

**Bristol County PHEP Coalition Meeting  
March 15, 2016**

**Attendance:** See attached

**Acronyms:**

BP4- Budget Period 4 (July 2015-June 2016)  
BP5- Budget Period 5 (July 2016-June 2017)  
CDC- Center for Disease Control and Prevention  
CPG- Capabilities Planning Guide  
DPH- Massachusetts Department of Public Health  
EB- Executive Board  
EDS- Emergency Dispensing Site  
EP- Emergency Preparedness  
HMCC- Health and Medical Coordinating Coalition  
LSAC- Local and State Advisory Committee  
MAHB- Massachusetts Association of Health Boards  
MAPHN- Massachusetts Association of Public Health Nurses  
MCM- Medical Countermeasures  
MRC- Medical Reserve Corps  
NACCHO- National Association of County and City Health Officials  
PHEP- Public Health Emergency Preparedness  
TTX- Tabletop Exercise

CITY CLERK'S OFFICE  
NEW BEDFORD, MA  
2016 MAR 18 P 3:54  
CITY CLERK

<b>Motion made and seconded</b>	<b>Vote</b>
Meeting called to order at 1:45pm	Unanimously passed
February Coalition meeting minutes approved as written	Unanimously passed
Support DPH Concurrence for BP5	Unanimously passed
Meeting was adjourned at 2:22pm	Unanimously passed

**Documents sent out before the meeting:**

- 03-15-16 Bristol EB Agenda
- 03-15-16 Bristol PHEP Coalition Agenda
- 02-16-16 EB meeting minutes unapproved
- 02-16-16 Coalition meeting minutes unapproved
- BP4\_Coalition Deliverables\_March
- Copy of Bristol BP4 Expenditures March
- Announcing 2016 Foundations

**Coalition meeting called to order: 1:45pm**

**Joseph Carvalho-Chairman**

Attendance was counted and there is a quorum of 17 communities represented.

Approve previous month's minutes-January

A motion was made by David Flaherty and seconded by Beth Collins to approve the February Coalition meeting minutes as written. The motion unanimously passed.

#### Announcements

Joe announced that BP5 is level funded.

#### Vote on Concurrence

Amy attended the LSAC small group meeting, the larger group meeting and listened in to the conference call about BP5 funding. DPH is reporting that everything will be level funded at the local level and the deliverables will stay about the same. Alan Perry, who attended the LSAC meeting, reported that there was some discussion on spending practices. Amy elaborated saying that there was some controversy on how the DPH is managing purchasing practices. The LSAC group would like to see the list of approved purchases returned. A motion was made by Henry Vaillancourt, seconded by Mark Taylor and unanimously approved to support concurrence.

#### Monthly Updates

##### **Liisa Jackson- MRC Coordinator**

Liisa reported on the MRC training that has been going on. There was a Norton Sheltering TTX a couple weeks ago and there is a functional exercise March 19th. Liisa is available to assist with any training and TTXs that people are interested in.

Liisa has met with the Greater Fall River MRC to get the unit revitalized. They are also working on the MRC trailer inventory. There may be additional Region 5 MRC money available. Liisa is coordinating trainings throughout Region 5. The MRC website is up and running.

Last month, Liisa reported on the MRC application for \$30,000 from NACHHO- two \$15,000 grants. One for opiate prevention and one for shelter operations. She will know by March 24<sup>th</sup> if they are receiving those grants. She is working in the New Bedford area with a team of volunteers in developing a plan as to where volunteers may be able to fill in the gaps in opiate prevention.

Liisa is working on putting together a list of sheltering supplies.

Liisa added that it is a pleasure to work with the communities.

##### **Coordinator/Planner update- Deni Phaneuf**

Denise reported that all EDS Assessment Tools have been submitted on behalf of the community. Region 5 had a 100% response rate. Denise also reported that all 3 EDS deliverables have been completed for the communities she works with. Amy reported that she is still working with her communities to get things completed. Also, because all MRC units are registered on Mass Responds, the Volunteer Management deliverable is satisfied. The CPGs were completed by Lisa Crowner with the help of Denise and Amy and were submitted on behalf of the Coalition.

Amy and Denise continue to work on revising the binders as the BP4 project.

##### **MAHB - Financial Report- Elaine LaCoursiere**

Elaine reported that all MAPHN requests were approved. Because there were a lot of people interested, the EB voted to budget up to \$3,000 for the MAPHN conference. Elaine asked that anybody else who would like to attend to please send requests to her.

Elaine is still waiting for DPH approval of the budget before any checks can be written. Any outstanding purchases should be prepaid for and Elaine will quickly send reimbursement as soon as she can.

The EB also approved the following items:

- Laptops up to \$800 for Dighton, Seekonk, and Somerset. A service contract must also be purchased.
- iPad up to \$800 for Somerset and Freetown
- Clipboards up to \$150 for New Bedford

More information is needed from Lakeville before the EB will approve a defibrillator.

Elaine will notify everybody once the DPH has officially approved these purchases. Items should not be purchased before this notification in case the DPH does not approve. If the DPH does not approve the purchases, they will not be funded.

Cell phone payments were made a couple weeks ago.

#### **Amy Palmer-LSAC**

Amy reported on LSAC during the discussion of the concurrence vote.

#### **Lisa Crowner –DPH**

Lisa reported that the CPGs and EDS Assessment are completed.

There was a WebEOC drill a couple weeks before satisfying the quarterly WebEOC drill. Everybody should've gotten a HHAN alert. In Bristol County, 9 communities responded correctly (Plainville, Raynham, Westport, New Bedford, Fall River, Acushnet, Swansea, Somerset and Taunton) and 1 community (Dartmouth) responded to the wrong incident. Some feedback Lisa has heard was there wasn't enough time to respond because it was only 2 hours or people were out in the field and it's difficult to respond. Lisa emphasized that the drill is done in real time to test a realistic response. Lisa said that there were about 3 drills conducted within a short time period. The others were for HMCC and Mass Responds. Patrick Simon told Lisa that this was planned to test the system's capacity. Donna Palmer and Kevin Bernardo reported that they hit "1" on their smart phones but it was not registering with the system. Jessica Horsman reported that she got a confirmation and took a screen shot in case there was a discrepancy. Seekonk was not reported as having responded. Lisa will help with troubleshooting. Lisa reminded the group that there is an email alert along with the phone call in case people need to reference what was said on the message. Lisa also said that when responding to the WebEOC drill, on the activity log, be sure to route the message sending it out to everybody to be sure it gets where it needs to be.

#### **HMCC**

Lisa reported that the planners were at the last HMCC meeting, which was very positive. The HMCCs are currently working on developing surveillance and MCM annexes. Amy attended the meeting about the annexes and reported that it was about determining the HMCC role in surveillance and MCM dispensing.

With respect to the HHAN, only 3 people from each local health departments should be registered on the HHAN. All 5 disciplines of the HMCC have representatives on the HHAN. Police and Fire are always welcome to the register on the HHAN.

Future trainings include a discussion on May 20<sup>th</sup> and a TTX on June 9<sup>th</sup> from 9am-12pm for Regions 2 and 5 about MCM and surveillance annexes.

Region 5 HMCC is off to a strong start with the approval of their mission statement and the Principles of Operation. Joe Carvalho agreed that the Region 5 HMCC is getting along well.

**Other**

Amy Palmer reported there is now a Greater Attleboro Regional dispensing subcommittee which consists of her as the chair, Pauline (Clifford) Zajdel, Chief Hatfield from Foxborough and Chief Partridge from Easton. They will be discussing the possibility of Gillette Stadium as a regional dispensing site at the next REPC meeting.

Joe Carvalho said there is a TTX being held in Randolph on April 26<sup>th</sup> 9-1:30, including breakfast and lunch. There is no registration fee. Contact Joe for more information.

**Next Coalition Meeting:** April 19, 2016 if no snow.

A motion was made, seconded and unanimously approved to close the meeting at 2:22pm

Respectfully submitted,  
Amy Palmer

LSAC notes  
March 14, 2016

These notes are written focusing on topics of interest to the Bristol County EP Coalition and how they relate to Coalition business. Official LSAC minutes are available on the MHOA website. Draft minutes can be obtained by contacting Amy Palmer at [apdpalmer@comcast.net](mailto:apdpalmer@comcast.net) or 781-608-4831.

**Local Public Health Discussion**

LSAC was asked to think about ways that unspent Coalition PHEP funds may be able to be used to benefit the entire group. The amount of money is unknown. It was said that the money could be rolled over from BP4 to BP5. Two suggestions made was to fund the LHPI since they will be losing \$30,000 in funding or for National Preparedness month which is not funded in the BP5 budget. It was mentioned by the DPH in the small group meeting that they have another funding stream which will cover the National Preparedness Month projects.

**LSAC letter of concern**

There was discussion about a letter circulating around LSAC written by Tom Carbone, LSAC Chair, from the group about concerns with the establishment and management of the HMCCs by the DPH. Two letters, one from MHOA and one from Region 3, have already been sent to the Commissioner, Eileen Sullivan and Mary Clark expressing their concerns. A show of hands indicated the majority was in support of sending the letter to the DPH parties involved.

**Concurrence**

Several documents were distributed to the group before the meeting.

1. BP5 PHEP Budget Summary
2. BP5 v BP4 Budget Analysis
3. BP5 State Work Plan Briefing
4. BP5 Budget Briefing Slides
5. BP5 Contract Summaries
6. BP5 Timeline for HMCC Contracting
7. Draft Coalition and Community Deliverables

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Concern was expressed that there was not enough time to review all the FOA documentation for BP5 and it looked like the DPH may have done this on purpose. OPEM management had addressed this in the small group meeting. They were not able to complete the budget until all the departments involved sent them their budgets, which was done on Friday afternoon.

There was also some concern about what PHEP funds are used on. The Lab and BID are part of the core operations of the DPH and if the money goes away then there is a gap in core operations, not just EP. Currently there is \$1.5 million in state funding so most of the program would end if federal funding disappeared.

It was questioned as to why the Coalitions were turning money back. Was it because the Coalitions don't need the funding, or because the items they would like to purchase aren't approved by the DPH, or because the funding is being held back from non-participating communities who aren't completing their deliverables? There was some discussion about the frustration of the current purchasing process as it currently stands. It was agreed that it is more difficult to spend the money on things like conferences, vaccine refrigerators and electronics. There was strong support for a list of acceptable expenses from the DPH.

Mary Clark stated that PHEP money is level funded for BP5 but she did explain that this is based on planning numbers provided by the CDC as long as the federal budget is approved. OPEM has approximately \$13 million. The HPP funds have increased about \$140,000. It was a goal for OPEM to continue level funding local public health and MRC. A state wide conference call is being held the following day to go over the budget.

OPEM needs votes on Concurrence by March 31<sup>st</sup>. The deliverables and funding are similar to the previous year. It was noted that the CRI EDS deliverables are not well liked. Local Coalitions will also have to participating in activities based on dispensing but only 3 communities from the UASI communities will actually need to set up a dispensing drill.

When asked about voting on concurrence, the DPH said that Coalitions are voting on the strategic direction, overall distribution of activities and funding and the work plan. Mary Clark explained that each Coalition needs to submit a status of concurrence. If a Coalition votes for concurrence, there is a standard letter for them to sign on to. For those Coalitions who vote against concurrence, they must submit a letter explaining why they did not concur. The DPH works with the CDC project officer in explaining concurrence steps, budgets and the work plan. Last year, when there was concurrence with reservations, Mary sent all the letters to the project officers explaining the process, budget and work plan and how they will move forward. It was stated that only local public health votes on concurrence, not membership groups.

### **Open Meeting Laws**

According to the DPH attorney, they are not under obligation to follow Open Meeting Laws because it is comprised of public and private entities. Coalitions are made up of all governmental agencies so they do fall under the Open Meeting Laws.

### **Zika Virus**

There is a lot of activity surrounding the Zika virus. Zika will be more likely transmitted in the southern states because of the Aegypti mosquitoes that live there and are better transmitters of the Zika virus. Albopictus mosquitoes exist in MA and are not good transmitters of the Zika virus. Any cases are expected to be from travelers. Zika pregnancy registries may be developed. Massachusetts has a robust birth defect tracking system already in place. Mary Clark and a few other people from the DPH are going to Atlanta in April to discuss policy decisions and Zika action plans. More information will be coming from the CDC but in Massachusetts the focus will be on travelers, exposure to pregnant women and potential sexual transmission. The data may

not be clear enough to label it as a sexually transmitted disease vs. an emerging infectious disease. The DPH is building a state Zika page using some Ebola money to do this.

**Next meeting**

The next meeting will be held at Central Mass EMS Corporation, 361 Holden St, in Holden on April 25<sup>th</sup>.

Respectfully submitted,  
Amy Palmer

CITY CLERK

**BP4 2015-2016**

[illegible]



Stoughton	Gabriel	Sandra	retired	-	8/18	9/15	10/20	-	11/17	12/15	1/19	2/16	3/15	4/19	5/17	-
			7/21		X	x	No MTG		X	X	X	X	X			6/21
Swansea	Carvalho	Joseph														
Taunton	Gallant	Heather			X	X			X		X					
Westport	Walsh	James			X	X			X	X	X	X	X			
Planner	Palmer	Amy			X	X			X	X	X	X	X			
Planner	Phaneuf	Denise			X	X			X	X	X		X			
MRC	Jackson	Liisa								X	X	X	X			
DPH	Crowner	Lisa						x				X	X			
MAHB	Benes	Marcia														
MAHB	LaCoursiere	Elaine			x	X			X	X		X	X			
		People Attended		23	22			24	22	21	20	26				
		Communities Attended		18	17			18	15	14	15	18				