

Interoperable Communications

Resource	S/W	Comments
People	S	<ul style="list-style-type: none"> • We have a core group of people that have been trained and have experience in interoperable communications. (6) • There is a common goal shared regionally. There are no opposing views. (3) • The entire region (except PG county) has all emergency agencies on 800MHZ. (3) • In interoperability projects we have identified and secured good communication, networking, enterprise and architecture for building new systems. (2) • Mobile AFIS has technical people in place throughout NCR. • With the radio cache, we have begun training people as communication leaders in the incident management system • Data entry (within individual jurisdictions) • Agreements have been in place and people know/work with each other so that operationally when things happen there is commitment to get things done. • Technical leaders, day-to-day leaders, CIOs, etc., have a good strength of community. Have years of experience working together.
	W	<ul style="list-style-type: none"> • Need more people from the health care sector to work on interoperable communications activities. (5) • There is not enough staff to carryout regional efforts. (5) • Need to train new staff to replace those who will retire and beef-up overall capabilities. (3) • The health and transportation sectors also need to get on the 800MHZ. (2) • We need more trained people to evaluate our capabilities (gap analysis). (2) • There are no dedicated resources for dealing with regional emergencies. (2) • Need to win over technologists. • Need to increase number of personnel getting security clearance to increase information sharing. • Need more VOAD partners to be included in interoperable communication activities. • Data transmission side of interoperable communications • Still relatively few, and not in very diverse geographical locations

		<ul style="list-style-type: none"> • Communication, networking, enterprise and architecture skill sets are (potentially) not maintained. • User knowledge and therefore habits of using these new procedures and interoperable systems not pervasive.
Equipment	S	<ul style="list-style-type: none"> • Radio cache (5) • Many (most) EMS, fire, police etc. agencies have/are spending to upgrade equipment to increase interoperability (4) • Computerized assisted telephone interviewing (CATI) system that helps public health manage isolation and quarantine situations., e.g., pandemic flu terror attacks, etc., is being piloted/developed; requires continuous funding (3) • Collection of data (2) • WebEOC being widely used to share emergency management information among jurisdictions, helping provide common operational picture. (2) • For voice communications, have obtained equipment from past years grants; have radio caches, trunk patching systems. • Interoperability is usually available with Feds • Equipment has been deployed • Some filter links have been built • Voice communication equipment is in place but needs to be maintained and updated • Will have enhanced fingerprint system in place throughout the NCR • Will have new mug shot system in place • EMS, fire, police, have compatible, interoperable systems • Have a network for public safety (voice) • Have 1250 radios, 5 future com repeaters, 6 Acute, ICRI • ESSENCE is functioning well and links all NCR hospitals with public health, local, state, epidemiologists • Hospitals funded for 800 MHz radio network with linkages to all NCR hospitals; funded for WebEOC • Transportation include management plans and practices that follow NIMS • Transparent operating data would be integrated by the regional transportation information systems (RITI)
	W	<ul style="list-style-type: none"> • No redundancy; very little capability to rebuild communications abilities if it was lost. (6)

	<ul style="list-style-type: none"> • Need additional equipment, e.g., servers, fiber, 700 MHz overlay capacity (4) • The region invests in a lot of equipment, but not all systems can talk the same language; need common platform (4) • Will require maintenance costs (4) • Reliance on commercial communication networks (e.g., Verizon) creates potential failure point due to heavy customer loads in a crisis. (3) • Don't have ongoing funding stream to maintain/sustain radio cache (2) • Communications unreliable in WMATA tunnels, trains. Need ongoing funding; absent that fix; is major communication gap. (2) • State and local level Law Enforcement is lacking secure telephone equipment (STE) (hardline, cellular, fax, etc.) • Don't have sufficient equipment to meet a regional incident; information and communications end users are at different levels, with different needs, in different jurisdictions. • Voice communications is still lacking some equipment. • Current capabilities don't meet "business requirement" (pg 39 workbook) • When resources from outside the region support, interoperability is very weak because don't have Mutual aid agreement/joint planning.. • Ability to communicate with WV, PA, etc., limited or absent. • Limited cellular coverage in Metro limits ability of customers to call 911 for help • Planning focused exclusively on response; Prevention and mitigation lacking • No overarching secure communications network and equipment to share classified information for prevention and mitigation. • WAMATA agency crosses all jurisdictional lines; belongs to all. Major deficiency in communications design; Many "single points of failure" in its design. • Lack of ownership of solution. • WAMATA deficiencies would affect ability to work in incident • Continuing concern: potential loss of interoperability because of FCC frequency re-banding
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	<ul style="list-style-type: none">• Dependent as a region on commercial services for data; mobile data units in cars rely on 1xrtt; in event of major incident, all on one system for both data and voice.• Need to tailor hardware and software to requirements of each of the ESFs. Input of users needs to be incorporated into what is planned.• Public health is using paper and pen to function on quarantine system at this point; does not work. CATI still in early stages.• WebEOC has multiple applications that can be shared with regions. Recipients of “sharing” must be able to open, read, use.• Digital vs. analog (inconsistent)• Data sharing is incomplete and needs additional capabilities• Procurement to replace system is five years out• Buying of equipment for equipment sake; just for “bells and whistles”• Protocols are too specialized and not necessarily for the benefit of the group• Lack of transparency across agencies and jurisdictions• Will require grant funding to obtain hardware and software• Will require wireless communication throughout NCR, phone cards on NCR wireless system• Lack of systems and equipment which allows IC within DC among agencies (MPD, Fire, DPW, DDOT, etc.) and with other NCR partners except by telephone, is a major problem• NCR stakeholders currently lack an overarching secure communications network and equipment for sharing of classified information across multiple jurisdictions and levels of government. ESF 13 has been turned down for technical assistance in the past• Red cross and other key VOAD partners under ESF 6, 11, and 15 need appropriate interoperable communications equipment and have adequate equipment to respond appropriately• Need mobile computer devices on every response vehicle• Patient tracking capabilities need to be increased• Equipment needs to be tailored to the needs of each ESF• Need to bring legacy systems up to date
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		<ul style="list-style-type: none"> • CATI system needs turn over forward; currently looking at jurisdictional on same platform; next cycle needs to look at disparate platforms
Training	S	<ul style="list-style-type: none"> • Good training network in place (4) • Had initial training COM-T course (3) • Current technology experts will be able to train and update NCR as needed (2) • Radio cache • Will require minimal training throughout the NCR • Voice 800 MHz system is good on day to day operations
	W	<ul style="list-style-type: none"> • Training in communication types/protocols (6) • Cache training (3) • Need COM-L training but need to modify (3) • Limited familiarity in equipment (3) • Information availability/sensitivity need to understand the available systems (2) • Include health and transportation (2) • Need to incorporate data side of WebEOC (2) • Need training in SOA • Quick just in time response training • Availability understanding • Advance training for architectural personnel • Training needs to follow creation of incident command system • Enhance training for data communications • Not enough qualified people operate the system • Use of technology incorporated into training • Volunteer organizations need training • Health intelligence • Training needs to be tailored to urban settings • Equipment/systems need to be used everyday to reduce training
Exercises/Evaluation	S	<ul style="list-style-type: none"> • Incorporating communications among jurisdictions into exercises. (3) • Continued training for ESSENCE users after policies and procedures established. (2) • Large events (e.g. inaugurations) afford good opportunities for interoperable communications evaluation. (2) • Have monthly tests and we do a lot of trainings. (2) • Voice and data interoperable communications are capabilities that can be measured during exercises. (2) • Added EOC 1,2, and 3 to 800MHz. Regularly

		exercise to practice patching into EOC communication center.
	W	<ul style="list-style-type: none"> • We need more training and more exercises. These exercises should include VOAD partners, incorporate lessons learned from after action reports, focus on integrating data, communications, and tracking systems into common use and help assess how interoperable communications will be involved/interact with other ESFs' activities. (36) • Planning, development, and operations throughout NCR should include exercises and evaluations. (2) • Need more protocol development. • Need to retest communications after policies and procedures established. • Need to know how interoperability affects bottom line. • Infrequent training/exercise schedule. • Exercise gaps are almost never addressed. • Only exercises to date have been internal of in a support role. • Minimal training in NIMS done in DC OCME • Many exercises are too big to have value; need smaller exercised to allow participants to identify pieces that are not working effectively. • Not good at measuring the effectiveness of non-exercise activities (e.g., inauguration.) • Need better communication and coordination with federal government. • Need to establish a common voice and data network across all ESFs. • Need to do a better job sharing critical AARs. • Need to create a health information group that draws together interoperable issues.
Plans, Policies and Procedures	S	<ul style="list-style-type: none"> • Executive agreements, MOUs, and mutual aid are in place and are multi-jurisdictional (police, EMS, fire) (9)
	W	<ul style="list-style-type: none"> • Keystone interoperability is a planned exchange of voice and data across traditional boundaries (it is not everyone talking to everyone)/governance is underdeveloped for voice and data/need master plan for network in region/path is clear, execution is weak/planned exchange includes filtering of key information (14) • Communication systems and processes need to integrate hospitals, first responders, and support (including public works, ESF #3 agencies),

		<p>transportation function. (6)</p> <ul style="list-style-type: none">• Managing secure communications/sharing classified information across multiple jurisdictions and levels of government (2)• Don't have MOU in place for radio cache deployment (2)• Need regional standards for content of messages/information• Need to expand definition of "critical information" to include health intelligence (threat ID, patient tracking, resource availability)/3 medical communication centers need to share procedures/implement health information group (public health, hospitals, law enforcement, EMS, Medical examiner)/include Red Cross and similar organizations involved in ESFs 6, 11, 15 in interoperable communications planning.• Mortuary surge must be considered – include medical examiner jurisdictions in all exercises and planning• Need more practice in field• Information must be understandable/useful to end users – have not been successful with this in the past.
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