Region 3 ESF-8 Public Health Meeting / MDA Restructure

2/15/19

CRCOG

Attendees: Melissa Marquis, Michael Pepe, Jeff Catlett, Derek May, Johnathan butler, Ann Hartman, Jennifer Kertanis, Patrick Getler, Wendy Mis, Sara Darlagiannis, Sal Nesci, Marco Palmeri, Rob Miller, Allyson Schulz, Heather Oatis, Steve Huleatt, Carmine Centrella, Aimee Krauss

Handouts: SWOT analysis provided electronically. Region 3 POD survey results (handout).

Welcome:

Introductions were done. Thanks to CRCOG for hosting again.

Steve updated group about recent MDA restructuring discussions over the past 2 weeks. A Regional chair/co-chair meeting was held last week. Yale New Haven will no longer be the fiduciary for the PHEP cooperative agreement after June 30 for regions 1, 2 & 5. Those regions need to identify a new fiduciary lead. Region 3 is maintaining CRCOG as our fiduciary.

Synopsis of the 5 regions as reflected on the DPH call 2/14/19:

Region 3- want 1 MDA- CRCOG. Needs a contract that CRCOG will approve

Region 4- LLHD is fiduciary and would likely take on regional MDA lead. Similar to region 3.

Region 1- committed to 1 MDA- looking at one of the Councils of Government (COG's) to take this on. They have a meeting next week.

Region 2- want 1 MDA model, but lack of point person is challenging. Meeting with LHDs to discuss options soon.

Region 5- hesitantly looking at a 1 region model. They are identifying the fiduciary. Likely candidate is Pomperaug or maybe TAHD if they opt in.

Still lots of questions and minimal answers from DPH. They reported they are done seeking and answering questions from LHDs.

No new timelines or indications on what needs to be submitted to DPH.

Melissa provided a report on the national-side regarding the Notice of Funding Opportunity (NOFO)- (not released yet- still in clearance at CDC). Also provided update on ORR expansion and possibility that we might be able to use the PPHR recognition as evidence for some of the planning questions. This is unconfirmed by CDC, but talks are in progress.

Carmine and Steve discussed a conversation from Bill Gerrish about moving to a possible single state-wide HCC model. More conversations to ensue. This would not affect local authority. Unclear when or if

this would happen. We have just spent 2 years building a process for PHEP and HPP, and now DPH is wanting to change this.

SWOT-

Carmine reminds intent of SWOT is to help inform the process and decision making, not to actually make the decision.

The Region 3 Healthcare Coalition (HCC) mission was included within the SWOT as reminder.

Overall strengths- communications and organization using a single entity (CRCOG). Resource requesting and management. VEOCI contract signed recently.

Refer to document for further breakdown of strengths discussed.

Weaknesses- new operational model that hasn't been tested before. We don't have regional authority at CRCOG to direct locals. Locals maintain ownership of PODs, activities, etc. need for delegation under certain circumstances?

Opportunities- standardized plans, common solutions.

Threats- uncertain funding streams. Loss of connectivity with locals, supplies, volunteers, and community engagement.

Open discussion:

Region 3 has 13 MDAs- of those, we have 42 open PODs and 10 closed PODs. Not all back-up PODs are entered into DCIPHER.

JCK- what will change locally under a single MDA model? There is a conundrum between a planning and response region. This change in MDAs aims to separate more clearly the planning activities from the response activities

Are there things that we aren't doing regionally that we should be?

Steve anticipates PHEP funding for 2019-2020 probably won't be in the regional fiduciary's hands until December 2020

Steve anticipates locals will eventually have to give back a portion of their PHEP allocation to the regional MDA entity

Steve will need to convene meeting with CRCOG and small team of us to help write up what we want and need locally under this single MDA model.

Changes or adjustments needed to SWOT document:

- Strengths
  - Add acronym list to SWOT.
  - Change "dictate" 4th sub-bullet from first under strength.
  - Investments needed to build out some of the strengths identified.
  - Greater political power
- Weakness

  - Need staff with MDA/PHEP knowledge and grant management (Carmine has had these conversations with Cheryl about this already). Not sure this belongs in the weakness column right now. Need to determine workplan activities and look at contractor knowledge, skills and abilities to determine if they can effectively complete activities.
  - Allyson indicated that the 1st bullet which references the operational model to be tested- Melissa indicated in 2013/2014 the region underwent a regional assessment for the ORR and it did not go well mostly because at the time we did not have an operational MCM plan. Need new regional operational plans (add to opportunities).
- Opportunities
  - Need new regional operational plans (add to opportunities).

- Threats
  - Unknown changes at the local level (RSS security/transportation)
  - Lack specificity of changes to assumptions
  - Threat/concern raised about increased separation with LHDs/directors in protecting public and logistics of getting money to flow down. Limited involvement with CRCOG/DPH.

Need to know the roles/responsibilities of the MDA, state and locals.

Motion (Melissa) and seconded (Marco) that we propose the concept of single MDA model using CRCOG. Preface with concerns that we do not have all the information. All in favor: no opposed. EHHD abstained. **Vote passed to move forward with planning for one MDA in Region 3**

Carmine provided a demo of Veoci unrelated to MDA restructure conversation. More information to follow.

Next steps:

Map out state, regional, local needs

Document what we need to retain as companion to that document.

Next Meeting March 1st- S. Windsor