Region 3 RESF 8- PH MINUTES

MEETING: January 7, 2011

SWOT ANALYSIS Workshop

Attendees: John Degnan, Rob Miller, John Shaw, Dan Scace, Kate Novick, Carmine Centrella, Allyson Schulz, Dr. Gerald Schwartz, Judye Torpey, Bruce Lockwood, Steve Huleatt, Maryann Lexius, Jeremy Plossay, Janet Leonardi, David Boone, Francine Truglio, Charles Petrillo, Juanita Estrada, Paul Hutcheon, Mary Laiuppa, Kerry Flaherty, Bill Kramer, Tung Nguyen, Jeffery Lim, David Koscuk, Melissa Marquis, Sylvia Dake, Marge Seiferheld

Welcome: Melissa welcomed the group to the North End Senior Center of Hartford and thanked Hartford for hosting

Approval of Minutes: Melissa indicated that she had received one correction via email and would make that correction and get the December 2010 minutes to CRCOG for posting on the website.

Handouts: Presentation outline, Ready or Not: Protecting Public Health in 2010 from RWJ Foundation, SWOT analysis from 2008, December minutes

Melissa opens the business portion of the meeting by saying that today's SWOT will be little different from the standard process but is meant to capture our current status and give us a roadmap for the next 3 years. There is no formal agenda. It is a good time to do a SWOT since we have not done one since 2008. It is also appropriate as we continue the TARs, plan our exercises and drills for the coming year, review and update our plans and head into PPHR. Steve Huleatt will discuss PPHR in a bit more detail, later.

Melissa reminds all to sign up for a workgroup. See her after the meeting.

Dan Scace facilitates this "SWOT" and reminds us that this is a working and discussion group that will produce "a product" that will guide or next steps (as prescribed by HSEEP). The target year is 2013. A regional emphasis is desired. Where do we want to be in 3 yrs? Let's develop the product – the road map.

Road Map assumptions: We want to continue to focus on our day to day operations. We want to be aware of the reality of PH department employees as "First Responders". We want be aware of public health issues and incidents and use the Best Practices in our field. We want to define the responsibilities of the LHD, regional entities and state responsibilities.

Melissa reviewed some of the achievements of 2010 in regard to the CRI/TARs. JAS and JITT standardized forms developed and delivered in 2010 will be used and tested this year. Melissa talks about current focus on drills and exercises to fill gaps identified by TARs. Regional drills – especially communications drills are a big priority. Melissa let everyone know about the usefulness of a game on the CRI metric sheet – it takes about an hour or so to go through but it is a good way to review distribution and inventory management functions. She encourages everyone to try it. She also encourages everyone to use the Mass Dispensing Tool Kit. She let everyone know that TAR scores have improved so much over last year; it is hard for her to find recommendations for improvements. Maybe the group, today, has suggestions for improvement areas. Melissa discussed a call down drill done on 4 Jan 2011.

Utilizing Everbridge, the response rate was about 50%. This is an opportunity to grow. The group agreed that Security for distribution efforts is still an issue. Everyone was encouraged to reach out to local law enforcement and include them in discussions and the planning effort. The group also wanted to focus on improving various aspects of volunteer management.

Group Comments:

Security: Law Enforcement must be more formally invited to the sandbox. It is "Security" for us but law enforcement is the practice – even the term needs clarification and delineation. Corrine can be approached to increase the exchange between DPH and Public Safety and local law enforcement. A POD security plan template is helpful and is a good starting point to share locally. Then you must fill in the language in the plan.

Volunteer management: We must define the MRC local mission, national mission, public health assistance element.

(Note: this meeting is a workshop under HSEEP and should be documented and submitted. It will inform our plans and exercises and help to complete requirements like AARs and IPs. Bruce suggests that this be logged as a workshop and paperwork shared with each participant for each agency's submissions.)

Maryann notes, in relationship to MRC volunteer numbers, there are not enough! How do we improve this? Dan Scace notes MRC leaders like Katherine McCormack are working with him to get volunteer lists and training information centrally located in CRCOG. He noted that a component of the UASI grant is focusing on just this issue across the region. The RFPs have gone out and CRCOG is now evaluating vendors who will help us with volunteer recruitment and retention, preparedness education for the public, etc. This project will have a significant "on line" component with "windows" to find training, registering for training, and otherwise connecting with groups like the MRC and CERT. Maryann also emphasizes the need for cross training. Regional drills with all volunteers should be planned so that the various groups know each other's capabilities. Dan notes that the missions of these organizations are sometimes not the same. Bruce reminds us that volunteers sometimes don't want to serve regionally. He also noted the issue regarding volunteers "who wear many hats". Also there may be high numbers of volunteers but they might not be available due to jobs, vacations, etc. Bill Kramer notes that knowing the training level of volunteers is sometimes difficult. More public health folks in MRC would be helpful. They need to be recruited. John Degnan notes that non-medical volunteers are harder to manage especially in logistical positions due to questions about training. Dan notes JITT helps. Having ICS trained supervisors, and good communications procedures helps to manage this also. Mary Laiuppa notes sometimes Sanitarians and Nurses don't always get a chance to work together within adjoining communities, so having trainings or exercises that engage them is very helpful. Melissa notes that EPI strike team, as it comes together, may address this. EPI "201" training followed by team selection will give a chance for different specialties to work together. Bruce wants to see more regional projects and agrees this may help address Maryann's point about multi disciplinary team work.

Regional drills and exercises: Melissa notes upcoming workshops on PPHR to explain criteria and decided on regional drills and action items. Bruce notes opportunities for "regional" drills that involve state and federal agencies. The definition of a regional drill is needed. Maryann notes the recent HS advisories on possible bioterrorism events might be a good focus point for these exercises. PH must be ready to work with HazMat folks, DEP folks, and other specialties. She supports exercise involving these Subject Matter Experts (SMEs). The Road Map: John Degnan responds to Melissa's direct question on what needs to be done, next. He says locals need to take what they have and work it. Bruce says after the TARs are done, we should share the successes and best practices. Kate requests that the regional

summary (with TAR scores) should include information that indicates who has the "best practices" in certain areas. Melissa indicates there may be a way to summarize and put this information on the CRCOG web site for access.

Other: Dan Scace summaries: Anything else? Closed PODs? Bruce says resources and teams need to be better defined. Carmine notes we might want to have a workgroup define a POD team (with gear). Melissa adds a reminder that the EPI strike team should be defined, first. This was a 2006 PPHR identified gap. The POD strike team might be next. John Shaw and Dan both note best practices processes can lead to helpful templates for all.

What happening with PPHR?:

CADH is reviewing the 2006 application. 2011 regional plans are a bit different and so is the PPHR criteria. Dan wants everyone to put their drills and exercises on the CRCOG website. It is a path to possibly getting regional credit and funding. After Action Reports (AARs) from this year's regional exercises will address a lot of items in Goal III of the PPHR criteria. There is a Weapons of Mass Destruction (WMD) exercise this year in our region. Planning workshops for this exercise begin soon. Melissa notes that there will be a Feb 8th (table top exercise) focusing on closed PODs in Region 2. There will also be an April 19th FSE focusing on closed PODs in Region 2. If you are interested in observing or evaluating either of these events, just let Melissa know.

GOALS!

Improved TAR scores say we can do it. Can we? What about sustainability? What about work force development? Resources? Dan asks, what's an optimal score….79? Steve says, for SNS assets to roll in, the score need to be 80. CDC wants 90 or better. Should we discuss our realistic numbers and capabilities? John D asks about real world definitions – for example, fire fighters arrive and know their jobs. We are not there yet, in practice. Allyson says our goals should be performance based. John D. says H1N1 gave us good practice. Bruce says, yes, but did we go back and put it in the plans? Does this improve our scores and practices? Operationalizing our plans is the goal. We need to test the plans through exercises to see what the current scores really mean for both current status and future projects. TAR scores will go up. Bruce refocuses discussion to regional level. What does all this mean for an especially "big" incident? Melissa asks if this is a two step process – local to regional? Melissa notes, there is no real regional POD plan. Kerry Flaherty notes that the locals are prepared for local work and PODs. Is the goal to**: Develop a regional POD concept?** Is a regional mega POD possible? Is smaller better? There was general discussion around Mega PODs, but this discussion is better suited for the regional CRI workgroup. If Hartford or New Haven is hit, they will be the highest priority to get counter measures. Scalability is key. Expand your plans to the local community center or library as alternative distribution sites. Hartford's mega pod is for "noontime" population drug push, not for a regional push. Today's discussion should focus on all options. Remember, anthrax is not communicable. TARs focus on directly exposed populations and will thus be locally focused. Bruce suggests a percentage increase goal. Melissa and Steve think that our scores are OK and we should focus on drills and exercises. Use your real world stuff! Document it. Maryann suggests a goal: Document mutual aid agreements. Dan Scace notes there is a mutual aid state framework in place. Maybe the goal should be a work plan for mutual support. Steve asks the question, "What happens when we lose funding?" How can we insure we can do what we need to do with fewer dollars? Maryann comments, "In Manchester, everyone is cross trained". Workforce development, NOW! What is sustainable?

Steve Huleatt: PPHR discussion:

Memento displayed: - the plaque from the 2006 PPHR application. Carmine, Jennifer and Steve received it proudly. There was no funding for it. We just decided it was important and did it. Timeline on PPHR submission: Region 3 due 2012 (an extension was given). Other 4 regions will be submitted in 2013. Melissa notes this will sync-up in 2017. DPH is critical in Epi plan, State Lab plan, and others. There input is essential during this application process. DPH is the state lead for this program.

Items for CRI workgroups: How do we plan scalable PODs? How do we train or exercise regionally? What are the criteria and authority for opening a regional POD? PHERPs, how do they tie into RESP? Quarantine? Special needs populations? Some things can't always be done on a regional level. How about surge topics? How will we do this? Carmine, Melissa, Steve and staff have 14 months to complete the PPHR application. Carmine asked about a review that indicated ways to improve and/or things that must change, and how do we get state level orgs to help. What does NACCHO do? In the new model, there is no NACCHO work - just guidance. The state does the work as the lead this time. Melissa will send out regional PPHR criteria and Steve suggests that everyone goes through it to see where we are and where we need to go. Bruce asks about how locals support the region, i.e. where are local plans that comprise the regional plan? Should the question be, "Are regional plans incorporating the capabilities of locals to achieve linked goals? Coordination, Collaboration, and Communication are the themes for regional operation.

General Discussion:

- Melissa informed the group that NACCHO needs volunteers to review PPHR applications in the spring 2011. Being a national reviewer for others states will afford you the unique opportunity of identifying areas that we as a region could/should focus on. Let Melissa know if you are interested in being a reviewer and she will pass your information along to NACCHO. CO, VA and AZ have recently been reviewed by Steve, Melissa and Charles Brown. Steve and CADH staff will be assisting DPH in developing a state-wide PPHR training program. More info to follow.

- Steve asked how PHERPs are stored locally. He requests that they be sent to CADH. Sylvia, at CADH, will look at 2006 submissions to insure we filled those gaps and she is reviewing current plans to see how they meet the new criteria. A workgroup of DPH, DEMHS, CADH and CRCOG representatives will go goal by goal in the review. Bruce asks about the process of reviewing all the PHERPS and a way to reference items. Melissa notes that all submitted documents are required to be hyperlinked. The workgroups will need to convene, ASAP. From within those groups, standardized solutions can be identified. Reminder: CRI is one appendix of your PHERPs.

- The steering committee may meet before the workgroups gather. Should it be the responsibility of the steering committee to give mission statements and guidance to the workgroups? More information to follow.

Training: The 27th of January is the first planning seminar for the WMD exercise. The 17th of February is the date for the 2nd Seminar (at St. Francis Hospital). Registration is on CT Train. DPH is hosting a class on how to write an After Action Report in Jan – also on CT Train. There is also a class (on line) on how to write objectives and goals. Check CT Train for records of training of your staff.

Meeting concludes: 2:45pm