

RESF 8 HCC Meeting 12/5/18

- Steve Huleatt opened the meeting
- Minutes are posted on the CROG website. Please review- will approve at next month's meeting.
- Introductions done
- Moment of silence for President Bush
- Meeting agenda has changed and is now structured into workgroups.
- Carmine will lead the discussion for the two workgroups
- Section reports were attached to the email from Dave- open for discussion. Reports will ultimately be posted along with the minutes on the CROG website. The CREPC page will be undergoing construction to make it easier to navigate.
 - Behavior health- thanks Bill Turley- statewide training recently done and all participants able to complete their loyalty oath, good for two years.
 - Hartford Healthcare- edit- large group of employees going to healthcare leadership training (60 employees) in Anniston, AL March 24-30th.
- HCC steering committee vacancy still. Reach out to Dave Kosciuk if interested.
- **DEMHS Report-**
 - Bill Turley no DEMHS Region 5 coordinator still. John Field currently out on leave- might consider taking over the Region 5 position which will open up Region 2. There are also several planning positions open and will be posted soon.
 - School safety training planning still underway – looking to incorporate public health to ensure whole community planning taking place
 - All-hazards planning course date to be determined.
 - William Hackett acting commissioner.
 - CERT train the trainer held in April over two Saturdays. Dates to be announced on website.
- **DPH-**
 - Flu update increasing- Jessica Brockmeyer reports flu is now at regional level. Type A predominant. Subtype unspecified, H1N1 and H3N2. Some Type B circulating as well. State endorsing flu clinics last weekend and next weekend. WHBHD hosting clinic this evening 12/5/18 at West Hartford Town Hall 4-6pm. 2 weekend days- 4 LHDs participating in Region 3. Foot traffic less.
 - Steve reported on the Hepatitis A vaccination initiative- estimated 900 individuals vaccinated throughout the state. 2300 doses sent to LHDs. Vaccinations still occurring.
 - Dianna Villegas- MCM action plan meeting scheduled in January. ORR evaluations begin in March.
 - Lisa Bushnell- LHD DOH meeting last month update on restricting MDAs. Requested that regional HCC convene workgroups Region 3 has 13 MDAs- DPH wants help from locals and regional HCC to restructure. Local Health subcommittee will begin this discussion on this Friday. Circular letter being developed to address this.
 - DPH attended regional Ebola TTX last week. Chempack sustainment ongoing this week and next week.

- Ramona Anderson introduced herself- Opioid dept (obtain actual title/division). Working on developing tabletop and Narcan trainings.
- Carmine reported on National Healthcare Coalition Conference held last week- several pre-conference and conference sessions covering multiple topics. Behavioral health session held. This was one of the best conferences yet. Funding moving forward level or slightly increased. ASPR recommends States push more money to locals. 2 HCC requirement changes- 1 FTE to serve as coordinator/administrator, and 1 clinical advisor be engaged. Next year's conference in St. Louis.
- **Workgroup report presentation on project proposals- see ppt.**
- **Healthcare Coalition Project Proposal**
 - Currently at \$59,000 not going to locals (1 LHD and 1 hospital not accepting money). Proposed process document will be shared electronically for HCC to review and provide any feedback.
 - Question was asked about tie breakers- proposed process describes this, but can be built out further to address multiple applications that scored equal.
 - Looking for consensus from HCC to approve draft
 - Follow up with HCC distribution list- ask for projects. Process can be modified/improved in future years as recommended to and by steering committee.
 - Kathy Dean motioned to direct steering committee to use current draft for evaluating proposals for this current fiscal year. Immediately invite additional proposals to be evaluated. Ed Kramer seconded. No further discussion. Aye. No oppositions and no abstentions noted.
- **Coalition Surge Test:**
 - Carmine Hospital of Central CT volunteered to be disaster struck facility. During the HCC conference there was a presentation about what's currently wrong with the CST drill. This is a five-year process. Looking for exercise planning team to convene. There are some local facilities who are doing their own exercises based on local HVA, improvement plans or other requirements that don't align with the CST or their own plans.
 - Carmine will follow-up with HCC distribution list to request volunteers to join the exercise planning team. Initial planning meeting/concept & objective meeting to convene thereafter.
 - CST requirements according to FOA leading into the FY '18-'19 supplemental budget describes movement of up to 20% patients to other facilities. This appears to not jive exactly with what feds are ultimately looking to evaluate. CST "should" look like evacuating patients outside the coalition (other regions or other states) to simulate real 110% surge threshold. There is flexibility to ramp up to the point where surge is exceeded at a facility and evacuation needs to occur. We have 5 years to achieve this.