

HHS Disaster Human Services Concept of Operations



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March 27, 2014

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I. Introduction

The U.S. Department of Health and Human Services (HHS), Disaster Human Services Concept of Operations (CONOPS) provides the conceptual framework for coordination and guidance of HHS federal-level human services for preparedness, response, and recovery for disasters and public health emergencies. The CONOPS describes how HHS transitions from normal operations of human services program delivery to a coordinated, Department-wide response to the human services elements of a public health and medical emergency. It explains how the Assistant Secretary for Preparedness and Response (ASPR) coordinates HHS-wide response and recovery activities on behalf of the Secretary in concert with the specific authorities and responsibilities of the Department, to ensure that the human services requirements in response and recovery are fully integrated into a “One HHS” emergency enterprise that includes the public health and medical, behavioral health, human services, environmental health, and responder health and safety missions.

Human services (also known as social services) support the social and economic well-being of individuals and families and their ability to maintain activities of daily living in a safe, healthy manner. Disaster human services are an extension of non-disaster human services programs and systems but with attention to two fundamental priorities in response and recovery: ensuring continued service delivery when emergency events disrupt services and addressing unmet human services needs created or exacerbated by the disaster.

The CONOPS identifies roles and responsibilities for HHS operating divisions (OpDivs) and HHS staff divisions (StaffDivs) for disaster human services. This approach provides coordination and support to ensure the full interoperability of the human services programs administered by the Administration for Children and Families (ACF) and Administration for Community Living (ACL), with the emergency response and recovery activities coordinated by the Office of the Assistant Secretary for Preparedness and Response (ASPR). Specifically, the CONOPS delineates roles for ACF and ACL program and regional offices, ASPR, and other key Departmental components.

The goal of this CONOPS is to guide and improve coordination of federal preparedness, response, and recovery efforts concerning human services in a manner consistent with—and supportive of—efforts of states, local governments, territories, and federally-recognized tribes (SLTT). This document will be reviewed as needed (at least annually) to ensure that current procedures reflect lessons learned from recent response and recovery experiences, current best practice, and pertinent scientific evidence.

Key principles for the CONOPS include:

- Integration of HHS human services activities into a unified, “One HHS” emergency enterprise that includes the public health and medical, behavioral health, human services, environmental health, and responder health and safety missions;
- Interoperability of the Department’s emergency preparedness, response, and recovery activities with human services programs administered by HHS OpDivs;
- Ensuring an HHS-wide common operating picture for human services in emergencies;
- Consistent systems to develop situational awareness on human services needs and impacts of emergency events, and provide senior leadership with information and analysis for decision support;
- Clear roles for both central and regional leaders in disaster human services;
- A consistent set of partners throughout preparedness, response, and recovery phases of disasters.

The CONOPS describes the coordinating role of the Human Services Coordination Group and delineates key responsibilities for human services activities in preparedness, response, and recovery phases. The Human

Services Coordination Group in the preparedness phase is co-led by ACF's Office of Human Services Emergency Preparedness and Response (OHSEPR) and ASPR's Division for At-Risk Individuals, Behavioral Health and Community Resilience (ABC), and includes ACF's Lead Regional Administrator for Emergency Preparedness and Response, ACL's Office of Regional Operations, ASPR's Office of Emergency Management (OEM) Recovery Division, and ASPR/OEM's Regional and International Coordination Division. In response, the ACF and ACL Regional Administrators (RAs) for the affected region(s) are also members of the Human Services Coordination Group—which becomes the Human Services Element of the HHS Emergency Management Group (EMG) when the EMG is activated for the disaster. These central and regional partners remain consistent as response transitions to recovery, although ACF OHSEPR and ASPR/OEM Division of Recovery become the co-leads.

The following diagram summarizes the coordination partners, strategic priorities, and checklist of key activities.

PREPAREDNESS

Human Services Coordination Group

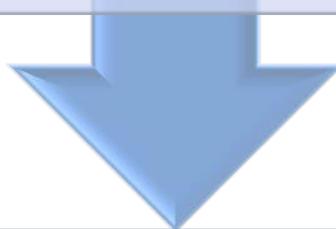
<u>HUMAN SERVICES COORDINATION GROUP</u>	<u>PRIORITIES</u>	<u>KEY ACTIONS</u>
<p>Co-leads: ACF OHSEPR & ASPR ABC ACF Lead RA for EPR, ACL ORO, ASPR OEM Division of Recovery, ASPR OEM/RIC-D</p>	<ul style="list-style-type: none"> • Preparedness of human services programs & clients • Capacity-building for HHS to conduct human services missions 	<ul style="list-style-type: none"> • Collect & develop human services preparedness materials • Assist program & regional offices with TA, training, & planning • Identify key gaps & recommendations • Brief senior leadership on human services preparedness • Maintain contact lists & response readiness activities



RESPONSE

Human Services Coordination Group / EMG-Human Services Element

<u>HUMAN SERVICES COORDINATION GROUP</u>	<u>PRIORITIES</u>	<u>KEY ACTIONS</u>
<p>Co-leads: ACF OHSEPR & ASPR ABC ACF & ACL RA's for impacted region(s) ACF Lead RA for EPR, ASPR OEM Division of Recovery, ACL ORO</p>	<ul style="list-style-type: none"> • Preservation of HHS unity of response • Fulfillment of agency programmatic requirements for human services • Strategic leveraging of HHS programs • Prepare for transition to recovery 	<ul style="list-style-type: none"> • If HHS EMG activated, becomes EMG-Human Services element • HSCG convenes coordination call early in response • Develops analytic Executive Brief for senior leadership • Coordinates reachback support for deployed human services LNOs



RECOVERY

Human Services Recovery Group

<u>HUMAN SERVICES RECOVERY GROUP</u>	<u>PRIORITIES</u>	<u>KEY ACTIONS</u>
<p>Co-leads: ACF OHSEPR & ASPR OEM Division of Recovery ASPR ABC, ACF & ACL RA's for impacted region(s) ACF Lead RA for EPR, ACL ORO</p>	<ul style="list-style-type: none"> • Restoration of human services infrastructure affected by the disaster • Addressing disaster-caused human services needs 	<ul style="list-style-type: none"> • Support social services missions of H&SS RSF • Coordinate RSF reachback to human services programs • Conduct assessments as required • Prepare for transition to "steady-state" services

A. Disaster Human Services

In both non-emergency times and in periods of crisis, human services delivery is a multi-sector endeavor that involves government at all levels, community- and faith-based organizations, for-profit private sector companies, and private citizens and families. HHS-supported human services programs are targeted to address the needs of specific client populations—specifically economically disadvantaged individuals and families, children and youth, older adults, individuals with disabilities and other access and functional needs, and other vulnerable populations such as refugees and asylees, victims of human trafficking, individuals with limited English proficiency, and survivors of domestic violence. There is significant overlap between human services client populations and individuals identified in HHS documents as at heightened risk in disasters.¹ Services are provided at the community level by a variety of SLTT government agencies, community- and faith-based organizations, and other providers, in many cases using funding provided by HHS, as well as through other federal programs and agencies. Disaster human services—like most emergency and disaster response and recovery activities—are primarily a SLTT government responsibility with federal government support and assistance provided when requested by the SLTT. Additionally, federal planning for human services in disasters or emergency events must be based on a Whole Community perspective. Whole Community, in the context of emergency preparedness and response, “attempts to engage the full capacity of the private and nonprofit sectors, including businesses, faith-based and disability organizations, and the general public, in conjunction with the participation of local, tribal, state, territorial, and federal governmental partners.”²

The self-sufficiency of individuals and families and the viability of whole neighborhoods and communities depend upon social connectedness. Disaster-caused disruption damages this foundation of community resilience and affects the critical infrastructure of family and community life such as jobsites, schools, child care and Head Start facilities, places of worship, congregate living facilities, grocery stores and pharmacies, recreational facilities, cultural institutions, and neighborhood gathering-places. Disaster human services are primarily directed at mitigating threats to socio-economic well-being at the household and community levels and assist individuals, families, and communities with unmet needs. Strategic delivery of evidence-based disaster human services is an integral component of the recovery of individuals, families, and communities from disasters and public health emergencies. Effective provision of disaster human services promotes rapid and equitable recovery and mitigates many forms of disproportionate risk and vulnerability that may otherwise result in some survivors being left behind as their communities recover around them.

¹ HHS defines at-risk individuals as follows: “Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency” (ASPR/ABC, “At-Risk Individuals Fact Sheet,” <http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>).

² Federal Emergency Management Agency, *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action* (2011), p. 3

Disaster human services, as defined by HHS, encompasses a wide variety of human services programmatic activities that can support disaster survivors, and includes both “human services” as defined in the Emergency Support Function (ESF) #6 Annex of the National Response Framework (NRF)³ and “social services” other than schools, as described in the National Disaster Recovery Framework (NDRF).

B. Purpose and Activation

This CONOPS describes coordination and guidance of HHS, federal-level human services preparedness, response, and recovery activities regarding disasters and public health emergencies. It describes how HHS supports efforts by SLTT governments and other grantees to continue service delivery through emergencies and to address the human services needs created by emergency events. It also supports the goals and objectives of the National Health Security Strategy (NHSS), particularly Objective 1, “Promote Informed, Empowered Individuals and Communities.”

This CONOPS describes the framework that HHS uses to manage human services preparedness, response, and recovery. It is intended to assure unity of effort across HHS activities in disaster human services including synchronization of services with the current ASPR response and recovery regional structure. Overall, the focus is on fulfillment of the HHS requirement in emergency preparedness, response, and recovery consistent with the Department’s mission “to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves.” The CONOPS is designed to facilitate integration of HHS response and recovery operations, which is coordinated at the Departmental level by ASPR, with HHS human services programs administered by ACF and ACL, which support delivery of human services to communities in both disaster and non-disaster situations.

The CONOPS will be used in situations requiring two or more HHS OpDivs or StaffDivs to coordinate human services response and recovery efforts for events characterized by any of the following:

- Activation of the NRF ESF #6, Temporary Housing, Mass Care, Emergency Services, and Human Services (led by the Federal Emergency Management Agency (FEMA) or ESF #8 Public Health and Medical (led by HHS)).
- Activation of the NDRF Health and Social Services Recovery Support Function (H&SS RSF).
- In any other situation in which the Secretary of HHS determines that there is a need for a coordinated Department-wide response or recovery effort.

Activation of ESF #6 and NDRF H&SS RSF recovery functions entail preparedness planning as well as after-action lessons-learned activities. This Disaster Human Services CONOPS is intended to support, not replace or supersede, existing agency authorities.

³Human services, for purposes of ESF #6, is defined as “disaster assistance programs that help survivors address unmet disaster-cause needs and/or non-housing losses through loans and grants; also includes supplemental nutrition assistance, crisis counseling, disaster case management, disaster unemployment, disaster legal services, and other state and federal human services programs and benefits to survivors.”

http://www.fema.gov/media-library-data/20130726-1913-25045-6921/final_esf_6_mass_care_20130501.pdf

C. Authorities

HHS will carry out activities performed under this CONOPS in accordance with applicable laws, regulations, national frameworks, and Departmental policies. The CONOPS is consistent with Homeland Security Presidential Directive 5 (HSPD-5),⁴ Presidential Policy Directive 8 (PPD-8),⁵ the NRF,⁶ the NDRF,⁷ and the National Incident Management System (NIMS).⁸ HHS human services activities in preparedness, response, and recovery are conducted under a variety of authorities and frameworks including the following:

- *Programmatic authorities.* HHS OpDivs and StaffDivs have responsibilities to conduct programmatic human services activities as directed by statute or regulation. OpDivs and StaffDivs' routine authorities, frameworks, and responsibilities are generally not waived by disasters or public health emergencies. The continued operation of non-disaster-specific human services programs during emergency events is the basis for HHS disaster human services activities.
- *NRF ESF.* The NRF is a guide to how the nation conducts all-hazards response. The NRF includes a total of 14 ESF functional areas that classify federal resources and capabilities most frequently needed in a national response.
 - ESF #6 covers Temporary Housing, Mass Care, Emergency Services, and Human Services. The NRF designates HHS as a support agency to the ESF lead, FEMA. OpDivs and StaffDivs play significant roles in the human services component of ESF #6.
 - ESF #8 covers Public Health and Medical Services. The NRF designates the HHS Secretary as the ESF #8 response lead. HHS components and ESF #8 support agencies carry out activities under the principal coordination of ASPR. ESF #8 response activities may necessitate a human services response to meet the needs of individuals or communities. The health and human services needs of many at-risk individuals, such as children and older adults, may be linked to problems such as domestic violence in disasters or behavioral health issues due to stress caused by economic losses.
- *NDRF H&SS RSF.* The NDRF describes how the nation conducts recovery from all-hazards events. Six RSFs in the NDRF classify domains of responsibility and activity to promote recovery of impacted communities. HHS is the coordinating agency for the H&SS RSF, which includes human services needs. HHS ASPR coordinates the H&SS RSF on behalf of the Secretary with activities carried out by HHS components and NDRF H&SS RSF primary agencies and supporting organizations. Three human services activities are identified as key activities in the H&SS RSF: "Social Services Impacts" and "Disaster Case Management and Referral to Social Services," and "Children's Needs in Disaster Recovery" (which encompasses significant human services equities as well as health considerations).

⁴ <http://www.gpo.gov/fdsys/pkg/PPP-2003-book1/pdf/PPP-2003-book1-doc-pg229.pdf>

⁵ <http://www.dhs.gov/xlibrary/assets/presidential-policy-directive-8-national-preparedness.pdf>

⁶ <http://www.fema.gov/pdf/emergency/nrf/nrf-core.pdf>

⁷ <http://www.fema.gov/national-disaster-recovery-framework>

⁸ http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf

Following a major disaster or emergency declared by the President, the Stafford Act⁹ authorizes the federal government to provide financial and other assistance to SLTT governments, businesses, and individuals in support of response, recovery, and mitigation efforts.

II. Assumptions

The following assumptions apply to the human services response to disasters and public health emergencies:

- Human services are an integral part of the overall response to disaster or public health emergency, and should be integrated into preparedness, response, and recovery activities.
- Public funding for human services at all levels of government is limited, and appropriations and funding authorities may not permit surge human services needs to be addressed by additional expenditures through cash benefit programs.
- Private for-profit entities, faith-based and community-based organizations, Voluntary Organizations Active in Disaster (VOADs), emergency management authorities, emergent and ad hoc community organizations, and private individuals all play roles in the provision of human services during and after emergency events.
- In initial stages of response, the development of situational awareness and damage assessment information regarding human services infrastructure lags behind critical infrastructure and health care facilities.
- Human services agency personnel delivering services in the impacted community may benefit from technical assistance and support for disaster human services.
- In addition to disaster-related human services and grant programs, federal non-disaster-related (sometimes called “steady-state”) human services programs are strategically leveraged to augment SLTT capabilities when appropriate and allowable within legal authorities.
- The human services grantor-grantee relationship is fundamental to HHS’ role supporting disaster human services at the SLTT level.
- Strong coordination between behavioral health and human services stakeholders can improve effectiveness as these issues and needs may be closely associated.
- Certain disaster events with limited public health and medical implications may still have significant human services implications. Requests for federal assistance with human services issues may occur in events without requests for federal public health and medical assistance.
- Coordination between the FEMA-led ESF #6 human services mission in response and the HHS-led H&SS RSF mission in recovery is critical for successful federal support to human services recovery efforts.

This CONOPS supports the doctrine that emergency activities “start at the local and work up” and recognizes that the pre-disaster structure of human services systems is a Whole Community enterprise with a strongly local footprint. The role of federal disaster human services activities is to:

- Communicate and collaborate with these entities to promote human services system preparedness that is integrated into larger response and recovery efforts.

⁹ The Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, as amended, describes the federal role in support of SLTT and local governments, in response to most natural and man-made disasters.

- Supplement these entities' response activities based on SLTT-defined human services needs and partner in recovery to promote individual and community resilience.

III. Roles and Responsibilities

HHS provides disaster human services preparedness, response, and recovery support to SLTT communities through a variety of mechanisms. These include both response and recovery missions and ACF and ACL programmatic activities. Services include the provision of technical assistance, educational resources, deployment of human services responders, provision and management of grants and emergency funding, and participation in coordination efforts at the SLTT and national levels.

A. HHS Role in Preparedness, Response, and Recovery

HHS's human services *response* to disaster is managed in accordance with NRF ESFs #6 and #8 and component-specific programmatic requirements. Health and social services disaster *recovery*, including human services, is managed in accordance with the NDRF H&SS RSF and with specific divisions' programmatic requirements. In both cases, ASPR coordinates activity on behalf of the HHS Secretary, while the two human services OpDivs, ACF and ACL, provide support, technical assistance, information, as well as assets and services as required. ACF provides significant support as the only HHS division with dedicated full-time disaster human services personnel at central office and every region.

Outside the Stafford Act, HHS may have its own authorities and resources to provide assistance to SLTT governments during a public health emergency, including federally-supported programs and assets.

HHS entities work with SLTT human services agencies and with non-governmental and voluntary agencies to carry out preparedness, response, and recovery activities. All partners must ensure services are culturally and linguistically appropriate to the population being served and planning and operations addresses the specific needs of children. Services to individuals with access and functional needs should also support independence and self-determination. Services should also be integrated to mitigate psychosocial and economic hazards faced by individuals who are at-risk.

B. HHS Divisions with Key Equities in Disaster Human Services

Administration for Children and Families (ACF)

ACF promotes the economic and social well-being of families, children, individuals and communities. ACF programs are designed to empower families and individuals to increase their economic independence and productivity; encourage strong, healthy, supportive communities that have a positive impact on quality of life and the development of children; create partnerships with front-line service providers, states, localities, and tribal communities to identify and implement solutions that transcend traditional program boundaries; improve access to services through planning, reform, and integration; and address the needs, strengths, and abilities of vulnerable populations. ACF programs include the federal role in essential human services such as child care, child welfare and foster care, child support enforcement, and child abuse prevention, as well as programs such as Head Start, Temporary Assistance for Needy Families, Family Violence Prevention and Services, Refugee Resettlement, Low Income Energy Assistance Program, Community Services Block Grant, Runaway and Homeless

Youth, Assets for Independence, Repatriation, Healthy Marriage and Responsible Fatherhood, Anti-Trafficking in Persons, Social Services Block Grant, and Social and Economic Development Strategies for Native Americans.

Within ACF, the Office of Human Services Emergency Preparedness and Response (OHSEPR) provides leadership in human services preparedness, response, and recovery, including promoting resilience of individuals, families, and communities prior to, during, and after nationally declared disasters and public health emergencies. In emergency preparedness, response, and recovery, OHSEPR works in partnership with the Immediate Offices of the Regional Administrators (IORAs) in the ten HHS regions. OHSEPR and the IORAs provide technical assistance (TA) and support to SLTT governments in their preparedness planning efforts. In the ten HHS regions, there is a Regional Emergency Management Specialist (REMS) staffing each of the Regional Administrators (RAs) on human services emergency preparedness, response, and recovery issues. There is also a designated Lead RA for Emergency Preparedness and Response.

Administration for Community Living (ACL)

ACL's mission is to maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. ACL works with ACF/OHSEPR and ASPR/ABC to develop and review SLTT emergency response plans and coordinate ESF #8 and ESF #6 activities, and assists OpDivs and StaffDivs to help ensure that the behavioral health and functional needs of at-risk individuals, particularly senior citizens and persons with disabilities, are being addressed. ACL's partners in emergency preparedness, response, and recovery activities with 56 state and territory agencies on aging, 244 tribal organizations, 629 area agencies on aging, and nearly 20,000 community-based service providers.

Office of the Assistant Secretary for Preparedness and Response (ASPR)

ASPR (formerly the Office of Public Health Emergency Preparedness) was created by the Pandemic and All-Hazards Preparedness Act of 2006 to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters. ASPR focuses on preparedness planning and response; building federal emergency medical operational capabilities; research, advanced development, and procurement of countermeasures; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters.

During an emergency or disaster, ASPR provides federal support, including deployment of medical professionals through the National Disaster Medical System (ASPR/NDMS), to augment state and local capabilities. The ASPR serves as the principal advisor to the Secretary of HHS on all matters related to federal public health and medical preparedness and response for public health emergencies. On behalf of the Secretary, the ASPR coordinates the federal health and medical services support functions during a public health emergency. ASPR maintains Regional Emergency Coordinators (ASPR/RECs) in each of the country's 10 disaster planning regions. ASPR-RECs lead health and medical response and are appointed as the Federal Public Health and Medical Official, with delegated authorities. ASPR administers the Hospital Preparedness Program (HPP), which provides leadership and funding through grants and cooperative agreements to states, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies.

Within ASPR's Office of Policy and Planning, the Division for At-Risk Individuals, Behavioral Health and Community Resilience (ASPR/ABC) provides its partners, stakeholders, and response assets with subject matter expertise, education, and coordination to ensure that behavioral health issues and the needs of at-risk individuals (including children) are integrated into public health and medical emergency preparedness, response, and recovery

activities. During a response, ASPR/ABC is part of the ASPR EMG and supports the ESF #8 mission by maintaining situational awareness and analysis, identifying emerging trends, vetting action requests and mission assignments, responding to requests for information, and providing input to ESF #8 situation reports and Incident Action Plans (IAPs). Central to ASPR/ABC's role is coordinating communication and collaboration among federal partners engaged in emergency related behavioral health activities. ASPR/ABC works closely with ACF/OHSEPR to coordinate activities crossing ESF #8 and ESF #6 and also works with partners to facilitate the transition from response to recovery regarding behavioral health, at-risk individuals, and community resilience issues.

Within the Office of Emergency Management (OEM), ASPR's Division of Recovery is the lead for HHS's responsibilities as the coordinating agency for the NDRF's Health and Social Services RSF. The Division also coordinates HHS's responsibilities as a primary agency or supporting organization to the Community Planning and Capacity Building, Economic, Housing, and Infrastructure Systems Recovery Support Functions. The Division of Recovery works to ensure a seamless transition from steady-state preparedness and planning efforts to disaster response and recovery by coordinating recovery efforts related to health and social services across HHS and the federal government to create a "one-stop shop" for SLTT governments, and the private and nonprofit sectors. OEM's Division of Recovery leads the coordination of federal health and social services efforts to support communities' recovery from emergencies and disasters; promotes pre-disaster health and social services recovery planning; and promotes systematic improvements in public health emergency and disaster recovery planning and operations.

IV. Preparedness

Preparedness activities conducted by OpDivs and StaffDivs and by their human services program grantees promote community resilience and are the foundation of effective human services response and recovery efforts after disaster strikes. Comprehensive human services preparedness activities support the NHSS, which recognizes social well-being as an integral component of health security.

A. Preparedness Priorities

Coordinated preparedness efforts support two related priorities:

- Preparedness of human services programs to ensure continuity of service delivery, improve outcomes for client populations, and meet surge requirements for new disaster-caused needs.
- Preparedness of HHS and its partners to conduct human services response and recovery missions.

1. Preparedness of Human Services Programs

HHS's role in promoting the readiness of human services programs to meet the challenges of disasters and public health emergencies is based on harnessing the pre-impact federal roles in community-level human services delivery. These roles include grant-based funding, policy guidance, development of science and evidence base for practice, technical assistance, and provision of subject matter experts. Leveraging these basic aspects of HHS footprint in American communities' human services systems, OpDivs and StaffDivs focus on three areas:

- Enhancing the capability of community human service systems to withstand disaster and public health emergency impacts, preventing or minimizing service delivery interruptions.

Example: An Area Agency on Aging-operated home delivered meals program serving older adults in a community where severe storms and flooding are local hazards is provided assistance

to develop an emergency plan for continuing to meet client nutrition needs if roads are impassable and households lose electrical power for refrigeration.

- Planning activities to leverage the capabilities of human services systems and facilities to improve outcomes in terms of health, safety, and social well-being for client populations in disasters and public health emergencies (PHEs).

Example: A Head Start Center located in a seismic subduction zone has plans to care for children for several days if needed following an earthquake; teachers provide evidence-based material to Head Start families on personal preparedness and psychological resilience.

- Leveraging HHS programs to meet surge human services needs directly caused by disaster impacts.
Example: State government officials are aware of flexibilities and waivers in federal block grant programs such as Community Service Block Grants that enable repurposed funds to meet emergent needs of disaster survivors.

2. Preparedness of HHS and Partners to Support Response and Recovery

HHS also works in the preparedness phase to enhance and refine its own and its partners' capacity to conduct disaster human services missions in the response and recovery phases. Departmental preparedness and capacity-building seeks to recognize the ways human services in disasters are different from public health and medical emergency activities.. It also seeks to integrate human services into a broader HHS response and recovery strategy encompassing public health, medical, environmental health, and behavioral health issues.

Three important areas of HHS capability-building are:

- Development of evidence- and science-based human services response and recovery.
- Integrating human services into HHS plans, exercises, and training.
- Facilitating interoperability and coordination between human services, emergency management, and public health response systems at all geographic levels.

3. Human Services Coordination Group

The HHS Human Services Coordination Group (HSCG) is composed of offices with major equities in human services emergency preparedness, response, and recovery. The HSCG establishes a coordination and facilitation role throughout preparedness, response, and recovery, but in each phase has specific roles, responsibilities, and internal divisions of effort. In the preparedness phase, the HSCG includes the following agency offices:

- ACF/OHSEPR
- ACF Lead RA for Emergency Preparedness and Response
- ACL Office of Regional Operations (ORO)
- ASPR/OEM Division of Recovery
- ASPR/ABC
- ASPR/OEM Regional and International Division

During the preparedness phase of activity, the HSCG is co-chaired by the Director of ACF/OHSEPR and the Director of ASPR/ABC, with the active involvement and partnership of all five member offices (listed above).

The primary preparedness responsibilities of the HSCG include:

1. Tracking and collecting human services preparedness materials developed by program offices throughout HHS and maintaining a repository of guidance, training products, technical assistance tools, published research, and similar materials.
2. Assisting program or regional offices involved in technical assistance, training, or planning to identify relevant materials.

3. Identifying key gaps in HHS preparedness resources and capabilities and engaging relevant agencies and programs to address gaps.
4. Providing briefings and updates as needed to HHS leadership—including the Assistant Secretary for ACF, the Administrator for ACL, and the ASPR—on the disaster human services preparedness activities across the Department.
5. Facilitating updates and revisions to the HHS Disaster Human Services CONOPS based on policy changes and lessons learned from emergency events.
6. Maintaining contact lists for HHS disaster human services response and recovery partners to facilitate rapid activation of response capacities across the full spectrum of agencies and offices with capabilities for disaster response and recovery operations.
7. Liaising with HHS offices such as ASPR Training, Exercises, and Lessons Learned to develop HHS response assets and assist in the integration of human services into training curricula and exercise planning
8. Coordinating with the HHS ASPR/OEM Regional and International Division to ensure synchronization
9. Liaising with HHS ASPR/OEM Plans to ensure that human services planning is incorporated into the All Hazards Plan and all appropriate Event Specific Annexes.
10. Liaising with the ASPR HPP and Centers for Disease Control and Prevention (CDC) Division of State and Local Readiness regarding areas of intersecting human services and public health/health care system preparedness.
11. Tracking and collecting training materials produced by HHS human services programs for preparedness of disaster human services responders.

The HSCG will allocate responsibilities and staff time to execute its preparedness functions based on identified priorities and available resources to ensure coordination and unity of effort across HHS.

B. Roles and Responsibilities in Preparedness of Human Services Programs

Planning, technical assistance, and training are the primary preparedness tools available to OpDivs and StaffDivs to enhance the capability of human services program delivery systems. Coordination of central and regional HHS partners, program offices, and emergency offices will make these efforts more effective. This will help sustain operations during emergencies, mitigate risks to populations served with human services, and meet surge needs. Roles and responsibilities for this work may be allocated as follows:

1. Program Offices

Most HHS human services programs used to support disaster survivors are not disaster-specific; rather, they are ongoing programs operating in communities before, during, and after the event. HHS human services program offices are the main source of subject matter experts (SME) on community needs and are responsible for developing preparedness priorities and guidance for their programs.

Preparedness responsibilities of HHS program offices include:

- Identifying statutory, regulatory, or other requirements related to emergency preparedness planning or activities for the program.
- Developing guidance regarding disaster-triggered programmatic flexibilities and waivers.
- Evaluating SLTT or grantee emergency plans for adequacy, if required by statute or regulation.
- Leveraging SMEs in regional offices (e.g., ACF REMS or ASPR RECs) or in headquarters offices (e.g., ACF/OHSEPR or ASPR/ABC).

Responsibility of HHS program offices in capacity-building includes:

- Identification of points of contact (POCs) within each program office to facilitate rapid response for TA and SMEs. These POCs are furnished to the HSCG.
- Training of selected staff within program offices in NIMS, Incident Command System (ICS) and other training needs to fulfill requests for SMEs from SLTT governments, FEMA, or other partners. ACF operates the Emergency Response Readiness Force (ERRF), which is an organized cadre of deployable staff for disaster human services. ACF program offices may fulfill this responsibility through staff participation in the ERRF.

2. Regional Offices

Divisions with human services programs have a strong regional presence as human services are delivered at the SLTT levels. HHS regional offices are critical to the success of disaster human services preparedness efforts because of their knowledge of the communities they serve and existing relationships with regional staff. In some HHS components, there are emergency preparedness and response SMEs working at the regional level, such as ACF's REMS in the Immediate Offices of the Regional Administrator and ASPR's RECs. The RECs co-chair the Regional Advisory Committee (RAC), which coordinates HHS emergency planning at the regional level. The RAC is the coordinating body for HHS preparedness planning in each region. For the human services dimension of HHS emergency preparedness effort, the ACF RA and ACL RA lead within their respective agencies at the programmatic level and participate in the RAC-led efforts at the HHS-wide level.

Preparedness responsibilities of HHS regional offices include:

- Supporting SLTT agencies and grantees' development of emergency preparedness plans for human services.
- Providing training to SLTT and community-level human services providers.
- Sharing promising practices for leveraging human services programs to promote preparedness and community resilience-building.

Responsibilities of HHS regional offices in capacity-building include:

- ACF and ACL RAs' offices maintain relationships with human service provider agencies to identify emergency POCs to rapidly gather situational awareness regarding program impacts in event of response activation.
- ACF REMS and ASPR RECs collaborate to ensure SLTT and community-level emergency planning includes the human services perspective.
- The RECs and REMS partner to educate emergency management agencies regarding the importance of comprehensive human services planning as a component of Whole Community planning and readiness. The RAC facilitates coordination among human services, public health, and emergency management disciplines.

V. Response

A. Introduction

This section describes coordination and delivery of disaster human services response by HHS agencies or assets. This CONOPS document encompasses response activities that may arise through a variety of mechanisms including, but not limited to:

- Mission assignments¹⁰ for human services responses to support FEMA under ESF #6;
- Human services provided in support of, or in conjunction with, public health and medical responses under ESF #8;
- Response-phase assessments for recovery-phase activities, such as Disaster Case Management Assessment Team¹¹ or health and social services assessments in support of the H&SS RSF.

Response, as described in this section of the CONOPS, involves human services missions for disasters or emergency events that require a coordinated Departmental response, such as:

- Major disasters and emergencies declared by the President pursuant to the Stafford Act;
- Non-Stafford Act incidents for which a federal department or agency plays a lead coordination role on behalf of the federal government and may task HHS for assistance, such as oil spills;¹²
- Other emergency events requiring a coordinated HHS response as determined by the Secretary or the HHS Disaster Leadership Group (DLG);

B. Scope of the Disaster Human Services CONOPS

Many types of emergency situations are within the scope of the Disaster Human Services CONOPS including Presidentially-declared emergencies or disasters and Secretarially-declared public health emergencies.

This CONOPS is designed to describe how the human services component of the broader HHS disaster or public health response and recovery effort is supported. However, it does not cover all possible programmatic human services emergencies. Because they are very different kinds of events, with different partners, requirements, and systems, the ACF-led Emergency Repatriation (as required by Section 1113 of the Social Security Act¹³ and Executive Order 12656, as amended¹⁴), and Unaccompanied Alien Children (UAC) Influx response are covered by their respective event-specific plans. The Disaster Human Services CONOPS specifically does not apply to these two types of events.

¹⁰ A mission assignment is a commitment of funds from FEMA to pay for assistance from federal departments or agencies during a Presidentially-declared disaster.

¹¹ In Presidentially-declared emergencies or disasters, in which Individual Assistance is approved, FEMA may activate ACF OHSEPR to staff a joint ACF-FEMA DCM Assessment Team to conduct a rapid and comprehensive assessment of SLTT capacity, vulnerabilities, and needs.

¹² The Oil Pollution Act of 1990 describes the federal response to oil spills and certain other technological disasters as outlined in the National Oil and Hazardous Substances Pollution Contingency Plan (NCP).

¹³ http://www.ssa.gov/OP_Home/ssact/title11/1113.htm

¹⁴ Executive Order 12656 (<http://www.archives.gov/federal-register/codification/executive-order/12656.html>), as amended by Executive Orders 13074 (<http://www.fas.org/irp/offdocs/eo/eo-13074.htm>), 13228 (<http://www.fas.org/irp/offdocs/eo/eo-13228.htm>), and 13286 (<http://www.fas.org/irp/offdocs/eo/eo-13286.htm>), assigns responsibility to HHS for services provided during U.S. State Department-declared emergency repatriations of U.S. citizens and their dependents.

C. Human Services Priorities in Response

Systems to coordinate and execute HHS response requirements related to the human services needs of the American people during disasters and public health emergencies are based on five key priorities:

- Ensuring coordination through established regional response processes;
- Preservation of Departmental unity of response effort, including management of response activities by the EMG whenever activated;
- Fulfillment of agency programmatic requirements for human services programs;
- Ensuring the health, safety, and resilience of HHS human services responders;¹⁵
- Strategic leveraging of the expertise and capabilities of the OpDivs and StaffDivs, most of which resides in non-emergency human services programs; and
- Preparation for the transition to the recovery phase (under the H&SS RSF of the NDRF), which for many disasters, has a larger human services footprint than the immediate response phase.

D. HHS Capabilities for Human Services Response

1. Provision of Technical Assistance and Subject Matter Expertise

A fundamental federal role in human services response is the provision of TA and SME to SLTT, program grantees, and interagency partners. Delivery of TA and SMEs may be critical to promoting SLTT capacity to meet emergency-related human services needs and preparing for transition to recovery. Carefully coordinated reachback capacity into the wealth of TA and SME capabilities in HHS program offices supports the efficacy of deployed liaison officers (LNOs) in the HHS Incident Response Coordination Team (IRCT), FEMA National Response Coordination Center (NRCC), Regional Response Coordination Center (RRCC), and Joint Field Offices (JFO). When LNOs are deployed pursuant to a Mission Assignment subtasked by ASPR to a human services agency, the HSCG facilitates reachback into the more than 80 human services programs in HHS, as required.

2. Disaster-Related Flexibilities and Waivers

Many human services programs have disaster-related flexibilities and waivers. Flexibilities and waivers can ensure continued service delivery when emergency events disrupt services and address unmet human services needs created or exacerbated by the disaster. Flexibilities and waivers enable SLTTs to utilize existing levels of funding to target disaster human services priorities. To assist disaster survivors who may have lost documents or experience other barriers to enrollment, flexibilities or waivers can facilitate prompt receipt of services by temporarily reducing reporting or other administrative requirements and assisting SLTT human services agencies to reprioritize staff time to meet surge requirements. Timely provision of TA for programmatic flexibilities and invoking appropriate grant waivers are integral to the HHS disaster human services response.

E. Situational Awareness Reporting and Analysis

Coordination of situational awareness reporting and analysis is integral to the HHS disaster human services response. Developing systematic situational awareness of the effects of emergency events on human services programs and the need for supplemental services is a critical federal response role. A key capability is effective

¹⁵ Human services responders deployed by HHS receive health and safety training and briefing, including briefing environmental health hazards associated with the operational environment, consistent with mobilization standards for all HHS responders, as described in the *HHS Safety Manual* (http://intranet.hhs.gov/occupa_safety/HHSSafetyManual.html).

analysis of situational awareness data to guide decision making for the extent of Departmental engagement in response and recovery.

ASPR maintains a standing headquarters element, and regional offices led by RECs. Both the headquarters staff and the REC maintain situational awareness and share information on incidents of potential interest. The REC from the affected region form the core leadership for field response operations, assisted by pre-identified and trained personnel drawn from the region. During disasters and public health emergencies, ACF and ACL consolidate programmatic information related to disaster human services Essential Elements of Information (EIs) (see Appendix B) to the HHS Secretary's Operations Center (SOC). In each of the human services OpDivs (ACF and ACL), a single office (ACF/OHSEPR or ACL/ORO) is the designated point of contact, consolidating information on all the agency's programs and providing reporting to the SOC via the Situation Report (SitRep) using the HHS electronic WebEOC platform.

The Information Management Cell (Info Cell) works closely with the SOC Watch Deck, Fusion Division, planning section, Geographic Information Systems (GIS) analysts, Office of Security and Strategic Intelligence (OSSI), Public Affairs, external/internal partners and other entities in determining how the disparate types and sources of raw information are identified, captured, managed, analyzed, fused, and disseminated. The Info Cell is also responsible for ensuring development of Information Collection Plans (ICPs) and Secretary's Critical Information Requirements (SCIRs). ICPs will be used as the key for ESF #8 partners in supporting information requirements which support the COP and decision making. The Info Cell also oversees the management of all RFIs, requests for personnel (RFPs), requests for assistance (RFAs), the Senior Leader Brief (SLB) and assists in the development of the HHS SitRep.

Info Cell gathers and evaluates information used to maintain the Common Operating Picture (COP). The COP provides information that facilitates integrated information sharing efforts and also assists the EMG in making informed decisions when deciding resource allocation and support.

For ACF, the Human Services Watch Desk in OHSEPR consolidates and analyzes information across the range of ACF's more than 60 programs and provides it to the SOC Info Cell. Within ACL, the Office of Regional Operations prepares the SitRep based upon reports.

F. Human Services Liaisons to Emergency Operations Centers

HHS deploys human services LNO support through mission assignment under ESF #6. HHS human services LNOs' work focuses on human services programs and the populations they serve; different mechanisms will be required to address requests for public health and medical support to ESF #6 sheltering activities. HHS mission assignments for human services LNO staffing are routinely subtasked by ASPR to ACF. Upon learning of an incident, ASPR RECs will investigate the incident to determine the size and scope of impacts and initiate contact with colleagues in the affected state and other federal regional offices. If there are no immediate concerns from the state, the REC will communicate the information to the SOC, and continue to monitor the situation. The RECs will continue to monitor, review response plans associated with the incident type, and anticipate likely response requirements, should the situation change.

Responsibility for coordinating delivery of requested NRCC LNO staffing rests with ACF/OHSEPR. For RRCC, JFO, or State Emergency Operations Center (EOC) human services liaison staffing requests, ACF/OHSEPR jointly coordinates with the ACF Regional Administrator for the impacted region as well.

G. Assessment and Surveillance

Critical to an effective field response is a regional plan developed in collaboration with key public and private sector stakeholders well before an incident including how to perform field assessments. The goals of a comprehensive approach include:

- Close collaboration with key governmental officials at the state, county, and local level, and critical public sector partners
- Functional understanding of critical systems for public health, medical care and human services delivery and identification of critical infrastructure
- An inventory of resources and capacities in the region which can support emergency operations
- Development of a standardized minimum data set to capture steady-state public health, medical care and human services activities
- Data capture, validation and maintenance prior to emergency events
- Exercise and testing of assessment methodologies
- Standardized reporting practices, including the ability to report variances from baseline data after an incident
- Ability to turn data into actionable information to support field operations

When deployed, the IRCT assessment team membership is the federal component of a joint federal–state–local health, medical and human services assessment team. It is assembled from a select pool of HHS subject matter experts primarily drawn from the region, and its staffing is flexible. It may include public health, emergency medical, environmental health, veterinary, behavioral health, and mortuary service representatives; operations, logistics, and communications representatives. Because it is normally regionally based, assessment team members are familiar with local threats, resources, plans, health care delivery systems, key contacts, and geography.

In addition, HHS, when requested by mission assignment or programmatic requirement, supports federal interagency and SLTT assessments specific to human services needs, capabilities, and impacts to infrastructure and program impacts. Many HHS human services response requirements for assessment are response-phase efforts in preparation for recovery activities, such as a Disaster Case Management Assessment Team deployment or Mission Scoping Assessment for NDRF H&SS RSF social services. OpDivs and StaffDivs may also use human services program information to support Department-wide surveillance efforts of impacts to communities from disaster events, such as the domestic violence surveillance conducted during the Deepwater Horizon oil spill.

H. HHS Support to ESF #6 Human Services

HHS, as a designated supporting agency for ESF #6, provides an array of support to partners in the four ESF #6 functions as follows: mass care, emergency assistance, housing, and human services. For example, ASPR, CDC, and other HHS divisions provide public health and medical support to the ESF #6 temporary housing and mass care functions. SAMHSA, through its Crisis Counseling and Education Program, provides behavioral health support under ESF #6. However, these public health, behavioral health, and medical supports (ESF #8-linked) to Mass Care functions of ESF #6 are not within the scope of this CONOPS, which focuses narrowly on the Human Services functional area of ESF #6.

To appropriately support FEMA as the ESF #6 lead under the NRF, HHS maintains Pre-Scripted Mission Assignments (PSMAs) related to ESF #6 human services mission support. Wherever possible under existing authorities, PSMAs are developed to describe how specific roles will be sub-tasked in partnership with ASPR/Office of Emergency Management (OEM)/Plans, OpDivs, and StaffDivs. Where feasible, human services PSMAs are HHS-wide in scope, with execution checklists developed by ASPR/OEM in consultation with the Human Services Coordinating Group. Key capabilities for human services support to ESF #6 include the following: staffing

of HHS human services liaison positions in FEMA National and Regional Response Coordination Centers, JFOs, and State Emergency Operations Centers (EOCs) as requested; provision of SMEs and TA; support for assessments of human services and social services needs or infrastructure; and liaise with H&SS RSF Field Coordinators at the JFO.

I. EMG Activation for Human Services Response

Human services emergency response is one component of an integrated HHS response comprised of public health and medical, behavioral health, environmental health, and human services dimensions. As such, human services activities are undertaken using mechanisms common to all HHS responses including coordination by the HHS EMG. While human services missions may arise concurrent with ESF #8 Public Health and Medical, the triggers for a coordinated human services response may vary.

Concurrent with ESF #8 Activation: In emergency events in which ESF #8 and EMG activation is required, human services agencies such as ACF and ACL support the HHS-wide response with situational awareness reporting as described above, participate in SOC-convened conference calls, and fulfill other requirements as specified in this CONOPS or other policies and standard operating procedures related to disaster and emergency response. In the event that situational awareness developed and analyzed by the HSCG indicates a significant human services mission requirement, the EMG-Human Services element¹⁶ is stood up to support that mission area in a scalable response, as described in Section F below. Support to the field level is provided by the human services LNO to the IRCT if requested by the IRCT Commander (see section J, below).

Absent ESF #8 Activation: In emergency events where ESF #8 or EMG activation is not required, but the need for a coordinated HHS-wide human services response exists, the EMG may stand up to support human services operations. Such a human services-specific EMG activation may occur based on the following:

- At the direction of the Secretary or the HHS DLG, conveyed by the ASPR or designee;
- Pursuant to a written request from the senior leadership of an OpDiv or StaffDiv with human services programmatic equities (e.g., the Assistant Secretary for ACF or the Administrator of ACL, or their designees) for support of programmatic requirements related to or impacted by emergency events; or
- Either of the Co-Chairs of the HSCG (the Director, ASPR/ABC or the Director, ACF/OHSEPR) in consultation with the Lead REC of the affected region, submits a written request for support to the SOC, identifying the need for coordinated human services response and requesting EMG partial or full activation to support the response.

When the EMG is stood up in response to a request for support for human services, the EMG-Human Services element is activated.

J. EMG Human Services Element

The HSCG (as discussed in Chapter IV on Preparedness of this CONOPS), includes HHS offices with equities and responsibilities for human services preparedness, response, and recovery. During emergency events in which the HHS EMG is activated and human services issues may emerge, the HSCG is subsumed into the EMG structure as EMG-Human Services. In a response, the EMG-Human Services element is composed of ACF-OHSEPR, the ACF Lead Regional Administrator for Emergency Preparedness and Response, the Immediate Office of the ACF

¹⁶ The HHS EMG is composed of a number of elements with specific areas of operational responsibility.

Regional Administrator(s) for the impacted region(s), ACL ORO, the ACL Regional Administrator(s) for the impacted region(s), ASPR/ABC, and ASPR/OEM Division of Recovery. During response, the EMG-Human Services is co-chaired by the Director, ACF/OHSEPR and the Director, ASPR/ABC.

Not all HHS response events require human services involvement; most events of national significance such as political party conventions or major sports events, for example, do not trigger the need for human services activation. For any disaster, public health emergency, or other crisis event for which the EMG is directing the HHS response, the EMG-Human Services element would be activated under the following conditions:

1. The SOC issues a Phase 2 alert/activation;
2. One or more OpDivs involved in the provision of Human Services report significant programmatic impacts from the disaster event;
3. HHS Mission Assignments requiring human services staff or resources, or deployments of HHS personnel or contractors supporting HHS program missions occur or are anticipated; or
4. At the discretion of the EMG Manager or upon recommendation of the HSCG Co-Chairs, informed by situational awareness.

If the EMG-Human Services element is activated:

- ASPR/ABC and ACF/OHSEPR identify POC's to support the EMG in the SOC or virtually;
- ASPR/ABC and ACF/OHSEPR conduct analysis and highlight concerns, gaps, and redundancies using situational awareness reports provided through the SOC;
- ASPR/ABC and ACF/OHSEPR provide impact assessment of human services needs, as required for the HHS Senior Leadership Brief, and for the use of the IRCT, HHS leadership, program management, the ASPR OEM Division of Recovery, and partners;
- ACF/OHSEPR convenes coordination calls of central and regional ACF, ACL, and ASPR offices involved in response efforts;
- ACF, ACL, and ASPR coordinate planning for human services needs and impact assessments to support field operations, if requested by the IRCT for field operations or by the DLG for policy decisions;
- The EMG-Human Services element facilitates resolution of Requests for Information and Requests for Action for human services, in coordinating with the relevant OpDiv and StaffDiv programs or regional offices;
- ACF/OHSEPR and ASPR/ABC facilitate development of policy analyses, options, or recommendations for use by the DLG as required;
- ASPR/ABC coordinates integration of human services with behavioral health missions;
- ASPR/ABC, ACF/OHSEPR, and ACL/ORO brief their respective leadership regarding response efforts;
 - ACF/OHSEPR briefs the Assistant Secretary for ACF
 - ACL/ORO briefs the Administrator of ACL
- The EMG-Human Services element supports and facilitates delivery of ACF and ACL TA for HHS human services programs flexibilities and waivers to SLTT, grantees, and federal interagency partners;
- The EMG-Human Services element coordinates reach-back capability for all deployed HHS human services LNOs and SMEs as needed; and
- ASPR/OEM Division of Recovery coordinates preparations for seamless transition to recovery-phase roles and responsibilities.

K. Incident Response Coordination Teams Human Services Staffing

When requested by the state or FEMA, the ASPR establishes coordination and control of designated federal ESF #8 assets to conduct public health and medical response operations. EMG Response Operations will then develop an operations order. An operations order will describe how federal ESF #8 and HHS-specific ESF #6 assets will respond to meet the impacted region's needs, including operational teams, logistics, communications, and information technology requirements. The EMG Incident Manager will appoint an REC from the affected region as the IRCT Commander. If the IRCT is to be deployed, the EMG will release an execution order. An execution order provides the authority to deploy HHS assets and may place additional assets on alert, to be used at the discretion of the IRCT Commander. The IRCTs are scalable and represent the downrange extension of authority of the EMG.

As required by the circumstances of the event, human services LNO or technical specialist personnel are incorporated in the IRCT structure, as described in the *IRCT Concept of Operations (IRCT CONOPS)*¹⁷. ACF/OHSEPR coordinates staffing of human services positions within the IRCT in consultation with the ACF RA of the impacted region, and typically uses ACF/REMS or ACF/OHSEPR staff.

IRCT deployments may require at least one human services liaison asset for any disaster or emergency activation, at the discretion of the IRCT Commander.¹⁸ Depending on the scope of the HHS human services response, expanded human services staffing may include a technical specialist in personnel within the Planning Section, or additional human services staff from the Human Services Branch within the Operations Section, as described in the IRCT CONOPS.

Expanded human services staffing within the IRCT occurs in event of the following triggers:

- Recommendation of the IRCT, based on situational awareness of impacts to Human Services systems or disaster-caused human service needs
- Federal ESF #8 and ESF #6 activations with concurrent HHS human services deployment;
- Recommendation of EMG-Human Services, based on situational awareness of impacts to human services systems or disaster-caused human services needs; or
- Requests from SLTT government for additional assistance related to ACF- or ACL-supported program operation in disaster.

Human services assets deployed on IRCTs report to their ICS supervisor. In addition, human services LNOs deployed to IRCTs participate in daily or frequent conference calls with staff from ACF/OHSEPR or other POC as designated by the EMG-Human Services, to facilitate coordination of reach-back support and delivery of TA from OpDivs and StaffDivs with programmatic equities.

L. Regional Coordination

RECs are the regional representatives of the ASPR, and are senior members of the federal emergency operations community. The RECs from the affected region form the core leadership for field response operations. The EMG

¹⁷ ASPR OEM, Incident Response Coordination Team Concept of Operations Plan (2014), p. 12.

¹⁸ Human services staffing is not routinely necessary for IRCT deployments to planned events of national significance, such as Presidential Inaugurations, the Olympics, United Nations General Assemblies, or national political party conventions.

Incident Manager appoints one REC as the IRCT Commander. The primary mission of the REC is to assist customers to prepare for, and respond to, public health and medical emergencies. The REC works to establish engaged partnerships with state, county, and local governments, tribal nations (in coordination with Indian Health Service Headquarters and Area Program Offices), international counterparts, as well as the private sector.

Effective HHS regional coordination in disaster human services builds on the preparedness work of ACF and ACL program offices and regional offices working with SLTT governments and grantees, as discussed above. In response to emergency events impacting a region, HHS regional partners (including the ACF and ACL Regional Administrators, ACF REMS, and ASPR RECs) coordinate information and activity to ensure unity of effort and to leverage the strengths of different HHS components in response.

The RA for ACL facilitates response effort linkage to ACL-supported programs and grantees in the affected region, including Area Agencies for Aging. The RA for ACF, supported by the ACF REMS, facilitates participation as appropriate by ACF Regional Program Managers and coordinates ACF support to response in the affected region.

Human services issues are integrated into regional-level emergency response coordination efforts. The Regional Advisory Committee (RAC) is the forum for coordination at the leadership level. Close collaboration between the ASPR RECs and the ACF REMS is ongoing to ensure integration of human services response into the overall HHS emergency response effort.

VI. Recovery

The NDRF and the Recovery Federal Interagency Operational Plan (FIOP), describes HHS as the Coordinating Agency for the H&SS RSF. The FIOP establishes coordination mechanisms for federal H&SS recovery operations in support of locally-led recovery efforts. The Department has designated a National H&SS RSF Coordinator within ASPR. H&SS RSF recovery staff engage in both human services preparedness and response activities to ensure continuity and identify longer-term needs. During recovery, human services are fully integrated into the H&SS RSF.

Human services needs often emerge or intensify during recovery, impeding individual and community resilience. The provision of human services is a critical part of a multi-sector recovery approach that engages the whole community to foster partnerships among government and local institutions, the private for-profit and non-profit sectors, as well as voluntary, community, cultural, and faith-based groups.

A. Human Services Recovery Support

1. **HSCG RECOVERY INTEGRATION:** ASPR's Recovery Coordination staff are engaged throughout preparedness, response, and recovery phases and participate on the HSCG to ensure that recovery issues are anticipated and addressed. ASPR/ABC and ACF/OHSEPR ensure that HSCG meetings include human services issues related to recovery, the final meeting(s) of the HSCG working group address recovery issues, and additional recovery stakeholders are involved as needed.
2. **HSCG TO HSRG:** The HSCG is activated as part of the integrated HHS human services response and, as needed, the group continues to meet to support recovery operations after response operations have ceased. The

HSCG may include additional or different members following the transition to the Human Services Recovery Group (HSRG).

- Typically, ASPR H&SS RSF leaders establish a coordinating group or taskforce to support the overall H&SS recovery activities; content area working groups, such as the HSRG, are formed to address disaster and emergency specific needs.

3. **HUMAN SERVICES PRIORITIES IN RECOVERY:** In the recovery phase, HHS human services priorities are:

- Restoration of human services operations and infrastructure affected by the disaster;
- Ensuring the health, safety, and resilience of HHS human services recovery operations personnel, and
- Addressing community human services needs caused or exacerbated by disaster impacts.

B. Human Services Recovery Group (HSRG)

1. If indicated by the needs of the disaster or emergency, the ASPR/OEM/Recovery Division establishes a working group to address human services needs and provide reachback to SME through the H&SS RSF Field Coordinator (if appointed) and H&SS Leadership. The role of the H&SS RSF Field Coordinator is to identify specific needs that require HSRG support.
2. ASPR/ABC and ACF/OHSEPR convene and facilitate the HSRG to support H&SS recovery efforts as requested by ASPR/OEM/Recovery Division.
3. To meet the needs of the disaster or emergency, pertinent members of the HSCG transition into the HSRG, including ACF/OHSEPR, ACF's Regional Administrator(s) for affected region(s), ASPR/ABC, ASPR/OEM/Recovery Division, and ACL/ORO. Additionally, HSCG members from HHS agencies and H&SS primary and supporting agencies from the Central Office(s) and the impacted region(s) are added to the HSRG, as necessary.
4. ASPR/ABC and ACF/OHSEPR, in consultation with the H&SS RSF National Coordinator and based on the needs identified by the H&SS RSF Field Coordinator, determine whether the HSRG should be convened as a stand-alone body, or if behavioral health issues should be integrated as a combined Behavioral Health and Human Services Recovery Group. In the event of a combined group, ASPR/ABC and ACF/OHSEPR co-facilitate the effort.
5. ASPR/ABC and ACF/OHSEPR, in consultation with the National H&SS Recovery Coordinator, determine whether the HSRG should meet on a recurrent or episodic basis to address human services needs that arise or are referred by H&SS RSF leadership.
6. ACF/OHSEPR summarizes pertinent information from the HSRG for H&SS situation reports and for ASPR and ACF leadership
7. The ACL RA and ACF RA on the HSRG facilitate HSRG support to and communication with the RAC of the affected region.
8. The HSRG supports ASPR/OEM/Recovery and agency leadership by conducting analysis and identifying options for policy decision making by the DLG related to human services issues.
9. The HSRG in support of H&SS Recovery may:
 - a. Provide information analysis and coordination in support of H&SS RSF operations; however, the HSRG does not replace or supersede OpDiv and StaffDiv authorities, responsibilities, or H&SS RSF reporting.
 - b. Communicate with relevant agency programs to identify human services needs, disseminate information on grants opportunities, and gather pertinent information to develop a common operating picture to guide recovery activities.
 - c. Analyze information to identify capabilities, gaps, longer-term issues that may arise later in recovery, and provide recommendations to inform recovery actions for human services.

- d. Provide TA, support, and analysis regarding disaster behavioral health recovery issues throughout the active H&SS RSF recovery.
- e. Identify informational and psycho-educational resources related to the disaster event and mobilize access to this information through public information systems.
- f. The HSRG stands down when the H&SS RSF stands down.

C. Responsibilities of HHS Agencies Supporting H&SS RSF Recovery for Human Services

Responsibilities of HHS divisions include but are not limited to:

1. Maintain communication with relevant agency programs and grantees to assess and address locally-driven recovery needs and gaps and share governmental information.
2. Support work groups established by the HSS RSF Field Coordinator and the impacted SLTT to address local disaster recovery needs.
3. Provide information to the H&SS RSF to inform recovery assessments and to guide activities (including requests based on the H&SS Field Coordinator's assessment for support or recovery mission assignments).
4. Plan for and implement the transition from recovery operations to steady-state activity within their agency's programs and activities.

D. Additional Resources, Technical Assistance, and Information Dissemination

1. **SUPPORT FOR RECOVERY COORDINATORS:** ACF/OHSEPR provides SMEs and reachback support to ASPR Field Recovery Coordinators.
2. **HUMAN SERVICES:** ACF and ACL provide recovery-related TA for their respective human services programs.
3. **RESEARCH AND SME INPUT:** The National Institutes of Health, and its National Library of Medicine, provide literature reviews, diverse expertise, worker education and training, and intramural and extramural research on a wide variety of disaster-related recovery and resilience issues. ACF/OHSEPR obtains input from additional human services, recovery, and resilience SMEs when indicated

E. Referral to Social Services/Disaster Case Management

The changed landscape of human services needs and available resources in the post-disaster environment creates significant challenges for disaster survivors to access services to support individual, household, and community recovery. Resources may be diffuse and systems may be complicated, while survivors, due to the economic and psychological effects of the event, are often less able to navigate systems than they were before the disaster. In the recovery period, effective systems are required to refer those with unmet needs to programs, services, and benefits. Integration of services, coordination of programs, and mechanisms of referral are all encompassed by the Referral to Social Services/Disaster Case Management Core Mission Area, which in the H&SS RSF CONOPS includes:

- Implementation of coordinated system(s) for referral of individuals and families with unmet disaster-caused needs to appropriate social services and strategic leveraging of federal programs to mitigate social services disruption and transition individuals and families back to self-sufficiency; and

- Facilitating the delivery of the Federal Disaster Case Management Program’s (DCMP) Immediate Disaster Case Management (IDCM) Program and transition to SLTT disaster case management leadership to address unmet disaster-related recovery needs.

1. Federal Disaster Case Management Program (DCMP)

The federal DCMP is a federally funded program administered by FEMA in partnership with ACF. Section 426 of the Stafford Act authorizes FEMA to “provide case management services, including financial assistance, to State or local government agencies or qualified private organizations to provide such services to victims of major disasters to identify and address unmet needs.” In the event of a Presidentially-declared disaster that includes Individual Assistance (IA), the governor of the impacted state may request Disaster Case Management through direct federal services and/or a federal grant.

The DCMP, in partnership with the affected state, enables a whole community approach through funding support to voluntary, faith-based and nonprofit organizations. The DCMP is a Stafford Act-funded program promoting: (a) effective delivery of post-disaster case management services, (b) partner integration, (c) provider capacity building, and (d) state level program development. The program provides funding and TA to ensure delivery of holistic services to disaster survivors, when requested.¹⁹

The DCMP allows for a potential two-stage implementation process following an IA declaration. Alternatives include:

- *Federal IDCM*²⁰: a rapid deployment and implementation of services to support state, local, and non-profit capacity for disaster case management and to augment and build capacity where none exists; and/or
- *DCMP State Grant*: a long-term program focused on matching resources with the disaster survivor’s Recovery Plan and continued capacity-building within the state.

2. Federal Definition of Disaster Case management (DCM)

Disaster Case Management (DCM) is a time-limited process that involves a partnership between a case manager and a disaster survivor (also known as a “client”) to develop and carry out a household Disaster Recovery Plan. This partnership provides the client with a single point of contact to facilitate access to a broad range of resources. The process involves an assessment of the client’s verified disaster-caused unmet needs, development of a goal-oriented plan that outlines the steps necessary to achieve recovery, organization and coordination of information on available resources that match the unmet needs and the monitoring of progress toward reaching the recovery plan goals, and, when necessary, client advocacy.²¹ DCM may be provided by a variety of entities

¹⁹ The Federal Disaster Case Management is governed by FEMA’s *Disaster Case Management Program Guidance*, http://www.fema.gov/media-library-data/20130726-1908-25045-2403/dcm_pg_final_3_8_13.pdf

²⁰ Operations and direct service delivery of IDCM are described in detail in ACF’s *Federal Immediate Disaster Case Management Concept of Operations*. https://www.acf.hhs.gov/sites/default/files/ohsepr/immediate_dcm_concept_of_operations_conops_october_2012_508_compliant.pdf

²¹ Definition agreed upon by FEMA and ACF for the Federal DCM Program. *Immediate Disaster Case Management Concept of Operations* (2012).

including SLTT government programs, VOADs operating under their own mission and donor funding, as well as the DCMP. The H&SS RSF will coordinate its efforts in human services recovery with governmental and nongovernmental entities providing DCM to disaster survivors. In the case of an activation of the ACF-administered Immediate DCM component of the federal DCMP, additional HHS activity and coordination is required under that program's own authorities.

3. Coordination of DCM Program with H&SS RSF

Although separate, the federal DCMP and the H&SS RSF have similar activation criteria; disasters in which one program is invoked are likely to require the other. ACF receives an annual congressional appropriation for "Human Services Disaster Case Management," which is used to build infrastructure, screening, training, and credentialing of IDCM assets. The IDCM component of the DCMP is HHS's only appropriated recovery-specific human services program. Activation of the ACF component of IDCM is one alternative available to FEMA to meet DCM needs under the federal DCMP. When the ACF IDCM is activated, ACF-OHSEPR administers the program in partnership with the ACF IORA for the affected region.

For activations of the alternative DCMP State Grant, or during the State Grant phase of a disaster recovery in which both IDCM and the State Grant are used, the RSF field coordinators work with the State Managing Agency and the contracted entity hired by the state to provide direct DCM services to clients.

For federal DCMP activations in which ACF deploys its IDCM assets, the RSF field coordinators works with ACF-OHSEPR, the ACF IORA for the affected region, and ACF's deployed IDCM Operations Coordinator/LNO in the JFO.

F. Transition from Recovery to Steady-State

- 1. PHASE-DOWN AND TRANSITION TO STEADY-STATE:** The transition from NDRF coordinated recovery activity to a phase-down, SLTT and community-based approach requires planning consideration throughout the H&SS RSF operational period. The NDRF and the Recovery FIOP provide guidance for assessing the transition. Prior to the transition, phase-down planning is conducted by the H&SS RSF. For human services which involves:
 - Ensuring the disaster-impacted community is aware of any changes in human services provision and engaged in the transition to steady-state activity, working through H&SS RSF and regional agency personnel; and
 - Documenting and applying human services lessons learned through engaging in after-action review activity and revising related recovery documents, including documenting the new promising practices, approaches, knowledge, and resources concerning human services developed through the recovery process that can assist communities to recover and become more resilient.

VII. Appendices

A. Glossary of Abbreviations

ACF	Administration for Children and Families
ACF/OCC	ACF Office of Child Care
ACF/OHS	ACF Office of Head Start
ACF/OHSEPR	ACF Office of Human Services Emergency Preparedness and Response
ACF/ORR	ACF Office for Refugee Resettlement
AHRQ	Agency for Healthcare Research and Quality
ACL	Administration on Community Living
ARC	American Red Cross
ASA	Assistant Secretary for Administration
ASFR	Assistant Secretary for Financial Resources
ASL	Assistant Secretary for Legislation
ASPA	Assistant Secretary for Public Affairs
ASPE	Assistant Secretary for Planning and Evaluation
ASPR	Assistant Secretary for Preparedness and Response
ASPR/ABC	ASPR Division for At-Risk Individuals, Behavioral Health, and Community Resilience
ASPR/NDMS	ASPR National Disaster Medical System
ASPR/REC	ASPR Regional Emergency Coordinator
ATSDR	Agency for Toxic Substances and Disease Registry
CAA	Community Action Agency
CCP	Crisis Counseling Assistance and Training Program
CDC	Centers for Disease Control and Prevention
CFBNP	Center for Faith-Based and Neighborhood Partnerships
CMS	Centers for Medicare and Medicaid Services
CONOPS	Concept of Operations
COOP	Continuity of Operations
COP	Common Operating Picture
DAB	Departmental Appeals Board
DCS	ACF Office of Refugee Resettlement Division of Children's Services
DCM	Disaster Case Management
DCMP	Federal Disaster Case Management Program
DHS	Department of Homeland Security
DLG	Disaster Leadership Group
FEMA	Federal Emergency Management Agency
DIMRC	Disaster Information Management Research Center
DMAT	Disaster Medical Assistance Team
DoD	Department of Defense
DSWG	Disaster Surveillance Work Group
EAP	Employee Assistance Program
EI	Essential Elements of Information
EMAC	Emergency Management Assistance Compact
EMG	Emergency Management Group

EOC	Emergency Operations Center
EPCO	Emergency Preparedness and Continuity of Operations
EPR	Emergency preparedness, response, and recovery
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FEMA ODIC	FEMA Office of Disability Integration and Coordination
FIOP	Federal Interagency Operational Plan
FOG	Field Operations Guide
FOH	Federal Occupational Health
FVPSA	Family Violence Prevention and Services Act
GIS	Geographic Information Systems
HHS	Department of Health and Human Services
HPP	Hospital Preparedness Program
HRSA	Health Resource and Services Administration
HSCG	Human Services Coordination Group
HSPD-5	Homeland Security Presidential Directive 5
HSRG	Human Services Recovery Group
H&SS RSF	Health and Social Services Recovery Support Function
IAP	Incident Action Plan
ICP	Incident Coordination Plan
ICS	Incident Command System
IDCM	Immediate Disaster Case Management
IEA	Office of Intergovernmental and External Affairs
IHS	Indian Health Service
Info Cell	Information Management Cell
IORA	Immediate Office of the Regional Administrator
IRCT	Incident Response Coordination Team
JFO	Joint Field Office
LIHEAP	Low Income Home Energy Assistance Program
LNO	Liaison Officer
MSA	Mission Scoping Assessment
NCP	National Oil and Hazardous Substances Pollution Contingency Plan
NDRF	National Disaster Recovery Framework
NERCS	National Emergency Responder Credentialing System
NERP	National Emergency Repatriation Plan
NGB	National Guard Bureau
NGO	Non-governmental Organization
NHSS	National Health Security Strategy
NIH	National Institutes of Health
NIMS	National Incident Management System
NIOSH	National Institute for Occupational Safety and Health
NLE	National Level Exercise
NLM	National Library of Medicine
NRCC	National Response Coordination Center

NRF	National Response Framework
OASH	Office of the Assistant Secretary for Health
OCR	Office for Civil Rights
OEM	Office of Emergency Management
OGC	Office of the General Counsel
OGA	Office of Global Affairs
OIG	Office of the Inspector General
OMB	Office of Management and Budget
OMHA	Office of Medicare Hearings and Appeals
ONC	Office of the National Coordinator for Health Information Technology
OpDiv	Operating Division
OPP	Office of Policy and Planning
ORO	Office for Regional Operations
OSG	Office of the Surgeon General
OSSI	Office of Security and Strategic Information
PAHPA	Pandemic and All Hazards Preparedness Act
PERRC	Preparedness and Emergency Response Research Center
PHE	Public health emergency
PHEP	Public Health Emergency Preparedness
PPD-8	Presidential Policy Directive 8
PSMA	Pre-Scripted Mission Assignment
RA	Regional Administrator
RD	Regional Director
REMS	Regional Emergency Management Specialist
RHA	Regional Health Administrator
RSF	Recovery Support Function
SA	Situational awareness
SAMHSA	Substance Abuse and Mental Health Services Administration
SitRep	Situation Report
SME	Subject Matter Expert
SOC	Secretary's Operations Center
StaffDiv	Staff Division
SLTT	State, Local, Territorial, and Tribal
TA	Technical assistance
TANF	Temporary Assistance for Needy Families
UAC	Unaccompanied Alien Children
USDA	U.S. Department of Agriculture
USPHS	U.S. Public Health Service
VA	Veterans Administration
VOAD	Voluntary Organizations Active in Disaster

B. Essential Elements of Information

#	Title/Topic Area	Essential Element of Information (EEI)	Clarifying Questions	Data Source/Agency
1	Event	What is the nature and scope of the event?	How many people are affected?	ASPR REC
			What are the population characteristics of the impacted area(s)?	ASPR Fusion
			What members of at-risk or special populations have been affected?	ASPR-ABC, ACL, ACF, RECs, FEMA ODIC, ASPR RECs, IHS
2	Event	Has the event triggered emergency declarations and if so what kind?	What types of federal assistance have been made available (e.g., DHS-FEMA Individual Assistance)?	ASPR, FEMA, IHS
			Has a PHE declaration been requested or issued?	ASPR, CMS
3	Event	What is the potential for new or exacerbated human services needs?	What are the projected short-term needs?	ACL-ORO, ACF-OHSEPR, ACF-IORA, ASPR RECs, ASPR-ABC, IHS
			What are the projected long-term needs?	ACL-ORO, ACF-OHSEPR, ACF-IORA, ASPR RECs, ASPR-Recovery ASPR-ABC, IHS
4	Human Services Infrastructure	What is the impact to human services infrastructure in the affected area(s)?	What is the impact to social services offices or other program offices in the area (e.g., short or long-term disruption due to structural damage, power or communications outage, environmental health issues, or other cause)?	ACL-ORO, ACF-OHSEPR, ACF-IORA, IHS
			What is the impact to domestic violence shelters in the area?	ACF-FVPSA, ACF-OHSEPR
			Have there been evacuations of congregate living facilities for seniors, individuals with disabilities, or children?	ACL, ACF, ASPR RECs, FEMA ODIC, IHS
5	Human Services Infrastructure	What is the status of infrastructure for children's care?	What is the status of child care facilities and Head Start Centers in the area?	ACF-OHSEPR, ACF-OCC, ACF-OHS, IHS
			Are there significant unmet needs or insufficient "slots" for	ACF-OHSEPR, ACF-OCC, ACF-OHS

#	Title/Topic Area	Essential Element of Information (EEI)	Clarifying Questions	Data Source/Agency
			child care services?	
			What is the status of DCS facilities in the area?	ACF-ORR
6	Human Services Capability	Where and what kind of human services are being provided?	What SLTT or local entity is coordinating services and of what nature?	ASPR-ABC, ASPR-REC, ACF-IORA, ACF-OHSEPR, ACL-ORO, IHS
			How are services being promoted/publicized, to make sure the information is accessible to persons with limited English proficiency and to persons with disabilities? In addition, are the services accessible to persons with disabilities??	ASPR RECs, ACF-IORA, ACL-ORO, ACF-OHSEPR, IHS
			What VOADs and Non-governmental Organizations (NGOs) are active in the area and providing services?	NVOAD, ASPR Recovery, ACF IORA, ACL ORO, IHS
			Has a DCM assessment been requested by the SLTT?	FEMA, ACF-OHSEPR
			Has DHS-FEMA approved SLTT for Immediate Federal Disaster Case Management or State DCM Grant?	FEMA, ACF-OHSEPR
			What is the current status of DCM assets in the field?	ACF-OHSEPR
7	Human Services Delivery	What assistance have state officials requested from HHS agencies and partners relevant to human services?	What agency or partner is providing assistance or preparing to provide assistance?	ASPR-ABC, ACL, ACF, IHS
			Are any programmatic flexibilities or waivers being requested, exercised, or have potential relevance to assist SLTT?	ACL-ORO, ACF-OHSEPR
			What is the nature of assistance being provided?	ACL-ORO, ACF-IORA, ACF-OHSEPR, IHS
			What capabilities by specialty are required from HHS?	ASPR RECs, ACF-IORA, ACF-OHSEPR, ACL-ORO, IHS
			Are there any shortfalls that will impact our response to requests?	ASPR-ABC, ACL-ORO, ACF-OHSEPR,
8	Human	Are there unmet needs for		ASPR RECs, ASPR-ABC,

#	Title/Topic Area	Essential Element of Information (EEI)	Clarifying Questions	Data Source/Agency
	Services Delivery	human services to persons receiving care in Federal Medical Stations?		ASPR-NDMS, OASH, IHS
9	Human Services Delivery	What human services response assets have been deployed, including assessment teams or subject matter experts to the IRCT, etc.?	What HHS human services assets have been deployed and what is their mission?	ACF-OHSEPR, OASH
			What other federal human services assets are providing assistance and what is the nature of the assistance?	ASPR-ABC, OASH, ACF-OHSEPR, ACF-IORA, ACL-ORO, IHS,
			What needs are DCM Teams identifying in the field in work with survivor clients?	ACF-OHSEPR
			Are resources available to address unmet needs?	ACF-OHSEPR, ACF-IORA, ACL-ORO, ASPR Recovery, ASPR RECs,
			How many clients are receiving services?	ACF-OHSEPR
10	Human Services Delivery	What is the plan for transitioning human services back to the state and local communities, affected workplaces, and/or coordinated disaster recovery efforts as appropriate?		ASPR-Recovery, ACF-OHSEPR, ACL-ORO, ASPR RECs, ASPR-ABC, IHS

C. Considerations for Catastrophic Events

The National Response Framework defines a catastrophic incident as “any natural or manmade incident, including terrorism, which results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions.”²² These are disaster events that have greater levels of destructiveness, due to the event’s physical characteristics or the size of the impacted population. Examples of catastrophic incidents in recent years include the September 11, 2001 terror attacks, Hurricane Katrina, and Superstorm Sandy. Catastrophic incidents potentially include both Stafford and non-Stafford events, and may be natural, technological, or intentional disasters, or public health emergencies.

²² National Response Framework (2008), p. 42.

Catastrophic incidents are not simply larger “conventional” disasters; catastrophes are qualitatively different, particularly with regard to cultural and political “meaning” of the event, capacity of the impacted community to respond and recovery, availability of assistance from outside the community, and duration of social disruption.²³

Catastrophic incidents pose the threat of human services disruption and new human services needs on a far greater scale than the disruption and unmet needs that may arise following non-catastrophic disaster events. The social and economic impacts of catastrophic events may be assumed to exceed the response capabilities of HHS and its human services response partners as outlined in this CONOPS, and thus human services response to catastrophic incidents involves an event-specific strategy, directed by senior levels of the Department and Executive Branch, using personnel, funding, and resources not generally available in nationally declared disasters and public health emergencies. The purpose of this appendix section is to describe key planning considerations for catastrophic events while acknowledging that catastrophic response and recovery efforts require event-specific strategies and coordination mechanisms that may lie outside the scope of this CONOPS.

Catastrophic Natural and Man-Made Disasters

Key drivers of human services needs in catastrophic incidents include:

- Displacement of individuals and families due to damage to homes
- Damage to critical infrastructure and community essential services
- Damage or disruption of worksites and resulting economic losses to working individuals and families
- Disaster-caused injuries, illnesses (including behavioral illnesses), and fatalities
- Extent of damage or disruption to human services facilities and programs

Catastrophic-level disasters, particularly with accompanying widespread and severe damage to homes, jobsites, critical infrastructure, and essential services, may give rise to human services programmatic challenges that are not likely in non-catastrophic disasters. Examples of considerations for catastrophic incidents resulting from natural disasters, technological events (e.g., nuclear power station failure), or terror attacks include:

- Potential for interruption of human services systems that are generally resilient in non-catastrophic disasters, such as Temporary Assistance for Needy Families (TANF) or child support services, due to extensive damage to critical infrastructure (including power outages and banking services disruptions) and more severe impacts to human services agency personnel
- Prolonged incapacitation of human services systems due to power outages, transportation system impacts, and loss of human services personnel
- Large numbers of children and youth separated from parents and guardians, exceeding the capacity of the National Framework on Post-Disasters Reunification of Children and of child welfare authorities to immediately manage

²³ Quarantelli, E.P. (2006). Catastrophes are different from disasters: Some implications for crisis planning and managing drawn from Katrina. <http://understandingkatrina.ssrc.org/Quarantelli/>

- Relocation of large populations from affected communities to other states or regions, straining capacity of human services systems in receiving communities with numbers of individuals and families without housing, employment, or connections to community resources
- Numbers of individuals with significant unmet disaster-caused needs exceeding the staffing capabilities of combined State, VOAD, and Federal Disaster Case Management programs
- Certain events create the potential for exceptional levels of uninsured losses, including acts of terror or catastrophic flood events, intensifying the burden on public systems to address household and community needs
- Catastrophic incidents may generate economic effects at considerable geographic distance from the physically impacted zone, creating large numbers of individuals with economically-triggered human services needs who do not reside in counties covered by a Presidential disaster declaration. The economic effects of a catastrophic incident may be national or global in scope, and the ensuing economic harm to individuals, families, and communities outside the physical impact zone will be difficult to attribute with certainty to the disaster, reducing access of remotely impacted households to either governmental or charitable support. In the case of technological events, the economic effect may be national or global with respect to affected industries—for example, a severe oil spill event may trigger job losses in the petroleum industry everywhere in the United States, not just the region physically affected by the spill event (and ordinarily eligible for support from responsible parties under the Oil Pollution Act).

Catastrophic Public Health Emergencies

Severe public health emergencies, because of the social and economic disruption to which they give rise, pose a significant threat of catastrophic social and economic consequences. While the mechanism of social disruption in PHEs is different from that in natural or man-made disasters—workforce and population impacts rather than infrastructural damage—the potential for a pandemic or other PHE to constitute a catastrophic incident with attendant human services impacts exists.

- Disruption in human service delivery due to impacts to the workforce due to mortality, morbidity, absenteeism, and closures
- Significant PHE-caused economic needs due to lost work hours due to illness, family caregiving responsibilities, and absenteeism
- Economic losses and social disruption resulting from necessary non-medical countermeasures or community mitigation efforts, such as school and work closures

Key considerations for planning for catastrophic-level PHEs include the following:

- Populations served by human services systems, including infants and children, older adults, and economically disadvantaged individuals, are at heightened medical risk of mortality and morbidity from many PHEs, such as influenza pandemic events
- In an influenza pandemic, absenteeism may reach 40% and will include personnel who provide human services

- Community mitigation strategies necessary to inhibit spread of highly transmissible diseases have unintended secondary impacts upon community socio-economic functioning; this disruption is particularly disadvantageous to families with children (due to school and child care closures) and older adults receiving community-based services for independent living
- Economically disadvantaged households experience disproportionately severe impacts from PHEs, as many low-income working individuals, particularly those in more informal employment sectors (e.g., food service, building services, construction, and landscaping) do not have accrued sick leave or Family Medical Leave Act protections, and receive no income for hours missed from work due to illness or caregiving to sick relatives
- Children, youth, and adults living in institutional or congregate settings—such as those in Runaway and Homeless Youth Basic Centers, domestic violence shelters, state child welfare agency facilities, group homes, retirement communities, homeless shelters, and facilities for Unaccompanied Alien Children—are at heightened risk during communicable disease outbreaks due to close contact with other residents and staff. These components of human services systems may be inoperable during pandemics and other catastrophic PHEs, requiring alternative plans to meet the needs of these large at-risk populations.

Severe Catastrophic Events

Catastrophic incidents, like non-catastrophic disaster events, occur on a severity spectrum. The United States has never experienced a catastrophic event at the upper end of this spectrum, although planning and exercises for such events, such as the National Level Exercise 2011 (NLE11) New Madrid Seismic Zone event or the National Planning Scenario for a nuclear detonation, underscore the human services implications of catastrophic events with the potential to displace millions of residents from their homes, cause hundreds of thousands or even millions of casualties, and produce nationwide economic and psychological dislocation. Human services implications of catastrophic incidents include:

- An event causing especially severe or widespread economic dislocation has the potential for surge in the number of individuals eligible for means-tested HHS programs such as TANF. Scenarios such as a metropolitan Category 5 hurricane landfall, nuclear detonation, or New Madrid Seismic Zone or Cascadian Subduction Zone earthquake, demonstrate the potential of catastrophic incidents to damage homes and worksites of hundreds of thousands or even millions of Americans. Such a sudden surge in individuals both eligible for and in need of federal family assistance poses significant challenges for the human services workforce and systems to enroll mass numbers of new clients, straining or exceeding available program funding.
- Catastrophic events at the upper end of the severity continuum also raise the possibility of very long-term, essentially permanent, loss of economic or environmental viability of communities. Events with the potential for long-term chemical, radiological, or biological contamination of homes and worksites may render entire communities or large areas uninhabitable. Other types of natural disaster events, such as exceptional and long-term droughts, may economically decimate communities.

- Federal and state government functioning is moderately to severely impaired, and this impairment persists into the recovery period.²⁴ Human services systems are unlikely to be reconstituted in response or the early phases of recovery.
- Catastrophic incidents may require long-term provision of human services to mass sheltered populations, potentially in sheltering environments such as large tent communities with conditions more similar to international relief environments than to traditional domestic ESF #6 mass care facilities.

HHS Human Services Response and Recovery in Catastrophes

Response and early recovery to catastrophic incidents becomes a national priority. This prioritization results in greater involvement in operational planning and decision making by senior federal officials at the Cabinet level, including the Secretary of Health and Human Services, and within each OpDiv and StaffDiv by agency leadership. This heightened national and federal prioritization in a catastrophic event is reflected in additional capabilities not available to HHS agencies in disasters that are Presidentially-declared but not catastrophic, including additional staffing, funding, and reach of public messaging. Maximizing the operational effectiveness of this increased capacity requires preparedness-stage planning and capability-building as well. Examples of enhanced HHS disaster human services capacity during catastrophic incident response and recovery include:

- Deployable staffing levels available to HHS agencies for disaster human services response efforts may be significantly larger than in most declared disasters, as agency leadership authorizes and encourages an “all-hands” approach. This surge staffing makes possible expanded technical assistance and subject matter expertise, assessment, and planning support to SLTT agencies possible.
- Congress may provide a Supplemental Appropriation for HHS divisions to support human services recovery activities. Supplemental appropriations to human services block grants programs may be leveraged to support SLTT rebuilding and reconstitution of human services facilities and programs.
- HHS’s public messaging regarding risk mitigation and available resources has greater prominence in news and social media, reaching much larger potential audiences.

In catastrophic incident responses, plans, frameworks, and SOP’s tend to be modified, so that planning considerations for catastrophic incidents are more related to producing flexibility and capability than to describing in detail coordination mechanisms. The enhanced response and early recovery resources available to HHS for human services missions during and after catastrophic disasters may be optimized by planning to increase the scalability and flexibility of response and recovery systems. Planning implications from this enhanced HHS capacity during response to and recovery from catastrophic incidents include:

²⁴ Stockton, P. (2007). DoD and the problem of mega catastrophes.

<http://www.csl.army.mil/usacsl/Publications/Threats%20at%20Our%20Threshold/Chap%201%20-%20Mega-Catastrophes.pdf>

- The expanded surge staffing available due to agency prioritization for catastrophic response includes highly trained program subject matter experts in programmatic work. A potential challenge is the interoperability of surge workforce, who are programmatic specialists, with the career responders who constitute the workforce for non-catastrophic disasters. Effective pre-event mitigation of this challenge may be accomplished through expanded preparedness-stage NIMS/ICS training of program leadership and specialists, the development of trained surge response cadres (such as ACF's ERRF), and capability to provide just-in-time training to surge responders.
- The potential for supplemental appropriation from Congress requires the capability for OpDivs and StaffDivs to be able to translate early needs assessments and situational awareness regarding human services systems impacts and community needs into tailored requests to be consolidated by ASFR for submission via the Office of Management and Budget (OMB) to appropriators.
- Particularly for non-Stafford catastrophic events, budget readiness requires consideration of available funding strategies for activities prior to any supplemental appropriation. There is no defined timetable for supplemental funding by Congress, and significant response and recovery operational outlays may be required prior to legislative action.
- The prominence of catastrophic events in news and social media creates additional opportunities for HHS's public messaging to reach targeted audiences with risk and mitigation messaging. At the same time, rumors, "conspiracy theories," and inaccurate information regarding emergency events are also more prevalent during catastrophic events. Social media's ongoing emergence as the most important communication tool in large-scale disasters creates opportunities and challenges for reaching some key populations for human services response, including older adults, people with cognitive and other disabilities, and households that are economically disadvantaged pre-event. To reach the at-risk individuals, the information must be communicated in a manner that is accessible to persons with limited English proficiency and persons with disabilities. Additionally, depending upon disaster impacts to electrical utility and communications infrastructure, individuals most in need of some human services response messaging may lack the means to receive upon key HHS messages.
- In catastrophic incidents, operational plans, frameworks, and SOPs are likely to be significantly modified.
- Catastrophic incident response, due to the involvement of additional offices, senior Executive Branch leadership, and news media, entails greatly expanded briefing and situational awareness reporting requirements. Scalable capacity for HHS human services situational awareness to meet expanded briefing needs may be necessary.
- Development of lessons learned from catastrophic incidents should be carefully compared against actual capabilities for most declared disasters and public health emergencies. Future plans for all emergency events cannot be based upon capabilities and staffing that is available only in catastrophic events.