

**JOINT ADVISORY COMMITTEE (JAC)
ON PUBLIC HEALTH EMERGENCY PREPAREDNESS
MINUTES FOR January 18, 2012 MEETING**

TOPIC	SUMMARY OF DISCUSSION
Welcome and Introductions Betsey Lyman, Deputy Director Public Health Emergency Preparedness Office, CDPH	Betsey Lyman welcomed the group and provided a general overview of the agenda.
Approval of meeting minutes	Minutes for the October 26, 2011 meeting were approved as proposed.
Governor's Budget Update Betsey Lyman	Betsey Lyman provided the following updates: 2012-13 Governor's budget Highlights: <ul style="list-style-type: none"> • Emergency Medical Services Authority (EMSA) and California Department of Public Health (CDPH) Merger – Betsey reported that there have been discussions surrounding the possible merger of EMSA into CDPH; however, that merger was not addressed in the Governor's proposed 2012-13 budget. Dan Smiley added that even though it was not a 2012-13 budget proposal, it may be revisited again in the future. • California Emergency Management Agency (CAL EMA) – Betsey reported that the Governor's 2012-13 budget proposes transition of CAL EMA to an office within the Governor's Office. • Department of Mental Health and the Department of Alcohol and Drug Program – Betsey mentioned that DMH and ADP will be merged into the Department of Health Care Services. • State's Hiring Freeze – Betsey reported that the Governor recently lifted the hiring freeze, which will allow Departments to begin to fill their vacant positions. <p>CDPH Strategic Map: the CDPH Executive Management Team has been working on the development of a Strategic Map and that Dr. Chapman, CDPH Director, would discuss this further later in the day.</p> <p>Pandemic and All-Hazards Preparedness Act (PAHPA) Reauthorization: reauthorization is</p>

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	<p>moving through Congress with no significant changes.</p> <p>Federal Appropriations for PHEP/HPP Grants: The 2012-13 HPP and PHEP grants will be funded relatively the same at the federal level; in California, HPP will maintain level funding and PHEP will increase by approximately \$1 million.</p> <p>State Stockpiled Assets:</p> <ul style="list-style-type: none"> • As of today, 37 local health departments (LHD) have expressed interest in these assets. Of the 37 LHD's, 20 have already received their requested assets. • CDPH was successful in a private/public partnership with Safeway Corporation to store approximately 1200 pallets of N95 respirators. • Since most Stockpiled Assets were purchased with State funds, federal dollars cannot be utilize to store assets • CDPH continues to research all possible options for storage/ownership of the large amount of remaining assets. • EMSA Mobile Field Hospitals (MFH) – Dan Smiley reported that the original investment of the MFH was \$18 million. Last year EMSA's budget was reduced by \$1.7 million, eliminating the funding to maintain these MFHs. <p>California Public Health and Medical Emergency Operations Manual (EOM):</p> <ul style="list-style-type: none"> • The primary goal of the EOM is to strengthen coordination among public and private entities involved in the Public Health and Medical System when unusual events and emergencies occur. This is particularly important when large scale emergencies exceed the response capacity of the Operational Area and require coordination with additional partners beyond "routine business." • The EOM is divided into two sections. Section I, Public Health and Medical Response Functions, includes cross-cutting chapters that focus on common operational processes that support coordinated statewide response when incidents involve the Public Health and Medical System. Section II, Function Specific Topics,

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	<p>provides greater detail on the response to specific types of emergencies and describes the roles of key participants in the Public Health and Medical System.</p> <ul style="list-style-type: none"> The next step will be to conduct a Statewide Training Program; EPO will be selecting a vendor to conduct this training soon.
<p>Public Health Emergency Preparedness Capability Baseline Susan Fanelli, Assistant Deputy Director Public Health Emergency Preparedness Office</p>	<p>Susan Fanelli presented an overview of the PHEP baseline report. This report represents an aggregate of the data submitted by LHDs in their 2011-12 PHEP applications. Each LHD determined the current status of each Function and Resource Element under the eight Public Health Preparedness Capabilities that California prioritized for 2011-12. The status was determined based on federal definitions for each Function and Resource Element, in recognition of the ability to meet the requirements over a five year timeline, and with awareness that any Function that was determined to be fully in place must be demonstrated within the next 24 months.</p> <p>Key findings of the report include:</p> <ul style="list-style-type: none"> 8 Priority Capabilities were selected because LHDs believed these were fundamental to preparedness: on average 1/3 of LHDs had Functions “Fully in Place” and nearly 2/3 had Functions “Not Fully in Place” LHDs varied as to which Functions were “Fully or Partially in Place” Requirements for written documentation resulted in lower scores across LHDs
<p>Grant Re-Alignment for Public Health Emergency Preparedness (PHEP) / Hospital Preparedness Program (HPP) & Prioritization Funding Betsey Lyman</p>	<p>Betsey explained the rationale and goals of grant realignment:</p> <ul style="list-style-type: none"> White House request for better alignment of federal emergency preparedness grant programs Federal recognition that many states and local entities are already aligned Better use of shrinking federal funds Improved outcomes Increase program impact and advance preparedness and response Improve federal efficiencies Reduce burden on awardees: one stop shopping

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	<ul style="list-style-type: none"> • Provide more accurate picture of return on investment <p>LHDs can expect the following in the 2012 PHEP – HPP Grant Alignment:</p> <ul style="list-style-type: none"> • PHEP and HPP funds retain their separate identities • Grant year runs from July 1, 2012 – June 30, 2013 • Five year project period • One Funding Opportunity Announcement • One grant award; two budgets • Timeline: <ul style="list-style-type: none"> • January 20, 2012: CDC issues Capabilities Planning Guide • March 2012: CDC issues Funding Announcement • March 2012: Boot camp for awardees on aligned grants • May 2012: Awardees submit applications for PHEP – HPP grants • July 1, 2012: New grant year begin
<p>Strengthening Healthcare Delivery Discussion Susan Fanelli</p>	<p>Susan reviewed the new HPP Capabilities and led a facilitated discussion on the current strengths/identified gaps in healthcare delivery preparedness in order to identify the HPP priorities for the next 1 – 2 years. After further discussion, JAC members identified the following HPP Capabilities as the top priorities over the next couple of years:</p> <ul style="list-style-type: none"> • Capability 1 – Healthcare System Preparedness • Capability 3 – Emergency Operations Coordination • Capability 6 – Information Sharing • Capability 10 – Medical Surge <p>Susan opened discussion on the role of healthcare coalitions and how they will move California forward in strengthening healthcare delivery.</p>
<p>CDPH Strategic Map Dr. Ron Chapman, Director California Department of Public Health</p>	<p>Dr. Chapman explained that CDPH had completed a draft of the Strategic Map with the goal of ensuring that every staff member of CDPH could find themselves on the map. Dr. Chapman further explained that this map will lead to the development of strategic</p>

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	<p>objectives and tactics.</p> <p>JAC members asked Dr. Chapman what were his top 2-3 concerns regarding emergency preparedness. Dr. Chapman responded with the following as priorities:</p> <ul style="list-style-type: none"> • Storage/Maintenance of Stockpiled Assets • Addressing CDPH’s Independent Review which highlighted the need for strengthening core processes and procedures such as contracting • Staffing Shortages particularly in hard to fill classifications such as nurses and laboratorians <p>Dr. Chapman further expressed his passion for “Quality Improvement” and desire to implement systems that improve quality and create efficiencies.</p>
<p>Performance Measures - Infectious Disease for Epidemiology and Surveillance Carol Pertowski CDPH - Centers for Disease Control (CDC)</p>	<p>Carol Pertowski presented the PHEP Biosurveillance Performance Measures- Infectious Disease for Epidemiology and Surveillance and explained CDC’s expectations relative to these performance measures.</p>
<p>California Primary Care Association (CPCA) Patrick Klein California Primary Care Association</p>	<p>Patrick Klein explained that CPCA represents more than 800 not-for-profit community clinics and health centers that provide comprehensive, quality health care services, particularly for low-income, uninsured and underserved Californians, who might otherwise not have access to health care.</p> <p>CPCA's diverse membership includes community and free clinics, federally funded and federally designated clinics, rural and urban clinics, large and small clinic corporations and clinics dedicated to special needs and special populations. CPCA is designated by the Federal Bureau of Primary Health Care as the state primary care association and receives federal program support to develop and enhance services for member clinics.</p>

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	<p>CPCA's goal is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities</p>
<p>Emergency Support Function #8 - Public Health and Medical Services Susan Aitkens Contractor, Emerge Technologies</p>	<p>Susan Aitkens explained that California Emergency Function is an alliance of discipline-specific stakeholders who possess common interests and share a level of responsibility for emergency management. A single State agency is assigned to lead each CA-EF based on its authorities, resources and capabilities. The California Health and Human Services Agency (CHHS) is the lead State agency for CA-EF 6 and CA-EF 8.</p> <p>CDPH and EMSA are the primary State departments developing the operational CA-EF 8 Annex and that 35 State agencies and departments participate in CA-EF 8, including all CHHS departments with public health and medical responsibilities.</p> <p>The CA-EF8 was being developed in two phases:</p> <ul style="list-style-type: none"> • Phase I: drafted basic organizational structure, completed in 2011 • Phase II: expands on Phase I accomplishments; initiated in 2012 <ul style="list-style-type: none"> • Expand stakeholder participation in CA-EF 8 • Develop communication plan, including alerting and notification protocols • Develop emergency resource directory • Expand CA-EF 8 Concept of Operations • Develop procedures for information sharing and situation reporting • Integrate with existing plans (e.g., EOM) • Coordinate with other CA -EFs
<p>2012 Statewide Medical Health Exercise Kristy Perez CDPH, Emergency Preparedness Office</p>	<p>Kristy Perez provided the following overview on the 2012 Statewide Medical and Health Exercise:</p> <p>CDPH and EMSA lead a diverse workgroup comprised of the following response agencies</p>

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	<p>and healthcare facility organizations to design this annual exercise:</p> <ul style="list-style-type: none"> • California Association of Health Facilities (CAHF) • California Emergency Management Agency (Cal EMA) • California Hospital Association (CHA) • California Primary Care Association (CPCA) • Local Emergency Medical Services Authority (LEMSA) • Local Health Departments (LHD) • Regional Disaster Medical Health Specialist (RDMHS) <p>The 2012 scenario is loss of power due to an earthquake and will test the following U.S. Department of Homeland Security Target Capabilities:</p> <ul style="list-style-type: none"> – Communications – Intelligence/Information Sharing and Dissemination – Medical Surge – Emergency Operations Center (EOC) Management <p>The Statewide Medical and Health exercise will be held annually on November 15, 2012.</p>
<p>2012 Golden Guardian Exercise Jim Woodward California Emergency Management Agency</p>	<p>Jim Woodward explained that the Golden Guardian 2012 Exercise Series will test the Southern California Catastrophic Earthquake Response Plan. The discussion based exercise series will involve participation from eight Operational Areas in Southern Region, tribes, state and federal agencies, non-governmental organizations and private sector partners. Golden Guardian 2012 will allow the State of California, FEMA Region IX, and the Operational Areas an opportunity to evaluate the new California Catastrophic Incident Plan: Concept of Operations. This plan was developed and approved by FEMA Region IX and Cal EMA as a result of Golden Guardian 2008.</p>
<p>Risk Based Funding Initiative Gina Anderson CDPH - EPO</p>	<p>Due to time constraints, this item was moved to a future agenda.</p>

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<p>Updates, Wrap up and Adjournment Betsey Lyman</p>	<p>Betsey explained that the group's recommended agenda items would be added to a future meeting agenda:</p> <ul style="list-style-type: none"> • Risk Based Funding Initiative • Social Media – How it might be used in the event of a disaster. • The role of the Office of Statewide Health Planning and Development (OSHPD) • Best Practices