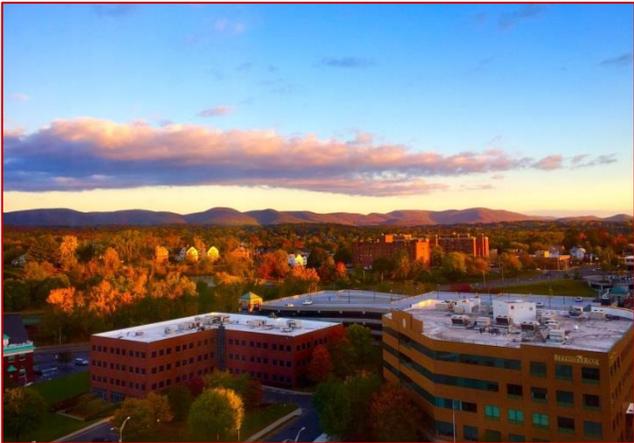
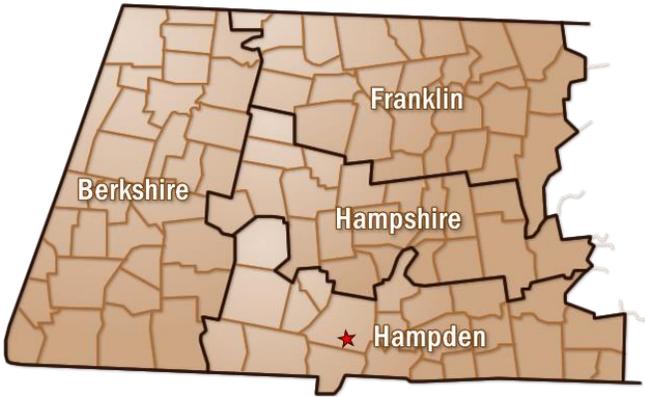
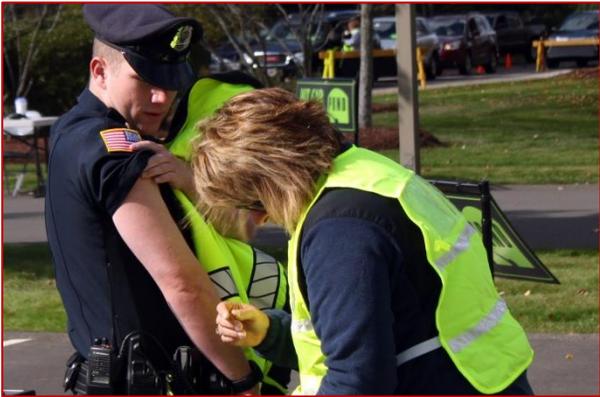


Region 1 HMCC 2017 Jurisdictional Risk Assessment



Background

In 2017, the MA Department of Public Health's Office of Preparedness and Emergency Management contracted with JSI Research and Training to conduct Jurisdictional Risk Assessments (JRA) in each of the six Health and Medical Coordinating Coalition (HMCC) regions. The purpose of the JRA was to identify and rate the severity of hazards to the regional public health, medical, and behavioral health systems, as well as to identify system vulnerabilities and risk mitigation strategies to reduce the impacts of these disasters. This JRA built upon the 2012-2014 Hazard Vulnerability Assessment (HVA) process conducted in the regions.

The objectives of the JRA included:

- To learn from regional partners about gaps and current preparedness efforts;
- To gather partner input to guide HMCC planning and mitigation activities and statewide efforts for the next five years;
- To increase preparedness of the region and HMCC members to respond to emergencies;
- To help providers and suppliers meet the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule around community-based risk assessments; and
- To meet federal and state requirements to complete a JRA every five years.

Jurisdictional Risk Assessment Process

This participatory JRA engaged a broad spectrum of partners throughout the three-phase process: 1) assessment of hazard impact severity; 2) identification of top concerns, areas for improvement, and potential mitigation strategies; and 3) prioritization of potential mitigation strategies and discussion around implementation. Partner input was gathered through a survey and an in-person, half-day meeting. Forty-four partial and complete survey responses were received and 68 partners attended the meeting.

Assessment of Hazard Impact Severity

Survey respondents were presented with eight hazard scenarios. Each scenario included background information and data on the projected impact of the disaster on the region's health care, behavioral health, and public health systems. Projected impacts were presented as increases or decreases in service demand or availability compared to a normal or average day and were based on actual impacts seen in similar disasters, data derived from models, or assumptions made in the National Planning Scenarios.

Hazard Scenarios

- Earthquake
- Flood
- Heat Wave
- Hurricane
- Influenza Pandemic
- Radiological Dispersal Device (RDD)
- Tornado
- Winter Storm

Following each scenario, participants were asked to rate the impact of the hazard on the public health and health care delivery systems using a 5-point scale ranging from Very Low (1) to Very High (5).

Hazard impact ratings from the survey were also presented to the participants in the in-person, half-day meeting for discussion and review.

Identification of Top Concerns, Areas for Improvement, and Potential Mitigation Strategies

Survey respondents were asked about their concerns regarding each hazard scenario, to select the biggest regional areas for improvement, and to suggest steps that could be taken to improve the preparedness and response of the region. The responses were presented to meeting attendees for further input and feedback. Along with each potential mitigation strategy, a summary of background research and best practices was presented prior to discussion of the strategy.

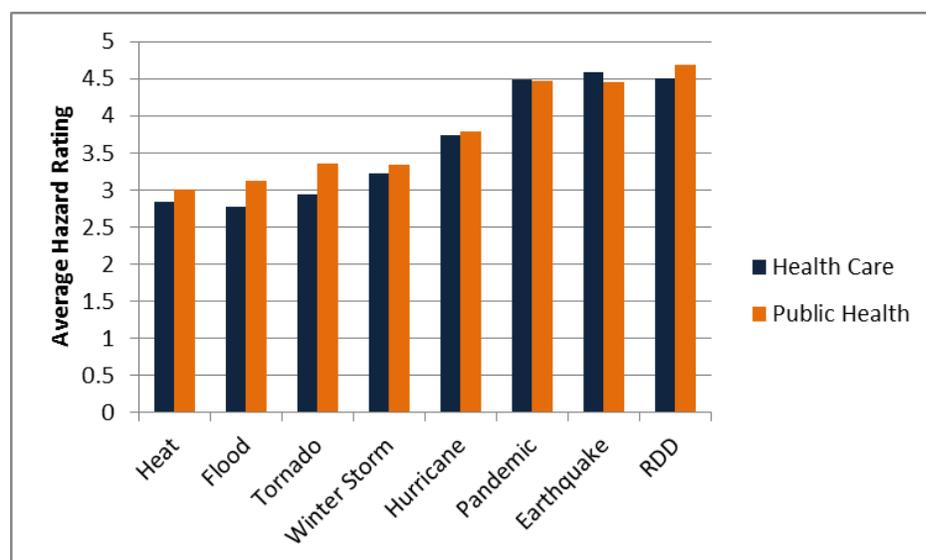
Prioritization of Potential Mitigation Strategies and Discussion around Implementation

Following discussion around each potential mitigation strategy, meeting participants voted for the mitigation strategies that they felt would be the most impactful and feasible for the region to implement. Each participant was able to vote for two strategies (or one strategy twice).

Hazard Impact Severity Ratings

Figure 1 shows the average hazard rating given by survey respondents for each hazard scenario for both the health care and public health systems.

Figure 1. Impact of Each Hazard Scenario on the Health Care and Public Health Systems



These survey results were reviewed with meeting participants, who commented on the ratings given their knowledge of regional context and preparedness.. Some meeting participants felt that the

winter storm impact was not rated higher given regional experience with extensive power outages due to winter storms in the past. It was noted that lower probability hazards ranked higher in terms of severity of impact. Meeting participants also discussed slight differences in impact estimates to the public health and health care systems found in the survey. They attributed these differences to the broader array of community-level impacts that public health may have to manage in a given scenario (e.g, environmental exposures, mass chaos), variations in financial resources available to these two sectors, and the need for longer duration public health responses in many of the scenarios.

Identification of Top Concerns and Areas for Improvement

Staffing & Volunteers

A top concern raised by regional partners was having enough staff and volunteers to adequately respond to the hazard scenarios. Survey respondents made more than 70 open-ended comments related to this issue. In addition, 56% of survey respondents identified “Recruiting, training, and managing volunteers” as a priority area for improvement. Survey respondents and meeting attendees commented on specific concerns related to this topic, including:

- Having sufficient staff for response needs, including shelters, Emergency Dispensing Sites (EDSs), and health care;
- Managing staff inability or unwillingness to report due to disaster impacts of the storm or fear for their own or their family’s well-being; and
- Prolonged responses leading to staff burnout, stress, and declining mental health.

Shelter Operations

Another top concern raised by regional partners was having the capacity and capability to operate shelters for the duration of a disaster. Sixty-three percent of survey respondents identified “Establishing and running emergency shelters for those displaced by an emergency” as a priority area for improvement. In addition to shelter staffing concerns, survey respondents and meeting attendees expressed concern regarding adequate sheltering capacity in the region, including adequate cooling shelter capacity and a need to plan to meet the needs of people with functional needs in shelters. Survey respondents mentioned that there is a need to clarify the funding mechanism for regional shelters and to exercise regional shelters.

Demand for Public Health & Health Care Services

Regional partners expressed concern about the ability of the region to meet the demand for public health and health care services in the hazard scenarios. Forty-nine percent of survey respondents identified “Coordinating to meet the health care needs of the public during events that exceed the capacity of the regional health care system” as a priority area for improvement, while 54% identified “Providing medical countermeasures to prophylax exposed populations” as a priority. In addition to the staffing concerns mentioned above, survey respondents and meeting attendees cited additional concerns, including:

- Potential loss of power, telecommunications, or water at health care facilities and at the homes of those receiving home care;
- Hazard impacts to emergency transportation;
- Management of the worried well;
- Regional ability to manage the number of fatalities; and
- Providing prophylaxis to exposed populations, including the need to exercise Emergency Dispensing Site (EDS) plans, ensure security at EDS', and establish and exercise health care facilities as closed Point of Dispensing (POD) sites.

Functional Needs Support Services

Another top concern raised by partners was capacity to provide appropriate supportive services to individuals with functional needs throughout the region, such as identifying and communicating with these individuals. Thirty-nine percent of survey respondents identified “Meeting the needs of individuals with functional needs” as a priority area for improvement. Populations cited by participants as top concerns were frail elders in the community and those who speak limited English or have low literacy. With regard to this latter group, survey respondents felt that current public communications approaches may not adequately reach these populations.

Regional Coordination

Partners were also concerned about regional coordination. Forty-four percent of survey respondents identified “Coordinating resource needs and requests across the region” as a priority area for improvement, while 37% selected “Establishing and sustaining a regional emergency operations structure” as a priority.

Mitigation Strategies

Identification and Prioritization of Potential Mitigation Strategies

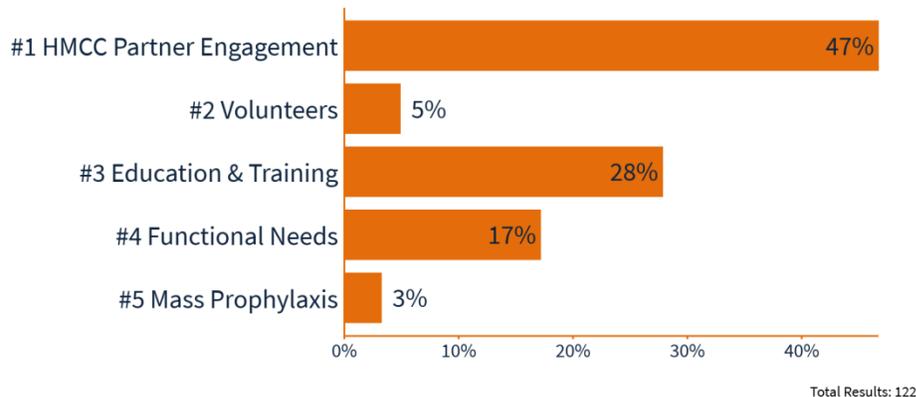
In addition to identifying top concerns and areas for improvement, survey respondents were asked to suggest steps that could be taken to improve the preparedness and response of the region. These potential mitigation strategies were summarized and reviewed by the HMCC Sponsoring Organization to eliminate any that were outside the scope of the HMCC, already completed, or infeasible. Based on this process, the six strategies considered for prioritization by meeting participants were:

- Strengthen and broaden engagement of regional partners in the HMCC. Activities could include:
 - Focusing on those previously engaged, health care providers, local government, and smaller organizations; and
 - Increasing awareness of HMCC capabilities & partner organization roles.
- Strengthen regional access to volunteers. Activities could include:
 - Developing and implementing regional strategies to recruit, train, and retain volunteers; and
 - Developing a regional plan to accept and manage spontaneous volunteers.

- Provide education and training to partners. Activities could include:
 - Holding a Training and Exercise Planning Workshop (TEPW) to capitalize on existing regional training and exercise opportunities; and
 - Providing training and education on isolation and quarantine (I&Q) laws.
- Develop a regional plan to meet the needs of people with functional needs. Activities could include:
 - Ensuring regional capability to provide information to the public in formats that are accessible to all; and
 - Identifying and ensuring access to specialized resources.
- Expand capacity to provide mass prophylaxis to the regional population. Activities could include:
 - Increasing the number of closed dispensing sites;
 - Exercising EDSs (open and closed); and
 - Training additional volunteer EDS staff.

In order to facilitate the prioritization process, a summary of each potential mitigation strategy, along with related background and best practice research, was presented to meeting attendees. After each strategy was discussed, attendees were given the opportunity to suggest mitigation strategies for consideration that may have been excluded by survey respondents. Finally, meeting attendees were asked to vote for two strategies (or one strategy twice) that they thought the regional partners should work together to implement. Figure 2 includes the voting results.

Figure 2. Mitigation Strategy Prioritization Voting Results



Implementation of Selected Mitigation Strategies

Selected Strategy: Strengthen and broaden engagement of regional partners in the HMCC.

Forty-seven percent of meeting participants selected this strategy as one of their top two priorities for the region.

Meeting participants acknowledged the

“Building a stronger relationship and better communication with regional partners [could improve preparedness and response in the region].”

Survey respondent

engagement work that is currently ongoing in Region 1 and noted the opportunity for new partner identification and engagement presented by the CMS Emergency Preparedness Rule. Meeting participants recommended that the HMCC discuss strategies for strengthening and broadening engagement of regional partners at an upcoming HMCC Steering Committee meeting. Participants recommended analyzing the roster of currently engaged partners (beyond the five core disciplines) to identify disciplines for outreach, as well as assessing the needs of regional partners that the HMCC may be able to address as a means of fostering engagement. In addition to conducting targeted outreach, they recommended establishing a secure, online location for HMCC-developed resources for partner use in preparedness and response.

Selected Strategy: Provide education and training to partners.

Twenty-eight percent of meeting participants selected this strategy as one of their top two priorities for the region. Meeting participants recommended conducting a TEPW linked to existing TEPW processes in the region.

“More training of staff through exercises [could improve preparedness and response in the region].”
Survey respondent

Further detail of the discussion among meeting participants regarding the implementation of these two strategies, as well as the other strategies considered, is included in Attachment 3.

Limitations

Despite the inclusiveness of this JRA process, only a small fraction of regional partners participated in the JRA, either through the survey or meeting. In addition, many of the participants were new HMCC partners and certain disciplines were underrepresented. Low participation in the JRA process, overall and among specific disciplines, may have influenced the results and strategies selected as part of the process. In order to address these potential issues, the HMCC should make an effort to include these underrepresented groups in the annual update of the regional HVA.

Attachment 1: Regional JRA Participants

ORGANIZATION	PARTICIPATION	
	SURVEY	MEETING
Agawam Health	✓	
Baystate Health		✓
Baystate Hospice		✓
Baystate Franklin Medical Center	✓	
Becket Board of Health	✓	
Berkshire County Boards of Health Association (BCBOHA)	✓	✓
Berkshire Healthcare System/Medical Center	✓	✓
Berkshire Public Health Alliance	✓	✓
Berkshire Regional Planning Commission	✓	✓
Berkshire Visiting Nurse Association (VNA)		✓
Bridging Care for Families		✓
Brien Center		✓
Caring Health Center	✓	✓
Charlene Manor	✓	
Chester Board of Health	✓	
Chicopee Health Department	✓	
City of Easthampton	✓	
Community Health Center of Franklin County	✓	✓
Cooley Dickinson Healthcare		✓
Cooley Dickinson Hospital	✓	✓
East Longmeadow Health Department	✓	
Epic Home Health Services		✓
Excel Home Care Services	✓	✓
Fairview Hospital	✓	✓

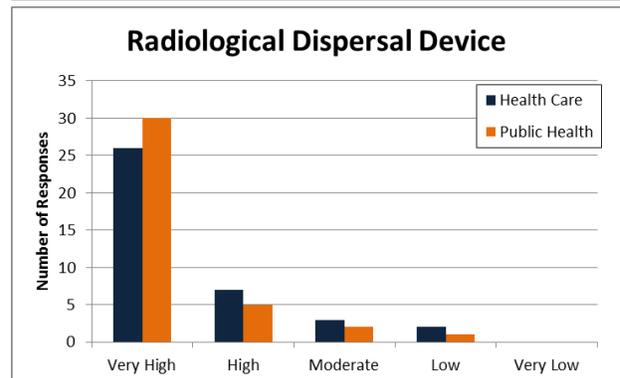
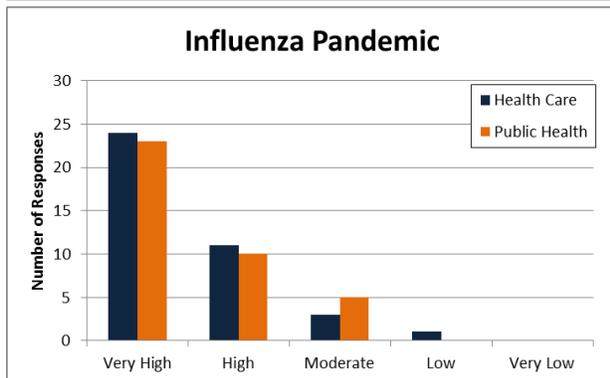
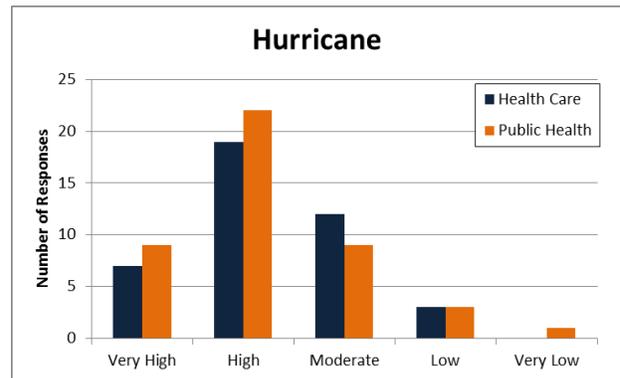
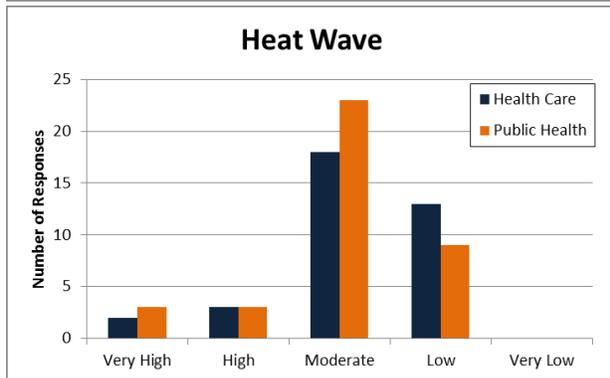
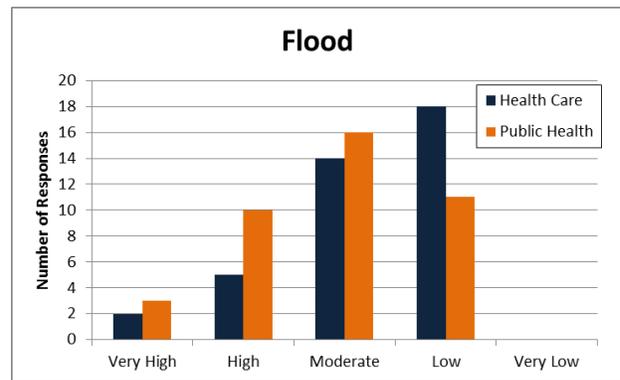
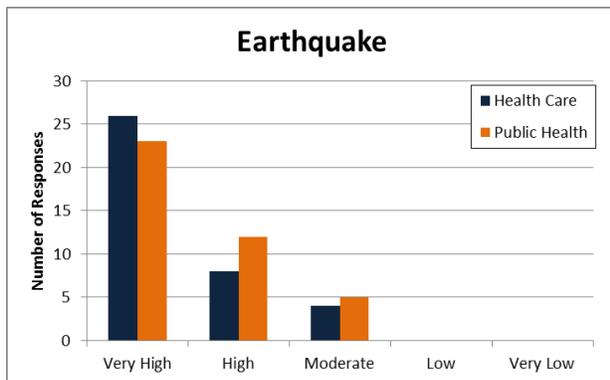
ORGANIZATION	PARTICIPATION	
	SURVEY	MEETING
Franklin Regional Council of Governments	✓	✓
Fresenius Kidney Care		✓
GVNA Health Care, Inc.		✓
Hadley Board of Health	✓	
Hampshire Public Health Preparedness Coalition		✓
High Peaks Hospice and Palliative Care		✓
Hilltown Community Health Center	✓	✓
Holyoke Board of Health	✓	✓
Holyoke Health Center	✓	✓
Hospice Care in the Berkshires		✓
Hospice of Franklin County	✓	✓
Hospice of Western & Central MA		✓
International Health Solutions	✓	
KTC&R Country Estates	✓	
Lanesborough, MA	✓	
Longmeadow Board of Health	✓	
Loomis Health	✓	
Loomis Lakeside at Reeds Landing	✓	✓
Ludlow Board of Health	✓	
Massachusetts Department of Health, Office of Preparedness and Emergency Management (OPEM) & Office of Local and Regional Health	✓	✓
Maxim Home Care		✓
Medical Resources Home Health Corp	✓	✓
Massachusetts Emergency Management Agency (MEMA)		✓
Mercy Home Care		✓
Mercy Medical Center		✓

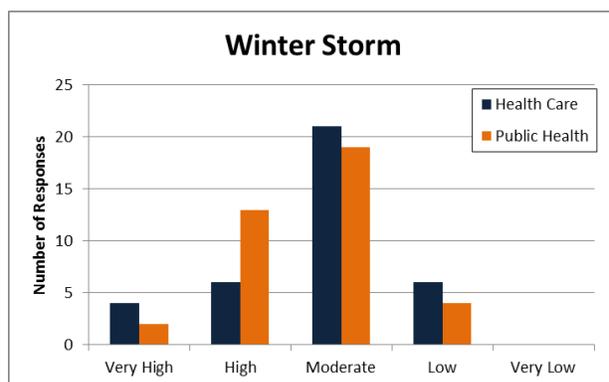
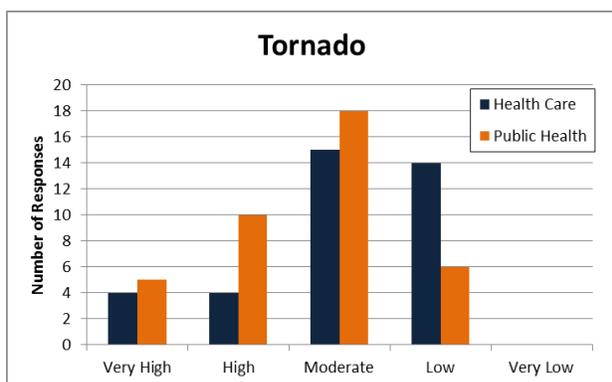
ORGANIZATION	PARTICIPATION	
	SURVEY	MEETING
Next Step Health Care	✓	
Overlook VNA		✓
Palmer Healthcare Center	✓	
Pioneer Valley Planning Commission		✓
Plainfield, MA	✓	
Porchlight VNA/Homecare		✓
Quality Home Care Services	✓	
Serenity Care		✓
Southwick Board of Health	✓	
Springfield Division of Health and Human Services	✓	
The Soldiers Home in Holyoke	✓	
Town of Egremont	✓	
Town of Washington	✓	
Town of West Springfield	✓	
Western Mass EMS		✓
Western Massachusetts Health and Medical Coordinating Coalition (HMCC)	✓	✓
Windsor Board of Health		✓

Attachment 2: Summary of Survey Results

Hazard Scenarios

Survey respondents were asked to review 8 hazard scenarios, including region-specific data on the projected impacts to the region based on historical experience and models. For each scenario, respondents were asked to rank the impact on the region’s health care delivery and public health systems on a 5-point scale, ranging from Very High to Very Low.





Areas for Improvement

Survey respondents were asked to reflect on the scenarios and the capacity of the partners in the region to respond to identify priority areas for improvement for their regions. Results from this question are summarized in the table below.

Areas for Improvement	% of respondents identified as priority area for improvement
Establishing and running emergency shelters for those displaced by an emergency	63%
Recruiting, training, and managing volunteers	56%
Providing medical countermeasures (e.g., vaccines, antiviral drugs, etc.) to prophylax exposed populations	54%
Implementing isolation and quarantine	51%
Coordinating to meet the health care needs of the public during events that exceed the capacity of the regional health care system	49%
Coordinating resource needs and requests across the region	44%
Meeting the needs of individuals with functional needs	39%
Establishing and sustaining a regional emergency operations structure	37%
Implementing external decontamination	29%
Sharing information among regional partners	22%
Supporting the health and safety needs of responders and volunteers	22%
Communicating critical information to the media and the public	22%

Attachment 3: Regional Meeting Notes

On October 13, 2017, 68 regional partners gathered to review the results of the May/June 2017 Jurisdictional Risk Assessment (JRA) survey, to discuss and prioritize the potential mitigation strategies suggested by survey respondents, and to plan the path forward for the prioritized strategies. Participants in the JRA meeting included representatives from:

- Baystate Health
- Baystate Hospice
- Berkshire County Boards of Health Association
- Berkshire Health Care System
- Berkshire Medical Center
- Berkshire Public Health
- Berkshire Regional Planning Commission
- Berkshire Visiting Nurse Association (VNA)
- Bridging Care for Families
- Brien Center
- Caring Health Center
- Community Health Center of Franklin County
- Cooley Dickinson Healthcare
- Cooley Dickinson Hospital
- Epic Home Health Services
- Excel Home Care
- Fairview Hospital
- Franklin Council of Gov'ts
- Fresenius Kidney Care
- GVNA Health Care, Inc.
- Hampshire Public Health Preparedness Coalition
- High Peaks Hospice and Palliative Care
- Hilltown Community Health Center
- Holyoke Board of Health
- Holyoke Health Center
- Hospice Care in the Berkshires
- Hospice of Franklin County
- Hospice of Western & Central MA
- Loomis Lakeside at Reeds Landing
- Massachusetts Department of Health – Office of Preparedness and Emergency Management and Office of Local and Regional Health
- Maxim Home Care
- Medical Resources Home Health Corp
- Massachusetts Emergency Management Agency (MEMA)
- Mercy Home Care
- Mercy Medical Center
- Overlook VNA
- Pioneer Valley Planning Commission
- Porchlight VNA/Homecare
- Serenity Care
- West Springfield
- Western Mass EMS
- Western Mass Health and Medical Coordinating Coalition (HMCC)
- Windsor Board of Health

Prioritized Strategy #1: Strengthen and broaden engagement of regional partners in the Health and Medical Coordinating Coalition (HMCC). Activities could include:

- **Focusing on those previously engaged, health care providers, local government, and smaller organizations.**
- **Increasing awareness of HMCC capabilities & partner organization roles.**

Forty-seven percent of regional partners selected this strategy as one of their top two priorities for the region.

Participants made the following observations related to this strategy:

- The advent of the Centers for Medicare and Medicaid Services (CMS) Preparedness Rule has increased interest and demand for information about HMCC activities.
- Some partners were not aware of how to get more information on and become members of the HMCC. In addition, some newer and potential partners need additional clarification on the role of the HMCC. It was suggested that visiting the [HMCC website](#) and scheduling time to meet with the Region 1 HMCC staff would be the best place to start. The HMCC's ASPR-recognized informational presentation is also available [online](#).
- Participants suggested strengthening the HMCC website with additional resources and contact information. However, it was noted that the maintenance of the website, specifically keeping partner contact information up-to-date, may prove challenging.
- Participants highlighted a need to clarify the roles of the HMCC, the Western Region Homeland Security Advisory Council (WRHSAC), and the regional public health coalitions to avoid duplication.

HMCC Sponsoring Organization representatives and long-term partners described systems and protocols currently in place to strengthen engagement of regional partners in the HMCC:

- The HMCC Steering Committee, made up of two representatives from each of the five disciplines, meets on a regular basis. Members are expected to report information discussed at these meetings to their disciplines. However, meeting participants expressed that the messages may not be communicated effectively in all cases.
- The broader membership of the HMCC meets twice each year. Agenda items at these meetings have included presentations on priority issues, such as meeting grant and CMS Preparedness Rule requirements.
- A newsletter is published every two months and includes relevant information for HMCC members, upcoming trainings, and events, and updates.
- The HMCC maintains a [website](#) with relevant information for members.
- The HMCC Sponsoring Organization representatives are available to meet one-on-one with any organization interested in learning more.
- A 24/7 on-call duty officer position is staffed to coordinate resources and information during incidents.

Participants proposed possible next steps for implementation of this strategy, which included:

- Adding the topic of strengthening and broadening engagement of regional partners to an upcoming HMCC Steering Committee meeting agenda for further discussion.
- Implementing a HMCC engagement survey to explore the needs of regional partners.
- Assessing organizations currently involved in the HMCC to identify gaps beyond the five core disciplines.
 - Participants brainstormed potential disciplines that could be more engaged, including: Emergency Medical Services (EMS); substance use treatment programs, such as Medication Assisted Treatment facilities; homeless and temporary housing organizations; Councils on Aging; aging services access points (ASAPs); home care; and behavioral health.
- Conducting research on novel ways to engage identified disciplines.
- Targeting invitations to additional partners based on needs and focus of the HMCC. In outreach materials, continue to provide a clear explanation of the role and the vision of the HMCC, including why the HMCC exists and how it adds value.
- Working through existing active partners to engage new members within their disciplines and increase awareness of the HMCC.
- Setting the expectation of active member engagement in HMCC activities such as workgroup participation.
- Developing a contact list and information/referral database (e.g., 211).
- Establishing a gathering place for resources (e.g., tools and guidance documents), such as a secure website, managed by the HMCC for partner use in preparedness and response.

Prioritized Strategy #2: Provide education and training to partners. Activities could include:

- ***Holding a Training and Exercise Planning Workshop (TEPW) to capitalize on existing regional training and exercise opportunities.***
- ***Providing training and education on isolation and quarantine (I&Q) laws.***

Twenty-eight percent of regional partners selected this strategy as one of their top two priorities for the region.

Participants made the following observations related to this strategy:

- There is an I&Q online training available for Massachusetts. In addition, an I&Q plan was established following the West Africa Ebola virus epidemic.
- Some participants mentioned that a training on planning and holding exercises would be helpful.

- Newer HMCC members expressed a need to understand what trainings are available in order to identify additional training needs.

Participants discussed next steps for implementation of this strategy, which included:

- Conducting a TEPW linked to existing TEPW processes in the region.
- New partners should connect with the HMCC and their local Emergency Management Directors (EMDs) to become familiar with planned trainings and exercises, get involved, and avoid duplication.

Additional Discussion

Participants also discussed four additional mitigation strategies that were suggested by survey respondents. Discussion regarding each of these strategies is briefly summarized below.

Develop a regional plan to meet the needs of people with functional needs. Activities could include:

- ***Ensuring regional capability to provide information to the public in formats that are accessible to all.***
- ***Identifying and ensuring access to specialized resources.***

Seventeen percent of regional partners selected this strategy as one of their top two priorities for the region.

Participants made the following observations related to this strategy:

- Individuals with substance use disorders should be considered when planning for populations with functional needs. Organizations working with this population do not have plans for meeting the needs of this population (whether they are in need of a maintenance drug such as methadone or actively using) during a disaster.
- Including agencies working with functional needs populations (e.g., health care for the homeless, homeless shelters, Council on Aging, aging services access points (ASAP), refugee organizations) in planning may assist with meeting the needs of individuals with functional needs in a disaster. This should include involving these agencies in the planning of Emergency Dispensing Sites (EDSs) and closed EDSs.
- Participants observed that plans for patients with functional needs often include sending the individual to the hospital in the event of an emergency. It will be important to have an alternate plan in place if the hospital is not able to care for them.

Suggestions for further work identified during the discussion included:

- Developing a registry of individuals with functional needs was suggested as a potential strategy. However, it was recognized that research shows that registries face some challenges, including maintenance and reliability, during an emergency. It was also noted that Eversource maintains a list of individuals requiring electricity for medical reasons.
- Developing a contact/resource list of HMCC members, including the range of resources available from individual organizations within the HMCC. Participants noted that there are agencies with robust language capabilities; these skilled staff could help out other agencies during a response.

Strengthen regional access to volunteers. Activities could include:

- ***Developing and implementing regional strategies to recruit, train, and retain volunteers.***
- ***Developing a regional plan to accept and manage spontaneous volunteers.***

Five percent of regional partners selected this strategy as one of their top two priorities for the region.

Participants made the following observations related to this strategy:

- There has been increased interest in signing up for MA Responds, likely due to the recent hurricanes and other incidents. Participants suggested adding information on volunteering to the HMCC website.
- Participants discussed the potential usefulness of increased information sharing regarding volunteer resources and staffing, as well as increased coordination of public information regarding the need for volunteers during incidents and where volunteers should report.

Participants described systems and protocols currently in place to strengthen regional access to volunteers, which included:

- Two volunteer organizations are currently addressing this strategy: the Medical Reserve Corps (MRC), which provides trainings to volunteers, and the Community Organizations Active in Disaster (COAD), which has a volunteer subcommittee working on bringing in additional partners. The HMCC assists with the coordination of both of these organizations.
- WRHSAC has a spontaneous volunteer plan. Participants felt that potential areas for improvement with this plan include public information and electronic registration. In addition, participants noted that the plan and its processes have not been exercised or utilized in an event.
- The Holyoke Red Cross was mentioned as an additional option for people interested in volunteering.

Expand capacity to provide mass prophylaxis to the regional population. Activities could include:

- ***Increasing the number of closed dispensing sites.***
- ***Exercising EDSs (open and closed).***
- ***Training additional volunteer EDS staff.***

Three percent of regional partners selected this strategy as one of their top two priorities for the region.

Participants made the following observations related to this strategy:

- Closed EDSs planning is a priority for public health and Closed EDS plans are currently being exercised. One participant noted that Holyoke held a Closed EDS tabletop exercise using nursing students at a local nursing home.
- The HMCC's role in provision of mass prophylaxis includes assisting with vaccine distribution and coordination through WebEOC, as well as helping with exercises prior to an event.