March 2022 Monthly HPP Cooperative Agreement Recipient Webinar
March 9, 2022
Call Transcript

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Odessa Magafas: Hi everyone, we will begin shortly will let a few of our attendees, trickle in, and then in about a minute we'll go ahead and begin the webinar for today. Thank you so much for joining. Welcome to today's webinar. We're very excited for you all to be joining us today. So, I'll kick it off. My name is Odessa Magafas, and I support the communications for the ASPR National Healthcare Preparedness Program or NHPP branch. As we give everyone a minute or two to enter the room, I like to review some of the Zoom features.

First, to ask a question during the Q & A portion of our webinar today, you have two options. The first is, you may submit a written question through the chat function. Additionally, you may ask a question verbally, by opening the participants tab located on the lower test bar and select raise hand on the lower right. A member of our team will then lower your hand and ask you to unmuter to ask your question, you may also submit written questions or comments at any time throughout today's session, but we will wait to answer questions until after each speaker's presentation. So, this meeting will be recorded, and we will send a link to the audio recording and transcript after today's session. So, that said, I will now pass it over to Jennifer Hannah who will open today's call.

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Jennifer Hannah: Thank you all for joining us today. I am Jennifer Hannah, the Deputy Director of ASPR’s National Healthcare Preparedness Programs Branch or NHPP, Branch. Before I hand it over to our first presenter, I would like to provide a brief overview of what we will cover today. Next slide.

First, Kacey Wulff, the Deputy Assistant Secretary Chief of Staff for HHS ASPR, and Meg Sullivan, the acting Chief Medical Officer for HHS ASPR, will provide opening remarks, followed by ASPR programmatic updates. Next, Michael Fucci from the Office of Strategy, Policy, Planning, and Requirements, or SPPR, will present the National Health Security Strategy Federal Register Notice Public Comment Period. Then, Kate Gorbach from Data and Evaluation Support will provide an overview into the HPP FY 2020 End-of-Year Data Analysis Highlights. Finally, we will conclude today’s discussion with general Q & A and closing remarks. Now I will pass it along to Kacey and Meg for our opening remarks today. Next slide, please.

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Kacey Wulff: Alright, thank you Jennifer I think that means we're up. We just wanted to take a minute and join you all to say hi and say how excited we are about this work, moving forward. As Jennifer mentioned, I am the Chief of Staff at ASPR, and this is a top priority for Assistant Secretary O'Connell. I also personally come from previously working in a state. I worked in Colorado on the COVID response, before coming to DC, and really just saw firsthand how the work all of you are doing is really where the success or failure of preparedness happens. And so, coming out of really an unprecedented, which I feel like it's an overused word right now, but probably some of the most unique years of all of our lives. There's just a lot of opportunity to rebuild and build stronger moving forward and so I'm just sincerely looking forward to going through that learning with you all. And partnering very closely with Jennifer and her
extraordinary leadership on this. So, thank you for letting us join. We will probably be joining for many of the conversations moving forward, and just really look forward to the process. So, with that, Meg, I’ll turn it over to you.

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**Meg Sullivan:** Thank you Kacey, and good afternoon everyone. I am currently serving as the acting Chief Medical Officer for ASPR, but like Casey come from a state and local background, and in fact spent much of the early months of the pandemic in North Carolina, where I worked with health care coalitions and saw the impact with long term care facilities, with hospitals, and just with so many different ways that this was such a vital part of the pandemic response. Since I’ve been in this role, I have had the opportunity to meet with other state and local health officials and have just heard firsthand their experience with HPP and the health care coalitions and the impact it's had. So, I also am so excited to be part of this process to really celebrate everything that has happened, but also learn from it and determine how best to move forward. So, thank you.

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**Jennifer Hannah:** Great and thank you Kacey and Meg for opening our call today. We are looking forward to working with you as we've already state, and I'm sure that our recipients are looking forward to hearing more from you and working with you going forward as well. So, with that, now, I would like to share a few administrative updates. Next slide please.

I am excited to announce that ASPR has officially completed the first phase of its transition from PHE.gov to ASPR.HHS.gov. The new website showcases ASPR’s mission and priorities along with innovative approaches to fighting COVID-19 and information on health care readiness, response operations, medical countermeasures, ASPR’s budget and funding, and more. For your reference, a member of our team will share the direct link in the chat.

Next, I’d like to announce the HPP recipient fact sheets for 2021 are coming soon. The fact sheets include key programmatic information such as funding levels, spotlights on preparedness and response activities, and COVID-19 response highlights for each of the 62 HPP annual cooperative agreement recipients. Next slide.

And I want to thank all of you, of course, for your contributions and your input for all of those spec sheets, because without you we would that we certainly would not have been able to produce them, so thank you and I we’re looking forward to posting those very soon. Now I’d like to pass it along to Michael Fucci to discuss the National Health Security Strategy Federal Register Notice Public Comment Period. Next slide.

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**Michael Fucci:** Thank you for that introduction, Jennifer. You can go ahead to the next slide. So, my name is Mike Fucci and I work in the policy division at ASPR, and one of the things I work on is the National Health Security Strategy or NHSS. We're currently developing the next iteration of strategy, which will be the 2023 to 2026 strategy. Just for just a quick background the NHSS basically sets up an access of public health, health care and national security and it serves as a key vehicle for advancing public health and health care emergency. It also serves as a tool address threats, priorities, progress, and gaps and really focus action to implement help security capabilities. In this upcoming 2023 to 2026 iteration, presents a great opportunity
to reflect on the lessons learned from COVID-19 and refocus on priorities in health care through recovery. So, with that we, we want to hear from you. We want to hear your perspective on your health care preparedness response, recoveries, and challenges you've faced across the country. So, we have a thorough register and notice, now. It's seeking public comments regarding national security threats, challenges, and promising practices. The feedback we receive will be vital to informing the development of the strategy and will ensure that we're properly representing the health care sector’s priorities and strategy. So, the questions that we're basically asking is “what are the biggest threats and challenges you're facing?” and “what are the actions and solutions you see need to be taken, to address those challenges?” Specifically, three questions we're looking at are “what are the most critical health security threats and public health, the medical preparedness response recovery challenges that warrant increased attention over the next five years?” “What actions over the next five years should be taken to mitigate these challenges, as the federal government at a state, local, and tribal, and territorial level?” And then “what public health and medical preparedness response and recovery opportunities or promising practices, should we capitalize on, over the next five years?”

So, these are the main questions we're looking at, but we also welcome any other feedback that you may have. On the slide you'll see directions for submitting comments, all you have to do is email us at nhhs@hhs.gov to provide comments. You can place comments in the body of the email or as an attachment using a, you know standard document format. The Federal Register notice is set to close on March 11, but we are accepting comments until March 25th. So, we look forward to hearing from you, as we develop this crucial strategy to advancing our strategy and health security. So, with that said, thank you very much for your time today and I will pass it back to Jennifer.

Jennifer Hannah: Thank you, Mike. Next slide please. So, I will now pass it along to Kate Gorbach to cover the FY 2020 or Budget Period two, data analysis highlights.

Kate Gorbach: Thanks Jennifer for the introduction. My name is Kate Gorbach, and I will be covering the FY20 or BP 2 end of year, data analysis highlights, today. The data points we are presenting today were collected during the FY 20 HPP, end of year data collection process. These data were validated as of December 14, 2021. The data have been analyzed and we would like to share with you some of the insights from FY 20, as you're preparing for FY 21 BP reporting, as well as the application process. Next slide.

Alright so at a glance, there were a total of 44,356 Member organizations that formed part of the 321 HCCs across the 62 states, cities, and territories. Recipients received $231.5 million in appropriation funding to distribute to their sub recipients, their HCCs, in FY 20. Next slide.

So, core member participation rate changes. Between FY 19 and 20 the number of core member organizations, that's our acute care hospitals, EMS, emergency management agencies, and public health agencies, increased overall by 4.8%. That’s about 13,872 to 14,533. That means that you as recipients gained about 650 plus, core members across the nation last year. Each year, we calculate the core member participation rate, the number of HCC members compared to the total number of possible member organizations in a given jurisdiction. Nationally the core member participation rate for acute care hospitals, stay the same at 92%.
When compared to FY 19, when we saw a 4% increase in the public health agencies, HCC membership. Inversely, nationally, we saw a nine percent decrease in emergency management agencies for informing parts of HCC. If anyone on the line has any insights that they would like to share, regarding the decrease in HCC membership for emergency management agencies or any challenges, you and your HCC have faced regarding membership, we’re really happy to hear from you. Please, share in the chat or via email. Any challenges or successful approaches for engaging emergency management agencies. Feel free to enter your insights into the chat and we’ll review these after the call.

Even though we did see a two percent increase in the number of EMS agencies that participate in the program, the EMS participation rate shows the greatest opportunity for improved HCC core membership in FY21 and beyond. Right here at only 44%. After exploring the challenges related to EMS engagement and we would value any challenges that you would like to share, about engaging EMS organizations as members. Please feel free to also enter any challenges or successes that you and your HCCs have faced, into the chat, that you’d like us to consider. Just throw them in the chat or feel free to email. Next slide, please.

Especially surge annex. For the HPP FOA requirements, HCCs are required to submit a draft and file response plan, especially surge annex each fiscal year. Especially surge annex requirement for FY 20/ BP 2 was either the burn care surge annex or the infectious disease surgeon annex. In FY 20, 88.8% of HCCs had completed, especially surge annex, with required components. Of the 88.8%, 87.9% of HCCs confirmed that their core members approved their response plan. 82.4% of HCCs confirmed their additional member organizations were given an opportunity to review, outside of our core members, and the same percentage mentioned that all members received a file copy of the plan. There was a 23% increase in the number of HCCs that have completed specially surge annex from FY 19 to FY 20.

Jennifer Hannah: Kate, if I may, before you before you move on to the next slide, especially related to the specialty surge annexes, I just wanted to remind everyone that for FY 2021/ BP 3, health care coalitions must develop either the burn care annex or the infectious disease preparedness and surge annex, whichever the health care coalition did not complete in the FY 2020 or BP 2. And the goal is, of course, for all health care coalitions to finalize both of these surge annexes, by the end of FY 21/ Budget Period 3, as required by ASPR. That requirement was outlined, of course, within the funding opportunities announcement, as well as the BP three continuation application instructions.

Kate Gorbach: Great, thank you Jennifer. Ready for the next slide. Wonderful. So, opportunity for HCC review and input into ESF 8 response plan. 95% of HCCs confirmed that the recipient provided them with the opportunity to review and provide feedback into the recipient’s ESF 8 response plan. Between FY 19 and FY 20, there was a 5% increase in the number of HCCs that reviewed and provided input into their recipient’s ESF 8 response plan. 15 HCCs from six different recipients have not had a chance to review an ESF 8 response plan. Next slide.

HCC engagement and recipients’ JRIs or jurisdictional risk assessment. HCCs are required to provide input into the recipient’s jurisdictional risk assessment, which must be done once every five years. The goal is that each HCC will say they have been engaged in a JRA at least one
time between the start of FY 19 in the end of FY 23. Progress in that goal, includes a total of 309 HCCs that have already been engaged in the development of the JRA at least once. 12 HCCs from six recipients have yet to be engaged. But there's still three years to go, so there's time. Alright next one.

Alright, the CONOP performance measure. Between FY 19 and FY 20, only one additional recipient completed their CSC CONOPs. So, 33 in FY 19 and 34 and FY 20. HPP requires all recipients to complete their CSC CONOPs by the end of Fiscal Year 21. Performance measure results indicate that 45% of recipients have yet to meet this requirement. ASPR extend the deadline to submit a new or updated CSC CONOPs to the end of FY 21 or BP 3. Next slide.

Finally, I just want to go over the HPP dashboard. The HPP dashboard is an interactive tool that will allow users to view performance measure results of the HPP cooperative agreement, at the national, recipient, and HCC levels. Many, but not all performance measure results will be available on this platform. The goal of this dashboard is to provide users the ability to access performance data in a centralized location, across multiple fiscal years, compare performance results at varying levels of detail, and identify performance gaps in any associated trends, to inform stakeholders. In collaboration with SPPR evaluation, we are in the process of finalizing the dashboard. Our goal is to make this tool readily available for all recipients by fall of 2022. That wraps up my portion of the webinar today, I will now open up the floor for questions.

Odessa Magafas: We have a couple of questions in the chat and I'm happy to read them aloud. So, this one, says "Jennifer, what is the status of the FY 2022 BP4 HPP Continuation Guidance?"

Jennifer Hannah: Thanks for that question, and I was going to include that at the end of the of the Q & A, as well as in the closing remarks, but thank you guys for asking that particular question. The status of the FY 2022/ BP 4 HPP continuation guidance, you should have that, within the next week. We are just finalizing some of the last-minute edits and incorporating comments, and then we'll be able to move that forward to ASPR grants management to post that grant solutions. So, they'll be available to all of you, in advance of us receiving a FY 22 budget. For everyone's awareness, within those continuation application instructions, we will be including those planning numbers which will be your FY 22 award amount. Once we receive our final FY 22 budget, then we will adjust the award amount accordingly. Thank you for that question.

Odessa Magafas: Great, thank you for all that information, Jennifer. That is so helpful and understanding, you now know to know the next steps of this. So, I see here, if we're moving along to general Q & A there's another question in the chat. I'm happy to read it aloud. It says "In regard to Emergency Management insights, you have some states, like Kansas, the emergency management department/division has the role of being the response authority and the HCC is not a recognized entity. This makes their participation in the HCCs somewhat redundant. Now, in Kansas, several of our HCCs have good partnerships and working relationships with their member emergency manager but this might not be the case in other states."
Kate Gorbach: Wonderful. Thank you so much for that feedback! We are definitely taking note and thinking how we count members moving forward. Thank you.

Odessa Magafas: Thanks, so much Kate and I see we have another comment here. It says, “please clarify the timeline for the continuation guidance again. It sounded like it may be 6 weeks out…”

Jennifer Hannah: Oh, no not six weeks. Within the next. Next one week, it will hopefully be out.

Odessa Magafas: Great Thank you so much Jennifer for that clarification there. So helpful. We have another question that says, “to engage EM in coalitions, consider coordinating with and requiring coalition participation in homeland security and UASI grants.” And then there was another comment that says, “as in seven days?” I think that was in regard to the previous question. And I think the first part of that might be some feedback as well.

Kate Gorbach: Thank you. If we can also engage, if anyone wants to come off mute or raise their hand, we don’t have to just go through the chat as well.

Odessa Magafas: Yes, great point, Kate. Feel free to unmute yourself and provide the feedback if you would like to.

Jennifer Hannah: Odessa, I might add that, you know, everyone can certainly ask any question at this point of any of our any of our presenters. I know that Kasey and Meg are unable to stay on the call for the entire time, so if you have any specific questions for them that they might be able to answer, as well as questions for Mike Fucci regarding questions for the federal register notice and the public comment period for the National Health Security Strategy, as well as any other questions that you might have other regarding other topics that might not have been presented.

Odessa Magafas: Yes, that's a great point Jennifer. Thank you so much. We can extend the platform for a variety of questions. I see here that we might also have a feedback. It says here, “In Pennsylvania, many of our HCC are involved in the Health and Medical Committee of the Regional Taskforces related to the DHS/UASI programs. That bolsters the collaboration between entities.” Thank you so much for that feedback, Paul, and we'll be sure to note it as well. Okay, I also see we have another question here that says, “How many days will recipients have to complete the continuation application?” Jennifer this one is for you.
Jennifer Hannah: You will have 60 days to complete the continuation application and then, once we receive the final budget and you receive your final budget numbers, you will have 30 days to submit a revised budget and work plan in response to the updated, award amount. For the initial submission, you will have 60 days.

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Odessa Magafas: Great. Thank you so much Jennifer, for filling in that information there. Paul, I see your hand is up, so go ahead and unmute yourself and we are happy to answer your question.

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Paul Hoffman: Good afternoon, everyone. Since everyone just typing in the chat, I figured I’d come off mute. This is for Director Hannah- Is the expectation for the Budget Period four going to be level funded? Or are we expecting a change in our funding from previous years for the preparatory phase of this Budget Period for application?

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Jennifer Hannah: So, for your initial submission you'll use the FY 21 number so that will be level with FY 22. You'll use the same awarded amounts that you had for last year for Budget Period three, to prepare your initial application and then, once we receive our FY 22 budget or appropriations, then we will be adjusting the award amounts based upon the funding level for HPP. So, there could be a change to those award amounts once we receive our final FY 22 budgets.

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Odessa Magafas: Thank you Paul. I also see we have another question in the chat here, it says “regarding NHSS- is there an implementation plan? This has often been a very high-level document without operation implications.”

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Michael Fucci: Yes, there is an implementation plan that goes along with the strategy and that's something, you know, for when we are receiving comments, that's something that we will also consider. So, if it's something that maybe is a little more operational and might not fit in the strategy, it's something that we can try to include in the implementation plan.

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Odessa Magafas: Great Michael Thank you so much for that insight there.

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Jennifer Hannah: I might have another question for Mike as well, regarding the National Health Security Strategy. Regarding the that the strategy, I know that for now, you are accepting comments to inform the development of the updated strategy. What are your next steps after receiving comments and what is the timeline for developing the strategy?
Michael Fucci: So, the strategy is due to Congress by December 21st of 2022. So, as we receive comments, we will be going through all the comments and do some analysis and see if we can find some common trends. And then from there, over the next couple of months is really going to be the main portion of the development of the strategy. And then it will go into the clearance process and it will go through clearance throughout HHS.

Odessa Magafas: Thank you so much Mike for that information. If anyone has any other questions that they'd like to either drop in the chat or raise their hand and will you know unmute you. There doesn't seem like anyone has any questions at the moment, so if you do I'm sure you know... Oh I see one. It says, "Can you post the NHSS/HSS email for comments address again?"

Michael Fucci: Yeah I'll add that in the chat.

Odessa Magafas: Okay. Thanks so much Mike.

Jennifer Hannah: Since that time period has been extended for accepting comments, we will also make sure that we include that within the Health Care Readiness Bulletin, on Monday and share that with everyone. If you if you still want to provide comments as well.

Odessa Magafas: Thank you Jennifer. We all look forward to receiving the Bulletin. And Steve just so that you know, Mike just posted the email address in the chat box, so go ahead and note that for future comments, so you may have.

Jennifer Hannah: Once the continuation application instructions are posted in in grant solutions because, as you know, we will not be posting it via grants.gov, because it is a continuation. Application, we will also ask our field projects officers to reach out to all the recipients just to confirm that you have received the notification that the continuation application instructions are available and also will post that information in our Health Care Readiness Bulletin and once released, we will schedule a date and time to provide any technical assistance or an informational discussion, regarding the continuation application instructions, to walk you through those. You should hopefully not see too many changes from the BP 4 requirements, primarily these requirements will be any flexibility or any clarification that we have identified in advance of releasing the BP 4 awards, that will be included in the continuation application instructions.

Odessa Magafas: Great. Thank you so much, Jennifer for mentioning that. If you would feel comfortable and if there's no other questions we could go to closing remarks today, unless
anyone has any last-minute questions they'd like to address to the group today. If not, we can go ahead and close it up.

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Jennifer Hannah: We will give folks maybe 30 seconds to see if there's any last-minute questions and then we can move into the to the closing remarks and give folks back some time on their calendars during a very busy day.

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Odessa Magafas: Sounds great. Thank you so much Jennifer. That's a great plan.

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Jennifer Hannah: Okay, not seeing any additional questions in the chat or having anyone wanting to come off mute. First, I just want to thank everyone, and thank all of our speakers and certainly thanks Kasey and Meg for joining us today. And oof course, all of you for joining this call. But finally, just as a reminder, you know we want you to stay connected with ASPR on social media to receive the most up to date information about how ASPR is contributing to health care preparedness and response. I already kind of gave my final statement at the beginning with of course thanking our presenters and thanking all of all of you.

So, with that I'll go ahead and conclude today's webinar and we look forward to seeing you next month. I believe next month is our joint call with our PHEP colleagues. And then, of course, hopefully we might be seeing some of you at the Public Health Preparedness Summit in Atlanta in early April. As a reminder for the business meeting, we will not be conducting our joint PHEP PHEP business meeting, at the summit. I think we're going to be scheduling a joint virtual meeting probably later in the year, probably late spring early summer. So, with that again will conclude today's webinars thanks everyone and have a wonderful day.