

Meeting Minutes

DEMHS Region 3, ESF-8, Public Health

Harmonization and Standardization Meeting

7 October 2011

EHHD

ATTENDANCE: Dave Koscuk, Dave Boone, John Shaw, Bill Kramer, Allyson Schulz, Charles Petrillo, Judge Torpey, Maryann Lexius, John Degnan, Rob Miller, Tom Gavaghan, Mary Laiuppa, Bill Turley, Janet Leonardi, Chuck Motes, Carmine Centrella, Melissa Marquis, Sylvia Dake

WELCOME: Melissa Marquis welcomes all to Eastern Highlands Health District and thanks our hosts - Rob Miller and staff.

HANDOUTS: Agenda and the September Minutes

APPROVAL OF MINUTES: John Shaw motions and Charles Petrillo seconds the acceptance of the minutes with a minor spelling change. Other changes were made prior to the meeting (via email). Corrected minutes will be posted to the CRCOG website- www.crcog.org

WORKGROUP REPORTS:

Local

CRI:

Melissa gives an overview of the current expectations for the TARs. There are some changes coming, although nothing is finalized. One of the possible changes is that Corinne may not be conducting the TARs, with the exception of a few. It is likely that Melissa, Carmine, and/or Steve will pick this task up and conduct the TARs. More information will be communicated to you all once a definite decision has been made. Until then, Melissa states the following potential expectations: the TARs will be short and sweet. The focus will be on your questions, checking for annual documentation requirements and on identified discrepancies (areas that received a 0 or 0.5 last year). The TAR tool is new this year, and the majority of the changes have been to the inventory management section and the drill and exercise section. Melissa has shared this new tool with everyone; if you haven't received it let her know. CADH and DPH asked to make some small language changes but CDC would not allow them, so the tool itself reads differently. Where it talks about local- insert your MDA there. The Inventory Management section is more detailed and Melissa has sent out a new inventory management tool. Addressing distribution issues remains important. The number of drills and exercises has been reduced – most significantly, the full scale exercise requirement is for one in a 5 year period. This exercise change has NOT been finalized within the local or regional contracts as of yet. This is what CDC 5 year Public Health Emergency

Preparedness Cooperative Agreement describes. Allyson notes that there are metric sheet and drill type issues. Bill adds that the CDC web site has all the information so there should be no confusion. Melissa also described the probable continued requirement for completing 3 Different CRI metric drills, but again, until contract language is finalized we don't know for certain.

Melissa adds that CADH is attempting to schedule TARs on Thursdays. Once we figure out the logistics of who is conducting the TARs, Melissa will send out a schedule for TARs to begin in February. More information will follow. Melissa will resend the TAR tool since there appear to be some email delivery problems. Departments are asked to walk through the tool and make notes on the location of the evidence elements in their plans. This will expedite the review process. CADH will also need MDA plans 2 weeks before the scheduled review date. Melissa asks if the final reports are out. She would like to get a copy of them to identify specific areas to address.

John Degan notes that CDC is rolling out a new inventory system where some pilot opportunities exist. Perhaps this might be a good system to look into bringing to the region as a standardized system. A paper system will meet the requirement but if an electronic system is used, it must meet specific criteria. Marge Seiferheld asked about Access databases. She has an intern that may be able to help. John Degan notes that security of that data stream is key for CDC. One of the objectives of the on-line inventory system is the ability to look down stream and see how the meds are flowing. It all goes toward efficient use of resources. John Shaw notes that Massachusetts has almost completed a \$2 million dollar project in the development of an inventory tracking system. John Shaw and Dave Kosciuk mentioned that the region has acquired a patient tracking system that will have the capability of tracking inventory and other resources as well. This may be a potential solution. Connecticut is still developing a myriad of systems locally and is looking for a way to plug them in to the larger scales – this might be the wrong way to go about it. Dave Kosciuk notes that the beta test he did in his flu clinic shows that the inventory component of the patient tracking system is a good one.

PPHR:

(See discussion notes about the Regional PHERP)

Regional

Regional contracts are under development.

CRI:

With CDC changes on scoring, metric sheets, exercises, etc. there are some discussions with DPH as to how things are handled. Regions 2 and 3 scores (our CRI focus cities) will be composited and added to state scores. There are POD standards and distribution standards to be evaluated. There is some question about how the scoring will look over the 5 year PHEP contract especially with the timing of the full scale exercise. The 5 year span will give us time to be HSEEP compliant. Maryann asks about the cut off score for funding which was around 80 pts or so. How will the new numbers work? Right now, there is confusion about the actual numbers. We may have more detail in November especially if Amy

Stewart (from CDC) can come to Connecticut for a meeting. Melissa notes that there is no regional POD plan. John asks about the authority to do a regional TAR. John S. and Rob Miller ask, "If there is no regional authority, does the REPT have that duty since they have authority over the RESF 8?" Could it be a REPT responsibility that gets contracted out? Carmine explains that the lines of funding determine the link. Tropical Storm Irene (and comments from several state representatives) reminds us that 169 towns and 2 tribal nations working directly with the state is too much. The county (8) or regional (5) intermediate step is needed. Maryann asks, "What would the regional construct look like?" DPH really wants the regional construct. DEMHS (DESPP) is struggling with the authority line. So, why don't they make the law? DESPP's new structure as controlled by the state police is not as well staffed (they have lost some very experienced personnel) and it is not clear on how grant processing will work. Maryann takes it back to how the scoring and funding will change. That's an unknown. With the reorganization, it may take DESPP a while (measured in years) to get on track.

PHERP:

The regional PHERP is in solid draft form and cross-walking is underway. Melissa emailed a copy of it to all but had computer issues (please let her know if you did not get a copy). She asks everyone to review it and give constructive comments/narrative. Carmine adds that the workgroup materials that were submitted were plugged in. Everyone is asked to use track changes to make your suggestions/changes to this draft and please return them by the 21st of October. We are a few weeks off the schedule but it is not in a bad spot. Carmine notes that there is still a lot of formatting to do. Melissa notes that the verbiage at the end of the plan - on Mass Fatality Management - will be moved for better readability.

For PPHR Goal 2, we will be calling on Dan Scace and others to help. For Goal 3, we will use the Operation THREAT2 exercise not our "Irene" response. We should be getting the entire package to DPH by early December. The application does not have to be in to NACCHO until the end of March 2012. Melissa reminded the group that PPHR is the only objective tool for evaluating an all hazards PH response. She notes that we applied as a region back in 2006 and were one of the first regions to apply. (Previously only local health departments were evaluated.) Maryann Lexius notes that it is a national way to standardize response planning and part of our efforts to achieve standardization throughout the state. John concurs and adds that it strengthens regionalization and all of our grant applications. John Degnan, Juanita Estrada, Charles Brown and a few other folks from other regions will go to New Orleans, LA in November for the NAACHO fall reviews. It is a lot of work but a helpful experience.

State

PHP:

The next meeting of the Regional Public Health Preparedness Advisors is the 24th of October. Melissa is hopeful that this next RPHPA meeting will iron out some of the questions and confusion over CRI and TARs. We will share more information as it is available.

PPHR:

Regions 1, 4 and 5 will be working with CADH on their applications for late March 2013. We expect that once Region 3's application is ready for initial review by DPH, that it will also be shared with the other regions for their review as well.

Training, Drills and Exercises

Carmine notes that a WMD TTX - with a law enforcement and HazMat response focus - is scheduled for the 28th of October. Sign up on CT Train.

DEMHS

Tom speaks to the discussion of regional support during TS Irene. He reviewed the FEMA change on commodities distribution and the impact on our towns. This was covered at our last meeting. There is no deputy commissioner at DEMHS right now. Bill Hackett is the interim Deputy Commissioner. The Deputy Commissioner position requires a top secret security clearance and should not be politically appointed. It may take a while to fill. Tom noted that some public health departments lost vaccines as a result of power outages related to Irene. They will be able to replace these stocks using FEMA Public Assistance grants. The application process for these grants is underway. There are 31 other federal grants being administered by DEMHS (totaling \$148 million dollars). Roy Piper of region 2 has retired but his replacement will not be named soon. Eligible applicants will have to be tested and then that pool of individuals will be invited to apply. This process can take a while. Region coverage rotates for vacations and to cover this region 2 void.

CREPC Update

John Shaw will be leaving his position as RESF 8 Public Health and Medical Chairman in December. This group has begun the process of transitioning to his replacement (Dave Kosciuk). John's duties as the MMRS coordinator will be handed over to Carmine Centrella. Congratulations Gentlemen and good luck John!

Other Business

Resource typing documents are being updated and indicate that there are other teams that can and should be developed, similar to the EPI support team. Also, the question is raised about whether there are other resource types that need to be added. There is consensus that development of an Epi-team and an Environmental team is important. Melissa suggests that some self-directed work groups take on these projects.

Melissa and other key players are away for our next meeting - scheduled on the 7th of November. The question is put to the floor: "Should we reschedule the November meeting, have a brief meeting on the 7th or cancel for November?" John invites a move to the 2nd of November for a jointly held meeting between PH and Medical groups. Another option is to hold a DOH steering committee meeting on the 7th. A motion to cancel the 7 November meeting was made by Chuck Motes. It was seconded by Rob Miller and passed by a verbal vote.

Next Meeting:

December 2nd – Hosted by New Britain HD