

**HEALTH AND HUMAN RESOURCES SUB-PANEL,
GOVERNOR'S SECURE and RESILIENT COMMONWEALTH PANEL
Libbie Mill Library, Henrico Virginia
July 17, 2018
Meeting Notes**

Welcome and Thanks to all attendees.

Norm Oliver, MD, MA State Health Commissioner

- Purpose of panel is to consider how to continue to build resiliency for health and medical entities to response to man-made and natural disasters.
- Thanks to participants and speakers, encouraged questions and thoughts as this panel serves as advisory to VDH and emergency preparedness planning.

Gena Boyle Berger, Deputy Secretary Health and Human Resources

Fusion Center Update on Activities – slides provided

Jennifer Satterwhite, Lead Intelligence Analyst, Virginia State Police

- Briefing on most recent threat assessment looking at current key threats to the Commonwealth at this time.
- Foreign threats continue to be most significant, focusing on attacks in DC. Homegrown supporters of foreign terrorist groups are most prevalent in northern Virginia. Fusion center relies on community awareness and suspicious reporting from citizens to assist in identifying threats. Also are involved in refugee engagement and offer Fusion Liaison Officer Program that provides training.
- Domestic threats – Antifa poses most significant threats in this area. Fusion Center involvement is to monitor and undertake intelligence campaigns to inform and assist jurisdictions on how to handle.
- Group/Gang threats – most active group is MS13 in northern Virginia. Fusion Center actions include providing case support to gang/murder investigations. Produce information on activities and trends
- Cyber realm – concerns about targeted attacks against government and law enforcement agencies as well as ransomware provided as a service. Other concerns are data breaches. Fusion Center has dedicated cyber unit that conducts outreach to local and state governments and provides guidance and assistance as conduit with federal resources to assist in fending off cyber-attacks.
- Opioid use continues to be a growing problem. Fusion Center monitors overdoses, prevalence of types and quantities of drugs that are coming into Virginia and provides reports. Good partnership with VDH and the state Lab (Division of Consolidated Laboratory Services). Provide case reports and participate on workgroups
- Pipeline opposition actions – Atlantic Coast Pipeline (ACP) and Mountain States Pipeline (MSP) – citizen criminal behavior to delay/stop ACP or MSP progress. Fusion Center monitors activities.

Charlottesville Preparedness – anniversary of Aug 2018 Civil Unrest – handout provided

Denise Bonds, MD, MPH, Director, Thomas Jefferson Health District, VDH

- Review of 8/12/17 incident – large number of protesters from Unite the Right protesting potential removal of statues and renaming of parks in the downtown area. Antifa was there to protest their presence.
- In anticipation of one-year anniversary, robust planning for a response is underway with Law enforcement, UVA hospital, health care coalitions, local health department and others.
- No permit currently issued for any demonstration, only for a sing-along activity.
- Hearing is July 24, 2018 for federal hearing of Kessler's request to obtain a permit.
- Threats planning for include physical confrontation, tear gas, active shooter, damage to physical structures, violence directed at uniformed personnel, and disruption of business services.

- Last year was notable absence of behavioral health services following the event.
- Therefore, this year working with Community Services Boards (CSBs) to provide three day training to volunteers in the community. 80 people have obtain training, now have 34 volunteers trained, hope for 15-20 to staff a volunteer recovery unit somewhere near the downtown where individuals suffering from mental health issues can seek treatment as well as connect with long term services.
- Public Information Officer is participating in Joint Information Center planning, working on messaging efforts. Will also be staff in local Emergency Operations Center from Friday through Monday.

Emerging Health Threats (including Zika and Ebola) – slides provided

Jonathan Falk, Office of Epidemiology, VDH

- Democratic Republic of Congo Ebola case information reviewed – Ebola outbreak has been declared contained. VDH did review procedures in case there was a case that presented in the US, but fortunately, that did not occur.
- Zika – currently only two cases reported this year. CDC ended EOC operations recently. Zika registry – last day for enrolling was March 21st. VDH will following infants for 24 months. Future tracking and reporting will follow standard vector-borne illness tracking and reporting standards.
- All Zika cases reported in Virginia were from travelers who went abroad – not contracted within Virginia. Zika has not gone away, still endemic to many other countries and areas in the US.
- Pneumonic Plague occurred in Madagascar last year; were some US students in the affected area, so VDH was involved in assisting with treatment and care.
- Influenza – was a high severity season this past year, 2nd highest peak season since VDH has been tracking. Reported six pediatric deaths, highest rate ever.
- Will be some changes to this year's vaccine to more closely align with strains that have been circulating.
- Variance Influenza Virus – some experienced in Maryland. VDH continues to monitor.
- Hep A – continue to see outbreaks throughout the US. Virginia has been experiencing increase in the central region.

Public Health and Preparedness Grant Update – slides provided

Bob Mauskopf, Director, Emergency Preparedness, VDH

- Reviewed charter of this panel and membership body that are defined in the Code of Virginia.
- Requirements of the Panel is to meet biennially to discuss changing and persistent risks to the Commonwealth.
- Original Subpanel was Health and Medial sub-panel, now Health and Human Resources subpanel. Moving forward, VDH would like other SHHR agencies to present preparedness issues and progress to the panel.
- This panel serves as the grant advisory panel to VDH on preparedness initiatives, but the Panel has no specific defined membership. VDH would like to receive feedback from participants on what additional representation is needed on the sub-panel.
- Currently, SHHR sub-panel has no official chair; VDH also would welcome nominations for consideration.
- Ongoing efforts that are used to gauge the success of Virginia's level of preparedness are: National Health Security Index (NHSI), National Association of County and City Health Officials (NACCHO) Project Public Health Ready (PPHR), Robert Woods Johnson Trust for America's Preparedness Rating (RWJ), CDC's Operational Readiness Review (evaluates medial countermeasure dispensing capability).
 - Virginia is currently the 2nd ranked state in the NHSI ratings
 - Virginia is rated in top 5 states in the RWJ report
 - Virginia is the only state in the union with every jurisdiction receiving "Ready" designation from NACCHO.

- Virginia has ranked in the top five every year for every ranking since program inception.
- VDH is required to conduct and participate in a number of exercises and the local, state, regional and national level to test and improve planning and response. (VOPEX, VESTEX).
- Current preparedness initiatives:
 - Development of closed Points of Dispensing sites (PODS) throughout the commonwealth. Working with pharmacies to sign MOAs to serve as PODS.
 - PPHR- all local health districts have been designated through this process, working on third cycle around for health districts. The evaluation is conducted by out of state reviewers against national standards.
 - Cities Readiness Initiative – mandate to prophylax entire population of designated are within 48 hours of onset of anthrax.
 - Capital Square – mass vaccination exercise with state offices/legislators in Richmond area

Suzi Silverstein, Assistant Director, Office of Emergency Preparedness – slides provided

- Review of training needs assessment conducted every two years to determine training needs for public health staff as well as training for community response partners. Will be conducting another assessment January 2019.
- One successful tool that has been developed is a “Table Top in a Box” exercise module that other agencies/entities can use to conduct a preparedness exercise.
- CBERS – Community Based Emergency Response Series training - offered to hospitals/health care facilities this year to assist them in meeting new CMS rules for planning and exercising an emergency response plan.

Opioid Addiction Response in Virginia – slides provided

Jodi Manz, Assistant Secretary of Health and Human Resources

- Prescription drug deaths relative steady, but illicit drug deaths significantly increasing.
- Prescription overdose deaths really concentrated in very rural areas of the states
- Elicit overdoses are in urban areas
- What can we do? Can changes things in the budget, legislation or in regulation.
- Governor’s Executive Leadership Team on Opioids and Addiction – have to do things at the state level that will make things easier at the local level.
- Harm Reduction Workgroup – operational harm reduction strategies
- Prevention Workgroup – build capacity of communities
- Supply Prevention Workgroup – limit availability of prescription opioids
- Treatment and Recovery Workgroup – establish pathways to treatment
- One goal is to leverage and align funding opportunities.

Jonathan Kiser, Opioid / Addiction Planner, VDH – slides provided

- In November 2016, Opioid Public Health Emergency declared by state health commissioner
- Currently, there is a standing order for Naloxone to allow people to purchase it
- Established Incident Management Team with the following goals:
 - Prevent injury/deaths from addictions
 - Prevent/reduce infectious disease from addictions
 - Prevent/reduce addiction
- The CDC has released a notice for funding up to \$4M. Is only a one-year grant but VDH is working with partners to submit an application by July 31st.

DBHDS Emergency Preparedness – no slides

• **Craig Camidge, Director, Emergency Management, VDBHDS**

- 39 community service boards (CSBs) and one behavioral health authority across the commonwealth with 14 state behavioral facilities.
- Current focus on EPR for DBHDS facilities

- VDBHDS recognizes opportunities exist for them to assist in responses including providing ESF8 support at the state EOC during events and assisting in state managed shelters.

CMS Rule and EMPOWER – slides provided

Patrick Ashley, Hospital Coordinator, Emergency Preparedness, VDH

- The new CMS rule designed to address hospital preparedness. Residential facilities struggled with recognizing they would play a role in emergency response. Non-residential providers were less cognizant of their role during an emergency. Federal Gov't published emergency preparedness rule as a condition of funding. Feds now expect that facilities will meet certain standards for emergency preparedness. The rule affects 17 types of providers. There are three broad goals of the Rule: assurance of minimum resources, standards of care thresholds, and coordination of a response.
- Four requirements are placed on facilities: risk assessment and planning, development of policies and procedures, must create a communication plan and then conduct training and testing on an annual basis.
- There are six health care coalitions across the Commonwealth that are providing technical assistance to help facilities know how to prepare for emergencies.
- EMPOWER – provides planning data to assess at-risk populations. Includes information on de-identified data on individuals in the community who are dependent on life saving equipment. Includes data on Medicare and Medicaid population, hope to expand to commercially covered population. CMS can also provide identified data when needed to assist during specific response as well. Data is provided monthly to Virginia from EMPOWER.

Public Comment - No comments made