

## **Meeting Minutes**

**DEMHS Region 3, ESF-8**

**Public Health Preparedness Planning**

**Harmonization and Standardization Meeting**

**3 June 2011**

**WHBHD**

**ATTENDANCE:** Steve Huleatt, Marge Seiferheld, Dave Kosciuk, Bill Kramer, Charles Petrillo, Dr. Gerald Schwartz, David Boone, John Shaw, Mary Laiuppa, Katherine McCormack, Kate Novick, Rob Miller, Francine Truglio, Judy Torpey, Tung Nguyen, Jeffrey Lim, Janet Leonardi, John Degnan, Tom Gavaghan, Carmine Centrella, Melissa Marquis, and Sylvia Dake.

**WELCOME:** Melissa welcomes everyone to West Hartford Bloomfield and thanks our host Steve Huleatt.

**HANDOUTS:** May Minutes

**APPROVAL OF MINUTES:** Dave Kosciuk moves to accept the May minutes and John Shaw seconds the motion. The minutes are approved.

### **WORKGROUP REPORTS:**

#### **Local**

**PPHR:**

Melissa Marquis, Carmine Centrella and Sylvia Dake are meeting and completing the Regional PHERP - the core plan for PPHR. They are almost ready to have the workgroup take it and review it for additions and changes. Carmine provided the overview on where it stands and how it is coming together. Currently Sylvia and Melissa are going line by line and criteria by criteria reviewing how the plan addresses each item. The focus is still Goal I – having an all-hazard plan. Melissa hopes to get it out in rough draft format next week. When she sends it out, there will be specific tasks for each group. She asked who had specific skills in completing the plan – speak up for your special assignment.

CRI:

TARs are still underway. Melissa attends and takes notes to isolate best practices and provides Regional guidance. So far, the TAR sessions that Corrine has been conducting appears to be focusing on the small details (i.e. bringing 0-0.5 scores to 1.0 by asking for more detail in the plans). Those who will soon undergo the process should be prepared for 3 hours of review. Steve noted that Amy Stewart of CDC – SNS project officer for New England – is new and conducting some of the reviews (Hartford and Farmington Valley). Her background is as a local Health Dept. and that is a plus. Amy has replaced Heidi Pfeiffer.

## Regional

CRI:

An email will be sent out to all (from Melissa) requesting a list of all of your POD locations. She needs them to send to Corrine. Security plans are also needed and must be approved by Senior Law Enforcement. Be aware that if your plans call for 3 PODs – Corrine needs to see 3 security plans, one for each site. Melissa also needs details on the POD locations (primary and back-up) and notate whether they are new. Additionally, GPS coordinates, google maps of the site(s) and basic resource inventory are helpful to have on file, but are not necessary to include. Site activation plans are also needed and should be sent to Corrine. A site activation plan draft is being developed but not yet ready for distribution. It needs to include who you would call to activate the facility (facility manager, etc), when to activate, etc. It is suggested that each department make up a Standard operating procedure for your use as a deliverable by the end of July.

PHERP:

See PPHR above.

## State

PHP:

Melissa reminds the group that there is only 1 month left to finish your PHER spending. Steve asked about neat projects? Tung Nguyen mentioned the Hartford School Age Child Mass Vaccination plan.

PPHR:

As above. DPH, CADH, and the Regional Public Health Preparedness Advisors (RPHPA) are working together to host a PPHR forum state-wide in July. Date TBD. Look to CT Train for upcoming information.

**Training, Drills and Exercise:** Operation THREAT2, the region's functional exercise for this year, is mostly ready to go according to the planning group. Yesterday, a mini-exercise – centering on the decision making process - was evaluated using the CRI Decision Making Tool. The goal was to create a concept of operations plan for the Wednesday exercise. Melissa felt it was useful and will be written up and submitted to Corrine for credit. She will send out the contact list for verification of “3 deep” contact info. You should see it early next week. Please try to get it back to Melissa, ASAP with any changes. The Operation THREAT2 exercise starts early (8am-ish) on the 15<sup>th</sup> of June. You should plan to reply via the notification system as soon as you can. You will be prompted to answer with resource request info, availability, etc. At least 3 messages are planned. Be prepared! Carmine notes that Wesleyan is back in as one of the exercise participants. The Middletown EOC will be open.

An AAR item from the Operation THREAT2 table top noted that there was no EPI Strike team, yet. Steve is tasked to pick the leader and has reached out for volunteers but it did not get any responses. This team must be built for the PPHR application and it should be functional by December. Melissa wants to do a table top exercise or workshop to get this going. Mary Laiuppa reminded everyone of the Human Resources survey of 3 years ago. She suggests that this be updated in anticipation of staffing this team. Resource inventory status was discussed. This update should be assigned to a workgroup. Volunteers for the team don't need to be epidemiologists. The team leader should have that expertise. The leader should be a good with numbers (even though the state will do much of the analysis) and a good communicator. The team leader will need to drive the development of procedures and the team. Dr. Matt Cartter has seen the plan and he likes it. DPH is on board with the project. He wants to see it happen in all 5 regions. Tung Nguyen noted his interest. Tung wants to see heavy involvement from the state. Steve notes authorities and boundaries must be hashed out. It is really a support team, not a strike team – and is a Task Force by ICS lingo. The group is encouraged to ask their staff – especially the sanitarians, retired individuals and nurses – if they might be interested.

Exercises elsewhere included one in Bloomfield - a rabies clinic with High School students. JITT was accomplished. The students were taught about completing registration forms.

In Windsor, Charles Petrillo notes that there was a functional exercise to train the command staff for the Full Scale exercise on the 22<sup>nd</sup> and 23<sup>rd</sup> of June. Set up will take place in the afternoon on the 22<sup>nd</sup>. This exercise will have a large number of “patients” (including staff from local companies) volunteering to run through the clinic, they are hoping to have 300 people total walk through. The operation times for the clinic on the 23<sup>rd</sup> are 8 – 10:30am. Everyone is encouraged to stop in for a 15 minute run through, if they can. They will have individuals of different ages and physical abilities. Steve asked if there will be mentors for the management staff- yes.

Lastly, the City of Middletown will do a tabletop exercise on their Mass Dispensing plan on July 8<sup>th</sup>. See Janet Leonardi for additional information.

**Other Regional updates:** Steve reported on the Public Health Target Capabilities List (TCL) and the grant application process. He noted that there is a lot of anxiety around this process. The State must do an assessment of our current status – Charles Petrillo, Carmine, and Steve have been asked to do the review. The State has selected the following focus: get all 15 done in the next 5 yrs. Locals will select what they want to work on. DPH has picked 7 TCLs and the locals are focusing on 3. Only 2 items overlap from these selections. Some of the selections are not solely in the public health realm; for example mass care, Service animals and pets. Who has the sole or even the shared responsibility for these areas? The application must be in to CDC by the 17<sup>th</sup> of June. Carmine notes that regional responsibilities will cover some of these capabilities. The locals can “point up” to regional plans and other RESF’s in your response (they are shared functions/responsibilities). It will be addressed in the regional plans. On the topic of sheltering – Barbara Dingfelder of DPH can field some questions about the sheltering responsibilities of LHDs.

Steve mentioned that for this year there is no change in the funding stream. However, next year there will be approximately 10% cut to locals and regions. That’s a 12% cut at the federal level. You can expect a 25% cut the following year. Cumulatively, over 2-3 years, that’s a 37% cut from the top. He also reinforced that we knew this was coming. Steve is asking questions about what other regions are doing to prepare for this. In Region 3, it seems we are the early starters. The attitude is to get started - even with out money - and deal with the financials later. Other regions are feeling the pinch as they are in more of a “ramping up” stage.

MDA reorganization is delayed. The delay should allow for a more logical decision making process.

MDAs are provided \$6000 – fee for service for regional administration – from West Hartford/Bloomfield HD. The money was released today. The regional advisor contract is for 3 yrs. No budget needed. Get a standard report form from Steve. Regional

public health planning strategy has Steve as project officer and finance officer. He has the forms. This is the same as past years. The other contract is for non-lead health departments strictly for PPHR related work, and is a 1 yr contract. The training element is in revision but should be coming out, soon. He advises that we should work with our jurisdictional partners, attend workshops and this meeting (RESF 8) to stay on top of the process and receive full credit. The contract ends on the 9<sup>th</sup> of August and a meeting may be scheduled in early August (this is not normally a meeting month). If in doubt about what to send, send it to Steve anyway. He wants it all in process by 1 Sept.

Steve gave an overview of the Region 1 FEMA SNS Project Committee meeting. CDC is trying to build the case for sustaining the response infrastructure by sustaining SNS preparations as the main argument for continued funding. Also, nationally, there is a composite score for SNS ranking. Right now, our composite score is for CT as a whole. Elsewhere in the US, it is by county. The CT score will probably be a composite of the DPH TAR score and the Regional composite scores. Another change is that they will just look at whether the drills and exercises are being completed: 0 – not done; 1 – done. Be prepared for a very low score under this process. The state score will be low. There is the possibility for a new composite scoring formula in August.

**CREPC Update:** Hartford and Bridgeport will not be UASI designated cities next year. The potential for \$2.5 million in funding options will be lost as a result. State Homeland Security funding (SHSGAP) will also be cut in 2011 - by \$4 million. Representative Larson's office and Chris Murphy's office thought nothing would change for 2011. For FY 2012 - 65 UASI cities will be cut to 30 or so. Currently there are about 40. There will still be a team going to San Francisco, on June 19<sup>th</sup>, for the UASI conference. This conference was already paid for by this year's funding. If there are no financial "take backs", we are good up until 2015. There was a legislative initiative, out of the NYC area, where two representatives had proposed that only the top 10 populated cities get UASI funds. It was defeated. Carmine thinks FEMA will make a decision as to the allocations. Our 4 representatives, plus Rosa DeLauro of New Haven, will argue in support of our status. We are currently spending FY '09 funds. We have no access to FY '10 funds, yet. UASI has funded some large and important programs in our Region – the Citizen Preparedness Program has \$350K to spend this year (\$60K next yr). Carmine reminded everyone that while the times square bomber validates NYC support; the bomb was built in Bridgeport, Connecticut and it spent more time on our roads than on NYC roads. We also have some big events in Connecticut. Most recently, chatter has supported considerable concern about small communities being targeted.

**DEMHS Update:** Tom Gavaghan updated everyone on the response to the MA tornado. The Region 3 Incident Management Team (IMT) is going to Texas this coming week to help with the wildfires. He also mentioned that there was a 1.7 magnitude

earthquake in Glastonbury today. There were some reports of a small “boom” related to this event.

**Other Business:** Steve asks if the departments think they need a letter for local towns and other partners that describe the CRI and PPHR process. He will work on this but advised that DPH is experiencing a huge work load right now. It is due to the potential layoffs and reorganization that might take place soon. This will delay some of the work on the document regarding how PPHR will work.

**Next meeting date: July 1, 2011 (Friday - before the holiday)**

**Location: NCHD at 31 North Main Street  
Enfield, CT 06082-3337**