

**HEALTH AND HUMAN RESOURCES SUB-PANEL
GOVERNOR'S SECURE AND RESILIENT COMMONWEALTH PANEL
Tuckahoe County Library, Henrico, Virginia
January 8, 2019
Meeting Notes**

Welcome and thanks to all attendees.

Ed Rhodes, Chair

- Introductions of attendees

Norm Oliver, MD, MA, State Health Commissioner

- Introduction of Secretary of Health and Human Resources, Daniel Carey

Daniel Carey, MD, Secretary of Health and Human Resources

- So impressed by talent here. Thanks for being here. So many stakeholders and expertise that make up the teamwork that is brought to the process.
- Teamwork showed during hurricane Florence – type of teamwork – DSS – sheltering; LHDs staffing local shelters; EMAX sent teams to NC.
- Important to better prepare the Commonwealth for a wide range of threats we may face such as Disease Outbreaks (Ebola and Zika); Environmental Incidents
- (mass radiation); Mass Casualty Incidents (Terror-based Attacks) and Natural Disasters (hurricanes, floods)
- Pressed upon the teamwork to build 1) Resilience in the community. 2) Add to our expertise. (2+2 not equal 4 but equal 6). 3) Partnerships/teamwork (Coalitions working on LTC; hospital evacuations). This is important as we think in terms of preparedness.
- Many populations are discriminated during events and need our help – important that our solutions include these populations. (e.g., physically disabled, blind, hearing impaired)
- Bring learning mindset to today's meeting.

Norm Oliver, MD, MA, State Health Commissioner

- Echoed Dr. Carey's comments on working together and sharing a common goal of safety to the Commonwealth.
- We attempt to do this by responding seamlessly to threats; ensuring communities are as resilient as they can be; knowing the differences between communities so that events don't become extreme disasters.
- Natural disasters and weather impacts appear more challenging than ever. We dodged a bullet this past fall with Hurricane Florence. The lessons learned in public health and healthcare preparedness both here and to our immediate South were valuable and institutionalized. This panel will have the opportunity to address some of these lessons and we encourage additional input from your perspectives.
- After Hurricane Florence made landfall in NC we were able to deploy a team of 34 nurses to support sheltering with our Tar Heel neighbors. Perhaps this panel will have insights on how to best prepare for such a deployment. Team selection, training, orientation, administrative processes, and recovery all need revisiting. Maybe we can extend this to enhance sheltering efforts in the Commonwealth as well.
- Last weekend VDH coordinated in the transport of an Ebola-exposed clinician from the Congo through Dulles and onto a treatment center in the Midwest. It reminds

us of the worsening situation in the DRC and has us refocusing on this dangerous virus. Ebola will likely spread as relief efforts continue.

- We will hear about this Flu season shortly and recall the H1N1 Pandemic and the challenges it presented. Mass Medical Countermeasure distribution and dispensing, non-pharmaceutical interventions, communications with the public all are areas we are reviewing and could use this panel's expertise to get it right. We are in the early stages of developing a statewide, multi-agency full-scale exercise focused on medical countermeasures distribution and dispensing for the fall.
- Establish a subpanel workgroup developing initiatives to focus on the populations Dr. Carey shared. Asked Chair, Ed Rhodes to organize such a group, which should report progress at our next meeting in the spring.
- OEP will be providing copies of the VDH Emergency Response Plan DRAFT Access and Functional Needs Annex for review and input and making recommendations to bridge this effort to our partner agencies for consideration in their planning.
- Sub panel serves as an advisory panel on HPP/PHEP grants to utilize resources and help implement grants.
- Ideas are important to better prepare for what lies ahead.

Fusion Center Updates – slides provided

Jennifer Satterwhite, Lead Intelligence Analyst, Virginia State Police

- Briefing on Opioid epidemic and other drug trends as viewed from VA state police.
- For Heroin and opioid overdoses, information is collected monthly from local police and sheriff's office reports, VDH, laboratory results, and Office of the Medical Examiner for developing trends. Field data from local police includes suspect data which is later verified. Laboratory reports are not suspect.
- Monthly reporting is by division – VSP has 7 divisions. Six month and annual reports are also produced. These reports are used to support Field program case support; work groups including governor's task force; schools and community groups
- Lab analysis of opioid and fentanyl – trends of what else is coming.
- Trend - 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.
- Results for the top 5 drugs for a six month period (monthly) has been consistent. Methamphetamine has been increasing (Forensic Lab data). Xanax was highest – methamphetamine bumped Xanax out of 5th place. This is due to the physical as well as social benefits of methamphetamine.
- Trend – synthetic opioid combinations. Synthetic cannabis (marijuana) laced with fentanyl showed in the last six months for Caroline county. Synthetic marijuana and methamphetamine is another combination showing up.
- Q. Where is the fentanyl coming from? A. Mail order from China (US Postal inspector/customs/Homeland security increased screening).
- Q. Chinese govt. made a decision to alter the list of scheduled drugs (wasn't on the list)
- Trend non- opioid related cases show Ethylpentylone has cropped up in the Top 10 drugs for the month. This drug is like ecstasy and can be fatal if combined with opioid. Did a one-pager on the drug (linked to an overdose)

- Projections- The trend for opioids will continue in 2019 at a similar pace to 2018. New opioids will continue to emerge. Opioids combined with other drugs will increase in Virginia and impact different user groups.
- Fentanyl is very cheap to get – blend with other more expensive substances to make more of the product.
- Challenges- No mandatory reporting on overdoses; Limited staff; Each discipline captures and reports differently; Data overlap – could be duplicating; Limited info on seizures; Limited analytical resources.
- Q. Have you looked at bupernorphine (used in medically assisted treatment) seizures for reporting? A. Always adding new drugs to list.
- Q. Statewide reports – any difference in southwest VA? A. The statewide report shows meth- not a lot of fatal opioids in the southwest area. Roanoke shows an increase in drug use due to an increase in trafficking along the I-81 Corridor.

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

Jonathan Falk, Office of Epidemiology, VDH

- Briefing on health threats from International to Virginia Approach.
- Ebola – outbreak in now DRC. August 1st – separate unrelated outbreak (10th since 1976). # is dropping (54,000 have been vaccinated)
- 30 new cases per week (not a lot)
- Measles – one of the most infectious viruses known. Outbreaks: South America; Eastern Mediterranean (Yemen); Europe (Italy, Romania, Ukraine) 2009-2014 us cases VA – avg. 1 case per year. Rapidly spreading illness within a population
- AFM Acute Flaccid Myelitis– no cause identified (affects brain matter and spinal cord). Not related to Polio Virus.
- Hepatitis A – Can be transmitted in food; drug use; sexual intercourse; needles. CDC assisting several states with high rates. Virginia is not an outbreak state. In 2018 there were 61 Hepatitis A cases reported. High hospitalization rate due to damage to the liver.
- Influenza – widespread activity (all five regions of the state). CDC – Flu has not yet peaked. Report available on VDH website.
- Zika- No report. Zika tracking has been absorbed into other Epidemiology functions.

Public Health and Preparedness Update and Hurricane Florence Response-slides provided

Bob Mauskopf, Director, Emergency Preparedness, VDH

- Fusion Center deals with a lot of classified info. VDH sits on the committee. VDH has 25 employees with federal secret clearance and ability to fax and voice classified information from ECC. Ebola/Zika we had Unified command with VDEM. SNS/MCM&D
- Hurricane Florence – dodged a bullet. National exercise last year focused on cat 3 hurricane making landfall in HR. Lessons learned were applied to Hurricane Florence. Pre-scripted info published by Office of Communications. Tracked VDH COOP across organization; tracked renal dialysis and LTC facilities during event. Staffed State EOC and VDH ECC for situational awareness. Partnered with VHHA tracked storm-related fatalities (3). Deployed 34 public health and medical reserve corps nurses to support NC shelters. Draft AAR has been completed – focusing on developing mission ready packages for future deployments. Requested Federal assistance ahead of time. Learned to request resources early.
- Updating our Strategic Plan – tasks from grantors (HHS/CDC), Secretary;

- Updating ERP – Access and functional needs annex to plan. Want to develop workgroup from HHR panel to look at plan and other HHR agencies to make sure they are in con
- Flu Plan – Completed fall mass vaccination exercises across the Commonwealth. Vaccine for exercises only (20,000 doses) test through put and are evaluated. VDH will continue the plan as long as funding is available.
- Preparing an exercise for a full scale mass medical countermeasure distribution and dispensing exercise in fall.
- Manage HPP/PHEP and Opioid grants.
- Conducting an Annual Health Preparedness Academy in March in Virginia Beach.
- Operational Readiness- CDC will conduct a review in April.
- Project Public Health Ready- All districts recognized and re-recognized. The third round of prep began in August 2018. A third of the local health departments participate annually. A state review precedes project submittal to NACCHO. VDH provides reviewers for out- of- state reviews. The governor’s goal is 100% recognition.
- Training and Exercise Planning Workshops-The purpose is to identify and set exercise program priorities, develop a multi-year schedule of events and support training activities. Will conduct regional workshops. Will use a gap analysis to determine areas if improvement, external factors, grants, legislative, threats, accreditation standards, hazards, and training needs assessments. VDH will work together to create a 5 year plan training and exercise plan and implement the plan with quarterly review and revision, and conduct annual workshops.
- Training Needs Assessment scheduled for January 28-February 8, 2019. It is performed every 2 years. The 2017 assessment had an 82% rate with over 3,000 responses. The assessment allows for state wide trends to be found and address. The training coordinators met with each health department to determine local needs and develop strategies. The 2017 results are available on the VDH website.
- The Preparedness Academy/ Field Epi Seminar is planned for March 19-21. The seminar will be 2 days of general sessions with breakouts and exercises and 1 day for the Field Epi Seminar to go over outbreaks in the past year. There will be Exhibits sponsored by our vendors.
- Annual community based Response series-planned with different partners. The 2019 theme is Chempak. Also, partnering with Virginia Department of Emergency Management and Virginia State Police. Plan on having 7 sessions in the spring of 2019 in each of the regions (Central, Eastern-2, Northern, Northwest, and Southwest-near and far).
- Exercises planned are as follows:
 - VOPEX-Annual Radiological Exercise
 - VESTEX-Annual statewide hurricane exercises
 - Full-scale mass medical countermeasure distribution and dispensing exercise in Fall 2019.
- VDH/OEP Acknowledgements are as follows:
 - Ranked Top 2 states on National Health Security Preparedness Index
 - Ranked Top 5 States Robert Wood Johnson Ready or not report
 - Ranked as the only state with all local health districts recognized for NACCHO Project Public Health Ready

Opioid Addiction Response-slides provided

Jonathan Kiser, Opioid/Addiction Planner, VDH

- PH Emergency declared in 2016 – issued state-wide standing order for Naloxone; allows for comprehensive harm reduction. Activated VDH IMT – in response to declaration.
- Involved with Governor’s Workgroup – led by Sec. Carey. EMS – Narcan
- Naloxone training REVIVE
- Three Comprehensive harm reduction programs in Wise, Smyth Co., and City of Richmond
- Grant – funding made available by CDC. One-time/one-year funding. 6 domains with allowable activities. \$1.4 to DBHDS
- Projects
- Dashboard; surveillance; EDCC Project; standardized guidelines for EDs – for enhanced linkages to care. Training – Naloxone; MAT Waiver;
- CHS – outreach workers in 5 LHDs for NAS
- Regional EPI Outreach workers for HEP C
- CDC NFO Grant – \$948 K for Department of Forensic Science (equipment to assist OCME)
- This group is advisory group for grant. Look forward to feedback.

Creation of State Medical Assistance Program-slides provided

David Long, MA, NRP, Executive Director, Tidewater EMS Council SMAT (Slides)

- The development of State Medical Assistance Team (SMAT) Program is needed in Virginia.
- In Hampton Roads/ Virginia Beach area for 2018, we dodged a bullet with Hurricane Florence. In preparing for the hurricane realized we can be better with our medical response and recovery efforts.
- FEMA Strategic Plan – challenged to do more with less. FEMA administrator stated that disasters should be federally supported, state managed and locally executed.
- US Department of Health and Human Services Health Response System advocates for States and territories to be ready to respond quickly and efficiently; build coordinated capabilities for all types of disasters; leverage and enhance existing programs; and mobilize physicians and health practitioners without bureaucratic with frustrations and legal risks.
- The Health Response System should include:
 - Integrating Medical Response Capabilities include EMS and federal facilities
 - Expanding Specialty Care Expertise in chemical, biological, radiological and nuclear casualty management.
 - Coordinating Medical response-coordinate across states through mutual aid across state
 - Integrating Measures of Preparedness- build into daily living standard
 - Building on Regional Healthcare Coalition to improve preparedness and response.
- There are some states participating in interstate programs.
- Virginia programs include: Incident Management Team –VDEM; Radio Cache Team – VDEM; Regional Hazardous Materials Team- VDEM; Search & Rescue Teams-VDEM;

Regional Technical Rescue Team-VDFP, a Regional USAR – DHS/FEMA; DMAT- DHHS
Currently VA has no Medical teams built.

- SMAT is a mobile, multidisciplinary team established to provide medical support for short and long term disasters. It is similar to the National Disaster Medical System.
- The Hampton Roads Metropolitan Medical Strike Team is a 44 member emergency medical response team that is regionally available, BBRNE trained, all hazards capable (CBRN). MMRS funded equipment in HAMPTON Roads related chemical, bio, radiological, all-hazards threats.
- Proposes that Virginia create a Virginia 1 – Disaster medical assistance team like Hampton Roads Metro Medical Strike Team which has the capability to augment hospital staffing, establish an alternate care facility, augment staffing for HID outbreak, and support Isolation/Quarantine mission.
- Proposes to Virginia then expand and build other type teams regionally in Central, Northern, and Western Virginia.
- Complex issues that must be considered in the creation:
 - Memoranda of Agreements, Financial Reimbursement, Scope of Practice, Workers Compensation, Liability Insurance, Extension of Medical Practice/Licensing/Credentialing, Team Composition, Mission types, and Training and exercises.

Agency Highlight – Department for the Deaf and Hard of Hearing

Gary Tally, Community Services Manager, Virginia Department for the Deaf and Hard of Hearing

- The Virginia Department for the Deaf and Hard of Hearing (VDDH) provides the following programs and services:
- Community Services- includes providing training and education on a variety of topics related to hearing loss to these groups law enforcement at criminal justice academies, state police academy, Department of Corrections, Virginia Community College System, hospitals, universities, and community groups
- Interpreter Services Program- includes providing ASL interpreters and C.A.R.T for the Virginia Courts and State and local governments and maintains a directory of Qualified Interpreters on the (VDDHH Website)
- Virginia Quality Assurance Screening (VQAS) - includes QAS Program-screening program for school and community interpreters; proctoring the Educational Interpreter Performance Assessment (EIPA). Interpreters are certified for 3 years
- Technology Assistance Program (TAP) includes amplified and captioned phones, loud and visual alerting devices, personal amplification systems, TTY's, Special orders for artificial larynx/ Baby monitors.
- The American Disabilities Act- Title II requires state government programs and services to be equally available to all including deaf or hard of hearing.
- The challenge is not technology but personal interactions with public entities especially medical providers. Hearing impaired individuals are routinely denied interpreters and other accommodations. Appropriate accommodations include: Interpreters, (ASL, Oral, CDI, DI), Note takers, VRS, Closed and Open Captioning.
- When VDDH receives a complaint, the department will either educate, advocate, or refer the parties as an appropriate response.

Public Comment

Donna Pletch, Department of Emergency Management

- Has a staff task force for GIS (mapping). It tracks by census. Would love to partner more to enhance those efforts and work with first responders. Bob Mauskapf is looking for individuals for upcoming workgroup.

Lauren Powell, VDH, Health Equity.

- Found the VDHH presentation helpful. Her office is responsible for making sure health services are equitable and VDH is equipped for all Virginians regardless of sex, race, or disabilities. She hoped Mr. Talley would be available to speak with her group before his retirement.

Closing Remarks

Parham Jaber, MD, MPH, Chief Deputy Commissioner, Public Health and Preparedness

- Thanked all of those in attendance for coming to the meeting; especially, the Secretary, Dr. Oliver, Bob Mauskapf, Ed Rhodes, Suzi Silverstein and Kim Allan. He reiterated key points of the subpanel meeting: to remain committed, continue to work together to replicate what we do even though jurisdictions are different, to make emergency preparedness better, and to ensure health equity among populations who do not have basic needs.

Next meeting: TBD