



Preparedness Grants and FEMA Integration Team Effectiveness Case Study: Connecticut

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FEMA

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I. Overview

In July 2020, the Federal Emergency Management Agency (FEMA) conducted a preparedness grants and FEMA Integration Team (FIT) effectiveness virtual case study with the State of Connecticut. The purpose of the study was to understand the role of FEMA preparedness grants and FITs in the state's coronavirus (COVID-19) pandemic response. FEMA also drew from information that state officials in Connecticut provided through the Biannual Strategic Implementation Report (BSIR) and the Threat and Hazard Identification and Risk Assessment (THIRA)/Stakeholder Preparedness Review (SPR).

FEMA examined how Connecticut has used grant funds to support pandemic-specific core capabilities during its response. This case study identified three Homeland Security Grant Program (HSGP)-funded projects that have impacted the state's public health capabilities response. These HSGP-funded investment projects were the New England Disaster Training Center (NEDTC), the Connecticut Department of Public Health (DPH) Otilie W. Lundgren Mobile Field Hospital, and the Capitol Region Metropolitan Medical Response System (CR-MMRS). This case study found that investments in equipment upgrades and training using Emergency Management Performance Grant (EMPG) funds have played a significant role in supporting Connecticut's staffing, technological resource acquisition, and communication capabilities in response to the COVID-19 pandemic.

Representatives from Connecticut emphasized that without preparedness grant funds, state and local emergency managers would not be able to sustain adequate staffing levels during the COVID-19 pandemic. Preparedness grant funds have also enabled the standardization of Connecticut's State Response Framework¹ and its Emergency Support Function (ESF) format, which have allowed emergency managers to work with a common operating picture during the COVID-19 pandemic. Additionally, the presence of FIT members in the State Emergency Operations Center (SEOC) has provided state emergency managers with a readily available source of information regarding federal funding and resource allocation guidelines specific to the pandemic.

II. The COVID-19 Pandemic in Connecticut

In March 2020, the governor of Connecticut declared a public health and civil preparedness emergency to expand the authorities of public health officials to enact public safety guidance and to enforce risk mitigation measures, such as isolation or quarantine for suspected cases.² Between March and July 2020*, Connecticut reported approximately 45,129 COVID-19 cases and 4,343 COVID-19-associated fatalities.[†]

III. Funding History

FEMA identified five core capabilities generally associated with pandemics: (1) Public Health, Healthcare, and Emergency Medical Services; (2) Fatality Management Services; (3) Economic Recovery; (4) Health and Social Services; and (5) Logistics and Supply Chain Management.^[1] During the fiscal years (FY) 2013–2019, Connecticut invested \$555,093 of HSGP funds in projects that proved useful for the state's pandemic response in the Public Health, Healthcare, and Emergency Medical Services core capability. Connecticut also invested more than \$49 million of EMPG funds between

* The number of confirmed COVID-19 cases and fatalities are counted through July 7, 2020, when the case study interview occurred.

† The number of COVID-19-associated fatalities as of July 7, 2020, when the case study interview occurred.

[1] Some projects described in this case study may use funding that is not aligned to the five pandemic-related capabilities.



FY 2010–2019 to cover other core capabilities such as Operational Coordination, Physical Protective Measures, and Community Resilience.

Table 1 displays the federal preparedness grant funds that Connecticut invested between FY 2009–2019. The award amounts reported for the EMPG program and the State Homeland Security Program (SHSP) reflect funding related to HSGP projects that played a role in the COVID-19 pandemic response.

Table 1: Connecticut Preparedness Grant Funds, FY 2009–FY 2019

Grant Program	Award Amount (in thousands)										
	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	Total
SHSP [‡]	\$317	\$282	\$75	\$75	\$221	\$137	\$50	\$56	\$58	\$55	\$555
EMPG ^{**}	\$4,719	\$4,691	\$4,855	\$4,745	\$4,226	\$4,441	\$4,443	\$4,922	\$4,400	\$3,993	\$49,814
Total	\$4,719	\$4,691	\$4,855	\$4,820	\$4,447	\$4,578	\$4,493	\$4,978	\$4,458	\$4,048	\$50,369

IV. Investments and Capability Impacts

HSGP Funding

Connecticut officials have not specifically directed HSGP funds toward its pandemic response, because the pandemic response is beyond the scope of HSGP’s terrorism nexus requirement. However, the three HSGP-funded projects in the following section included components that directly supported the COVID-19 pandemic response.

New England Disaster Training Center (NEDTC) [SHSP]

The NEDTC is a disaster training site for first responders that facilitates state, regional, and national disaster response planning, training, and exercise.³ The state invested \$153,266 from FY 2014–2015 into the NEDTC to train disaster teams on a variety of large-scale scenarios to prepare for pandemics, ranging from mobile field hospital deployment to railcar incident scenarios. In 2016, the NEDTC used \$3,000 of SHSP funds to support the Regional Mass Fatality Exercise, during which local, state, and federal partners practiced handling a disaster scene by locating victims and setting up temporary facilities. The exercise included 342 participants over a four-day period. The NEDTC training resources and opportunities focus on a variety of areas, including triage, pre-hospital treatment, and mobile field hospital operations. Through the NEDTC, the Connecticut National Guard has trained and exercised on setting up various mobile field hospital components, such as vehicles and trailers, that have helped reduce their response time during the COVID-19 pandemic. In addition, previous deployment of hospital components for the Durham Fair familiarized the National Guard with the setup procedures.

[‡] Funding amounts are only for HSGP projects that played a role in the COVID-19 pandemic response in Public Health, Healthcare, and Emergency Medical Services.

[§] Of note, The SHSP award amounts in FY 2010–2012 only reflect MMRS funding. HSGP award amounts for FY 2010–2011 occurred while HSGP categorized certain investment projects, such as MMRS, as separate allocations. Beginning in FY 2012, HSGP eliminated the structure of separate allocations, leaving the state to set allocations for projects like MMRS with the assistance of an advisory committee.

^{**} Funding amounts are only for EMPG projects referenced in this report.



Mobile Field Hospital [SHSP]

The Otilie W. Lundgren Memorial Field Hospital is a 100-bed mobile field hospital that the state can deploy as smaller 25-bed units to support an overburdened health system during an emergency.⁴ As part of Connecticut's COVID-19 surge plan, the state deployed four 25-bed units to the exterior of the following hospitals to increase patient capacity: St. Francis Hospital and Medical Center, Middlesex Hospital, Sharon Hospital, and Danbury Hospital.⁵ Although these four Otilie W. Lundgren Memorial Field Hospital units were intended for surge capacity, the state ultimately did not have to use them to treat patients and closed the unit at St. Francis Hospital in May 2020.⁶ SHSP funds totaling \$108,009 from FY 2014–2015 supported ongoing DPH initiatives, including maintenance of vehicles, generators, and durable medical equipment of the Mobile Field Hospital, as well as the Mass Casualty Management System and Mass Fatality Management Program. The state relied on the Mass Casualty Management System and the Mass Fatality Management Program for surge capacity planning and response.

Capitol Region Metropolitan Medical Response System (CR-MMRS) [SHSP]

Connecticut used \$293,818 of SHSP funds from FY 2013–2019 for CR-MMRS sustainment projects. Investments covered logistics, training workshops and conferences, medical supplies and pharmaceuticals, and staff and contractors to support planning activities. During the COVID-19 pandemic, Connecticut's response has relied on CR-MMRS to coordinate medical response in the heavily impacted Hartford region. The Capitol Region Council of Governments, the subgrantee for MMRS funds, utilized a contractor to update plans that included the Hospital Plan, the Long Term Care Mutual Aid Plan, and the Regional Distribution Site Plan in order to support other areas with mass casualty incidents and act as a resource for local departments of health. Although Connecticut usually directs minimal funding toward personal protective equipment (PPE) procurement, the state purchased disposable gloves to replenish stocks during the pandemic.

EMPG Funding

The state's funding allocations for EMPG has maintained an all-hazards focus, which has included capabilities that the state has leveraged to support pandemic response. Over the past decade, EMPG has supported foundational aspects of state emergency operations, such as equipment upgrades and training.

Equipment and Software Upgrades

In 2010, Connecticut officials introduced an equipment stipend program that provided a state-level match for towns to purchase computers, printers, displays, and radios for their emergency operations centers (EOC). Stipend allocations are scaled, ranging from \$5,000 for small towns to \$15,000 for larger cities. The equipment stipend program has improved SEOC coordination with local emergency management directors by updating the EOC equipment in smaller towns to have similar capabilities for videoconferencing as the SEOC. With new equipment and software upgrades, the state has been able to host unified command calls, maintain weekly updates between regional offices and municipalities, and implement Microsoft (MS) Teams for remote work during the pandemic. To safely reproduce an in-person environment in the SEOC, Connecticut officials introduced open/all-day Zoom or MS Teams meetings, where state DPH, Emergency Medical Services (EMS), and other state agencies and federal partners can reach out to a needed party and coordinate or validate information. With this meeting format, the state has been able to continue EOC operations while maintaining zero positive COVID-19 cases among staff. Other investments related to capabilities needed for remote work, such as file-sharing over a virtual private network (VPN) and an electronic signature system, received \$30,000 in FY 2018 EMPG funds for modern equipment and software. The smooth transition to telework has prompted the state to consider maintaining this virtual method of operation through the end of 2020.

The state invests \$24,850 of EMPG funds every year in the Web-based Emergency Operations Center (WebEOC) platform. During the COVID-19 pandemic, all resource requests throughout the state (i.e.,



state, local, and agency level) have been transmitted through WebEOC. The DPH has used WebEOC for daily bed counts and for tracking public health and emergency management resources, such as PPE. The state has also developed new COVID-19-specific boards in WebEOC.

EOC Staff Trainings

Updated annually, Connecticut's State Response Framework has helped streamline the COVID-19 pandemic response under the same operating format. All Division of Emergency Management and Homeland Security (DEMHS) staff have completed the mandatory Professional Development Series (PDS) and Independent Study (IS) courses to learn the common operating language of the Incident Command System (ICS). These trainings have facilitated the seamless transition of staff into the SEOC. At the local level, approximately 80% of staff have completed the PDS and IS courses. EMPG also funds 17 full-time equivalent (FTE) positions with \$2,882,433 annually. With enough adequately trained staff to support the EOC, Connecticut has avoided issues with understaffing during the pandemic.

FEMA Integration Teams

Participants noted that the presence of two FIT members in the SEOC has been integral to SEOC operations during the COVID-19 pandemic response, especially due to the small size of the SEOC staff and the increased amount of work needed to respond in the uncharted pandemic emergency. FIT members have provided input to response plans, have supported logistics meetings and calls, and have provided guidance for a variety of pandemic-related funding and programs. FIT's advice for SEOC staff has covered new federal resources and guidance related to funding eligibility, feeding plans, implementing non-congregate sheltering, procuring supplies, activating the Connecticut National Guard, and planning general pandemic considerations. FIT members have also provided staffing support during the pandemic and have shared a medical personnel resource list to support the state's health facilities. State officials noted the benefits of the FIT on their steady-state technical assistance activities, which were conducted before the COVID-19 pandemic. These activities included training and document reviews related to Public Assistance and Hazard Mitigation grants programs.

"For the EOC staff...it's been invaluable having someone who can help us navigate the differences for this type of declaration versus what we're used to, like hurricanes or normal declarations."

—Rita Stewart, Emergency Management Program Supervisor, DEMHS

V. Conclusion

Preparedness grant funds have addressed equipment, staffing, and training needs across the State of Connecticut during the COVID-19 pandemic. HSGP and EMPG funds have supported PPE procurement, planning for mass casualty events, and the standardization of operations across all emergency responders through Connecticut's State Response Framework. In addition, FIT members have supported SEOC operations by providing guidance on topics ranging from obtaining federal funding assistance to resource procurement and pandemic planning guidance.

Case study participants noted that the capability estimates reported in the state's 2019 THIRA pandemic scenario were similar to those for the COVID-19 pandemic. Because response and recovery are still ongoing, the state plans to use after-action report (AAR) data to refine THIRA/SPR data regarding medical response capabilities. Participants noted that previously engaging in the THIRA/SPR process helped stakeholders establish relationships with partner agencies, which proved beneficial when coordinating the state's COVID-19 pandemic response.

When considering future changes to emergency operations in Connecticut as a result of the COVID-19 pandemic, DEMHS anticipates continuing to encourage and enhance collaboration by the DPH.



Connecticut officials plan to target supplemental EMPG funding toward updating local and state emergency operations plans with COVID-19 pandemic lessons learned. The process of updating these plans will involve public health officials going forward. The state also reported that strengthening regional emergency support plans for mutual aid is crucial in preparing for future long-duration events. The state hopes to expand current all-hazards EMPG funding to capture pandemic-specific needs, such as expanding public service announcement capabilities, which may be useful for potential future vaccination programs and increasing stockpiles of PPE at state and local emergency management offices.



Appendix A: References

- ¹ <https://portal.ct.gov/DEMHS/Emergency-Management/Resources-For-Officials/Planning-For-All-Hazards#:~:text=Connecticut%20follows%20the%20State%20Response,Framework%20for%20longer%20term%20recovery>
- ² <https://www.fmcsa.dot.gov/emergency/connecticut-20200310-declaration-civil-preparedness-and-public-health-emergency>
- ³ <https://portal.ct.gov/MIL/NEDTC/About-NEDTC>
- ⁴ <https://portal.ct.gov/DPH/Public-Health-Preparedness/Mobile-Field-Hospital/The-Ottolie-W-Lundgren-Memorial-Field-Hospital>
- ⁵ <https://www.healthquest.org/hq/news/mobile-field-hospital-at-sharon-hospital-746.aspx>
- ⁶ <https://www.nbcconnecticut.com/news/coronavirus/st-francis-hospital-removes-mobile-field-hospital-as-coronavirus-hospitalizations-decline/2269912/>