

2011

# CAPITOL REGION COUNCIL OF GOVERNMENTS

## Storm Alfred - After Action Report

A review of actions and responses by the Capitol Region for Storm Alfred  
October 29 through November 5, 2011



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## CRCOG Winter Storm Alfred AAR Report

*“The errors that man will make can be predicted from the errors he has made”<sup>1</sup>*

### **Introduction**

At the request of the Capitol Region Council of Governments (CRCOG) Policy Board, CRCOG facilitated an After Action Review (AAR) of Storm Alfred at the South Congregational Church on December 1, 2011 for Chief Elected Officials and Town Managers of the forty-one communities comprising Region 3. Capitol Region Emergency Planning Committee (CREPC) Chairman Brian Heavren welcomed the attendees and William Austin, Regional Emergency Support Function (RESF) 5 of the CREPC, started with a briefing of the actions taken by the Region and then opened the discussion with the following;

***“Our response and recovery from Alfred could have been better if..”***

Participants were asked to maintain a big picture approach on how the Region/CRCOG supported them during the storm recovery and not focus on CL&P, as there had already been many opportunities to address that topic. Participant responses are bulleted in Section 2.

The following themes emerged during the AAR:

- Connecticut statutes empower local jurisdictions and the State with the authorities, hence responsibilities, for emergency management and public safety. Via regionalization CRCOG was established by the jurisdictions to develop cooperative processes and initiatives where it made sense. As a result of the terrorist attacks against the United States on 9-11-01, CREPC was formed to assist in emergency planning and response. Even with this robust planning effort CREPC has no specific authority to enact and implement the full range of the “four phases of emergency management,” but acts under the authority of the local jurisdictions to serve their needs by coordinating emergency planning and response efforts. The regional approach in support of jurisdictions during disasters is addressed in the Regional Emergency Support Plan (RESP), originally developed as the RED or Regional Emergency Deployment Plan. Even though the RESP has been officially recognized and approved by the State, Region and local jurisdictions it is not necessarily understood and used.
- Frustration is evident at all levels - At the local level there is confusion about whom to call during a disaster, as both the State and CREPC have mechanisms in place for assistance. Frustration grows from not knowing how to effectively forward requests and if they will get a response. Confusion about CRCOG and State roles and responsibilities abounds. At the Regional level, there is frustration because the established regional process isn't understood, used, or endorsed by local municipal governments to make it

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<sup>1</sup> -Paraphrased, Dr. Archand Zeller, 1940's risk management guru in a presentation by Gordon Graham, All Hazards Incident Management Team Training and Education Conference, December 6, 2011

effective. At the State level there is frustration from the burden of bureaucracy, limited resources to “answer the mail” and confusion about who is doing what.

- Towns are very busy during this type of incident and need a simple “one stop shopping,” or single point of contact method, to forward requests. Additional planning, training and outreach are needed.
- Sheltering of citizens, including planning for at risk populations and pets, has been a work in progress for over five years. The state has provided little guidance or assistance in answering questions about sheltering at-risk populations (levels of service, accessibility, etc.). This inadequacy has led to local acute care hospitals overwhelmed with “medical boarders,” and local shelters ill-resourced to meet the needs of their respective populations. An effective sheltering concept must include supportive care (certain medical monitoring and elder care), animal support and a plan for delivering adequate shelter management resources. In the instances of the “two storms,” local leadership stated they felt they were on their own with little or no help from the State. Their particular concern is the sheltering of individuals who cannot take care of themselves in the “normal” shelter environment.

It is important to note that two other AARs have already been completed for the Region. One details aspects of the response by RESF 8, Public Health and Medical Services. The other concerns a sub-set of RESF 8, the Long Term Care Mutual Aid Plan (LTC-MAP). A sincere effort was made to accommodate all citizens regardless of needs, and the network in Region 3 provided considerable support under harsh conditions. These AARs outline recommendations related to RESF 8 and LTC-MAP based on lessons learned from Alfred, including significant details about roles, responsibilities and authorities, and what worked well regarding coordination with State agencies.

## **Background**

The State of Connecticut is divided into five emergency preparedness and planning regions designated by the Division of Emergency Management and Homeland Security (DEMHS), a division of the CT Department of Emergency Services and Public Protection (DESPP). DEMHS provides each region with a Regional Coordinator who acts as the State’s liaison to local municipalities situated within the DEMHS region. There are 41 municipalities in CT Region 3, also known as the Capitol Region, with a combined population of approximately 1,082,000 individuals (US Census 2010). The region is a 1,074 square mile mix of urban centers and rural farm areas.

Each DEMHS Region has identified a Regional Emergency Planning Team (REPT) responsible for developing and implementing a RESP. In CT Region 3, the CREPC, a sub-committee of CRCOG, acts as the Region 3 REPT. CREPC is organized by Regional Emergency Support Functions in accordance with the National Incident Management System (NIMS). Each RESF has both planning and operational responsibilities as identified in the Region 3 RESP.

Storm Alfred arrived in Connecticut on 29 October 2011 and left some residents without power for as long as 11 days. The storm brought up to 20 inches of heavy wet snow to Region 3 that clung to autumn leaves on tree limbs, a “perfect storm” that would damage hundreds of thousands of trees and down tens of thousands of power lines. The storm was unprecedented in the damage to utility infrastructure, virtually leaving the entire Region without commercial power for days.

The Region 3 Regional Coordination Center (RCC), located in Manchester, CT, was opened by 4:00 pm on 30 October. From this location, representatives from the various CREPC RESFs , especially RESF 5 (Emergency Management) and RESF 8 (Public Health and Medical Services), gathered, verified and shared information among the Region’s stakeholders and with state agencies, coordinated the deployment of personnel and equipment in response to local requests for assistance, and engaged in often hastily arranged conferences with a variety of policymakers statewide to facilitate the *ad hoc* response to the storm. One of the primary concerns starting Saturday evening was the overwhelming of the health care system, as residents without power flocked to emergency departments at hospitals throughout the Region.

Similarly, after Storm Alfred, many of the community shelters received large numbers of medically dependent individuals who required various levels of assistance from trained healthcare personnel. Some of them arrived with caregivers who also had to be accommodated in the somewhat austere environments of community shelters. In many communities, shelter personnel were immediately overwhelmed by this development, and many lacked the trained staff and the administrative experience to manage the growing demand. More details about the medical aspects of shelter operations are available in the RESF 8 AAR.

### **Participant Feedback**

- Shelter operations included adult day care, child day care, feeding, cell phone charging, etc. We need to update our concept of sheltering to include a sustained shelter environment that has better-trained staff and is more comprehensive, with three meals a day and activities to help pass the time, for example, and with consideration given to the need for adult day care and child care.-
- We need to include CL&P in the local and regional planning processes and ensure that their municipal liaisons are properly trained. They should be a regular CREPC member.
- We need to add a utility annex to the emergency plan.
- What are the roles and expectations of CRCOG and the State? This needs clarification.
- Shouldn’t CRCOG or the State be telling us what to do?
- How do we (town) get on the list for resources? What is the correct process?
- We should develop a checklist of all the needs for a shelter.
- We don’t know with whom (and how) to communicate in a disaster. A simple flow chart would help.
- We learned more about what people’s needs were on the Governor’s conference calls than via WebEOC.
- Towns are busy and need a single POC to call when we need something. Is it WebEOC?
- We need an effective tool to communicate our resource needs.

- Communication systems were down for several days. We need a way to reach out, perhaps a mobile regional team, to help determine town status.
- Without communications we didn't know of deadlines to submit requests.
- What are the expectations of service from the Region? The process needs clarity.
- There are limits to volunteerism for running shelters and conducting regional operations.
- Big Question - Is CRCOG or the State our first POC?
- Answer - It is CRCOG per the RESP and clarification is needed.
- What is the 24/7 number to call if we need something?
- The regional approach is not used consistently across the region and this leads to confusion.
- The RESP = formalized mutual aid
- Shouldn't we be able to rely on the EMD for the needed guidance?
- EMDs in some cases are part time volunteers, resident State Police Troopers, or full with other multiple responsibilities in the town. There is no state standard.
- We can use social media for notifications and/or information sharing.
- Roll calls could be conducted on Intercity during incidents to ensure that each community has that communication capability.
- A regional special needs shelter is required, similar to an alternate care site.
- Federal law requirements for shelters versus the local reality of sheltering differ widely.
- Why not station the DEMHS Region 3 Coordinator at the RCC and use that support? If not possible, why not send a regional liaison or other means of support to the State EOC?
- CT DPH favors legislative changes in the quest to support the public.
- (State driven) nursing home policies and practices result in closing down some facilities and placing a greater burden on towns. Another unfunded mandate?
- There is no legal obligation to open a shelter.
- How do we manage animals at shelters? There is a requirement to take pets. There are regional solutions available, but not for every shelter in the region.
- HOME RULE = Two (2) four letter words
- East Hartford has worked on the regional shelter but the facility lost its power.
- Need to communicate the use of CRCOG as a primary resource if that's the way it should be.
- WebEOC should be used to document incident.
- Plans are available to cover all of the topics discussed.
- We just need to understand what the procedures are.

## **Recommendations**

1. Look for long term legislative solutions that support the regional process in the RESP, but planning and coordination efforts MUST continue irrespective of the protracted and complex legislative process.

There was considerable discussion at the AAR around the fact that a change in legislation could help clarify authorities, hence clarify roles and responsibilities of the Region and the State in the support of communities. The goal is to enhance the coordinated local-regional-state response process to eliminate confusion and ensure the best possible support via a coordinated process. The process can be enhanced before legislation is in place, but it requires a full-bore effort, led perhaps by the Office of the Governor to encourage state agencies to better utilize the RESP and

work with the Region and local elected officials to support use of the RESP across their jurisdictions. Perhaps the issues of governance and responsibility will only be resolved by legislation, but meaningful cooperation towards a common goal could be effective. Efforts to resolve these longstanding issues should result in mutual trust, which leads to enhancement in public safety and wellbeing with improved care for our citizens, marked by timely and effective support when they most need it. This is an opportunity we cannot afford to miss.

As our stakeholders learned during the response to Storm Alfred, when some of these elements are at least partially in place, the resulting cooperation leads to better and more effective action. Despite the unprecedented impact of this early season snowstorm, the willingness of personnel at CT DPH to participate in efforts to find creative solutions to unanticipated obstacles was remarkably helpful. Yet, as the situation reached some stability, or “normalized,” regional stakeholders perceived that some parochial attitudes eappeared.

## 2. Clarify the Region’s role and ensure it is understood and bought into at all levels.

As participants’ comments clearly indicated, awareness and understanding of the regional process outlined in the RESP is varied across the Region. The RESP is quite clear on how support should be sought via the Region and it is the responsibility of the Region to make enhanced efforts to educate those communities that are supported by the RESP. **A note of caution:** CREPC must ensure they are ready to be called upon and ensure they meet the stated expectations of the communities served. To provide the anticipated level of support when needed, CREPC needs to build out its RESF structure so that the Region can fulfill its responsibilities regarding resource management. The following items are critical in this endeavor;

- RESF 5 (Emergency Management) should find a way to document the historical response to an event. Currently this responsibility is left to the individuals at the RCC, a spotty process at best, but this essential procedure can be managed much more efficiently by assigning scribes and other recorders. This would include a well-defined process for tracking financial elements for possible FEMA reimbursements where appropriate.
- RESF 7 (Logistics Management and Resource Support) is an essential asset to a complicated response, yet during the response to Storm Alfred the responsibilities of resource management fell principally to RESF 5 and RESF 8 in a relatively haphazard approach. Establishing a strong RESF 7 workforce should be a Region 3 priority.
- RESF 15 (External Affairs) needs to identify additional personnel to ensure their representation when called upon to report to the RCC; this was not the case during the storm response.
- RESF 16 (Volunteer Management) must be expanded to include the management of spontaneous volunteers, not just pre-identified CERT teams.

Currently CREPC relies on RESFs and on-call Duty Officers who serve as volunteers to the system and process. During Storm Alfred the Regional Coordination Center in Manchester, CT, was staffed primarily by CRCOG contractors for coordination and communication tasks. Most of the RESF Chairs and Duty Officers were engaged in response activities for their respective municipalities. Going forward the Region needs to examine the possibility of developing an RCC staff cadre from local municipalities that, although available to the municipality, would be

assigned to the RCC. Those identified individuals could be assigned to Regional Coordination activities on a rotation basis. This would provide added value to participating municipalities by developing a foundation of resource coordination expertise, a better understanding of regional processes, and an improved capacity to provide critical advice to municipal leaders. This would also ensure that the Region will be able to meet the expectations of its member communities. This is a promising practice observed in other cross jurisdictional Multi-Agency Coordination Centers in the mid-west.

CREPC's efforts alone to clarify roles and responsibilities WILL NOT be effective unless and until the RESP is fully endorsed, supported and practiced by the State and all local jurisdictions.

For local municipalities and jurisdictions there is an opportunity to strengthen Emergency Management positions and functions. Local leaders must invest where necessary to assure they have the right person in place as an "Emergency Manager". This person MUST have the trust and confidence of the local executive charged with "knowing" what "the plan" is. This is where the communication starts during a large scale response or incident with regional and state impacts.

3. Finalize the RESP training program. Prepare a short, high level overview for members of the Policy Board and all Region 3 CEO's.

A RED Plan training video was developed by CRCOG in 2008 and was widely used and viewed throughout the Region. As the RED Plan evolved into the RESP this program is now outdated in some of its terminology, but the concepts are still valid. Production of a new video is a challenge but producing a PowerPoint is underway. Two versions will be developed; an overview for Chief Elected and Administrative Officials outlining concepts, and a more in-depth version for responders, Emergency Managers and those individuals tasked with preparedness efforts for their respective municipalities.

4. Build an effective shelter concept that addresses all identified needs.

Given the problems with sheltering in Region 3 in the aftermath of Alfred, the best approach is to reinstitute the statewide sheltering workgroup to address these issues:

- Define the roles and responsibilities for the local, sub-state regions and the State in providing shelter services
- Establish authorities, policies and protocols for the activation of regionally supported medical shelters, if deemed the appropriate solution
- Clearly define staffing requirements for general population shelters, universal access shelters and medical supportive shelters, and how achieving adequate staffing can be supported
- Clarify the role of long-term care facilities (LTC) in community sheltering and hospital decompression, and establish policies and protocols that support a rapid transition in time of need

- Review state agency responsibilities and barriers to establish effective shelter operations, including the necessity for a declaration of a state public health emergency

Through the leadership of CT-DPH, an inter-agency work group drafted a “Supportive Care Shelter Operations Planning Guidance” in 2009 which has yet to be endorsed for implementation from the State. A review of this document and recent lawsuits surrounding sheltering for at risk populations would be an excellent and appropriate starting point.<sup>2</sup>

Additional information may be found in the Region 3 ESF 8 and LTC-MAP AARs.

5. Invite CL&P to become a member of CREPC and include them in regional exercises.

There is no doubt that CL&P has the burden of restoring critical infrastructure after an incident such as Storm Alfred, but they cannot do it alone. It is a community-wide, region-wide and state-wide issue that needs appropriate planning across this broad spectrum of preparedness and response. A regional approach should serve this purpose in an easily manageable process that is already established.

6. State of Connecticut should commence serious planning for critical infrastructure by first identifying and defining Critical Infrastructure and Key Resources (CIKR): Build inter-agency and jurisdictional working groups that can address the various aspects that should have solid plans (transportation, utilities, government centers, communications, etc.) and put in place solid regionally oriented plans.

There is currently no focused effort across the state to address critical infrastructure, but this is one lesson that should be learned from this storm. The State can look to other states that have paid attention to this issue and start by defining what critical infrastructure is and then build a plan to restore it when it is lost. Rather than an ad hoc approach to opening roads and supporting power restoration, a well-defined plan would clarify who needs to respond and what resources are needed to build the capability of restoration. Part of this plan should also include a more effective process to share critical information in a timely and accurate way.

7. DESPP and DEMHS must invest the necessary funds in WebEOC to make it the critical information sharing and incident management platform it is meant to be. Across all the After Action reviews done in the Region, and in testimony provided to the Governor’s Two Storm Review Panel, it was noted that the current utilization of WebEOC is “useless” to local and regional stakeholders. WebEOC, and software like it, is a powerful tool that is little understood and not fully optimized.
8. Plan, train, exercise, critique, update plans; repeat continuously, seriously addressing improvement plan recommendations each cycle.

As the statewide response to Storm Alfred developed, many of the obstacles encountered when local, regional and state agencies interacted had been encountered before, and had been

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<sup>2</sup> This group also developed a concept paper “Facilitating Inter-Agency Emergency Supportive Care Shelter” in November 2008

identified as problems to be solved in prior after-action reviews. Failure to pay attention to improvement planning will lead to repeating the same mistakes.

## Conclusion

CREPC modeled the coordination process established in the RESP by adhering to the NIMS and structured RESFs using the National Response Framework. The State legislated the Regional concept to establish a manageable process also modeled after the Federal model. The total effort to support those in need can be fruitful only when done in close collaboration and coordination with local municipal leaders, through the Region and on to the DEMHS Region 3 Coordinator and the State. “Unity of Effort” as prescribed within Federal dictum has not achieved any measurable consistent success in Connecticut. The concept is sound, established in local, regional and state planning, and has been exercised in Region 3. Success is sometimes limited because of questions about legal authorities and disparity in resource management infrastructure and capability. Primarily the process doesn’t work because of adherence at local and state levels to the historic direct link between Connecticut’s 169 towns and the State. There is a lack of confidence at the local level that they will be able to get needed resources during a disaster via any method other than their own resourcefulness. When faced with pressing needs, jurisdictions either do not understand the Regional process or feel no obligation to use it. The result is that short cuts are taken. No one knows what methods will be used or effective, or who will enforce any particular methodology. The result is that jurisdictions use whatever political strength, relationships or media support they can garner to achieve their goals, rather than using the established process.

The established regional process lacks some definition and is not understood across the Region. It suffers primarily from a lack of commitment or understanding at the state and local levels. Only with adequate support and definition will the regional process achieve the levels of success to build confidence at all levels. CREPC developed a workable model to support local jurisdictions and, as part of the Regional improvement planning process, must accept responsibility to help educate stakeholders. Awareness and education efforts by CRCOG should help with effective use of the plan across the Region in one of two ways: CEOs with better understanding will force EMDs and department heads to get with the program, or EMDs and department heads will independently recognize the value of this support mechanism and endorse the Regional concept. CRCOG simply needs to recognize the challenge of implementing change and provide the key educational component that is necessary before the change can be accepted.

Maintaining status quo dooms many organizations. It builds a sense of “here we go again” when bad things happen, and often the urgency to make improvements dims after a brief period of “normal.” A philosophical shift in our region is needed that only requires adherence to the established planning model with serious emphasis on follow up to the improvement plans we have developed. Apply risk management principles and use this storm as a benchmark to prepare for, rather than view it as a once in a lifetime disaster for our communities that we do not need to plan for. If it happens again in 2012 do we want the same result? Only by a commitment to continuous improvement will we be able to reduce the risk associated with natural and man-made disasters to minimize the frustrations experienced recently. Best of all, continuous improvement has the potent to save the health, welfare, and lives of our citizens.