

National Disaster Recovery Framework

Health and Social Services Recovery Support Function

Concept of Operations Plan
August 2015



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Purpose

The purpose of the Health and Social Services (H&SS) Recovery Support Function (RSF) Concept of Operations Plan (CONOPs) is to provide operational guidance to personnel that staff or support the implementation of the H&SS RSF of the National Disaster Recovery Framework (NDRF). The H&SS RSF CONOPs is consistent and aligned with the NDRF's Recovery Federal Interagency Operational Plan (FIOP), which provides a holistic operational view of the NDRF's RSFs in the field and their intersections and coordination with other field-level organizations. This document describes how the departments, agencies, and organizations that comprise the H&SS RSF will coordinate to support the recovery planning and operations of state, local, tribal, territorial and insular area governments to address unmet health and social services disaster recovery needs.

Scope

In accordance with the NDRF and the Recovery FIOP, the H&SS RSF CONOP's scope is an all-hazards one, and it encompasses natural and human-caused disasters, as well as public health emergencies within the United States (U.S.) and its territories. The activities described in this document are primarily described in the context of a Presidential disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act. However, the NDRF's H&SS RSF structure may be used to support non-Stafford Act incidents with health and social services recovery implications (e.g., incidents declared under the Oil Pollution Act). This document applies to the Coordinating Agency, Primary Agencies, and Supporting Organizations – and their sub-agencies – that comprise the H&SS RSF and applies to all post-incident activities of the H&SS RSF.

Assumptions

- The H&SS RSF does not define the recovery priorities of states, tribes, territories, or insular area governments. Impacted communities establish their own recovery priorities, and they may choose not to address an issue based on their goals, priorities, or capacity.
- The departments, agencies and organizations that comprise the H&SS RSF may conduct field operations outside of the NDRF RSF structure in accordance with their own statutory and regulatory authorities.
- The provision of federal assistance to meet health and social services recovery needs involves the leveraging of pre-disaster steady-state preparedness, mitigation, and response programs and assets.

- H&SS RSF field operations are compliant with the National Incident Management System and the Incident Command System. H&SS RSF field operations are scalable based on the size and magnitude of the disaster.
- The needs of at-risk individuals and individuals with access and functional needs will be incorporated into all disaster recovery planning and recovery operations. Examples of these populations include, but are not limited to children, older adults, pregnant women, individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, individuals with serious mental illnesses, and individuals who have pharmacological dependency.
- Disaster behavioral health is a key issue in recovery and includes mental health, stress, suicide and substance abuse considerations for survivors and responders, and also addresses the behavioral health care infrastructure and persons with pre-existing serious behavioral health conditions.
- Social services include human services programs – including schools – supported by the Department of Health and Human Services (HHS) and other federal departments.

National Disaster Recovery Framework

The NDRF facilitates effective recovery support to disaster-impacted states, tribes, territories and local jurisdictions by establishing a flexible structure that focuses on how best to restore, redevelop and revitalize the health, social, economic, natural and environmental fabric of the community and build a more resilient nation. The NDRF is a concept of operations and not intended to impose new, additional or unfunded net resource requirements on federal agencies.

NDRF Recovery Support Functions

The NDRF establishes six RSFs that provide a structure to facilitate the identification, coordination and delivery of federal assistance needed to supplement recovery resources and efforts by local, state and tribal governments, as well as private and nonprofit sectors. The RSFs are:

- Community Planning and Capacity Building
- Economic
- **Health and Social Services**
- Housing
- Infrastructure Systems
- Natural and Cultural Resources

H&SS RSF Mission

The H&SS RSF mission is for the federal government to support locally-led recovery efforts to restore public health, health care and social services networks to promote the resilience, health and well-being of disaster-affected individuals and communities.

H&SS RSF National Core Capability

The **core recovery capability** for the H&SS RSF is the ability to restore and improve health and social services networks to promote the resilience, health (including behavioral health), independence, and well-being of the whole community. Specifically, the H&SS RSF seeks to:

- Restore the capacity and resilience of essential health and social services to meet ongoing and emerging post-disaster community needs;
- Encourage behavioral health systems to meet the behavioral health needs of affected individuals, response and recovery workers, and the community;
- Promote self-sufficiency and continuity of the health and well-being of affected individuals, particularly the needs of children, seniors, pregnant women; individuals with disabilities and others who may have access or functional needs; individuals who live in institutional settings; individuals from diverse origins; individuals with limited English proficiency or that are non-English speaking; individuals who are transportation disadvantaged; individuals experiencing homelessness; individuals who have chronic medical disorders; individuals with serious mental illnesses; and individuals who have pharmacological dependency;
- Assist in the continuity of essential health and social services;
- Assist in the restoration of the educational environment and services provided in schools;
- Reconnect displaced populations with essential health and social services, preferably in their original community;
- Protect the health of the population and response and recovery workers from the longer term effects of a post-disaster environment; and,
- Promote clear communications and public health messaging to provide accurate, appropriate and accessible information to promote inclusion of individuals with access and functional needs and limited English proficiency, and ensure information is developed and disseminated in multiple mediums, multi-lingual formats, alternative formats, is age-appropriate and user-friendly, and is accessible to underserved populations.

H&SS RSF Members

Each RSF has coordinating and primary federal agencies and supporting organizations that operate together with local, state, tribal and territorial government officials, non-governmental organizations (NGOs) and private sector partners.

The following Department of Health and Human Service Departments and Organizations comprise the H&SS RSF:

- **Primary Agencies**
 - Corporation for National and Community Service
 - Department of Education
 - Department of Homeland Security (DHS)/Federal Emergency Management Agency
 - DHS/National Protection and Programs Directorate
 - DHS/Office for Civil Rights and Civil Liberties
 - Department of the Interior
 - Department of Justice
 - Department of Labor
 - Environmental Protection Agency

- **Supporting Organizations**
 - American Red Cross
 - Department of Transportation
 - Department of the Treasury
 - Department of Veterans Affairs

H&SS RSF Roles and Responsibilities

Coordinating Agency: Department of Health and Human Services (HHS)

The Department of Health and Human Services (HHS) serves as the Coordinating Agency for the H&SS RSF. HHS fulfills this responsibility through its Office of the Assistant Secretary for Preparedness and Response (ASPR). The Public Health Service Act, as amended by the 2006 Pandemic and All-Hazards Preparedness Act (PAHPA) and the 2013 Pandemic and All-Hazards Preparedness Reauthorization Act (PAHPRA), established the ASPR as the principal adviser to the HHS Secretary responsible for providing integrated policy coordination and strategic direction with respect to all matters related to public health, medical preparedness, and deployment of the federal response for public health emergencies and incidents. Presidential Policy Directive 8, National Preparedness, established the National Preparedness System which recognizes recovery as key to achieving the National Preparedness Goal. ASPR's Office of Emergency Management (OEM) established the Division of Recovery to advance the Nation's ability to recover from the health and social services impacts of emergencies and disasters by leading the coordination of federal health and social services efforts to support communities' recovery from emergencies and disasters; promoting pre-disaster health and social services recovery planning; and promoting systematic improvements in public health emergency and disaster recovery planning and operations. The HHS/ASPR/OEM Recovery Division Director serves as the H&SS RSF National Coordinator, and Division staff members have been pre-designated as regional H&SS RSF leads, who may be appointed as H&SS RSF Field Coordinators post-incident, if warranted.

Pre-disaster: HHS develops strategies to address recovery issues for health, behavioral health and social services – particularly the needs of children, seniors, people living with disabilities, people with functional needs, people from diverse cultural origins, individuals with limited English proficiency, underserved populations, and response and recovery workers.

Post-disaster: HHS provides technical assistance in the form of impact analyses and supports recovery planning for public health, health care and human services. HHS also conducts H&SS RSF assessments and identifies and coordinates RSF-specific missions.

It should be noted that HHS' involvement in disaster recovery and the operations of the H&SS RSF is not limited solely to coordination. HHS components implement programs, conduct activities, and possess substantial subject matter expertise that may be leveraged to support community recovery. Please see Appendix II for a detailed list of Coordinating Agency Components, and Appendix III which identifies HHS components that may be involved in specific post-disaster health and social services recovery missions in support of the H&SS RSF.

H&SS RSF National Coordinator

The H&SS RSF National Coordinator manages the H&SS RSF, provides access to entities that can authorize the allocation of assets, and ensures ongoing communication and coordination between the RSF's Primary Agencies and Supporting Organizations. The H&SS RSF National Coordinator also works with Federal Disaster Recovery Coordinators (FDRC) to ensure coordination and communication between federal agencies and state, local, tribal, territorial and insular area authorities, and non-governmental and private sector organizations throughout the phases of a disaster operation. Additionally, the H&SS RSF National Coordinator represents the H&SS RSF on the **RSF Leadership Group**, a national level interagency body established for the identification and resolution of major operational issues related to the NDRF and other related directives.

The H&SS RSF National Coordinator's responsibilities include, but are not limited to:

- Represents H&SS RSF at the national level;
- Appoints H&SS RSF Field Coordinators post-incident;
- Establishes communication and information sharing forum(s) for H&SS RSF partners;
- Provides technical assistance to support recovery planning and post-disaster activities for public health, health care, behavioral health and social services infrastructure, including assistance to other RSFs;
- Provides technical assistance regarding program eligibility, application processes and project requirements for HHS programs as applicable under existing authorities;
- Identifies and coordinates H&SS RSF-specific missions with primary agencies and supporting organizations and ensures coordination with HHS' Emergency Management Group (EMG) operating out of the HHS Secretary's Operation Center; and,
- Supports RSF operations with subject matter expertise and staffing support, as appropriate.

Primary Agencies

Pre-disaster, H&SS RSF Primary Agencies work through steady-state programs, in accordance with their statutory authorities, to support the development of strategies, plans, and activities to address disaster recovery issues for health, behavioral health and social services.

Post-disaster, H&SS RSF Primary Agencies may serve as H&SS RSF field coordinators, provide technical assistance in the form of impact analyses, and support the implementation of health and social services missions identified in the Recovery Support Strategy.

H&SS RSF primary agency responsibilities include, but are not limited to:

Corporation for National and Community Service (CNCS)

- Represents National Service at the national level;
- National Service programs, AmeriCorps and Senior Corps, provide trained members to support communities' most pressing needs, including disaster recovery;
- Facilitates and leverages volunteer engagement for disaster recovery by working closely with State Service Commissions, National Voluntary Organizations Active in Disaster, other federal, state, territorial, tribal and local partners to provide national service members and resources in a myriad of recovery functions;
- Engages in the following recovery functions (this is a partial list): case management intake, direct physical labor, volunteer management and leadership and capacity building for federal, state, territorial, tribal and local government, nonprofit and faith-based organizations; and,
- Provides technical assistance to facilitate sharing of best practices among State Service Commissions, grantees, communities, and others to address specific regional/local needs during long-term recovery.

Department of Education

- Supports the restoration of the learning environment for students and staff in impacted communities as available and appropriate;
- Supports federal partners in the coordination of health and social services delivered through impacted schools;
- Supports federal, state, territorial, tribal and local partners in the coordination of enrollment, educational services and health and social services for students that are homeless and or displaced prior to, or as a result of, the disaster; and,

- Provides incident-specific technical assistance and training to schools and higher education institutions in impacted areas.

Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA)

- Provides technical assistance and coordination and implementation of FEMA Individual Assistance (IA) programs, such as Individuals and Households Program; Crisis Counseling Training and Assistance Program (CCP); and grant-funded Federal Disaster Case Management Program;
- Provides technical assistance and guidance on the reimbursement eligibility of disaster-related medical, dental, funeral and burial costs;
- Provides technical assistance and guidance on FEMA Public Assistance Grant Program eligibility; and,
- Provides technical assistance and guidance on FEMA Hazard Mitigation Grant Program eligibility.

DHS/National Protection and Programs Directorate (NPPD)

- Provides information and technical expertise, in protective measures, for critical infrastructure and has a Public Health Specialist who coordinates with the private sector.

DHS/Office for Civil Rights and Civil Liberties (CRCL)

- Communicates with relevant stakeholder networks to share accurate information and to obtain a public perspective;
- Coordinates with relevant DHS components and federal interagency and NGO partners as needed to identify resources to ensure equal access to physical/architectural, and programmatic and communications aspects of the recovery process for all populations within the impacted community;
- Participates in the impact assessment protocol to obtain information regarding impacts to protected populations (individuals who are statutorily protected on the basis of race, color, national origin, limited English proficiency, disability, religion, sex and other characteristics) and to provide civil rights guidance to assure recovery activities address these impacts in an equitable manner;
- Provides guidance and resources to assure that recovery activities respect the civil rights and civil liberties of all populations and do not result in discrimination on account of race, color, national origin (including limited English proficiency), religion, sex, age, disability or other characteristics;
- Monitors recovery activities to ensure compliance with equal opportunity laws and ensure that civil rights laws are upheld; and,
- Monitors complaints received to identify trends and respond accordingly.

Department of the Interior (DOI)

- Implements welfare programs for tribes under Title 25 Code of Federal Regulations (CFR) Part 20, including the administration of the “Emergency Assistance” fund, which is limited in scope and provides essential needs assistance directly to individuals who suffer from fire, flood or other destruction of their home or personal possessions that are not covered by a primary resource;
- Provides technical assistance, guidance and direction on Bureau of Indian Affairs (BIA) welfare assistance program policies, implementation and interpretation through social service workers within BIA;
- Oversees American Indian Affairs within the BIA which provides services directly or through contracts, grants, or compacts to 566 federally-recognized tribes;
- BIA Office of Indian Services includes the Division of Human Services which provides technical assistance, guidance and direction on BIA welfare assistance program policies, implementation and interpretation through social service workers within BIA; and,
- BIA also includes the Office of Justice Services which provides justice services and technical assistance to federally-recognized American Indian tribes and communities.

Bureau of Indian Education (BIE) Title 25 CFR Part 32.3 states that BIE’s mission is to provide quality education opportunities from early childhood through life in accordance with a tribe’s needs for cultural and economic well-being, in keeping with the wide diversity of American Indian tribes and Alaska Native villages as distinct cultural and governmental entities.

Department of Justice (DOJ)

- Coordinates as needed with tribal governments and tribal courts;
- The U.S. Attorney, as the District’s Chief Federal Law Enforcement Officer, coordinates with the Attorney General and with the District’s other DOJ law enforcement agencies to ensure a comprehensive response;
- Enforces the criminal laws of the U.S., and conducts affirmative and defensive civil litigation;
- Coordinates anti-fraud enforcement efforts and serves as a clearinghouse for disaster fraud matters through the National Disaster Fraud Command Center;
- Monitors recovery activities to ensure compliance with equal opportunity and civil rights laws;
- Enforces by investigation and litigation, promulgates regulations, and provides guidance on compliance with federal civil rights laws, including the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and the Civil Rights Act of 1964; and

- Coordinates as needed with the BIA Office of Tribal Justice, tribal governments and tribal courts.

Department of Labor (DOL)

- Coordinates assistance programs to help individuals, households and businesses meet basic needs and return to self-sufficiency;
- Provides funding to support the immediate need for worker training, particularly health care workers;
- Establishes communications infrastructure that could be used to communicate with employers nationwide;
- Provides expertise in the economic assessment of emergency impacts and special economic impact analysis; and,
- Provides technical assistance and support to protect the health and safety of recovery workers.

Environmental Protection Agency (EPA)

- Provides technical assistance to support recovery planning of public health, health care and social services infrastructure; and,
- Provides technical assistance for long-term cleanup to minimize public health threats, including environmental sampling and monitoring, site assessment, decontamination and disposal.

Supporting Organizations

Pre-disaster, H&SS RSF Supporting Organizations work through steady-state programs, in accordance with their statutory authorities, to support the development of strategies, plans, and activities to address recovery issues for health, behavioral health and social services.

Post-disaster, H&SS RSF Supporting Organizations provide technical assistance to the H&SS RSF Coordinating Agency and Primary Agencies in order to inform and support the development and implementation of H&SS RSF-specific missions.

H&SS RSF Supporting Organizations responsibilities include, but are not limited to:

American Red Cross (ARC)

- Provides case management assistance with unmet needs and health and mental health services, as local resources are available;
- Supports community recovery by providing health education, preventative measures (e.g., vaccinations) or assisting public health with long-term health monitoring, as local resources are available;
- Provides mental health recovery and resilience information, tools and resources to school personnel, community members, mental health providers, community service providers and other key stakeholders;
- Provides psychological first aid and resilience training to community members, as needed; and,
- Provides information to the public on the adequacy of the blood supply to meet current needs or requests public support in scheduling blood donations to support post-disaster requirements.

Department of Transportation (DOT)

- Provides technical assistance in long-term recovery planning and engineering of transportation infrastructure systems necessary to support health care and social services facilities.

Department of the Treasury

- Supports RSF national- and field-level operations with subject matter expertise, as appropriate; and,
- Supports the RSF in the areas of financial literacy and tax-related assistance through education, outreach and tax return preparation assistance.

Department of Veterans Affairs (VA)

Subject to the availability of resources and funding, and consistent with the VA mission to provide priority services to veterans, when requested:

- Coordinates with participating National Disaster Medical System (NDMS) hospitals to provide incident-related medical care to authorized NDMS beneficiaries affected by a major disaster or emergency;
- Furnishes available VA hospital care and medical services to individuals responding to, involved in or otherwise affected by a major disaster or emergency, including members of the Armed Forces on active duty;
- Designates and deploys available medical, surgical, mental health and other health service support assets;
- Provides a Medical Emergency Radiological Response Team for technical consultation on the medical management of injuries and illnesses due to exposure to or contamination by ionizing radiation;
- Alerts VA Federal Coordinating Centers to activate NDMS patient reception plans in a phased, regional approach and, when appropriate, in a national approach; and,
- Buries and memorializes eligible veterans and advises on methods for interment during national or homeland security emergencies.

National Voluntary Organizations Active in Disaster (NVOAD)

- Facilitates communication, cooperation, coordination and collaboration between NVOAD members and partners and throughout communities to better prepare for and respond to disasters and other emergency incidents;
- Assists in communicating, to the government and the public, the services provided by its member organizations;
- Facilitates information sharing during planning, preparedness, response, recovery and after a disaster incident;
- Provides NVOAD members with information pertaining to the severity of the disaster, needs identified, and actions of volunteers and others throughout the response, relief and recovery process; and,
- Provides guidance on standards, guidelines or best practices for survivor mass care, case management, emotional and spiritual care, housing, rebuilding and repair, long-term recovery, and the management of unaffiliated volunteers and unsolicited donated goods.

Small Business Administration (SBA)

- Provides loans for property damages to non-farm businesses of all sizes and private nonprofit organizations and Economic Injury Disaster Loans to eligible small businesses and private nonprofits;
- Provides technical assistance regarding program eligibility, application processes and project requirements;
- Provides counseling and other technical assistance to small businesses;
- Promotes small business access to capital through loans, investments, and other activities aimed at sustaining business applications; and,
- Supports RSF national- and field-level operations with small business expertise and staffing support, as appropriate.

U.S. Department of Agriculture (USDA)

- Provides technical and financial assistance regarding health and social services and USDA-related program eligibility (child care centers, hospitals, nursing homes) application processes and project requirements;
- Supports RSF national and field level operations with subject matter expertise and staffing support, as appropriate;
- Provides economic and physical assessment of disaster impacts on USDA-financed health-related infrastructure programs;
- Provides technical advice on health impacts associated with animal/zoonotic disease or plant pest infestation, carcass disposal and disease management to safeguard public health; and,
- Safeguards health of human, animal and environment (including agriculture). For premises or areas under USDA regulatory control in the affected region, helps evaluate the extent of exposure to susceptible species (plant or animal) from the loss of a premises' or area's biosecurity and ensure that the premises or area reestablish their biosecure status as soon as possible.

Field and Regional Roles and Responsibilities

H&SS RSF Field Coordinator

The H&SS RSF Field Coordinator serves as the federal lead for all H&SS RSF-related matters at the field level. H&SS RSF Field Coordinators are appointed on an operation-by-operation basis by the H&SS RSF National Coordinator. H&SS RSF Field Coordinator(s) may provide field support remotely. Each H&SS RSF Field Coordinator maintains regular internal coordination/communication related to H&SS RSF initiatives at the field, regional and national levels and ensures that their work in the disaster affected area is consistent with the strategic objectives shared by the FDRC. H&SS RSF Field Coordinators will help RSF member agencies to incorporate a holistic view during NDRF post-disaster field operations.

Primary Agencies as H&SS RSF Field Coordinators: The H&SS RSF Field Coordinator position is primarily staffed by the HHS H&SS RSF Field Coordinating Agency. Depending on the needs of the disaster operation, and following consultation with the H&SS RSF National Coordinator, the H&SS RSF Field Coordinator position may be staffed by an H&SS RSF Primary Agency or, in some cases, by an H&SS RSF Supporting Organization.

Multiple H&SS RSF Field Coordinators: Depending on the scale and magnitude of the disaster, the H&SS RSF National Coordinator may appoint multiple H&SS RSF Field Coordinators. Multiple H&SS RSF Field Coordinators are most likely to be appointed when a Presidentially-declared disaster:

- Encompasses a large geographical area within a state;
- Extends across multiple states;
- Extends across federal regions; or
- Requires mission area/specific task forces for enhanced coordination.

H&SS RSF Field Coordinator responsibilities include, but are not limited to:

Field Coordination

- Managing staffs assigned by the Coordinating Agency and/or FEMA, Primary Agencies, or Supporting Organizations to support the H&SS RSF in the field;
- Identifying H&SS RSF Primary Agencies and Supporting Organizations needed to support H&SS RSF field operations;
- Coordinating all H&SS RSF Primary Agency and Supporting Organization staffs active in H&SS RSF field operations;
- Reviewing and advising the Federal Coordinating Officer (FCO)/FDRC on all state, tribal, or territorial requests for H&SS RSF-related mission assignments and ensuring coordination through HHS as the Coordinating Agency;

- Coordinating with Emergency Support Function (ESF) #6 field teams, if they are present at the Joint Field Office (JFO) or deployed in the field;
- Coordinating with ESF #8 personnel and assets, if they are present at the JFO or deployed in the field;
- Coordinating with HHS ASPR Regional Emergency Coordinators (RECs);
- Coordinating with the lead HHS response officer designated for the incident;
- Coordinating with the Community Planning and Capacity Building (CPCB) RSF Field Coordinator to promote prioritization of health and social services needs in long-term recovery planning efforts;
- Coordinating with the Economic RSF Field Coordinator to maintain situational awareness of the impacts to low-income individuals and other at-risk populations;
- Coordinating with the Infrastructure RSF Field Coordinator to maintain awareness of the infrastructure mission that may impact health and social services recovery, and to promote the prioritization of infrastructure critical to the delivery and continuity of health and social services;
- Coordinating with the FEMA Mitigation Advisor to identify potential mitigation opportunities (e.g., structural, design, utility);
- Coordinating with the Housing RSF Field Coordinator to support the health and social services recovery needs of displaced individuals and families as they seek transitional and permanent housing;
- Coordinating with other H&SS RSF Field Coordinators, if applicable;
- Participating in JFO Operations Briefs, Command Staff meetings, and teleconferences;
- Coordinating with FEMA Public Assistance (PA) to assist health and social services recovery stakeholders as they navigate the PA process;
- Coordinating with FEMA IA to maintain situational awareness of and to support the human services recovery needs of disaster survivors, in accordance with the HHS Disaster Human Services CONOPs;
- Coordinating with the HHS Human Services Coordination Group to support the human and social services needs of disaster survivors, in accordance with the HHS Disaster Human Services CONOPs;
- Coordinating with the Federal Disaster Behavioral Health Work Group to support the behavioral health needs of disaster survivors, in accordance with the HHS Disaster Behavioral Health CONOPs;

- Coordinating with FEMA Tribal Liaisons on the health and social services recovery needs of disaster-impacted tribes;
- Engaging FEMA’s Disability Integration Specialist and DHS/CRCL to assure that the needs of at-risk individuals and individuals with access and functional needs are incorporated into H&SS recovery planning;
- Coordinating with state, tribal, or territorial health departments on the development and dissemination of disaster-related health messages; and,
- Developing or directing the development of H&SS RSF field reports for JFO Leadership (e.g., FCO, FDRC) and the H&SS RSF National Coordinator.

Mission Scoping Assessment

- Conducting Mission Scoping Assessments (MSA) in partnership with state, tribal, or territorial counterparts and relevant H&SS RSF Primary Agencies and Supporting Organizations to identify unmet disaster recovery needs that warrant continued recovery support through the H&SS RSF;
- Developing the H&SS RSF Mission Scoping Assessment Report (MSAR), or developing H&SS RSF content for a unified MSAR; and,
- Reviewing MSARs developed by the other RSFs to identify cross-cutting issues in other sectors with health and social services recovery implications (e.g., internal displacement of disaster survivors and access to services during recovery).

Recovery Support Strategy Development and Implementation

- Developing H&SS RSF content for the Recovery Support Strategy (RSS);
- Establishing H&SS RSF mission-specific task forces to address issues identified in the H&SS RSF MSAR in support of the state’s, tribe’s, or territory’s recovery priorities;
- Integrating regional HHS Operating Divisions (e.g., Administration for Children and Families (ACF), Administration for Community Living, Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), Indian Health Service (IHS), Substance Abuse and Mental Health Administration (SAMHSA) and H&SS RSF Primary Agencies and Supporting Organizations into the development of strategies to address issues identified in the H&SS RSF MSAR;
- Coordinating the implementation of H&SS RSF missions identified in the RSS;

- Participating in health and social services related disaster recovery task forces (e.g., behavioral health task force; children and youth task force) that may be established and led by the state, tribe, or territory;
- Establishing H&SS RSF task forces to achieve health and social services objectives identified in the RSS in support of state, tribal, or territorial recovery priorities; and,
- Developing and implementing a plan to transition from federal H&SS recovery operations back to a steady-state (includes integrating HHS regional operating divisions [e.g., ACF, ACL, CMS, SAMHSA, IHS] and other federal partners into development of strategies to address issues identified in the RSS).

Documenting and Reporting

- Reporting on H&SS RSF field activities, challenges, and progress to the H&SS RSF National Coordinator;
- Developing and/or directing the development of all H&SS RSF incident specific reports; and,
- Documenting issues, challenges, and successes as they arise.

KEY FIELD POSITIONS THAT COORDINATE WITH THE H&SS RSF FIELD COORDINATOR

Federal Coordinating Officer (FCO)

The FCO is the senior FEMA official specifically appointed to coordinate federal support in the response to and recovery from emergencies and major disasters. The FCO executes Stafford Act authorities, including commitment of FEMA resources and the mission assignment of other federal departments or agencies. The FCO is the primary federal representative for Stafford Act events with whom the State/Tribal/Territorial Coordinating Officer and other state, local, tribal, territorial and insular area response officials interface, to determine the most urgent needs and set objectives for an effective response in collaboration with the Unified Coordination Group.

Federal Disaster Recovery Coordinator (FDRC)

The FDRC functions as a deputy to the FCO to coordinate federal recovery efforts on the FCO's behalf. The FEMA Administrator and Regional Administrators may delegate to the FDRC any or all authorities typically delegated to an FCO, including the authority to coordinate disaster recovery, direct federal agencies to utilize their authorities and resources in support of state and local recovery efforts, issue Mission Assignments, and sign inter-agency agreements.

Federal Disaster Recovery Officer (FDRO)

The FDRO functions as a deputy to the FDRC and provides general operational support in executing the disaster recovery mission, coordinating assessment processes, and assisting in the development and implementation of the RSS. Depending on the scale and magnitude of the disaster, an FDRO may or may not be designated.

Hazard Mitigation Advisor

Upon their activation, the FDRC will deploy a Hazard Mitigation Advisor. The role of the Hazard Mitigation Advisor will be to work across RSFs to provide technical assistance to the FDRC and RSF Field Coordinators on the integration of mitigation strategies, data, and initiatives underway from pre-disaster efforts to inform long-term recovery planning.

Community Planning and Capacity Building RSF; Economic RSF; Housing RSF; Infrastructure Systems RSF; Natural and Cultural Resources RSF Field Coordinators

Depending on the needs of the disaster, the FCO or FDRC may also activate and deploy Field Coordinators for any or all of the other five RSFs. These positions are typically staffed by the respective RSF Coordinating Agencies. The H&SS RSF Field Coordinator ensures ongoing inter-RSF coordination with fellow RSF Field Coordinators to identify inter-RSF strategies to address cross-sector issues that impact health and social services systems.

Recovery Coordination Group

This group is staffed by FEMA and is primarily tasked with facilitating inter-RSF coordination at the JFO to ensure that each RSF has awareness of cross-cutting issues and challenges. The FDRC may assign staff from this group to provide administrative support to the H&SS RSF Field Coordinator.

State Disaster Recovery Coordinator (SDRC); Tribal Disaster Recovery Coordinator (TDRC); Local Disaster Recovery Manager (LDRM)

The role of the LDRM and SDRC/TDRC is to organize, coordinate and advance the recovery at the local, state or tribal level. Their primary role is to manage and coordinate the redevelopment and building of the community.

FEMA Tribal Liaison

FEMA tribal liaisons are the first resource and point of contact for tribal governments that have questions or require technical assistance on FEMA programs. To acknowledge and honor the sovereignty of tribal nations, FEMA conducts regular and meaningful consultation and collaboration with federally-recognized tribes to ensure that FEMA policies and programs address tribal needs.

FEMA Program Liaisons

If established by the FDRC, FEMA Program liaisons (e.g., liaisons to FEMA PA) will be integrated into H&SS RSF field activities to ensure coordination of health and social services recovery issues with FEMA programmatic operations.

FEMA may establish additional field positions based on the needs of the disaster recovery operation. Refer to the Recovery FIOP for additional detail.

Key H&SS RSF Operational Steps

In accordance with the NDRF's Recovery FIOP, H&SS RSF field support operations are structured around six key operational steps to ensure that recovery stakeholders at all levels have a shared understanding of the sequence and synchronization of activities around which they can plan to operate. The steps listed below provide the flexibility necessary to address the unique recovery challenges of each incident while providing federal recovery support in a consistent, timely, and efficient manner.

Each H&SS RSF recovery operation will have the following **Six Key Operational Steps**:

1. Monitoring and Situational Awareness
2. Advance Evaluation
3. FDRC and RSF Activation/Deployment
4. RSS Development
5. RSS Implementation
6. Transition and Return to Steady State Operations

Step 1: Monitoring and Situational Awareness

This step is characterized by an elevated state of alertness by RSF member agencies, with a focus on potential recovery issues. The objective of the monitoring and situational awareness step is to describe the current and anticipated environment and potential impact on recovery operations and needs. After an incident (or in advance of an imminent threat, e.g. a hurricane) and prior to the appointment of an FDRC, the H&SS RSF National Coordinator and the Regional H&SS RSF Lead maintain situational awareness by:

- Reviewing ESF #6 Situation Reports for unmet disaster-caused human or social services needs;
- Reviewing ESF #8 Situation Reports for health and medical impacts with recovery implications;
- Reviewing ESFs #1, 3, or 12 Situation Reports for any reports of impacts to infrastructure systems critical to the delivery of health and social services;
- Reviewing ESF #3 Situation Reports for any reports of structural damage to health and social services facilities;
- Reviewing ESF #11 Situation Reports for agricultural disaster impacts with health and social services recovery implications;
- Coordinating with HHS ASPR RECs, Federal Health Officials, the HHS EMG, and Incident Response Coordination Team Lead to ensure visibility on response issues with recovery implications;
- Engaging with HHS's Operating Divisions (e.g., ACF, ACL, CMS, FDA, IHS, SAMHSA) with regional assets or resources that may be involved in the emergency response operations;

- Engaging H&SS RSF Primary Agencies that may have assets or resources involved in the emergency response operations; and
- Coordinating with CNCS, the FEMA Voluntary Agency Liaison (VAL), ARC, and NVOAD to leverage non-governmental resources.

If ESF # 6 or 8 are activated, the H&SS RSF National Coordinator and/or Regional H&SS RSF lead participate in ESF # 6 and HHS-led ESF # 8 (Public Health and Medical Services) teleconferences to maintain situational awareness and foster integration of response and recovery requirements. The H&SS RSF National Coordinator and/or Regional H&SS RSF lead also join National Response Coordination Center video teleconferences with the applicable Regional Response Coordination Center, and reviews Situation Reports, Spot Reports, Incident Action Plans, and National Support Plans developed for the incident.

Following a presidentially-declared disaster for an incident with health and social services recovery implications, the H&SS RSF National Coordinator convenes the H&SS RSF members (Coordinating Agency Operational Divisions, Primary Agencies, and Supporting Organizations) via teleconference to discuss initial health and social services disaster impacts that may need ongoing RSF coordination and support beyond the assistance provided through the ESFs or through steady-state federal programs, and to prepare for a National RSF Call for the declared disaster. As recovery operations progress, the Regional H&SS RSF Lead or appointed H&SS RSF Field Coordinator convenes and chairs these calls.

National RSF Call

FEMA's **National Disaster Recovery Planning Division** (NDRPD) coordinates RSF activities and recovery planning at the national level and engages in regular coordination with FDRCs to include:

- Situational awareness activities;
- Facilitation of activations and deployments; and,
- Resolution of issues elevated from the field or that have national implications

Post-disaster, FEMA's NDRPD initiates and hosts national RSF calls upon request from the FEMA FCO. The H&SS RSF National Coordinator and the Regional H&SS RSF Lead for the impacted region/state will participate in the call with the FDRC and National RSF Coordinators for the other five RSFs. Following the National RSF call, the Regional H&SS RSF Lead will prepare a brief, as needed, for HHS Recovery Coordination Group and H&SS RSF partners.

Based on need, the H&SS RSF National Coordinator may convene additional teleconferences and meetings with H&SS RSF partners in anticipation of state requests for coordinated assistance for health and social services recovery issues.

Step 2: Advance Evaluation

If additional information is needed to determine H&SS RSF activation and deployment, the FCO or FEMA Regional Administrator may request an Advance Evaluation Team (AET), comprised of FEMA staff, to advise FCOs on the activation and deployment of RSFs. The composition of an AET is mission-specific. Additional details on the role of the AET can be found in the Key Operational Steps and Objectives section of the NDRF Recovery FIOP.

The AET does not activate or Mission Assign the H&SS RSF. The AET engages with the Regional H&SS RSF Lead to evaluate and analyze impacts to health and social services providers and systems. The H&SS RSF National Coordinator and the Regional H&SS RSF Lead will inform and review the AET's recommendations to activate or not activate the H&SS RSF. The H&SS RSF Coordinating Agency and Primary Agencies may participate in an AET, if needed. FEMA will fund participation of the H&SS RSF in AETs through a mission assignment.

NOTE: Step 2 may be conducted concurrently with Step 1. Additionally, based on the severity and magnitude of the incident, an AET may not be necessary to determine the need for H&SS RSF activation and deployment. In such cases, FEMA coordinates directly with the H&SS RSF National Coordinator to determine the need for deployment of an H&SS RSF Field Coordinator to engage in mission scoping assessment(s) of post-disaster health and social services impacts with recovery implications.

Step 3: H&SS RSF Activation and H&SS RSF Field Coordinator Deployment

Activation

As defined in the NDRF's Recovery FIOP, **activation** refers to the remote provision of recovery support to an actual or potential incident from a federal agency's primary duty station. This support may entail participation in information sharing teleconferences and email communication.

H&SS RSF Activation Triggers

Although activation of the H&SS RSF is at the request of the FDRC, activation is generally considered when one or more of the following factors apply:

- When the President declares a major disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act and federal assistance is requested by the appropriate state or tribal authorities to assist with their health and social services recovery efforts;
- When there is a Public Health Emergency declaration by the HHS Secretary
- When there is an activation of ESF #6 and/or ESF #8;
- When a jurisdiction is designated for both FEMA PA and IA; and,

- When health and social services recovery activities involve more than one H&SS RSF primary agency.

Overview of H&SS RSF Activation

- The AET or the FDRC will review, compile, and share assessment information from JFO operational components to identify potential recovery issues and help to inform the RSF activation recommendation;
- The FDRC will coordinate with the H&SS RSF National Coordinator on the need for activation, including the exchange of information gathered by the H&SS RSF from RSF member agencies about disaster-related health and social services impacts and needs and any recommendation for activation;
- If activation is requested and approved, the FDRC will seek concurrence from the H&SS RSF National Coordinator on the scope and issuance of a mission assignment, in coordination with the FCO; and,
- The H&SS RSF National Coordinator will identify and notify representatives of corresponding Primary Agencies and Supporting Organizations of their activation and potential mission assignment.

Deployment

As defined in the NDRF's Recovery FIOP, **deployment** entails the mobilization of a federal agency's recovery asset or personnel to the field to provide support.

The FDRC, in coordination with the FCO, may issue a Mission Assignment to the H&SS RSF Coordinating Agency to fund support for recovery field operations with appropriate personnel and resources. If the H&SS RSF National Coordinator concurs with the FCO and/or FDRC that deployment is warranted, the H&SS RSF National Coordinator will appoint an H&SS RSF Field Coordinator and work with FEMA to develop the scope of work for the Mission Assignment. HHS/ASPR/OEM Division of Recovery will coordinate the development and finalization of the Mission Assignment with HHS EMG, specifically Administration and Finance Operations, to ensure that the scope of work estimated costs are appropriate.

The scope of work for this initial Mission Assignment may be limited to the deployment of an H&SS RSF Field Coordinator to engage in activities that support a MSA and RSS development. Based on the outcome of these MSA activities, the H&SS RSF Field Coordinator will consult with the H&SS RSF National Coordinator, the FCO, and the FDRC to determine a need for subsequent Mission Assignments to deploy H&SS RSF Primary Agencies and Supporting Organizations and support personnel as needed. Additionally, the H&SS RSF Field Coordinator will consult with the H&SS RSF National Coordinator, the FCO, and the FDRC to develop Mission Assignments for RSS development and implementation.

Mission Assignment Fulfillment

The need for an H&SS RSF Field Coordinator to be onsite may change over the course of the recovery operation. Engagement may shift from on-site, to remote support, to scheduled episodic redeployments. The H&SS RSF Field Coordinator works closely with their state, tribal, or territorial counterparts to support local recovery

priorities. Subsequently, the pace of the recovery operation is locally driven. Depending on local priorities and local capacity, it may not be necessary to be physically present throughout the entire recovery operation.

Remote support does not constitute a lack of commitment on the part of the H&SS RSF Coordinating Agency or Field Coordinator. The H&SS RSF Coordinating Agency and many H&SS RSF Primary Agencies and Supporting Organizations have regional components that can support state, tribal, or territorial health and social services recovery priorities and successfully transition to steady-state under the overall coordination of the appointed H&SS RSF Field Coordinator.

Step 4: Recovery Support Strategy Development

The RSS is a federal document that details the unified strategy of the FDRC-RSF operation and describes specific steps that the FDRC and RSF agencies will use to support local, state, tribal, territorial, and insular area governments in identifying recovery needs and issues. The RSS is developed under the leadership of the FDRC and the SDRC/TDRC, in close consultation with each activated and deployed RSF.

In support of RSS development, the H&SS RSF Field Coordinator engages in MSA activities to determine the capacity of the impacted state, tribe, or territory to address its health and social services disaster recovery needs and priorities. The MSA results in a summary of key recovery priorities of the impacted state, tribe, or territory, gaps, and unmet needs in a MSAR. Development of the MSAR is the first step in developing the RSS. The H&SS RSF Field Coordinator should work closely with state, tribal, or territorial recovery counterparts to ensure that the health and social services recovery issues identified in the MSAR reflect local recovery priorities.

Conducting the H&SS RSF Mission Scoping Assessment involves the following steps:

- Establishing pre-disaster health and social services baseline;
- Analyzing post-disaster impacts to Core Recovery Mission Areas;
- Aligning H&SS RSF to state/tribal/territorial H&SS structure;
- Expanding the discussion beyond the state, tribal, territorial ESF desk; and,
- Leveraging H&SS RSF partners' resources and knowledge.

Additional detail is provided in **Appendix VI: Job Aid: Conducting an H&SS RSF Mission Scoping Assessment**

The H&SS RSF has identified the following Core Recovery Mission Areas:

- Public Health;
- Health Care Services Impacts;
- Behavioral Health Impacts;
- Environmental Health Impacts;
- Food Safety and Regulated Medical Products;
- Long-term Health Issues Specific to Responders;

- Social Services Impacts;
- Referral to Social Services/Disaster Case Management; and,
- Schools and Children in Disasters.

Specific capabilities for each of the core recovery mission areas are detailed in **Appendix III: Core H&SS RSF Recovery Mission Areas**. **Appendix III** also identifies H&SS RSF Coordinating Agency components, Primary Agencies, and Supporting Organizations that may be involved in the support of each mission area, as well as anticipated inter-RSF coordination.

Recovery Support Strategy (RSS) Development

As detailed in the NDRF Recovery FIOP, the elements of and process for RSS development include:

Executive Briefing/summary: This element provides an executive-level summary of the RSS that can be used to brief high-level local, state, tribal, territorial, insular area governments, or other external recovery partners and to announce the launch of the RSS implementation process.

Mission Scoping Assessment: As described previously, this element will summarize the key challenges and issues and is the first step in shaping the overall RSS.

Identification of Recovery Goals and Objectives: The identification of the RSS federal operational recovery support objectives will evolve from and should be aligned with local, state, tribal, territorial, and insular area recovery goals. Therefore local, state, tribal, territorial, and insular area recovery goals should be integrated into the RSS development process as soon as they are available.

RSF-Specific Support Approaches: This element refers to the identification of RSF-specific actions and approaches to address sector-specific challenges and issues. These actions and approaches need to be integrated into a cohesive strategy that takes into account the interdependencies and overarching implications of the proposed actions. Participating federal departments and agencies approve the approach before it is integrated into the RSS to ensure they concur with the commitments included therein.

FDRC-RSF Operations Management Plan: This element outlines the administrative, logistical, staffing, and organizational elements necessary to support the FDRC-RSF management structure. This plan is primarily an internal document that will be developed early in the operation and will serve to inform how the FDRC-RSF operation will be supported.

Coordination and Communication Plan: This element describes how the RSFs will coordinate and communicate with each other and how the RSFs will coordinate with local, state, tribal, territorial, and insular area recovery officials and organizations; voluntary, faith-based, and community organizations and service providers; and private sector stakeholders. Additionally, the approach will include how the FDRC, SDRC/TDRC, and RSFs disseminate information to external stakeholders.

Hazard Mitigation Strategy: This element provides a platform for the Mitigation Advisor to work closely with the RSFs to integrate mitigation needs/opportunities and resources within the RSS. The Mitigation Advisor will coordinate with state, tribal, territorial, insular area, and JFO counterparts to build upon the Grantee's Hazard Mitigation Plan and JFO Mitigation Operational Strategy.

Approach for Tracking Recovery Support: This element will provide an estimated timeline that includes milestones for measuring achievement of RSS objectives. It will also describe how progress will be tracked during RSS implementation to ensure that necessary adjustments in federal support are made to reflect evolving conditions and needs. Progress will be measured by completion of key tasks that are directly linked to the achievement of RSS objectives.

FEMA will provide additional details relating to the elements of and process for RSS development and implementation in the forthcoming FEMA RSS Development Guide.

Step 5: Recovery Support Strategy Implementation

The H&SS RSF Field Coordinator will work with appropriate Coordinating Agency components and Primary Agencies and Supporting Organizations to coordinate activities that address health and social services recovery issues/missions identified in the RSS in accordance with the RSS's FDRC-RSF operations management plan.

H&SS RSF Field Coordinator Transition

The H&SS RSF Field Coordinator position may be staffed by several individuals during the course of the recovery operation. Outgoing H&SS RSF Field Coordinators should ensure a seamless transition of their duties and tasks with incoming H&SS RSF Field Coordinators to avoid negatively impacting the operation.

Episodic Redeployments

H&SS RSF field operations may scale up or down over the course of RSS implementation. The RSS should include an expected timeline for the implementation and completion of H&SS RSF recovery missions identified for a specific disaster. The implementation of these health and social services missions may occur over the course of several months as the impacted state, tribe, territory or insular area progress with their recovery plans. Subsequently, it may not be necessary for the appointed H&SS RSF Field Coordinator to remain in the field during periods of inactivity or when activities can be supported remotely.

After the RSS has been developed, the appointed H&SS RSF Field Coordinator(s) should work with the H&SS RSF National Coordinator and the FCO/FDRC to determine a need for episodic redeployments – funded via Mission Assignment or interagency agreement – of the H&SS RSF Field Coordinator(s) at key milestones during RSS implementation.

Stage 6: Transition and Return to Steady-State Operations

The RSS provides an anticipated timeline for engaging with disaster-impacted communities and the level, type, and duration of federal support to be provided to each affected jurisdiction. The H&SS RSF National Coordinator and H&SS RSF Field Coordinator may use the RSS' timeline to determine the level and duration of engagement.

Many of HHS' components include a regional structure comprised of divisions, branches, and programs that work with state, tribal, and territorial stakeholders on a daily basis pre- and post-disaster. In particular, ACF, ACL, CDC, CMS, FDA, IHS, OASH, HRSA and SAMHSA have regional administrators, directors, and staff that administer programs that may be leveraged to support post-disaster recovery needs. Similarly, Primary Agencies may also have regional programmatic capacity that can be leveraged in recovery. The H&SS RSF Field Coordinator will work with HHS regional components and federal partners to coordinate and leverage resources accordingly to address the recovery issues and priorities identified in the H&SS RSF MSAR.

Appendix I: Acronyms

ABC	ASPR Division for At-Risk Individuals, Behavioral Health, and Community Resilience
ACF	Administration for Children and Families
ACL	Administration for Community Living
AI/AN	American Indian and Alaskan Native
AFO	Alternate Field Office
ARC	American Red Cross
ASPR	Assistant Secretary for Preparedness and Response
ATSDR	Agency for Toxic Substances and Disease Registry
BIA	Bureau of Indian Affairs
BIE	Bureau of Indian Education
CDC	Centers for Disease Control and Prevention
CCP	Crisis Counseling Assistance and Training Program
CMS	Centers for Medicare and Medicaid Services
CNCS	Corporation for National and Community Service
CPCB	Community Planning and Capacity Building
DCM	Disaster Case Management
DOI	Department of the Interior
DOT	Department of Transportation
DRC	Disaster Recovery Center
EI	Essential Elements of Information
EHTER	Environmental Health Training in Emergency Response
EMG	HHS' Emergency Management Group
EMTALA	Emergency Medical Treatment and Labor Act
EPA	Environmental Protection Agency
FCO	Federal Coordinating Officer
FDA	Food and Drug Administration
FDRC	Federal Disaster Recovery Coordinator
FDRO	Federal Disaster Recovery Officer
FEMA	Federal Emergency Management Agency
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
H&SS	Health and Social Services
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IA	Individual Assistance
IHS	Indian Health Service
IRCT	Incident Response Coordination Team
JFO	Joint Field Office
MA	Mission Assignment
MSA	Mission Scoping Assessment
MSAR	Mission Scoping Assessment Report
MUA	Medically Underserved Area

NDRF	National Disaster Recovery Framework
NDMS	National Disaster Medical System
NIH	National Institutes of Health
NIEHS	National Institute of Environmental Health Sciences
NRF	National Response Framework
NVOAD	National Voluntary Organizations Active in Disaster
OASH	Office of the Assistant Secretary for Health
OCR	Office for Civil Rights
OD	Office on Disability
PA	Public Assistance
PAHPA	Pandemic and All-Hazards Preparedness Act
PAHPRA	Pandemic and All-Hazards Preparedness Reauthorization Act
RSF	Recovery Support Function
RSS	Recovery Support Strategy
SAMHSA	Substance Abuse and Mental Health Administration
SBA	Small Business Administration
SOC	HHS' Secretary's Operations Center
UCG	Unified Coordination Group
USACE	U.S. Army Corps of Engineers
USDA	U.S. Department of Agriculture
VAL	Voluntary Agency Liaison

Appendix II: Coordinating Agency Components

Administration for Children and Families (ACF) promotes the economic and social well-being of families, children, individuals, and communities. ACF's Office of Human Services Emergency Preparedness and Response (OHSEPR), in partnership with the ten ACF Regional Offices, provides leadership in human services preparedness, response, and recovery by promoting resilience of individuals, families, and communities prior to, during, and after nationally declared disasters and public health emergencies.

Administration for Community Living (ACL) is responsible for administering a nationwide network of state and local organizations that promote the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers, by advancing policies, services, and support so that they live with dignity, make their own choices, and participate fully in society. ACL works with state and local supportive service providers to ensure that at-risk older adults and people with disabilities are safe and receive needed assistance following disasters.

Office of the Assistant Secretary for Preparedness and Response (ASPR) focuses on preparedness planning and response; building federal emergency medical operational capabilities; advanced research and development and procurement of countermeasures; and grants to strengthen the capabilities of hospitals and health care systems in public health emergencies and medical disasters. The Public Health Service Act, as amended by the 2006 PAHPA and the 2013 Pandemic and PAHPRA, established the ASPR as the principal adviser to the HHS Secretary responsible for providing integrated policy coordination and strategic direction with respect to all matters related to public health, medical preparedness, and deployment of the federal response for public health emergencies and incidents.

Centers for Disease Control and Prevention (CDC) is responsible for conducting disease surveillance activities, detecting and investigating disease outbreaks and other health conditions, assessments of other environmental health conditions, and developing strategies for dealing with the public health aspects of an emergency – in support of states, territories, and tribes. CDC conducts a broad range of preparedness and response activities to ensure that the nation is prepared to respond to a public health emergency by supporting federal, state, and local partners through preparedness grant funding, guidance, technical assistance, medical countermeasures stockpiling and deployment, laboratory support, and other resources.

Centers for Medicare and Medicaid Services (CMS) is responsible for ensuring the availability of coverage and services provided under Medicare, Medicaid, Health Insurance Marketplaces, and Children's Health Insurance Programs. When the President declares a disaster under the Stafford Act and the Secretary of HHS declares a Public Health Emergency, CMS may temporarily waive or modify the application of conditions of participation or other certification requirements; pre-approval requirements; licensure requirements for individual providers; sanctions and/or other penalties related to the Emergency Medical Treatment and Labor Act (EMTALA), and physician referrals; deadlines and timelines for performance; and limitations on payment.

Food and Drug Administration (FDA) is responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, the nation's food supply, cosmetics, and products that emit radiation. The FDA helps the public obtain accurate, science-based

information concerning medical products and food. In recovery operations, the FDA may assist state and local officials with assessments, inspections, and subject matter expertise.

Health Resources and Services Administration (HRSA) is the primary federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable. HRSA's Emergency Operations Center serves as an inter- and intra-agency hub for information sharing before, during, and after emergent and public health events. HRSA may advocate for the re-establishment of community-based service delivery sites (e.g., community health centers and other grantees), if appropriate.

Indian Health Service (IHS) is the premier health services delivery system for Federally Recognized American Indian and Alaskan Native (AI/AN) tribes, and provides resources and/or direct services to improve the health and well-being of AI/AN communities and members. Health care and services include: acute care; behavioral health; alcohol, substance abuse, and domestic and gang violence; environmental safety and health; food safety; engineering and construction of health care and sanitation facilities; dental care; pharmaceutical management and distribution; visiting and home care community nursing; emergency and trauma care; laboratory services; community health and wellness programs; and a wide variety of other health surveillance and improvement programs involving disease outbreak and propagation, nutrition, child development, and other health issues affecting AI/AN communities and members. IHS has experience providing culturally sensitive services to AI/AN populations, and their staff can be a valuable asset and liaison when working with tribal communities during the planning, implementation, and transition of recovery efforts.

Intergovernmental and External Affairs (IEA) facilitates communication between HHS and state, tribal, and local governments. It both represents state and tribal perspectives in the federal policymaking process and clarifies the federal perspective to state and tribal representatives.

National Institutes of Health (NIH) conducts and supports biomedical and behavioral research relating to the causes, diagnosis, treatments, control, and prevention of physical and mental diseases and impairments of mankind. NIH plays a key role in public health emergencies through their research and development of countermeasures against potential biological, chemical, radiological, and nuclear agents of terrorism. NIH also develops and provides access to health information resources and technology for disaster preparedness, response, and recovery. Lastly, NIH performs important research regarding the toxicity of exposures, the health effects of disasters on impacted populations, and training to help protect the health and safety of responders.

Office of the Assistant Secretary for Health (OASH) is the principal advisor to the Secretary of HHS on all matters related to public health. The ASH directs the Office of the Surgeon General in its management of deployed active duty Commissioned Corps officers. The ASH approves the utilization of Public Health Service Commissioned Corps officers for missions and deployments, and exercises policy direction under normal operating conditions. The ASH directs the activities of the Regional Health Administrators (RHA), who are responsible for building relationships with state and local public health and medical officials, as well as other federal departments within their regions.

Office for Civil Rights (OCR): Through investigations, voluntary dispute resolution, enforcement, technical assistance, policy development and information services, the Office for Civil Rights (OCR) protects the civil

rights of all individuals who are subject to discrimination in health and human services programs and protects the health information privacy and security rights of consumers.

Office of the General Counsel (OGC) is the legal team for HHS, providing representation and legal advice for the Department and supporting the development and implementation of HHS programs. Among its many activities, OGC reviews proposed regulations and legislation affecting significant issues of health and human services, and provides advice in areas including privacy of medical records, civil rights, bioterrorism, emergency response, and refugee resettlement.

Office of Security & Strategic Information (OSSI) supports HHS components in physical and personnel security and strategic information.

Substance Abuse and Mental Health Services Administration (SAMHSA) strives to integrate behavioral health into the public health emergency response, promote population resilience and prevent adverse substance abuse and mental health consequences through pre-event, event, and post-event services and other activities. SAMHSA monitors and provides technical assistance in the provision of CCP grants funded by FEMA.

Appendix III: Core H&SS RSF Recovery Mission Areas

The Health and Social Services (H&SS) Recovery Support Function (RSF) has identified the following Core Recovery Mission Areas:

- Public Health
- Health Care Services Impacts
- Behavioral Health Impacts
- Environmental Health Impacts
- Food Safety and Regulated Medical Products
- Long-term Health Issues Specific to Responders
- Social Services Impacts
- Referral to Social Services/Disaster Case Management
- Schools and Children in Disasters

As the Coordinating Agency for the H&SS RSF, the Department of Health and Human Services’ (HHS) Office of the Assistant Secretary for Preparedness and Response’s (ASPR) Office of Emergency Management’s (OEM) Division of Recovery is the overarching coordinator for each of these mission areas.

The following matrices identify H&SS RSF Coordinating Agency components, as well as H&SS RSF Primary Agencies and/or Supporting Organizations that may be tasked to support specific core health and social services recovery missions. Additionally, inter-RSF coordination has been identified, where applicable. *Note that disasters with health and social services impacts to Tribal Nations may necessitate participation of the Indian Health Service (IHS) or the Department of the Interior’s Bureau of Indian Affairs (BIA) in each of the following core recovery mission areas.*

Public Health

Coordinating Agency	Primary Agency	Supporting Organizations	Inter-RSF Coordination
HHS/CDC	FEMA	American Red Cross	CPCB
HHS/ATSDR	EPA	USDA	Economic
HHS/ACL	DOI	VA	Housing
HHS/ASPR	DOL	--	Infrastructure Systems
HHS/OASH	--	--	--
HHS/HRSA	--	--	--
HHS/IHS*	--	--	--
HHS/NIH/NIEHS	--	--	--

- Implementation of strategies to assess and monitor the public health, disease surveillance and injury prevention of the impacted community in order to identify and mitigate health problems;
- Assistance with the development and implementation of risk communications and public health messaging for the disaster;
- Provision of training or technical assistance (e.g., instructional staff, curriculum development experts, librarians, subject matter experts and professional staff) to provide site-specific hazard awareness related to recovery; and,
- Implementation of strategies to protect the health and safety of the public and recovery workers from the effects of a post-disaster environment.

Health Care Services Impacts

Coordinating Agency	Primary Agency	Supporting Organizations	<i>Inter-RSF Coordination</i>
HHS/ACL	FEMA	ARC	Infrastructure Systems
HHS/ASPR	CRCL	DOT	--
HHS/CMS	NPPD	SBA	--
HHS/FDA	DOI	Treasury	--
HHS/HRSA	--	USDA	--
HHS/IHS*	--	VA	--
HHS/SAMHSA	--	--	--

- Assessment of disaster-related structural, functional and operational impacts to health care facilities (e.g., hospitals, clinics, nursing homes, assisted living centers, blood banks, dialysis centers, mental health and substance abuse treatment facilities, poison control centers, medical and dental offices);
- Identification of health care needs that can no longer be met with community resources due to the disaster;
- Development of strategies to provide interim and long-term services while damaged facilities are permanently repaired, replaced or restored; and,
- Provision of technical assistance in assessing the health care services needs of disaster-impacted individuals and the applicability of federal programs' flexibilities and waivers that may be strategically leveraged to enhance the state's capacity to meet those needs.

Behavioral Health Impacts

Note: Structural impacts to mental health facilities are included in health care services impacts. The focus of this mission area is on service needs of survivors.

Coordinating Agency	Primary Agency	Supporting Organizations	<i>Inter-RSF Coordination</i>
HHS/ASPR/ABC	FEMA	American Red Cross	Housing
HHS/IHS*	CRCL	NVOAD	--
HHS/NIH	DOI	VA	--
HHS/SAMHSA	--	--	--
HHS/HRSA	--	--	--

- Ensuring transition of CCP operations – administered by HHS/ SAMHSA and funded by FEMA – from ESF # 6 to the H&SS RSF for the declared disaster;
- Provision of technical assistance in leveraging existing resources to meet community needs that have surfaced during the response phase, such as increased demand for services from existing behavioral health service systems;

- Engagement with community behavioral health partners to assess needs, provide technical assistance and identify best practices, including those for prevention, and connect practitioners with resources;
- Engagement with stakeholders to develop strategies, including population-based strategies, to address ongoing behavioral health assessment, surveillance and long-term treatment needs;
- Development and dissemination of consistent messaging and guidance concerning stress management strategies for incident survivors and responders; and,
- Transition Federal Disaster Behavioral Health Group from response to recovery operations, if indicated by the behavioral health recovery needs of the incident.

Environmental Health Impacts

Coordinating Agency	Primary Agency	Supporting Organizations	<i>Inter-RSF Coordination</i>
HHS/ASPR	FEMA	American Red Cross	Housing
HHS/CDC	CRCL	USDA	Infrastructure Systems
HHS/ATSDR	DOI	--	Natural and Cultural Resources
HHS/NIH/NIEHS	DOL	--	--
HHS/IHS*	EPA	--	--

- Surveillance and health investigations of the environment and affected communities to determine whether post-disaster conditions (e.g., 1039 exposed to asbestos or lead, mold, vector-borne disease) may cause adverse public health effects;
- Identification and mitigation of public health threats in sheltering, potable water and wastewater that can cause or exacerbate negative environmental health outcomes; and,
- Provision of technical assistance (e.g., scientific data, models, information resources) and environmental health training, such as the Environmental Health Training in Emergency Response (EHTER) – Awareness and Operations Levels – jointly sponsored by FEMA, CDC, and NIEHS.

Food, Drug, and Regulated Medical Product Safety

Coordinating Agency	Primary Agency	Supporting Organizations	<i>Inter-RSF Coordination</i>
HHS/ASPR	FEMA	USDA	Economic
HHS/CDC	DOI*	DOT	Infrastructure Systems
HHS/FDA	--	Treasury	--
HHS/IHS*	--	--	--

- Provision of technical assistance to HHS/FDA- regulated human and veterinary biologics, device, drug, animal feed and human food establishments to protect public health;

- Provision of technical assistance to the USDA's Food Safety and Inspection Service (FSIS) to ensure safety of processing facilities that handle meat, poultry, and processed egg product; and,
- Development and issuance of consistent public messaging and risk communications concerning post-disaster food handling and preparation guidance.

Long-term Recovery Impacts to First Responders

Coordinating Agency	Primary Agency	Supporting Organizations	<i>Inter-RSF Coordination</i>
HHS/ASPR	DOJ	ARC	Economic
HHS/CDC	DOI*	--	Housing
HHS/NIH	DOL	--	--
HHS/IHS*	--	--	--

- Determining which groups of responders should be included in a health care or disease registry program to monitor their long-term physical and behavioral health;
- Establishing and implementing long-term tracking of responder health and, where appropriate, community health; and,
- Providing technical assistance to help determine the appropriate duration and content of long-term health tracking.

Social Services Impacts

Coordinating Agency	Primary Agency	Supporting Organizations	<i>Inter-RSF Coordination</i>
HHS/ACF	CNCS	NVOAD	CPCB
HHS/ACL	CRCL	SBA	Economic
HHS/ASPR	FEMA	Treasury	Housing
HHS/IHS*	DOI*	USDA	--
--	DOJ	VA	--

- Assessment of disaster-related structural, functional and operational impacts to social services facilities (e.g., community congregate care, child care provider facilities, Head Start centers, senior centers, homeless shelters) and programs (e.g., domestic violence services, child support enforcement, foster care, family support programs);
- Assessment of disaster-related impacts to at-risk individuals (e.g., children, older adults, pregnant women, low-income individuals and families, individuals experiencing homelessness, people living with disabilities and others who may have additional access and functional needs, people with pre-existing mental disorders, people with limited English proficiency and other underserved populations);
- Identification of disaster-related social services needs that cannot be met with community resources due to the disaster; and,

- Provision of technical assistance in assessing the health care services needs of disaster-impacted individuals and the applicability of federal programs’ flexibilities and waivers that may be strategically leveraged to enhance the state’s capacity to meet those needs.

Referral to Social Services / Disaster Case Management

Coordinating Agency	Primary Agency	Supporting Organizations	<i>Inter-RSF Coordination</i>
HHS/ACF	FEMA	American Red Cross	Housing
HHS/ACL	CRCL	NVOAD	--
HHS/ASPR	DOJ	USDA	--
HHS/CMS	DOL	VA	--
HHS/IHS*	--	--	--
HHS/SAMHSA	--	--	--

- Implementation of coordinated system(s) for referral of individuals and families with unmet disaster-related needs to appropriate social services and strategic leveraging of federal social services programs to mitigate social disruption and transition individuals and families back to self-sufficiency; and,
- Facilitating the delivery of federally-supported Disaster Case Management, either through the FEMA DCM State Grant, ACF-led Immediate Disaster Case Management Program, or other mechanisms as described in the [FEMA DCM Program Guidance](http://www.fema.gov/media-library-data/20130726-1908-25045-2403/dcm_pg_final_3_8_13.pdf) (http://www.fema.gov/media-library-data/20130726-1908-25045-2403/dcm_pg_final_3_8_13.pdf).

Schools and Children in Disasters

Coordinating Agency	Primary Agency	Supporting Organizations	<i>Inter-RSF Coordination</i>
HHS/ACF	Education	ARC	CPCB
HHS/ASPR	FEMA	NVOAD	Economic
HHS/HRSA	EPA	SBA	Housing
HHS/IHS*	DOI*	USDA	Infrastructure Systems
HHS/SAMHSA	--	--	--

- Facilitation of a supportive educational environment for children and youth in impacted communities;
- Coordination of health and social services delivered through state or tribal liaisons to support impacted schools;
- Support state, territorial, tribal or local government efforts to coordinate enrollment, educational services and health and social services for students that are homeless and/or displaced prior to, or as a result of, the disaster; and,
- Coordination of health and social services to address the needs of children and youth, including formation of children and youth task forces.

Appendix IV: Essential Elements of Information for Health and Social Services

Demographic Baseline

- Number or percentage of individuals in disaster declared jurisdictions under 18.
- Number or percentage of individuals in disaster declared jurisdictions over 65.
- Number of federally-recognized tribes, and their Public Law 94-638 self-determination status, in the disaster declared jurisdictions.
- Number of veterans in the disaster declared jurisdictions.
- Percentage of individuals in disaster declared jurisdictions that speak a language other than English.
- Number or percentage of individuals in disaster declared jurisdictions with disabilities.
- Number of beneficiaries in disaster declared jurisdictions that rely upon select electricity-dependent durable medical equipment (e.g. oxygen concentrators, ventilators, enteral feeding, etc.) and or dialysis health care services.

Health Care Systems Baseline

- Are any of the disaster declared jurisdictions (e.g., county, parish) designated Medically Underserved Areas (MUA) by HHS' Health and Resources Services Administration?
- Are any of the disaster declared jurisdictions (e.g., county, parish) designated Health Professional Shortage Areas (HPSA) by HHS' Health and Resources Services Administration?
- Number of hospitals in the disaster declared jurisdictions.
- Number of dialysis or end stage renal disease centers or facilities in the disaster declared jurisdictions.
- Number of residential long-term care facilities in the disaster declared jurisdictions.

Child Care Systems Baseline

- Number of licensed child care centers and family child care homes in the disaster declared jurisdictions.

Structural Impacts

- Number of health care, social services, or child care facilities closed due to power outages.
- Number of health care, social services, or child care facilities closed due to utility interruption.
- Number of health care, social services, or child care facilities closed due to structural damage.

- Number of health care, social services, or child care facilities damaged versus number completely destroyed by the disaster.
- Number of damaged/destroyed health care, social services, or child care facilities that are public or government owned, private nonprofit, or private for-profit.

Operational Impacts

- Has the disaster caused disruptions to the health care supply chain including medical and non-medical supplies, pharmaceuticals, blood products, industrial fuels, medical gases etc.?
- Have health care or social services providers temporarily or permanently reduced their capacity due to the disaster?
- Are health care or social services providers experiencing or expecting workforce attrition as a result of the disaster?

Access to Services

- Has disruption of the health care and/or social services delivery systems impaired (constrained, reduced, or eliminated) access to services for people with disabilities and others with access and functional needs?
- Has disruption of the health care and/or social services delivery systems impaired (constrained, reduced, or eliminated) access to services for at-risk individuals (e.g., children, older adults, pregnant women, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, individuals with serious mental illnesses, or individuals who have pharmacological dependency)?

Appendix V: Essential Elements of Information for Schools

Educational System Pre-Disaster Baseline

- Total number of elementary and secondary schools, colleges, and universities located in the declared disaster area or impacted jurisdictions.
- Total number of elementary and secondary schools or colleges on tribal reservations located in the declared disaster area or impacted jurisdictions.
- Total number of off-reservation tribal boarding schools and peripheral dormitories located in the declared disaster area or impacted jurisdictions.
- Total number of Head Start programs located in the declared disaster area or impacted jurisdiction.

Student Demographics

- Total number of students, by school district, in the declared disaster area or impacted jurisdiction.
- Percentage or number of students that speak a language other than English at home.
- Total number of out-of-state or international students located in the declared disaster area or impacted jurisdictions.
- Percentage of students in impacted school districts with disabilities.
- Percentage or number of students in impacted school districts that rely on school buses for transportation.
- Percentage or number of students that received free or reduced lunch prior to the disaster.
- Percentage or number of students that have medical necessities provided by school nurses.

Structural Impacts

- Number of elementary and secondary schools, colleges, or universities used as shelters during the incident.
 - Are shelter operations preventing or limiting use of the campus for educational purposes?
 - Are shelter feeding operations increasing depletion rate of elementary or secondary school food resources?
- Number of elementary and secondary schools, colleges, or universities closed due to power outages.
- Number of elementary and secondary schools, colleges, or universities closed due to utility interruption.
- Number of elementary and secondary schools, colleges, or universities closed due to structural damage.
 - Number of schools damaged vs number completely destroyed by the disaster.
 - Number of damaged/destroyed schools that are public, private, or charter schools.
 - Are classes continuing in alternate sites?
 - How are students being transported to these sites?

Disaster Impacts to the Academic Year

- Is the disaster expected to delay the start or end of the school year?
- Has the disaster delayed or resulted in the cancellation of significant school events (prom, graduation)?
- Are displaced students being enrolled in elementary and secondary schools outside of their district of origin due to the disaster?
- Are there transportation challenges or needs specific to disaster displaced students?
- Are free or reduced lunches being provided to all students regardless of family income due to the disaster?
- Are there plans to support students that may still be displaced at the start of the next school year?

Appendix VI: Job Aid: Conducting an H&SS RSF Mission Scoping Assessment

The following checklist summarizes the activities conducted by the H&SS RSF Field Coordinator in the development of the H&SS RSF Mission Scoping Assessment Report (MSAR). **This is not an exhaustive list.** Each disaster recovery operation will present unique challenges requiring flexibility.

1. Review Initial Declaration Details:

Is the incident a Presidentially-declared disaster under the Stafford Act?

If Yes:

- Identify disaster type (e.g., CBRN, earthquake, flood, hurricane, tornado, tsunami, volcanic).
- Identify counties or parishes within declared state that are designated for FEMA Individual Assistance and Public Assistance.
 - For Public Assistance, note which Categories of Work (A-G) are designated.
- Identify designated areas within Tribal Nation(s) and their respective PL 94-638 self-determination status.
 - Note tribes may request their own Presidential Disaster Declaration or choose to be covered under a state's request.
- Note federal and non-federal share. *(The federal share is never less than 75%).*

If No:

- Identify federal statute or authority under which the H&SS RSF was activated.
- Identify state/tribal/counties/parishes designated for federal assistance.

2. Establish Pre-Disaster Health and Social Services Baseline by:

- Documenting total population of declared state and counties/parishes.
- Specifying key demographics at state and county/parish levels:
 - Age (number & percentage above/below 18; above 65).
 - Races/Ethnicity.
 - Primary Languages other than English.
 - Income (percentage above national/state poverty level).
 - Disabilities and access and functional needs.
 - Percentage of school students that receive free or reduced lunches.

- Describing pre-disaster health and social services infrastructure in declared counties/parishes:
 - Number of hospitals; EMS; Long-Term Care Facilities, dialysis centers, dental offices.
 - Document if counties/parishes are Medically Underserved Areas (MUA) or Healthcare Professional Shortage Areas (HPSA)
 - Number of child care and Head Start centers and slots.
 - Number of schools and their pre-disaster enrollment numbers.

3. Align H&SS RSF Core Recovery Missions to State/Tribe Structure:

- With the support of RSF members, identify key personnel within state/tribe departments of:
 - Health.
 - Behavioral Health.
 - Human/Social Services.
 - Children and Families.
 - Education.
- Engage directly with state/tribe response or recovery leads for health, behavioral health, human services, children and families, and education.
- Identify state/tribal departments with missions that overlap H&SS RSF's core recovery missions.
 - For example:
 - Are other state/tribal departments responsible for vector control?
 - Are other state/tribal departments responsible for mold or lead abatement?
 - Are other state/tribal departments responsible for supporting at-risk individuals via non-disaster case management programs?
- In consultation with state/tribe recovery partners, determine which of the nine core recovery mission areas were impacted by the disaster and may have recovery implications:
 - Healthcare Services.
 - Public Health.
 - Environmental Health.
 - Behavioral Health.
 - Social Services.
 - Referral to Social Services.
 - Long-Term Impacts to First Responders.
 - Food, Drug and Regulated Medical Product Safety.
 - Schools and Children in Disasters.

4. Analyze Initial Post-Disaster Impacts by:

- Reviewing ESF # 3, 6, 8, 10 and 11 Situation Reports.
- Reviewing Incident Action Plans.
- Participating in FEMA Operations Briefs.
- Reviewing FEMA Individual Assistance data.

- Reviewing ACF-administered Federal Immediate Disaster Case Management data.
- Reviewing SAMHSA-administered Crisis Counseling and Training Program data.
- Participating in ESF # 6 and ESF # 8 calls.
- Reviewing reports in HSIN/COP/Web EOC/other reporting systems used for the disaster.
- Requesting access to state or tribal ESF # 8 SitRep system or database.

5. Meet with State/Tribe Leadership to:

- Discuss the H&SS RSF Field Coordinator’s initial findings and the state’s or tribe’s recovery priorities.
- Determine the state’s or tribe’s capacity to address its recovery priorities and needs; and identify gaps and unmet needs that will require federal coordination support.

6. Expand State/Tribe Health and Social Services Partners beyond the ESF desk:

- Encourage state/tribe partners to establish inter-departmental/inter-governmental work groups or task forces to address health and social services disaster recovery needs – refer to the nine core recovery mission areas of the H&SS RSF – and ensure that applicable H&SS RSF Primary Agency and Supporting Organization are engaged.

State/Tribe/Territory-led Task Forces:

The impacted state, tribe, or territory may have established emergency response or recovery plans that establish task forces or may designate specific departments to address health and social services needs post-incident. In such cases, the H&SS RSF should adapt to the structure of the impacted state, tribe, or territory.

Note: Based on their priorities, the impacted state, tribe, or territory may establish a task force that addresses health and social services recovery concerns related to a larger or more pressing recovery need.

For example, an impacted state may establish a State-Led Housing Recovery Task Force to develop housing solutions for individuals and families internally displaced by the disaster. Part of this task force’s charge may be to address disaster human or social services recovery needs.

An impacted tribe may choose to establish a Tribally-Led Children and Youth Disaster Task Force charged with addressing post-disaster recovery needs related to the enrollment of displaced students; prevention of child abuse; and addressing the behavioral health needs of impacted children. In such cases, the H&SS RSF Field Coordinator should ensure that the Federal Disaster Behavioral Health Group is connected to support behavioral health activities of the task force; and ensure that the Human Services Coordination Group is engaged to support task force activities related to human or social services.

If the impacted state, tribe, or territory does not have a response or recovery plan that establishes task forces to address health and social services recovery needs; the H&SS RSF Field Coordinator should recommend establishing task forces, as needed, aligned with the nine core recovery missions of the H&SS RSF.

Depending on the operation, federal and state/tribe partners may be merged into a joint task force; meet independently; or a hybrid may be used.

- State/tribe partners that are not directly involved in the scoping of the Federal Immediate Disaster Case Management Program may administer steady-state case management programs that serve at-risk populations (e.g., home health care case managers, public housing authorities) that may have been impacted by the disaster and seek or need disaster assistance.
 - Connect these partners, as appropriate, to leverage resources, bundle services, reduce duplication of effort, and reduce the number of times a disaster survivor has to repeat their story.
- Encourage involvement of branches/offices that oversee/license health and social services facilities in recovery discussions, in order to promote mitigation as part of facility repair and restoration.

7. Leverage H&SS RSF Coordinating Agency, Primary Agency, and Supporting Organization Subject Matter Expertise:

- Determine if additional staff from either the Coordinating Agency or Primary Agencies are needed *in the field* to assist in the development and completion of the H&SS RSF MSAR.
- Coordinate with Federal Disaster Recovery Coordinator for subsequent Mission Assignments.
- Coordinate with HHS' Regional components (e.g., ASPR Regional Emergency Coordinators and Hospital Preparedness Program Field Project Officers, Administration for Children and Families, Administration for Community Living, Centers for Disease Control and Prevention, Center for Medicare and Medicaid Services, Food and Drug Administration, IHS, Substance Abuse and Mental Health Services Administration, and) that have steady-state relationships with key partners within the impacted state/tribe.
- Coordinate with the HHS/ASPR-led Federal Disaster Behavioral Health Group to identify potential resources that may address the behavioral health recovery needs presented by the incident.
- Coordinate with the HHS Human Services Coordination Group to facilitate coordination of federal support for disaster human services recovery needs.
- Vet drafts of the H&SS RSF MSAR with H&SS RSF Coordinating Agency Regional components and with H&SS RSF Primary Agencies and Supporting Organizations.

8. Link Health and Social Services Stakeholders to Partners in other Sectors:

- Connect state/tribe department of health to state/tribe department that administers Disaster Case Management to leverage resources and inform decision-making.
- Connect state/tribe health and social services partners to FEMA Individual Assistance; whose registration data can help state partners prioritize recovery resources.
- Connect state/tribe partners to FEMA Public Assistance and Hazard Mitigation.
- Connect partners to recovery groups whose activities support health and social services recovery.
 - For example, the impacted state/tribe may establish a housing recovery task force to address internal displacement. Connecting to this task force will support efforts to ensure continuity of access to services for disaster survivors, as well as target behavioral health resources.

9. Maintain Situational Awareness of Cross-Cutting Issues in the Field by:

- Attending key meetings convened by the Community Planning & Capacity Building RSF to ensure that health priorities are included in community visioning discussions and activities.
- Attending key Economic RSF meetings to maintain situational awareness of impacts to low-income individuals and other at-risk populations.
- Attending key meetings convened by the Housing RSF to:
 - Maintain awareness of federally-supported transitional housing assistance to inform state/tribe partners' prioritization and deployment of resources.
 - Identify obstacles to transitional and permanent housing for individuals with access and functional needs.
 - Identify population shifts (temporary or permanent) that will impact community access to health care and social services.
 - Maintain situational awareness of environmental health hazards related to housing recovery (asbestos, lead, and/or mold) and inform decision making with appropriate guidance.
- Attending key Infrastructure Systems RSF meetings to:
 - Ensure prioritization of the restoration of infrastructure (e.g., energy, HVAC, water/wastewater) essential to continuity of operations for health care facilities.
- Attending key Natural and Cultural Resources RSF meetings to:
 - Maintain situational awareness of recovery issues with environmental health or environmental justice implications.
 - Maintain situational awareness of environmental protection or historic preservation compliance requirements that may impact rebuilding decisions of health and social services partners.
- If applicable, engaging disaster-specific task forces or RSFs established to address an issue of particular significance to the impacted state/tribe (e.g., Port Authority, Tourism).

10. Ensure Identified Recovery Issues Align with State/Tribe Priorities by:

- Discussing preliminary draft H&SS RSF MSAR with recovery leads within state/tribe departments of health, human/social services, children and families, and education.
- Providing a pre-decisional draft of the H&SS RSF MSAR to recovery leads within state/tribal departments of health, human/social services, children and families, and education for their review, input, and edits.