

**Meeting Minutes**  
**DEMHS Region 3, RESF-8**  
**Public Health Preparedness Planning**  
**Harmonization and Standardization Meeting**

**July 1, 2011**  
**NCDHD**

**Attendance:** Jeremy Plossay, Steve Huleatt, Katherine McCormack, Bill Blitz, Maryann Lexius, Allyson Schulz, Bruce Lockwood, Charles Petrillo, Rob Miller, Tung Nguyen, Kate Novick, Paul Hutcheon, Pamela Kilbey-Fox, Kerry Flaherty, Don Kendrick, Bill Kramer, John Degnan, Dave Kosciuk, Pat Turek, Dr. Gerald Schwartz, Carmine Centrella, Janet Leonardi, Mary Laiuppa, Sylvia Dake, & Melissa Marquis

- **Welcome:** Melissa Marquis welcomes everyone to the meeting and thanks our hosts Bill Blitz and Jeremy Plossay of the North Central Health District.
- **Handouts:** Draft Region 3 CRI Summary Report, PPHR statewide meeting announcement, Agenda for today, June minutes
- **Approval of Minutes:** Bill Kramer moves to accept the June meeting minutes and that motion was seconded by John Degnan. All in favor. The minutes are approved.
- **Workgroup Reports:**

**Local  
CRI**

There were no workgroup meetings this past month but moving forward, meetings are being scheduled. Melissa will let everyone know, by “Doodle”, with some proposed meeting dates for the next CRI meeting. Melissa presented the draft TAR summary report. A more formal presentation will be done when Corinne finishes all the TARs in the Region and all the reports. Melissa, Carmine and Steve attended the TARs again this year, though Melissa notes that she was unable to attend as many this year due to scheduling conflicts. Melissa notes that Corinne is focusing on the areas that received a zero or 0.5 last year, and any 1’s that need annual documentation. Melissa reported her observation that Corinne is spending more time focusing on details. Some of the small details involve improvements to JITT-. She would like to see more training specifics to be added to each job (...almost a script). Carmine questions having this level of detail in the review and in the training material. Kate Novick notes that sometimes this level of detail is

good to help make workers feel comfortable with the position. Carmine, Melissa and Bruce Lockwood reminded everyone that a JITT is about 5 – 10 minutes long. Melissa suggests the unit supervisor could provide more detail to job specific functions during their briefings.

Bruce also expresses a desire to make changes to the TAR process. Perhaps reviews in subsequent years should cover only the problem areas from the previous year (0, 0.5 or areas that need annual documentation). Steve agrees that there might need to be a redefinition of the process. He suggests a review of the JITT product and the toolkit materials using the guidance document. The Mass Dispensing Toolkit was last updated in 2010 but there are still some older ('08) material in there. Steve notes that when he's observed reviews the impression is that JITT not be used as an excuse for detailed training. Allyson Schulz notes that, in Windsor, the experience is that the clinical areas need more training time for vaccination clinics. Not all jobs in dispensing have short training times. Others note volunteer experience is a factor. Melissa encourages everyone to improve their own JITT products and briefing/training procedures. Steve reminds everyone that the TAR is dispensing focused – not vaccination focus. He also reminds the group that consumer education for patients might be helpful. Carmine says that this education might be a part of our citizen preparedness efforts. He also spoke of understanding the TAR to be a checklist for preparation to dispense. If the length of the review is 5 hours, that is too long. Janet Leonardi says that the MDA 36 mass dispensing plan was written to an audit and it does not seem "operational". She says it is a long plan. Melissa reminds everyone of the need to develop site activation plans, which are good operational pieces of the plan to help in setting the POD up.

Melissa has suggested to Corinne that she take time to explain her review criteria to the group prior to the next TAR season. It would be very helpful to know which areas Corinne will be focusing on so MDAs are not caught off guard. Melissa has also suggested that since Amy Stewart is new to the CDC SNS role, that perhaps she might be willing to come to CT to provide a Federal overview of the program, where it is headed and what they (CDC) are looking for.

Steve notes that there is nervous anxiety about the new scoring for TARs. He speculates that the CDC is making scoring changes to keep the justification for funding -(If every one is scoring in the 90's, why spend anything on it?). Steve suggest the next SNS 2<sup>nd</sup> Wednesday webinar will help with understanding this new procedure, Melissa will send the link for anyone who might not have received it. Pamela is asked about her understanding of this and she agrees. She notes that PHP funding was based on target capabilities or it would be counted out. Allyson expresses concern about TAR criteria 12.6 and the exercise or real world event scoring. Steve thinks that Corrine has a priority to boost some area scores to prepare for heavy hits in

certain areas that are graded at the state level. Melissa has noted some discrepancies related to vaccination clinics being scored versus dispensing operations. CRI TAR is for dispensing of Anthrax countermeasures. Bruce noted that the distribution portion of some vaccination clinics can be used to get credit because it occurs in the dispensing model as well. CDC is looking for examples of how the SNS preparation process has helped make MDA operations – in general - better. This is helpful in justifying funding at their level. Please let them know, through your reports, how it helps improve communications, IT, security, etc.

Bill Kramer notes that training in clinics is important. They had a lot of focus on training this past year. He wonders why training criteria don't get a proportionately more important focus because of the time commitment. Steve notes that the TAR has a training component within each section. Going forward, Melissa suggests we more deliberately plan out our next year's activity in relation to the TAR. Bruce notes that with the contract ending on the 9<sup>th</sup> of August, that that date should be the deadline for corrections and changes. He feels that a 2 week turnaround on changes is short. Can the CDC change this? Steve reminds all that the contract has deliverables at earlier and varied dates. Bruce is looking for one deliverable date. Steve notes that Corrine's time in a review is huge and a one date deliverable would not work from her perspective. He reminds everyone that site activation plans and signed Security plans and checklists need to be completed. Everyone is encouraged to check their local deliverables.

Deliverable update:

Melissa notes that CRI contract deliverable requests are going out in small pieces to give everyone time to turn in materials. Everyone says that they appreciate the email reminders from Melissa even though she apologized for the load and tone of last email. Tung asked what is needed for the security deliverables. Everyone is asked to refer to their contracts for specific details of what needs to be submitted, when and to whom. Tung notes that he needs to get approval from his police chief to share some portions of the Security plan. Bruce notes problems with file sizes when things are sent electronically. Is there a file sharing system coming to help with this problem? He says that sometimes he must submit a CD. Pamela says that a note should still be electronically submitted to let DPH know that the deliverable is "in the mail". Finally, Melissa reminds MDAs to complete a corrective action plan on the CRI/TAR using the template provided in her last email to the MDAs. Focus on 3 areas that need improvement and provide some general recommendations on how to improve.

## **PPHR**

The statewide PPHR forum is on the 13<sup>th</sup> of July. It is an overview of the process, with breakouts into regional groups to focus on specifics. Steve encourages everyone to bring your sanitarians and other specialists. There is

a limit of 25 people per region but you should still consider bringing staff who can help with the process. Registration is on CT Train and the event is located at the Yale West Campus in Orange CT.

Currently, Region 3 representatives participate in monthly conference calls that include NACCHO and applicants from KY, SC and WI. KY is sharing some training assessment materials with us. A regional PHERP plan is being written as the core plan for our PPHR application. Carmine, Sylvia and Melissa are cross-walking the criteria in order to give out work group assignments at our upcoming meeting. (Watch for the Doodle survey to help Melissa set the date.) Again, we will need the expertise of your epidemiology staff, sanitarians, etc. This plan will be harmonized with state and local plans. The goal is to have the application ready for state review by December. DPH will review it and provide comments back to the workgroup. That will give us time to make final changes to the application by January/February. DPH will function as a reviewer for completeness. National NACCHO reviewers will verify responses against the criteria and measures set forth in the application. Goal I is focused on having an all-hazards plan that is NIMS compliant. Goal II is focused on a three year training plan that is consistent with HSEEP. We are working on aligning the assessment and training issues. Goal III is exercise focused and will draw heavily from Operation THREAT3. We should know of our success by the end of June in 2012 in time for an announcement at the National conventions.

### **Regional CRI**

A combined local and regional CRI meeting is possible. As above.

### **PHERP**

As above.

### **State**

For next year, state cuts will be around 14%. Locals health departments and districts can expect a 10% cut. Plan to adjust your budgets accordingly. Things will be officially confirmed next week. A 25% cut is forecast for next year. This is not set in stone. Pamela says Sue will send out more specifics from DPH. She says that contract details will be worked out within the next month. Maryann Lexius asks if the info will be released by August so that locals can get it to their town counsels around that time. Contracts will be centered around the selected 5 target capabilities. Pamela explains that 87 people may be laid off at DPH. Some will be retirements. Dr. Mullen has some latitude to adjust that number with salary considerations. The emphasis is to do no harm to the locals. The cuts will be to programs more than people.

## **PHP**

Pamela Kilbey-Fox shared that Al Boudreau, in DPH, is the interim SNS coordinator for DPH. He has replaced John Bergeson, who retired last month. Al is a National Guardsman with significant logistical experience.

## **PPHR**

CADH is working with DPH on plan elements. As above.

## **Training, Drills and Exercises**

Carmine notes that the final draft of the Operation THREAT2 table top exercise after action report will be out soon. The 22<sup>nd</sup> of July is the AAR conference for the Functional Exercise. He thanks everyone for their support. Federal level players, including the FBI, and the CT Air Guard participated at the RCC for the first time. There was a lot of positive feedback from the hospitals. John Stonoha's participation was greatly appreciated. Carmine noted that an exercise, at this level, may not be possible again - due to budget cuts. Maryann notes that the 22<sup>nd</sup> is the last day for the NACCHO annual conference. The date of the 22<sup>nd</sup> for the AAR conference may change or be held in the afternoon at the convention center, more info will follow.

Melissa provided a brief report on the [communicationscommunications](#) side of the exercise with LHDs. She was an evaluator in the RCC. She observed Chuck Motes and Maryann Lexius in the RESF 8 lead since Steve Huleatt was in W. Hartford in another role. Everyone agreed that this was a good practice (having the ESF 8 backup leads take the reins in a major exercise). Melissa reported that the Everbridge response data was disappointing in terms of the participant response to the initial notice. Also noted, was the electronic voice notice was garbled and difficult to understand. Bruce said that email notification was also problematic in terms of responses from Blackberry's. The notice wording and timing was also problematic. A header should be added to the message to indicate which ESF is sending the message. Maryann suggests training in Everbridge for all. Overall, however, it was a good exercise. Melissa prepared and delivered AARs for the communications side of the exercise for LHDs to DPH. Please submit short form AARs as appropriate. Pamela Kilbey-Fox thanked Carmine for his leadership and hard work. She noted that many at DPH forgot their WebEOC passwords and that indicates a need for additional training. Steve liked seeing the action from outside the RCC. He says he should have taken the opportunity to expand their side of play from a virtual EOC to an EOC. Steve set up the virtual EOC with Chief Gary Allyn. Their biggest challenge was communicating with the RCC. They had to go through the DEMHS side of Web EOC not the DPH side due to a coding error. Calls to DPH went fine. More information on this exercise will be available from the AARs and conference documents.

Allyson thanks all for their support of Windsor's exercise on the 22<sup>nd</sup> and 23<sup>rd</sup> of June. MDA #31 is definitely more prepared for dispensing. They didn't get

a good measure of throughput but it was still a valuable experience. This was an alternate site exercise. There was some discussion of the amount and time allotted for JITT for volunteers. Some training of core staff was done in Windsor prior to the exercise. Other training was held during the exercise. The discussion revolved around why some training sessions were very short in duration and why others took longer. Allyson made the point that it took some volunteers a good deal of time to feel comfortable with the Head of Household form. She felt it was appropriate to give them the time they needed. Publicity was handled by an outside agency and this helped the planning team and staff. Charles Petrillo noted that the public turn out was larger for a pet vaccination event than this, well announced, human health related event. Charles also added that DPH became a last minute exercise participant and was involved with an SNS "delivery" that took place during the afternoon of the 23<sup>rd</sup>. There were some concerns about the moving van that made the delivery. There was no security escort. Charles and his law enforcement support team signed for the delivery without being asked for ID.

Janet Leonardi reported that the MDA #36 (Middletown) table top exercise will be from 8:30 to 2pm at The Inn in Middletown on the July 8th. Lunch will be served for those who are involved.

Carmine noted that CT has been selected to participate in the Regional Catastrophic Planning Team (RCPT) table top exercise. This group does planning for the greater New England region. Carmine is our representative. There will be a Region 3 DEMHS focus as part of that exercise.

#### **CREPC Update:**

Carmine reported on the UASI conference. He shared that State Homeland Security Grant Program (SHSGP) funding will, essentially, be cut in half for the coming year - FY'11. Other cuts will result in significant loses for the region. UASI funding (a part of SHSGP) will see FY'12 loses that will also be significant. The funding streams may come back someday. FY'06 funds that were not spent are taken back.

The new CREPC coordinator will be in place, soon. The region is performing well in many areas however we must internally keep our spirits and involvement, high.

Katherine McCormack attended the UASI National Conference as well, and attended some MRC break-out sessions. She felt that while the break out sessions were not spectacular the networking opportunities and discussions were valuable.

Bruce Lockwood notes that we do a poor job of communicating to our legislators and representatives about what we do and how the money is

spent. Carmine agreed adding that when things go well, most folks don't know why. (EX: The USAR team's quick response to the tornado damaged areas was a success but many don't connect the dots We should all endeavor to improve our communications with CEO's and representatives. The new coordinator at CRCOG will, hopefully, endeavor to strengthen our links to local CEOs.

**DEMHS Update:**

Tom Gavaghan was not in attendance. Carmine gave an update on the reorganization of DEMHS. As of today, the Department of Emergency Management and Homeland Security becomes the Division of Emergency Management and Homeland Security under the newly created Department of Emergency Services and Public Protection (DESPP). The regional structure and coordinators will remain the same. Commissioner Boynton is now the Deputy Commissioner of DEMHS. Tom is still our regional coordinator and Bob Scata is the region's trainer.

**Other Business:**

NACHHO is in town starting the 19<sup>th</sup> of July. CADH has more info on hotels if health directors are fielding questions from national colleagues.

Historical note from Steve – How We Started: Public safety started the meetings in regard to handling hazardous waste in 2001 just before 9/11. With that event, the conversations in those meetings changed. It started without contracts and deliverables. It started with concern and commitment. As we move forward on tight budgets and limited staff, remember the motivations behind our origins.

There will not be an August meeting.

*Next Meeting – September 2, 2011 hosted by Windsor*