



Meeting Minutes: Mohawk Area Public Health Coalition Steering Committee			
Date	Sept. 12, 2022	Location	CONFERENCE CALL
Time	4:37-5:30 PM	Meeting ID	823 8912 3224
		Passcode	840865
		Facilitator:	Carolyn Shores Ness & Norene Pease, Co-Chairs

<p>ATTENDEES: Charlemont BOH: Mae Tanner Deerfield BOH: Carolyn Shores Ness Greenfield Health Dir.: Jennifer Hoffman Leverett BOH: John Hillman Shutesbury BOH: Norene Pease</p> <p>ABSENT: Ashfield BOH: Duncan Colter Colrain BOH: Nina Martin-Anzuoni Erving EMD: Phil Wonkka Heath BOH: Gene Garland Montague Health Director Dan Wasiuk Montague BOH: Melanie Zamojski Shelburne BOH: Jody Stetson Shelburne BOH: Ron Kelter Williamsburg BOH: Donna Gibson</p>	<p>GUESTS: Gail Bienvenue, MA DPH OPEM</p> <p>FRCOG STAFF: Linda Dunlavy, Executive Director Xander Sylvain, Emergency Preparedness Program Mgr. Liz Jacobson-Carroll, Admin. Assistant</p>
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Agenda Items	
1. Welcoming remarks/ introductions/agenda	Called to order by Shores Ness at 4:37 PM
2. Review/approval of past meeting minutes	Tabled, as quorum was not present.
3. Old business a) EDS Plan Improvements b) Officer Nominations	<p>[Agenda Item #3 was addressed after Agenda Item #4.]</p> <p>a. Sylvain indicated that the individual EDS plans are still workable while efforts to create a single EDS plan are underway. He spoke of the specific skills and responsibilities of his team members, and the need for an additional ½ time person sometime in the future to coordinate the activation of the single plan, coordinate training and exercises, and to serve as a point-of-contact for the professional staff in the districts/towns. (Dunlavy noted that this need for additional EPP staff is due, in part, to the program’s unanticipated ongoing involvement in oversight of the Commonwealth of Massachusetts Interoperable Radio System (CoMIRS).)</p> <p>b. Tabled.</p>
4. New Business	[The order of agenda items was adjusted.]

- a. PIO, ICS, and Crisis Communications Training Needs
- b. WAG Updates
- c. Ardent AAR + PHEP Strategic Planning Recommendations

- c. Dunlavy summarized Ardent’s After Action Report (AAR) findings and recommendations regarding FRCOG’s future role in large-scale emergencies, as well as the future of public health preparedness throughout the county. Overall, these recommendations will build on the history of collaboration in Franklin County as they:
 - o Recognize the constraints faced by towns with limited resources
 - o Encourage the FRCOG to take on a stronger leadership role in coordination but not in actual emergency response, in most cases
 - o Take advantage of the strengthened public health professional capacity

Envisioning the long-term role of the FRCOG, the AAR articulates FRCOG’s ability to:

- o Coordinate the acquisition, storage and distribution of regional PPE (as it did during 2020) and equipment
- o Coordinate regional logistics, including the mobilization and operation of a Multi-Agency Communication Center (building on Greenfield’s example of 2020) as needed
- o Coordinate an ongoing and county-wide training program
- o Serve as the hub of strategic regional communications while providing guidance to municipal PIOs

Regarding public health preparedness, Dunlavy explained the recommendation to merge the existing nine EDS’ of MAPHCO into a single PHEP coalition to cover Franklin County – including Orange and New Salem, excluding Williamsburg – reducing municipal officials’ confusion regarding MAPHCO, and aligning with other Franklin County funding structures and response organizations. This will allow for sub-regional deployment, as needed; a shorter, more practical written EDS plan; and the pooling of limited volunteer resources.

She explained that the Public Health Excellence grants from the State have enabled all municipalities/BOHs in the county to join or form districts to employ public health staff (agents and/or nurses). FRCOG will invite and compensate these professionals to actively participate in the governance of the new Franklin County Public Health Emergency Planning Coalition, ensuring that public health preparedness is included as an integral part of emergency planning. The FC PHEP will strengthen the Regional Emergency Planning Committee (REPC) as the all hazards planning and exercising resource for Franklin County, as well.

DPH officials have expressed appreciation for MAPHCO/FRCOG’s efforts to examine and strengthen the region’s response and for the extensive municipal engagement – survey, focus groups, individual meetings, in-depth discussions with municipal leaders across many response sectors and from every town – that informed the AAR. They approve of these plans. FRCOG’s steps include meeting with the

	<p>professional staff of all Franklin County health districts to discuss these changes; finalize the AAR with Ardent; and present the plan to the FRCOG Council. Dunlavy reported that FRCOG’s EPP is now a strong team of Sylvan, Dan Nietzsche, and Nick Licata utilizing the strengths and expertise of each to meet the collective needs of the program.</p> <p>Attendees voiced support for the single EDS, and for the formation of the FC PHEP involving local public health staff throughout the county. Discussion topics included: the need for professional staff to manage vaccines, and for that responsibility to be written into municipal/district job descriptions; a desire for town-level cultural differences to be honored, most likely via BOH members conveyance of institutional knowledge to their town/district staff; and the testing of the plan while meeting DPH “deliverables”.</p> <p>a. Sylvan described a new approach for the REPC to offer training and workshops at three levels, such as:</p> <ul style="list-style-type: none"> ○ Incident Command System training at the 100 and 800 levels for volunteers ○ MEMA’s EMD certification for first responders ○ municipal and regional staff, first responders, and volunteers ○ Public Information Officer training for public health staff <p>b. Sylvan referenced the earlier discussion on working toward a singular EDS workplan, noting that it may take a couple of years to implement some of the changes. He said that emergency planners in the other counties of the Western MA Public Health Advisory Group (WAG) are taking a similar approach as they pause to strategize 2.5 years into the pandemic, and that the regions may collaborate to develop a shared template.</p>
5. Business not reasonably anticipated 48 hours prior to the meeting	a. None.
6. Wrap up and adjourn	a. Pease moved to adjourn the meeting, Tanner seconded the motion, and the meeting adjourned at 5:30 PM.
Documents Distributed / Presentations Viewed:	<ul style="list-style-type: none"> ● Agenda ● DRAFT Minutes of August 8, 2022 Meeting ● MAPHCO PIO Needs and Options