

LHD EPC and Tribal Health Partner Annual Meeting Summary

Gaylord, MI | June 5-6, 2018

The Division of Emergency Preparedness and Response (DEPR) greatly appreciates the thoughtful participation and constructive feedback provided by local health department (LHD) emergency preparedness coordinators and tribal health partners during the June 4-6th meeting held in Gaylord, MI. The scope of work associated with the Public Health Emergency Preparedness (PHEP) program continues to evolve and LHD/tribal participation in establishing both short- and long-term priorities are essential to ensure the effectiveness of collective efforts. Participation in sessions like these allow for broader evaluation of program strengths and opportunities. DEPR is committed to continue building collaborative approaches to address issues identified at the meeting and improving the overall program.

A summary of the meeting and highlights has been compiled below.

Key changes for the BP1-S LHD work plan

The meeting opened with a discussion of the draft BP1-S LHD Work Plan, which was sent to EPCs several days in advance. DEPR reviewed the work plan, highlighting changes from the previous budget period and sought feedback from attendees. Changes are summarized below, including those made in response to feedback provided by EPCs during the meeting.

- Regional Points of Contact
Effective July 1, 2018, Jeannie Byrne will serve as regional point of contact for Region 2N/2S LHDs. Jason Smith will serve as regional point of contact for Region 5 LHDs.
- Important Terms and Conditions
To align with CDC guidance, LHD after-action reports and improvement plans (AAR/IP) resulting from an exercise, incident or planned event are to be completed within 120 days. This is a change from the previous requirement of 90 days. AAR/IPs are to be submitted to DEPR with mid- and end-of-year progress reports.
- Evidence-Based Benchmarks/PAHPRA Requirement- 2. Demonstrated ability to receive, stage, store, distribute and dispense the SNS/MCM
Previous BP work plan items – redundant communications equipment testing and quarterly MCM call down drills – were removed as work plan deliverables and incorporated into the Pandemic All-Hazards Reauthorization Act (PAHPRA) benchmark for MCM. LHDs are still required to conduct these activities, however there are no deliverables to be submitted. LHDs must maintain appropriate documentation and present it during site visits upon request.
- Evidence-Based Benchmarks- 4. Maintain Emergency Responses Plans
The language for this benchmark was updated to reflect that while LHDs are required to develop and maintain plans, policies, and procedures conducive to an effective local all-hazards public health emergency response, the format is at the discretion of the LHD.
- Evidence-Based Benchmarks- 5. Maintain Hazard Vulnerability Assessment (HVA)
The release of the HVA tool that was postponed during BP1-17 is now outlined in the evidence-based benchmarks section of BP1-S work plan to avoid pushing back submission deadlines. Once the tool is released by ASPR, all LHDs will be given no less than 60 days to complete and submit their HVA.

- Evidence-Based Benchmarks- 7. Participation in monthly PHEP Partners Calls
To ensure momentum in the identification of short and long-term priorities, LHD EPC partners' calls will be conducted monthly during BP1-S.
- Records Retention
The Records Retention section of the work plan is reflective of updates made to General Schedule 7 for LHDs in 2018, which now include preparedness-related records.
- WP Activity 1
Each year, DEPR conducts an unannounced, after-hours test of LHD 24/7 emergency contact information. Information about this drill has been added to the activity description.
- WP Activity 2
The CDC's Crisis Emergency Risk Communication (CERC) Pandemic Influenza course was discontinued by CDC and is no longer available. The requirement has been removed from the work plan.
- WP Activity 4
Each year, LHDs submit a completed single funding certification to DEPR per cooperative agreement requirements. This has previously been coordinated directly via email between the DEPR financial analyst and the LHD finance specialist. For BP1-S, this requirement has been added as a work plan deliverable.
- WP Activity 8
This year's work plan includes a training for all MI Volunteer Registry administrators on system updates that were completed in March 2018. Additionally, registry administrators will be asked to assist DEPR with updating volunteer profiles for their jurisdiction. Multiple session dates (TBA) will be offered during the first quarter of the BP.
- WP Activity 11
A Pandemic Influenza Planning Workshop has been incorporated to the LHD work plan. The intended scope of this workshop is to identify strategies to align existing pandemic influenza response strategies with current plans and procedures. At this time, neither the date or location of this workshop has been determined.
- WP Activity 14
Whole Community Inclusion Action Plans have been incorporated as a separate section to the existing Medical Countermeasure Operational Readiness Review Action Plan template.

Day 1 - Domain Presentations and Participant Feedback

The remainder of the agenda for day 1 was organized by domain. Each domain presentation provided background information on strengths and areas for improvement identified from the BP4 Capability Assessment and MCM ORR evaluations. Additionally, results from the pre-meeting survey were also shared and clarified. Presenters discussed priorities and plans moving forward to help build or sustain capacity for each. Questions and activities were posed to the group to gather feedback on priorities, challenges, and potential solutions that could be pursued over the next few years to strengthen local and state PHEP programs.

The following topics and issues were identified by meeting participants. Additional notes including potential solutions or ideas for addressing the issues were recorded and will be analyzed thoroughly

over the next month and incorporated into a detailed report. Monthly EPC calls throughout the 2018-2019 budget period will be structured to discuss, in-depth, identified areas with the goal of establishing a strategic map for the next cooperative agreement period cycle that will begin July 2019.

- All-hazards planning
- Training/orientation for new EPCs
- Prioritizing recovery training and planning
- Operationalizing response plans
- Public outreach, education, and engagement
- ICS 300/400 training requirements for local health department staff
- Requirements for developing and submitting AAR/IP
- Improving emergency management relationships
- CHECC Situation Reports/format
- Time/Funding for Exercises
- Turn around time on SOM media campaigns
- Differentiation between rural and urban jurisdictions for MCM assessment criteria
- Incorporating additional capabilities into the LHD Work Plan
- Balancing MCM with other work plan activities
- Respiratory Protection Program requirements
- MOUs between local health departments and tribal partners
- Use and education of the Inventory Management Asset Tracking System (IMATS) and the Michigan Care Improvement Registry (MCIR) All-Hazards Module
- Planning for population flux
- Statewide guidance on radiation planning, training, and exercising

Day 1 concluded with a breakout session for attendees to discuss priority issues identified by each group, with report out the following morning.

Day 2 – Exercises and Continued Discussions

On the morning of day 2, groups reported out on the discussions from the previous day's breakout session. Region 7 district emergency manager, Lt. Castro, was then introduced and lead an open discussion on the relationship between emergency management and public health EPCs. Following this discussion, MDHHS epidemiology staff presented on the Biosurveillance domain, which included an introduction of the new Outbreak Management System (OMS). Discussion during this presentation focused on the current collaboration with communicable disease and environmental health biosurveillance with the goal of directing next steps on strengthening integration. The remainder of the day was then broken into two short exercises – a long-term prophylaxis planning workshop and a surge management tabletop.

Next Steps

DEPR will utilize the BP1-S monthly conference calls to keep discussion, updates, and planning efforts on track moving forward. DEPR will develop a comprehensive strategic planning document and continually update to better frame the overall priorities of the PHEP program. Continued discussions will focus on how to prioritize and implement these strategies through next grant cycle.