The report identifies the following priorities:

- Revamp the CREPC structure to eliminate confusion, enhance effectiveness, and establish a CREPC coordinator position to sustain the “operations” aspects of CREPC.
- Clarify roles and responsibilities of CREPC and the DEMHS Regional Coordinator as they relate to regional resource coordination, the core operational aspect of CREPC.
- Build out systems and processes necessary to support the operational aspects of the enhanced CREPC structure. These systems must be used locally for day to day business, but also available for regional resource coordination when deemed appropriate by an incident or disaster. This creates an opportunity to enhance regionalization efforts to fund local resource management tools to support local, regional and state preparedness efforts.

Who participated in the development of the CREPC – The Road Ahead process?

All of the CREPC stakeholders had an opportunity to participate in multiple meetings and discussions regarding CREPC Going Forward. RESF-5 Emergency Management, and RESF-8 Public Health and Medical Services conducted specific RESF meetings regarding the recent events discussed in the full CREPC – The Road Ahead report. Additionally the full CREPC body was briefed this past spring. Finally, CRCOG contractors, Daniel Scace and Carmine Centrella were tasked by CREPC leadership to review and synthesize all the discussions and meetings of record and develop a plan for the future to be presented to the CREPC body in September 2010. The authors met with the UASI Goal Champions to review “The Road Ahead” document and seek guidance for the final draft of the report.

What were the principles used to develop the CREPC – The Road Ahead report?

The report itself offers the full details of principles and thought process that went into its development. But the driving principle is summed up quite well within the CRCOG and CREPC mission statements of municipality support for each other especially in times of need.

What is the vision for the Region as expressed in the report?

The vision is a robust regional entity that has self determined where it wants to develop its regional capabilities and where to expend its efforts and funds in certain mitigation activities.
The body of the report makes recommendations but the Executive Summary uses the term “Actions” why?

Within the body of the report issues of importance are discussed and analyzed. Along with that analysis are recommendations for improving CREPC as an organization based on the core principle of neighbor helping neighbor. Those recommendations are then turned into actions for implementation as part of an Improvement Plan for CREPC within the Executive Summary.

Why does CREPC need another contractor as a CREPC Coordinator?

The work and responsibility of managing CREPC planning and operations has become more sophisticated over the past nine (9) years and requires full time stewardship to assist CRCOG in assuring the mission of CREPC is met.

What is the purpose of using contracted positions to manage RESF functions and operations?

There are certain functions that require dedicated planning and operations support and management. Those functions are either extremely complex such as RESF-8 Public Health and Medical Services, or serve primary planning, operations and coordination roles such as RESF-5 Emergency Management, and RESF-7 Logistics Management and Resource Support. RESF-8 currently has a dedicated contractor to manage its planning and operations and this model is being extended to RESF-5 and RESF-7.

How many new positions are being created and how will these positions be funded?

Only one “new” position is being created, the CREPC Coordinator / RESF-5 Chair. The RESF-8 Chair is currently funded through the Metropolitan Medical Response System and has been since 2002. The funds for the CREPC Coordinator / RESF-5 Chair were identified and approved by the Region 3 Urban Area Work Group in March 2010. The RESF-7 planning and coordination management activities will be assigned to the current Regional Homeland Security position which has been funded by State Homeland Security Grant Program funds since 2006.

Why does CREPC need to make changes to the Regional Emergency Support Function structure?

CREPC has always strived to employ NIMS and ICS practices. Among those is the principle of common terminology use. The National Response Framework (NRF) established fifteen (15) ESFs and CREPC currently uses fourteen (14) Regional ESFs based on the NRF (ESF-12 Military is not used by CREPC). CREPC has created four (4) additional ESFs not established in the NRF. Even though the impetuous to develop these ESFs was to create a deeper focus for specific groups such as Special Needs and Faith Based Organization there is no standard to align these ESF activities even within Connecticut let alone at the National level. Additionally the more of these discipline oriented workgroups that are created it is harder to avoid stove pipe planning and maintain the concept of “Unity of Effort”.

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What happens to the work of those RESFs and the Chairs of those RESFs when they are merged with other “parent” ESFs?

The work and planning efforts continue by establishing those specific planning sections within the appropriate parent ESF and the Chairs of the merged RESFs become Section Heads within the parent ESF. The best example is RESF-8 Public Health and Medical Services where eight (8) Sections have been established within the ESF itself and those Sections are managed by Subject Matter Experts / Service Chiefs from those specific disciplines.

When do these changes take effect?

CREPC needs to approve the *CREPC – The Road Ahead* report. Once approved CREPC leadership will work with CRCOG support staff on implementing the report “Actions”.