

# WHOLE COMMUNITY PLANNING SURVEY

*Assessing Preparedness and Response Planning Activities*



# TABLE OF CONTENTS

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<b>Executive Summary</b> .....	<b>1</b>
<b>Summary of Survey Participants</b> .....	<b>2</b>
Key Findings .....	3
<b>HHS emPOWER Data</b> .....	<b>4</b>
Key Findings .....	5
<b>Methods Used to Identify Vulnerable Populations</b> .....	<b>5</b>
Key Findings .....	6
<b>Existing Relationships with Community Stakeholders</b> .....	<b>6</b>
Key Findings .....	20
<b>Methods for Establishing Relationships</b> .....	<b>23</b>
Key Findings .....	23
<b>Identified Challenges, Lessons Learned, and Promising Practices</b> .....	<b>24</b>
Key Findings .....	25
<b>Conclusion</b> .....	<b>25</b>
<b>Attachment 1: Survey Questions</b> .....	<b>27</b>
<b>Attachment 2: Survey Participants</b> .....	<b>30</b>

## EXECUTIVE SUMMARY

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As part of the Capitol Region Council of Governments' (CRCOG) continued commitment to improve preparedness efforts throughout the region, and in alignment with requirements outlined in the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Joint Cooperative Agreement (CDC-RFA-TP17-1701), CRCOG has launched a comprehensive effort to ensure that the region is creating strategies that include planning for and with individuals with disabilities and others with access and functional needs who may require additional assistance before, during, and after an emergency.

To accomplish this, a multi-faceted whole community stakeholder engagement project is being conducted across the region to identify existing community stakeholders and resources, develop a regional process to integrate the access and functional needs of at-risk individuals, and develop a strategy to ensure inclusion in regional response activities.

The first step in this effort focuses on collection of information related to whole community preparedness and response planning activities using a web-based survey method. A key area of inquiry is how CRCOG partners obtain information and what collaborative partnerships exist to ensure that response efforts address the needs of vulnerable populations, including but not limited to children, pregnant women, older adults, individuals with disabilities and those with access and functional needs, individuals with pre-existing health and/or serious behavioral health conditions, and others with unique needs such as limited English proficiency.

This report provides a summary of the CRCOG Whole Community Planning Survey, which was released in June 2018 and remained available to CRCOG partners through end of September 2018. Its purpose was to capture current whole community planning strategies utilized by CRCOG partners. A preliminary assessment of the results was conducted in August 2018, and a final report was developed in October 2018. Data from both the August and October assessments were utilized to complete this report.

## SUMMARY OF SURVEY PARTICIPANTS

This report provides a list of survey questions asked and a summary of the responses as of October 2, 2018. The last response to this survey was completed on September 28, 2018. The full list of survey questions is included in **Attachment 1**, and a list of partners who completed the survey is available as **Attachment 2**. The complete survey data is available as an Excel spreadsheet upon request.

As of July 17, 2018, there were 40 surveys attempted and 34 completed. As of October 2, 2018, there were 63 surveys attempted and 46 completed. Report findings were based on the 46 completed surveys.

- Participants were asked to provide their contact information, see **Attachment 2**.
- Participants were asked to indicate their organization type from a dropdown list, Table 1 summarizes the organization types that were indicated.

Organization Types	Number of Responses
Public Health	11
Emergency Management	9
▪ Law Enforcement and EMS (indicated as an “other”)	
Hospital	4
Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)	2
Emergency Medical Services (EMS)	1
Home health agencies	2
▪ Hospice (indicated as an “other”)	
Jurisdictional Partners, Including Cities, Counties, and Tribes	5
▪ Youth Services	
▪ Services for Older Adults	
▪ Town Administrator and Emergency Management Director (EMD)	
Local Chapters of Health Care Professional Organizations	1
Local Public Safety Agencies	2
▪ Town Emergency Management Director (indicated as an “other”)	
Other (e.g., child care services, dental clinics, social work services, faith-based organizations)	9
▪ Health Care Coalition	
▪ Emergency Management, Fire Department, and Emergency Medical Service or Ambulance Service	
▪ Healthcare System - Primary care, specialty care, urgent care, acute care hospital, long-term care, assisted living, behavioral health inpatient and outpatient, home care services, rehabilitation services	
▪ Senior Center/Services for Older Adults	
▪ Town Social Services, Senior Center, Veteran’s Liaison, CERT Coordinator, Triad Coordinator	
▪ Commission on Aging	

Table 1: Organization Types

**Key Findings**

**Figure 1** describes the types of organizations (self-identified) of participants who completed the Whole Community Planning Survey. The majority of CRCOG partners completing the survey come from the areas of Public Health (23%), Emergency Management (20%), and Jurisdictional Partners (11%), (including cities, counties, and tribes) followed by Hospitals (9%). The limited participation from EMS partners is noteworthy considering that EMS is a required health coalition partner related to the HPP-PHEP Joint Cooperative Agreement.

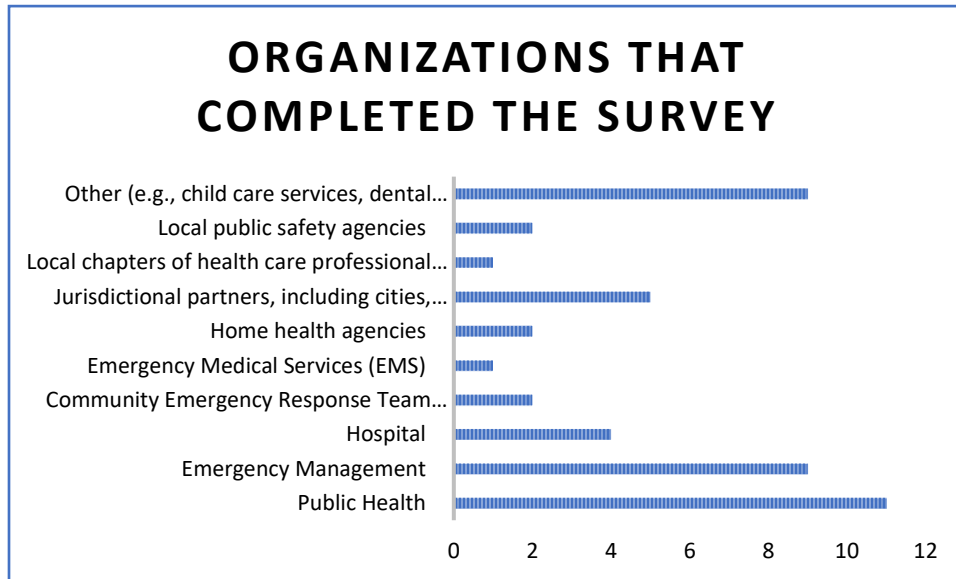


Figure 1: Organizations

**Figure 2** identifies the types of organizations indicated as “other” by survey participants. Programs and services for older adults represent the most frequently identified partner in this area. As can be seen throughout this survey summary report, services/programs for older adults not only represent several

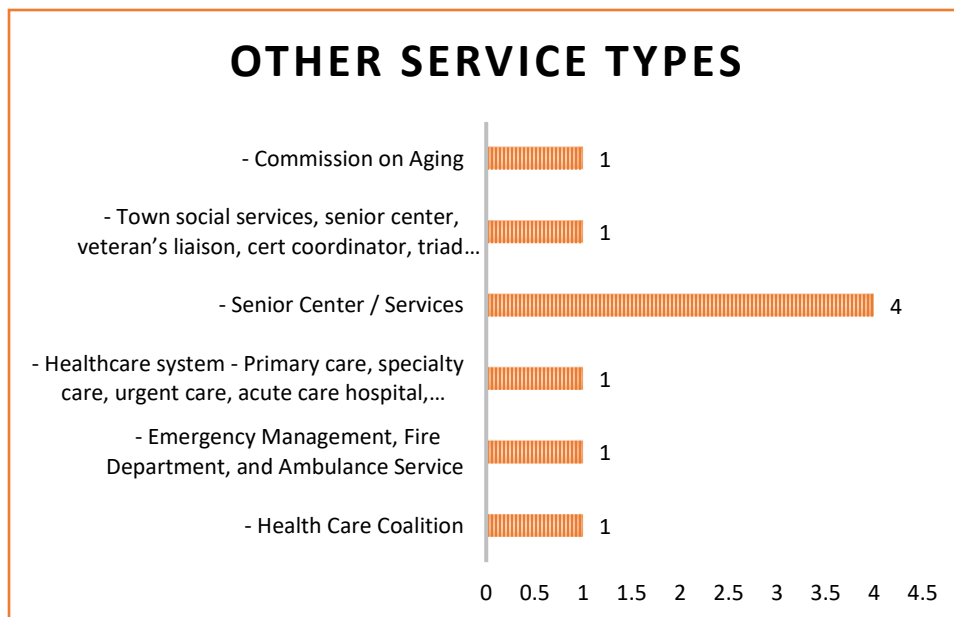


Figure 2: Organizations that indicated “other”

survey participants but are heavily relied upon partners for other CRCOG members in terms of whole community planning.

## HHS EMPOWER DATA

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The following section provides a list of each survey question and the associated responses.

Questions in this section focus on U.S. Department of Health and Human Services (HHS) emPOWER data.

Q1. The State of Connecticut Department of Health (CT DPH) was tasked with providing trainings on the U.S. Health and Human Services emPOWER data system. Was your organization invited to participate in one of these trainings?

- 16 Yes
- 29 No
- 1 No Response

Q2. If you answered YES to Question 1, did your organization participate in a training on the U.S. HHS emPOWER system?

- 14 Yes
- 5 No
- 27 No Response

Q2a. If you indicated yes, please enter the date of the training.

- 13 Responses, all indicating June 2018
- 3 No Response

Q2b. Has your organization used the U.S. HHS emPOWER system to enhance your plans and response strategies?

- 5 Yes
- 18 No
- 23 No Response

Q3. If you answered NO to Question 1, would your organization like to have a training on the U.S. HHS emPOWER system and how it can inform emergency response plans?

- 32 Yes (includes 8 yes responses that had indicated they previously received training)
- 5 No
- 9 No Response

**Key Findings**

Only 35% of programs indicated they were invited to participate in an emPOWER training. **Figure 3** represents the organizations invited to empower Training. Of the programs that indicated they had been invited to participate in emPOWER training, Public Health represented the largest group by far, followed by hospitals. Of those invited, 88% participated. Organizations that were invited but did not participate included a hospital and home health agency.



Figure 3: Invited to emPower

Of those responses that indicated they had NOT received emPOWER training (whether invited or not), 70% noted that they have an interest in receiving the training. Some responses indicated that those who already received emPOWER training were also interested in additional training opportunities. Overall the majority of CRCOG partners responding to this survey demonstrated an interest in receiving further education on emPOWER (data, potential uses, and access).

**METHODS USED TO IDENTIFY VULNERABLE POPULATIONS**

Questions in this section provide an assessment of methods used to identify vulnerable populations.

Q4. Which of the following approaches or data systems does your organization use to assess its vulnerable populations and/or those disproportionately affected by disasters and emergencies: (dropdown list provided)

Listed below are the approaches or data systems listed in the survey.

- Organization is a service provider and maintains client records/demographics as part of our service provision.
- Partnership with other agencies who provide services to vulnerable or at-risk populations
- United States Census Data
- American Community Survey (ACS)
- Social Vulnerability Index (Centers for Disease Control and Prevention)
- Registry (optional for participants, self-disclosure)

- Community outreach activities such as door-to-door campaigns, mailers, and/or flyers
- Utility Company Priority Restore database
- HHS emPOWER database

**Key Findings**

Figure 4 provides a representation of the most frequently used methods for identifying vulnerable populations identified by CRCOG partners. Partnership with other agencies who provide services to vulnerable or at-risk populations is indicated as the most common method. Programs indicating that their organization is a service provider and maintains client records or demographics as part of their service provision is indicated as the second most common method for identifying vulnerable populations.

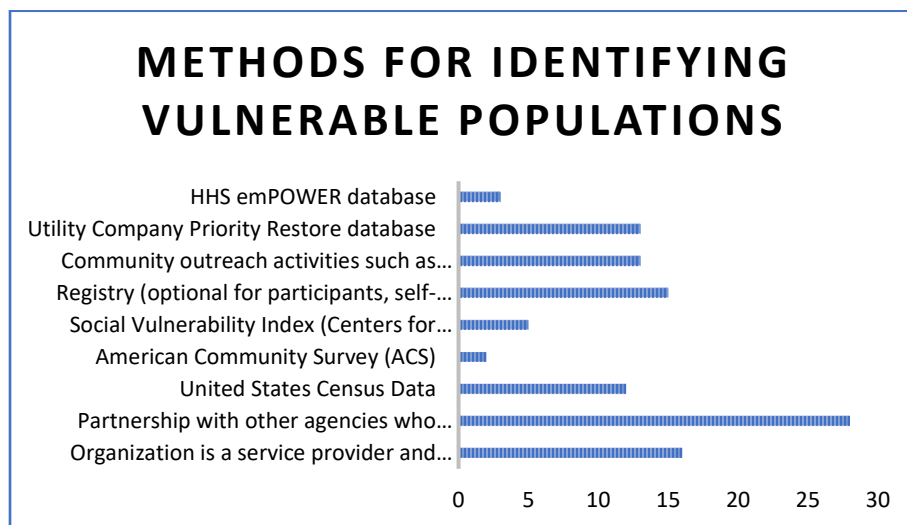


Figure 4: Most Frequently Used Methods

Methods such as registries, community outreach, U.S. Census data, and utility company information were all indicated as common methods used by CRCOG partners. The use of emPOWER data and specific statistical data from the ACS were indicated least of all methods. The ACS provides statistical data related to disability by type and is used as source data by the CDC’s SVI and the U.S. Census.

**EXISTING RELATIONSHIPS WITH COMMUNITY STAKEHOLDERS**

Questions in this section focus on existing relationships with community stakeholders.

Q5. Has your organization established relationships with community stakeholders to obtain supportive services and resources to support individuals with disabilities or those with access and functional needs during emergencies? (dropdown list provided)

Public Health Services

- 33 (72%) of the responses indicate that survey participants have established relationships with Public Health Services. The following programs and/or services were highlighted:



- EMS indicated they partner with Social Services, local senior centers, and Parks and Recreation.
- Public Safety partners with Public Health Services on community outreach and health data.
- Health Care Coalitions indicated they partner with Public Health Services through the Region 3 Health Care Coalition for preparedness and planning.
- Jurisdictional partners providing services for older adults indicated they work with Farmington Valley Health District, American Red Cross, and Farmington Valley Visiting Nurse Association, as well as Pomperaug Health District, in the context of collaboration related to a local emergency planning committee (LEPC).
- A municipal senior center indicated that Chatham Health District Community offers nursing services that are provided by contractual arrangement with Middlesex Hospital Homecare.
- Public Health indicated that they:
  - Reach out to State partners to access State Public Health Data Systems and Department of Economic and Community Development (DECD).
  - Have relationships with other health entities to access vulnerable populations including older adults, children, and pregnant women, as well as using the “Dial-A-Ride” program for older adults to assist with transport services to medical and other appointments.
  - Have established partnerships with First Choice Community Health Center and Intercommunity Healthcare.
  - Coordinate within their own programs to provide Health Education, Emergency Preparedness & Response, Vaccinations, Drug Overdose Prevention, Census Data, Technical Assistance, and environmental monitoring in mass care environments.
  - Serve on a Human Services Department, providing nursing, point of dispensing (POD) capability, case management, and basic needs provision.
- Emergency Management indicated that they:
  - Consider the American Red Cross (ARC) as a public health partner.
  - Have partnerships with Social Services to assist with home heating, mental health services, and shelter operations.
  - Coordinate with Public Health partners to access health district protocols.
  - Have established partnerships with Farmington Valley Health District.
  - Utilize their relationships with Public Health for support during an emergency and to assist with identifying people needing special assistance.

### Emergency Management

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- 35 (76%) responses indicated that they have established relationships with emergency management. Types of services or programs include:
  - EMS serves as part of the Emergency Management department for their town.
  - The Health Care Coalition is part of regional emergency planning Regional Emergency Support Function (RESF)-7 but engagement is limited; however, they have collaboration with Incident Management Team (CT IMT 3).

- Hospitals indicate they coordinate with Emergency Management through the Emergency Operations Center (EOC) when activated. The Hospitals utilize Emergency Management for resources such as generators, oxygen supply, and transportation.
- A Town Administrator indicated that the municipality maintains partnerships with ARC and CERT to assist in emergency response.
- Home Care indicated the guidance they are being given related to coordination with Emergency Management is to call 911 and they are seeking a better planning strategy.
- Municipal Human Services Department (Manchester) indicated they work with Emergency Management during public health emergencies.
- CERT and MRC indicated they work with Emergency Management during trainings and response involving CRCOG or FEMA.
- Representatives from Senior Centers and the Services for Older Adults sector indicated they have established relationships with:
  - CERT and emergency response
  - Hartford Health and Human Services
  - The municipality to provide subject matter expertise and represent residents' needs
  - Winsted Police, Fire and Ambulance departments
  - Hebron Emergency Management Office
  - The LEPC that serves their municipality
- Public Health indicated they partner with Emergency Management:
  - For coordination of requested resources, through municipal EOCs
  - Through Health Care Coalition meetings and emergency plan review
  - Through coordination with local Fire, Police, Emergency Management, and State Division of Emergency Management and Homeland Security (DEMHS)
  - Through coordination with Fire EMS, Ambulance Service of Manchester (ASM)
  - Ambulance; East Hartford CERT, Manchester HAMs (amateur radio operators)
  - For preparedness and response planning
  - In the case where a Public Health Director also serves as EMD for local municipality
  - By maintaining ongoing interaction with Emergency Management, including participation in drills and radio updates
- Emergency Management indicated they coordinate with:
  - Fire, Police, EMS
  - Fire/Police and Human Services Unit to contact "at-risk populations" during emergencies
  - DEMHS, Regional Incident Management Teams, and other EMDs for assistance, depending on the details of the situation

### Logistics Support and Response Resources

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- 20 (43%) responses indicated that they have established relationships that provide logistics support and response resources. Types of services or programs include:

- The Health Care Coalition, which is part of regional emergency planning RESF-7, has had little or no engagement in this context; however, they collaborate with CT IMT 3.
- Local Public Safety indicated that they coordinate with Canton CERT.
- Jurisdictional partners (Youth Services, Services for Older Adults, Town Administrator) indicated they coordinate with local CERT.
- Representatives from Senior Centers and the Services for Older Adults sector indicated that they work with their municipality to assist with training.
- Municipal Human Services Department (Manchester) indicated that they work with Emergency Management Logistics to request supplies through the town EOC.
- Home Health indicated they are notified through the Health Coalition on logistics of an incident, such as inclement weather.
- Public Health indicated they coordinate:
  - With local Fire and Emergency Management Departments
  - Across local health departments (LHD) and the CT DPH
  - With Public Works, providing support for preparedness drills
  - With Cromwell Emergency Management, who provides shelter during time of emergencies
- Emergency Management indicated they coordinate with:
  - DEMHS, National Guard, and local Public Works departments
  - Senior housing programs, federal senior housing programs, and Social Services
  - State of CT DEHMS
  - Town Department of Public Works and CTTransit (public transportation)

### Advocacy/Service to Specific Cultural Groups (e.g., Cultural Community Centers)

- 13 (28%) responses indicated that they have established relationships with advocacy and service groups targeting specific cultural groups. Types of services or programs include:
  - EMS indicated they regularly reach out to their local senior center and Social Services to share resource registration.
  - Healthcare system partners indicated they have established relationships but did not provide a description of their service partners.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated they primarily provide political advocacy (Board of Selectmen) to receive budgetary funds or improved conditions for seniors.
  - CERT and MRC indicated that they can assist with Ready.gov based trainings.
  - Municipal Human Services Department (Manchester) indicated they provide services to all residents of Manchester tailored to their needs, e.g. brochures in various languages, interpreters, etc.
  - Emergency Management indicated they have partnerships with faith-based organizations.
  - Public Health indicated they have partnerships with:
    - Community Health Center (medical clinic)
    - Faith-based organizations
    - Hispanic Health Council

- Women, Infant, and Children’s Program (WIC)
- Cultural Community Center
- Senior Center
- Local autism group (partnered with Public Health to develop resident information/notification system)

### Advocacy/Service to Individuals with Disabilities

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- 18 (39%) indicated relationships or coordination with agencies providing advocacy or services to individuals with disabilities. Types of services or programs include:
  - Local public safety indicated they coordinate with Canton Senior and Social Services.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated they may have resources to go to housing complexes in town and provide wellness check.
  - Municipal Human Services Department (Manchester) indicated they provide service such as transportation, case management, homecare services, basic needs, and referrals.
  - Public Health indicated they coordinate with:
    - Local non-profit agencies
    - Through Commission on Disabilities
    - Through use of self-reported registries
    - Through Center for Children with Special Needs
    - Within their client base through the Community Health Center to interact with individuals with disabilities at their residences
  - Emergency Management engages with the local Commission on Persons with Disabilities and through social services.
  - Home Health works through specific community agencies and through social services.

### Personal Assistance Services (PAS), Home Health Aid

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- 17 (37%) indicated that they have established relationships with providers of PAS or home health services. Types of services or programs include:
  - The Health Care Coalition is part of the Region 3 Health Care Coalition, they indicated anticipation of future preparedness and planning and response coordination.
  - Public Health indicated partnerships through nursing home visits, and ongoing relationships with regional Visiting Nurses Association (VNA).
  - Emergency Management indicated coordination with the VNA.
  - Home Health indicated that this is a service area they provide.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated that these resources may be available if the individuals are existing clients.
  - Municipal Human Services Department (Manchester) indicated they have a contract with VNA for people without insurance for PAS services.

### Other In-Home Care Services

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- 13 (28%) indicated that they have established relationships with other in-home care services. Types of services or programs include:
  - The Health Care Coalition is part of the Region 3 Health Care Coalition. They indicated anticipation of future preparedness and planning and response coordination.

- Emergency Management indicated coordination with the McLean Home Health group.
- Home Health indicated that they reach out to other providers when they cannot provide services themselves.
- Representatives from Senior Centers and the Services for Older Adults sector indicated that these resources may be available if the individuals are existing clients. Also noted was that referrals can be made to Connecticut Home Care Program for Elders or Heart to Heart for Certified Nursing Assistants (CNA).
- Municipal Human Services Department (Manchester) indicated they have a contract with VNA for people without insurance coverage for these services.

### Accessible Transportation Services

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- 25 (54%) indicated that they have established relationships with accessible transportation partners. Types of services or programs include:
  - Local public safety indicated they have aid agreements with CT Transit.
  - Health Care Coalition indicated they have ability to coordinate resources through Long-Term Care (LTC) Mutual Aid Plan, where each LTC maintains a list of vehicles/resident transportation services for LTC -MAP access.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated they utilize Dial-a-Ride or Senior Center transportation. Also noted was that the Department of Social Services has a transportation department which provides approximately 1,000 rides per month.
  - Public Health indicated they work with local and state bus transportation resources:
    - Middlesex Area Transit (MAT)
    - Greater Hartford Transit District
    - Ace Taxi accessible vehicles
    - Windsor Senior transportation
    - Dial-a-Ride
    - Public Transit systems
    - Cromwell senior services accessible shuttle services
  - Emergency Management indicated they utilize:
    - Town transportation resources
    - Local senior citizen association has an accessible vehicle used for shuttle services
    - Dial-a-Ride
    - School System assets
  - Hospitals indicated they use ambulance services.

### Services for Older Adults

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- 18 (39%) indicated that they either are providers or have established relationships with partners who provide services for older adults. Types of services or programs include:
  - Local public safety indicated they coordinate with a Disaster Assistance and Mental Health (non-medical) program.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated:
    - Some senior services programs have ability to provide shelter assistance.

- The Russell Mercier Senior Center provides social services, transportation, nutrition, and recreational services.
- The Commission on Aging noted they continue to advocate for increased Dial-a-Ride services, for increased Senior Center Coordinator hours, and for the local Senior Center to provide more programs.
- Municipal Human Services Department (Manchester) indicated they partner with various social work services, senior centers, and Community Health Center services.
- Public Health coordinates with the following partners:
  - Senior Services Department
  - 211
  - VNA
  - ARC
  - Glastonbury Senior Services
- Emergency Management coordinates with the following partners to identify and assist those in need:
  - Local senior center
  - Social Services
  - Senior services support programs
- Home care indicated there are many gaps within the adult services groups.

### Services for Children

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- 14 (30%) indicated that they have established relationships with partners who provide services for children. Types of services or programs include:
  - Home Health indicated they do not serve pediatric patients.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated that some senior services programs have ability to provide shelter assistance that can extend to cover children.
  - Public Health indicated they coordinate with the following partners:
    - Board of Education, Children with Special Needs programs
    - First Choice Community Health Center
    - Intercommunity Healthcare
    - WIC
    - Child Development Center
    - Glastonbury Youth and Family Services for families with children
  - Public Health indicated that their Director of Recreation has responsibility for children's programs during an emergency.
  - Emergency Management coordinates with the following partners:
    - After school programs
    - Youth and Community Services Department
    - Social Services

### Food (e.g., Pantry, Fixed Feeding Sites, Food Delivery)

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- 24 (52%) indicated that they either can provide or have established relationships with partners who can provide food/feeding related services (pantry, congregate feeding site, home delivered meals, mobile feeding resources). Types of services or programs include:
  - Public Health indicated they coordinate with the following partners:
    - Local food pantries (including church-run pantries)
    - Combined Interfaith Emergency Food Bank
    - School system to provide meals for shelter environments
    - Food pantry at Glastonbury Social Services
  - Public Health indicated they would like to better understand how many people are utilizing these resources.
  - Public Health indicated that the Cromwell Town Hall is equipped with a commercial kitchen and serves as the town shelter.
  - Local public safety works with Canton Food Bank.
  - Hospitals indicated they work with Sysco Food Services.
  - Home Health indicated they work with various local agencies, churches, and contracted social workers.
  - Emergency Management indicated that cooking and serving during an emergency event requiring feeding is done by a combination of the school's cafeteria staff and volunteers. Depending on the time of year, the schools may have a stockpile of food on-hand.
  - Emergency Management indicated they coordinate with social services and have capacity to conduct points of distribution.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated:
    - Some senior services programs provide their own food pantries or mobile food stores.
    - One senior service program indicated they are a nutritional serving site through New Opportunities of Waterbury and partner with the Southbury Food Pantry.
    - Some programs partner with, or refer to Salvation Army Food Bank, Open Door Soup Kitchen, Manchester Area Conference of Churches (MACC), or Hebron Interfaith Human Services food pantry.

### Emergency Medical Transportation

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- 24 (52%) indicated that they have established relationships with emergency medical transportation partners. Types of services or programs include:
  - The Health Care Coalition is part of the Region 3 Health Care Coalition. They indicated anticipation of future preparedness and planning and response coordination.
  - Public Health partners with local EMS to provide access to people who require medical transportation.
  - Public Health coordinates with EMS through Healthcare Coalition meetings and emergency plan review.
  - Public Health uses other resources for emergency medical transport:
    - Ace Taxi
    - Greater Hartford Transit District

- Windsor Volunteer Ambulance
- American Medical Response (AMR)
- Glastonbury Emergency Medical Services
- Emergency Management partners with local EMS. Specific provider information includes:
  - Coordination with Bristol Hospital and their EMS
  - Coordination with Social Services
  - Coordination with senior centers for access to shuttle buses
  - Coordination with local fire departments' EMS services and private ambulance service providers
- CERT/MRC coordinate with EMS volunteers at planned events, disasters, and exercises.
- Representatives from Senior Centers and the Services for Older Adults sector indicated:
  - In general, local ambulance services would be used. Many jurisdictions indicate they coordinate their EMS through their local Fire Department.
  - Some programs may use Dial-a-Ride to provide this service.
- Home Health indicated they transport patients when needed for assessment and care that is beyond scope of home care.
  - CT Transit Authority is a resource partner.
  - Home Health uses 911 AMR where needed.

### Non-emergency Medical Transportation

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- 20 (43%) indicated that they have established relationships with partners who can provide non-emergency medical transportation. Types of services or programs include:
  - The Health Care Coalition is indicated as part of Regional Emergency Support Plan, but in general the region would rely upon EMS and LTC-MAP resources.
  - Emergency Management indicated they would rely on the following:
    - Private ambulance
    - Senior Services shuttles
  - Home Health indicated they may coordinate this service for patients who need to get to appointments or have a change in living situation.
    - Also indicated use of CT Transit Authority as a transportation resource.
  - Public Health indicated they coordinate with the following:
    - Dial-a-Ride
    - Friends in Service Here (FISH) of Stamford, Inc.
    - Senior centers shuttle buses
  - Entities identifying as Jurisdictional Partners indicated they would utilize AMR.
  - Municipal Human Services Department (Manchester) indicated they would rely on local Senior Center transportation and Dial-a-Ride.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated:
    - Some programs offer non-emergency medical transportation for elderly and disabled residents.
    - Dial-a-Ride services may be used.
    - Some senior centers may use their own senior services van.



### Consumable Medical Supplies (e.g., Medication, etc.)

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- 11 (24%) indicated that they have established relationships with partners who can provide consumable medical supplies (CMS). Types of services or programs include:
  - Public Health indicated that may request CMS from the state or federal partners depending on the incident.
    - Coordination may occur with pharmacies.
    - Public Health may purchase CMS if needed.
    - Resources may be shared with EMS.
  - Home Health indicated that clinical staff utilize agencies that provide medical supplies in the home as well as prescriptions.
  - Local chapters of health care professional organizations indicated coordination with the ARC to provide emergency preparedness kits during trainings for Federally Qualified Health Centers (FQHC) for patients and staff, and Direct Relief for emergencies.
  - Municipal Human Services Department (Manchester) indicated that they could provide these resources during a town-wide emergency through established Memorandums of Understandings (MOU).

### Durable Medical Equipment (e.g., Equipment, Supportive Devices Such as Sleep Apnea Machines)

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- 15 (33%) indicated that they have established relationships with partners who can provide durable medical equipment (DME). Types of services or programs include:
  - EMS indicated that they have established partnerships in this area but did not describe further.
  - Public Health indicated they would use local resources (they maintain a list of DME suppliers), established MOUs, or request out for state or federal assets where appropriate.
    - Public Health noted they have no resources related to sleep apnea machines, and it would be an expectation that people using these devices should bring them during an emergency.
    - Pharmacies would also be a resource if needed.
  - Hospitals indicated they have access to ventilators.
  - Home Health indicated that their staff refer to and utilize DME vendors.
  - Municipal Human Services Department (Manchester) indicated that they could provide these resources during a town-wide emergency through established MOUs.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated:
    - Some jurisdictions have a medical equipment library (Stafford).
    - The Avon Lion's Club is a resource for DME.
    - Programs may refer to Doyle's Medical Supply.

### Translation/Interpretation Services

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- 17 (37%) indicated that they have established relationships with partners who can provide translation or interpretation services. Types of services or programs include:

- Public Health indicated they use in-person interpreters, telephone-based, and document translation services; coordination partners include:
  - Local Board of Education (BOE), Family Resources
  - CT DPH
  - Telephone-based services
  - Wesleyan University
  - MOUs for language services
  - WIC intake personnel
  - East Hartford Department of Social Services
  - Public high school foreign language department
- Local chapters of health care professional organizations indicated coordination with Southwestern Connecticut Area Health Education Center (CT AHEC) to translate personal preparedness documents.
- Hospitals indicated use of MARTII™, Life Bridge, and Interpreters and Translators, Inc. (ITI) for American Sign Language.
- Home Health contracts with language service providers, including phone-based services.
- Jurisdictional partners indicated they would contract for services on per diem basis.
- Emergency Management uses LanguageLine™ for 911 Dispatch.
- Municipal Human Services Department (Manchester) indicated they would hire as needed.

### American Sign Language (ASL)

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- 11 (24%) indicated that they have established relationships with partners who can provide ASL services. Types of services or programs include:
  - Public Health indicated they work with the following:
    - American School of the Deaf
    - Public high school foreign language department
    - Interpreters and Translators, Inc. (ITI)
  - Hospitals indicated they work with Interpreters and Translators, Inc. (ITI).
  - Jurisdictional partners indicated they would contract for services on per diem basis.
  - Municipal Human Services Department (Manchester) indicated they would hire as needed.

### Other Programs Assisting People with Limited English Proficiency (LEP)

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- 9 (20%) indicated that they have established relationships with partners who can provide other programs assisting people with LEP. Types of services or programs include:
  - Public Health indicated they work with the following:
    - Social Services
    - In-house speakers of non-English languages
    - Local BOE, Family Resources
    - Public high school foreign language department
  - Emergency Management indicated working with Communication with Community Services and HRA.

- Hospitals indicated they work with Interpreters and Translators, Inc. (ITI).
- Jurisdictional partners indicated they would contract for services on per diem basis.
- Municipal Human Services Department (Manchester) indicated they would refer out for this service.

### Animal Care/Management

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- 15 (33%) indicated that they have established relationships with partners who can provide animal care/management services. Types of services or programs include:
  - Local public safety indicated they have some sheltering agreements for pets.
  - Health Care Coalition noted they are part of regional emergency planning team RESF-11 Animal Response team.
  - A majority of responses also identified Animal Control offices as the primary lead related to animals in emergencies.
  - Public Health indicated they would coordinate with the following:
    - Voluntary Organizations Active in Disaster (VOAD)
    - VCA Animal Hospital of East Hartford
    - East Hartford Animal Clinic
    - Vet for Pet Animal Hospital
    - EHPD Animal Control Director
  - Public Health indicated they coordinate with animal shelters co-located at local disaster shelters in Health District towns.
  - Emergency Management indicated they have shelters equipped to handle domestic pets.
  - CERT/MRC indicated they have a Team Leader for the Animal/Pet unit in the CR-MRC.
  - Jurisdictional partners (Town of Wethersfield Social and Youth Services) indicated they would utilize Animal Control and the Nature Center.
  - Municipal Human Services Department (Manchester) indicated they would refer out for needs in this area.

### Animal Transport

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- 9 (20%) indicated that they have established relationships with partners who can provide animal transport. Types of services or programs include:
  - Jurisdictional partners (Town of Wethersfield Social and Youth Services) indicated they would utilize Animal Control services for this need.
  - Municipal Human Services Department (Manchester) indicated they would refer out for needs in this area.
  - Public Health indicated they would utilize the following services:
    - Local Animal Control offices (Animal Control Officers maintain crates for the transportation of animals.)
    - EHPD Animal Control Director
    - Local large animal veterinarians
    - Local farms
  - Emergency Management indicated that Animal Control is under town Police Department.

- Emergency Management also noted that animal carriers have also been purchased by Region 4 ESF.

### General Supplies and Resources (e.g., Shelter Cots, Bedding)

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- 27 (29%) indicated that they have established relationships with partners who can provide general supplies and resources. Types of services or programs include:
  - Public Health indicated they would coordinate with the following services:
    - Emergency Management
    - Fire Department (cots, blankets)
    - EMS
    - CERT
    - ARC
    - Public Works
    - After-Hours Emergency Services, list of vendors
  - Emergency Management indicated this is generally their role, but they may coordinate with other partners:
    - Social Services
    - Local Fire/Police
    - Stockpiles shared between communities
    - Outside purchases
    - Request through the state DEMHS
  - CERT /MRC indicated they may coordinate with the Capitol Region Emergency Planning Committee (CREPC).
  - Home Health indicated their social work staff works with agencies related to housing issues.
    - They may work with homeless shelters and emergency shelters if needed.
  - Representatives from Senior Centers and the Services for Older Adults sector indicated:
    - They would partner with their local Health and Human Services Department (South End Wellness Senior Center).
    - They would request supplies from ARC.
    - Their Senior Center (Winsted) serves as an Emergency Shelter along with Winsted Town Hall, Fire Dept., Beardsley & Memorial Library and Winsted YMCA.
  - Jurisdictional partners indicated:
    - They would partner with Grainger, Fire and Officer Stores (ARAMARK), and local businesses (Vernon).
    - They would provide emergency shelter with supplies (Town of Wethersfield Social and Youth Services).
  - Municipal Human Services Department (Manchester) indicated they have the capability to operate an emergency shelter.

### Specialized Supplies and Resources (Non-verbal Communication Devices)

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- 11 (24%) indicated that they have established relationships with partners who can provide specialized supplies and resources. Types of services or programs include:

- Public Health indicated they could maintain a stock of pre-scripted signage.
  - Also noted that town buildings have message signs for the blind.
- CERT/MRC indicated they would coordinate through CRCOG and work with CT IMT 3 for access to radios and support.
- Home Health indicated they would work with specific vendors for specialized assets.
- Jurisdictional partners indicated they would:
  - Work with other community partners to obtain needed supplies (Town of Wethersfield Social and Youth Services).
  - Utilize K9 first responders where needed (Vernon).
- Municipal Human Services Department (Manchester) indicated they would utilize cell phone and tablet programs.

### Utility Company

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- 22 (48%) indicated that they have established relationships with utility companies. Types of services or programs include:
  - Public Health indicated they use the following resources:
    - Communication with local Eversource representative
    - Coordination with other public safety agencies
    - Vulnerable populations list
    - Community Liaison Program
    - Utility Company Priority Restore database available through local EMDs
    - Coordination with utility company dedicated team for restoration of services
  - Health Care Coalition indicated they work with Eversource Liaison but noted overall engagement could be improved.
  - Hospitals work with their utility company liaison on tracking status of water, boiler, HVAC, generators, and oxygen.
  - Emergency Management indicated they have an embedded representative from Eversource.
  - Home Health works with utility representative during emergency regarding needs of medically compromised patients.
  - Jurisdictional partners indicated they work with Eversource utility company, gas and water providers, energy assistance, and Operation Fuel. (Town of Wethersfield Social and Youth Services).
  - Representatives from Senior Centers and the Services for Older Adults sector indicated they provide assistance programs related to utility access; New Opportunities was specifically noted as an energy assistance and weatherization program.
  - Municipal Human Services Department (Manchester) indicated they work closely with Eversource.

### Additional Comments on Community Partners

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The following section provides additional comments from specific “Jurisdictional Partners” related to community relationships.

The Town of Vernon, Social Services Department indicated they provide the following services to disabled individuals:

- Medicaid counseling - Two certified staff to provide assistance navigating the Medicare/Medicaid system from CHOICES (Connecticut's program for Health insurance, Outreach, Information and referral, Counseling, Eligibility Screening).
- Renters' Rebate - Process applications for State reimbursement program for disabled/elderly individuals.
- Short-term case management - Provide case management including advocacy, information, and referral.
- Energy Assistance - Process applications.

The Town of Vernon partners both formally and informally with the following organizations to meet the needs of disabled individuals:

- Foodshare: Connects individuals and families to food in our community.
- Operation Fuel: Provides financial assistance to individuals who are having difficulty paying utility bills (MOU in place).
- Access Community Action Agency: Processes emergency assistance applications on behalf of Access (MOU in place).
- Connecticut Department of Social Services: Refers clients for Supplemental Nutrition Assistance Program (SNAP) benefits, insurance, and other assistance.
- Marc, Inc. of Manchester: Serves those with intellectual disabilities and supports their ability to live and work in their community. Includes on-site support for job training, transportation, work related issues, social interactions, recreational activities, in-home needs such as shopping, budgeting, housekeeping, and navigating interpersonal relationships.
- Next. STEP (Supportive Transition Education Program): Vernon Public schools, Next. STEP provides students with disabilities, ages 18 -21, with opportunities to address their individual transition goals in an integrated, age-appropriate community environment.
- Opportunity Works: Enhances the lives of people with disabilities through meaningful and gainful employment services. They offer programs, skill training, mentoring and advocacy that help individuals live a happy, productive life in their communities.
- Vernon Public School Preschool: Provides educational services for children starting at the age of 3 that have been identified as having a disability.
- Capitol Region Education Center (CREC), Birth-to-Three Services: Serves children from birth to age 3 with developmental needs.
- Beacon Services of CT: Provides services for children with autism.
- American School for the Deaf: Provides support and educational services for those who are hearing disabled.

## Key Findings

**Figure 5** illustrates the existing relationships reported by CRCOG partners. Emergency Management and Public Health Services represent core partnerships within CRCOG, which is vital to coordination during an emergency event that effects a whole community.

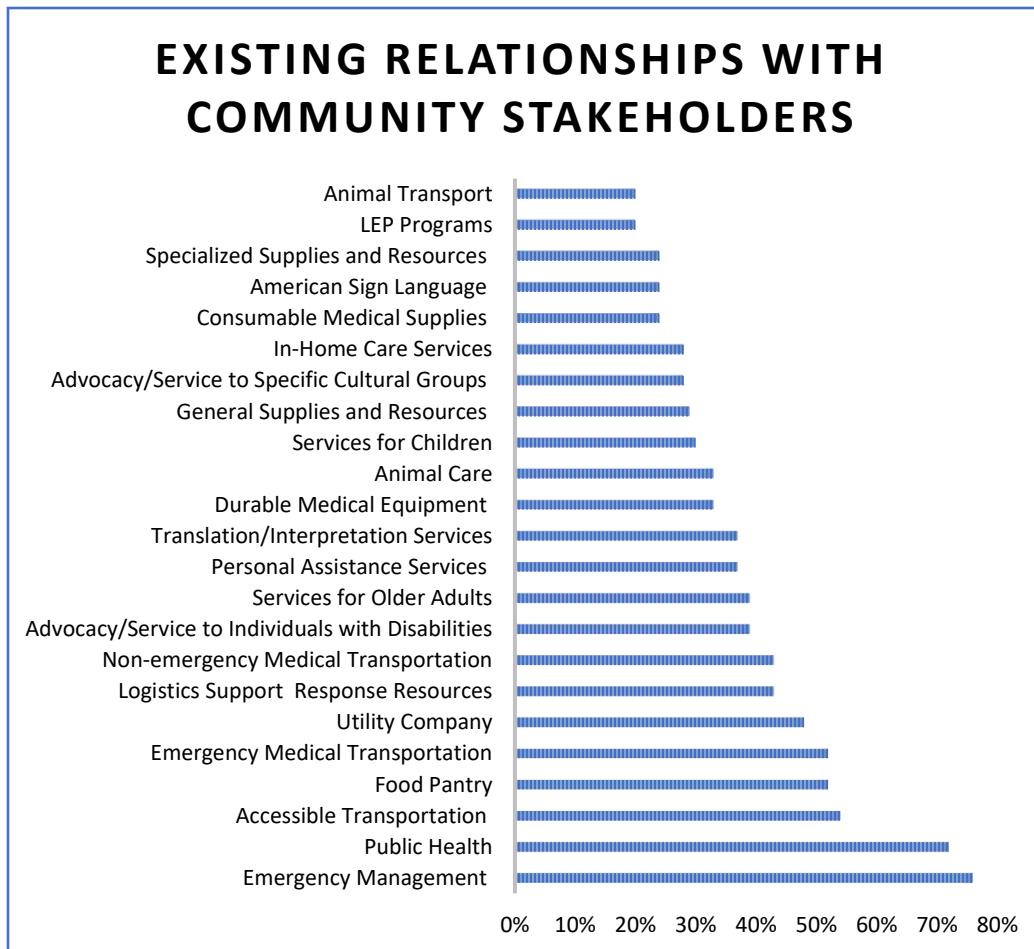


Figure 5: Existing Relationships

Partnership with entities that provide transportation services were also frequently reported. It is noteworthy that many CRCOG partners (who completed the survey) identified transportation resources, including accessible transportation from their local senior centers as well as the Dial-a-Ride service as key methods for transportation, either for routine business or during an emergency. Where multiple partners are relying on the same resources, it is essential to establish formal agreements to ensure services will be available during an emergency.

CRCOG partners indicated a variety of partnerships related to accessing feeding resources, including food pantries, faith-based organizations, food service vendors, and school system-based resources. Many resources described are focused on routine support services, and it is essential to know which of these routine services may be provided during an emergency event, whether the associated portals and eligibility for accessing these resources change during an emergency, and what resources may become unavailable in cases where standard vendors cannot maintain delivery of services. The ARC was not mentioned as a primary feeding partner, so it is essential to outline the ARC’s role in feeding and sheltering operations during an emergency event.

The most limited area of reported partnerships relates to effective communication both for people with disabilities and those with access and functional needs, such as limited English proficiency or cultural

elements that would affect communication. Many CRCOG partners indicated they would contract with vendors as needed. However, without pre-planned agreements in place, services such as ASL interpretation, access to specialized communication devices, and translation services may be difficult to access in an emergency. It is also critical to confirm that entities that indicated they have systems in place, such as LanguageLine®, MARTII™, Life Bridge, and Interpreters and Translators, Inc. (ITI) for ASL, have staff that are trained in their use and that these services are accessible in emergency situations.



## METHODS FOR ESTABLISHING RELATIONSHIPS

Q6. How does your organization establish the relationships indicated above?

Organization	Method for Establishing Relationship
EMS	<ul style="list-style-type: none"> <li>▪ Memorandum of Understanding/Agreement</li> <li>▪ Services provided on demand if available</li> </ul>
Local public safety	<ul style="list-style-type: none"> <li>▪ Formal contract or similar agreement</li> <li>▪ Memorandum of Understanding/Agreement</li> <li>▪ Services provided on demand if available</li> </ul>
Health Care Coalition	<ul style="list-style-type: none"> <li>▪ Formal contract or similar agreement</li> <li>▪ Memorandum of Understanding/Agreement</li> <li>▪ Services provided on demand if available</li> </ul>
Public Health	<ul style="list-style-type: none"> <li>▪ Memorandum of Understanding/Agreement</li> <li>▪ Services provided on demand if available</li> <li>▪ Formal contract or similar agreement</li> </ul>
Emergency Management	<ul style="list-style-type: none"> <li>▪ Formal contract or similar agreement</li> <li>▪ Memorandum of Understanding/Agreement</li> <li>▪ Services provided on demand if available</li> </ul>
Local chapters of health care professional organizations	<ul style="list-style-type: none"> <li>▪ Formal contract or similar agreement</li> <li>▪ Memorandum of Understanding/Agreement</li> </ul>
Hospital	<ul style="list-style-type: none"> <li>▪ Formal contract or similar agreement</li> <li>▪ Memorandum of Understanding/Agreement</li> <li>▪ Services provided on demand if available</li> </ul>
Home health agencies (including home and community-based services)	<ul style="list-style-type: none"> <li>▪ Formal contract or similar agreement</li> <li>▪ Memorandum of Understanding/Agreement</li> <li>▪ Services provided on demand if available</li> </ul>
Other (e.g., child care services, dental clinics, social work services, faith-based organizations)	<ul style="list-style-type: none"> <li>▪ Formal contract or similar agreement</li> <li>▪ Memorandum of Understanding/Agreement</li> <li>▪ Services provided on demand if available</li> </ul>
Jurisdictional partners, including cities, counties, and tribes	<ul style="list-style-type: none"> <li>▪ Formal contract or similar agreement</li> <li>▪ Memorandum of Understanding/Agreement</li> <li>▪ Services provided on demand if available</li> </ul>

Table 2: Methods for Establishing Relationships

### Key Findings

Many organizations indicate they establish relationships through MOU/MOA. This is an ideal and best practice. It is important to note that existing agreements that describe collaborative efforts or service provision during routine business may not be valid during an emergency. For essential services during an emergency such as transportation, sheltering, feeding, home care during sheltering in place, it is critical that all agreements specify the services that will be honored and limitations that exist during an

emergency. Additionally, some services may require specific vendor contracts that will be activated only during an emergency. It is essential to review existing agreements and identify where further clarification is needed to ensure critical partnerships, services, and resources are available during an emergency.

## IDENTIFIED CHALLENGES, LESSONS LEARNED, AND PROMISING PRACTICES

- Q7. Has your organization experienced any challenges, lessons learned, or have established promising practices related to people with disabilities or those with access and functional needs or as part of a recent real-world incident or exercise?

*Table 3: Challenges, Lessons Learned and Promising Practices*

Type of Service Provider	Description, as reported on survey
Health Care Coalition	Insufficient details as to real need; responses are stove piped with local jurisdictions or organizations.
Local Public Safety	Not sure if we have reached all of our vulnerable populations.
Emergency Management	Communication with Functional Needs group through shelter operations and local Commission.
Public Health	All our shelters are handicapped accessible as are our points of distribution. Service animals remain with the people they are assisting.
Jurisdictional Partner – Senior Services	Increased need for staff training, increased need for inter-agency and intra-agency involvement, the Town & BOE (Board of Education) working more closely together, utilize staff for their strengths and knowledge.
Other – Senior Services	We all have been learning as we go but knowing there are community partners available helps.
Emergency Management	There is a challenge with assisting folks with special needs in the same shelters. There is a great deal of manpower needed. There have been times where we need to house folks in local nursing homes based on their needs.
Home Health	There have been times during extended power outages, storms were there have been safety issues for people with medical complexities to stay in home without compromising their health when they do not have adequate emergency plans or back up plans if the emergency plan falls short.
Public Health	Gateway Fire Incident; St. Mary's Elderly Housing evacuation; WIC Zika Virus Exercise.
Other – Human Service Department	Challenge with staffing an emergency shelter. Became obvious that we cannot maintain that kind of sheltering for a prolonged time. Algorithm was developed with Manchester Hospital after Storm Alfred for functional needs during a disaster. Re: Question #1, training was offered to Public Health. Human Services was not included/invited to participate.

Type of Service Provider	Description, as reported on survey
Jurisdictional Partners – Town Administrator / Emergency Management	Requests for the Town to provide portable generators to residents (who are) dependent upon powered medical devices (i.e. home ventilators, O2 machines, etc.) resulted in pro-active communications to residents for the need to obtain their own back-up power supply as well as to make alternative/pre-emergency family plans. In addition, residents were encouraged to register with Eversource for priority power restoration purposes.
Emergency Management	It is very difficult to identify and maintain communications to those in need.
Emergency Management	Many service providers (i.e., Eversource (our electrical provider), Meals on Wheels, Visiting Nurse Association etc. are reluctant or refuse to share any information citing customer privacy concerns.
Emergency Management	We learned a lot during Storm Alfred in Oct. 2011 and have made them (lessons learned) part of our plan.
Public Health	Hospitals have discharged patients directly to our shelter, without notification.

### Key Findings

The comments provided in this section highlight key areas for improvement. The following list outlines key observations:

- Staff training related to shelters; medical needs vs. access and functional needs in shelters; emPOWER training
- Coordination and communication between agencies
- Processes for information exchange between Emergency Management and community-based partners
- Increasing efficacy of personal preparedness plans

## CONCLUSION

Overall, the results of the survey reflect significant planning and response partnerships across communities and throughout the region. Though the majority of responses came from Public Health and Emergency Management agencies, it is clear that there are considerable diverse providers and resources being utilized across the region. In cases where multiple organizations are tapping the same types of services or resources, it may be beneficial to discern if formal coordination processes exist to allow for better visibility on the total resource management picture. The challenges listed above reflect barriers within coordination processes.

The area that had the least whole community interactions appeared to be around services for individuals with disabilities. It would be of benefit to ensure that there is more knowledge of and integration with providers who serve individuals with disabilities, particularly the Centers for Independent Living throughout Connecticut. Where opportunity presents, it may be beneficial to educate CRCOG partners about the roles of community partners and begin to discuss formalizing coordination processes where

appropriate and needed. It also may be beneficial to determine how well-integrated CRCOG members are into formalized emergency operation processes. For example, Home Health Care may have a wealth of information that is not necessarily well-integrated into a whole community planning process.

A critical observation is that many CRCOG partners completing this survey described their roles from a routine perspective, rather than how their roles and responsibilities might be affected during an emergency. It may be of benefit to establish further insights into these agencies' primary responsibilities during an emergency. Additionally, providing an opportunity for community partners to describe their services (both routine and during an emergency) to other CRCOG partners may help expand CRCOG's own understanding of their existing resources and potential for future partnerships.

A successful whole community planning process includes participants across all sectors of the community, maintains informed planning partners who are aware of their roles and responsibilities during and emergency as well as the internal and external resources that are available within the community, establishes formal processes for tapping those diverse resources, and integrates access and functional needs perspectives into the entire planning process. This survey is the first step toward understanding the wealth of resources available within the CRCOG membership and throughout the region.

## ATTACHMENT 1: SURVEY QUESTIONS

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Please indicate your organization type:

- Hospital
- Emergency Medical Services (EMS) (including inter-facility and other non-EMS patient transport systems)
- Emergency Management
- Public Health
- Behavioral health service provider
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD)
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHC), 18 urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care provider, including pediatric and women’s health care providers
- School, university, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., child care services, dental clinics, social work services, faith-based organizations)

Q1. The State of Connecticut Department of Health (CT DPH) was tasked with providing trainings on the U.S. Health and Human Services emPOWER data system. Was your organization invited to participate in one of these trainings?

Q2. If you answered YES to Question 1, did your organization participate in a training on the U.S. Department of Health and Human Service (HHS) emPOWER system?

Q2a. If you indicated yes, please enter the date of the training:

- Q2b. Has your organization used the U.S. HHS emPOWER system to enhance your plans and response strategies?
- Q3. If you answered NO to Question 1, would your organization like to have a training on the U.S. HHS emPOWER system and how it can inform emergency response plans?
- Q4. Which of the following approaches or data systems does your organization use to assess its vulnerable populations and/or those disproportionately affected by disasters and emergencies: (Check all that apply.)
- Organization is a service provider that maintains client records/demographics as part of service provision
  - Partnership with other agencies who provide services to vulnerable or at-risk populations
  - United State Census Data
  - American Community Survey
  - Social Vulnerability Index (Centers for Disease Control and Prevention)
  - Registry (optional for participants, self-disclosure)
  - Community outreach activities such as door-to-door campaigns, mailers, and/or flyers
  - Utility Company Priority Restore database
  - HHS emPOWER database
- Q5. Has your organization established relationships with community stakeholders to obtain supportive services and resources to support individuals with disabilities or those with access and functional needs during emergencies? If yes, please indicate the types of services/resources obtained through these relationships: (Check all that apply.)
- Public Health Services
  - Emergency Response Management
  - Logistics Support and Response Resources
  - Advocacy/Service to Specific Cultural Groups (e.g., cultural community centers)
  - Advocacy/Service to Individuals with Disabilities
  - Personal Assistance Services, Home Health Aid
  - Other In-Home Care Services
  - Accessible Transportation Services
  - Service for Older Adults
  - Services for Children
  - Food (e.g., pantry, fixed feeding sites, food delivery)
  - Emergency Medical Transportation
  - Non-emergency Medical Transportation
  - Consumable Medical Supplies (e.g., medication, etc.)
  - Durable Medical Equipment (e.g., equipment, supportive devices such as sleep apnea machines)
  - Translation/Interpretation Services
  - American Sign Language
  - Other programs assisting people with limited English proficiency (LEP)

- Animal Care/Management
- Animal Transport
- General supplies and resources (e.g., shelter cots, bedding)
- Specialized supplies and resources (non-verbal communication devices)
- Utility Company

Q6. How does your organization establish the relationships indicated above?

- Formal contract or similar agreement
- Memorandum of Understanding/Agreement (MOU/MOA)
- Services provided on demand if available
- Other, please provide

Q7. Has your organization experienced any challenges, lessons learned, or have established promising practices related to people with disabilities or those with access and functional needs or as part of a recent real-world incident or exercise?

If yes, please share a summary of your findings.

## ATTACHMENT 2: SURVEY PARTICIPANTS

Person Completing Survey	Identified As
Art Groux Chief Suffield EMS / Suffield EMD	Emergency Medical Services (EMS) (including inter-facility and other non-EMS patient transport systems)
Brian Jennes Fire Captain of Emergency Management, EMD East Hartford Fire Department	Local public safety agencies (e.g., law enforcement and fire services)
Carmine Centrella Region 3 HCC Coordinator; Program Director Capitol Region-MMRS - Capitol Region Council of Gov'ts	Other (e.g., child care services, dental clinics, social work services, faith-based organizations) Health Care Coalition
Charles I. Motes, Jr. Director of Health Bristol-Burlington Health District	Public Health
Cheryl Wilson Maynard Director Town of Stafford Community and Senior Center	Other (e.g., child care services, dental clinics, social work services, faith-based organizations) Governmental Senior Center
Christopher Arciero Chief of Police/EMD Canton Police Department	Local public safety agencies (e.g., law enforcement and fire services) Also, Town EMD
Claire Cote Director Canton Senior & Social Services	Other (e.g., child care services, dental clinics, social work services, faith-based organizations) Town social services, senior center, veterans liaison, CERT coordinator, triad coordinator



Person Completing Survey	Identified As
David Deskis Fire Marshal / Emergency Management Director Town of Granby Fire Marshal Office	Emergency Management
Domina DiBiase Operations Manager Community Health Center Association of Connecticut	Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
Ellen White Sergeant/EMD Town of Bloomfield	Emergency Management Law Enforcement and EMS
Erica Texeira Assistant Director of Social and Youth Services Town of Wethersfield Social and Youth Services	Jurisdictional partners, including cities, counties, and tribes
Francine Truglio  Public Health	Jurisdictional partners, including cities, counties, and tribes
Francsizka Sadowski Director South End Wellness Senior Center	Senior Center
Harley Graime EMD City of Bristol, CT	Emergency Management
James Brown Director, Emergency Preparedness & planning UCONN Health / John Dempsey Hospital	Hospital

Person Completing Survey	Identified As
Janet Leonardi Coordinator of Risk Reduction Programs, Middletown MRC Coordinator, ERC Middletown Health Department	Public Health
Janine Simms Colon Emergency Preparedness Coordinator Hartford Health and Human Services	Public Health
Jeffrey Catlett Director of Health Town of Manchester Health Department	Public Health
Jennifer Bennett Senior Center Coordinator Avon Senior Center	Jurisdictional partners, including cities, counties, and tribes
Jennifer Farley VP Quality, Patient Safety Officer Hospital for Special Care	Hospital
Jennifer Kelley Senior Center Director and Municipal Agent Town of Winchester	Other (e.g., child care services, dental clinics, social work services, faith-based organizations) Senior Center
John Littell Chief EMD Director Town of Tolland	Other (e.g., child care services, dental clinics, social work services, faith-based organizations) Emergency Management, Fire Department, and Ambulance Service
Joseph Palombizio Emergency Management Director Town of Ellington	Emergency Management

Person Completing Survey	Identified As
Jubenal W. Gonzalez Assistant Director of Emergency Management South Windsor Office of Emergency Management 860-337-6171 Jubenal.gonzalez@southwindsor.org	Emergency Management
Katherine McCormack Director CR-MRC	Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
Kevin Kowalski Chief, Admin. /EMD Simsbury	Emergency Management
Kevin McGinty Safety & Emergency Management Coordinator Middlesex Hospital	Hospital
Marie Goodine Masonicare Partners Home Health and Hospice	Home health agencies (including home and community-based services)
Marjorie Seiferheld Public Health Emergency Preparedness Planner & Coordinator Town of East Hartford Department of Health & Social Services	Public Health
Mary Roche Cronin Director of Human Services Town of Manchester Human Services Department 860-647-3091 mroche@manchesterct.gov	Other (e.g., child care services, dental clinics, social work services, faith-based organizations)
MaryLou Erardi Caregiver Commission on Aging	Other (e.g., child care services, dental clinics, social work services, faith-based organizations) Canton Commission on Aging

Person Completing Survey	Identified As
Michael Pepe Director of Health	Public Health
Michael Purcaro Town Administrator and EMD Town of Vernon	Jurisdictional partners, including cities, counties, and tribes
Patrick Getler Emergency Response Assistant North Central District Health Department	Public Health
Patrick Turek System Director of Emergency Management Hartford HealthCare	Other (e.g., child care services, dental clinics, social work services, faith-based organizations) Healthcare system - Primary care, specialty care, urgent care, acute care hospital, long-term care, assisted living, behavioral health inpatient and outpatient, home care services, rehabilitation services
Paul Goldberg Fire Administrator/EMD Town of Windsor	Emergency Management
Randale Nunley Deputy Coordinator Canton CERT	Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
Rita Hurley Administrator Home Care VNA LLC	Home health agencies (including home and community-based services)

Person Completing Survey	Identified As
Shane Lockwood Director of Health Plainville-Southington Health District	Public Health
Sharon Garrard Senior Services Director Town of Hebron/Russell Mercier Senior Center	Other (e.g., child care services, dental clinics, social work services, faith-based organizations) Municipal Senior Center / Services
Sheila McCreven Communications Director and Grant Writer Town of Woodbridge	Jurisdictional partners, including cities, counties, and tribes
Stuart Cobb Emergency Management Director Town of Willington	Emergency Management
Tamath K. Rossi Director of Southbury Senior Services, Southbury Municipal Agent and Southbury Veteran Liaison Town of Southbury	Jurisdictional partners, including cities, counties, and tribes
Vic Puia Emergency Director Town of Windsor Locks Ct O.E.M.	Emergency Management
Wendy Mis	Public Health
Wesley Bell Director of Health Cromwell Health Department	Public Health