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Executive Summary

In early 2020, the Franklin Regional Council of Governments (FRCOG) leadership and staff began monitoring SARS-CoV-2 virus (disease caused by SARS-CoV-2 later named COVID-19) activities in the US and worldwide. In addition, they engaged and began coordination and messaging activities with multiple internal and external agencies.

COVID-19 response exposed many layers of unanticipated challenges from national to local levels. No one knew how this worldwide pandemic would unfold. As of late March 2022, per the Centers for Disease Control and Prevention (CDC), there have been five waves of the virus and over 950,000 deaths in the United States.

The period of "two weeks to flatten the curve" has turned into two years of uncertainty, masks, vaccines, and mandates. During this period, voids in response to service delivery and communication occurred. These unresolved needs compelled the FRCOG to transition beyond its defined authorities and responsibilities of planning to a response-oriented organization.

This transition saved lives; the data and analysis support this finding. However, the FRCOG's new role also resulted in friction from issues such as uncertain and undefined roles, responsibilities, and communications flow. Nevertheless, it was clear that FRCOG should take steps to enable a defined and predictable response to a future disaster to help save lives, mitigate suffering and protect property.

The FRCOG released an After Action Report/Improvement Plan in December 2020, which identified responses at the tactical level. However, FRCOG leadership felt that the transition from planning to response was not reviewed in the first After Action Report and issued a Request for Proposal (RFP) to study these issues at the strategic level. As a result, Ardent Decisions Group, LLC (ADG) was awarded a contract in the fall of 2021 to conduct a Third Party Review (TPR).

The evaluation process began with an initial interview with the FRCOG Executive staff to determine the contracted After Action Review/Improvement Plan (AAR/IP) scope. Targets for analysis were agreed upon by FRCOG and ADG. Next, we developed online survey questions using these targets for investigation, focusing on coordination between FRCOG, member municipalities, and agencies within the Commonwealth of Massachusetts. ADG then followed the survey by interviewing 14 members of FRCOG municipalities who had a significant role in their local COVID-19 response. Finally, two focus group discussions with county officials completed the data gathering for the AAR/IP.

ADG separated the results and findings into three main areas corresponding to the most often discussed issues from the surveys and interviews: A) Value, B) Obligation/Responsibilities vs. Authority and C) Communications. Each area summarizes the significant data analysis, and findings to supplement the results. ADG conducted follow-up virtual interviews and in-person focus group sessions to refine the issues. These results and findings support further planning and

decisions on FRCOG authorities, responsibilities, capabilities, organizational structure, and guidance.

ADG evaluated these improvements through five lenses to ensure that these suggestions are reasonable, achievable, and desirable. They are:

- *Don't base your plan solely on the last event*
- *Incremental change is easier to accomplish*
- *Buy-in is important*
- *Unity of effort, not unity of command*
- *Some issues are outside your sphere of influence and not under your control*

The main body of this report contains the 16 IP recommendations, the highlights of which are:

- 1. FRCOG officials meet to determine in principle that new authorities are needed.*
- 2. Map out the current roles of the FRCOG staff.*
- 3. Reorganize the internal structure of FRCOG with Emergency Preparedness moved out from under the Planning Department and become a standalone Emergency Management (EM) department.*
- 4. Move public health preparedness (MAPHCO) from Emergency Preparedness to a standalone Public Health department.*
- 5. Agree upon a coordination center, likely a Multi-Agency Coordination Center (MACC).*
- 6. Create a single FRCOG Emergency Coordination Plan and strengthen the Franklin County Regional Emergency Planning Committee (REPC).*
- 7. Develop a new process for communication to prevent redundant, inconsistent, or conflicting information from the FRCOG.*

All recommendations align the FRCOG with the National Response (NRF) framework and established FEMA practices.

Overview

Incident Name:	SARS-CoV-2 (COVID-19) Pandemic Response
Incident Dates:	March 2020 – February 2022
Scope:	This is an After Action Review/Improvement Plan of FRCOG's response to the COVID-19 pandemic
Threat or Hazard:	Pandemic – COVID-19
Point of Contact:	Mark Maloni Communications Manager Franklin Regional Council of Governments Mmaloni@FRCOG.org

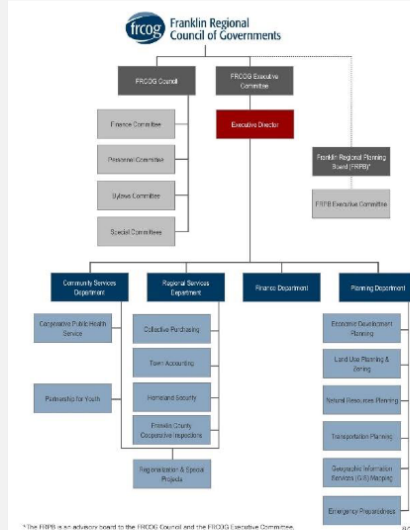
INTRODUCTION

Franklin Regional Council of Governments (FRCOG) is a regional service organization serving 26 municipalities (City of Greenfield and 25 towns) of Franklin County, Massachusetts. A crucial role of FRCOG is assisting municipalities with emergency preparedness planning. During the COVID-19 pandemic, unique and extraordinary challenges arose that exceeded current FRCOG authorities and responsibilities. These challenges exposed previously unknown gaps forcing FRCOG to transition from a planning to a response-oriented organization. FRCOG attempted to fill the Emergency Management function and other gaps during the COVID-19 response.

In early 2020, the FRCOG leadership and staff began monitoring SARS-nCoV-2 novel coronavirus (COVID-19) activities. In an attempt to coordinate information and a possible response, FRCOG Emergency Preparedness Program (EPP) staffs, started gathering and organizing information from sources, including state and federal level briefings, regarding response planning and potential operations.

On Mar 23, 2020, the Commonwealth of Massachusetts issued a Stay-at-Home Advisory to residents while nearly simultaneously, the nation shifted to a 'work-at-home' concept. These new situations created many unique and unanticipated challenges for FRCOG and its constituents.

The Franklin Regional Council of Governments' Emergency Preparedness Program released an initial After Action Report/Improvement Plan in December 2020. This report was written prior to vaccine rollout, and identified responses at the tactical level. However, FRCOG leadership felt that the transition from planning to response was not reviewed in the initial After Action Report and

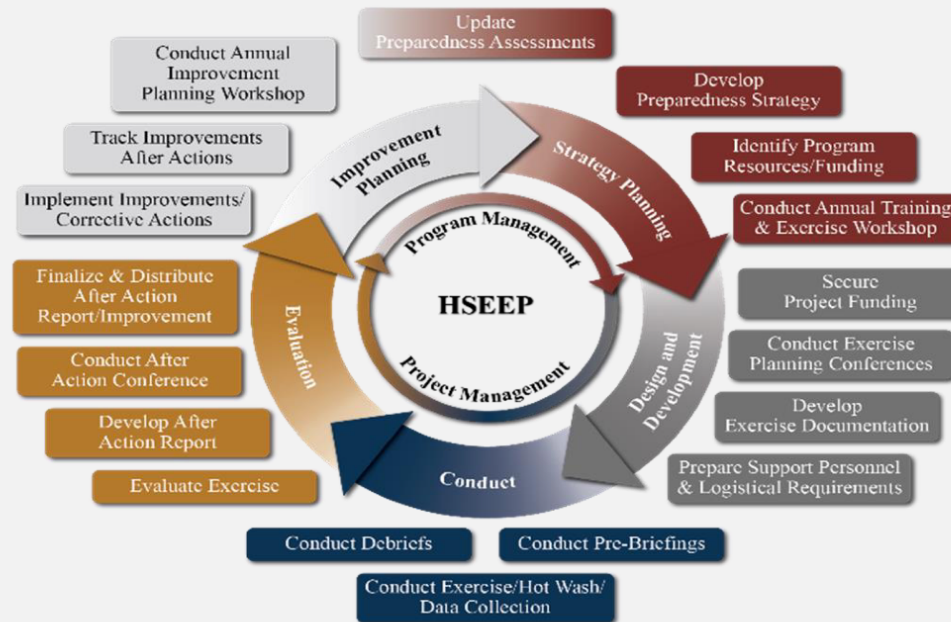


issued a Request for Proposal (RFP) to study these issues at the strategic level. As a result, Ardent Decisions Group, LLC (ADG) was awarded a contract in the fall of 2021 to conduct a Third Party Review to conduct a strategic level After Action Review/Improvement Plan (AAR/IP).

ADG conducted the AAR/IP following the Homeland Security Exercise and Evaluation Program (HSEEP) process. HSEEP is designed as a standardized process that is structured and repeatable, used to provide a vehicle to improve future response efforts. It comprises five major muscle movements: Strategy Planning, Design and Development, Conduct, Evaluation, Improvement Planning, and closing the loop back to the Strategy Planning.

In every event, planned or otherwise, there are always areas that have executed well and opportunities for improvement. HSEEP process includes the After Action Review (AAR) step to

identify these areas to document, repeat the ones you performed well and improve upon those areas where needed. After the AAR, an Improvement Plan (IP) is the next step creating a process to implement actions to address areas needing attention. Even though HSEEP is designed around exercises, the process is utilized to review actions executed during actual events as well.



Homeland Security Exercise Evaluation Program (HSEEP) Process

The HSEEP process is applicable for exercises and real-world events, capturing observations and data to improve planning and future response actions. The AAR provides the owner of the process a glimpse of how well that process performed during execution in the real world. It illustrates the strengths along with highlighting the areas for improvement. Without closing the loop with an AAR/IP, the chance for productive organizational learning is lost.

AFTER ACTION REVIEW

METHODS

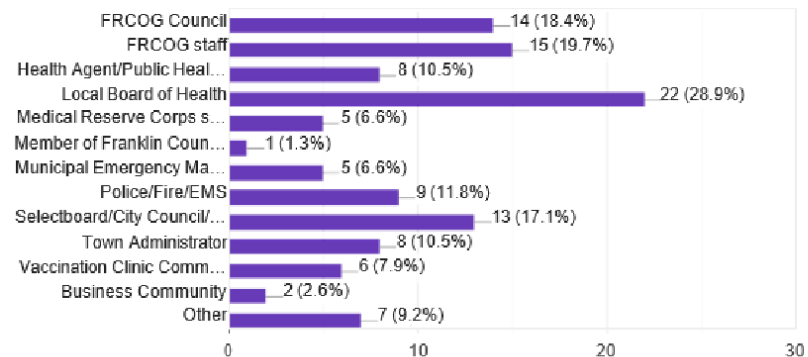
The evaluation process began with an initial interview with the FRCOG Executive staff to determine the scope of FRCOG's COVID-19 response to date. Objectives for analysis were defined by FRCOG and agreed upon with ADG. To focus additional research, ADG concentrated the analysis on three areas: A) Value, B) Obligation/Responsibilities vs. Authority and C) Communications.

In coordination with FRCOG's leadership, ADG surveyed a target audience. Utilizing the agreed-upon areas for analysis, ADG established survey questions focusing on coordination between FRCOG, member municipalities, and agencies within the Commonwealth of Massachusetts. The survey audience encompassed FRCOG municipalities and FRCOG support agencies, staff, and leadership. The following graph is a breakdown of the survey audience (complete survey questions and results, except Free Text Answers and personal interview answers, are included in Appendix C):

NOTE: Subject areas included authorities, responsibilities, and coordination. FRCOG sent the survey to 365 people; 76 responses, or 20.8%, were returned. The survey was conducted from Dec 9-22, 2021.

1. ROLE DURING COVID RESPONSE: From the following list provided, select all the responses that most accurately describe your position(s) or role(s) during COVID response:

76 responses



ADG collected the survey data and worked with FRCOG to develop interview questions to validate the survey analysis.

Based on the recommendations by FRCOG staff, ADG then conducted 14 individual, interactive interviews. Following these interviews, ADG gathered additional data from two in-person focus group interviews of functional areas within FRCOG staff. The first focus group interview consisted of the FRCOG Director of Community Services, Regional Public Health Nurse, and Health District Program Manager. The second focus group consisted of the Emergency Preparedness Program Manager and Emergency Preparedness Program Assistant. After the focus group interviews, ADG provided in-person feedback to the FRCOG Executive Director and the FRCOG Communications Manager.

Ardent Decisions Group is dedicated to honesty and integrity. All interviews were voluntary, and we did our best to represent the results accurately. No member of the ADG team has any conflict of interest with Franklin County or FRCOG.

RESULTS AND FINDINGS

ADG separated the results and findings into three main areas corresponding to the most often discussed issues from the surveys and interviews: A) Value, B) Obligation/Responsibilities vs. Authority and C) Communications. Each area summarizes the significant results, data, and analysis to supplement the results. These results and findings support further planning and decisions regarding FRCOG authorities, responsibilities, capabilities, organizational structure, and guidance. (Complete survey questions and results, except Free Text Answers and personal interview answers, are included in Appendix C):

A) FRCOG provided value during the response to the COVID-19 pandemic

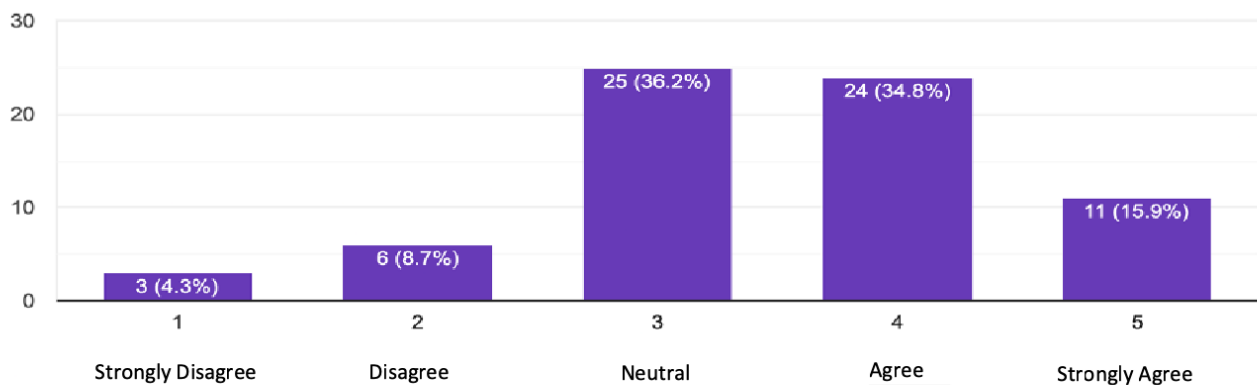
There was a response void that FRCOG filled effectively, but areas of friction were reported. Findings include:

- Positive perception of FRCOG's role in emergency preparedness and coordination improved throughout the pandemic
- High correlation among municipalities between the overall FRCOG support for them as well as FRCOG responsibility for the success or failure of emergency response
- FRCOG should provide a Multi-Agency Coordination Center (MACC) like service
- There is strong belief the FRCOG has an obligation to support the region in future crises, even if those responsibilities are not defined in existing authorities

Question: Does the FRCOG need clear internal lines of organization and authority when it comes to response coordination? (Two Questions taken together to demonstrate need and assessment of value)

17. Lines of authority, organization, and reporting within the Franklin Regional Council of Governments changed during the pandemic

69 responses

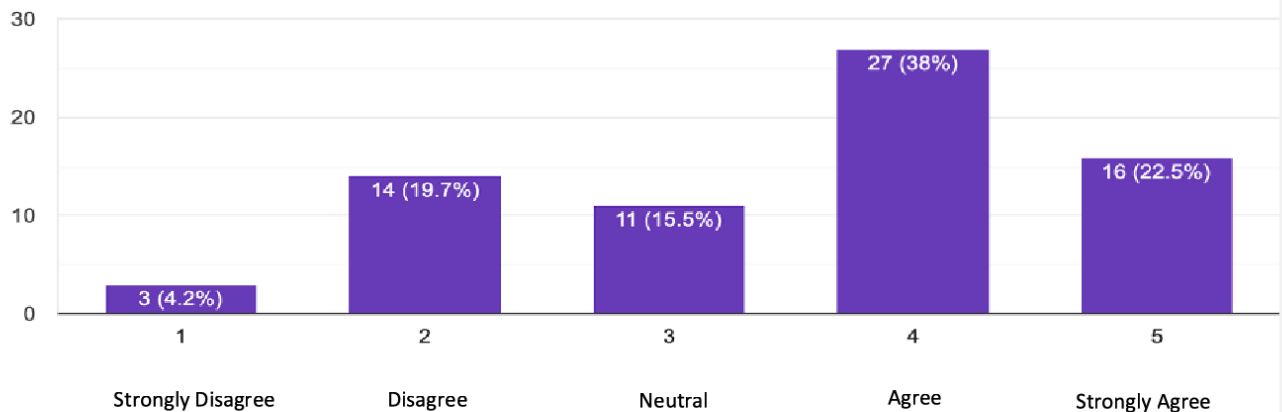


Analysis: 50.7% of respondents agree or strongly agree on the need for internal lines of organization and authority to coordinate response to emergencies

Question: Were FRCOG lines of authority, organization, and reporting effective during the pandemic?

18. Lines of authority, organization, and reporting within the Franklin Regional Council of Governments were effective DURING the pandemic

71 responses



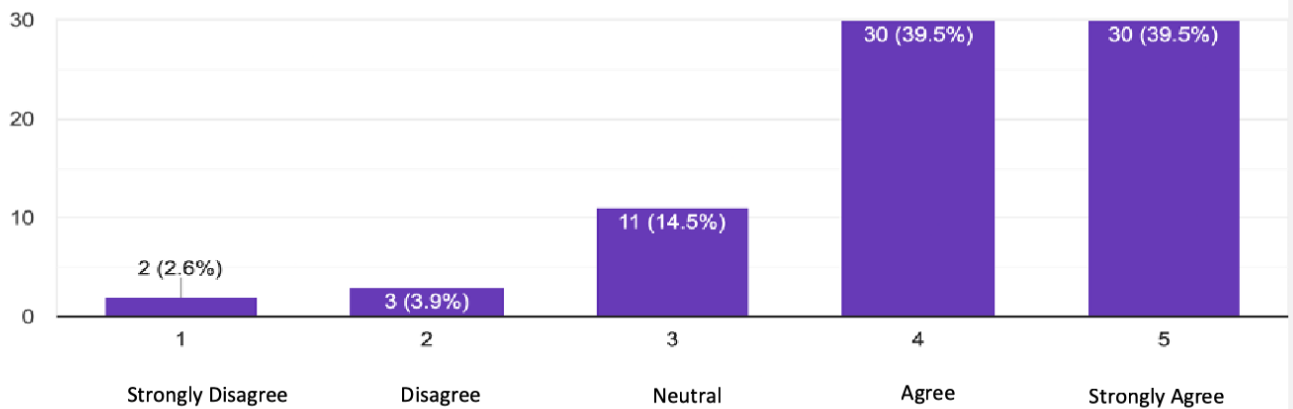
Analysis: 60.5% of respondents agreed or strongly agreed FRCOG lines of authority, organization, and reporting were effective during the pandemic

Finding: The majority of respondents agreed FRCOG needs effective lines of authority, organization, and reporting, and FRCOG was considered effective during the pandemic.

Question: Is there a need for/value to our current Preparedness Department to serve an emergency management or response coordination role for the region? (Three data elements, 5,7 and 8, are taken together for the finding)

5. Franklin Regional Council of Governments has an obligation to support the region, even if those responsibilities are not defined in existing authorities

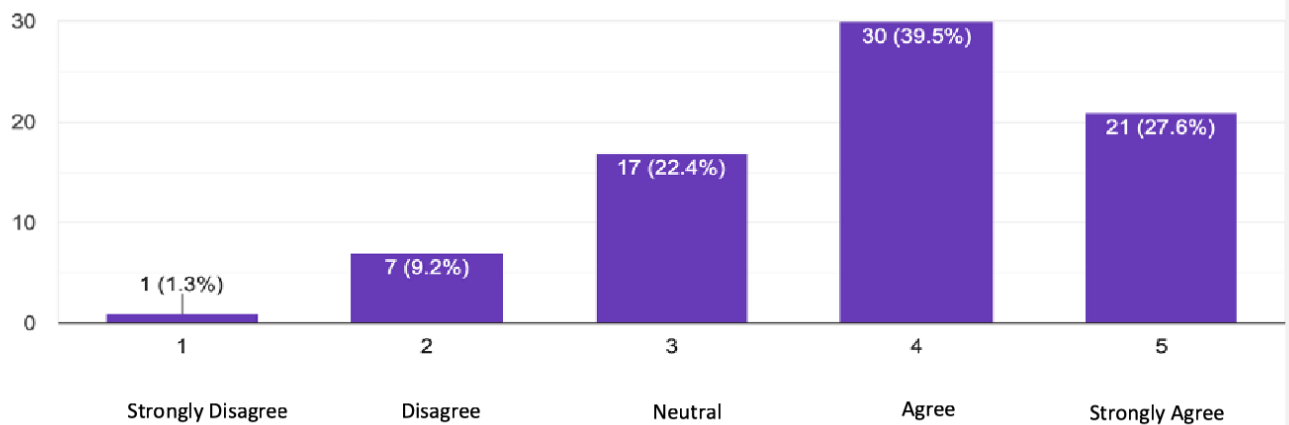
76 responses



Analysis: 79 % of respondents, agreed, or strongly agreed that FRCOG has an obligation to support the region.

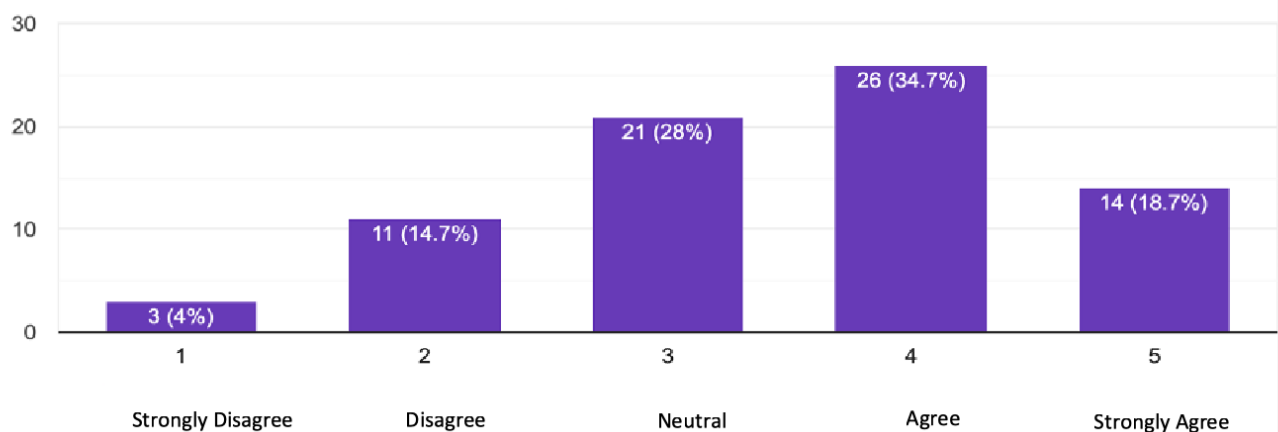
7. Franklin Regional Council of Governments has some responsibility for the success or failure of Franklin County region's ability to respond to an emergency. Responsibilities are not defined in existing authorities

76 responses



Analysis: 67% of respondents agreed or strongly agreed that FRCOG has some responsibility for the success or failure of the region's response to emergencies.

8. Franklin Regional Council of Governments has some responsibility for the success or failure of Franklin County municipalities' ability to respond to...onsibilities are not defined in existing authorities
75 responses



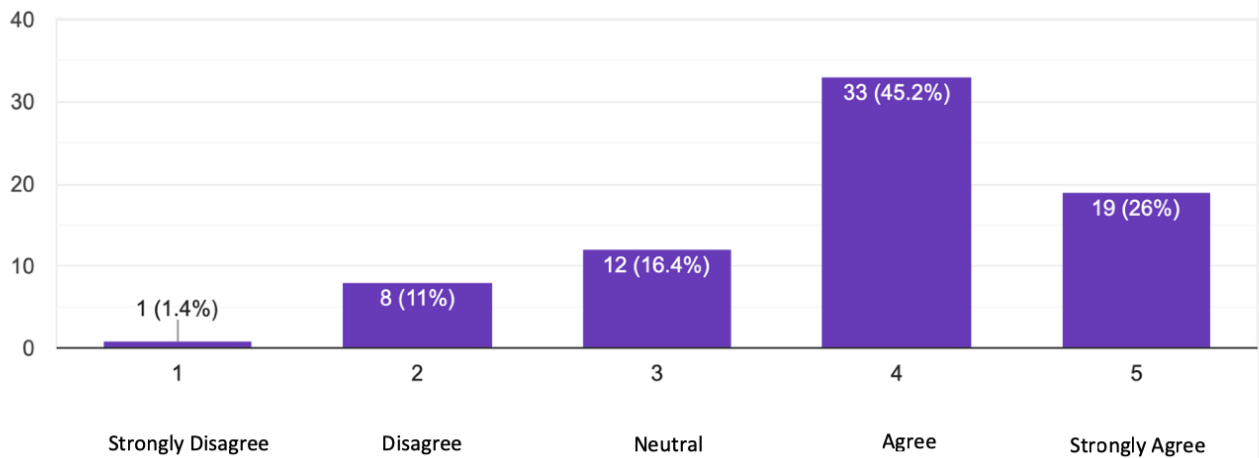
Analysis: The majority (53.4%) of respondents agreed or strongly agreed that the FRCOG has some responsibility for the success or failure of municipalities' ability to respond to an emergency.

Finding: A strong majority of respondents agreed or strongly agreed that the FRCOG has an obligation and some responsibility for the success or failure of the region and municipalities' response to an emergency. Respondents mostly strongly supported the concept that FRCOG had an obligation (79%) compared to some responsibility for the region's success or failure (67%). While still a majority at 53%, respondents felt less strongly about the FRCOG's responsibility for municipality success or failure. These data indicate overall support for the FRCOG at the regional level but less at the municipal level.

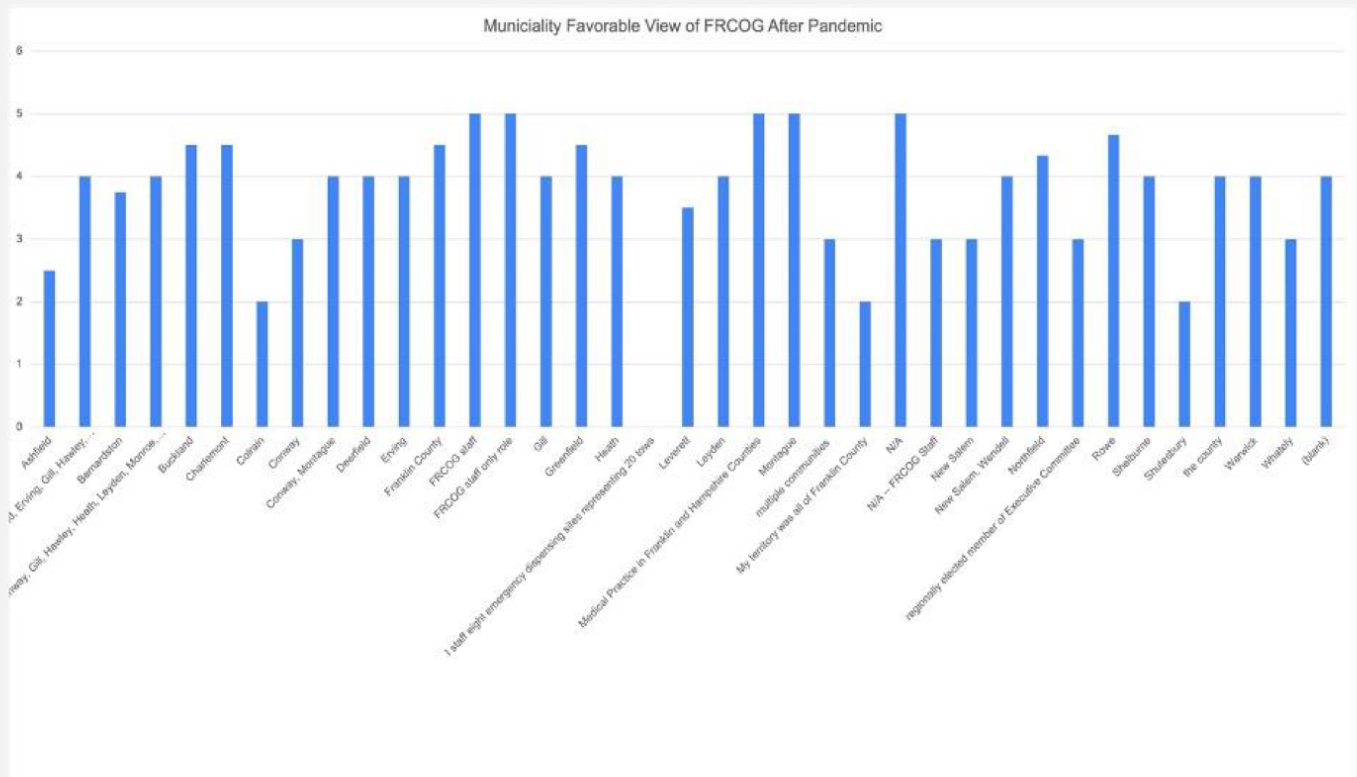
Question: Did perception of FRCOG improve throughout the pandemic?

49. I have a more favorable perception of the Franklin Regional Council of Governments organizational role in emergency preparedness and...tion now than I did at the onset of the pandemic

73 responses



*Franklin Regional Council of Governments
After Action Review/Improvement Plan*



Analysis: Respondent's positive perception of FRCOG's role in emergency preparedness and coordination improved over the pandemic.

Finding: Improved familiarity with, support, and communication from FRCOG improved perception.

B) Discussion by individuals on FRCOG responsibilities/obligations vs. authorities and the execution of these roles

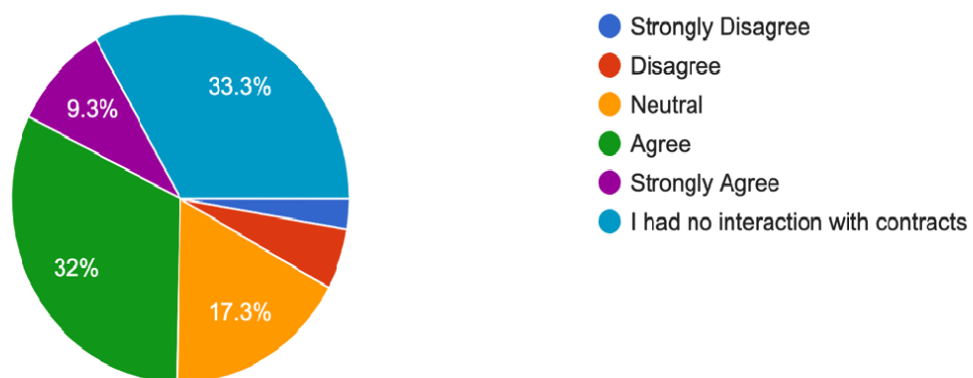
Respondents agreed that the FRCOG needed to step in, but municipalities would prefer not to give up blanket authority for all future actions. Findings include:

- Those familiar with the municipalities but not FRCOG were less inclined to see the clear authorities of the ad hoc relationships when compared to those familiar with FRCOG but not the municipalities
- Majority of respondents (58.6%) strongly agreed, agreed, or were neutral that contracts/agreements (written or verbal agreements for any obligation or service) during the pandemic clearly defined FRCOG roles and authorities. The significance is contracts and MOU's/MOA's foster familiarity, trust, transparency and confidence during a crisis, and help reinforce authorities, responsibilities, capabilities, and coordination as the issues arise
- Create an Emergency Management function in FRCOG
 - Move Emergency Preparedness Program under Emergency Management

Question: Did FRCOG contracts/agreements created during the pandemic clearly define FRCOG roles and authorities.

19. Franklin Regional Council of Governments' contracts created during the pandemic clearly defined Franklin Regional Council of Governments roles and authorities

75 responses

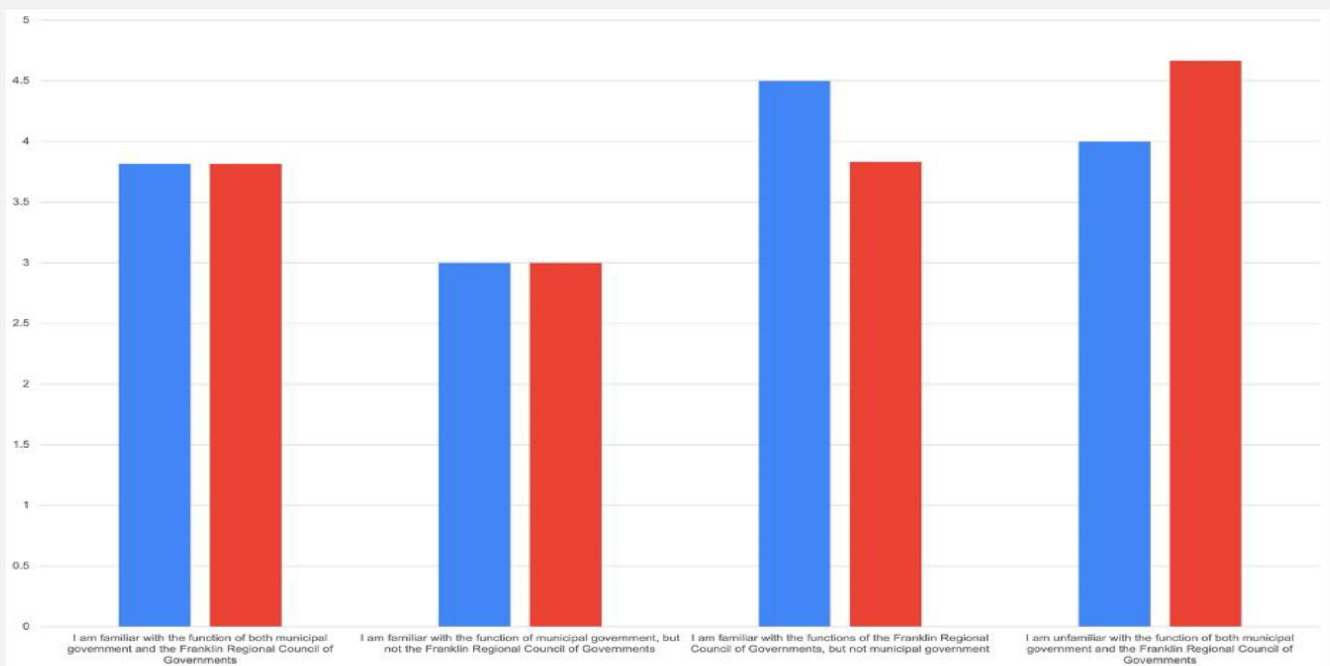


Analysis: The majority of respondents (58.6%) strongly agreed, agreed, or were neutral that contracts/agreements during the pandemic clearly defined FRCOG roles and authorities. For intentional contracts/agreements specific to the time period, it appears they were not as definitive as they needed to be.

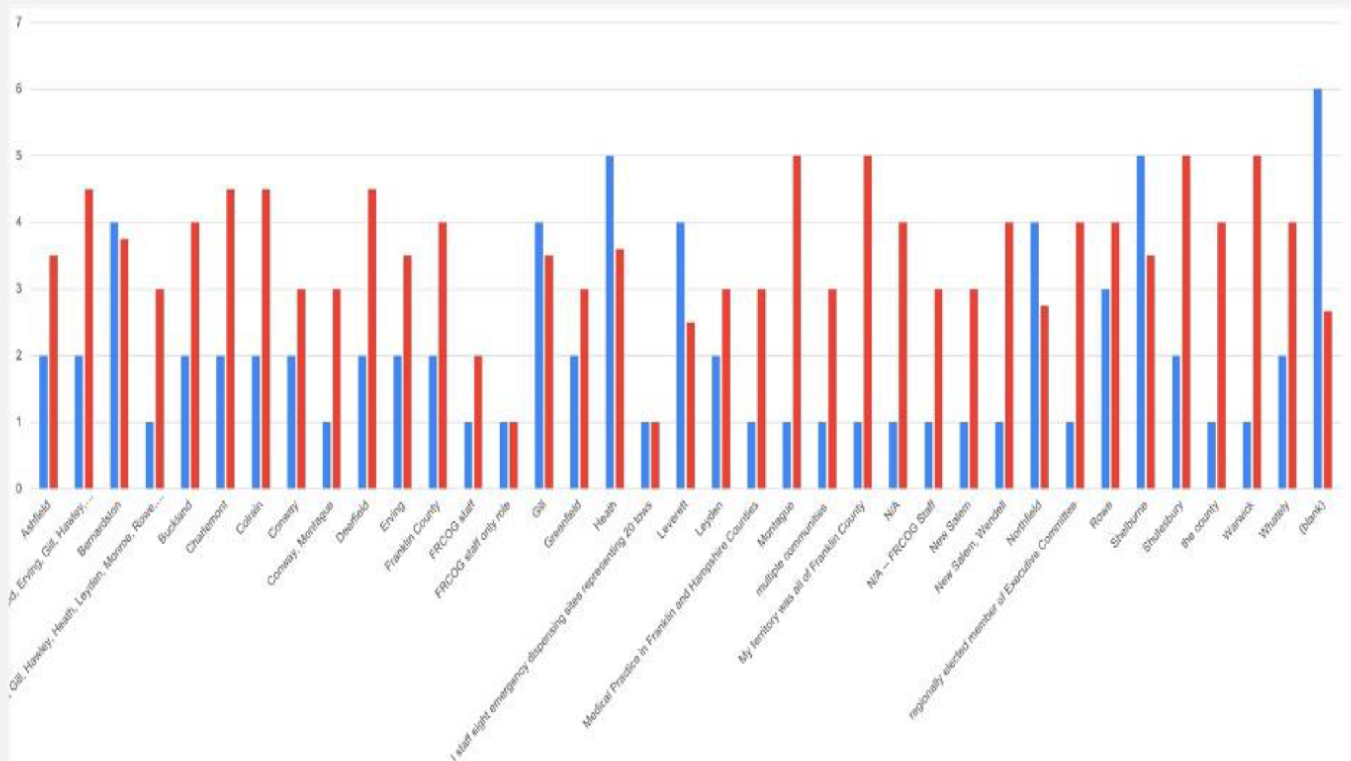
Finding: During the pandemic, the need for contracts/agreements helped to define FRCOG roles and authorities, and helped build trust.

*Franklin Regional Council of Governments
After Action Review/Improvement Plan*

Question: How familiar are respondents with municipal governments and the FRCOG, and how strongly did respondents agree the FRCOG had an obligation to support individual municipalities (Blue) and FRCOG responsibility for success or failure of regions' emergency response (Orange). (This color code applies to the following two charts)

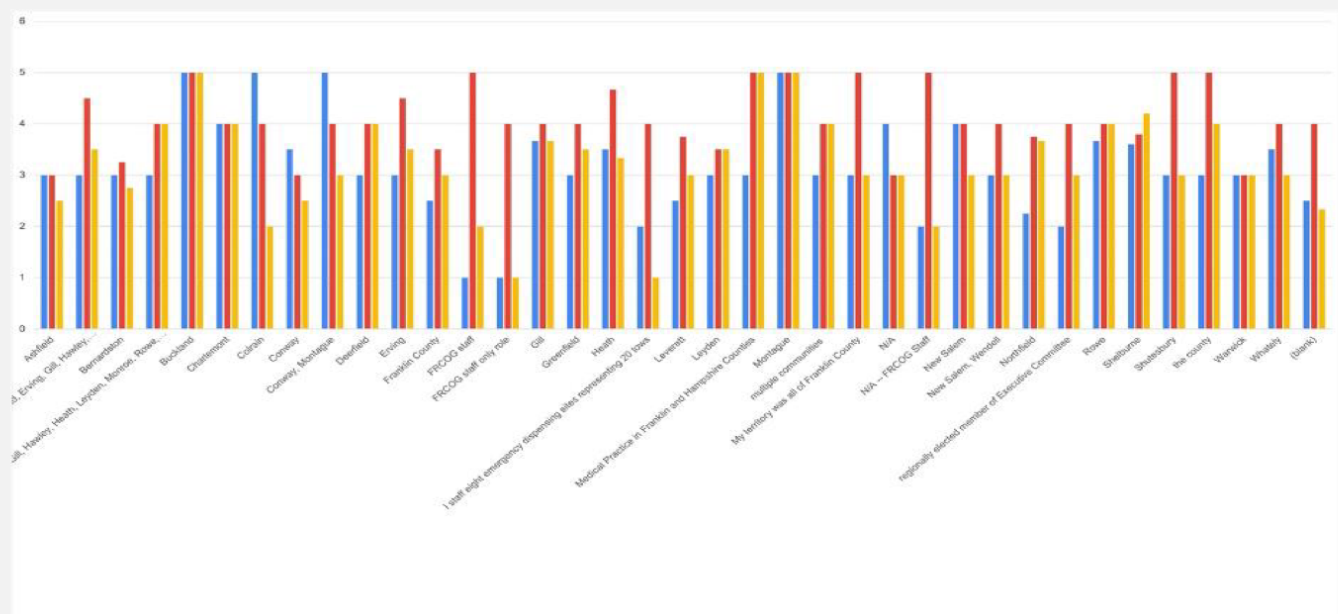


Franklin Regional Council of Governments
After Action Review/Improvement Plan



Analysis: There is a high correlation with familiarity with FRCOG and agreement with the FRCOG support for municipalities as well as FRCOG responsibility for success or failure of emergency response. **Finding:** There is a positive correlation between being familiar with the FRCOG and agreeing that the FRCOG has some responsibility for success or failure of the emergency response. This indicates the importance of how the FRCOG communicates with regional constituents and municipalities.

Question: How does respondent familiarity with the FRCOG affect perception that FRCOG possessed the right authorities at the beginning of the pandemic (Blue), ad hoc arrangements were developed (Red), and ad hoc arrangements provided clear authority to FRCOG (Orange).

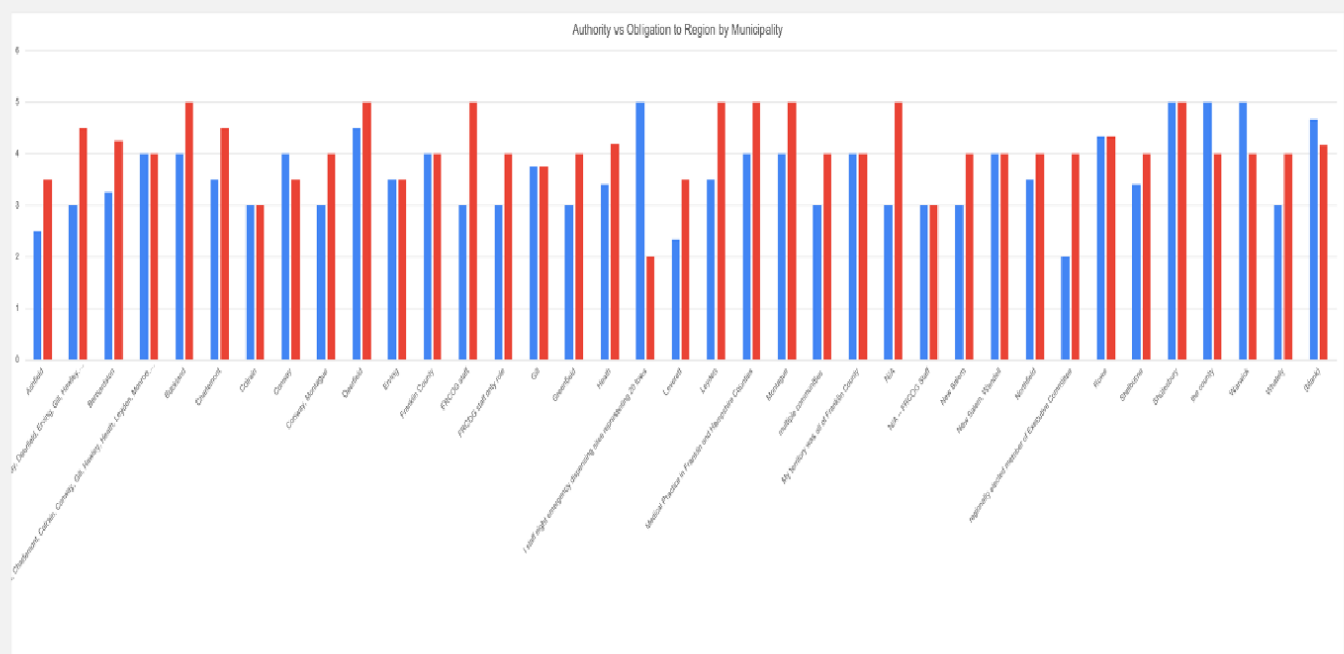


Analysis: Those familiar with the municipalities but not the FRCOG were less inclined to see the clear authorities of the ad hoc relationships when compared to those familiar with the FRCOG but not the municipalities.

Finding: Familiarity affects support for FRCOG authorities. This lends support to ensuring effective FRCOG communications of roles, capabilities, and existing authorities.

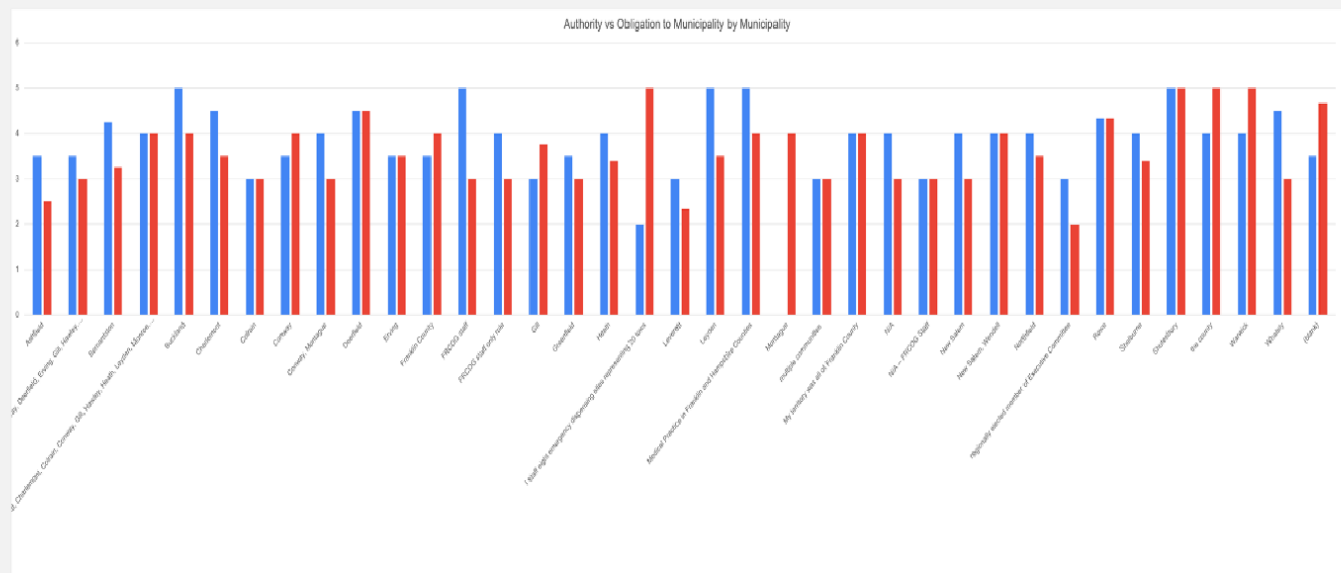
Question: What is the correlation between respondents who had a strong belief that the FRCOG has an obligation to support municipalities and the region during a response and their sense of the amount of authority we did have/should have during a response?

Chart A: Data Comparing Authority vs. Obligation to the Region by Municipality



Analysis: Chart A data comparing respondent support for FRCOG obligation to authority during an emergency at the regional level. Support, by municipality, that the FRCOG has an obligation to support the region indicated by the blue graph bars. Support, by a municipality, for more FRCOG authority at the regional level is indicated by the red graph bars. Responses indicate generally strong support by municipalities that the FRCOG has some obligation and should have some authority over regional responses to an emergency.

Chart B: Data Comparing Authority vs. Obligation to Municipalities by Municipality



Analysis: Chart B data comparing respondent support for FRCOG obligation to authority during an emergency at the municipal level. Support, by municipality, that the FRCOG has an obligation to support municipalities indicated by the blue graph bars. Support, by a municipality, for more FRCOG authority at the municipal level is indicated by the red graph bars. Data indicates that while municipalities support the concept that the FRCOG has an obligation at the municipal level, there is less support by individual municipalities for the FRCOG to have more authority over responses at the individual municipal event level.

Finding: At the municipal level, there is general agreement that the FRCOG has some obligation to support both the region and individual municipalities during an emergency response. On the other hand, there is less support at the individual municipalities' level for more FRCOG authority when compared to authority at the regional level. The conclusion is that municipalities agree the FRCOG has an obligation to support the region and individual municipalities. Still, municipalities do not want the FRCOG to have more authority over their responses.

C) Communication issues

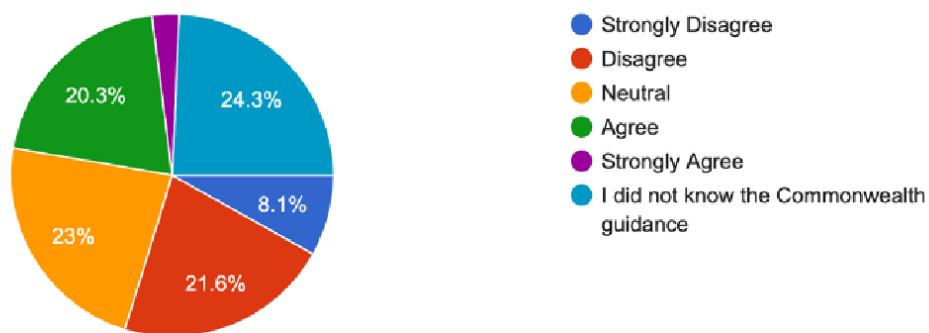
When multiple agencies communicated similar messages, it was often unclear who was the directing agency. This resulted in confusion among the various municipalities. Findings include:

- Majority of responses (52.7%) considered the Commonwealth's guidance to FRCOG less than effective
- After July 2020, the Commonwealth's guidance to the FRCOG improved very little, with the neutral to negative responses only decreasing to 46.6%
- The MACC was active for about 3 of the last 24 months, not used to its full capability, and better message coordination was needed
- Communication issues from State through FRCOG to municipalities
- Membership in FRCOG, MAPHCO, and CPHS are not identical; several members have roles in multiple entities, many public officials are confused by these complex memberships and what each means to them
- Ad hoc contracts/agreements (written or verbal agreements for any obligation or service) did not assist in defining FRCOG roles
- Actual communication with the FRCOG during the pandemic improved understanding emphasizing the importance of regular interaction

Question: Was Commonwealth guidance to FRCOG effective during the initial stages of the pandemic?

47. Commonwealth guidance to the Franklin Regional Council of Governments between Feb 2020–Jun 2020 was effective

74 responses



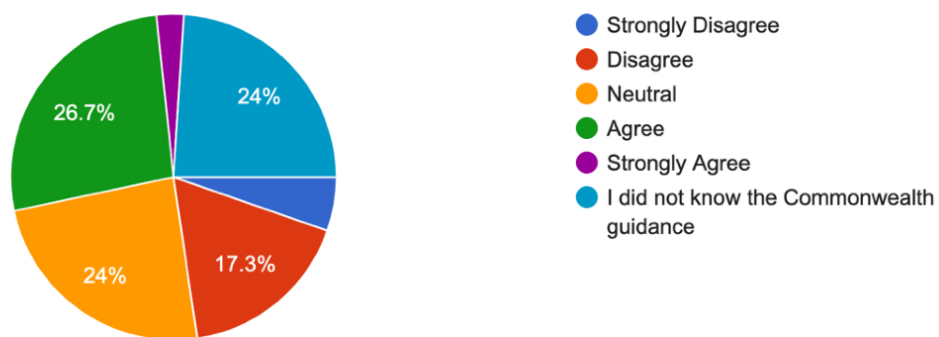
Analysis: The majority of responses (52.7%) considered the Commonwealth guidance to the FRCOG less than effective. Based on response trends in the survey, this is a strong negative response.

Findings: Improved communications between the Commonwealth and FRCOG will enhance FRCOG's ability to act as a central point of information for the region.

Question: Did the Commonwealth's guidance to the FRCOG improve in later phases of the pandemic?

48. Commonwealth guidance to the Franklin Regional Council of Governments after July 2020 was effective

75 responses



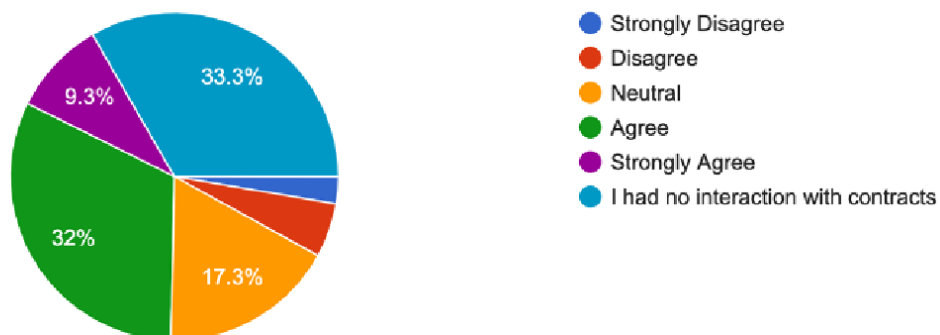
Analysis: According to survey respondents, after July 2020, the Commonwealth's guidance to the FRCOG improved very little, with the neutral to negative responses only decreasing to 46.6%.

Finding: A more coordinated communications strategy from Commonwealth agencies and departments will enhance FRCOG's ability to function as a pivotal communications point for municipalities in the region.

Question: Did FRCOG contracts/agreements created during the pandemic clearly define FRCOG roles and authorities.

19. Franklin Regional Council of Governments' contracts created during the pandemic clearly defined Franklin Regional Council of Governments roles and authorities

75 responses



Analysis: 49.3% of respondents were either neutral or agreed that contracts/agreements during the pandemic clearly defined FRCOG roles and authorities. For intentional contracts specific to the time period, it appears they could have set up a more clear and transparent relationship.

Finding: During the pandemic contracts/agreements could have been better utilized to define FRCOG roles and authorities.

IMPROVEMENT PLAN

Improvement Plan Overview

This IP is based on the need for the FRCOG to respond to hazards and countywide emergencies. It provides suggestions to improve the FRCOG's ability to execute plans and scale the response to the actual situation. Implementation of the IP will allow a more effective, rapid, and cohesive response to emergencies ranging from a pandemic (COVID-19) to ice storms (2008) to hurricanes or tropical storms (Irene in 2011). This approach is consistent with established practices of the National Response Framework (NRF) and Federal Emergency Management Agency (FEMA).

This Third Party Review recommends improvements through five lenses to ensure these suggestions are reasonable, achievable, and desirable. These are:

1- Don't base your plan solely on the last event- No one predicted a worldwide pandemic would develop these past two years, and it is most likely the next major event will be something different. While it is tempting to focus on COVID-19 and bolster the most utilized areas, it would be prudent to continue an all-hazards approach.

2- Incremental change- A free society can only change so much over a given time. Therefore, as part of our IP, we will suggest a realistic and achievable rate of change.

3-Buy-in is important- Organizations, especially ones comprised of volunteers or diverse representation, are more likely to embrace change if they are part of the solution. While this path to change may take longer, it will have a much higher likelihood of success. Because change can be complex and slow, the sequence of attempted change is essential.

4-Unity of effort, not unity of command- Since FRCOG represents one city and 25 towns, no one member is likely to cede authority or power unless absolutely necessary. Plans that get results through cooperation are far more palatable and impartial, guiding our suggestions.

5-Some issues are outside of your sphere of influence and not under your control- From the FRCOG and county perspective, frustration that the Commonwealth and Federal guidance changed frequently and was often conflicting. While the county cannot influence federal guidance, they may be able to control how it is implemented at the local level.

Method

The recommended areas for improvement are categorized at the local, commonwealth, and federal levels. Logically, the ability to implement change will be less at the commonwealth level and nearly impossible at the federal level. However, some of these improvement suggestions may help the FRCOG be more efficient when working at the commonwealth and federal levels. While we propose one IP at the federal level, we believe there are potential funding sources available to FRCOG for grants, studies, or other payments that the FRCOG should consider pursuing.

In our suggested plan, we have omitted organizational points of contact (POCs) and any timelines in the corrective actions themselves. These POCs and timelines will be developed at a later date. The IP suggestions are divided into short and long-term timeframes.

Depicted areas for improvement and the corresponding actions are consistent with FEMA's National Preparedness Goal, which identifies five mission areas and 32 core capabilities. However, since our IP is for the FRCOG only, we have not analyzed all areas or core capabilities.

Analysis

ADG analyzed the three main areas below as described in the AAR section, which helped shape short- and long-term corrective actions that would be logical and achievable.

1. Value

This area was essential to determine the perception of value by all stakeholders. During the implementation of the IP phase, the higher the value the community puts on the FRCOG, the easier it will be to enable change. ADG believes there is enough county value of the FRCOG to allow for meaningful changes, but the hesitancy of constituents to hand over authority may temper this.

2. Authorities vs. Obligation/Responsibilities

As Massachusetts is one of only ten home rule states, there is a long history of retaining authority locally. However, ADG believes that the FRCOG needs more authority to transition, when required (and agreed upon), from a planning function to a response role. The best-demonstrated path for success starts with the FRCOG officials affirming the need for increased authorities and responsibilities. Other steps in the IP plan support this path. This increase in authorities and responsibilities could be triggered in times of need or crisis.

3. Communication

Data analysis shows that their appreciation for (Value) and understanding of the FRCOG's role improved when constituents worked with the FRCOG during the pandemic. Moreover, this improvement in appreciation and understanding also applied to those unfamiliar with the FRCOG, who initially showed hesitancy until they became familiar with FRCOG actions.

Expanded Discussion

ADG recommends specific steps for the FRCOG to take to gain support for and then implement some or all of the improvement plan. These steps are not in order of significance but in a time phased sequence order. This time phased order is important. For more significant steps to be accomplished there are other steps, some less significant, that need to be accomplished first to ensure the successful implementation of the ultimate goal.

The first step is for the FRCOG officials to meet to garner member consensus that change would be beneficial and improve future responses to crises. Next, a comprehensive review of the capabilities offered by the various programs within the FRCOG should be undertaken to clarify what various programs CAN do and what these programs SHOULD do in a transparent way with other programs and constituents. This review would be formalized in a comprehensive summary of capabilities for each program.

ADG recommends that Emergency Preparedness be moved from under the Planning Department and become a standalone department and renamed Emergency Management (EM). EM would be responsible for the construction of a comprehensive regional emergency coordination plan. Consideration should be given to relocating Homeland Security functions under EM. In any countywide crisis, the EM department will lead the response with all other programs feeding into it and supplying support as needed. While the exact details are beyond the scope of this AAR/IP, this move would be consistent with how FEMA responds to a crisis.

The result would be a reference tool (playbook or similar) that municipalities can use (once the study is completed) to determine "which organization is best suited to solve our current issue." This FRCOG reference tool will enhance communications capabilities leading to communications improvement, which is a consistent recommendation from the survey outcome, interviews, and focus groups.

Evaluate moving public health preparedness (MAPHCO) from Emergency Preparedness to a standalone Department of Public Health (PH). This will align all health personnel and organizations under PH so that they can talk with one voice about health issues. In addition, it would allow better coordination and faster delivery of services.

There is a genuine need for a single coordination center to avoid confusion and redundancies. Since the FRCOG has plans, locations, equipment, and exercises that include a MACC, this is the most likely option. In addition, FRCOG should develop all-hazard response plans implemented by the leadership, using the EM department as a backbone and operating out of the MACC when appropriate.

Consistent with NRF guidance and prescribed structure. PH emergency planning (and all planning effort) should be, under the REPC as the umbrella preparedness body that coordinates all planning efforts. REPC would be a supporting function for the new EM when a crisis occurs.

Different organizational memberships, some inside and outside of county lines, are confusing and detract from effective planning and response. This should be studied, and committee structures potentially changed to more closely align with FEMA planning constructs. Additionally, where

different levels of "for fee" services are provided, these should be well documented for all to understand.

*Franklin Regional Council of Governments
After Action Review/Improvement Plan*

LOCAL

IP	Core Capability	Issue/Area for Improvement	Corrective Action Short Term	Corrective Action Long Term	Rationale
1	Operational Control	Since 1997 FRCOG has operated under a Charter and MOUs. COVID-19 response demonstrated the need for a more significant response role during countywide emergencies	FRCOG and member municipalities develop a new agreement specifying who will perform which duties during future crises	Determine what additional authorities/responsibilities will be adopted; determine triggers, develop MOUs, amend the charter and educate all stakeholders	The COVID-19 response demonstrated the need for a greater response coordination role during countywide emergencies. While there is general agreement that the FRCOG performed well during COVID-19 despite no apparent authority, lack of such definition caused friction, contributed to communication lapses, and delayed action in some cases. The county, city, and towns should try to forge an agreement on who will perform which duties during future crises.
2	Operational Control	Define the "can do" and "should do" of each FRCOG dept and program and the organizations they interact with	Map the FRCOG staff	Map the organization	Before a successful reorganization can be undertaken, establishing the "as is" must be determined, resulting in a comprehensive summary of each program's capabilities.
3	Operational Control	Re-org FRCOG staff	Put the Emergency Planning function in an independent department, renamed Emergency Management, ideally with a corresponding Charter change Expand its function to include emergency response and/or coordination. EM will then lead the crisis response with all other programs reporting to it during the response Form a study committee to present more refined options to the council for adoption	Educate FRCOG members on change and rationale, look to re-evaluate every two years	Creating a new Emergency Management department clarifies the role, structure, and importance of regional emergency preparedness and response. Homeland Security should be aligned within Emergency Management.

*Franklin Regional Council of Governments
After Action Review/Improvement Plan*

IP	Core Capability	Issue/Area for Improvement	Corrective Action Short Term	Corrective Action Long Term	Rationale
4	Operational Control	Lack of a single point of reference to determine FRCOG roles, authorities, and limits	Use 1-3 above to develop a single source FRCOG emergency planning and operations handbook to be developed by the new Emergency Management Department. Handbook would include concept of operations for an all-hazards approach to future crises	Educate all stakeholders, making sure to include newly elected officials, and put in place a process for continual review and improvement	Published guidelines, policies, and responsibilities will enhance response, decrease friction and improve expectation management.
5	Planning	Stakeholders, internal and external, were sometimes unable to differentiate FRCOG-provided services from CPHS membership-provided services. Overlapping, redundant and inconsistent messaging and roles were confusing and caused friction	Form a study committee to map out the various memberships and service levels provided for each of the structures and recommend a range of options to simplify either the organizations or to depict better when and how these organizations overlap or are separate	<p>Create a county health department; clarify the difference in service all municipalities get vs. that which CPHS municipalities get</p> <p>Move public health preparedness (MAPHCO) from Emergency Preparedness to a new Public Health department</p> <p>Move all public health functions to public health to reduce inconsistency, confusion, duplication and to embed emergency preparedness in everyday public health work</p> <p>Put new structure(s) in place; continue to educate and develop a process for continual review and improvement</p>	This will align all health personnel and organizations under PH so that they can talk with one voice about health issues. It would allow better coordination and faster delivery of services.

*Franklin Regional Council of Governments
After Action Review/Improvement Plan*

IP	Core Capability	Issue/Area for Improvement	Corrective Action Short Term	Corrective Action Long Term	Rationale
6	Situational Assessment	No central point for coordination	Establish a Study committee to present options to the council for potential adoption. Possibilities include establishing an EOC, a Multi-Agency Coordination Center (MACC), an Operations Center, a Coordination Center, or a Fusion Center to be stood up by the FRCOG during a response	Educate members, exercise, and put in place a process for continual review and improvement	As a single source for intelligence, informational sharing, public information, and warning, this center will provide an understandable, consistent source of information during any emergency. A MACC would likely be most palatable to most stakeholders.
7	Planning	The county needs one multi-disciplinary all-hazards planning body to reduce confusion and ensure service continuity during a crisis	Devote FRCOG funding or secure new funding that is not public health-based to strengthen REPC Eliminate confusion/ conflict between the role of MAPHCO and the role of REPC. Strengthen REPC by establishing it as the primary all-hazards planning body in the county	Rewrite REPC operating principles to reflect changes, educate stakeholders	The REPC is an all-hazards planning body and already has representation from public health. Invigorating this existing multi-disciplinary body to guide countywide emergency planning is a logical next step.
8	Planning	Medical planning is not closely tied with non-medical emergency planning	Align both planning functions and ensure both are present at joint meetings	Evaluate and assess both planning functions in single exercises	Public health emergencies have seldom merged with an all-hazard emergency in the past. While some planning is logical to be separate, more joint planning would provide improved response and communication.
9	Planning	Non-public health emergency response capabilities have lacked exercise opportunities	Reset the countywide exercise plan Review past plans to determine what training has been missed due to COVID-19	Determine a reasonable recovery plan and re-energize the organizations to regain proficiency	COVID-19 hindered the exercise planning cycle; these exercises should be restarted to prevent atrophy.

*Franklin Regional Council of Governments
After Action Review/Improvement Plan*

IP	Core Capability	Issue/Area for Improvement	Corrective Action Short Term	Corrective Action Long Term	Rationale
10	Public Information and Warning	Prevent redundant, inconsistent, or conflicting information from the FRCOG	Review how and what information was disseminated during the COVID-19 time period; map the origin and destination of information and develop processes and policies to ensure FRCOG speaks with one voice	Educate members; exercise and put in place a process for continual review and improvement	Surveys and interviews indicated that communications from all levels (local, Commonwealth, and Federal) were sometimes conflicting and often confusing. As a result, FRCOG members had trouble discerning the current and applicable best guidance to follow. Having a single source that could filter and disseminate messages in an orderly fashion would serve the communities better.
11	Logistical and supply chain management	Confusing and separate systems for requesting PPE and other supplies	Study committee reviews and maps the process used during the COVID-19 as the new baseline for determining the appropriate process	Educate members; exercise and put in place a process for continual review and improvement	While it should be a state-level goal to improve the process, until such modifications are made at that level, the FRCOG should capture the current process (since, in the end, it did work) and record it to avoid reinventing the wheel, especially as personnel turnover occurs.
12	Public Health	Overlapping, redundant, and inconsistent medical alliances can be confusing and cause friction among those not fully involved in the entire public health community	Form a study committee to map out the various memberships and service levels provided for each of the structures, and recommend a range of options to simplify either the organizations or to depict better when and how these organizations overlap or are separate	Put new structure(s) in place; continue to educate and develop a process for continual review and improvement	This would be a clean sheet of paper approach to reset what is years of evolution but should take the best of the current situation and simplify. For example, membership levels are manageable if better defined to all; split membership is not. This would reduce meetings, improve planning and response.
COMMONWEALTH					
13	Operational Control	Participate in Commonwealth-level AAR/IP to ensure Franklin County's perspective is included	Match the external coordination at DPH and MEMA to the correct entry point in FRCOG, city, or towns, and insist that the Commonwealth use a single reporting system	Educate and exercise to ensure the most capable response. Ensure the Commonwealth is aware of and accepts county-designated communication points of entry. A FRCOG MACC, for example, could be this point	This addresses the friction of communications and directives going to the wrong place, agency, or person.

*Franklin Regional Council of Governments
After Action Review/Improvement Plan*

IP	Core Capability	Issue/Area for Improvement	Corrective Action Short Term	Corrective Action Long Term	Rationale
14	Public Health	Commonwealth's decision to not use all EDS as portrayed in existing plans caused friction as many were not aware of underlying reasons	Work with local public health and necessary stakeholders (e.g., REPC) to assess the county's capacity to maintain multiple small EDS site plans. Part of this will be to evaluate whether a reduced or reorganized EDS structure would better serve the county. Work to increase county capacity at these sites	Implement actions from 2021 MAPHCO COVID-19 AAR/IP. Conduct a full assessment of current capacity, and consider regional solutions for EDS' that cannot increase capacity. Train, exercise, and evaluate response capability	Many towns had Volunteers who had trained for 20 years and were prepared to stand up and administer an EDS. They, along with some municipalities, felt underappreciated and ignored. However, the Commonwealth's COVID-19 Command Center decision to not use municipal Emergency Dispensing Sites was made after statewide municipal self-assessments generally indicated low capacity. Assessing and increasing county EDS capability will allow a smoother process in future crises.
15	Government Affairs (Not FEMA Category)	Current legislative proposals, grants, and funding should have FRCOG awareness and, if possible, input	Continue to engage in the discussions about Statewide Accelerated Public Health for Every Community Act and relevant legislative proposals, grants, and funding opportunities	Continue to engage in discussion on the state level regarding statewide emergency management and public health preparedness structures, policies, and procedures	Currently, proposals are moving forward, and the county would be best served by a proactive engagement to take advantage of these proposals.
FEDERAL					
16	Government Affairs (Not FEMA Category)	Securing grant funding will enable a more robust response	Keep abreast of COVID-19 (CARES and such) funding, restrictions, and opportunities	If able, FRCOG should consider hiring a full-time Government Affairs person to track	Significant federal funding may be available now and in the future. More funding can translate into more capability and less burden on FRCOG members.

CONCLUSION

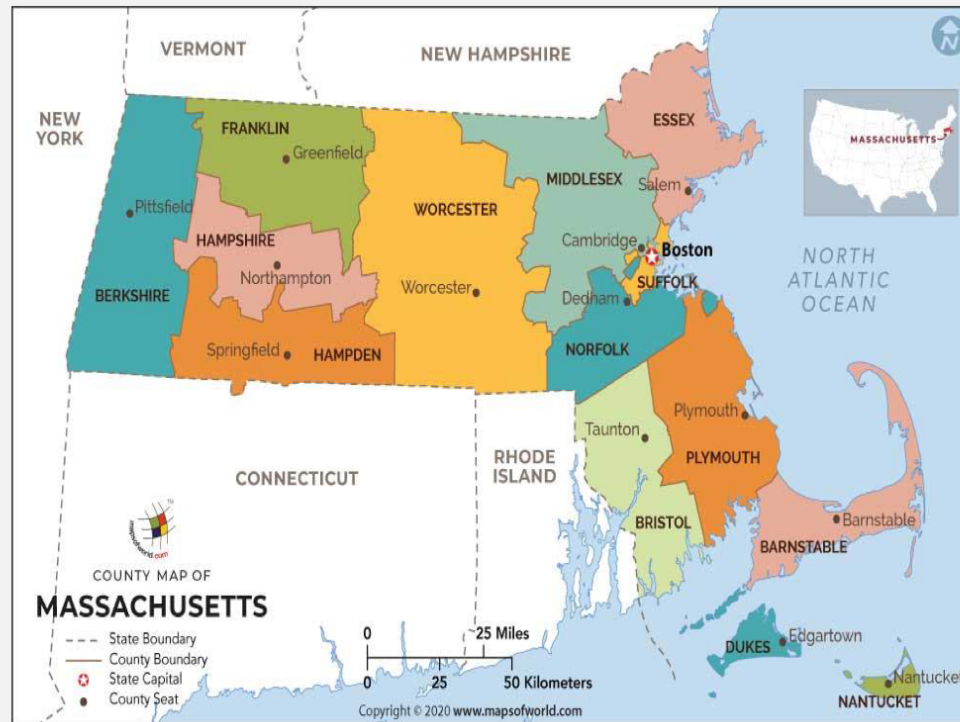
This unpredictable pandemic challenged every federal, state, and local government as they tried to respond in support of their citizens. The FRCOG stepped in to provide needed services when there was no other avenue for their constituency. They were not alone as many other organizations, and experienced individuals in Franklin County rose to the occasion. However, to ensure a more coordinated and cohesive response for the next crisis, programs and processes should be developed and put in place, by the FRCOG, to provide a full spectrum response capable organization. This process begins with establishing an Emergency Management program to coordinate preparation and response activities for countywide incidents.

According to available data (appendix F), Franklin County had the lowest county COVID-19 mortality rate in western Massachusetts. This is a complement to the dedication and hard work of the citizens of Franklin County.

Appendices:

Appendix A:

Commonwealth of Massachusetts 14 Counties



Appendix B:

Timeline

* Global Milestones

* Federal Milestones

* State and Local Milestones

December 31, 2019 - The World Health Organization (WHO) notes several cases of viral pneumonia in Wuhan, China

January 7, 2020 - China attributes the outbreak to a novel coronavirus

January 21, 2020 - First confirmed U.S. case of the novel coronavirus is identified

January 27, 2020 - CDC issues a Level Three Travel Advisory to avoid all nonessential travel between the US and China

January 30, 2020 – WHO declares COVID-19 a public health emergency of international concern; U.S. State Department issues a Level Four Travel Advisory, urging Americans to avoid all travel to China

January 31, 2020 - Public health emergency is declared nationwide for the United States

February 1, 2020 - First COVID-19 case confirmed in MA (Fifth state in the US to report a case)

March 2, 2020 - Second COVID-19 case confirmed in MA

March 8, 2020 - MA has 28 confirmed cases of COVID-19

March 10, 2020 - Gov. Baker declares State of Emergency, MA reporting 92 confirmed cases of COVID-19

March 11, 2020 - WHO characterizes the virus as a global pandemic. EPP, CPHS, and FRCOG administration efforts devoted purely to COVID-19

March 13, 2020 - The President declares a nationwide emergency declaration under the Stafford Act

March 15, 2020 – The President establishes 15-day social distancing guidelines; MA prohibits gatherings of more than 250 people

March 15, 2020 - MA Gov. Baker orders all MA schools to close; gatherings of more than 25 people are prohibited

March 16, 2020 - Major Hospitals in MA are in need of PPE; ask for public donations of masks

[March 17, 2020](#) - All 50 states have confirmed cases of COVID-19

[March 18, 2020](#) - FRCOG began to address how to coordinate emergency spending and funding on behalf of constituent municipalities

[March 19, 2020](#) - FEMA assumes the lead for the federal response to COVID-19; MA activated the MA National Guard

[March 23, 2020](#) - First death from COVID-19 in MA reported; MA Gov. Baker announces a stay-at-home order from noon on 24 March until noon on 7 Apr.

[March 24, 2020](#) - MA Gov. Baker orders all nonessential businesses to close

[March 25, 2020](#) - MA Gov. Baker extends school closures thru May 2020

[March 29, 2020](#) - The United States has the highest number of confirmed cases in the world, with 103,321 cases, as reported by WHO

[April 3, 2020](#) - FEMA and U.S. Customs and Border Protection issue a joint statement on using the Defense Production Act to keep scarce medical resources within the United States

[April 11, 2020](#) - First time in U.S. history, a major disaster declaration declared for all 50 states

[April 12, 2020](#) - MA has the third-most COVID-19 cases of any state in the U.S.

[April 21, 2020](#) - MA Gov. Baker announces schools will remain closed through the end of the school year

[April 30, 2020](#) - President Trump announces Operation Warp Speed to speed vaccine development and distribution

[May 4, 2020](#) - The Food and Drug Administration authorizes the first antibody test 4 FEMA COVID-19 INITIAL ASSESSMENT REPORT Executive Summary

[May 6, 2020](#) - MA Gov. Baker makes masks mandatory indoors across the Commonwealth

[May 18, 2020](#) - MA begins phase 1 of a 4-phase plan to reopen the MA economy

[May 28, 2020](#) - Boston Athletic Association announced the cancelation of the 2020 Boston Marathon

[June 8, 2020](#) - Phase 2 of MA reopening plan begins

[June 15, 2020](#) – FEMA and U.S. Department of Health and Human Services (HHS) realigned the existing COVID-19 Task Forces into a working group construct to ensure the long-term sustainment of federal COVID-19 response operations in support of states, tribes, and territories, and HHS established a Joint Coordination Cell to oversee the five working groups.

June 16, 2020 - CDC reports nursing home residents represent 40% of COVID-19 deaths

June 22, 2020 - MA lowest COVID-19 transmission rate, highest unemployment rate

July 6, 2020 - MA enters Phase 3 of its reopening plan

July 30, 2020 - The COVID-19 epicenter of cases moves into the Midwest

August 1, 2020 - All visitors entering MA are told they MUST quarantine for 14 days unless they are coming from an exempt state or produce a negative COVID-19 test administered within the last 72hrs

August 7, 2020 - MA postpones phase three of reopening plan

August 9, 2020 - 5,000,000 cases in the U.S. are reported by CDC

September 4, 2020 - A temporary halt in residential evictions to prevent the further spread of COVID-19 is announced by CDC

September 8, 2020 - The Transportation Security Administration screens more than 3 million passengers over Labor Day weekend using Stay Healthy. Stay Secure. protocols

October 22, 2020 - COVID-19 cases rise sharply in Massachusetts; 13 communities return to phase one of the reopening plan

November 6, 2020 – New Massachusetts guidance includes a 10 p.m. to 5 a.m. curfew and mask-wearing in public

November 12, 2020 - MA hits milestone of 10,000 COVID-19 deaths

December 8, 2020 - MA Gov. Baker announces all cities and towns will roll back phase 3, step 1 of the state's reopening plan

December 11, 2020 - Pfizer's COVID-19 vaccine Emergency Use Authorization granted

December 14, 2020 - COVID-19 vaccine distribution begins across U.S., MA receives first doses

December 18, 2020 - Moderna vaccine receives Emergency Use Authorization

December 22, 2020 - MA Gov. Baker announces additional restrictions reducing capacity to some businesses to 25%

December 24, 2020 – It is estimated that 1 million people are vaccinated against COVID-19 in the U.S.

January 20, 2021 – 1 year anniversary of the first reported case of COVID-19 in the U.S.

Jan 21, 2021 - MA Gov. Baker begins to ease restrictions in place for the holiday season

February 1, 2021 - COVID-19 vaccines available for the first sector of the general public

February 12, 2021- MA passes 1 million vaccine doses administered

March 1, 2021 - MA enters Phase 3, step 2 of the reopening guidance

May 13, 2021 - CDC says fully vaccinated people no longer need to wear masks indoors or outdoors

May 29, 2021 - Massachusetts lifts all COVID-19 related restrictions

June 1, 2021 – Delta variant becomes the dominant strain in the U.S. and kicks off the third wave of infections during the summer of 2021

July 23, 2021 – Delta variant detected in Provincetown, MA cluster

July 30, 2021 – An MMWR notes an increase in “Breakthrough” cases in Barnstable, MA, in July of 2021

November 26, 2021 – WHO classifies a new variant, Omicron, as a variant of concern after it was identified by scientists in South Africa

November 29, 2021 – CDC recommends that everyone over 18 years of age that has been vaccinated with Pfizer or Moderna vaccines receive a booster shot six months after they are fully vaccinated

December 13, 2021 – Greenfield issues mask mandate for Omicron

February 18, 2022 – Greenfield lifts mask mandate

Appendix C:

Survey Questions

1. **ROLE DURING COVID RESPONSE:** From the following list provided, select all the responses that most accurately describe your position(s) or role(s) during COVID response:
2. **MUNICIPALITY DURING COVID RESPONSE:** From the following list provided, select all the responses that most accurately describe your municipality or role(s) during COVID response:
3. **FAMILIARITY WITH FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS:** From the list provided, select the response that most accurately describes your familiarity with municipal government and the Franklin Regional Council of Governments during the COVID response:
4. **INTERACTIONS WITH FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS:** From the list provided, how did you engage with the Franklin Regional Council of Governments (check all that apply)
5. Franklin Regional Council of Governments has an obligation to support the region, even if those responsibilities are not defined in existing authorities
6. Franklin Regional Council of Governments has an obligation to support individual municipalities, even if those responsibilities are not defined in existing authorities
7. Franklin Regional Council of Governments has some responsibility for the success or failure of Franklin County region's ability to respond to an emergency, even if the responsibilities are not defined in existing authorities
8. Franklin Regional Council of Governments has some responsibility for the success or failure of Franklin County municipalities' ability to respond to an emergency, even if the responsibilities are not defined in existing authorities
9. Franklin Regional Council of Governments is responsible to identify service delivery gaps
10. During the pandemic, it was necessary for Franklin Regional Council of Governments to identify and attempt to close gaps in services provided to municipalities
11. Municipalities were able to self-identify gaps in services provided
12. Please provide any other comments related to **RESPONSIBILITIES:** (Free Text Question)
13. At the beginning of the pandemic, the Franklin Regional Council of Governments possessed the necessary authorities to provide coordination and service provision
14. During the pandemic, ad hoc relationships were created to enable the Franklin Regional Council of Governments to provide coordination and service provision

15. Ad hoc relationships created during the pandemic provided clear authority to the Franklin Regional Council of Governments to coordinate and provide services
16. Lines of authority, organization, and reporting within the Franklin Regional Council of Governments were clear before the pandemic
17. Lines of authority, organization, and reporting within the Franklin Regional Council of Governments changed during the pandemic
18. Lines of authority, organization, and reporting within the Franklin Regional Council of Governments were effective DURING the pandemic
19. Franklin Regional Council of Governments' contracts created during the pandemic clearly defined Franklin Regional Council of Governments roles and authorities
20. The Franklin Regional Council of Governments should have more emergency management authority than it currently has
21. Please provide any other comments related to AUTHORITIES: (Free Text Question)
22. Municipalities were able to self-identify their own capacity constraints
23. Franklin Regional Council of Governments enhanced capacity through services provided to members lacking capability
24. Franklin Regional Council of Governments staff demonstrated SME (subject matter expertise) in providing increased capacity to member municipalities
25. Franklin Regional Council of Governments was the correct agency (in the absence of others) to provide increased capacity to member municipalities
26. Based on pandemic response, Franklin Regional Council of Governments has the correct area of expertise to provide service capacities to member municipalities
27. Franklin Regional Council of Governments should expand areas of expertise to provide increased service capacities to member municipalities
28. If the Franklin Regional Council of Governments was NOT the correct agency (in the absence of others) to provide increased capacity to member municipalities, who was? Answer (Free Text Question)
29. Please provide any other comments related to CAPACITIES: (Free Text Question)
30. During Interactions between Franklin Regional Council of Governments and member municipalities, Franklin Regional Council of Governments AUTHORITIES were sufficiently present (did they already exist, were they on hand) to allow for successful coordination

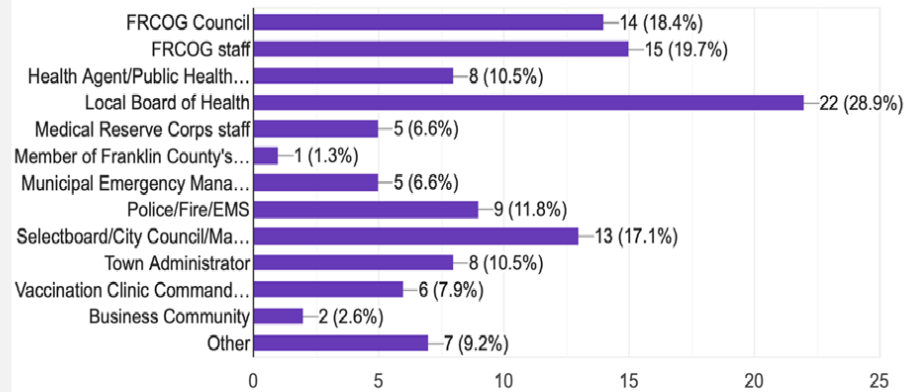
31. During interactions between Franklin Regional Council of Governments and member municipalities, Franklin Regional Council of Governments RESPONSIBILITIES were sufficiently present (did they already exist, were they on hand) to allow for successful coordination
32. During Interactions between Franklin Regional Council of Governments and member municipalities, Franklin Regional Council of Governments CAPABILITIES were sufficiently present (did they already exist, were they on hand) to allow for successful coordination
33. During coordination there was sufficient information sharing
34. During coordination there was sufficient Operations, Logistics and Communications planning
35. The organizational structure of the Franklin Regional Council of Governments led to effective coordination
36. At the start of the emergency, regional leadership and authority was clear and effective
37. The processes to establish the roles for the Franklin Regional Council of Governments during an emergency are clear
38. The processes to establish the roles for the Franklin Regional Council of Governments during an emergency are effective
39. Eligibility for Franklin Regional Council of Governments services and programs is well understood by member municipalities
40. Please provide any other comments related to COORDINATION: (Free Text Question)
41. Member municipalities consider Franklin Regional Council of Governments an effective source of guidance to enable action BEFORE an emergency
42. Member municipalities consider Franklin Regional Council of Governments an effective source of guidance to enable action DURING an emergency
43. Franklin Regional Council of Governments provided effective guidance for communication of risk
44. Franklin Regional Council of Governments provided effective guidance for public information and warning
45. Franklin Regional Council of Governments provided effective guidance for reopening government and businesses buildings

46. Franklin Regional Council of Governments provided effective guidance for reopening government services
47. Commonwealth guidance to the Franklin Regional Council of Governments between Feb 2020- Jun 2020 was effective
48. Commonwealth guidance to the Franklin Regional Council of Governments after July 2020 was effective
49. I have a more favorable perception of the Franklin Regional Council of Governments organizational role in emergency preparedness and coordination now than I did at the onset of the pandemic
50. Please provide any other comments related to GUIDANCE
51. Please provide any further comments you have related to COVID response in the space provided (Free Text Question)

Survey Results

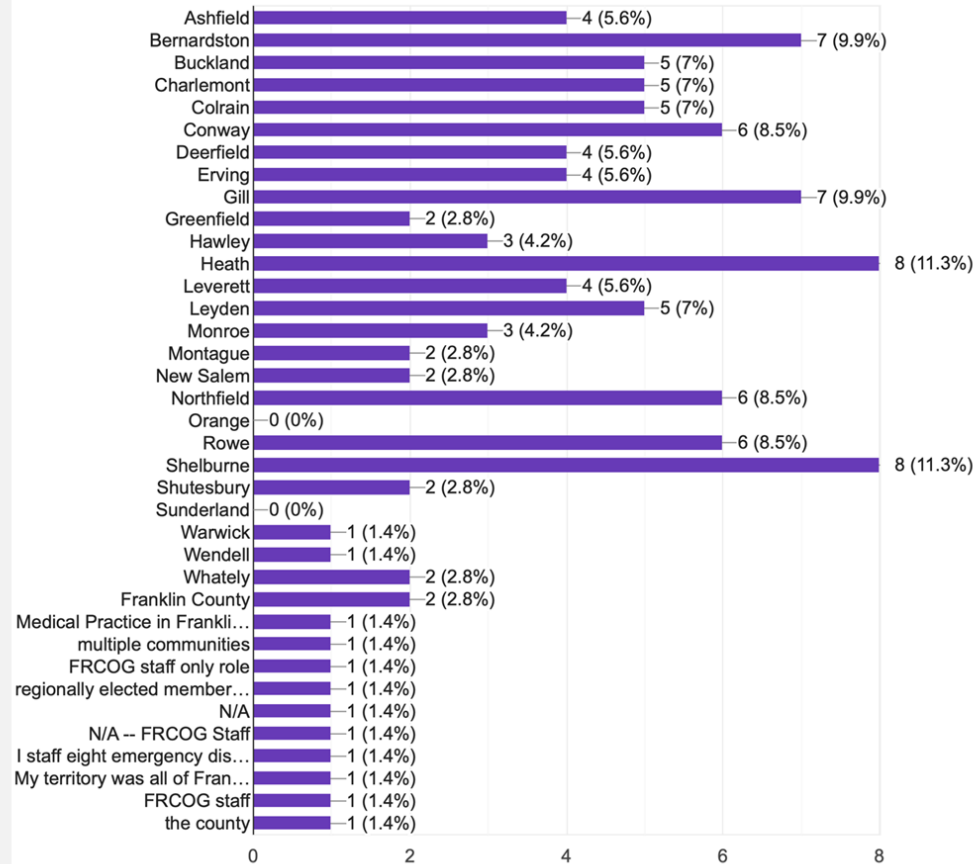
1. ROLE DURING COVID RESPONSE: From the following list provided, select all the responses that most accurately describe your position(s) or role(s) during COVID response:

76 responses

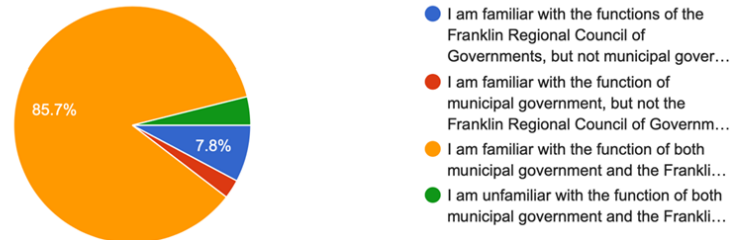


2. MUNICIPALITY DURING COVID RESPONSE: What municipality are you representing? (could be different from where you live)

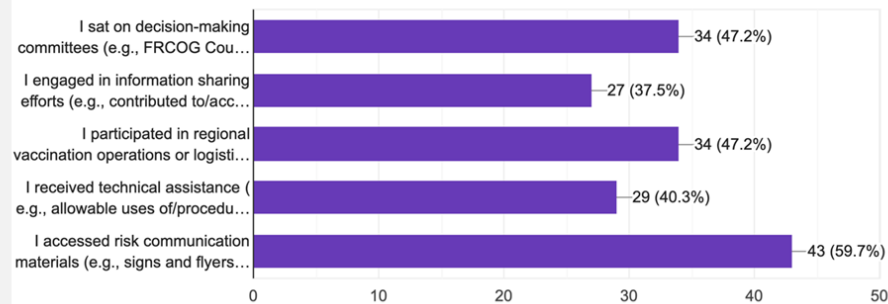
71 responses



3. FAMILIARITY WITH FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS: From the list provided, select the response that most accurately describes your familiarity with the Franklin Regional Council of Governments during the COVID response:
77 responses

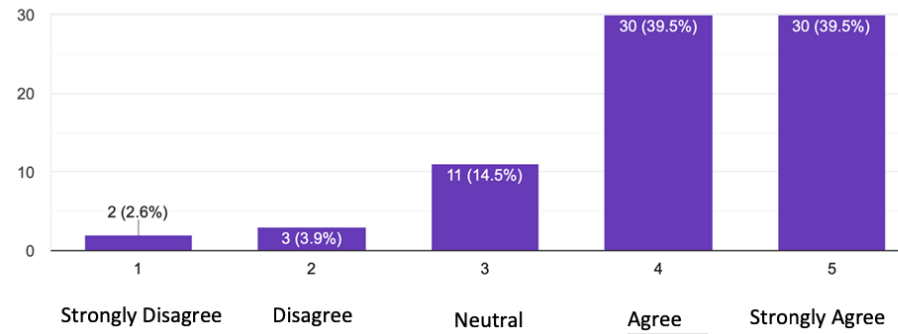


4. INTERACTIONS WITH FRANKLIN REGIONAL COUNCIL OF GOVERNMENTS: From the list provided, how did you engage with the Franklin Regional Council of Governments (check all that apply)
72 responses



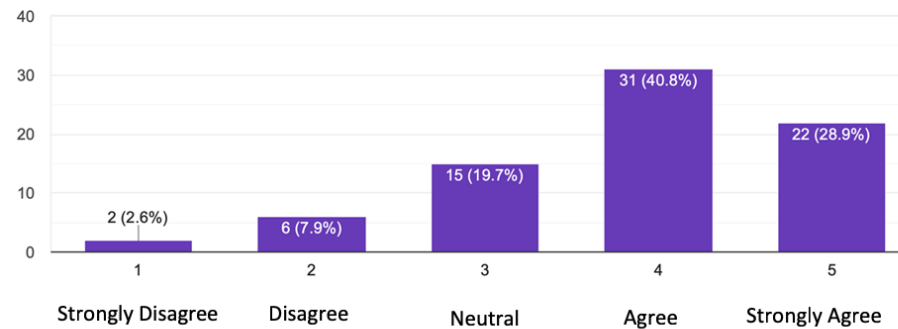
5. Franklin Regional Council of Governments has an obligation to support the region, even if those responsibilities are not defined in existing authorities

76 responses

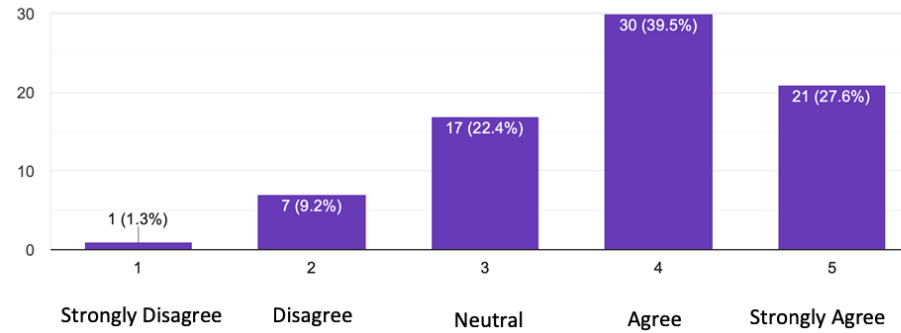


6. Franklin Regional Council of Governments has an obligation to support individual municipalities, even if those responsibilities are not defined in existing authorities

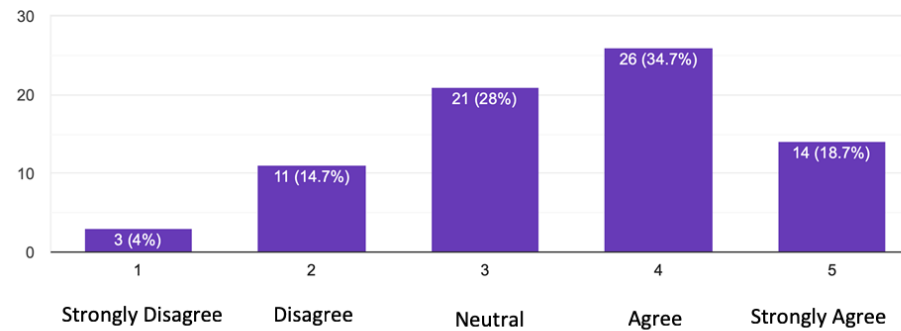
76 responses



7. Franklin Regional Council of Governments has some responsibility for the success or failure of Franklin County region's ability to respond to an emergency...responsibilities are not defined in existing authorities
76 responses

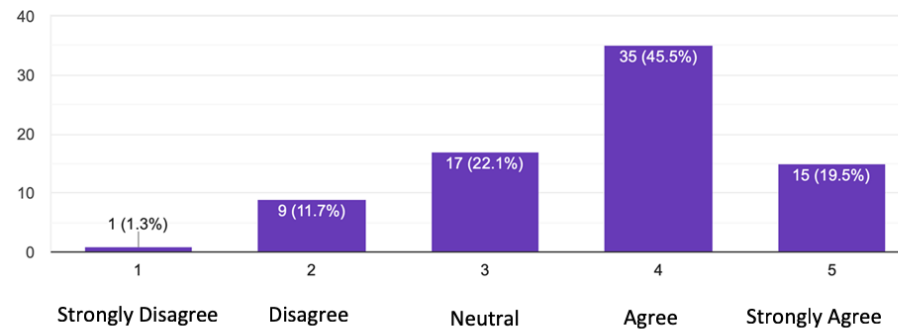


8. Franklin Regional Council of Governments has some responsibility for the success or failure of Franklin County municipalities' ability to respond to...responsibilities are not defined in existing authorities
75 responses



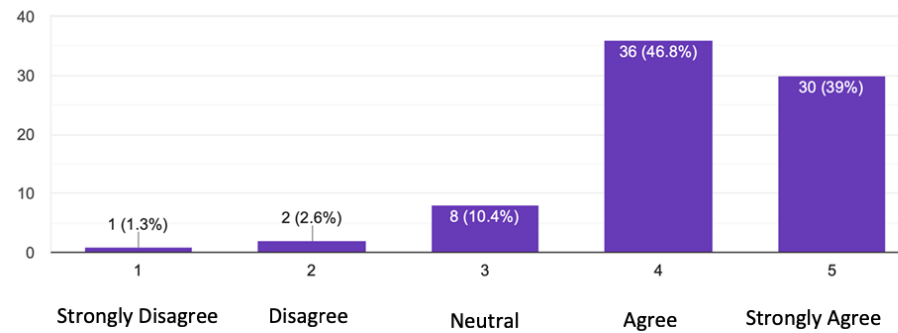
9. Franklin Regional Council of Governments is responsible to identify service delivery gaps

77 responses



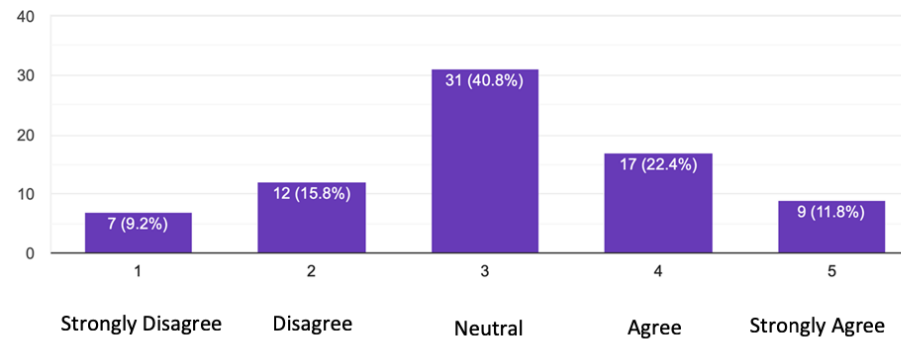
10. During the pandemic, it was necessary for Franklin Regional Council of Governments to identify and attempt to close gaps in services provided to municipalities

77 responses



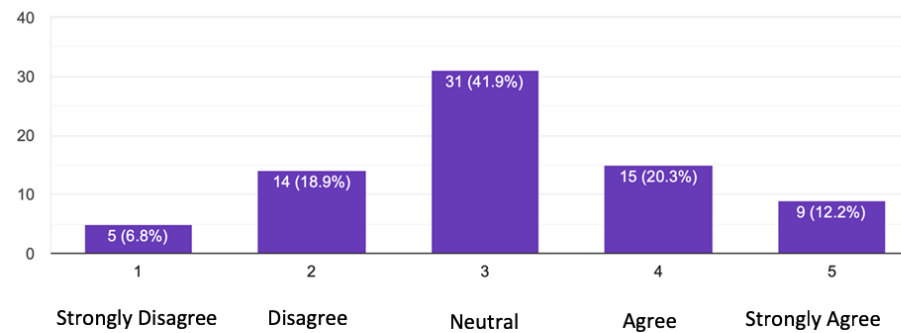
11. Municipalities were able to self-identify gaps in services provided

76 responses



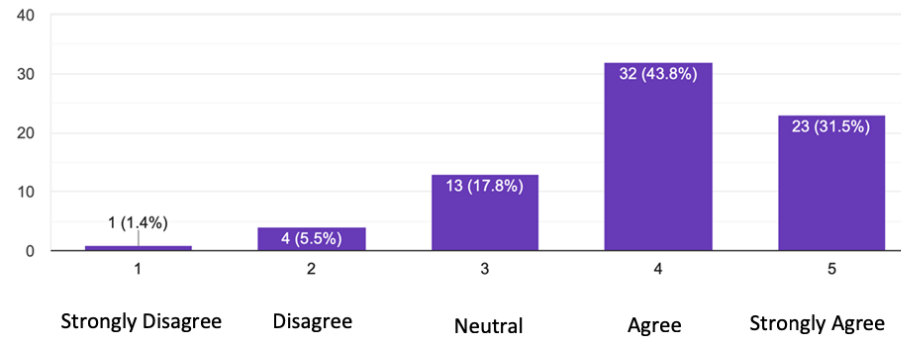
13. At the beginning of the pandemic, the Franklin Regional Council of Governments possessed the necessary authorities to provide coordination and service provision

74 responses



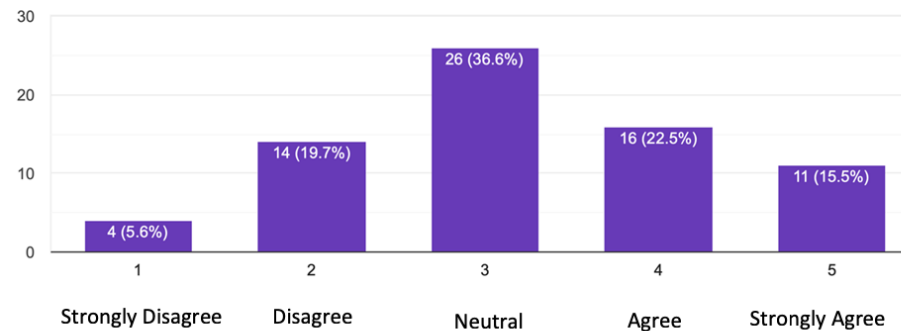
14. During the pandemic, ad hoc relationships were created to enable the Franklin Regional Council of Governments to provide coordination and service provision

73 responses



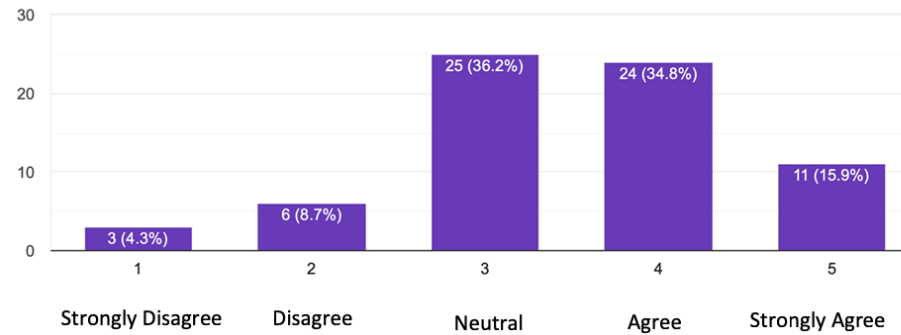
15. Ad hoc relationships created during the pandemic provided clear authority to the Franklin Regional Council of Governments to coordinate and provide services

71 responses



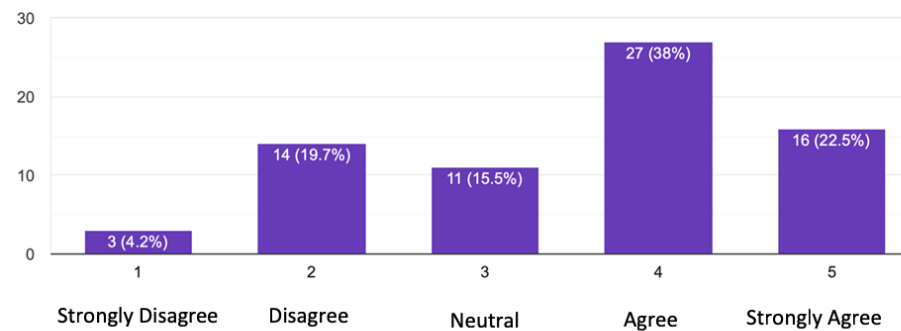
17. Lines of authority, organization, and reporting within the Franklin Regional Council of Governments changed during the pandemic

69 responses



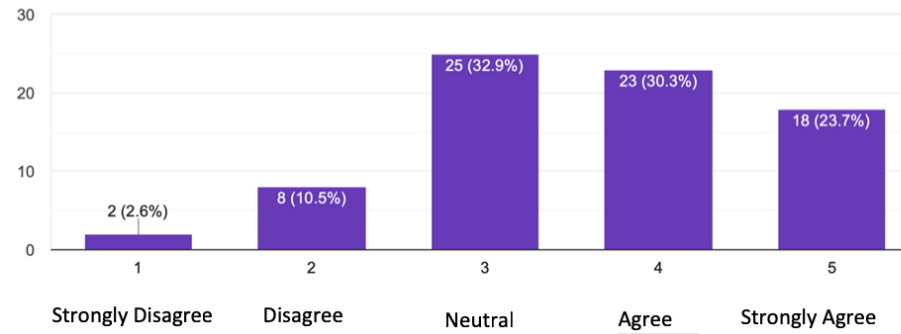
18. Lines of authority, organization, and reporting within the Franklin Regional Council of Governments were effective DURING the pandemic

71 responses



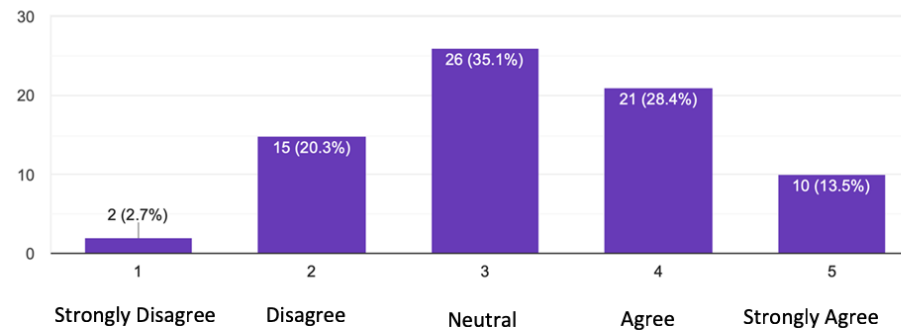
20. The Franklin Regional Council of Governments should have more emergency management authority than it currently has

76 responses



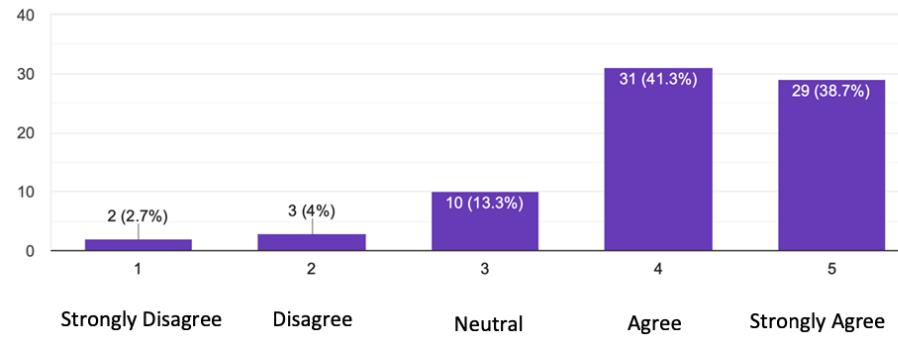
22. Municipalities were able to self-identify their own capacity constraints

74 responses



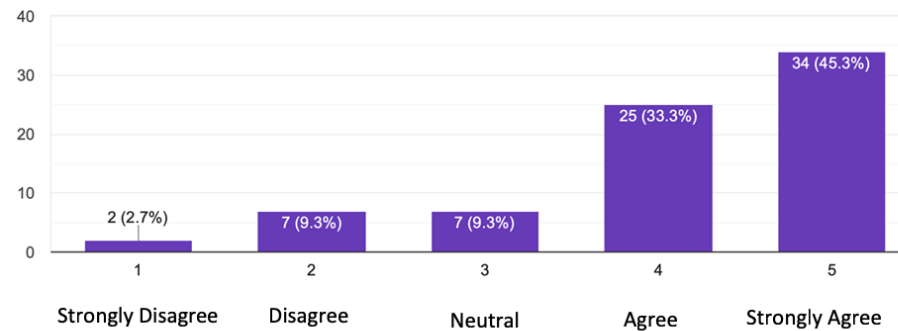
23. Franklin Regional Council of Governments enhanced capacity through services provided to members lacking capability

75 responses



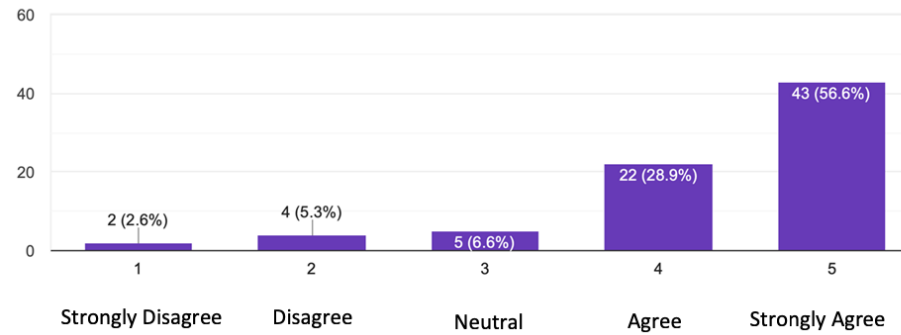
24. Franklin Regional Council of Governments staff demonstrated SME (subject matter expertise) in providing increased capacity to member municipalities

75 responses



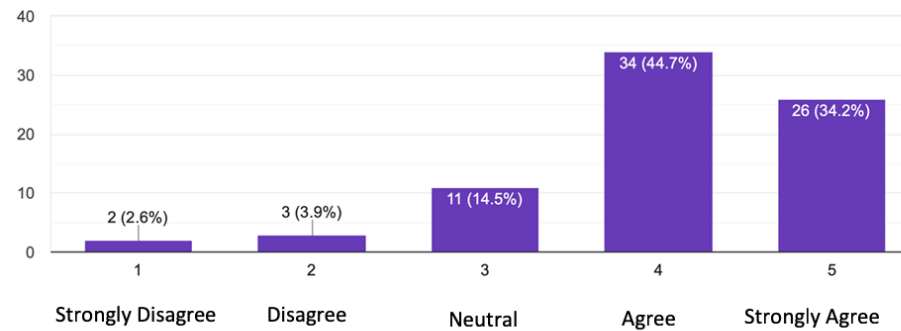
25. Franklin Regional Council of Governments was the correct agency (in the absence of others) to provide increased capacity to member municipalities

76 responses



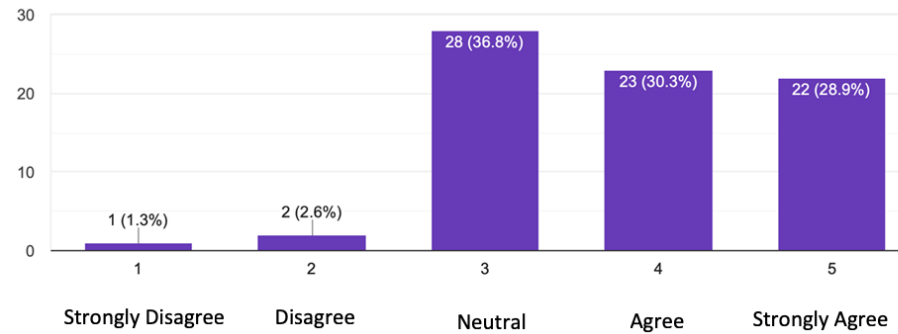
26. Based on pandemic response, Franklin Regional Council of Governments has the correct area of expertise to provide service capacities to member municipalities

76 responses



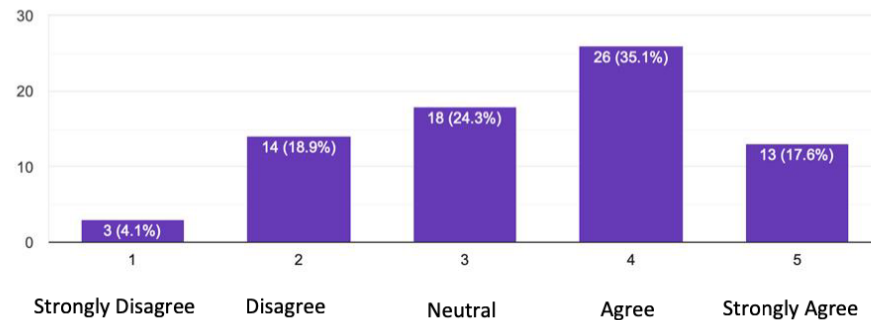
27. Franklin Regional Council of Governments should expand areas of expertise to provide increased service capacities to member municipalities

76 responses

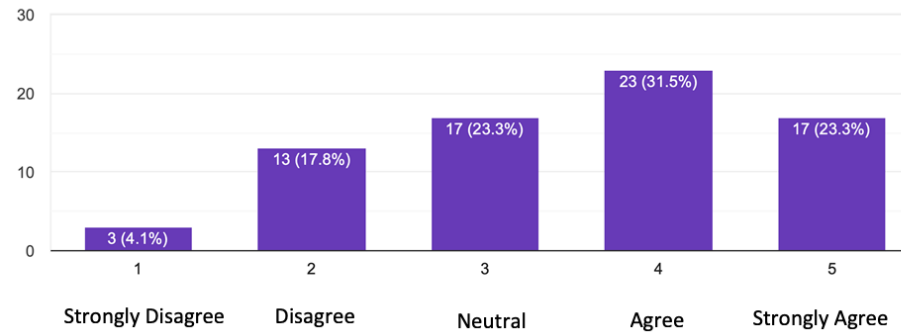


30. During Interactions between Franklin Regional Council of Governments and member municipalities, Franklin Regional Council of Governments AUTHORITIES were sufficiently present (did they already exist, were they on hand) to allow for successful coordination

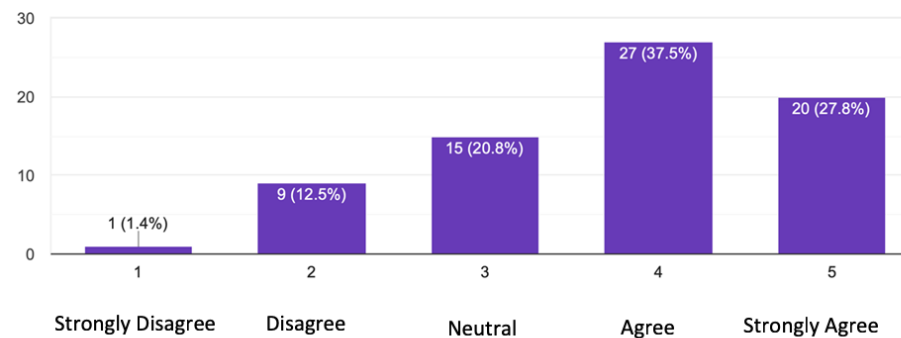
74 responses



31. During interactions between Franklin Regional Council of Governments and member municipalities, Franklin Regional Council of Govern...they on hand) to allow for successful coordination
73 responses

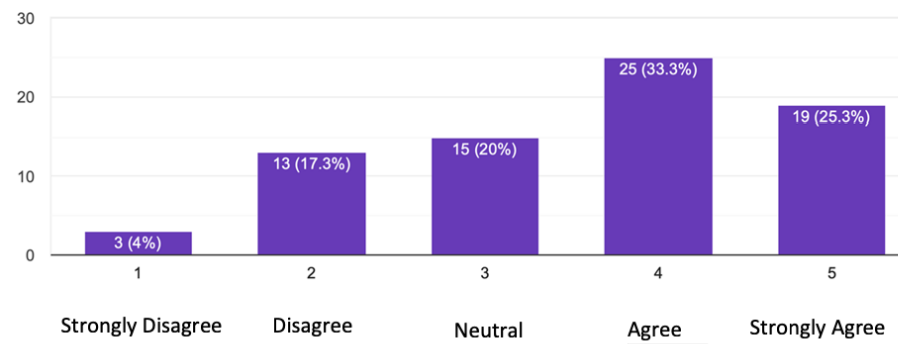


32. During Interactions between Franklin Regional Council of Governments and member municipalities, Franklin Regional Council of Govern...they on hand) to allow for successful coordination
72 responses



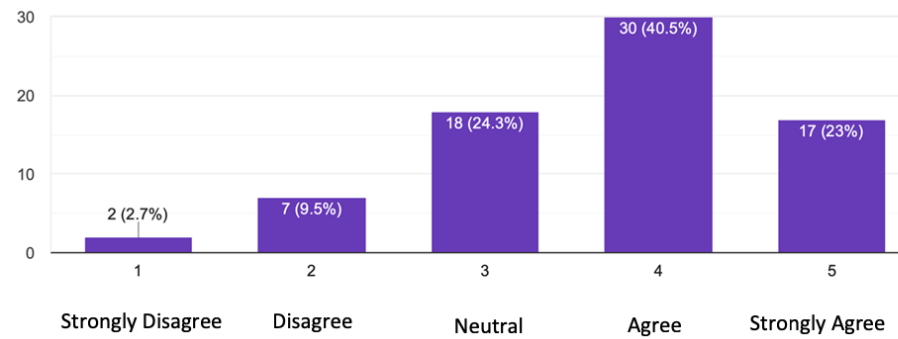
33. During coordination there was sufficient information sharing

75 responses



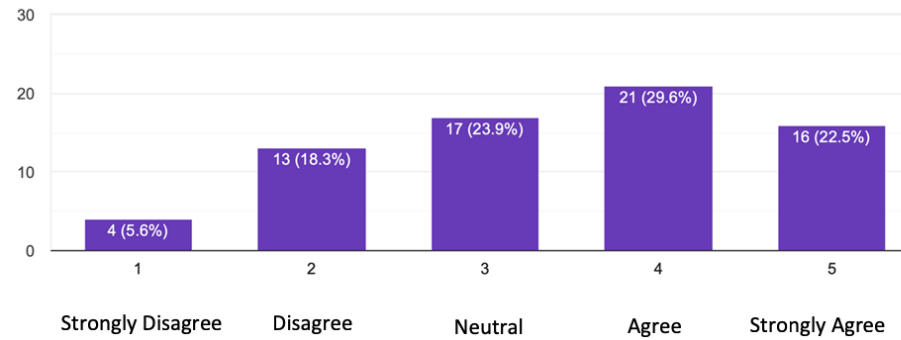
34. During coordination there was sufficient Operations, Logistics and Communications planning

74 responses



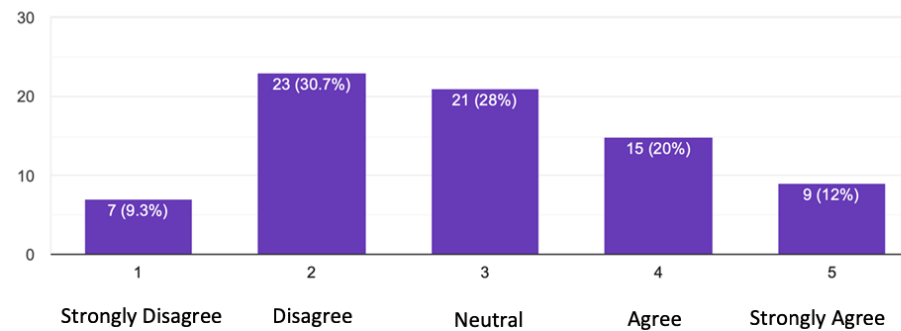
35. The organizational structure of the Franklin Regional Council of Governments led to effective coordination

71 responses



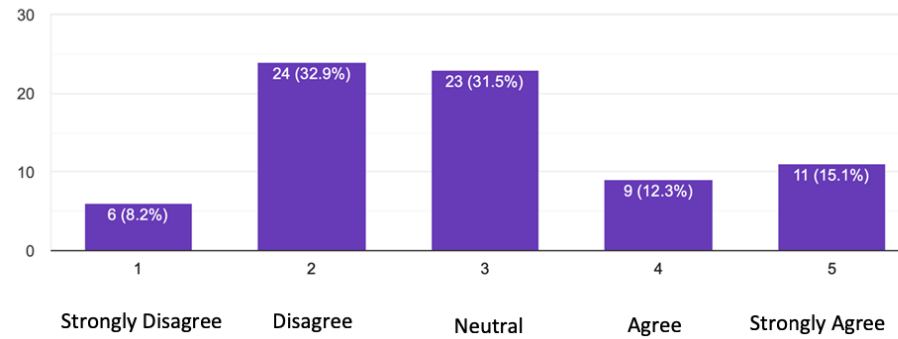
36. At the start of the emergency, regional leadership and authority was clear and effective

75 responses



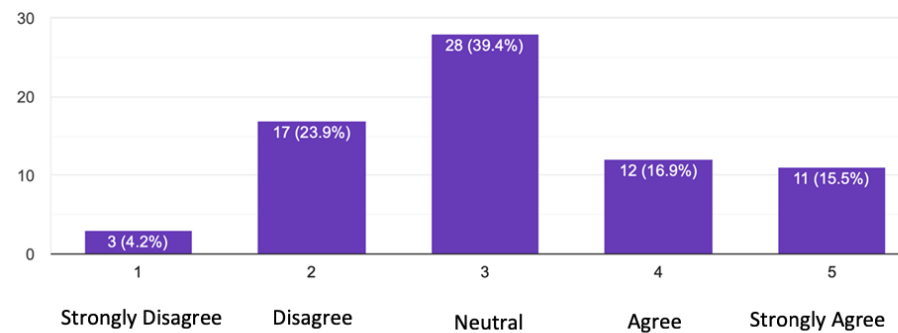
37. The processes to establish the roles for the Franklin Regional Council of Governments during an emergency are clear

73 responses



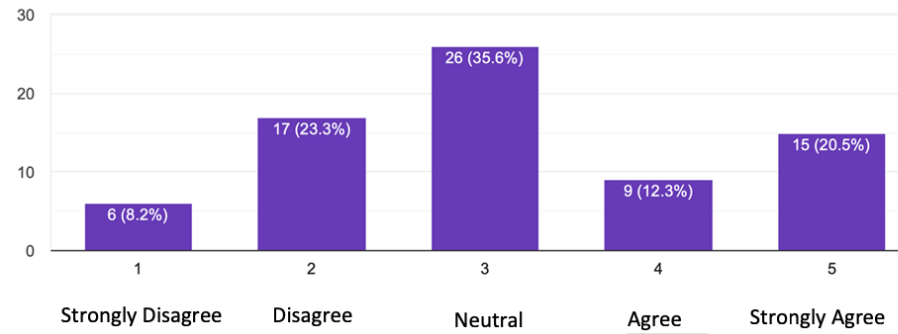
38. The processes to establish the roles for the Franklin Regional Council of Governments during an emergency are effective

71 responses



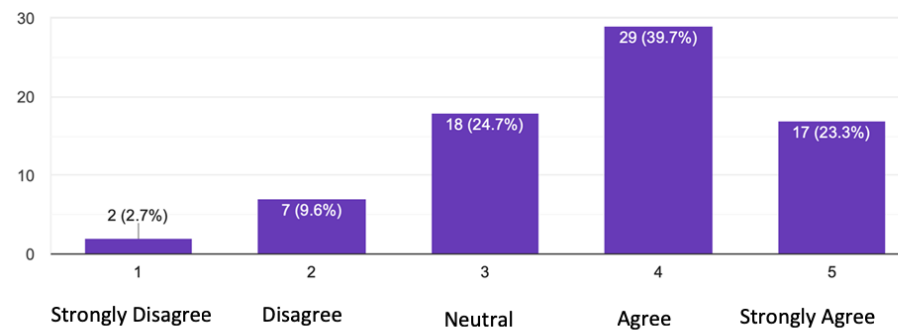
39. Eligibility for Franklin Regional Council of Governments services and programs is well understood by member municipalities

73 responses



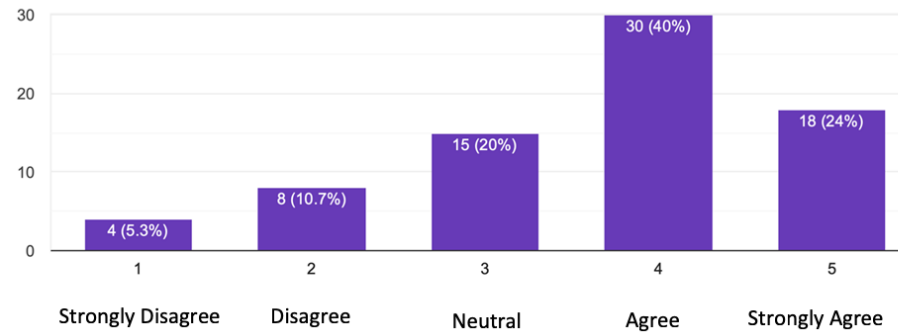
41. Member municipalities consider Franklin Regional Council of Governments an effective source of guidance to enable action BEFORE an emergency

73 responses



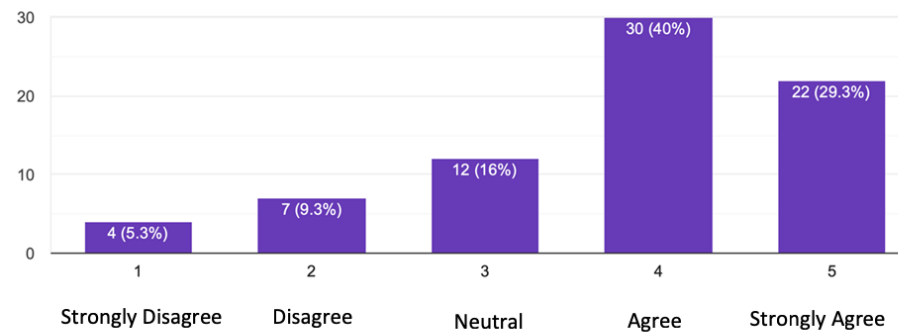
42. Member municipalities consider Franklin Regional Council of Governments an effective source of guidance to enable action DURING an emergency

75 responses



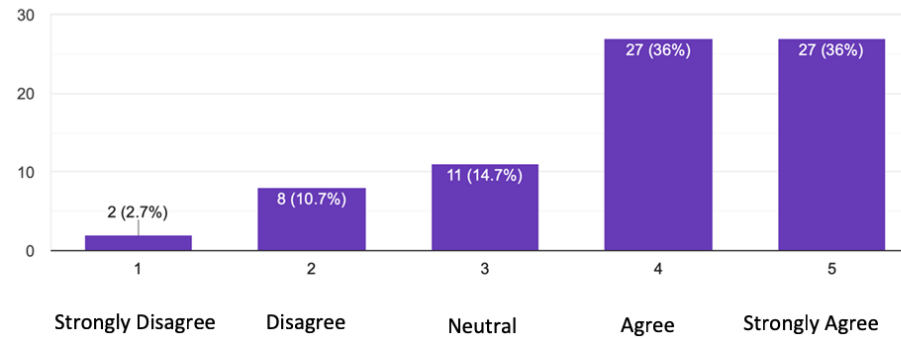
43. Franklin Regional Council of Governments provided effective guidance for communication of risk

75 responses



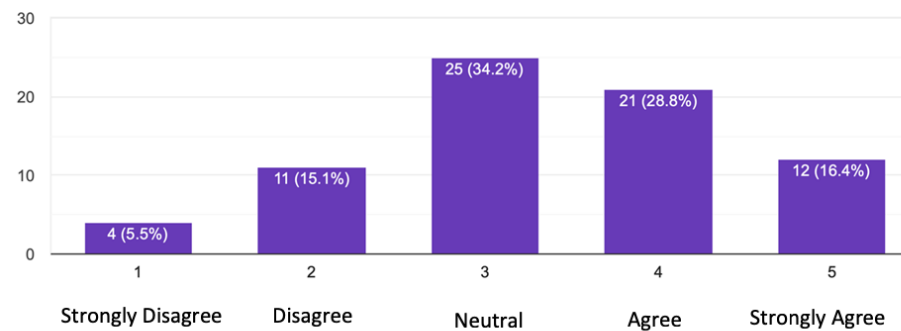
44. Franklin Regional Council of Governments provided effective guidance for public information and warning

75 responses



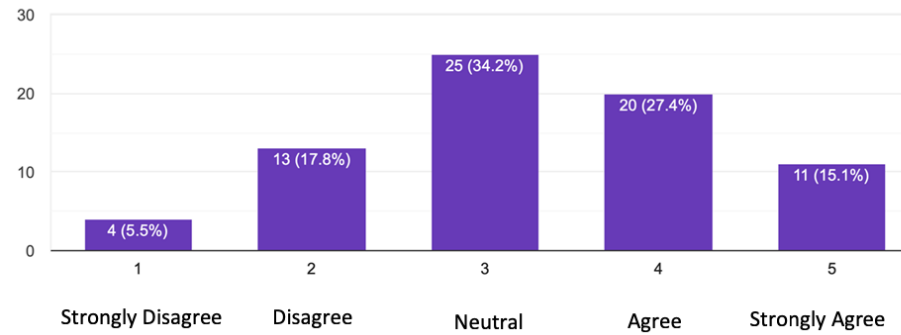
45. Franklin Regional Council of Governments provided effective guidance for reopening government and businesses buildings

73 responses



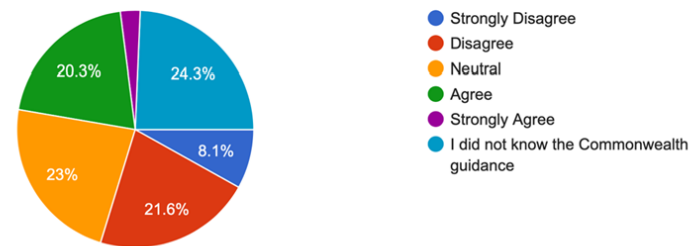
46. Franklin Regional Council of Governments provided effective guidance for reopening government services

73 responses



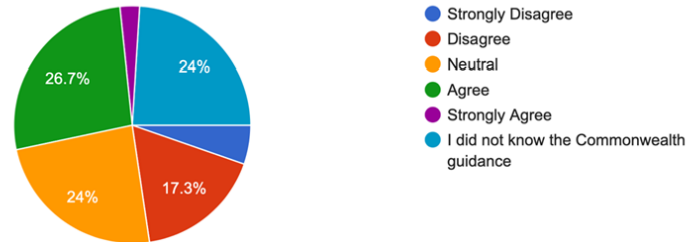
47. Commonwealth guidance to the Franklin Regional Council of Governments between Feb 2020-Jun 2020 was effective

74 responses



48. Commonwealth guidance to the Franklin Regional Council of Governments after July 2020 was effective

75 responses



Appendix D: ABBREVIATIONS & ACRONYMS

AAR – After Action Review
AAR/IP – After Action Review/Improvement Plan
ADG – Ardent Decisions Group, LLC
CDC – Centers for Disease Control and Prevention
COVID/COVID-19 – Disease caused by SARS-CoV-2
CPHS – Cooperative Public Health Service
DPH – Department of Public Health
EDS – Emergency Dispensing Sites
EOC – Emergency Operations Center
EM – Emergency Management
EPP – Emergency Preparedness Program
FEMA – Federal Emergency Management Agency
FRCOG – Franklin Regional Council of Governments
HHS – U.S. Department of Health and Human Services
HMCC – Health and Medical Coordinating Coalition
HSEEP – Homeland Security Exercise and Evaluation Program
IP – Improvement Plan
JIS – Joint Information System
MACC – Multi-Agency Coordination Center
MAPHCO – Mohawk Area Public Health Coalition
MEMA – Massachusetts Emergency Management Agency
MMWR- Morbidity and Mortality Weekly Report
MOU – Memorandum of Understanding
NRF – National Response Framework
PH – Department of Public Health
POC – Points of Contact
PPE – Personal Protective Equipment
REPC – Regional Emergency Planning Committee
RFP – Request for Proposal
SARS-CoV-2 – Severe Acute Respiratory Syndrome Coronavirus-2
SME – Subject Matter Expert
WHO – World Health Organization

Appendix E: DOCUMENT REVIEW

Local:

FRCOG Summary Table of COVID Response

<https://frcog.org/wp-content/uploads/2021/08/Bulleted-scope-of-response.pdf>

FRCOG COVID-19 mid-action review AAR

<https://frcog.org/wp-content/uploads/2021/06/FRCOG-EPP-COVID-19-AAR-IP.docx>

FRCOG State of Preparedness 2019 Final Report

<https://frcog.org/wp-content/uploads/2019/08/State-of-EP-Report-Final-July-2019.pdf>

FRCOG COVID-19 Response Chronology

Franklin County Regional Hazardous Materials Plan

Franklin County Multi-Agency Coordination Center

<https://frcog.org/wp-content/uploads/2014/02/Franklin-County-Multi-Agency-Coordination-Center-Information.pdf>

Multi-Agency Coordination Centers

<https://frcog.org/wp-content/uploads/2014/02/FranklinCounty-MACC-Introduction.pdf>

Twisted Sister - AAR/IP March 13, 2018

FRCOG Charter

<https://frcog.org/wp-content/uploads/2014/02/FRCOG-Charter.pdf>

EMS Organizational Analysis for the Southern Berkshire Region

https://frcog.org/wp-content/uploads/2019/05/EMS-Organizational-Analysis-for-SouthernBerkshire-Region_Final-002.pdf

State:

Massachusetts Emergency Preparedness and Response: General

<https://www.mass.gov/doc/chapter-639-of-the-acts-of-1950-civil-defense-act-mema-law/download>

Public Health Emergency

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter17/Section2a>

Infectious Disease

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111>

<https://www.mass.gov/regulations/105-CMR-17200-implementation-of-mgl-c111-section-111c-regulating-the-reporting-of-infectious-diseases-dangerous-to-the-public>

<https://www.mass.gov/regulations/105-CMR-22000-immunization-of-students-before-admission-to-school>

<https://www.mass.gov/regulations/105-CMR-30000-reportable-diseases-surveillance-and-isolation-and-quarantine-requirements>

Isolation and Quarantine

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111>

Vaccine information

https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

<https://www.mass.gov/info-details/covid-19-vaccination-locations>

<https://www.mass.gov/info-details/massachusetts-covid-19-vaccination-data-and-updates>

Federal:

National Preparedness Goal

https://www.fema.gov/sites/default/files/2020-06/national_preparedness_goal_2nd_edition.pdf

National Response Framework

https://www.fema.gov/sites/default/files/2020-04/NRF_FINALApproved_2011028.pdf

Center for Disease Control and Prevention Public Health Preparedness Capabilities

<https://region1hmcc.org/wp-content/uploads/CDC-Preparedness-and-Response-Capabilities-October2018.pdf>

Emergency Support Function # 8 - Public Health and Medical Services Annex

https://www.fema.gov/sites/default/files/2020-07/fema_ESF_8_Public-Health-Medical.pdf

Homeland Security Exercise and Evaluation Program (HSEEP)

[Homeland-Security-Exercise-and-Evaluation-Program-Doctrine-2020-Revision-2-2-25.pdf](https://www.fema.gov/sites/default/files/2020-07/homeland-security-exercise-and-evaluation-program-doctrine-2020-revision-2-2-25.pdf)

Isolation and Quarantine

<http://uscode.house.gov/>

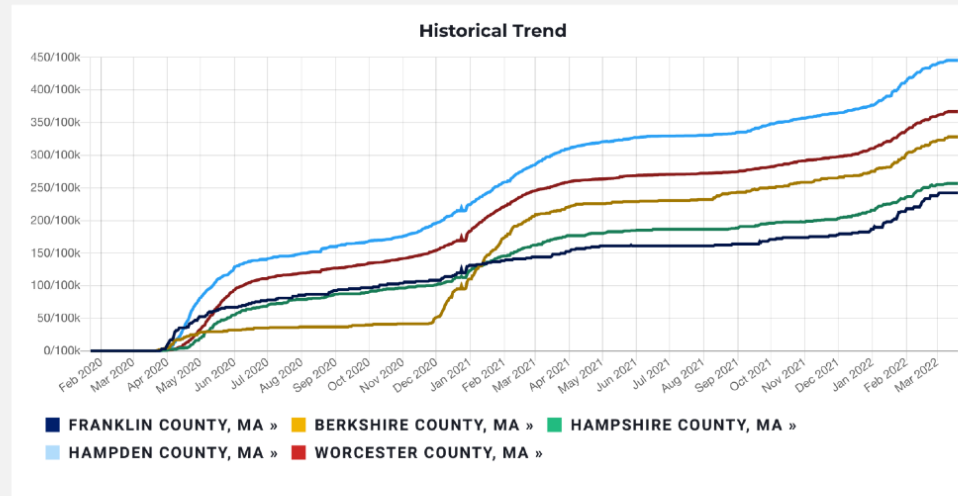
Pandemic Response to Coronavirus Disease (COVID 19): Initial Assessment Report

https://www.fema.gov/sites/default/files/documents/fema_covid-19-initial-assessment-report_2021.pdf

FEMA 2017 Hurricane Season AAR

https://www.fema.gov/sites/default/files/2020-08/fema_hurricane-season-after-action-report_2017.pdf

Appendix F:



Western Mass Counties COVID-19 Deaths per/100k US News and World Report