

EXHIBIT B

REGIONAL COUNCIL ACTIVITY REPORT ON REGIONAL EMS AND TRAUMA CARE SYSTEM PLAN IMPLEMENTATION

Regional Council: **Northwest Region** Contract #: **N21887 / NWRSW-3**

Reporting for the Period: **July 1, 2016 - June 30, 2017** Year: **2015-2016**

GOALS	OBJECTIVE	STRATEGIES – Narrative on Activity	Strategy Completion Date
<p>Goal 1. A sustainable regional system of emergency care services that provides appropriate capacity and distribution of resources to support high-quality trauma, cardiac and stroke patient care.</p>	<p>Objective 1: By March 2017, the Regional Council will determine minimum and maximum numbers and levels of trauma designated services (including pediatric and rehabilitation services) in each county and provide recommendations to the Department of Health.</p>	<p>Strategy 1. By September 2016, The Staff will solicit input from stakeholders regarding Regional Designated Adult, Pediatric and Rehabilitation Trauma Service’s needs.</p> <p><i>At the September meeting there was discussion on this topic. It was decided that Dr. Hoffman would reach out to the new Epidemiologist for data to support this. He will also include the Trauma Coordinators on this discussion.</i></p>	<p>Ongoing 9/16</p>
		<p>Strategy 2. By November 2016, The Staff will review input from stakeholders and review data for current designated Trauma Services and compile this information. The compiled data on min/max and levels of designation will be presented to the Regional Council by January 2017.</p>	
		<p>Strategy 3. By March 2017, The Regional Council will make recommendations regarding min/max and levels of designated Trauma Services to DOH.</p>	
	<p>Objective 2: By May 2017, the Regional Council will utilize the Washington State Department of</p>	<p>Strategy 1. By September 2016, The Staff will request that local councils and MPDs review min/max numbers of verified Prehospital providers and make recommendations for any</p>	<p>11/16</p>

	Health standardized methodology to determine minimum and maximum numbers and levels of verified service types in each county and provide recommendations to the Department of Health.	changes using the guidelines provided by DOH to determine optimal Prehospital system recommendations to the Regional Council for approval. At the November meeting each local council & MPD was tasked to review the Min/Max numbers for their county and report any recommended changes.	
		Strategy 2. By November 2016 , the Regional Council will compile data for the minimum and maximum numbers and levels of trauma verified agencies from each county utilizing the standardized methods provided by DOH.	
		Strategy 3. By March 2017 , the Region will vote on the min/max numbers, and the Staff will submit any requested changes to DOH with the 2017 – 2019 plan.	
		Strategy 4. By May 2017 , Any plan changes will be incorporated into the 2017-2019 Regional plan.	
	Objective 3: By June 2017, the Regional Council will review the categorization levels for cardiac and stroke facilities to ensure consistency of PCPs, COPs, and Protocols.	Strategy 1. By May 2016 , the Regional Council will review the list of currently categorized Cardiac & Stroke Centers. The council was tasked to review the current Cardiac & Stroke Centers in their counties and bring forward any suggestions for change at the next meeting.	5/16
		Strategy 2. By September 2015 , The Staff will request that local councils and MPDs review their local council Cardiac & Stroke COPs to assure they align with Regional PCPs / Protocols and current appropriate patient destinations and make any recommendations to the full council for changes. At the 9/10/15 meeting Local councils and MPD's were tasked to review their COP's to make sure they align with the current	9/15

		Regional Protocols and submit any requested changes before the November 2015 meeting.	
		Strategy 3. By November 2015 , the Regional Council will submit any changes to PCPs / Protocols to DOH for approval if necessary. No changes to the Cardiac & Stroke COP's were received thus nothing was submitted to DOH.	11/15
	Objective 4: By June 2016, the Regional Council will review regional emergency care system performance.	Strategy 1. By March 2016 , The Regional Council will utilize WEMSIS data and work with DOH Staff to identify areas within the region that need improvement. 3/16 Discussion at the March meeting that all agencies are collecting but not necessarily submitting data, therefore reviewing the data would be incomplete.	ongoing
		Strategy 2. By June 2016 , Regional Council will present data findings to the local councils, at the Regional Council meeting.	
Goal 2. A strong, efficient region-wide system of emergency care services coordinated by the Regional Councils, comprised of multi-disciplinary coalitions of healthcare providers and other partners who are fully engaged in regional and local	Objective 1: By July 2015, the Regional Council will implement the 2015-2017 Regional EMS & Trauma Strategic Plan	Strategy 1: By July 2015 or when the Plan is approved, The Regional Council will distribute the updated 2015-2017 Strategic EMS and Trauma System Plan to the local county EMS councils and county MPDs. The 2015-2017 Strategic plan is posted on both the DOH website and on the NW Region Website. Council members and MPD's were emailed a copy and informed of the posting upon final plan changes approved by DOH.	7/15
		Strategy 2. By July 2015 , or when the Plan is approved The Regional Council will make the 2013-2015 Strategic Plan available on our website for access. The 2015-2017 Strategic plan was posted on the NW Region	7/15

emergency care services system activities.		Website upon final plan changes approved by DOH.	
		<p>Strategy 3. Beginning August 2015, the Northwest region will provide bi-monthly progress reports to the Washington State Department of Health.</p> <p>During this reporting period NWRSW-3 was submitted, approved and posted to the NCREMS website.</p>	Ongoing 10/16
	Objective 2: By May 2017, the Regional and Local Councils will review the Regional Plan and identify changes to meet Regional System needs and be congruent with the state-wide system plan	<p>Strategy 1. By September 2016, The Council will form a workgroup to participate in revising and updating the Trauma Plan for 2015-2017.</p> <p>At the November meeting we reviewed the suggested changes that were made by the local councils to the goals and objectives. All suggestions were approved by full council.</p> <p>At the September meeting it was decided that each of the Local Councils would take a Trauma Plan Goal back to their councils for review and input. They will report any suggested changes back to the ED and we will discuss at the November Meeting.</p>	Ongoing 9/16 11/16
		<p>Strategy 2. By January 2017, The Workgroup will distribute the draft review of the Strategic EMS & Trauma Plan to Local Councils, MPDs and stakeholders for review and recommend changes to meet Regional system needs and make suggestions for updating the Regional Plan for 2015-2017.</p> <p>*Due to weather the council did not meet during this reporting period</p>	

		<p>Strategy 3. By March 2017, The Regional Council will review input from the Local Councils, MPDs and stakeholders and make recommendations to DOH for plan changes.</p>	
	<p>Objective 3: Starting July 2015 and annually, the Region Council will conduct business in an effective and efficient manner.</p>	<p>Strategy 1. By November 2015 and annually, the Regional Council and Council staff will submit all required schedules to the SAO to remain compliant with Northwest Region internal controls.</p> <p>11/16 The executive Director submitted all required SAO reports. These were also reviewed by the Executive Committee</p> <p>5/16 at the May meeting copies of the Assessment Audit were shared with the council members in addition the report was posted on the NWREMS website.</p> <p>4/16 During this reporting period a desk audit was conducted by the SAO office. Report has not yet been published</p> <p>11/15 During this reporting period the required SAO filings were completed, submitted and reviewed by the E-board for approval.</p>	<p>11/16 5/16 4/16 11/15</p>
		<p>Strategy 2. By January 2016 and annually, The Regional Council will provide DOH a copy of the annual budget per the Contract requirements.</p> <p>5/16 A copy of the draft budget that was approved for recommendation by the Executive Committee was presented to the Council. The council approved the budget as it was presented.</p> <p>A Budget Vs. Actual report is now sent to DOH by-monthly with the other required financial reports when the Deliverables are submitted for approval.</p>	<p>5/16 7/15</p>

		<p>Strategy 3. By January 2016 and biannually, The Regional Council will review the office policies and procedures to ensure compliance with RCW.</p> <p>3/16 at the March 10, 2016 meeting a draft copy of the updated Policies and Procedures were presented. Edits included guidance from the SOA office. The Draft copy was approved by the full council with small edits.</p> <p>1/16 Work has begun to review and update office policies and procedures.</p>	<p>3/16 1/16</p>
		<p>Strategy 4. By January 2016 and biannually, The Regional Council will review council bylaws and revise as needed.</p> <p>11/16 Work has begun to review and update the current council bylaws.</p>	<p>1/17 11/16 9/16 3/16 1/16</p>
	<p>Objective 4: During the 2015-2017 plan cycle Northwest Region EMS will facilitate the exchange of information throughout the emergency care system.</p>	<p>Strategy 1. By August 2015, and throughout the plan cycle, the Northwest Region EMS Council will provide meeting rooms for the Regional Council, subcommittees, and workgroups.</p> <p>Meeting rooms have been set up for the February 2017 Regional, Training and Education, QI and IVP Meetings held in Sequim.</p>	<p>ongoing 1/17</p>
		<p>Strategy 2. By August 2015, and throughout the plan cycle, meeting agendas and minutes will be provided to Regional EMS stakeholders in advance of each meeting through email.</p> <p>Past meeting minutes were distributed along with the current agendas for the Regional, TED, QI & IVP Committee meetings prior to the January 2017 meetings with a meeting invite and RSVP request.</p>	<p>Ongoing 1/17</p>

		<p>Strategy 3. By August 2015, and throughout the plan cycle, Northwest Region EMS Council members and staff will participate in EMS stakeholder meetings including: EMS & Trauma Steering Committee, Region 2 Healthcare Preparedness Network Steering Committee Meetings and Local Healthcare Coalition Meetings, and various Technical Advisory Committees and share the information with Northwest Region EMS Council at regularly scheduled meetings.</p> <p>The Executive Director participated in the 1/17/17 RAC Meeting, & Process Improvement Meetings.</p>	<p>Ongoing 1/17</p>
		<p>Strategy 4. By July 2015, and throughout the plan cycle, ongoing contact with Local EMS Councils will be maintained by Region Staff through regular attendance and participation at Local Council Meetings.</p> <p>Several council members and Executive board members attended the Jefferson County EMS Council meeting on 12/6/16, 1/3/17, the Clallam County EMS Council meeting on 12/15/16, 1/17/17 the Mason County EMS meeting 12/15/16, 1/17/17 Kitsap County EMS 1/6/17. The Executive Director along with the Executive Board members submitted a Regional report to the Local Council prior to their local meetings.</p>	<p>Ongoing 1/17</p>
	<p>Objective 5: The Region Council will facilitate leadership training for the region and county councils as they become reasonably available.</p>	<p>Strategy 1. By July 2015, and throughout the plan cycle, the Staff will coordinate DOH and all other trainings as identified by the Regional Council to both the Regional Council and the Local Councils as needed.</p> <p>1/16 Due to low enrollment and instructor scheduling conflicts it was decided to postpone the EPC courses and try again for the grant in the next fiscal year.</p>	<p>Ongoing 1/16 11/15 8/15</p>

		<p>12/15 Planning continued for the 3 EPC (Emergency Pediatric Care) Courses in Mason, Clallam & Kitsap Counties. If awarded the EMS-C grant these funds will be utilized to pay the instructors. A small fee will charged for food/drink & completion Cards.</p>	
		<p>Strategy 2. By June 2017, the Region Council will develop a New Council Member Handbook and provide orientation as new members are appointed.</p>	
		<p>Strategy 3: By November 2015, and throughout the plan cycle, The Region Council will share outside training opportunities and best practices with County Council, EMS agencies, and system partners as needed.</p> <p>All training opportunities are posted on the N wrems website as they are received by the office.</p>	<p>1/17</p>
	<p>Objective 6: By April 2016, the Region Council will collaborate with system partners on pre-hospital emergency preparedness planning</p>	<p>Strategy 1: By September 2015, the Region Council will distribute pre-hospital Emergency Preparedness information on the Region website and update as needed.</p> <p>11/16 Region 2 HCC shared their upcoming training and these were shared at the Region meeting along with posting on the Website.</p> <p>5/16 Region 2 Healthcare Coalition shared their training opportunities with the council and were posted on the N wrems website.</p> <p>3/16 N wrems has shared and posted Preparedness Information of the Region website. In addition flyers were distributed at the March 2016 meeting.</p>	<p>1/17</p>

		<p>1/16 The Executive Director met with the Region 2 Healthcare Coalition leads on 1/7/16 to discuss attending each others' future meetings. In addition we will also share best practices. As always a Region 2 report was given at the 1/14/16 Region Council Meeting.</p>	
		<p>Strategy 2: By April 2016, the Region Council members and staff will participate in various TAC's conducting Emergency Preparedness planning for pre-hospital providers as well as attend Region 2 Steering Committee Meetings.</p> <p>5/16 Region 2 Healthcare Coalition shared their training opportunities with the council and were posted on the NWREMS website.</p> <p>1/16 The Executive Director met with the Region 2 Healthcare Coalition leads on 1/7/16 to discuss attending each others' future meetings.</p>	<p>5/16 1/16</p>
	<p>Objective 7: By July 2015, the Region Staff will provide administrative support for the QI Committee</p>	<p>Strategy 1: By May 2016, The QI Committee will review gaps in the outdated QI Plan and work on updating, providing a draft for review and implementation for DOH submission.</p> <p>1/16 At the January meeting an updated draft was presented to the committee with edits and notes taken from the previous meetings and input. The committee approved the draft and it was sent to DOH for submission.</p> <p>11/15 Work on the revision/update of the QI plan began in May 2014. A draft was submitted for review to the QI committee in September. The QI Chair will continue to work on revisions with assistance/guidance from DOH. She will then submit another draft for review at the January 2016 Meeting.</p>	<p>1/16 11/15</p>

<p>Goal 3. A sustainable regional pre-hospital EMS system utilizing standardized, evidence-based procedures and performance measures that address out of hospital emergency health care.</p>	<p>Objective 1: by July 2015 and annually, the Regional Council will conduct a needs assessment within each Local Council, review, approve and allocate available funding to support Prehospital training.</p>	<p>Strategy 1. By July annually, The Regional Council will establish grant contracts with each local council for EMS training and education and funds allocated once the budget is approved.</p> <p>1/17 During this reporting period updated Training grants were sent to each of the local councils requesting they re-prioritize their needs to include the additional \$3,000 that was added to each council.</p> <p>11/16 At the November Meeting it was discussed that the Training budget would be increased for this fiscal year. As a result, the Region will resend the current approved training grant requests and ask that the councils resubmit their requests with the additional funds being considered. The TED committee approved all current requests as is.</p> <p>9/16 During this reporting period the TED committee recommended that the submitted Training Grant requests for Mason and Kitsap County's be approved. The remaining Counties will be reviewed for approval at the November Meeting.</p> <p>1/16 Grant contracts were distributed during this reporting to the local councils for review and signatures per the approved budget.</p> <p>11/15 At the November 2015 TED Meeting the Committee reviewed the Local Council Grant requests. Their recommendations were taken to the Regional Council for approval. Once approved the ED will draft and send out Grant Contracts to all the local councils awarded.</p> <p>9/15 Due to the budget being finalized at the May 2015 meeting, Local councils were asked to submit their Council</p>	<p>1/17 11/16 9/16 1/16 11/15 9/15</p>
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		<p>Training Grant Requests to the Regional office for the TED committee to review at the September 2015 meeting. At that time Training Grant contracts will be distributed and gathered for signatures and approval.</p>	
		<p>Strategy 2. By March annually, The Regional Council, with the Regional Training and Education Committee and Staff will update the Regional Training requests and send it out to all Local Council Chairs and Training Coordinators.</p> <p>1/17 During this reporting period updated Training grants were sent to each of the local councils requesting they re-prioritize their needs to include the additional \$3,000 that was added to each council.</p> <p>8/16 During this reporting period Regional Training funds request forms were sent out to the local council chairs, and training coordinators.</p> <p>3/16 During this reporting period Regional Training funds request forms were sent out to the local council chairs, and training coordinators.</p>	<p>1/17 8/16 3/16</p>
		<p>Strategy 3. By April annually, The Executive Funding Committee will review each Local County RFP for training Needs.</p> <p>11/16 During this reporting period Clallam, Jefferson and WOP training requests were reviewed and approved by the TED Committee. Funds were also approved by the full council.</p> <p>9/16 During this reporting period Mason and Kitsap County Training requests were reviewed and Approved by the Training and Education Committee and funds were approved by the full council.</p>	<p>11/16 9/16 5/16</p>

		<p>The local county request for training will be reviewed at the September meeting if not during the summer break.</p>	
		<p>Strategy 4. By May annually, The Regional Training and Education Committee will review the submitted local county requests to ensure appropriate use of the funds and make recommendations to the Council for approval. After training is complete Council will distribute approved funds.</p> <p>11/16 During this reporting period Clallam, Jefferson and WOP training requests were reviewed and approved by the TED Committee. Funds were also approved by the full council.</p> <p>During this reporting period Mason and Kitsap County Training requests were reviewed and Approved by the Training and Education Committee and funds were approved by the full council. The others will be approved at the November meeting.</p> <p>The local county request for training will be reviewed at the September meeting if not during the summer break.</p>	<p>11/16 9/16 5/16</p>
		<p>Strategy 5. By February 2016, Northwest Region EMS Council, and TED Committee members will identify training opportunities for Pediatric Emergency and Trauma education for prehospital and hospital providers.</p> <p>1/16 Due to low enrollment and instructor scheduling conflicts it was decided to postpone the EPC courses and try again for the grant in the next fiscal year.</p> <p>11/15 At the November TED Committee it was decided to host 3 EPC (Emergency Pediatric Care) Courses in Mason, Clallam & Kitsap Counties. If awarded the EMS-C grant these funds will be utilized to pay the instructors. A small fee will charged for</p>	<p>1/16 11/15</p>

		food/drink & completion Cards. These classes will be held prior to the February 28, 2016 deadline per the contract requirements.	
Objective 2: Biennially in July and as needed, the Regional Council will develop, review, revise and implement Regional Patient Care Procedures (PCPs).	Strategy 1. Biennially in March and as needed, The Staff will request that local councils, MPDs and Stakeholders review Regional PCPs and make any recommendations to the full council for changes. This process has not yet begun as we are going to look more in depth at the PCP's. Work will begin at the September meeting.		5/16
	Strategy 2. Biennial in May and as needed, the Regional Council will submit any changes to PCPs to DOH for approval.		
	Strategy 3. Biennially or as needed, The Staff will provide copies of the DOH approved Regional PCPs to Local Councils and Regional partners.		
Objective 3: By March 2016 and as needed, the Regional Council will review local council COPS for congruency and alignment with the Regional PCPs and make recommendations to the local councils and the Department of Health.	Strategy 1. By December 2015 and annually and as needed The Staff will request that local councils and MPDs review their local council COPS to assure congruency and alignment with the Regional PCPs / Protocols. 11/15 At the November meeting the MPD's and local councils were tasked to review their County COP's and send in any suggested changed to the Executive Director prior to the January Meeting.		11/16
	Strategy 2. By January 2016 and annually The Regional Council will review and approve the COPS that will be included in the Strategic Plan 1/16 No changes were submitted to the Region for approval.		1/16

		<p>Strategy 3. By March 2016 and annually,</p> <p>The Regional Council will request copies of DOH approved COPs to submit for inclusion in the 2015-2017 Regional Strategic Plan</p> <p>1/16 Per approval from the Regional Council and DOH. Local COP's are no longer itemized in the Strategic Plan. Instead NWREMS provides a link in the Strategic plan that references each local councils' COP's.</p>	<p>1/16</p>
<p>Goal 4: Reduced preventable/premature death and disability through targeted intervention and injury prevention activities and public education programs.</p>	<p>Objective 1: By November annually, the Regional Council will utilize a regional process to identify injury prevention needs and support evidence based and/or best practice activities.</p>	<p>Strategy 1. By July annually, The Regional Council will obtain and review data from DOH plus other relevant and available injury data and information on the areas of highest mortality and morbidity in the Region.</p> <p>11/16 During this reporting period Benjamin Booth from DOH presented “Trauma Registry and Challenges” data to the QI Committee.</p>	<p>Ongoing 11/16 1/16 11/15 8/15</p>
		<p>Strategy 2. By September annually, The Regional Council will identify evidence based injury prevention programs in the region and projects and provide funding as appropriate and available to implement programs.</p> <p>11/16 At the November 10, 2016 Meeting the IVP Committee reviewed the 2 Grant submissions. I was decided to fund each programs’ full request. This was also approved by the full council.</p> <p>11/15 At the November 12, 2015 Meeting the IVP Committee reviewed the 2 Grant submissions. I was decided to fund each program evenly with the funds earmarked in the Budget.</p> <p>8/15 It was decided by the IVP committee that we will create an Injury Prevention Grant with monies earmarked in our budget.</p>	<p>11/16 11/15 8/15</p>

		<p>The Executive Director along with the IVP Chair will create a Injury Grant Request form and disburse throughout the Region. The IVP will review the applications at the November IVP meeting to select recipients.</p>	
		<p>Strategy 3. By ongoing monthly, the Staff will post injury prevention related articles and success stories onto the Regions website.</p> <p>During this reporting period DOH IVP articles were posting to the region website.</p>	<p>Ongoing 1/17</p>
	<p>Objective2: Ongoing – the Regional Council will collaborate to educate the public and our partners on the Emergency Care System.</p>	<p>Strategy 1. By September 2015 and throughout the plan, The Regional Council will have partner websites and legislative updates available on the Regional website to educate the public and our partners on the Emergency Care System.</p> <p>During this reporting period Legislative Updates were posted to the region website as they were received.</p>	<p>Ongoing 1/17</p>
		<p>Strategy 2. By September 2015 and annually, The Staff will provide administrative assistance for the Annual QI Conference as need for educational purposes.</p> <p>11/15 During this reporting period NW region worked with the QI Committee and held an annual QI Conference on 11/6/15. There were 43 people in attendance. There were 5 guest speakers and 6 Case presentations by the local hospitals and EMS providers.</p> <p>8/15 During this reporting period the Executive Director has worked with the QI Committee and the QI Chairman to coordinate a venue, create and distribute a flyer, select meal options, secure speakers, and receive and process attendees registrations for the QI Conference to be held November 6, 2015</p>	<p>11/15 8/15</p>

		<p>Conference.</p>	
		<p>Strategy 3. By July 2016, The Staff will coordinate with the Training and Education Committee and plan/hold a pediatric related conference utilizing the EMS for Children Grant if awarded to Northwest Region EMS.</p> <p>1/16 Due to low enrollment and instructor scheduling conflicts it was decided to postpone the EPC courses and try again for the grant in the next fiscal year.</p> <p>11/15 At the November TED Committee it was decided to host 3 EPC (Emergency Pediatric Care) Courses in Mason, Clallam & Kitsap Counties. If awarded the EMS-C grant these funds will be utilized to pay the instructors. A small fee will charged for food/drink & completion Cards. These classes will be held prior to the February 28, 2016 deadline per the contract requirements.</p>	<p>1/16 11/15</p>
	<p>Objective 3: By June 2017, To reduce the number of falls of elderly age population.</p>	<p>Strategy 1. September 2015, The Regional Council will develop a pilot program to refer patients to physical therapy who need assistance related to a fall or injuries from a fall to prevent further falls and injuries.</p> <p>Mason County is continuing to develop their Falls Prevention program and have updated their form that they distribute to patients at the time of a fall. Jefferson County also continues to develop their program. Clallam County is currently working to begin their program and other County programs have been e-mailed to them to help them begin and develop their own Falls form.</p>	<p>8/15</p>

		<p>Strategy 2. Emergency care providers responding to homes through the 911 system, will give patients a referral to receive physical therapy if they meet fall-related criteria.</p> <p>At the November, 2016 IVP meeting Jefferson & Mason County reported on their Falls program. This data was also shared at the Region Meeting. The data that was reviewed was number of EMS fall referrals and number of patients that followed through with PT.</p>	<p>Ongoing 11/16</p>
		<p>Strategy 3. Public Education - Give patients information at their homes about fall prevention. Visit retirement facilities, Local Senior Centers and 55+ living communities to hand out the fall prevention literature and education people about fall prevention.</p> <p>Clallam County shared their new falls brochure that they are distributing to falls related calls, in addition to distributing at the assisted living and care facilities.</p>	<p>5/16</p>
		<p>Strategy 4. Data Tracking / Reporting Outcome - Report to Local Councils, and IPPE Committee. Track the individuals who receive a fall prevention referral and do go on to receive physical therapy, see if the treatment has helped that individual to not fall and lower their injuries. Review the progress of the program, by getting the response agencies, ER physicians, physical therapist, and local physicians together to discuss outcomes of treatments. Track the results of the patients and conduct random follow-up interviews with patients who have started and continue to receive treatment in the fall prevention program.</p> <p>At the November, 2016 IVP meeting Jefferson & Mason County reported on their Falls program. This data was also shared at the Region Meeting. The data that was reviewed was number of EMS fall referrals and number of patients that followed through</p>	<p>11/16</p>

		with PT.	
	<p>Objective 4: Each June, the Region Council will utilize a process to identify needs and allocate available funding to support injury prevention projects.</p>	<p>Strategy 1. By September annually, The Regional Council, with the Regional Injury Prevention Committee and staff, will update the Regional Injury Prevention Grant needs requests and send it out to all Local Council Chairs.</p> <p>It was decided by the IVP committee that we will create an Injury Prevention Grant with monies earmarked in our budget. The Executive Director along with the IVP Chair will create a Injury Grant Request form and disburse throughout the Region. The IVP will review the applications at the November IVP meeting to select recipients.</p>	<p>9/16 8/15</p>
		<p>Strategy 2. By November annually, The Injury Prevention committee will review each submission and make recommendations to the Regional Council.</p> <p>At the November 10, 2015 Meeting the IVP Committee reviewed the 2 Grant submissions. I was decided to fully fund each program request. This was presented to the full council for approval.</p>	<p>11/16 11/15</p>
		<p>Strategy 3. By January annually, The Regional Council will establish grant contracts with each recipient for Injury Prevention, and approved funds will be distributed.</p> <p>During this reporting period 2 grant contracts were sent to the 2 agencies that were approved.</p>	<p>1/16</p>