



ALPHERA

Arizona Local Public
Health Emergency
Response Association

AGENDA

In-Person

701 W Jefferson St, Phoenix, AZ 85007

March 3, 2016

10:00 am – 2:00 pm

Dial-In: 712-775-7031

Pass code: 139-394-570

Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, Yuma, Cocopah Tribe, Colorado River Indian Tribe, Ft. Mojave Indian Tribe, Gila River Indian Community, Hopi Tribe, Kaibab Paiute, Navajo Nation, Pascua Yaqui Tribe, Quechan Tribe, San Carlos Apache Tribe, Tohono O'odham Nation, White Mountain Apache Tribe

Non-Members in attendance: Linda Mason, Arizona Department of Education (AZDE)

Partner Agency Updates:

A. ADHS-Update

- a. Healthcare Coalition funds-any questions?
- b. Mid-year reporting: all have been submitted, ADHS compiling data from BP4 reports. Information will be in CDC quorum, which ADHS will be working on gathering over the next few weeks.
- c. BP5
 1. Deliverable Survey- a lot of positive feedback, any further discussion regarding the All-Partners Meeting?
 2. See page 6 of draft BP5 document, refers to Boarder Health (BH) responsibilities.
 1. Elizabeth suggested submitting draft document to BH to ensure they're made aware of what's expected of their agency and review to determine if BH can indeed provide defined terms and services. Group agreed with her suggestions.
- d. Plans & Plan Synchronization
 1. Flow from State to county and vis versa
 2. Central Region breakout parallel planning, build upon other county plans. How can we best accomplish this? Jeff suggested HSP as the easiest method to share plans as well as the Capability Workgroup (subcommittee).
 3. Planning efforts should focus on BP5 deliverables and identified CPG gaps.
 4. Desire for a 5 year strategic plan can be developed to align state & county activities and increased communication.
 1. ADHS could help to facilitate the meeting (pay for venue) but as far as meeting content, this would be a collaborative effort.
- e. Training & Exercise Planning (TEP)

NEXT MEETING: Teleconference April 7, 2016 10am to 12pm

1. Antonio to send out TEP email to welcome input to assist with coordination of TEP Meeting.
 2. Meeting date- trying to determine best date/time for all partners, attendees, and ensure health officers are able to attend (an ADHS deliverable).
 3. Palo Verde Exercise (2 days) - received a good evaluation from observers. Exercising continues to improve; Don sees the value in more exercises.
- f. Finance
1. All county CER's have been received for the 14-15 cycle at 100% spent. The 15-16 grant cycle is 39% spent for counties, which is low for this point in the year.
 2. Tribal nations are 72% spent for the 14-15 grant cycle and 5% spent for the 15-16 cycle, which is also low at this point in the year.
 3. Keep in mind, since we're at the end of a 5 year cooperative agreement, carry over funds are not a guarantee. Federal partners would like to close the door on carry over funds. Reach out to ADHS for financial assistance.
 4. Ebola Supplemental Funding
 1. Elizabeth asked if Ebola funding can be redirected for Zika planning. Stacey said this is permitted but an official request must be submitted to Stephen. Remember, redirection of Ebola funds to Zika planning is optional.
 5. HPP Funding
 1. HPP funds to be spent in BP4, is there a process for that? Stacey said it depends on what partners want and whether or not decisions are being agreed upon or not. Some have expressed concerns about the amendment-Stacey not sure and will have to research further. HPP grant cannot be used to hire a position. The PHEP grant can fund an employee, although salaries aren't guaranteed past one fiscal year. This position can be contracted out, but again not over multiple years.
 6. Capping Funds
 1. Marcus asked if there is there a mechanism to put a cap on indirect funds pushed through counties. Stacey said no but pass through fees are an agreement between the county and X. Business norms however are 10%.
 1. Don mentioned a contract with AZDE which funds a position with authority to take indirect. Requires the right people with the right authority.
- B. ALPHERA report to ALHOA
- C. Regional Updates
- a. Southern- Last met in February. Lost Training & Exercise Planner (TEP) lead. Have drafted a proposal to ADHS to fund a TEP in order to continue with programs. March meeting canceled but TEP Committee will meet. Expand thumbprint of HCC in the community. Focusing on Zika, vector control, educate HCC about PHEP arena.
 - b. Western- Training in northern region exercise
 - c. Central- Haven't met again yet.
 - d. Northern- Last meeting canceled due to scheduling conflicts. Joint exercise with Western Region (Ebola TTX).



Old Business:

- A. Approval of Previous Meeting Minutes (Motion: Shelley, Second: Dezirae)

New Business:

- A. Review and revise By-Laws/Nominating Committee -changed to “ad hoc status” (review Article VII in By-Laws)
 - a. Shelley sent Jeff an updated Bylaws document with noted change above.
- B. Review PHEP / HPP All Partners Meeting
 - a. Coconino County liked the setting of this meeting as did most of the group.
 - b. Linda from AZDE stated the meeting was invaluable to hear what’s going on collectively and in our specialty areas in order to weave together activities that were identified.
 - c. Cochise County was disappointed in the lack of HPP participation due to lack of funds.
 - d. Rural Tribal partners liked the format and flow of the meeting and would like to see this format in the future. Stacey says thank you and they plan on refining the process for the next All-Partners meeting.
 - e. Yavapai County thought the meeting needed to be more formalized regarding feedback collection from the county/tribal/community partners to the state to increase participation during these types of meetings. (Don offered to reach out to his program managers and coordinators to share info and resources helpful for recovery efforts).
 - f. Maricopa County suggests thinking forward, COOP agreement alignment. Ask counties what plan they need to create or update and determine if this can flow into state planning.
 - g. Gila County liked the open discussion aspect of the meeting where all partners were encouraged to brainstorm collectively and provide feedback to the state.
- C. Review FY16 ALPHERA goals
 - a. Will we meet our goals? If not Why?
 - i. No comments or discussion provided by group
 - b. BP5 Goals
 - i. No comments or discussion provided by group
 - c. BP5 Capability Workgroup
 - i. Jeff will forward Elizabeth’s CPG Committee data
- D. May in Person Meeting – Apache County
 - a. Jeff will send out a survey to determine May meeting attendance projections.

Educational:

- A. Arizona Department of Education- Linda Mason
- B. School Safety and Injury Prevention-AZDE holds two opportunities per year.
 - a. Annual conference is 1st week of December.
 - i. Objective areas: Community resilience, individualized EOP policies & procedures, EOP templates, threat & hazard identification, security, emergency and response planning, infectious diseases, parent education regarding bomb threats and other possible threats, ICS, All-Hazard Planning, school liaison programs, and involving PH in school drills/exercises.

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- b. Regional workshops are held in 4-5 locations throughout the state.
 - i. Projected dates: 5/4 NE Regional Workshop would like to include Navajo Nation and other NE partners (location TBD: Springerville, Chinle?). 5/10 W Region, Lake Havasu area to draw from N & S regions. 6/7 Phoenix, 6/9 Tucson & Tohono O'dham (TO) Nation.
 - ii. Speakers: Jim Lee, Michael Clark, and Jim Store.
 - iii. Discuss current issues or hot topics. Goal of these workshops are to involve Local Public Health and Emergency Management in these discussions.
 - 1. Kore from Pinal County commented, "The issue is schools don't fully understand the role of PH in a response. NIMS instructors focus on disease at school training when they should be focusing on an all-hazards approach. Schools often don't think to invite LPH when performing drills and exercises.
 - iv. Linda met with internal team to create a draft agenda directed at local, state and national issues such as pediatric care as discussed during the December Pediatric TTX.
- C. Workshop Scholarships
 - a. ADHS provided funding for both events. Scholarships are available to assist people to attend (cover travel costs).
- D. Gaps
 - a. Funding to run PHEP Planning efforts and daily school operations.
 - b. AZDE encourages schools to reach out to EM, PHEP & HPP Partners and appreciates the support and leadership from ADHS.

Committee Reports:

- A. Capability Workgroup (Elizabeth)- Jeff to forward Elizabeth's CPG Committee data
- B. By-Laws / Nominating
- C. ALPHERA Newsletter- **Remember to send Hank materials!**
- D. Membership Updates
- E. Recognition

Round Table:

- A. Call to all members
 - 1. Coconino- Planning meeting for BP5 exercise, level of participation, 30 people will attend this meeting due to the exercise being fairly large.
 - 2. Cochise- Infectious Disease Workshop 3/22, 9-3pm, lunch provided, 5.5 CE credits available, good speakers to discuss proper donning/doffing, Stephen and Valerie will be in attendance. ☺
 - 3. Yavapai is offering position specific training; a lot of this training will be in Prescott. Fire science program to test their fire students, EM and PHEP participants, virus education, training and PPE.

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4. Gila- Still preparing for accreditation, in planning process for an internal active shooter TTX due to recent threats within the county.
5. ADHS- EM101 AzTech- Ed in process of developing a power point for incoming new tribal and county PHEP coordinators (to include grant awareness education). Determining whether AzTech or ADHS should present the info. This will hopefully aid with high staff turnover and/or people with little to no previous PHEP/EM experience/background and rural counties. AzTech Meeting will be held on 3/16/16 in Ft. Mojave.

B. Call to all non-member

Adjourn Meeting:

Capability workgroup: Please make sure you bring all of your materials for discussion

BP4 Capability Workgroup	Ranking
Capability 7: Mass Care	1
Capability 1: Community Preparedness	2
Capability 3: Emergency Operations Coordination	3
Capability 2: Community Recovery	3
Capability 11: Non-Pharmaceutical Interventions	4
Capability 8: Medical Countermeasure Dispensing	4
Capability 5: Fatality Management	4
Capability 4: Emergency Public Information and Warning	5
Capability 10: Medical Surge	6
Capability 6: Information Sharing	7
Capability 15: Volunteer Management	8
Capability 14: Responder Safety and Health	9

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