

Community Integration Guide

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INTRODUCTION

In the event of an emergency or disaster, recovery efforts often require a variety of community organizations and agencies to work together under stressful conditions. This is why it is said that *'all disasters are local'*. Community Integration increases opportunities to establish agreements for mutual aid and protection of assets and resources, facilitates coordinated communication between planning partners, aligns with federal, state, and accreditation standards and regulations, and supports continuity of care for individuals within the community.

Emergency Management is described as a continuous cycle of four phases: **Mitigation, Preparedness, Response, and Recovery**. The relationships you foster with organizations outside your Primary Care Center such as Healthcare Coalitions, first responder agencies, and community-based organizations can have an impact in all four of the phases of emergency management. It is important to begin the integration process before a disaster or emergency occurs to open lines of communication for effective response and recovery.

ESTABLISHING FORMAL PARTNERSHIPS

Formal partnerships, sometimes referred to as “linkages”, can be used to establish relationships that support emergency preparedness. Linkages exist where relationships between different organizations (for example, a primary care center and a neighboring hospital or social service agencies) have been established with a shared expectation for working together in emergency response. Linkages usually work best when parties have entered into a written agreement that outlines the expectations and responsibilities of those involved. Generally, this is accomplished through development and execution of a Memorandum of Understanding (MOU)¹.

HEALTHCARE COALITIONS

A Healthcare Coalition is a collaborative network of healthcare organizations and their respective public and private sector preparedness and response partners within a defined region. The primary function of a Healthcare Coalition is to jointly work on healthcare system emergency preparedness activities involving the member organizations. Coalition activities may include planning, training, exercising, and communication as well as resource identification, sharing and management.²

¹ MOU Template available: <http://www.pacercenter.org/media/29523/pacer-mor-758%20emergency%20toolkit%20-%20final.pdf.pdf> (See page 146)

² ASPR Healthcare Preparedness Capabilities - January 2012 / Office of the Assistant Secretary for Preparedness and Response Hospital Preparedness Program
<http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>

Potential Benefits of Coalition Membership:

- Participation in local, borough-wide, city/ statewide, and regional trainings and exercises
- Enhanced Communication - Situational Awareness
- Professional networking and mentoring opportunities
- Sharing subject matter expertise and best practices
- Accreditation/Regulatory compliance
- Joint hazard vulnerability analysis
- Cost sharing

Healthcare Coalitions in New York State

In 2012 New York State Department of Health, Office of Health Emergency Preparedness (OHEP) introduced a structure to designate four coalition areas- Western Region, Central New York Region, Capital District Region, and the Metropolitan Area Region (MARO). NYC is located within the MARO region. (See Figure 1 – New York State Coalition Regions).

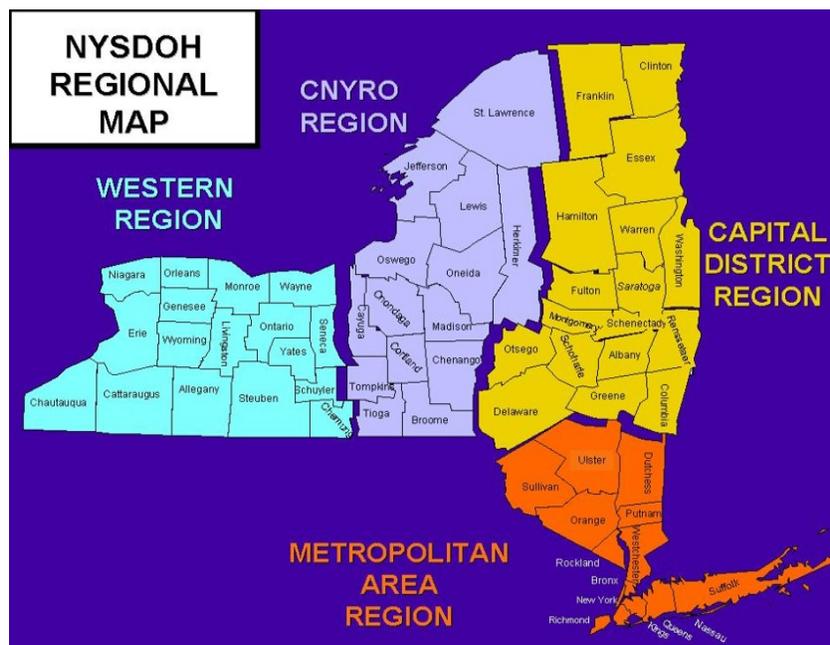


Figure 1 - NYS Coalition Regions

Healthcare Coalitions in New York City

The New York City Healthcare Coalition (NYC HCC) structure is currently comprised of 17 coalitions representing the five boroughs of NYC, seven healthcare networks anchored by local hospital systems (e.g. NY Presbyterian, NYC Health + Hospitals), and five 'Subject Matter Expertise' (SME) coalitions to address the needs of specific sectors within the broader healthcare systems. PCEPN is considered a SME coalition for Primary Care Providers in NYC (See Figure 2 – NYC HCC Structure).

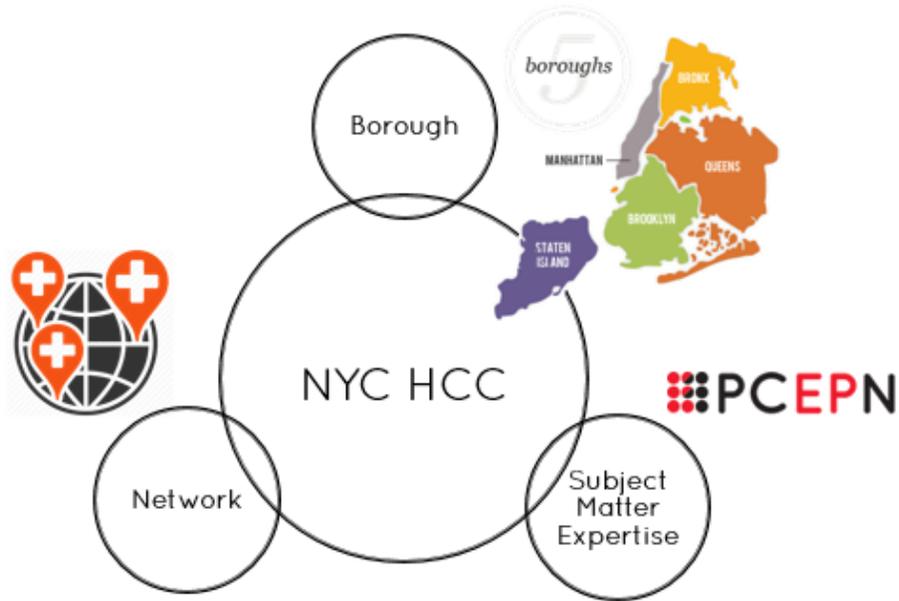


Figure 2. NYC HCC Structure.

Source: NYC Dept. of Health and Mental Hygiene

NYC Borough Coalitions

In the NYC HCC, Borough Coalitions are defined by borough boundaries and often administratively anchored by local/neighborhood hospitals, it is a collaborative network of health care organizations and their respective public and private sector partners. The goal of the borough coalitions is to improve level of emergency preparedness in its community, thereby assuring higher quality health care outcomes in a disaster. The five NYC borough coalitions are listed below.

- Bronx – Bronx Emergency Preparedness Coalition (BEPC)
- Brooklyn – The Brooklyn Coalition (TBC)
- Queens – Queens County Emergency Preparedness Healthcare Coalition (QCEPHC)
- Manhattan – New York County Healthcare Resilience Coalition (NYCHRC)
- Staten Island – Community Organizations Active in Disaster (COAD)

Network Coalitions

These coalitions are defined by their centralized delivery of services to affiliated organizations and comprise a wide variety of multidisciplinary health care services. The main goal for these coalitions is to provide the highest level of health care delivery throughout their system/network. The seven network coalitions are listed below.

- Mount Sinai
- Northwell Health
- NY Presbyterian

- New York University (NYU)
- Montefiore
- MediSys
- NYC Health + Hospitals

Subject Matter Expertise (SME) Coalitions

These coalitions, as briefly mentioned above, are defined as coalitions that possess experience and knowledge of a health care service area or sector. The goal of these coalitions is to share knowledge and related resources with other health care organizations and coalitions in order to mitigate the effects of a disaster and to become an integral partner with their members and assure improved communication and outreach. The five SME coalitions with their main focus are listed below.

- Pediatric Disaster Coalition (PDC) – pediatric preparedness
- Adult Care Facility Trade Associations – adult care facility preparedness
- Nursing Home Trade Associations – nursing home preparedness
- NorthHELP – preparedness for special needs populations (dialysis)
- Primary Care Emergency Preparedness Network (PCEPN) – primary care preparedness

PCEPN as a SME Coalition

PCEPN offers resources, trainings, and technical assistance to improve primary care centers' ability to plan and prepare for, respond to and recover from emergencies and disasters. In a response role, PCEPN provides representation at the Emergency Support Function #8 (Public Health and Medical Services) Desk at the New York City Emergency Operation Center (EOC).

PCEPN also participates in many of the borough coalition meetings and present on behalf of its members. Please contact us (info@pcepn.org) if you would like to be connected with leadership of borough healthcare coalitions or join PCEPN in attending an upcoming coalition meeting.

FIRST RESPONDER AGENCIES

First responder agencies, such as police and fire departments, are also potential planning partners for primary care centers. You may already know the police stations and fire stations closest to your Primary Care Center. Points below will provide additional guidance for making connections with first-responder agencies in your area.

- **Make a Personal Connection-** If you are already in contact with staff members at these agencies, give them a call and request contact information for their community affairs or public safety/education department. If you don't already have contacts, try to meet agency staff at local/community meetings, or events, and talk to them one-on-one so

they can get to know who you are and what services your Primary Care Center provides to the community.

- **Offer Assistance-** One of the best ways to establish a good working relationship with these agencies is to offer to promote their community outreach initiatives into some of your ongoing efforts (e.g. health fairs, community-based workshops or educational sessions). You may also want to provide written materials or post information in your waiting areas. This basic exchange of information can enhance your working relationship and pave the way for future collaborations.
- **Request Participation in Drills or Exercises-** When planning drills/exercises, consider scenarios where local agencies might play a role and ask these agencies if they would be willing to participate. If police or fire departments already conduct local drills/exercises that involve community-based organizations, find out if your Primary Care Center can be a participant.

COMMUNITY-BASED ORGANIZATIONS

For Primary Care Centers, community-based organizations can be valuable partners in emergency management. Creating linkages with local businesses, faith-based organizations, educational institutions, and nonprofit organizations can facilitate response and recovery efforts through effective information sharing and coordinated efforts.

Community-based organizations may be able to provide resources or fulfill certain roles in a coordinate emergency response. As you review the list below, consider the resources and roles you are likely to find most valuable and start prioritizing the community linkages you would like to foster.

- **Sharing Information with the Community-** Local organizations can help provide information to the community. Announcements and updates may be distributed at local businesses, places of worship, community centers, and senior centers.
- **Reaching Special Populations-** Community-based organizations may be in touch with specific populations that your center might have difficulty contacting. If you need to get word out to the public (e.g., vaccine availability, changes in operational status) these organizations may be able to help contact people outside of your regular patient base.
- **Providing Translation Services-** You may need to communicate emergency-related information in multiple languages. If there are languages used in your community that your staff are not able to communicate in easily, look for organizations you could partner with for possible volunteer translators.
- **Providing Meeting Places or Temporary Space-** In some instances, organizations may be able to offer meeting space or temporary work space during or after a disaster. Community centers may be particularly well-suited to offer space as a resource.

- **Providing Staff with Food or Services-** Consider asking local businesses if they would be willing to provide food/water or other services (such as childcare) during or after an emergency event.
- **Providing Community Assistance-** Nonprofit organizations in your area may be able to help your patients with their non-medical needs following a disaster, such as housing assistance or food assistance.
- **Promoting Primary Care Center Services-** In the aftermath of an event, you may want to reach out beyond your established patient population; local organizations can help direct people to your center for primary care services.
- **Addressing Mental Health Needs-** The need for mental health services in the community may increase significantly after a disaster, affecting both your Primary Care Center staff and patients. Distributing educational materials on mental health conditions (such as anxiety, depression, and post-traumatic stress disorder) and how to recognize them should be made available. If your Primary Care Center offers mental health services or referrals to such services this information may be included in the materials distributed.
- **Establishing Volunteer Opportunities-** If you are interested in connecting with potential volunteers to aid your organization in an emergency (or at other times), you may find natural partnerships with some organizations in your community. Faith-based organizations, educational institutions, and senior centers may be particularly well-suited to offer volunteers. In addition, the NYC Medical Reserve Corp may be able to offer volunteers trained to respond to health emergencies.
- **Coordinating Drills/Exercises-** Like first responder agencies, community-based organizations may be interested in participating in your Primary Care Center's drills or exercises. This activity is particularly helpful for organizations with established MOUs or agreements.

CONCLUSION

Community Integration is a long-term process and an investment, so don't let slow progress discourage you. It takes time and effort to form partnerships and build on existing relationships. **Keep reaching out!** Remember to utilize personal connections whenever possible and try to meet in-person, at least once in a while. In-person meetings, especially in the early stages of getting to know each other's organizations, can really help build partnerships.

Working towards integration involves many people coming to the table, each with their own perspectives and priorities. As you become more involved in your community, your Primary Care Center can offer a unique perspective that adds significant value to the planning process. As the medical home for your patients, your participation is key in building a resilient community.

ADDITIONAL INFORMATION AND RESOURCES

Planning Information and Resources

Primary Care Emergency Preparedness Network (PCEPN) – Resource Page

www.pcepn.org/resources

A collection of recourses and templates compiled by PCEPN.

Community Health Care Association of New York State- Emergency Management Plan Development Guide

www.chcanys.org

The CHCANYS Emergency Management (EM) Program provides New York's community health centers with training opportunities, technical assistance, and resources. This guide serves as a tool for health centers seeking to establish or update a comprehensive EM plan.

Greater New York Hospital Association- Emergency Preparedness Plans and Tools- A resource Guide for Health Care Providers

<https://www.gnyha.org/ResourceCenter/NewDownload/?id=541&type=1>

GNHYHA has prepared this guide to facilitate emergency preparedness and response activities by healthcare providers and their communities. The guide outlines a number of the key plans, tools, and other resources available to support health care providers' planning and response activities.

Technical Resources, Assistance Center, and Information Exchange (TRACIE)

<https://asprtracie.hhs.gov/technical-resources>

TRACIE was created by HHS ASPR to meet the information and technical assistance needs of regional ASPR staff, healthcare coalitions, healthcare entities, healthcare providers, emergency managers, public health practitioners, and others working in disaster medicine, healthcare system preparedness, and public health emergency preparedness.

National Center for the Study of Preparedness and Catastrophic Event Response (PACER) Toolkit

<http://www.pacercenter.org/media/29523/pacer-mor-758%20emergency%20toolkit%20-%20final.pdf.pdf>

This toolkit draws from a variety of sources, including government recommendations and reports, peer-reviewed research, and most importantly, the experiences and best practices of patients, providers and other local, regional and national experts in the area of emergency preparedness.

Volunteer Information and Resources

New York City Medical Reserve Corps (NYC MRC)

<http://www1.nyc.gov/site/doh/providers/emergency-prep/nyc-medical-reserve-corps.page>

NYC MRC is a trained group of over 7,500 members ready to respond to health emergencies. PCEPN can assist your Primary Care Center in establishing a relationship with NYC MRC.

New York City Community Emergency Response Teams (NYC CERT)

http://www1.nyc.gov/site/em/community_business/nyc-cert.page

NYC CERT are groups of dedicated volunteers who help to prepare their neighbors and communities for different types of disasters.

New York City Citizen Corps

http://www1.nyc.gov/site/em/community_business/nyc-citizen-corps.page

Coordinated by NYC Emergency Management, NYC Citizen Corps is part of the national Citizen Corps initiative that seeks to make communities safer, stronger, and better prepared to respond to and recover from emergencies.

Personal Preparedness Information and Resources

New York City Emergency Management (NYC EM) -Ready New York

<http://www1.nyc.gov/site/em/ready/ready-new-york.page>

Through the program NYC EM encourages New Yorkers to learn about the hazards they may face in NYC and prepare for all types of emergencies by writing an emergency plan, choosing a meeting place, gathering supplies for their home, and preparing a Go Bag.

Federal Emergency Management Agency (FEMA) – Ready Campaign

<https://www.ready.gov/>

Ready is a national public service advertising (PSA) campaign designed to educate and empower Americans to prepare for and respond to emergencies including natural and man-made disasters.

First Responder Information and Resources

New York Police Department (NYPD) SHIELD

<http://www.nypdshield.org/public/default.aspx>

SHIELD is an umbrella program for a series of current and future Police Department initiatives that pertain to private sector security and counterterrorism. NYPD provides training services to assist public and private sector entities in defending against terrorism.

Fire Department of New York (FDNY) Public Safety Programs

<http://www.fdnysmart.org/safety/>

The goal of FDNY instructors is to continually educate the public with critical life saving strategies that focus on fire prevention, with a special focus on the City's most vulnerable populations and at-risk communities.

Notifications

Center for Disease Control and Prevention (CDC) Health Alert Network (HAN)

<http://emergency.cdc.gov/han/>

CDC's HAN is the primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories. Registration is free.

NYC Department of Health and Mental Hygiene (DOHMH) - Health Alert Network (HAN)

<https://a816-health30ssl.nyc.gov/sites/nychan/WebPages/home.aspx>

The DOHMH HAN contains public health information for medical providers, including: up-to-date health alert information delivered to your inbox and archived on the Web, an online document library on public health topics, and an online community to exchange information and ideas with your colleagues. Registration is free.

New York City Emergency Management (NYC EM) - Notify NYC

<https://a858-nycnotify.nyc.gov/notifynyc/Home.aspx>

Notify NYC is the City of New York's official source for information about emergency events and important City services. Register to receive updates via phone, email, and text message. Registration is free.

NYC Advance Warning System (AWS)

<https://advancewarningsystemnyc.org/>

Created through a partnership with NYC DOHMH and NYC EM, the AWS is designed to disseminate hazard and emergency information to agencies and organizations that serve people with disabilities or others with access and functional needs throughout New York City.

Standards, Regulations, and Expectations

New York State - Title 10 Section 702.7 - Emergency and disaster preparedness

https://www.health.ny.gov/regulations/nycrr/title_10/

This section outlines the required activities for all health care facilities regarding emergency plans, exercises and staff training.

Health Resources & Services Administration (HRSA) Policy Information Notice 2007-15- Health Center Emergency Management Program Expectations.

<http://bphc.hrsa.gov/about/pdf/pin200715.pdf>

This Policy Information Notice (PIN) provides guidance on emergency management expectations for Federally Qualified Health Centers (FQHCs) to assist them in planning and preparing for future emergencies. (See page 7 for information on Linkages and Collaborations)

Health Resources & Services Administration (HRSA) Program Assistance Letter- Updated Process for Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events.

<http://bphc.hrsa.gov/programrequirements/pdf/pal201405.pdf>

The purpose of this Program Assistance Letter (PAL) is to update information regarding the process for an FQHC to request a change in scope to the federal scope of project to add temporary locations in response to emergency events.

HRSA Federal Tort Claims Act Health Center Policy Manual (See Section I.F)

<http://bphc.hrsa.gov/policiesregulations/policies/ftcahcpolicymanualpdf.pdf>

Section I.F provides guidance on FTCA coverage in emergencies for FQHCs and volunteers.

Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (CMS Proposed Rule)

<https://www.federalregister.gov/articles/2013/12/27/2013-30724/medicare-and-medicaid-programs-emergency-preparedness-requirements-for-medicare-and-medicaid>

This proposed rule would establish national emergency preparedness requirements for Medicare- and Medicaid-participating providers and suppliers to ensure that they adequately plan for both natural and man-made disasters, and coordinate with federal, state, tribal, regional, and local emergency preparedness systems.

Community Integration Planning Worksheet for Primary Care Centers

Primary Care Network/ Organization: _____

Primary Care Center/ Site Location: _____

Date: _____ Completed by: _____

Action	Status	Timeframe	Planning Considerations
1. Establish Community Integration Approach	[] Done		
	[] In Progress		
	[] Plan to do		
	[] Not planned/needed		
1a. Identify Key Staff members to participate	List Names/Titles: 1. 2. 3. 4. 5.		
1b. Schedule a meeting	Date:		
1c. Create Meeting Agenda	<ol style="list-style-type: none"> 1. <i>Review PCEPN Community Integration Guide</i> 2. <i>Review existing Partnerships/ Agreements (MOUs, etc.)</i> 3. <i>Discuss Potential Partners</i> 4. <i>Assign Responsibilities and timeframes</i> 5. <i>Set next meeting date</i> 		
Notes/Additional Strategies :			

Action	Status	Timeframe	Planning Considerations
3. Identify local First Responder Agencies	<input type="checkbox"/> Done		
	<input type="checkbox"/> In Progress		
	<input type="checkbox"/> Plan to do		
	<input type="checkbox"/> Not planned/needed		
3a. Contact Police Department	Local Precinct # _____ Contact Person(s): Partnership Opportunities: Trainings Available: Planned Drills/Exercises:		
3b. Contact Fire Department	Local Firehouse # _____ Contact Person(s): Partnership Opportunities: Trainings Available: Planned Drills/Exercises:		
Notes/Additional Strategies :			

Action	Status	Timeframe	Planning Considerations
4. Identify Community-Based Organizations	[] Done		
	[] In Progress		
	[] Plan to do		
	[] Not planned/needed		
4a. Identify and prioritize potential needs identified (refer to roles and resources)	1. 2. 3. 4. 5.		
4b. Community-based organizations identified for potential partnership	Organization: 1. 2. 3. 4. 5.	Contact Persons:	Date Contacted/Results:
4c. Partnerships Established	Organization: 1. 2. 3. 4. 5.	MOU developed (Y/N):	Date executed :
Notes/Additional Strategies :			