1. Welcome
* The meeting was called to order by Dr. Klein, participants were then directed to introduce themselves to the group.
* Dr. Klein introduced Dr. Karen Shelton, VHD Commissioner of Health.
* Dr. Shelton provided opening remarks an overview of the meeting agenda and her background experiences.
1. Fusion Center Brief-John Janssen Virginia Fusion Center
	1. Mr. Janssen provided a briefing on the current threat landscape in Virginia and Beyond, an overview of the fusion center, partnerships (NVRIC). He also provided an overview of the threat matrix and threat bands from which assessment are developed.
	2. Mr. Janssen then highlighted prioritized threats for 2023 for the group (Independent Lone Actors, Malicious Cyber Actors, Drug Trafficking Organizations, Homegrown Violent Extremists & Foreign Terrorist Organizations. Domestic Violet Extremists, and Human Trafficking.
2. Emerging Health Threats-Jonathan Falk, VDH Office of Epidemiology
	1. Mr. Falk began to outline emerging health threats to include COVID 19, Flu season, slight increases in Influenza-Like Illnesses, RSV, and associated immunization, Group A-Strep, Alpha-Gal Syndrome, Sexually Transmitted Infections, Cyclosporas, Salmonellosis, Meningococcal, Candida auris, Fungal Meningitis, MPox, Heat Related Illnesses.
3. Virginia Addiction Management Team
	1. Overview
		1. Mr. Mauskapf-Provided an overview of the Opioid IMT, background, key players, and organizational structure.
		2. He also outlined the key points in Executive Order 26 and Senate Bill 1415.
	2. Team Operations-Dr Laurie Forlano and Dr. Vanessa Walker-Harris
	3. They the turned the presentation over to additional staff.
4. Needs Assessment
	1. Dr Forlano then turned the presentations staff to discuss various portions of the response. The presentation began with Erin Austin delving into needs assessment for harm reduction, to include the scoring process, criteria for each locality.
5. Comprehensive Harm Reduction) Ellaine Martin, VDH. The speaker began to talk about the definition reduction.
	1. She also provided the mission and scope of the harm reduction program and list operations.
	2. She also spoke about the CHRS Site in development within Virginia. Support available along with programs and the nest steps and partnership’s/expansion for the program.
6. Opioid Reversal agent distribution-Dr. Alexis Page
	1. Dr. Page started by providing history and background of the distribution:
		1. Historically, no-cost naloxone distribution in Virginia has been demand-driven.
		2. The Virginia Department of Health (VDH), along with other state agency partners, has developed a plan to distribute naloxone, or other opioid reversal agents, and harm reduction test strips to eligible entities and individuals at no cost across Virginia.
		3. Current and future focus is distribution of no-cost naloxone to high-priority populations and settings, including:
		4. People who use drugs (PWUD)
		5. Friends, family, and caregivers of people who use drugs.
		6. People who work with people who use drugs, High-priority locations within communities, e.g., public schools, homeless service providers, juvenile detention centers, Organizations that have high levels of interaction with people who use drugs and their friends and family, This focus ensures that naloxone is accessible in the event of an opioid overdose and allows VDH to continue providing no-cost naloxone to partners that have the most interaction with PWUD and therefore are likely to have greater impact on reducing overdose deaths.
		7. VDH continues to evaluate demand for naloxone, trends in opioid overdose, and feedback from community partners to further shape plans for strategic naloxone distribution.
		8. Fatality Review Teams-Dr. Diduk Smith-VDH-OCME
			1. Local Regional fatality review teams, Dr. Diduk-Smith began by discussion of the history and background of the Executive Order, she then spoke about a misdeal team from the Winchester Area. She then went on to traditional fatality review teams.
			2. New models look at the case through a “non-Investigative” method.
			3. She then went into some thoughts for the development regional/local team.
			4. Issues related to the development of regional and local plans.
			5. Oversight:
			6. To create a cohesive structure, oversight of the teams is necessary by one entity and a coordinator in each locality or a regional coordinator to support several localities. This will ensure an appropriate funding structure as well as cohesiveness throughout the review process.
			7. Database Management:
			8. A database is necessary to capture the data of all teams.
			9. Training:
			10. Training is necessary to the teams and a plan needs to be in place that includes who is trained, methodology, and who evaluates the outcomes of the training to ensure that the work is following standard protocols.
			11. Data Sharing:
			12. A plan for sharing local level data with stakeholders, such as OCME. This upstream data sharing is necessary to support macro, state-level work.
			13. Lastly, Dr. Diduk Smith focused on recommendations and next steps for the panel.
	2. Wastewater Surveillance
		1. Monitoring communities
		2. Target must be shed/excreted through feces or urine.
		3. Target must be stable in sewage.
		4. Must have analytical method.
		5. For Covid 19
		6. Infected people shed SARS-CoV-2 genetic material in their feces.
		7. Analytical = polymerase chain reaction (PCR)
		8. Provides trends of prevalence in population
	3. Executive Order 26 directed the Virginia Department of Health (VDH) to develop a cost-effective plan to use and fund wastewater surveillance to detect the frequency, potency, and occurrences of fentanyl use in specific locations.
7. BREAK
8. Office of Emergency Preparedness Overview-Bob Mauskapf-VDH Office of Emergency Preparedness.
	1. Mr. Mauskapf started with an overview, history, and background of the Office of Emergency Preparedness.
	2. Mr. Mauskapf spoke about the missions of OEP, organization, funding structure for the Office of Emergency Preparedness
9. Public Comment/ Closing Remarks
	1. Dr. Klein opened the floor for public comment. Hearing none, Dr. Klein adjourned the meeting at 1611.