
17 to the appropriate agencies.

18 **MR. BOLLING:** Okay, very good.
19 Thank you.

20 **MS. ADAMS:** Are these educator
21 positions being posted on vajobs.gov or whatever
22 it's called so that the host of talented capable
23 providers and educators across the Commonwealth
24 may apply for consideration?

25 **MR. HARRELL:** No, these are not

1 state FTEs. These are individuals that are being
2 brought on through a mandatory use contract for
3 contingent labor, so they're not required to go
4 through the normal HR processes.

5 **MS. ADAMS:** So it's not an open
6 application?

7 **MR. HARRELL:** No.

8 **MS. ADAMS:** If I decide I want to
9 leave my job tomorrow and say hey, I've been
10 pretty good at this for damn near forty years, I
11 can't apply?

12 **MR. HARRELL:** The ACE Division has
13 been working on communicating out the openings
14 and the availability as well as rigorous
15 processes for ensuring the educators that we're
16 bringing onboard.

17 **MS. ADAMS:** So the answer is no, I
18 cannot apply.

19 **MR. HARRELL:** No, you can contact
20 the ACE Division and they can provide you more
21 information relative to any positions that are
22 open.

23 **MS. ADAMS:** Okay. All right, I
24 have another question, not about that at the
25 moment. My other question is, I know that

1 NAEMSP, that Virginia, that VFIB adopts the
2 NAEMSP standard for our data sets, and I wonder,
3 and I know in conversations both at NAEMSP in
4 January and at Pinnacle last week that they are
5 continuing to evolve the data sets. My question
6 is at what point are we going to have options for
7 our non-binary clients, customers, patients,
8 providers to have choices other than male,
9 female, and question mark? That doesn't seem
10 very twenty-first century. So I just want us to
11 start considering that unknown or unable to
12 determine, or as it stands now a question mark,
13 doesn't seem to speak to the inherent worth and
14 dignity of each patient we encounter.

15 **MR. PARKER:** Thank you.

16 **MR. BOLLING:** Mr. Chairman?

17 **MR. PARKER:** Oh, I'm sorry.

18 **MR. BOLLING:** I'd like to follow-
19 up, general no fault and I'd just like to share
20 with, while I may have been here asking some
21 questions about how things work, I would like to
22 clarify where he, Adam just advised they were
23 contract employees, not full-time employees of
24 the Office of Emergency Medical Services,
25 correct?

1 **MR. HARRELL:** That is correct.
2 They are contract employees.

3 **MR. BOLLING:** Excellent. I just
4 want to commend the Office of Emergency Medical
5 Services for doing that because that does provide
6 a more cost efficient way of having these
7 employees without having to have everything that
8 goes with it, correct?

9 **MR. HARRELL:** Correct.

10 **MR. BOLLING:** And I admire you for
11 that. Why was that not offered in the Memorandum
12 of Understanding that was proposed to the
13 councils? We were going to have to bring them on
14 as full-time employees with benefits. I think a
15 lot of the question about the cost associated
16 with it could have been alleviated if it had been
17 clarified to the employee, the regional councils
18 those employees could be through a contract work
19 organization.

20 **MR. HARRELL:** So those discussions
21 have been had with the councils before about
22 using contract employees. That was not something
23 that was in this. That was a discussion that we
24 had with them at that time when this was
25 presented that they did not have to be employees

1 of the council, they could be contractors.

2 **MR. BOLLING:** Okay, very good.

3 That was included in the MOU original?

4 **MR. HARRELL:** As far as I know.

5 Chad would have to help me with that.

6 **MR. BLOSSER:** I mean, the
7 figures, I don't think there was anything in
8 there that specified it had to be a full-time
9 employee. The word full time was referenced for
10 forty hours a week, so it was understood in that
11 regard, but...

12 **MR. BOLLING:** I think in the
13 spirit of collaboration, there's where a big
14 disconnect is because I read the MOU and it
15 referenced full-time employees, and in figuring
16 our taxes and insurance that would have to go
17 along with a full-time employee started adding
18 costs to it. That's where the questions came
19 from, but we never really had an opportunity to
20 sit down and discuss that with you, but again,
21 hats off to OEMS for using the contract
22 employees. That is an excellent mechanism.
23 Appreciate you, thank you.

24 **MR. PARKER:** The Chair recognizes
25 Dr. Jaber.

1 **DR. JABERI:** Can I just see if
2 Adam can make a clarification. So I'm not sure
3 if these are mutually exclusive. A contract
4 employee, for those who don't work with the state
5 system, we don't wind up paying for the fringe
6 and the benefits, but you could still work the
7 full forty hours so you are a full-time employee
8 as in you're working more than thirty-two hours,
9 but you're not necessarily requiring those health
10 benefits. So it's separate from an FTE and the
11 concept of when we look at our maximum employment
12 level and the state agency, going back to some of
13 the discussions I had earlier about the council's
14 requesting assistance with the administrative
15 support, we have a certain number of employees
16 that VDH can hire. I won't quote the number but
17 it's an X amount, and that's all that we're
18 legislatively allowed to have. So when we say an
19 FTE, we want to be really careful what that
20 means. FTE in the concept that it's one of the
21 positions that's included in our employment level
22 or are we talking about an abbreviation for full-
23 time employee which could be a contract employee
24 or an actual FTE of the state? So Adam, do you
25 want to come and clarify? I think there's some

1 confusion over this, that a contractor can be
2 full-time as in work forty hours in that sense.

3 **MR. HARRELL:** That is correct.
4 Any employee that, any person that works over
5 thirty-two hours for payment is considered full
6 time, unless there is something defining that,
7 which the state does have policies that define
8 that, as well. In this instance, these are full-
9 time employees. They are full-time contractors
10 for the Commonwealth of Virginia, and
11 specifically to the MOU, there was a full-time
12 salary option in there as well as additional
13 monies provided for fringe, so it was not
14 something that was not accounted for in that
15 contract. And you know, in looking at those
16 factors, that's why it was given as an option,
17 and there was, you know, specific discussion
18 relative to the contractor component in that
19 meeting. So again, there is, there are things
20 that are in that MOU when we use the term full-
21 time employee in a contract or MOU, it's not in
22 the same sense as a full-time employee for the
23 Commonwealth or an FTE for the state.

24 **MR. BOLLING:** Appreciate that and
25 I want to say that within five minutes, we have

1 clarified something that we were not able to
2 clarify from the regional councils asking for a
3 meeting to discuss this, because the dollar
4 amount put in for fringe benefits was way short
5 of being able to carry the Worker's Compensation
6 or the Worker's Comp insurance and the health
7 benefits that would go with it. This is
8 something that could have been made to work, but
9 I just hate to see that from the fact that we
10 were never able to get together, and we need to
11 do this. And it doesn't have to be here in this
12 meeting. We need to sit down together and learn
13 to work together. But it seems like there's a
14 barrier between us. We need to go to lunch more
15 often. We need to have these discussions so that
16 we don't lose things in the context of an email
17 coming out or a memo being handed out and asking
18 to turn it back in before we leave. We can clear
19 up a lot of this, but there's a severe disconnect
20 of communication going on. But that cleared up
21 in just five minutes, we cleared up one of the
22 points of contention of that MOU because the way
23 it was presented, it was going to cost additional
24 monies to the councils to employ, our council to
25 employ those three people. But we were looking

1 for a way to do it and the way the state did it
2 would have been perfect for us, too. I wish we
3 could have talked beforehand. Come on to Bristol
4 more often. I'll take you out to dinner and
5 we'll talk. There's so much we can accomplish
6 working together because we as regional councils
7 are on the same thing as you, same team as you.
8 Everybody in this room, we're all about patient
9 care, and if we all get all the mules pulling in
10 the same direction at one time, oh boy, the sky
11 is the limit, and I'll go back to what Gary Brown
12 once said. We're looked upon as a national model
13 and I take pride in that and I'd like to see us
14 keep going that way. I digress.

15 **MR. BLOSSER:** Mr. Chairman, so I
16 would just like to reiterate what Ms. Daniels
17 said about the value in the merit badge classes
18 and merit badge classes is probably an
19 understatement for what the value they really
20 have. They may not bring forward the amount of
21 CE that they once did and they may not be totally
22 in align with the NCCR models as they once were.
23 However, I think they do help us to address
24 certain types of emergencies and certain types of
25 patient populations, and that would be medical

1 patients, cardiac patients, trauma patients, and
2 certainly geriatric and definitely pediatric
3 patients. We have a lot of value in those
4 classes. Operational medical directors are going
5 to continue to require those programs, and fire
6 and EMS chiefs are going to continue to require
7 those programs because they guarantee the
8 provider skills, hands-on skills, much like maybe
9 one of the similar objectives to having the
10 educators go in the field for face-to-face hands-
11 on training. These programs do require that.
12 And yes, the expense is going to be passed back
13 onto the EMS provider, and those lucky ones that
14 work for agencies who were well-funded will have
15 to absorb the impact of that in their budget on
16 the cost of about \$60 in addition to what they
17 had been paying. So I would say that we should
18 take a look at that. I've also mentioned on a
19 number of occasions, and certainly I think there
20 are some things working to do this, as well, is
21 some of the CE money could possibly go to support
22 departments that have already invested into
23 online training platforms. Only as an example,
24 Target Solutions seems to be one of the more up
25 and coming programs that providers and

1 departments use to get out CE. So I will say
2 that in this forum. Again, we spoke about it
3 earlier in VAGEMSA and I do believe the Office of
4 EMS is working behind the scenes to make that
5 possible. And I will just point out the obvious,
6 too. We've had a communication breakdown and it
7 seems like this is probably one of the more
8 controversial issues that I recognize that's come
9 forward in a long time, and I don't know exactly
10 how we do this or how we go back and try to
11 include all the stakeholders, but it seems like
12 that if there's a will and there's a way, that we
13 should have a reset on some of the decisions that
14 might have been made recently and go back and
15 take a look at those. Some may have already been
16 made, and I understand fully that this is an
17 advisory board and is not a policy board.
18 However, I think there's an opportunity before us
19 and I think we all have demonstrated in the past
20 how well we work together and how we can overcome
21 challenges and take into account everyone's
22 consideration. And so that's what I would say
23 and I would be happy to help any way that we
24 could think of a way to do that.

25 **MR. PARKER:** Thank you, sir.

1 **MR. FERGUSON:** Mr. Chair?

2 **MR. PARKER:** Where was that?

3 **MR. FERGUSON:** Here.

4 **MR. PARKER:** Thank you.

5 **MR. FERGUSON:** Question for you,
6 Adam. With the current model that you guys have
7 put in place with these contractors, do they,
8 will they work with the councils to determine
9 needs for the different areas and regions?

10 **MR. HARRELL:** Absolutely.

11 **MR. FERGUSON:** So while obviously
12 I agree with my colleagues here that maybe
13 communication could have been a little bit better
14 in this situation, and I do also see the merit in
15 the merit badge courses and I have voiced that to
16 you all, as well. Whether the councils
17 contracted these individuals or whether the
18 office contracts these individuals, at the end of
19 the day, will not he same service be provided
20 that will affect the citizens of the
21 Commonwealth?

22 **MR. HARRELL:** Absolutely.

23 **MR. FERGUSON:** Okay, I just wanted
24 to make sure, and these council members have been
25 made aware, they know that they have a stake in

1 this?

2 **MR. HARRELL:** We have advised
3 throughout that these individuals would be
4 contacting the councils for input and
5 information. We did have to provide
6 clarification at one point that, you know, these
7 individuals did report, you know, what the
8 reporting structure was. But this has been
9 advertised and discussed as a collaborative
10 effort.

11 **MR. FERGUSON:** And hopefully after
12 today, maybe there can be some reiteration of
13 everything involved between you all.

14 **FEMALE:** Per my conversations with
15 the Virginia Fire Chiefs, they were told there
16 would be no collaboration with the councils or
17 the agencies.

18 **MR. HARRELL:** Gary?

19 **MR. BROWN:** That would be
20 incorrect. If that was told to you, that was not
21 accurate.

22 **FEMALE:** Thank you.

23 **MS. QUICK:** I have a question for,
24 I don't know if Mr. Harrell or Mr. Woods can
25 better address this, but I'm thinking about

1 really audience here. If the regional council
2 program wasn't successful, was that because there
3 wasn't an audience for that and is that going to
4 be the same with this kind of contract. I think
5 that as an educator, and I've been an educator
6 for over twenty years, too, how I have supplied
7 education has changed dramatically in the last
8 twenty years, and the, I guess the, many of the
9 larger agencies now are doing that themselves,
10 and even the smaller agencies are utilizing
11 online options and options that are easier and
12 more accessible to their population. So I'm
13 wondering if there really is a bigger elephant in
14 the room here as to who this is really serving
15 and who is going to really have access to this
16 educator that comes. If I am agency A and I want
17 twenty hours of that time versus agency B that
18 wants ten hours of that time, how is that going
19 to be I guess looked at?

20 **MR. BLOSSER:** I think most of you
21 know me. I'm Chad Blosser with the Office of
22 EMS. The educators have been given autonomy to
23 work with the individuals in their area that
24 includes EMS agencies. They've been provided
25 with data, contact information, and as soon as we

1 have one more release to the EMS portal in about
2 a week or two, there will be additional
3 information available to them so that they have
4 three points of contact at agencies within their
5 assigned service area. As far as, what was the
6 question? I'm sorry, I just...

7 **MS. QUICK:** Yeah, I mean, was,
8 this I guess is a council question but was there
9 a failure of the constituents to come to the
10 councils and ask for these classes? Or were they
11 simply not being offered or, yeah?

12 **MR. WOODS:** So I'll be happy to
13 attempt to address that, speaking specifically
14 for Southwest Virginia EMS Council. In the
15 original CE MOU, it defined both category one CE
16 programs provided per locality and an amount for
17 auxiliary programs. In Southwest Virginia today,
18 I have a little over fifteen hundred EMS
19 providers. Of those, only around 450 are ALS
20 providers, and in the original CE MOU, I was
21 allocated nearly thirteen hundred auxiliary
22 course completions. If you were to say, well, in
23 a given year, all of those providers were going
24 to take three auxiliary courses, the numbers sort
25 of add up, but we know that those are on a two-

1 year cycle. So typically you're recommended
2 renewal is in two years. So in year one, we
3 might have made a case for that, but in year two
4 then, our case would have been zero should have
5 been offered for auxiliary training, but it was
6 not changed. That was my specific discussion
7 with the original CE MOU, that those numbers were
8 not valid for Southwest Virginia, and I can dig
9 that down just a little bit further. We are also
10 the American Heart Association training center
11 for Southwest Virginia. We do ACLS and PALS. We
12 serve both hospitals and EMS providers. Per
13 year, we're averaging around four hundred cards
14 to hospitals and providers in both ACLS and PALS.
15 So even if we used those numbers, we'd have only
16 gotten to, you know, maybe eight hundred. But we
17 were told that those figures were historical data
18 and we were not, it was not negotiated with us.
19 So when I signed the MOU, obviously I had
20 concerns knowing I do not have thirteen hundred
21 providers in Southwest Virginia who will take
22 auxiliary courses. So when you see the amount of
23 the award for Southwest Virginia, it includes a
24 totally inflated amount for auxiliary courses
25 that we were never going to reach. And because I

1 was concerned with that, led to my reaching out
2 to Chuck Faison, who was administering the
3 program, to confirm that we weren't going to be
4 penalized if we couldn't get there. I think it
5 was an unrealistic number and I could have
6 provided that data from my region and those
7 actual numbers of ACLS and PALS courses that were
8 being offered, and we are the A&J Training
9 Center. Many of those are going to hospitals and
10 they have in-house programs, and so they didn't
11 need those outside training. But we didn't have
12 that opportunity and so, you know, that report
13 that sort of shows that total amount was never
14 the numbers that should have been provided for
15 Southwest Virginia, but rather than reject the
16 MOU as was offered to us, we didn't have to
17 produce it but we could accept it or reject it,
18 knowing that that would mean that education in
19 Southwest Virginia would continue to be halted
20 until another process was defined, we signed it
21 and then we sought clarification and we had
22 multiple emails from Chuck Faison indicating
23 that, you know, it wasn't a performance issue,
24 that that was a maximum and there was no penalty.
25 They would adjust those numbers in the future

1 based on who was actually taking those courses.

2 Does that answer your question...

3 **MS. QUICK:** What about the
4 category one? I mean, do you have a flux of
5 people that are coming to you that are asking for
6 these courses, taking these courses for category
7 one?

8 **MR. WOODS:** I can only say for
9 Southwest Virginia, we've been doing category one
10 CE training for, well, I've been there fifteen
11 years, at least fifteen, I would estimate
12 probably thirty years, so we were doing programs
13 already. We successfully offered, you know, two
14 CE programs in every locality in Southwest
15 Virginia both years of that contract, both of
16 those MOUs. So we were able to fill up the
17 classes. In the first year, we had occasions
18 where the numbers were lower, but we were seeing
19 that grow, and I would anticipate that other
20 regional councils would probably say the same.

21 **HEIDI:** Heidi from the Old
22 Dominion EMS Alliance.

23 **MR. PARKER:** The chair recognizes
24 Heidi for three minutes.

25 **HEIDI:** Thank you. I'm sorry,

1 Greg, I was just adding to what he was saying.
2 ODEMSA was successful in our program. Look at
3 the numbers. First quarter we're here, second
4 quarter we're here, third quarter we're here.
5 Fourth quarter, which is not in your report, by
6 the way, I guess what happens again in the first
7 quarter of the next year, we drop right back down
8 to the bottom. That's why our first quarter
9 number is so low. The contract, which we can't
10 do anything about or talk to anybody about, is
11 only good for one year. So if you're an educator
12 or you're at an agency trying to plan your
13 funding with us, the regional councils, we can't
14 tell you what you can do in the first quarter
15 because we don't know. Thank you.

16 **MR. PARKER:** Thank you. Is there
17 any other questions? Okay. So we are continuing
18 down the agenda. Any other unfinished business?

19 **MS. DANIELS:** Just one thing I
20 would like to let my last point to point out. It
21 just seems weird that it's not posted, the
22 availability of that position is not posted and
23 that you have to call the Department of Education
24 to find out how to apply for it. It just seems
25 like it's being handpicked rather than everyone

1 having a fair shot at that job. So I just, so it
2 seems like there's still, it's not very
3 transparent being, giving everyone the same
4 opportunity to apply for that position if they
5 wanted or not.

6 **MR. PARKER:** Thank you. Any other
7 unfinished business? Okay, we're down to new
8 business. Any new business to come before the
9 board? Any new business to come before the
10 board? Hearing no new business, is there a
11 motion for adjournment?

12 **(WHEREUPON, the motion was moved and seconded.)**

13 **MR. PARKER:** Motion, I don't even
14 think we need to carry that or pass it. Thank
15 you.

16 **(WHEREUPON, the VIRGINIA DEPARTMENT OF HEALTH**
17 **ADVISORY BOARD MEETING was concluded at 3:24**
18 **p.m.)**

19
20
21
22
23
24
25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CAPTION

The foregoing matter was taken on the date, and at the time and place set out on the title page hereof.

It was requested that the matter be taken by the reporter and that the same be reduced to typewritten form.

1 CERTIFICATE OF REPORTER AND SECURE ENCRYPTED
2 SIGNATURE AND DELIVERY OF CERTIFIED TRANSCRIPT

3 I, **KOREY ROGERS**, Notary Public, do hereby
4 certify that the forgoing matter was reported by
5 stenographic and/or mechanical means, that same was
6 reduced to written form, that the transcript prepared
7 by me or under my direction, is a true and accurate
8 record of same to the best of my knowledge and
9 ability; that there is no relation nor employment by
10 any attorney or counsel employed by the parties
11 hereto, nor financial or otherwise interest in the
12 action filed or its outcome.

13 This transcript and certificate have been
14 digitally signed and securely delivered through our
15 encryption server.

16 IN WITNESS HEREOF, I have here unto set my hand
17 this 9th day of August, 2019.

18
19
20
21 

22
23
24 /s/ KOREY ROGERS

25 COURT REPORTER

<p>§</p> <hr/> <p>\$150 86:6</p> <p>\$250 86:6</p> <p>\$60 99:16</p> <hr/> <p>1</p> <hr/> <p>1 73:4</p> <p>1:00 42:13</p> <p>1:04 6:4</p> <p>10 45:18 47:14</p> <p>10:00 47:16</p> <p>10:30 46:9</p> <p>10th 45:23 75:6</p> <p>12th 73:10</p> <p>14.7 32:2</p> <p>15th 42:13</p> <p>16th 38:12 39:5 42:17</p> <p>1943 39:13</p> <p>1970s 19:5</p> <p>1980s 19:5</p> <p>1995 24:18</p> <hr/> <p>2</p> <hr/> <p>2 6:3</p> <p>2:10 57:2</p> <p>2:22 57:3</p> <p>20 7:21</p> <p>2001 26:8</p> <p>2006 26:10</p>	<p>2015 29:19</p> <p>2016 59:9</p> <p>2018 29:24</p> <p>2019 6:3</p> <p>2050 7:21</p> <p>24th 60:4</p> <p>27 51:21</p> <p>28th 45:3</p> <p>2nd 6:6 46:9</p> <hr/> <p>3</p> <hr/> <p>3:24 109:17</p> <p>3:30 42:13</p> <p>31st 41:18 50:2 57:7</p> <p>32.1-111.11 72:17</p> <p>38.5 31:25</p> <p>3rd 6:24 45:18</p> <hr/> <p>4</p> <hr/> <p>40 31:23</p> <p>450 104:19</p> <hr/> <p>5</p> <hr/> <p>501(c) (3) 75:19</p> <p>54.6 31:21</p> <p>5th 41:14</p> <hr/> <p>6</p> <hr/> <p>62.8 31:18</p> <p>6th 37:11</p>	<p>37:22</p> <hr/> <p>7</p> <hr/> <p>7th 66:11</p> <hr/> <p>9</p> <hr/> <p>9th 45:13</p> <hr/> <p>A</p> <hr/> <p>A&J 106:8</p> <p>a.m 47:16</p> <p>abbreviated 59:6</p> <p>abbreviation 95:22</p> <p>abilities 68:16</p> <p>ability 20:13 21:18 51:5</p> <p>able 11:6 12:6 12:11 13:16 14:3 17:9 21:6 23:7 23:9 23:14 35:20 37:16 41:10 47:12 51:10 52:13 66:19 76:1 83:14 83:16 86:3 86:8 90:2 97:1 97:5 97:10 107:16</p> <p>aboard 25:9</p> <p>Aboutanos</p>	<p>51:14 51:15</p> <p>53:6 53:20</p> <p>54:19 55:3</p> <p>55:22 56:3</p> <p>abreast 20:4</p> <p>Absolutely 101:10 101:22</p> <p>absorb 99:15</p> <p>abstained 70:11</p> <p>accept 106:17</p> <p>acceptable 82:14</p> <p>accepted 26:10 27:24</p> <p>accepting 82:7</p> <p>access 8:17 79:1 103:15</p> <p>accessible 103:12</p> <p>accomplish 68:23 98:5</p> <p>accomplished 61:15 61:21</p> <p>account 14:5 62:17 85:17 87:13 100:21</p> <p>accounted 96:14</p> <p>accounting 59:3</p>
---	---	---	---

accreditatio n 45:17 48:8	49:18 50:2 51:19 53:15 53:16 54:3 54:21 54:25 55:7 56:6	71:1 87:19 87:22 90:20 91:5 91:8 91:17 91:23	64:11
accredited 47:3 48:10	actionable 46:13	add 39:1 104:25	administered 61:9
accurate 59:2 102:21	actively 26:16	added 63:3 63:4 70:1	administerin g 106:2
ACE 79:3 91:12 91:20	activities 24:21 72:23	adding 94:17 108:1	administrati on 9:10
achieve 12:23	actual 37:12 52:21 95:24 106:7	addition 26:22 74:12 99:16	administrati ve 12:7 15:8 42:19 52:24 62:23 71:24 74:6 95:14
acknowledge 11:8	actually 22:4 33:5 33:17 33:19 34:9 46:15 46:18 46:21 47:4 55:3 55:12 55:23 88:4 107:1	additional 12:4 17:4 23:9 72:8 80:22 96:12 97:23 104:2	admire 93:10
acknowledgem ent 11:19	acute 52:9 54:17 55:8	address 10:5 66:5 88:8 98:23 102:25 104:13	adopts 92:1
ACLS 85:23 86:18 87:1 105:11 105:14 106:7	ad 48:23	addressing 44:23	advance 57:24 64:8 64:25 67:3
acquiring 55:15	Adam 28:19 28:21 32:17 65:22 66:12 76:22 88:2 92:22 95:2 95:24 101:6	adequately 67:25	advancing 63:21
across 12:2 13:11 13:15 13:23 14:5 34:1 58:5 59:15 59:20 63:11 63:14 64:19 69:2 90:23	Adams 24:7 25:2	adjournment 109:11	advertised 102:9
action 20:11 32:9 32:10 41:16 42:10 43:9 43:21 44:8 46:7 47:22 48:18	Adam's 66:21	adjunct 24:14	advertising 33:25
	ADAMS 70:3 70:16 70:22	adjust 106:25	advised 92:22 102:2
		adjustments 60:24	advising 9:8
		administer	Advisor 35:10
			advisory 6:2 6:7 9:8 9:17 14:21 15:13 15:14 23:25 24:24 25:18 25:20

27:1 35:14	104:4	alleviated	103:16
35:21 35:22	agency 12:19	93:16	Amanda 40:24
36:3 36:5	22:7 30:19	Alliance	Ambulance
37:21 41:8	47:13 71:14	107:22	33:21
41:21 42:1	73:18 81:18	allocated	amended 72:6
71:3 84:7	95:12	61:7 71:24	amendment
85:14	103:16	104:21	20:21 74:6
100:17	103:17	allow 15:6	American
109:17	108:12	42:25 55:17	105:10
advocated	agenda 6:7	allowable	amount 16:19
67:14	7:9 7:10	59:11	53:1 61:6
affect	7:17 7:21	allowed	71:24 72:1
101:20	7:24 108:18	26:16 95:18	95:17 97:4
affirmative	ago 7:21	allowing	98:20
7:7 7:16	8:23 13:7	20:14 41:8	104:16
70:9	31:12 35:10	alluded	105:22
affirmativel	38:5 40:5	87:15 89:15	105:24
y 79:10	63:19 70:24	already	106:13
affirmed	71:2	41:11 47:2	amounts
61:16 68:13	agreed 16:10	47:23 65:25	58:25
afternoon	57:8	66:18 99:22	analyze 65:3
11:3 44:6	agreement	100:15	analyzing
54:1	16:11 16:25	107:13	32:8
age 54:11	ahead 9:6	ALS 104:19	anniversary
agencies	32:24 32:25	alter 43:13	34:14 35:5
16:3 16:22	87:22	altering	35:7
20:22 23:12	aim 63:17	51:1	announce
26:18 30:16	align 45:15	alternate	20:20
47:6 49:20	98:22	73:15	announcement
50:7 59:15	aligned	alternative	28:12
72:22 81:15	51:25	62:23	announcing
82:1 88:10	Allegiance	am 38:2	20:19
90:17 99:14	6:11 6:13	58:14 65:13	answer 88:1
102:17	Allen 38:17	65:18 68:7	91:17 107:2
103:9	48:13 73:9	75:13	answering
103:10	75:7		
103:24			

65:22	apples 83:7	appropriate	assembly
anticipate	applicants	20:3 23:19	22:22
56:21	47:1	37:21 74:15	asserted
107:19	application	90:17	73:13
anticipated	48:8 91:6	approval	assess 30:7
77:18	apply 90:24	6:23 27:18	47:13
anticipation	91:11 91:18	approve 7:1	assessment
66:19	108:24	7:10 45:22	57:11
anybody 34:5	109:4	approved	assets 12:10
50:19	applying	7:11 7:17	78:25
108:10	49:21	22:17 22:20	assigned
anymore 87:1	appointed	44:11 59:24	104:5
87:5 89:10	28:6 45:25	60:3	assist 72:12
anyone 58:22	46:6 71:4	approximatel	assistance
61:23 70:14	73:18	y 13:13	12:4 42:7
74:25 75:9	appointment	area 18:2	42:11 42:12
76:6	24:6	19:12 28:12	81:2 95:14
anything	appreciate	75:24	assistant
24:25 38:25	20:6 28:17	103:23	24:14
40:16 40:20	32:16 57:21	104:5	associated
40:25 58:18	68:11 68:16	areas 17:11	93:15
94:7 108:10	87:16 94:23	54:5 54:9	Association
anyway 36:4	96:24	60:15 81:24	32:18 38:21
apologize	appreciation	81:25 82:3	55:12 56:12
7:18	20:6	101:9	105:10
apologizes	approach 9:1	aren't 10:16	assume 16:14
41:9	15:17 17:23	88:12	assumed
appears	18:6 18:8	arise 63:24	10:20
67:11	19:12 64:18	65:5	attempt
Appendix	67:4 68:17	Arlington	104:13
45:15 58:12	77:18 83:13	49:12	attend 36:6
58:24 62:7	approached	arrangement	36:17 41:10
applauded	12:14 15:19	77:7	51:6 51:10
27:8 28:2	19:16 37:16	aspect 52:10	attendance
28:9	approaches	53:16	41:6
	8:14	aspects 9:18	

attended 39:22	59:13 66:15 80:11 82:10 91:14 108:22	86:6 86:23 87:25 88:3 98:17 98:18 101:15	becoming 16:22 21:13 32:3
attendees 50:15			beforehand 98:3
attending 36:8 37:4	available 34:2 34:5 52:18 56:18 65:20 85:12 87:8 104:3	badges 88:12 banquet 33:6 38:9 bar 82:14 barrier 97:14 barriers 30:12 47:7 Bartle 49:25 50:1 51:12 base 55:13 based 7:24 47:5 60:12 72:7 74:7 78:25 81:25 82:2 107:1 baseline 30:9 31:17 32:5 82:23 basically 50:21 53:8 53:15 basis 49:9 89:25 Beach 37:17 37:18 37:20 beautiful 14:6 became 26:8 become 16:4 39:17 48:10	beginning 87:15 behalf 66:6 71:14 Behavioral 10:25 behest 73:23 behind 100:4 believe 22:17 32:1 57:23 57:25 58:8 58:20 63:7 63:20 65:8 65:10 65:14 65:16 79:13 100:3 beneficial 69:12 benefits 78:16 78:20 93:14 95:6 95:10 97:4 97:7 beside 88:2 best 8:8 9:20 15:4 15:25 27:22 54:23 68:16 69:2 74:4 Beth 24:7 24:7 24:8
attention 20:5 34:25			
attitude 30:15	averaging 105:13		
audience 27:8 28:2 28:9 103:1 103:3	award 33:9 105:23 awards 34:15 34:18 34:20 35:4 35:5 38:10		
audio 81:2	aware 8:20 10:16 19:2 39:17 101:25		
August 6:3 6:6 38:12 39:5 42:13 59:22	away 17:14 33:13 77:5 77:6 86:12 89:16		
authority 25:19	Awesome 56:23 aye 70:7		
autonomy 103:22			
auxiliary 60:17 61:11 86:12 86:15 87:8 89:8 89:10 89:14 89:18 89:25 90:8 104:17 104:21 104:24 105:5 105:22 105:24	<hr/> <p style="text-align: center;">B</p> <hr/> background 29:7 65:25 Backing 90:12 backs 88:19 badge 85:22		
availability			

24:12 24:22	10:5 15:13	84:25 85:6	22:21 46:15
24:25	15:15 15:24	85:19 87:20	72:3 74:13
better 12:6	16:13 16:25	87:23 90:11	91:2
44:15 65:11	17:2 23:25	90:18 92:16	Brown 12:15
65:11	24:24 24:24	92:18 93:3	15:6 15:11
101:13	25:1 25:18	93:10 94:2	20:2 20:16
102:25	25:20 27:1	94:12 96:24	23:23 25:3
biased 68:17	28:4 33:4	book 39:7	25:6 25:8
bigger	35:10 35:14	bottom 108:8	25:10 27:9
103:13	35:21 35:22	box 17:25	28:3 28:10
bill 20:24	36:3 36:5	boy 98:10	28:18 35:2
bills 20:23	37:12 37:22	Brain 55:12	39:13 40:18
Billy 45:24	37:23 41:2	Branch 42:15	57:18 66:21
bit 13:9	41:8 41:9	Brazle 37:16	73:12 98:11
19:7 20:18	41:13 41:21	break 57:1	102:19
29:6 37:3	42:1 42:3	breakdown	brush 38:6
48:9 80:25	45:21 70:8	100:6	budget 20:21
101:13	70:15 73:17	bridge 46:17	20:24 20:25
105:9	73:20 73:22	brief 39:14	99:15
bleak 16:7	74:1 74:10	57:2 65:2	budgets 85:2
blend 88:21	74:15 75:1	bring 6:10	build 30:6
blending	75:5 75:11	13:20 21:5	64:1 65:10
89:1	76:7 76:9	70:14 75:10	building
blood 39:24	84:7 85:14	76:6 93:13	31:4 68:3
40:2	87:10 87:18	98:20	bulk 86:23
Blosser	100:17	bringing	89:17
64:14 79:4	100:17	38:1 38:9	burden 16:19
94:6 98:15	109:9	47:9 91:16	burnt 31:19
103:20	109:10	Bristol 98:3	business
103:21	109:17	broaden	16:9 16:9
board 6:2	Bob 38:4	46:23	43:25 70:15
6:7 7:2 7:6	bold 8:5	bronze 34:17	71:21 75:10
7:13 7:15	BOLLING	34:24 35:3	76:7 76:8
9:8 9:8	80:22 81:1	brought	76:9 80:21
9:17 10:2	81:9 82:13		108:18
10:4 10:5	82:17 82:21		109:7 109:8
	83:2 83:18		109:8 109:9
	84:8 84:12		
	84:15 84:19		

109:10	55:8 57:25	104:15	ns 26:23
bypassing	58:5 68:25	104:20	cetera 40:4
73:1 73:24	72:24 81:24	105:7	48:5
	98:9	107:10	CEU 72:10
<hr/>	career 26:2	107:14	76:15 77:11
C	26:14 31:20	celebrate	Chad 64:13
<hr/>	careful	37:9	67:9 79:4
cadaver	95:19	center 25:17	94:5 103:21
39:24 40:2	Carolina	41:14 69:18	chair 10:8
calculated	80:1	105:10	10:13 11:19
63:4	carry 97:5	106:9	15:14 18:14
calendar	109:14	centers	40:20 42:10
35:13	case 21:2	52:15 52:20	47:21 48:24
Cam 27:11	23:20 105:3	55:16 75:24	51:16 57:16
27:13 29:2	105:4	central	65:12 66:23
campaign	categories	13:24 15:15	69:17 69:21
33:12 33:12	59:1	15:23 17:1	69:24 70:16
33:17 33:24	category	17:10 19:15	94:24 101:1
34:1 34:16	34:17 77:4	22:6 23:7	107:23
35:1	77:8 77:11	52:2 52:4	chairman
candidate	77:12 86:1	century	10:10 50:1
27:23	104:15	92:10	57:4 75:2
candidates	107:4 107:6	certain 12:3	75:3 92:16
27:21	107:9	22:8 95:15	98:15
capable	caused 71:25	98:24 98:24	Chairman's
90:22	cc 20:2	certainly	7:18
cardiac 99:1	CE 60:1	11:8 11:11	chairpersons
cards 33:11	60:15 60:16	19:23 23:18	45:11
105:13	60:17 66:17	87:10 87:14	chairs 51:17
care 8:15	66:25 77:4	99:2 99:19	challenge
17:16 17:20	77:8 77:11	Certificate	32:17
18:16 18:19	77:13 77:17	25:18	challenges
37:6 48:13	81:6 82:10	certificatio	15:19 23:13
49:6 50:10	85:25 87:8	n 24:20	54:13 63:24
52:9 52:9	87:8 98:21	45:23 46:8	64:24 65:4
53:12 53:25	99:21 100:1	87:1	69:6 100:21
54:2 54:6	104:15	certificatio	
54:18 55:2			

chance 37:15	child 50:5	104:10	63:20 64:12
Chandler	Children	107:17	67:14 72:8
43:19 43:20	49:25	clear 8:4	74:19 94:13
change 63:6	choices 92:8	8:24 76:23	102:16
67:20 73:3	chose 62:21	97:18	collaboratio
73:5	Chris 27:6	cleared	ns 15:4
changed 19:6	37:14 38:25	97:20 97:21	64:1
103:7 105:6	39:2 43:17	clearly-	collaborativ
changes	46:14 74:22	defied	e 9:1 13:4
31:11 40:13	Chuck 106:2	41:22	14:2 14:14
62:1 74:13	106:22	clients 92:7	18:24 18:25
changing	CISM 48:7	Clinic 79:24	57:12 68:4
60:25	citing 72:16	clinical	102:9
characterist	citizens	8:15 24:15	collaborativ
ics 65:7	14:17	clock 69:18	ely 64:22
charge 8:4	101:20	closely	colleagues
charged 9:17	clarificatio	71:12	64:16 64:20
13:18	n 95:2	closer 72:10	64:23
charges	102:6	closes 42:16	101:12
90:14	106:21	closest	collecting
charitable	clarified	79:25	54:22
75:20	93:17 97:1	CNN 34:20	collection
Charles	clarify	COA 45:16	32:7 44:15
61:18	84:20 92:22	code 9:7	54:13
Charlottesvi	95:25 97:2	13:18 18:15	College 90:4
lle 38:13	classes	72:17 84:24	colleges
chief 10:11	36:18 36:21	collaborate	83:1
10:22 28:6	37:14 42:14	8:16 72:20	colors 27:22
chiefs 70:18	44:16 72:10	73:2	comes 29:5
71:15 71:15	76:16 85:4	collaboratio	103:16
72:4 73:9	85:9 85:11	n 50:23	coming 10:3
73:15 73:19	85:12 86:4	57:20 57:22	11:9 16:11
73:23 74:1	86:5 88:4	57:23 58:1	32:8 35:8
74:9 99:6	88:9 88:11	58:9 63:7	50:11 75:3
102:15	88:20 98:17		97:17 99:25
	98:18 99:4		107:5

commend 51:8 93:4	44:25 46:5 46:11 47:19 47:21 48:14 48:17 48:19 49:10 49:15 49:17 50:6 50:12 50:24 51:2 51:9 51:18 52:24 53:8 53:10 54:2 54:20 55:8 55:8 56:16 71:3	57:20 58:1 58:9 61:10 66:9 68:6 97:20 100:6 101:13	completed 60:18
commends 27:1			completely 90:7
comment 10:3 10:6 15:6 69:14 69:15 69:23 70:13 87:24		communicatio ns 12:17 13:6 19:3 43:24 67:23 85:14	completions 104:22
comments 19:23 20:10 57:22 63:13 87:17 87:17 89:7	committees 26:17 40:17 41:22 41:23 43:21 45:12 51:4 51:7 51:23 51:23 52:5 56:18	communities 8:9	compliance 26:22
commissioner 10:12 10:22 10:24		community 6:20 8:13 8:16 11:16 26:19 38:16 38:23 82:6 82:25 90:4	component 96:18
commissioner 's 11:5 11:10 22:4 23:17	Commonwealth 9:22 15:17 17:17 18:17 25:21 26:3 35:19 66:8 75:4 77:9 83:14 85:11 90:23 96:10 96:23 101:21	Comp 97:6	composition 41:21 42:3
commit 29:22		company 34:4 34:8	computers 16:18
commitment 27:3 74:17		compare 82:11	Conan 34:19
commitments 26:13		compensated 61:14 61:20	concept 49:7 55:11 95:11 95:20
committee 14:22 15:24 36:9 36:10 37:13 40:21 41:16 41:17 41:18 41:20 41:24 42:2 42:3 42:6 42:7 42:20 43:22 43:24 44:5 44:7	Commonwealth 's 24:4	company 34:4 34:8	concerned 106:1
	communicated 83:20	compare 82:11	concerning 39:15
	communicatin g 91:13	compensation 97:5	concerns 11:24 20:9 30:22 40:8 60:19 66:5 73:11 79:7 105:20
	communicatio n 13:1	competency 45:14	concert 35:14
		competition 16:21 32:20 34:14	conclude 69:12
		compilations 56:22	concluded 109:17
		compiling 47:9	concludes

10:7 41:15 42:6 45:5 53:2 conclusion 73:12 75:18 conditions 66:14 conducive 68:3 conducted 29:20 44:1 74:20 86:11 conference 36:21 confirm 106:3 confusion 96:1 conjunction 51:3 consider 63:10 considerable 66:13 consideratio n 23:16 24:5 90:24 100:22 considered 96:5 considering 92:11 consistent 44:22 45:1 consistently	26:19 constituents 67:6 104:9 constructed 31:6 contact 39:3 91:19 103:25 104:4 contacting 66:2 102:4 contacts 19:25 20:2 contained 58:18 contemplate 29:22 contemplated 32:3 contention 97:22 context 97:16 contingent 73:8 78:19 91:3 continuation 60:1 continue 14:10 16:23 28:19 46:22 57:9 65:13 89:18 99:5 99:6 106:19 continued	67:16 68:20 continues 13:2 41:7 continuing 47:24 59:7 59:19 64:19 66:16 71:9 77:20 78:2 81:4 86:1 86:14 86:16 89:12 92:5 108:17 continuity 59:19 continuum 53:12 contract 27:17 58:25 60:24 62:3 62:9 66:14 78:18 78:19 78:21 84:22 85:3 91:2 92:23 93:2 93:18 93:22 94:21 95:3 95:23 96:15 96:21 103:4 107:15 108:9 contracted 72:24 101:17 contracting 12:20 59:10 contractor 59:25 72:16	96:1 96:18 contractors 72:15 74:21 77:3 94:1 96:9 101:7 contracts 59:19 63:3 101:18 contribute 27:3 control 49:5 49:10 controversia l 100:8 conversation 11:21 49:19 conversation s 92:3 102:14 convey 67:17 coordinate 12:6 13:17 72:22 coordinated 13:3 14:1 14:14 coordinator 42:19 43:19 45:7 48:13 48:16 50:9 51:14 copies 61:22 copy 39:8 60:4 74:22 core 8:12
--	---	---	--

correct	14:13 15:3	country 9:6	crash 11:2
47:16 61:20	15:9 17:5	38:4 79:23	create 8:5
72:16 78:11	17:7 17:14	county 24:2	created
78:14 81:6	18:9 19:14	24:13 28:6	22:12
81:8 92:25	23:1 57:21	28:13 49:12	creating 8:2
93:1 93:8	59:7 59:14	75:16	23:2 31:8
93:9 96:3	59:24 62:14	couple 17:5	63:8
cost 39:5	62:18 63:1	17:7 36:14	creation
71:20 88:15	63:18 65:13	37:17 47:12	62:12
93:6 93:15	66:1 68:2	50:3 51:20	credentialed
97:23 99:16	68:22 71:23	56:6 57:7	40:1
costs 65:3	71:25 72:18	60:12 76:11	credit 76:15
67:2 80:11	72:19 73:1	course 20:8	creeds 18:13
94:18	73:21 74:7	44:18 46:21	criteria
council	74:19 76:14	60:22 86:6	68:13
15:16 15:18	76:17 76:20	86:23 87:25	critical
16:1 16:6	77:10 78:5	104:22	13:20 49:5
16:12 16:19	78:10 83:4	courses	54:6
16:24 17:1	83:10 87:11	50:17 60:17	critically
17:11 21:5	87:13 90:12	60:17 84:23	75:22
21:5 21:11	93:13 93:17	85:22 87:8	Crittenden
21:14 21:15	93:21 97:2	88:3 90:6	27:12 27:15
21:19 24:3	97:24 98:6	90:8 101:15	Critzer
24:9 61:17	101:8	104:24	15:14 17:2
69:10 71:17	101:16	105:22	41:4
73:18 73:22	102:4	105:24	crossover
73:24 74:11	102:16	106:7 107:1	44:24 51:5
77:5 77:15	104:10	107:6 107:6	crude 32:5
83:25 94:1	107:20	court 69:19	culture
97:24	108:13	cover 36:6	30:15
101:24	council's	50:14	current 23:8
103:1 104:8	95:13	covered	64:2 101:6
104:14	counsel	40:17 40:21	currently
councils	38:19	41:12 47:23	10:24 30:3
12:2 12:4	counseling	50:16	
12:8 12:18	40:2	covering	
12:20 12:25	counselor	39:1	
13:2 13:5	57:18		
13:10 13:16			

41:22 42:25 75:13 curve 32:24 customer 82:5 82:24 customers 74:2 92:7 customized 18:8 cycle 42:15 105:1 <hr/> D <hr/> D.C 24:17 damn 91:10 Daniels 76:11 76:23 77:10 77:21 78:4 78:8 78:12 78:15 78:22 79:6 79:11 80:3 80:8 80:17 85:21 86:2 86:25 87:6 87:9 98:16 108:19 data 8:13 30:4 31:2 32:7 32:8 44:15 52:4 52:6 53:9 53:11 53:13 54:5 54:13 54:22 54:23 55:9 55:13 55:16 56:18	58:24 59:2 81:24 82:3 82:12 82:20 84:7 92:2 92:5 103:25 105:17 106:6 data-driven 7:23 52:3 date 73:15 75:22 dates 65:20 Davis 46:5 day 45:23 55:21 70:23 82:11 101:19 days 33:23 46:21 deadlines 73:6 deal 23:12 28:10 39:19 December 53:14 decide 91:8 decided 48:24 52:20 52:23 89:9 decisions 35:23 40:9 100:13 decrease 32:12 dedicated	25:25 defer 45:10 deficiency 63:6 82:3 define 96:7 defined 64:5 104:15 106:20 defining 72:18 96:6 definitely 99:2 delayed 59:12 deliver 14:4 deliverables 12:22 66:13 delivered 77:14 82:4 82:8 83:9 84:6 delivering 83:11 delivery 13:15 15:21 18:18 26:20 demands 12:25 62:16 63:16 demographic 60:13 62:18 63:11 65:6 demographics 47:13 63:25 demonstrated	54:13 100:19 Department 6:1 10:23 10:25 17:13 17:21 20:10 24:14 108:23 109:16 departments 99:22 100:1 depression 31:24 deputy 10:12 10:22 describe 67:25 68:1 described 7:23 designed 8:8 desire 17:12 64:21 67:9 desired 66:15 desires 20:4 details 69:3 determine 9:20 9:24 73:20 81:24 82:12 92:12 101:8 determined 59:9 60:20 62:25 85:2 determining
--	---	--	--

82:6	dig 105:8	74:1 74:10	12:3 12:21
develop	dignity	disaster	14:7 15:22
53:12 57:11	92:14	50:25 56:14	17:7 19:13
67:10 74:11	digress 89:5	disbursed	58:4 64:7
developed	98:14	77:22	64:9 65:14
34:19 49:1	Dillard 37:1	disbursement	68:20 68:21
67:8	42:8 42:9	59:1	93:20 95:13
developing	dinner 98:4	disconnect	97:15
14:24 49:7	Dinwiddie	94:14 97:19	disease
development	75:16	discounted	22:11 44:19
45:7 46:11	direct 58:17	90:6	45:2
50:24	66:5 66:9	discounting	dismissed
Developmenta	79:5 85:10	90:8	67:11
l 11:1	directed	discourse	disseminatin
dialogue	46:18	67:20	g 71:19
15:22 16:4	direction	discuss	distributed
16:10 19:9	6:12 48:14	57:19 60:7	6:25
65:1 68:10	48:16 48:19	65:24 94:20	distribution
DICO 47:25	98:10	97:3	39:10 50:5
die 30:1	directly	discussed	district
died 39:22	66:2 72:25	42:24 46:5	77:4 77:24
difference	director	52:11 56:12	78:3
18:12 76:19	46:3 57:18	56:18 74:14	districts
differences	61:17 87:11	102:9	77:20 77:25
62:18	88:14	discussing	81:19 83:17
different	directors	40:7 49:20	Division
10:21 16:8	15:24 16:13	discussion	24:13 79:4
46:19 52:6	17:1 21:11	14:9 14:21	91:12 91:20
77:18 79:19	68:8 72:3	22:5 41:19	doable 18:10
83:7 89:24	72:12 81:16	44:19 47:24	document 8:2
101:9	82:2 88:7	49:19 58:23	8:22 58:6
difficult	88:25 99:4	60:21 65:1	62:6 64:4
11:14 16:23	director's	67:3 74:16	64:8 69:25
21:14 73:7	65:16 66:23	93:23 96:17	documentatio
73:25	Directors	105:6	n 17:18
	57:5 73:17	discussions	documents

44:13 49:8	103:7	ed 37:16	effective
66:11 67:2	Dreama 43:19	75:2 86:14	72:13 73:2
89:20	drill 83:16	Eddie 10:8	73:5 74:12
dollar 97:3	Drinking	28:7 28:7	86:17 89:4
dominant	13:24	28:15 43:22	effectively
52:10	drive 18:20	education	14:16
Dominion	52:7	24:20 45:20	efficiencies
107:22	driven 8:14	59:7 59:20	58:3
done 33:3	15:23 18:13	64:19 66:16	efficiency
33:25 39:20	18:16 58:22	71:9 77:20	12:8 63:10
53:2 74:9	driving	78:3 81:5	efficient
83:20	18:21	81:25 82:4	93:6
dozen 71:7	drop 108:7	82:7 82:8	effort 13:21
71:13	drops 16:18	83:8 84:1	18:24 19:1
Dr 6:18	drug 17:25	84:4 84:5	56:13
10:12 10:13	due 31:25	85:16 86:1	102:10
10:15 10:19	32:1 41:6	86:11 86:17	effortlessly
18:24 20:16	66:12	86:22 88:20	26:14
38:16 38:17	during 10:3	89:12 103:7	efforts 68:9
39:12 39:14	37:2 55:14	106:18	eight 105:16
41:12 48:13	64:7 65:1	108:23	eighth 47:15
48:15 49:11	73:3	educational	either 51:6
49:14 49:25	duties 12:7	35:25 48:22	56:1 61:2
51:14 51:15	duty 30:2	48:23 48:24	62:20
53:5 53:6		48:25 79:2	electronic
53:6 53:20	E	82:24	60:4
54:18 54:19	earlier	educator	elephant
55:3 55:22	22:13 24:7	26:6 71:6	103:13
56:3 57:18	41:4 89:7	90:20 103:5	eleven 71:23
68:9 79:12	89:15 95:13	103:5	72:6
79:12 79:19	100:3	103:16	eligible
80:4 80:9	easier 48:9	108:11	24:11
80:19 94:25	72:9 103:11	educators	else 37:7
95:1	Ebola 45:3	72:25 83:10	40:16 40:20
drafting		86:21 89:13	49:22 74:25
67:5 68:15		90:23 91:15	
dramatically		99:10	
		103:22	

75:9 76:6	employee	24:12 25:12	63:18 64:19
elucidate	25:12 78:1	25:17 26:1	65:12 66:1
23:6	79:14 93:17	26:2 26:5	67:6 68:2
email 41:3	94:9 94:17	26:6 26:7	68:22 69:10
41:5 66:4	95:4 95:7	26:9 26:18	70:17 70:24
66:8 66:12	95:23 95:23	26:18 26:21	71:3 71:15
67:8 69:11	96:4 96:21	26:24 26:25	71:17 71:20
74:22 79:1	96:22	27:1 27:3	71:22 71:25
97:16	employees	27:17 29:4	72:5 72:9
emailed	13:25 78:18	29:18 29:20	72:14 72:20
61:17 64:13	78:25 79:18	29:21 30:2	72:22 72:22
66:1	80:2 80:13	30:4 30:7	72:25 73:7
emails 60:23	92:23 92:23	30:10 30:12	73:11 73:13
61:22	93:2 93:7	30:16 30:17	73:17 73:18
106:22	93:14 93:18	30:18 30:21	73:21 73:22
embarrass	93:22 93:25	30:25 31:9	73:24 74:2
25:14	94:15 94:22	31:14 31:18	74:3 74:8
emergencies	95:15 96:9	31:20 31:23	74:9 74:11
98:24	employment	31:25 32:3	74:14 74:19
emergency	95:11 95:21	32:11 32:13	75:13 80:5
7:22 8:3	EMS 6:2 6:6	32:19 33:6	82:6 87:11
9:1 9:11	7:21 7:24	35:7 35:9	99:6 99:13
9:11 9:14	8:5 8:6	35:13 35:15	100:4
9:16 9:19	8:10 8:15	35:18 36:1	103:22
25:20 25:22	8:23 9:4	38:3 38:10	103:24
26:23 29:16	9:8 9:9	38:14 38:22	104:1
31:6 38:2	9:17 9:25	41:2 41:7	104:14
41:7 44:4	12:2 12:2	41:8 41:12	104:18
44:7 44:13	12:13 12:18	42:14 43:15	105:12
55:20 56:14	13:9 14:15	44:22 45:19	107:22
56:15 59:17	15:2 15:3	46:17 46:20	EMSC 50:12
63:22 92:24	15:13 15:16	47:10 47:13	50:25 51:6
93:4	16:2 16:2	48:5 49:8	encore 38:7
emphasizing	16:3 17:1	49:24 51:6	encounter
50:9	17:5 17:13	52:16 57:11	92:14
employ 97:24	17:21 18:1	57:14 57:21	encourage
97:25	18:19 19:25	59:10 59:13	69:9
	20:17 23:25	59:14 59:15	encouraged
	24:3 24:9	59:24 62:25	
		63:9 63:13	



68:7 68:8 enforcement 48:4 engenders 68:7 enjoyed 29:15 57:13 ensure 13:1 14:2 14:13 14:16 23:5 59:19 59:25 63:10 ensuring 64:18 91:15 entered 15:21 16:25 entire 6:19 36:6 36:21 42:1 52:7 65:15 83:14 epidemiologi st 27:18 81:23 Epidemiology 44:21 equipment 12:12 49:21 79:3 Equity 38:14 era 8:23 Erskine 55:4 55:6 essential 63:7 63:21 68:6	establish 21:1 establishing 72:17 establishmen t 72:24 estimate 107:11 et 40:4 48:5 evaluation 41:20 event 11:12 everybody 23:15 27:16 40:7 98:8 everyone 6:6 28:24 108:25 109:3 everyone's 100:21 everything 16:15 17:22 49:22 88:19 93:7 102:13 evidence 7:23 evidence- based 8:14 evident 16:5 evolve 92:5 evolved 14:7 exactly 13:22 14:12	19:17 25:6 25:8 100:9 Examiner's 79:14 example 21:10 32:23 99:23 exceeded 71:18 excellence 46:25 excellent 82:13 93:3 94:22 exchanges 17:25 68:1 69:11 excited 34:9 34:15 34:24 exclusive 95:3 excuse 44:23 execute 62:22 executing 68:14 executive 14:21 15:23 21:10 41:17 41:18 41:24 42:3 42:6 46:3 46:5 existing 59:18 exists 16:12	expand 12:15 expanding 22:23 23:3 expect 67:4 expectations 62:1 77:14 expected 12:22 60:8 62:8 67:18 73:4 76:25 expense 99:12 experience 24:19 experienced 31:19 32:1 experiencing 30:24 31:21 expertise 26:15 expired 39:19 explain 22:2 28:22 explaining 68:18 exploring 17:8 expose 35:20 exposed 39:23 79:15 79:18 exposure 40:4
--	--	---	--

exposures 39:16 79:20	81:14 96:16	feel 23:19 30:17 30:18 56:25 58:17 62:15 69:11 70:23 88:3 88:11 88:13	105:17
express 30:22	fail 21:20		figuring 94:15
expressed 16:5 17:4 60:19 62:14 64:20 64:23 67:9	failure 104:9		fill 45:24 46:1 46:6 107:16
expressing 66:3	fair 109:1	feels 41:25 48:19	filled 46:21
extended 62:2	Fairfax 24:13	fees 50:14 62:24 63:2 71:24 74:6	final 31:11 45:21
extension 13:16	fairly 39:17 55:11	felt 11:16 14:22 35:17	finally 16:9
extensive 26:14	Faison 61:18 106:2 106:22	female 92:9 102:14 102:22	finances 60:5
extent 11:21	faith 68:14	Ferguson 10:8 10:9 28:7 28:17 45:8 45:10 47:3 49:15 49:16 101:1 101:3 101:5 101:11 101:23 102:11	financial 42:7 60:10 60:11 61:3 68:14 75:25
<hr/> F <hr/>	Fall 42:15		finding 85:11
Facebook 33:18 33:21	falls 12:7		FIPS 84:24
face-to-face 99:10	falsified 89:20		fire 24:13 70:17 71:15 73:9 73:14 73:19 73:23 99:5 102:15
facilitator 42:2	families 75:23		firefighter 48:5
facilities 55:11	family 6:19 11:13 41:7	field 26:1 26:15 39:20 39:23 63:21 99:10	first 6:10 6:23 19:13 29:25 33:19 33:20 33:23 39:7 39:21 41:17 50:18 50:19 51:10 53:14 60:9 62:19 71:7 76:17 80:6
facility 55:17	fatalities 48:2 48:3	fields 36:14	
fact 17:15 58:21 59:22 63:1 97:9	fault 92:19	fifteen 35:3 104:18 107:10 107:11	
factor 84:3	favor 7:5 7:14 70:5 70:7	figure 52:13	
factors	February 15:13 17:3	figures 94:7	
	fee 36:5 36:14 50:16		
	feedback 19:23 61:25 62:6 63:5		

107:17	55:14	29:24 75:20	27:19 27:24
108:3 108:6	forth 13:4	founded 8:21	78:1 78:20
108:8	15:5 16:3	founding	92:23 93:14
108:14	20:24 22:5	63:19	94:8 94:15
fit 18:3	22:16 22:21	Fourth 108:5	94:17 95:7
five 30:20	23:14 28:12	Fox 34:20	96:2 96:9
56:25 60:22	36:4 36:16	frame 58:23	96:11 96:22
71:10 96:25	60:23 74:13	frank 68:21	fully 20:20
97:21	fortieth	fraud 89:17	100:16
flag 6:12	34:14 35:5	89:17 90:13	function
flexibility	35:6 36:20	free 34:5	72:18
14:9	37:10	38:24 58:17	fund 52:12
floor 69:22	fortunate	Friday 6:3	52:17 59:10
flux 107:4	27:23	38:12 47:14	89:10
flying 27:22	forty 50:14	fringe 95:5	funding
focus 45:19	63:19 78:2	96:13 97:4	16:24 22:9
54:10	91:10 94:10	Fritz 45:24	60:20 61:5
folks 11:15	95:7 96:2	front 8:10	61:13 62:12
follow-up	forum 22:17	FTE 22:7	62:15 62:20
11:20 61:9	100:2	95:10 95:19	64:5 108:13
66:21 87:24	forward 9:5	95:20 95:24	fundraise
forefront	9:23 17:6	96:23	16:20
8:25	19:3 20:7	FTEs 12:5	fundraising
form 44:14	21:7 25:13	21:1 21:4	15:20 21:13
44:14	37:10 43:16	21:7 21:22	funds 23:2
Formatic	44:12 52:22	22:15 23:1	59:13 71:19
54:7	57:12 57:24	23:8 23:9	74:5 77:5
forming	61:24 68:19	91:1	78:6 78:9
47:25	68:20 81:7	fulfill 8:1	89:16
formula	85:18 98:20	full 71:8	Furthermore
60:25	100:9	94:9 95:7	9:16
formulary	forwarded	95:22 96:5	future 7:24
48:20	90:16	96:8 96:20	8:3 9:25
formulated	foster 68:10	full-time	11:25 15:4
	fostering		31:3 73:7
	68:3		106:25
	Foundation		FY-2018

62:13	40:19 71:8	105:16	groups 49:7
FY-2019	Georgia	Governance	65:17
62:13	38:19	52:24	grow 51:24
<hr/>	geospatial	government	107:19
G	82:9	22:1 22:23	guarantee
gain 32:22	geriatric	23:3 67:4	99:7
gaps 39:18	54:11 99:2	67:18 72:21	guess 11:19
Gary 9:3	Germany 37:2	governor	19:7 20:18
15:14 22:2	gets 79:21	24:5 71:4	35:15 103:8
40:23 41:4	80:15	governor's	103:19
43:7 57:18	getting	11:10 22:21	104:8 108:6
63:12 66:21	20:19 40:7	23:21 24:5	guests 37:1
71:5 87:14	44:15 89:11	graduate	38:18
98:11	89:21	29:4	guys 31:17
102:18	given 20:23	grant 44:16	101:6
gathered	34:18 60:9	grants 43:23	<hr/>
11:23	76:12 96:16	great 9:21	H
gathering	103:22	28:15 37:5	Hale 45:25
35:18	104:23	45:13	hall 6:25
gauge 82:5	giving 50:6	greater	halted
83:14 85:18	76:13 109:3	67:22	106:19
general	glad 18:14	green 25:23	hand 24:8
22:22 29:23	18:24 34:24	27:2 39:7	handed 70:1
38:8 44:9	Glen 73:9	Greg 57:4	97:17
49:18 92:19	75:7	108:1	handle 71:11
generally	goal 17:12	Griffin 55:2	76:21
80:15	30:24 44:15	Grim 38:5	handpicked
geographic	45:19 63:17	group 45:12	108:25
60:13 62:17	65:9 68:23	45:17 46:20	hands 28:15
63:11 65:6	goals 41:23	47:25 49:5	99:10
geographies	gone 34:23	57:5 57:6	hands-on
63:24	37:3	57:10 57:15	86:22 99:8
geography	Goochland	58:12 65:8	happened
77:25	28:6 28:14	65:16 66:6	68:1 76:24
George 24:16	gotten	66:24 73:16	happens
39:6 39:6			

108:6	37:14 89:9	19:15 66:7	hereby 25:22
happy 57:9	having 29:1	85:13	27:1
61:23 81:3	29:14 31:19	Hearing	here's 25:17
100:23	52:17 64:7	109:10	he's 19:1
104:12	64:25 66:7	Heart 105:10	28:23 29:7
hard 35:11	67:1 67:2	Heather	38:5 38:6
79:13	68:21 93:6	25:15 25:16	hey 27:13
Harrell	93:7 99:9	25:23 25:24	76:22 91:9
28:19 28:25	109:1	27:2 27:7	hi 24:8 55:6
65:22 66:12	HB 39:11	heathy 8:19	56:4 56:5
77:1 77:13	head 33:8	Heidi 107:21	high 30:18
77:23 78:7	34:13 67:19	107:21	higher 29:23
78:11 78:14	heads 73:18	107:24	highlights
78:17 78:24	health 6:1	107:25	37:25
79:9 81:8	9:9 10:2	held 26:11	highly 8:19
81:13 82:16	10:23 10:25	35:14 35:15	24:21 44:19
82:19 82:22	11:11 17:14	Hello 29:11	45:1
83:6 83:22	17:22 20:10	help 12:6	hills 8:22
84:11 84:13	22:12 24:16	13:17 21:21	hire 22:9
84:17 84:21	27:4 29:18	23:1 23:6	95:16
85:1 85:7	29:21 30:2	26:4 30:12	hiring 76:15
85:20 85:24	30:5 30:8	32:11 50:10	77:2 77:3
86:7 87:4	30:10 30:16	52:16 57:12	78:13
87:7 89:6	30:23 31:1	76:1 76:1	historic
90:15 90:25	31:23 32:11	76:3 94:5	82:19
91:7 91:12	32:13 33:16	98:23	historical
91:19 93:1	34:22 38:14	100:23	8:22 82:12
93:9 93:20	41:2 41:9	helped 75:23	105:17
94:4 96:3	41:13 44:24	helpful	history 59:6
101:10	47:18 47:21	23:20 67:12	hit 39:6
101:22	75:3 95:9	helping	hoc 48:23
102:2	97:6 109:16	75:21	Holiday
102:18	healthcare	helps 86:23	38:13
102:24	6:19 8:11	Henschel	home 72:11
hat 22:15	38:15 38:23	42:19 42:22	
hate 97:9	43:3 49:6		
hats 94:21	56:11		
haven't	heard 10:18		

75:25 78:24	91:4	89:4 98:4	13:17 66:20
honest 58:10	Hughes 10:19	98:11	67:7
68:6 68:21	Human 75:4	104:12	implementati
honor 29:14	Humer 75:12	illustration	on 63:18
honoring	75:13	54:15	64:24 73:4
27:10	hundred	I'm 11:15	74:17
honors 27:2	31:16 36:18	11:17 18:14	implementing
hope 12:22	104:18	18:24 20:19	63:8 65:4
21:23 32:9	104:21	29:1 29:2	implications
37:9 45:21	105:13	29:6 38:11	62:11
87:10	105:16	39:1 39:5	implies
hopefully	105:20	55:6 76:2	68:11
20:12 32:12	hurling 9:4	76:18 76:23	important
102:11	hurts 86:2	84:13 84:17	17:17 22:16
hospital	86:3	87:21 88:7	22:24 30:21
53:25 56:11	<hr/>	89:22 92:17	35:12 35:17
58:5	I	95:2 102:25	imposed 73:6
hospitals	<hr/>	103:12	impromptu
16:3 50:10	I'd 6:5	103:21	11:21
72:21 75:24	23:24 61:23	104:6	improve
105:12	69:24 87:23	107:25	13:14 18:18
105:14	92:18 92:19	immediate	26:5 26:20
106:9	98:13	15:7	58:2
host 90:22	idea 55:14	Immediately	improvement
hour 56:24	identificati	17:3	53:5 58:4
hourly 78:20	on 82:9	immensely	improvements
hours 78:2	identified	41:9	18:11
86:23 87:1	54:4 54:9	impact 13:10	improving
94:10 95:7	54:12 59:25	31:22 52:18	68:25
95:8 96:2	65:3 83:24	59:14 63:8	inadequate
96:5 103:17	86:15	99:15	68:12
103:18	identify	impacting	incentives
housing	86:10 90:9	35:24	47:7
53:11	I'll 12:14	impacts 64:9	incentivizes
HR 16:16	24:25 45:10	imperative	72:7
	53:7 74:21	9:23	
	74:22 81:3	implement	

include 89:3 100:11	103:23	81:23 106:10	instructor 26:21 26:24 46:24
included 62:7 85:25 89:23 94:3 95:21	industry-specific 82:24	initial 62:19	instructors 77:19
includes 8:6 16:15 103:24 105:23	infectious 44:19 45:1	initiate 19:13	instrument 30:7 31:10 31:11 31:12 31:15
including 8:18 38:19	inflated 105:24	injured 75:17 75:22	insurance 94:16 97:6
incomplete 59:4	inform 56:16	injuries 11:4 11:7	integrated 38:15 38:23
incorporates 44:10	information 10:17 11:9 26:18 30:4 43:4 44:9 46:16 47:25 54:8 58:7 60:5 61:25 64:25 71:16 91:21 102:5 103:25 104:3	Injury 53:18 53:24 55:12	intended 67:6
incorrect 102:20	informationa	Inn 38:13	intent 19:22
incredibly 61:12	l 42:24	innovate 8:25	interactions 68:19
incurs 80:11	43:11 44:2 48:18 49:4 50:3 54:4 56:7 57:6	innovative 64:18	interest 9:20 14:12 14:23 17:4 28:24 39:4
indicated 25:2	informed 11:1 59:23 64:9 67:3	inpatient 55:17	interests 26:3
indicating 62:8 63:5 79:9 106:22	infrastructu	in-person 86:22	intern 28:20 28:22 29:4
individual 45:11 66:3 81:20	re 16:17 21:18 43:18	input 14:2 14:25 23:18 61:2 64:6 67:6 81:15 81:20 85:10 102:4	internal 79:17
individuals 8:9 20:7 22:8 81:17 83:11 91:1 101:17 101:18 102:3 102:7	inherent 92:13	instance 96:8	internally 31:5
	in-house 79:21 80:14	instead 52:25	international 1 37:4
		instilled 19:1	international lly 36:25
		Institute 17:19	intervening

71:5 intervention 67:19 intervention s 31:2 interviewed 27:20 introduce 23:24 27:12 28:20 Introducing 73:2 introduction 22:18 invested 99:22 investigatio n 90:14 90:16 investigator 26:22 inviting 75:5 invoice 63:2 invoiced 72:2 invoices 72:7 74:7 involve 65:15 involved 38:3 53:10 102:13 involvement	18:1 inward 9:24 Irene 35:8 36:12 37:6 issue 13:5 13:5 22:4 29:19 30:3 33:16 40:15 79:20 106:23 issues 20:1 20:13 30:23 30:25 39:23 40:8 44:24 58:11 60:12 62:9 66:13 100:8 item 6:23 49:4 51:19 53:16 items 12:12 41:16 42:10 43:10 43:21 44:8 44:9 46:7 46:13 47:22 48:18 48:18 49:18 50:2 50:3 54:3 54:4 54:25 55:7 56:6 57:6 iterative 13:13 I've 13:11 18:21 24:22 29:15 30:6 64:15 67:14	70:16 71:13 71:16 91:9 99:18 103:5 107:10 <hr/> J <hr/> Jaberi 10:12 10:13 15:12 18:24 19:18 20:16 21:25 38:16 57:18 68:9 79:12 94:25 95:1 January 92:4 Jason 45:7 47:3 49:15 Jeff 54:18 54:19 job 91:9 109:1 jobs 18:19 joined 70:24 Jon 42:19 Jose 24:1 24:10 Jr 15:11 July 33:18 41:18 45:13 45:23 50:2 57:6 59:16 73:4 June 51:21 51:21 73:10 jurisdiction 86:10	jurisdiction s 16:22 71:10 <hr/> K <hr/> Karen 32:17 33:2 35:2 53:19 53:20 Kelly 55:24 56:2 56:3 56:10 Kevin 37:1 38:20 42:7 key 54:5 58:15 kicking 9:5 knew 11:22 knowledge 26:15 Knowles 47:19 47:20 <hr/> L <hr/> lab 79:22 79:25 80:16 LabCorp 79:25 79:25 labor 78:19 91:3 labs 39:25 79:23 landmark 8:1 language 20:24 40:13 43:1 60:24
--	--	--	---

61:3	47:8 51:17	limit 98:11	88:16
large 14:6	53:7 62:21	Lindbeck	locality
49:13 52:17	91:9 97:18	39:12 39:14	60:16 86:8
55:12	led 106:1	41:13 79:12	104:16
larger 103:9	legislation	79:19 80:4	107:14
largest	43:12	80:9 80:19	located 6:12
35:18 36:20	Legislative	line 8:11	locating
last 6:18	43:7 43:8	30:1	55:10
24:7 27:17	legislativel	lines 28:19	lodging 36:7
33:4 33:6	y 95:18	90:7	36:16
35:12 35:16	lengthy 7:19	Lisa 45:25	Logan 57:17
47:3 50:1	41:19 44:1	list 24:19	long 39:16
52:23 87:20	less 21:16	39:10	100:9
92:4 103:7	44:17	listed 81:17	longer 33:25
108:20	level 22:4	listen 19:16	46:2 55:18
lastly 48:7	23:17 23:18	listing 48:2	59:11
74:17	26:4 50:7	little 6:9	longest-
laundry	54:14 56:14	7:19 13:9	servicing
24:19	66:15 72:23	19:7 20:18	57:17
LAVIN 40:25	73:8 75:24	29:6 34:25	long-term
law 48:4	83:15 95:12	37:3 48:9	15:5
laws 59:12	95:21	80:25 81:2	long-time
lead 58:4	levels 30:18	84:19 88:17	10:19
leader 10:20	Liberty 29:5	101:13	long-winded
38:23	Library 75:7	104:18	29:2
leaders 7:22	license	105:9	Lori 47:19
leadership	88:10 88:11	lived 18:22	lose 97:16
13:9 24:15	licensure	lives 6:17	loss 11:16
27:19 68:5	24:20	11:14	losses 59:15
learn 13:9	lieu 78:12	local 14:2	lost 6:17
97:12	light 70:18	14:9 14:19	lot 11:9
least 25:13	lights 70:5	17:25 23:5	34:12 34:21
35:16 36:7	likely 30:1	26:4 56:13	37:13 37:24
107:11	49:1	72:20	38:3 39:23
leave 18:5		localities	

43:10 51:4	26:24 44:5	45:8 48:13	measurement
67:23 75:17	44:7	59:8 59:9	68:12 83:3
86:3 87:12	manager	60:2 60:3	83:19
93:15 97:19	24:12 38:21	62:5 64:3	measures
99:3	managing	66:11 67:24	77:16
Loudoun 24:2	39:16 61:19	73:3 83:11	mechanism
love 27:14	mandate 80:5	86:19 88:2	60:20 62:21
low 108:9	mandatory	88:5 88:22	81:19 86:7
lower 107:18	91:2	90:24 92:20	89:11 94:22
lucky 99:13	mannequin	98:20 98:21	Medevac
lunch 97:14	86:20	100:15	49:15 49:16
<hr/>	manner 67:20	maybe 20:18	media 34:1
M	Mantooth	39:1 39:6	34:3 34:19
<hr/>	38:1	39:11 55:24	34:20
ma'am 78:7	manual 44:17	90:11 99:8	medic 75:18
Maggie 55:7	March 26:10	101:12	medical 7:22
main 18:14	Margaret	102:12	8:3 9:2
52:10 53:15	55:2	105:16	9:11 9:12
54:21	mark 55:21	Mayo 79:24	9:14 9:16
mainly 49:18	92:9 92:12	McGinnis	9:19 25:20
51:22 76:1	material	38:20	25:22 29:16
maintain	58:11	MCI 44:16	31:6 48:14
13:3	matrix 62:13	McLaurin	48:16 48:19
maintained	62:15 64:5	57:16	49:5 49:10
9:12	matter 18:17	mean 48:20	59:17 63:22
maintains	max 48:21	79:16 94:6	79:13 81:16
26:23	maximum 61:5	104:7	82:2 88:6
major 71:10	61:6 61:14	106:18	88:14 88:25
majority	85:3 85:4	107:4	92:24 93:4
64:17 73:22	95:11	means 62:23	98:25 99:4
male 70:25	106:24	86:13 86:16	Medicine
92:8	may 6:22	90:9 95:20	17:19
managed	6:24 8:20	measure	meet 22:6
26:13	30:23 32:13	81:11 81:14	45:17 51:2
management		85:8	51:3 57:6
		measured	57:15 60:7
		81:10	63:15 65:19

65:19 77:15 88:21 meeting 6:2 6:7 6:18 6:24 7:20 10:3 11:23 15:13 33:4 35:13 37:12 40:5 40:6 41:13 43:14 43:16 43:23 44:2 45:22 46:8 47:14 51:9 52:11 52:25 55:15 60:6 60:9 61:4 62:19 64:3 64:7 64:15 64:16 65:2 65:13 65:24 66:23 70:2 72:4 73:3 73:10 73:12 75:6 77:14 77:17 96:19 97:3 97:12 109:17 meetings 36:9 36:10 37:13 41:10 43:13 51:2 Melton 6:18 10:19 Melton's 10:15 member 7:2 23:24 24:24	26:7 27:13 28:5 35:9 36:9 49:12 49:12 members 6:17 7:6 7:13 7:15 14:24 35:22 36:5 51:6 67:21 70:8 101:24 memo 97:17 Memorandum 93:11 men 47:7 mental 29:18 29:21 30:2 30:4 30:8 30:10 30:16 30:23 31:1 31:23 32:13 33:16 mention 38:12 39:8 40:20 mentioned 10:15 33:4 35:4 53:9 99:18 merit 85:22 86:6 86:23 87:25 88:3 88:12 88:13 98:17 98:18 101:14 101:15 message 44:22	messages 10:17 messaging 23:4 45:1 met 24:22 25:5 33:4 41:18 42:23 43:9 43:24 44:7 45:12 45:23 46:12 47:21 48:17 49:17 50:2 51:18 54:2 54:21 71:17 method 83:9 methodologie s 83:7 83:12 methodology 89:24 metric 83:24 metrics 81:11 82:25 83:3 83:18 microphone 28:21 29:9 69:16 80:25 middle 25:14 mike 27:14 29:1 53:25 70:25 71:1 military 46:14 46:17 46:20 Mill 75:7	mind 9:22 mindboggling 33:24 minimum 48:23 48:25 Minnesota 70:24 71:3 minutes 6:24 6:24 7:1 10:5 25:5 56:25 69:17 70:1 96:25 97:21 107:24 mirror 17:9 Misroy 27:16 mission 51:25 75:21 Mm-hmm 79:9 mobile 38:15 38:23 mobile- integrated 43:2 49:6 model 15:17 18:4 60:10 60:12 77:8 98:12 101:6 models 19:4 98:22 modified 43:1 moment 6:6 6:16 6:21 19:8 21:9
--	---	---	---

24:12 57:14 91:25 Monday 42:16 64:13 Mondays 31:12 money 72:1 84:9 85:8 85:15 86:9 86:21 89:22 99:21 monies 84:1 86:8 96:13 97:24 monitor 82:9 monitored 79:3 months 13:7 13:8 31:3 47:12 60:2 Monticello 38:13 morning 10:18 11:4 41:5 43:9 43:24 46:12 47:22 49:17 Morris 55:23 55:24 56:1 mostly 8:21 motion 7:1 7:4 7:8 7:9 7:11 69:25 70:11 70:12 109:11 109:12	109:13 motor 11:2 MOU 60:3 60:8 60:23 60:25 61:2 61:7 62:20 62:22 64:2 65:2 65:24 66:19 66:25 69:4 71:19 71:21 71:22 72:5 72:13 73:3 74:5 74:11 83:20 94:3 94:14 96:11 96:20 96:21 97:22 104:15 104:20 105:7 105:19 106:16 MOUs 62:2 66:17 67:24 81:6 83:4 107:16 move 8:23 19:3 23:14 28:14 28:14 43:16 44:12 44:17 57:12 57:24 67:21 86:12 moved 7:12 17:6 109:12 moving 17:6 40:10 49:9 51:9 81:7	85:18 MSMBC 34:21 much-needed 41:20 mules 98:9 multiple 13:12 27:20 36:7 68:13 81:14 83:10 83:11 106:22 mutually 95:3 myself 20:3 27:6 39:2 57:16 69:17 <hr/> N <hr/> NAEMSP 92:1 92:2 92:3 Narod 27:16 27:21 narrow 54:10 national 17:18 25:24 29:20 29:23 32:18 32:22 38:8 38:21 38:22 48:25 86:14 87:5 88:5 98:12 nationally 36:24 nationwide 34:25 nature 36:15	49:22 NCCR 98:22 nearly 63:19 104:21 nebulous 55:11 necessarily 23:14 65:15 84:5 86:22 95:9 necessary 14:18 20:4 63:9 65:18 negative 31:22 negatively 25:2 negotiate 72:14 negotiated 62:25 105:18 newer 23:10 newest 24:24 27:12 news 11:18 34:21 nicely 49:10 night 33:7 36:7 38:10 nights 36:8 nineteen 39:11 nineties
---	---	---	---

24:23	74:11	occur 48:2	office 9:3
nobody 80:6	note 10:1	occurred	9:9 11:5
80:9	33:11 57:15	37:19 89:17	11:10 11:10
nominees	noted 66:22	90:16	12:1 12:13
24:3	69:10 69:18	occurring	12:18 13:2
non 45:24	71:5	48:4	13:9 13:16
non-binary	notified	o'clock	13:18 13:24
92:7	24:6	45:18 47:14	13:24 13:25
None 43:20	noting 63:13	OCME 40:5	14:15 15:2
non-	66:12	80:1 80:12	15:8 17:4
financial	NoVA 73:14	October	17:13 17:21
20:25	November	43:14 45:3	19:25 20:17
nonprofit	35:8 37:11	46:8	22:3 22:19
75:19	37:22 43:14	ODEMSA 108:2	22:21 23:21
non-	43:16 45:22	OEMS 13:22	24:4 25:11
transparent	numerous	15:10 51:1	25:21 26:7
68:17	26:13 26:23	59:21 60:7	26:9 26:25
nor 17:22	64:16	60:21 61:10	27:17 28:20
62:16 67:18	nurse 22:12	63:20 65:17	29:4 29:15
68:1	<hr/>	66:3 66:9	31:5 32:23
Norfolk	o	67:20 67:21	38:14 38:14
37:11	objectives	68:2 68:13	39:3 41:12
norm 74:3	30:8 41:23	94:21	42:4 44:20
normal 91:4	99:9	offer 27:23	44:22 45:18
normally	O'Brien	37:19 46:22	49:8 51:1
37:3 81:1	34:19	66:17 67:11	52:16 53:23
North 80:1	obvious	offered 39:4	59:17 63:4
Northern	100:5	72:12 90:6	67:21 71:20
23:25 24:2	obviously	93:11	72:5 72:13
24:9 70:17	24:11 87:14	104:11	72:20 72:25
71:11 71:15	101:11	105:5 106:8	73:6 73:10
71:17 72:4	105:19	106:16	73:13 74:2
73:8 73:17	occasions	107:13	74:2 74:8
73:21 73:24	99:19	offering	74:9 74:14
	107:17	12:4 38:15	77:2 79:14
		42:10 42:14	81:21 92:24
			93:4 100:3
			101:18
			103:21
			officer

46:20	89:15	16:14 65:4	original
offices	107:21	81:16 82:2	94:3 104:15
13:23 20:22	onboard	88:6 88:14	104:20
67:5 67:15	91:16	88:25 99:4	105:7
officially	ones 13:19	opportunitie	ours 14:1
25:23	47:2 77:12	s 68:10	ourself
officials	99:13	opportunity	52:14
32:19 38:22	ongoing 50:4	15:25 17:8	outcome 8:9
72:21	53:16	19:21 20:23	21:8
oftentimes	online 51:22	35:22 36:2	outcomes
9:4 19:20	86:18 99:23	60:10 64:6	55:18 63:6
oh 21:24	103:11	74:16 94:19	69:2
28:7 33:1	onto 99:13	100:18	outline 54:5
33:10 38:11	open 15:21	106:12	out-of-state
92:17 98:10	19:9 19:23	109:4	38:18
okay 15:11	49:12 58:3	opposed	output 53:13
21:24 25:3	58:10 60:21	70:10	outside 42:2
25:10 25:16	68:6 68:21	opposition	106:11
27:9 28:3	69:22 83:21	62:14	overall
28:18 29:13	91:5 91:22	option 73:15	77:13 83:25
33:14 34:6	opened 42:15	74:4 96:12	overcome
34:12 38:11	opening	96:16	100:20
40:18 41:1	10:14	options	override
42:22 45:10	openings	46:19 89:14	36:14
53:18 53:23	91:13	92:6 103:11	overseeing
55:1 55:5	openly 14:23	103:11	83:4
70:21 78:8	openness	oranges 83:8	OWENS 33:10
79:7 79:11	67:17	order 22:6	
80:19 82:21	operated	23:5	
84:12 84:25	9:12	organization	
85:6 85:19	operating	75:19 75:20	
87:9 89:2	88:9 88:10	89:21 93:19	
90:18 91:23	operation	organization	
94:2 101:23	44:13	s 8:16	
108:17	operational	orientation	
109:7		51:22	
old 38:2			
71:4 83:9			

PALS 85:23 87:2 105:11 105:14 106:7 Panel 75:5 paramedic 25:25 45:16 paramedicine 38:16 38:24 parameters 71:18 parent 89:20 Parker 6:5 6:15 6:22 7:3 7:5 7:8 7:12 7:14 7:17 10:11 25:4 25:7 25:9 27:6 29:9 29:12 32:15 40:23 41:1 42:18 43:6 43:18 44:4 45:6 46:10 47:18 48:12 49:14 49:24 51:8 51:13 53:4 53:18 53:22 54:17 55:1 55:5 55:20 56:1 56:4 56:5 56:8 56:10 56:11 56:23 69:13 69:22 70:4 70:10 70:13 70:21 74:24	75:9 76:5 76:22 80:20 80:24 87:16 92:15 92:17 94:24 100:25 101:2 101:4 107:23 108:16 109:6 109:13 participate 26:16 particular 18:2 particularly 39:18 parties 74:12 partly 44:16 partner 14:16 partners 8:17 13:20 23:5 partnership 15:18 57:23 58:1 67:14 67:22 party 62:12 pass 109:14 passed 7:8 70:11 70:12 99:12 passion 29:16	passionate 34:10 past 15:14 31:3 31:11 43:12 48:17 100:19 path 23:20 28:4 paths 11:25 pathway 52:13 patient 18:15 18:19 48:12 81:24 92:14 98:8 98:25 patients 9:21 39:19 39:22 54:11 69:1 92:7 99:1 99:1 99:1 99:3 patterns 56:19 56:20 pausing 42:25 pay 85:4 paying 90:10 95:5 99:17 payment 96:5 Payne 46:14 payroll 16:16 pediatric 50:8 50:9	50:10 50:17 50:24 99:2 pediatrics 54:11 peer 48:10 penalized 61:15 61:21 106:4 penalty 106:24 people 8:5 27:5 37:4 38:3 40:3 47:5 75:14 75:17 76:4 76:14 76:15 77:3 77:6 78:13 89:19 97:25 107:5 people- centered 8:6 8:10 per 60:16 61:6 77:24 78:21 102:14 104:16 105:12 perceived 88:17 percent 21:12 31:18 31:23 31:25 32:2 71:23 72:6 perfect 98:2
---	---	--	---

perform 77:3 86:19	72:21	pleased 36:22	46:15
performance 62:1 63:6 66:15 68:12 71:18 77:16 82:12 83:15 83:23 83:24 84:2 85:8 85:18 106:23	picture 59:4	pleasure 10:14 24:23	position 13:7 27:19 27:24 45:25 46:2 46:6 108:22 109:4
performed 45:20 59:5 62:8	piggyback 19:19	Pledge 6:11 6:13	positions 22:10 22:13 23:3 50:13 76:24 90:21 91:21 95:21
Perimeter 41:14	Pinnacle 92:4	plugging 46:24	positive 67:12 73:5
period 69:14 70:14	pioneers 7:22	point 19:11 40:9 42:25 50:22 55:13 56:24 65:23 65:25 66:18 71:9 76:7 79:20 92:6 100:5 102:6 108:20 108:20	possible 8:8 69:2 100:5
permanently 27:25	places 88:22	points 58:15 97:22 104:4	possibly 17:9 99:21
person 96:4	plan 9:16 19:20 32:9 43:15 52:1 52:3 52:7 52:12 52:21 52:22 65:11 67:5 67:10 72:22 73:7 73:14 73:16 108:12	policies 8:7 96:7	post 27:19 40:3 55:7
personally 9:3 61:10	planning 11:25 42:4 43:7 43:9 43:13 50:25 51:21 56:12 77:4 77:19 77:24 77:24 78:3 81:18 83:16	policy 100:17	post- abstract 32:18
persons 9:13	plans 56:15 56:16 63:10	Polling 66:6	post-acute 52:9 55:1
perspective 56:17	platforms 99:23	pool 21:4 21:4 21:22 22:7 46:24	posted 6:25 90:21 108:21 108:22
Phillips 25:15 25:23 25:24 26:6 26:8 26:13 26:19 27:2	plays 8:11	population 29:24 103:12	posters 33:18 34:3
phones 16:18	please 6:15 37:5 45:4 65:19	populations 98:25	posts 33:18 33:19
physician 10:20		portal 104:1	potential 55:9
physicians		portion	potentially

49:21 56:21	59:2 60:11	64:1	7:25
practice	61:1 62:10	probably	professional
48:20 48:21	64:3 64:4	21:16 22:18	24:19 24:21
practices	65:5 66:10	35:16 40:12	26:2 45:7
8:8 59:11	73:14 93:25	40:21 59:2	professor
prayers	97:23	59:8 98:18	24:15
11:13	presenting	100:7	program 26:9
pre 53:24	77:11	107:12	26:10 38:11
58:4	president	107:20	38:21 59:10
preceded	15:15 46:4	problem	61:19 64:10
70:19	presume	40:12	64:21 64:22
precluded	14:10	procedures	64:24 65:5
65:1 67:3	pretest	10:2	65:10 66:20
pre-hospital	31:10	process	72:13 77:16
52:8 54:2	pretty 16:7	18:20 20:22	81:5 81:5
54:14 57:25	71:11 91:10	22:25 44:17	81:10 81:12
68:25	prevent	44:18 59:23	84:4 85:25
pre-injury	23:13	79:18	88:20 89:4
52:8	prevention	106:20	89:16 103:2
prepare	8:15 53:19	processes	106:3 108:2
52:14	53:24	8:7 13:13	programs
preparedness	previous	63:15 91:4	24:16 45:16
55:21 56:14	47:23 71:21	91:15	60:1 60:15
56:15 75:5	83:4	procurement	63:8 64:2
prescribed	previously	12:10 59:12	73:25 86:12
9:7	10:21 31:7	90:9	86:16 89:8
present 17:2	83:19 85:2	produce	89:10 89:15
19:20 24:18	pride 98:13	63:10 67:7	89:18 89:25
59:15	primary	84:1 106:17	99:5 99:7
presentation	86:16	product 14:4	99:11 99:25
33:5 37:23	prior 20:8	34:11 65:11	104:16
38:5 59:3	61:1 65:25	production	104:17
64:15	66:8 74:16	44:12	106:10
presented	proactive	productive	107:12
58:11 58:12	21:3 21:17	40:6	107:14
		profession	program's
			45:25
			progress

45:13	30:21 40:2	99:25	
prohibitive	40:3 53:23	104:19	<hr/> Q <hr/>
71:21	70:18 72:6	104:20	qualified
project 15:6	77:20 81:19	104:23	24:22
28:22 29:7	81:20 89:12	105:12	quality
29:17 30:6	89:25 91:20	105:14	24:12 26:20
50:8 67:1	93:5 102:5	105:21	45:19 72:24
81:2	provided	provides	82:8
projection	58:6 58:13	58:24	quantity
79:2	67:2 72:7	providing	45:20
promised	74:7 96:13	12:5 77:8	quarter
38:6	101:19	77:19 78:2	48:17 108:3
promote 27:5	103:24	provision	108:4 108:4
72:23 90:3	104:16	59:6 64:19	108:5 108:7
prompted	106:6	PTSD 32:1	108:8
29:1	106:14	public 6:16	108:14
properly	provider	10:3 10:6	quarterly
46:16	26:6 26:21	22:12 26:15	6:7 11:23
prophylaxis	29:18 29:20	33:13 48:4	35:12 39:9
40:4	30:2 30:4	69:14 69:15	43:4 51:16
proposal	30:7 31:1	69:23 70:13	53:1 54:9
64:17 65:24	31:21 31:23	pull 76:19	58:8 62:7
72:2	31:25 32:4	88:1	queries
proposed	32:11 32:13	pulled 78:9	46:16
20:23 61:4	39:15 47:11	pulling 54:7	question
64:25 66:25	47:18 47:21	98:9	76:17 76:18
67:24 72:13	99:8 99:13	purchase	79:11 80:23
93:12	providers	12:11	81:4 85:22
prosecution	14:17 16:2	purpose 9:7	87:19 91:24
90:14	29:21 30:11	72:19 72:19	91:25 92:5
protect 27:4	30:12 30:17	purposes	92:9 92:12
protocols	30:18 30:21	86:9	93:15 101:5
8:7 17:24	31:10 31:14	pushing 9:4	102:23
provide 8:8	31:19 35:19	puts 22:16	104:6 104:8
9:13 29:6	35:23 36:2	putting 76:3	107:2
	47:6 60:18		questions
	72:10 81:20		11:24 12:24
	82:11 85:10		19:24 20:4
	90:23 92:8		

31:7 58:17	46:3 59:16	45:24	25:11 25:18
61:8 65:23	62:3	reappointmen	28:4 32:22
66:24 69:7	reaching	t 24:11	76:2
69:9 76:12	106:1	reason 22:15	recognize
92:21 94:18	reactions	89:23	25:13 27:11
108:17	67:17	reasonable	33:15 69:17
Quick 46:11	Readiness	16:24 17:23	100:8
46:12	50:8	reasons	recognized
102:23	reading 7:20	12:13	25:23 28:5
104:7 107:3	ready 20:19	receive	recognizes
quickly	43:15	14:18 65:21	94:24
51:20 53:7	realisticall	71:23 71:25	107:23
quite 20:11	y 62:16	78:1 78:20	recommend
49:9	realize	received	22:19
quorum 43:25	12:19 13:11	14:3 41:3	recommendati
quote 95:16	13:15 40:14	58:8 59:20	on 46:1
quotes 72:16	really 12:8	60:4 61:25	46:4
_____	12:24 14:16	62:5 63:5	recommendati
R	15:22 16:8	64:8 66:11	ons 9:15
_____	16:18 17:17	73:16	recommended
raise 24:8	19:8 19:9	receiving	105:1
raised 66:25	21:13 23:5	66:21	recruit 47:7
randomly	24:18 24:23	recent 13:8	recruited
31:9	29:15 30:24	recently	27:20
Randy 38:1	31:1 32:5	12:3 17:18	reduced
ranges 54:11	34:24 35:11	28:6 39:17	12:12
rate 12:12	35:18 35:24	89:19	Reed 49:11
29:22	36:1 36:22	100:14	Reese 55:23
rated 53:8	37:5 80:6	recertificat	reference
rather	80:10 94:19	ion 89:13	79:22 79:23
106:15	95:19 98:19	recertify	80:16
108:25	103:1	86:24	referenced
RDG 65:17	103:13	recess 57:2	62:24 89:8
reach 105:25	103:14	recited 6:14	94:9 94:15
reached 35:9	103:15	recognition	referral
	Reaper 38:5		
	reappointed		



56:19	63:13 63:18	88:5	91:21 96:18
referred	65:12 65:15	regs 42:23	release
87:25 88:2	66:1 66:23	42:24 43:2	104:1
refers 58:7	67:15 68:2	regular	released
reflect 9:23	68:8 68:22	53:12	49:2
18:1	69:9 71:22	regulations	remain 6:15
refrain 66:2	72:3 72:11	42:20 49:9	9:6
regard 52:16	72:18 72:23	49:20	remains 8:24
53:13 74:18	73:8 76:13	regulatory	remarks
94:11	76:16 76:20	12:19 40:13	10:15
regarding	78:5 78:9	rehabilitati	remember
13:6 61:25	87:13 88:8	on 55:10	38:2 59:8
regardless	90:12 93:17	55:10 55:16	reminded
22:9	97:2 98:6	55:17	10:4
regards	103:1	reiterate	reminder
11:12 15:25	107:20	98:16	45:2
19:25	108:13	reiteration	renewal
region 16:1	regionalized	102:12	105:2
16:12 18:17	17:16 17:20	reject	rent 16:16
21:19 61:6	regionally	106:15	replace
66:7 66:18	90:2	106:17	49:11
69:7 72:2	regions	related	replacement
72:9 73:19	19:11 59:16	57:22 58:25	81:5
74:20 81:22	60:18 63:16	60:5 60:6	replica 43:1
82:1 84:2	65:7 66:17	60:15 60:16	reply 59:21
88:7 88:21	83:17 84:6	61:8 62:10	61:18 65:21
88:23 89:2	85:13 85:15	64:9 67:23	66:22
106:6	101:9	relates 12:1	report 7:18
regional	region's	58:16	10:7 10:8
13:25 17:14	8:11	relationship	10:10 11:19
26:4 56:13	registered	12:1 12:17	15:16 31:21
57:5 57:11	36:12 36:13	57:19 59:5	31:24 39:9
57:17 57:20	registration	relationship	40:16 41:3
59:7 59:14	36:5 44:14	s 68:4	41:11 41:15
59:24 61:17	50:13 50:15	relative	42:6 42:21
62:13 62:16	50:22		
62:18 62:25	Registry		
	25:24 87:5		

43:5 45:5	26:11 41:3	research	80:6
45:8 45:11	63:16 65:16	24:15 86:14	response
47:23 48:14	represented	89:1	8:15 55:21
48:15 49:23	24:1 26:2	reset 100:13	58:13 67:12
51:7 51:14	61:5 62:4	reside 75:16	responses
51:16 51:18	62:16	residents	31:16 67:16
51:18 51:20	representing	8:13	responsibili
53:3 53:8	24:9 46:14	resiliency	ties 16:15
53:13 53:14	request	32:12	responsibili
53:23 53:24	20:25 21:1	resolution	ty 80:10
54:9 55:4	22:3 22:14	25:17	80:11
55:23 55:25	requested	resolve	responsible
56:2 58:8	66:22	20:13	71:9
58:18 62:4	requesting	resolved	responsivene
62:7 62:11	65:13 95:14	26:25	ss 20:12
62:24 68:11	requests	resource	rest 34:12
69:12 84:7	15:7 22:16	26:17	43:3 44:23
102:7	23:10 44:18	resources	51:3
106:12	54:5	8:17 12:11	restore 74:5
108:5	require	48:6 75:4	restraint
reported	12:23 40:12	respect	50:5
11:5 31:19	87:5 88:5	58:13	restrictive
32:2 48:1	88:8 99:5	respects	50:21
reporter	99:6 99:11	16:7 18:7	result 32:10
69:20	required	90:1	81:6 84:9
reporting	88:24 89:12	respond 10:6	results
102:8	89:20 91:3	23:7 23:10	82:17
reports 9:18	requirements	52:14	retention
20:17 40:22	36:16 45:14	responded	47:8
41:12 41:16	requiring	47:5	retired 24:2
47:24 76:12	9:13 88:15	responder	38:4
79:5	95:9	48:1	retirement
represent	rescinding	responders	26:12 26:12
41:8	66:16 81:6	29:19 29:25	retiring
representati	rescue 24:13	33:19 39:21	
on 73:20	42:11		
representati			
ve 26:9			

27:10	rip 79:17	safety 6:17	24:16
retreat	Road 75:8	26:16 32:11	scope 48:20
41:25 42:5	roadways	33:13 44:25	Scott 46:5
return 86:8	48:3	47:19 47:21	57:19
returned	Rob 57:16	48:1 48:5	screaming
66:18	robust 55:13	48:7	9:5
review 9:17	Rochester	sake 12:8	seat 88:1
42:7 43:15	79:24	12:9 89:21	seated 6:23
43:23 44:9	role 8:12	salary 96:12	seats 6:9
reviewed	10:22 15:3	Salazar 24:1	6:10
43:11 44:11	24:18 26:10	salt 44:10	second 7:3
44:12 48:7	roles 10:21	Sam 10:19	7:12 7:13
50:4 50:7	rolled 33:5	Samaritans	18:21 41:5
54:8	room 25:15	39:21 80:7	70:3 108:3
reviewing	68:24 69:18	Samuels 43:7	seconded 7:4
9:14 55:9	98:8 103:14	43:8	109:12
66:25	roster 44:14	satisfaction	secondly
revising	roughly	82:5	81:9
45:13	22:14 70:23	Saturday	secretary
revisiting	77:24	38:10	11:11 23:21
12:23	routine	saw 84:5	24:4
re-visits	56:19 56:20	scenes 100:4	secretary's
47:2	Ruderman	schedule	22:19 23:18
reviving	29:24	37:22	section
29:19	Rules 42:20	scheduled	72:16
Rhoades 75:2	42:22	36:18 43:13	seeing 37:10
75:3	run 39:24	60:6	86:13 89:19
Richmond	40:1 79:21	schemes	107:18
11:24 13:25	80:14	68:15	seeking
17:22 28:11	running 6:9	scholarship	30:12
33:21 45:4	_____	50:21	seem 11:6
65:18 66:10	S	SCHWALENBERG	64:17 92:9
75:15 90:5	safe 8:14	44:6	92:13
rigorous	30:21	science	seems 35:17
91:14			70:19 87:12

97:13 99:24 100:7 100:11 108:21 108:24 109:2 seen 30:23 64:4 75:16 segue 35:6 selected 24:21 31:9 Self 73:5 send 20:6 66:4 74:22 sending 66:8 sense 80:16 96:2 96:22 sent 31:8 31:12 31:14 47:4 75:23 75:25 79:22 80:15 separate 95:10 September 26:8 41:14 42:16 45:18 75:6 sequential 22:18 serious 11:4 29:19 30:2 seriously 20:11 serologies	80:14 serology 39:24 40:1 79:21 serve 8:6 9:21 26:17 50:19 105:12 served 26:6 serves 8:10 service 13:14 14:4 15:20 17:11 18:2 26:1 26:20 27:4 82:24 101:19 104:5 services 7:22 8:3 9:2 9:11 9:12 9:16 9:19 11:1 14:18 25:20 25:22 29:16 30:13 30:14 31:6 57:11 59:17 63:22 92:24 93:5 serving 10:24 26:3 31:25 32:2 103:14 session 35:25 51:21 sessions 37:18 38:9	sets 92:2 92:5 seven 71:10 seventeen 39:12 39:13 75:15 seventy 21:12 several 18:13 60:2 severe 97:19 shakes 34:13 share 10:17 11:18 11:20 14:23 20:9 22:15 34:16 47:25 50:4 50:12 61:24 69:10 71:16 92:19 shared 19:19 33:16 33:20 33:22 65:9 sharing 22:2 40:8 Shawn 53:5 53:6 Shenandoah 15:16 15:23 17:1 17:10 19:15 22:6 Shenandoah's 23:8 She's 24:14 24:17 25:15	Shipman 53:19 shooting 37:19 short 97:4 Shortly 73:11 shot 109:1 shovel 88:15 shown 34:20 shows 20:12 106:13 sidebar 69:8 signal 70:5 signed 27:6 61:8 66:18 105:19 106:20 significance 74:13 significant 52:18 52:18 53:1 63:14 silence 6:16 6:21 similar 17:9 82:25 99:9 Similarly 67:5 simple 19:21 simply 11:20 14:25 19:5 20:6 22:7 68:25
--	---	--	---

104:11	Solutions	speak 38:17	spent 55:8
sir 42:18	99:24	38:18 65:8	71:6 85:8
49:24 53:4	somebody	69:7 69:19	spirit 23:11
76:5 80:17	86:19	92:13	57:13 64:11
84:11 85:20	someone	speaker	94:13
100:25	27:10 27:11	38:10	spoke 100:2
sit 94:20	53:22 56:2	speakers	spoken 64:16
97:12	Something's	36:24 38:8	sponsor 57:8
situation	87:9	speaking	sponsoring
67:13	somewhat	36:17 43:22	50:12
101:14	50:20	73:23	squad 42:11
six 52:20	somewhere	104:13	staff 6:9
52:25	25:15	speaks 73:22	9:4 12:5
size 18:3	sorry 11:17	specialist	16:12 21:6
22:23 23:3	56:10 70:6	22:11	26:7 27:13
77:25	80:21 87:21	specific	28:16 35:11
skewed 61:12	92:17 104:6	19:24 23:13	46:17 72:14
skills 45:20	107:25	54:10 59:1	73:11 77:19
86:19 99:8	sort 68:17	60:14 71:14	staffing
99:8	104:24	77:8 81:25	13:5 15:20
sky 98:10	106:13	83:16 84:22	16:14
slide 80:24	sought	84:24 86:10	Stafford
slower 84:19	106:21	96:17 105:6	53:5 53:7
slowly 69:19	sources 55:9	specifically	stake 101:25
small 57:15	Southwest	53:11 58:7	stakeholder
smaller	61:11 88:18	73:1 83:24	14:25
103:10	104:14	96:11	stakeholders
Smith 49:11	104:17	104:13	11:22 12:16
social 34:1	105:8	specificity	13:21 14:18
solicit	105:11	19:7 74:18	14:19 63:21
81:15	105:21	specifics	100:11
solution	105:23	69:4	stand 6:11
21:22 40:11	106:15	specified	25:14
67:8	106:19	94:8	standard
	107:9	spending	92:2
	107:14	21:12 84:9	

standardize 14:8	50:24 56:8 57:14 57:21	35:1	submission 32:21
standards 46:25 49:1	59:11 60:11 61:17 63:4	stats 31:17	submissions 35:3
standing 6:16 41:16	64:13 67:15 67:21 68:23	status 9:18 30:10 49:19	submit 7:2 20:23 24:3 32:17
standpoint 44:20 83:23	69:16 76:15 76:20 77:1	stay 33:1 47:8	submitted 34:13 34:18 34:22
stands 8:24 92:12	78:12 78:15 78:25 79:1	step 33:15 54:20	Subpanel 75:4
Staples 75:7	79:1 91:1 95:4 95:12	steps 15:7	substantial 86:13
start 7:19 25:7 44:11 52:25 54:7 92:11	95:24 96:7 96:23 98:1	stigma 30:19 32:12 33:13	succeed 21:20 65:10
started 22:5 27:11 75:18 94:17	stated 18:6 71:20 71:22 72:14 85:3	stigma-free 30:22	success 81:10 81:11 81:14 83:19
starting 50:23 51:24 55:13	state-funded 74:21	stipulation 50:16	successful 64:2 64:22 67:10 103:2 108:2
state 6:2 9:2 10:21 12:2 12:11 13:11 13:15 14:6 15:13 16:1 16:11 19:13 20:22 21:6 22:1 22:25 23:12 23:25 25:17 25:19 26:4 27:1 30:5 32:19 35:13 35:14 38:22 41:2 43:15 48:21 50:8	statement 70:18	stop 40:19	successfully 107:13
	statements 7:20 58:19 58:20 69:5	strategic 11:25 52:12	suffered 31:24
	states 32:25	stream 60:23	sufficient 65:17
	state's 78:18	stress 31:22	suggest 72:5
	States 8:4 36:22	striven 63:25	suicide 29:22 30:1 32:3
	statewide 9:10 9:15 9:19 56:13 83:15 89:25	strong 32:21	suit 79:16
	stating 65:9	strongly 41:25	summarily
	statistics 32:5 33:8	structural 65:7	
		structure 41:21 61:3 102:8	
		studied 68:5	
		subcommittee 74:15	

67:11	surrounding	52:7 52:21	TANNER 69:21
summarize	30:16 30:25	53:5 53:10	69:24
58:15	41:19	54:7 54:15	Target 99:24
summer 29:5	surveillance	54:23 57:14	targeted
summit 38:16	22:11 30:7	63:9 80:5	33:12 33:17
45:4	survey 29:20	80:12 81:17	33:19 33:24
super 81:18	31:4 31:7	90:4 95:5	tasked 8:2
supervisor	31:9 31:15	systemic	29:17 30:6
26:11	32:10 47:4	67:8	42:4
supplied	47:11	systems 7:24	taught 71:7
103:6	surveys 82:5	17:16 17:20	81:22 84:23
support 12:5	sustainabili	50:5	85:5 85:9
12:14 15:4	ty 16:6		taxes 94:16
15:9 16:2	21:15	T	TCC 45:8
16:17 17:15	sustained	table 14:20	45:12 46:18
21:5 21:14	11:4	40:7	48:24
23:1 64:21	swiftly 17:6	tag 44:10	team 27:25
85:15 95:15	symposium	51:14 51:18	31:5 43:17
99:21	33:6 35:7	53:3	98:7
supported	35:15 36:6	taking 36:11	teams 48:10
30:17	36:11 36:17	44:16 77:5	48:10
supporting	37:2 37:4	77:6 85:17	tear 79:17
8:12 57:9	37:8 42:15	87:13 107:1	technical
supposed	46:22 47:15	107:6	42:12
38:11	50:13 50:18	talented	technically
sure 11:15	57:8 57:10	90:22	33:25
23:15 34:7	system 8:6	talk 33:7	technology
37:5 44:21	8:10 8:11	35:6 37:15	8:7 8:18
51:24 69:1	8:20 9:11	39:11 51:17	16:17
95:2 101:24	9:19 9:25	66:24 68:9	telephone
surge 56:21	13:4 13:19	98:5 108:10	79:2
surmount	14:2 14:14	talked 54:21	television
11:6	16:2 18:1	64:12 98:3	28:11
surprises	26:5 27:4	talking 29:3	Telly 34:15
33:2	36:13 39:18	95:22	34:17 35:5
	51:13 51:16	talks 17:19	
	52:1 52:3		

temporarily 55:6	55:20 56:5 56:23 63:12 64:14 69:13 70:22 74:21 74:23 74:24 75:8 76:4 76:5 79:7 80:17 85:19 90:19 92:15 94:23 100:25 101:4 102:22 107:25 108:15 108:16 109:6 109:14	68:3 69:11 76:25 87:25 91:3	102:3
ten 13:7 13:13 14:10 29:22 71:23 72:6 103:18		they've 34:21 80:4 103:24	Thursday 42:13 64:15
ten-minute 57:1		third 108:4	thus 72:9
term 24:10 55:18 96:20		thirteen 75:15 104:21 105:20	tier 17:16
terminology 72:15		thirty 25:25 70:24 71:2 75:14 107:12	tight 6:9
terms 15:2 15:8 32:21 32:25 36:8 40:6 63:3 66:14		thirty-four 31:13	Tim 38:25 39:2 55:3 55:5
testing 39:20 39:24	Thanks 32:15	thirty-two 95:8 96:5	tirelessly 7:25
thank 6:22 9:3 10:9 10:11 10:13 11:18 15:11 19:18 20:13 20:14 20:16 23:22 23:23 27:15 29:13 32:14 35:2 40:18 40:22 40:23 41:7 42:9 42:17 42:18 43:6 44:4 45:6 46:10 47:20 48:12 49:14 49:24 50:25 51:12 51:15 53:4 54:17	theme 52:2 52:4 52:11 54:22	thorough 65:1	today 11:7 14:24 19:6 31:13 31:18 51:19 52:11 54:21 58:16 58:19 58:22 70:15 76:10 76:13 102:12 104:17
	themselves 16:5 103:9	thoroughly 88:22	Tom 44:3 44:5
	Therefore 26:24	thoughts 6:20 11:13	tomorrow 91:9
	there's 30:17 38:25 50:19 94:13 95:25 97:13 97:19 98:5 100:12 100:12 100:18 109:2	thousand 31:9 31:14 33:22 35:3 47:4	top 33:8
	they're 13:19 46:22 46:23 51:24	threat 52:17	topic 45:2
		throughout 11:17 20:8 26:3 26:14 63:2 75:17 77:9 83:13 85:10 88:18	topics 42:23 43:11 81:21 83:12
			total 58:25 106:13
			totally 98:21 105:24



touch 37:6 69:1	transparent 19:22 25:4 58:10 109:3	48:8 54:5 54:10 100:10	<hr/> U <hr/>
touched 11:14	transport 50:5	trying 17:15 21:3 51:2 90:1 108:12	ultimate 32:9
toward 67:22	transportati on 9:13 43:21	Tuesday 66:11	ultimately 14:4
towards 25:16 71:1 87:1	transported 11:3	tuned 33:1	unable 92:11
town 6:25	trauma 50:23 51:13 51:16 52:1 52:7 52:12 52:15 52:17 52:19 52:23 54:6 54:8 54:12 55:16 55:18 56:16 75:20 75:24 99:1	turn 39:6 44:2 70:25 71:1 97:18	unanimous 52:15
towns 88:17		turns 39:25	understand 22:2 22:24 30:25 33:14 59:14 69:20 76:14 88:23 100:16
toxicology 80:15		TV 38:2	understandin g 23:16 30:9 30:11 30:13 30:15 30:20 63:23 76:19 93:12
TR-98 45:12 45:14	traumatic 31:21	twenty 8:22 14:11 35:16 103:6 103:8 103:17	understateme nt 88:4 98:19
Tracey 57:16	traveled 73:9	twenty-four 33:22	understood 94:10
tracks 36:23	treatment 9:14	twenty-nine 22:14	unexpired 24:10
trained 8:19	tremendous 36:23 36:23	twenty-three 31:16	unfinished 76:8 76:9 80:20 80:21 108:18 109:7
training 44:13 45:22 46:8 48:6 59:10 59:13 71:19 72:8 74:5 74:19 78:6 78:9 86:9 89:16 99:11 99:23 105:5 105:10 106:8 106:11 107:10	triage 44:10	Twitter 33:18	Unfortunatel y 41:5
transitions 49:3	true 16:10	type 77:7 89:1 89:1	unique 13:22
transparency 23:11 67:18	truly 32:24 57:23 67:7	types 98:24 98:24	
	trust 68:5 68:7	typically 105:1	
	try 16:20		

60:13 63:15 63:23 63:24 65:6 United 8:4 36:21 universal-guided 83:13 universities 83:1 University 24:17 29:5 71:8 unknown 92:11 unless 69:3 96:6 unrealistic 106:5 update 20:15 39:15 upon 12:7 12:15 16:10 22:23 81:25 82:2 98:12 up-to-date 8:18 users 81:18 utilization 83:25 86:13 utilize 59:18 utilized 30:13 81:14 86:9 86:21	utilizing 31:7 82:23 83:10 86:15 103:10 UVA 11:3 <hr/> V <hr/> V3 54:15 VAGEMSA 89:7 100:3 vajobs.gov 90:21 VALERIANO 29:11 29:13 Valerie 46:11 Valetta 76:10 valid 105:8 validated 31:7 value 52:6 66:14 98:17 98:19 99:3 variability 14:5 variances 49:21 variations 60:14 63:11 63:14 various 26:17 50:6 51:17 51:23 52:5 52:19 53:11 53:12	83:12 83:12 VAVRS 46:1 46:2 VCCS 45:25 VCU 90:5 VDH 11:15 13:23 14:19 15:1 20:21 22:16 23:8 38:14 44:23 95:16 vehicle 11:2 vehicles 9:12 verifiable 58:21 verify 58:20 version 45:15 45:21 versions 60:22 versus 45:20 76:16 82:10 103:17 vested 25:19 vet 90:10 vetted 20:20 V-Fib 54:15 VFIB 92:1 VHHA 52:16 VHS 44:23 vice 10:7 57:16	victims 39:19 55:19 video 33:6 33:20 33:21 34:1 34:3 videos 34:22 view 55:18 views 33:23 66:3 Vince 29:3 29:3 32:15 32:17 Violence 53:19 53:24 Virginia 6:1 8:21 8:24 9:5 9:7 10:1 10:23 11:17 17:13 17:21 18:15 20:9 24:1 24:3 24:9 25:21 25:21 26:7 26:8 26:21 26:25 27:6 30:5 35:7 35:20 36:24 37:17 37:18 37:20 40:1 45:3 56:11 57:25 58:5 59:8 59:20 60:1 60:14 61:12 63:12 63:14 63:22 64:20 69:2 70:17 71:7 71:11
---	--	---	---

71:15 71:17	26:1 86:4	we'd 6:10	we're 6:9
72:4 72:5	volunteering	11:7 11:22	12:19 12:19
72:17 73:9	31:20	105:15	14:3 17:15
73:17 73:21	vote 70:5	Wednesday	18:12 18:19
73:24 74:11	voted 7:6	11:2 14:22	18:22 19:12
88:18 90:4	7:15 48:22	22:5 37:11	19:13 19:17
92:1 96:10	49:11 70:8	41:18 42:23	20:17 21:2
102:15	vulnerable	week 20:8	21:6 21:20
104:14	56:22	24:7 32:6	23:6 25:10
104:17	<hr/>	41:4 41:6	27:9 27:10
105:8	W	41:11 78:2	28:21 32:6
105:11	<hr/>	92:4 94:10	32:7 32:20
105:21	wage 78:20	104:2	32:23 32:25
105:23	waiting	weeks 40:5	33:25 36:19
106:15	19:14	52:20 52:25	36:22 36:25
106:19	waive 36:4	weird 108:21	37:1 37:25
107:9	36:14	welcome 6:6	38:9 41:2
107:15	walking	25:9 27:25	42:25 43:12
109:16	25:16	46:13 69:6	48:8 50:9
Virginia's	Walter 75:12	70:23	50:14 51:2
26:5 27:3	Washington	welcomed	52:22 57:7
63:9 65:12	24:17 71:8	71:2	58:14 69:13
virtue 25:19	wasn't 40:8	we'll 19:10	76:7 77:2
vision 7:23	62:4 103:2	22:17 40:19	77:3 81:22
8:1 8:2 8:5	103:3	70:4 85:4	82:4 82:8
51:25	106:23	89:3 98:5	82:23 85:16
visionary	Water 13:24	well-	85:17 88:9
21:3	Watkins	attended	88:13 88:15
visitors	53:25 54:1	36:1	89:9 89:11
8:13	ways 35:25	well-being	89:14 90:10
VITA 16:17	webinar	8:12 27:5	91:15 95:17
VMS 46:15	42:11	well-funded	98:8 98:12
voice 52:15	website 34:8	99:14	105:13
73:11 81:3	39:9 48:1	well-	108:3 108:4
voiced	48:6	reasoned	108:4 109:7
101:15	volunteer	67:7	we've 12:3
			18:6 31:5
			37:3 38:7
			39:16 39:17
			40:11 56:24

63:25 88:18 100:6 107:9 whatever 90:21 whereas 25:24 26:5 26:12 26:19 WHEREUPON 6:13 6:21 7:4 7:6 7:11 7:15 25:2 27:8 28:2 28:9 57:2 70:8 70:12 109:12 109:16 wherever 22:12 whether 15:20 22:9 23:19 101:16 101:17 whole 77:17 who's 38:22 40:2 40:3 willing 65:18 win 34:24 35:24 35:25 wind 95:5 Winston 57:19 Wirth 38:20	wish 98:2 wishing 69:14 70:14 Wolfberg 38:20 won 34:17 34:19 35:3 wonder 92:2 wondering 103:13 Woods 57:4 57:4 102:24 104:12 107:8 work 13:18 13:23 14:1 19:10 22:1 23:4 34:10 40:14 42:4 45:12 45:17 53:2 53:9 57:10 64:21 66:19 67:1 67:9 68:23 74:1 74:10 78:23 80:15 87:11 92:21 93:18 95:4 95:6 96:2 97:8 97:13 99:14 100:20 101:8 103:23 workable 67:10 workday 42:1	worked 7:25 18:9 26:19 34:4 34:9 71:12 Worker's 97:5 97:6 workforce 8:19 46:10 47:5 47:10 working 6:10 13:8 14:24 19:5 19:10 21:9 21:17 23:16 27:16 28:23 29:8 31:4 36:25 40:14 43:16 44:20 48:23 49:4 49:5 49:7 65:11 71:14 73:13 75:13 81:23 90:3 90:5 91:13 95:8 98:6 99:20 100:4 workplace 72:11 works 96:4 worth 92:13 writing 58:20 wrong 34:8 www.vdh.virg inia.gov/ makethecall	34:6 <hr/> Y <hr/> y'all 33:11 year's 33:6 Yee 38:17 48:13 48:15 49:14 yesterday 42:16 44:7 49:17 54:2 66:22 yet 40:9 you'll 24:8 Young 54:18 54:19 <hr/> Z <hr/> zero 105:4
---	--	--	--

Regional Council Document
Requested by Motion and Approval
to be added as an Addendum to the
Minutes

Regional EMS Council Response to CE Education Provision in Virginia

August 2019

FOREWARD

In their quarterly report to the State Emergency Medical Services (EMS) Advisory Board dated August 2, 2019, the Virginia Office of Emergency Medical Services (OEMS) included an appendix which included a document titled "Performance Review of Regional Council Continuing Education (CE) and Auxiliary Program MOU". The document provides data related to total contract amounts and disbursement within specific categories. While the data presented is accurate in its presentation of accounting, the report is incomplete. Virginia's Regional EMS Councils have drafted this document to provide context and to ensure that EMS stakeholders have a complete understanding related to this report as well as proposed and implemented changes in the delivery of education in Virginia.

HISTORY OF CE AND AUXILIARY CONTRACTS

In 2016, changes in state procurement requirements necessitated changes in contracting practices related to the Emergency Medical Services Training Fund (EMSTF), including a prohibition against contracting with individual instructors. The change created a delay in EMS Training Fund availability across Virginia.

To minimize the potential negative impact on EMS education arising from this change, Southwest Virginia EMS Council Executive Director Greg Woods sent an email request to OEMS asking that consideration be given to utilizing existing regional EMS council contracts to ensure the continuation of EMS education until a final plan was developed. OEMS acknowledged the request and indicated that it would be forwarded to and discussed with OEMS senior leadership.

In August 2016, OEMS announced that an alternative solution for EMS education delivery had been approved. OEMS would enter into a memorandum of understanding (MOU) with each of the eleven regional EMS councils to provide EMS education in the Commonwealth. Contracts would be developed to facilitate this process.

In May 2017, OEMS indicated that the draft MOU for course instruction for auxiliary and CE training had been approved. OEMS scheduled a meeting with regional council directors in late May 2017 to discuss specifics related to the proposed contracts. On May 24, 2017, regional council directors received an electronic version of the draft MOU which excluded projected funding information. In the follow up meeting with OEMS in late May, OEMS provided projected funding amounts to each regional council. Discussion was held concerning some of the proposed language and resulted in mutually agreed-upon changes. The funding matrix was also discussed, with regions expressing concerns in two general areas that did not consider geographic/demographic variations between and within regions:

- the number and distribution of proposed CE programs within localities
- the proposed numbers of students for auxiliary courses

schedules, and position salaries that could not be modified by the regional councils. The MOU had a stipulated implementation date of July 1, 2019, and the Regional EMS Councils were asked to sign and return the agreements as soon as possible to begin the hiring processes.

Virginia's Regional EMS Councils were not included in any prior discussions or meetings related to this program and had no input into the projected funding matrix used in the drafted MOU. Some dialogue occurred regarding program administration; however, not having the documents prior to the meeting precluded informed discussion. Directors were positive in their comments and support of the program. Woods commented that the presentation of these documents at this meeting did not allow for adequate planning and budgeting, especially since the proposed MOU did not account for many mandatory costs associated with such positions. There was discussion about flexibility within projected funding categories for expenses not anticipated by OEMS; however, Adam Harrell stated that OEMS is not required to negotiate with "vendors." Regarding the proposed MOU, Harrell stated that regional councils could "take it or leave it." OEMS staff members noted that if the councils did not sign the agreements, OEMS would pursue other options.

Following their meeting, some directors and board members had informal sidebar discussions with OEMS staff members to determine the extent of flexibility after reviewing the proposals in greater detail. Responses were inconsistent and led to confusion. To ensure clarification, Greg Woods, acting as Chair of the Regional Director' Group, emailed Chad Blosser on Monday, May 6, and requested a meeting with Blosser to further discuss the MOU on behalf of the group. The email affirmed the regions' desire to make the program successful.

On the evening of Tuesday, May 7, OEMS Business Manager Adam Harrell sent an email to all regional councils rescinding the proposed MOU offering continuing education funding due to the "numerous issues" identified. Despite the formal request, no additional meetings between OEMS or the Regional EMS Councils had been held. Harrell noted that OEMS would contract directly with full-time educators to provide continuing education throughout the state instead of through partnership with the Regional EMS Councils.

Woods emailed OEMS Director Gary Brown to express disappointment in the actions taken by OEMS and to request Brown's intervention. In particular, Woods expressed disappointment in OEMS' refusal to meet to discuss the matter and the approach taken by OEMS staff members in handling of the situation. OEMS Director Gary Brown replied to the email expressing regret that "regional councils were unable to accept the terms of the contracts as presented."

At the time of Brown's reply, only one regional EMS council had contacted OEMS directly concerning the proposed contract. No regional EMS council had rejected the terms of the proposed MOU, and one council had returned the signed memoranda before Harrell sent his email rescinding this opportunity.

DISCUSSION

Virginia's Regional EMS Councils believe that our EMS system benefits from open and transparent dialogue between EMS stakeholders to build impactful and efficient programs that benefit the entire system. For more than forty years, Regional EMS Councils have served to identify and represent the unique needs of EMS agencies and providers in our defined service areas.

Understanding the unique needs of our regions, the Regional EMS Councils have always striven to be proactive in collaborating to build successful programs. We acted in good faith in accepting the prior-year memoranda although we believed the funding matrix was not ideal. We also sought clarification to ensure that we understood and met expectations.

Regional EMS Councils continue their practice of active collaboration and remain committed to full collaboration and partnership with OEMS. Despite concerns, the Regional EMS Councils have made every effort to work with OEMS to build an exemplary educational program. Prior history has demonstrated an opportunity to discuss concerns and to seek clarity to ensure the successful execution of collaborative projects, and such a collaborative process was anticipated and expected in rolling out the proposed CE program. We deeply regret that our request for a dialogue to collaborate and build a successful program related to delivery of CE programs was disregarded. We also regret that we will not be a part of the new program.

This document is submitted to provide additional context related to referenced quarterly report. Supporting documentation, including copies of the emails referenced in this document, will be made available upon request. If you have any questions, please do not hesitate to contact one of Virginia's Regional EMS councils.