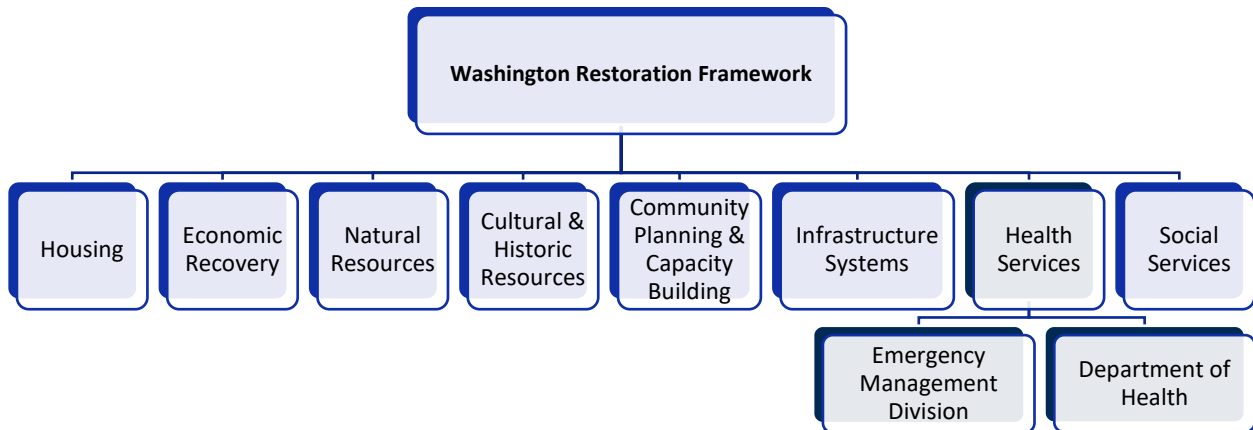




Health Services Recovery

Recovery Support Function



Coordinating:

Emergency Management Division (EMD)

Primary:

Department of Health (DOH)

Supporting

Department of Agriculture (WSDA)

Department of Children Youth and Families (DCYF)

Department of Ecology (ECY)

Department of Enterprise Services (DES)

Department of Labor and Industries (Lni)

Department of Licensing (DOL)

Department of Social and Health Services (DSHS)

Department of Transportation (WSDOT)

Department of Veterans Affairs (WDVA)

Governor's Office of Indian Affairs (GOIA)

Health Care Authority (HCA)

Office of the Attorney General

Office of the Secretary of State

Office of the Superintendent of Public Instruction (OSPI)

Washington Department of Fish and Wildlife (WDFW)

Washington State Board of Health

Washington State Correctional Industries (CI)

Washington State Independent Living Council (WASILC)

Washington State Patrol (WSP)

Purpose

The Health Services Recovery Support Function (HS RSF) facilitates collaboration among health care, behavioral health care, emergency management, education, nonprofit, and social services partners to leverage resources in support of restoring health care and medical services in the state. The HS RSF is a means to organize restoration and recovery operations in support of

public health and related systems for an impacted community by outlining the roles, responsibilities, and programs of the coordinating, primary, and supporting entities.

The National Preparedness Goal establishes 32 Core Capabilities to address the greatest risks to the nation, including the Health and Social Services Recovery Core Capability. This capability is defined as follows: Restore and improve health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community. This RSF defines the roles and responsibilities of entities involved in the delivery of the Health Services component of the Health and Social Services Recovery Core Capability in the Recovery Mission Area.

Note: The Federal Emergency Management Agency (FEMA) combines Health and Social Services into a single RSF. Although there are overlapping objectives and similarities among health and social services, it was determined there were sufficient differences for how these sectors operate in Washington State to warrant separating them into two RSFs. Therefore, the state’s Social Services RSF (SS RSF) focuses on the restoration of social services, while *the Health Services RSF focuses on the restoration of public health and health care services*. Both RSFs work together to address the Health and Social Services Recovery Core Capability.

Primary Core Capability	
Recovery	
Health and Social Services Recovery	Restore and improve health and social services capabilities and networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.

Support Core Capabilities	
Recovery	
Public Information and Warning	Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard and, as appropriate, the actions being taken, and the assistance being made available.
Operational Coordination	Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of Core Capabilities.
Infrastructure Systems	Stabilize infrastructure functions, minimize health and safety threats, and efficiently restore and revitalize systems and services to support a viable, resilient community.

Authorities & Policies

Revised Code of Washington (RCW)

- **39.26.130, Public Contracts and Indebtedness, Emergency Purchases**
Outlines emergency purchasing policies and procedures for state agencies.
- **43.70.680, Department of Health, Volunteers for emergency or disaster assistance**
Details the activation of qualified volunteers to aid in the response to an incident requiring health care providers.
- **43.155.065, Emergency Public Works Projects**
Establishes low-interest or interest-free loans for emergency public works projects.
- **43.20, State Board of Health**
Definitions, powers, duties, etc. pertaining to the state board of health.
- **43.21C, State Environmental Policy Act (SEPA)**
Provides a state policy concerning environmental review requirements.
- **43.70.130 & 43.70.020(3), State Department of Health – Powers and duties of the Secretary of Health**
Outlines the responsibilities of the Secretary of Health including enforcing public health laws of the state, investigating outbreaks and epidemics of disease, exercising supervision over all local health departments, establishing and maintaining laboratory facilities and services to carry out Department of Health responsibilities. Also details the authorities of the Secretary of Health in an emergency.
- **43.70.490, Emergency medical service personnel training program – Assistance to persons with disabilities – Requirements – Law enforcement officer training – Definitions**
This outlines the requirement for the Department of Health, Department of Social and Health Services, the state fire marshal's office, the superintendent of public instruction, and the Washington state council of firefighters to design a statewide training program on best practices for handling incidents in which persons with disabilities are present. The RCW also requires DOH to publish a list on its website of public and private nonprofit disability-related agencies and organizations.
- **43.70.512, Volunteers for emergency or disaster assistance**
Provision for the authorization of DOH to contact persons issued credentials to ask them if they will register as volunteer workers.
- **43.70.680, Public health – Required measurable outcomes**
The state is responsible for protecting the public's health across the state and must meet measurable benefits concerning the health of residents in Washington including creating a disease response system capable of responding at all times and monitoring and protecting drinking water across jurisdictional boundaries.
- **49.60, Discrimination – Human Rights Commission**
Guides the coordination and delivery of recovery resources to include the incorporation of all communities.

- **70.05.070, Local health officer – powers and duties**
Enforce the public health statutes of the state, rules of the state board of health and the Secretary of Health, and all local health rules, regulations, and ordinances within their jurisdiction including imposition of penalties authorized under RCW 70.119A.030.
- **70.05.060, Powers and duties of local board of health**
Each local board of health shall have supervision over all matters pertaining to the preservation of the life and health of the people within its jurisdiction and carry out the powers and duties according to the law.
- **70.15, Uniform Emergency Volunteer Health Practitioners Act (UEVHPA)**
During a state-declared emergency, the Department of Health may limit, restrict, or regulate volunteer health practitioners (individuals licensed under the laws of the UEVHPA or another state and provide health or veterinary services). The act allows licensed health professionals from another state provide services in Washington during an emergency without having to seek a Washington license.
- **70.116, Public Water Systems Coordination Act of 1977**
Establishes procedures for coordinating the public water system in the state, through the assistance of the Department of Health.
- **70.119A, Public Water Systems, Penalties & Compliance**
Outlines how the secretary or their designee or the local health officer may declare a public health emergency, and the establishes enforcement of public health regulations by local boards of health and the state.

Washington Administrative Code (WAC)

- **246-290, Group A Public Water Systems**
Defines regulatory requirements concerning public water systems and the protection of public health.
- **246-293, Water System Coordination Act**
Defines the coordinated water systems plan and requirements, pursuant to RCW 70.116, including the requirement for the system plan to “provide for maximum integration and coordination of public water system facilities consistent with the protection and enhancement of the public health and well-being.”
- **246-294, Drinking Water Operating Permits**
Sets drinking water operating permit requirements pursuant to RCW 70.119A.
- **246-295, Satellite System Management Agencies**
Establishes the criteria for approving satellite system management agencies and outlines procedures for coordination of public water systems to enhance public health.
- **246-296, Drinking Water State Revolving Fund**
Establishes a funding program for public water system infrastructure improvements that improve the drinking water safety and reliability of a public water system.

Federal Laws & Authorities

- **Indian Health Care Improvement Act (IHCA) – 25 U.S. Code Chapter 18**
Establishes the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives. The Indian Health Service is the primary provider of direct

medical and public health services to members of federally-recognized American Indians and Alaska Natives.

- **Section 2802, National Health Security Strategy & Section 319, Public Health Service Act (PHSA) – Health and Human Services (HHS)**

Section 2802 outlines the requirements of the National Health Security Strategy, a coordinated public health emergency preparedness and response strategy as it pertains to the National Preparedness Goal. Section 319 of the PHSA provides the legal authority for the Federal Department of Health and Human Services (HHS) to respond to public health emergencies, including assisting states in their response actions.

Important Policies

- **Olympic Regional Tribal-Public Health Collaboration and Mutual Aid Plan (2010)**

Establishes the standard operating procedures for mutual aid response among tribes and local health jurisdictions in the Olympic region.

Situation Overview

There are more than 100 hospitals, two state-owned psychiatric hospitals, 7,000 health organizations and programs, and 430,000 healthcare practitioners in Washington State. To better support the healthcare needs of communities, the approach to public health and healthcare in Washington State has changed dramatically over the past decade. There are 35 local health jurisdictions and 29 federally recognized tribal governments in the state working primarily under three state healthcare coalitions to support public health and healthcare preparedness, response, and recovery in communities. These coalitions are partially funded through the Washington State Department of Health (DOH) under the U.S. Department of Health and Human Services (HHS) and its Office of the Assistance Secretary for Preparedness & Response Healthcare Preparedness Program grant.

Health care services are a vital component of every thriving community. Communities require a robust public health system with functional hospitals, clinics, and medical centers, to go about their day-to-day lives. Communities also need a robust health care system to promote a healthier and more resilient and sustainable environment. Because public health intersects with many parts of the community including critical infrastructure, it is essential that HS RSF entities facilitate the recovery process to efficiently and effectively restore health services impacted by a disaster through the coordination of numerous local, state, tribal, and federal government partners as well as non-governmental entities and healthcare coalitions.

Disasters can impact numerous areas that relate to healthcare systems including, but not limited to:

- Public health and medical infrastructure
- Behavioral health services
- Food Safety
- Drinking water
- Distribution centers and systems
- Critical facilities
- Environmental health
- Response and recovery worker health and safety



Health Services Recovery

Recovery Support Function

Short-term public health concerns often arise due to impacted infrastructure. Short-term health services restoration actions may include addressing interruptions to potable water and sewage treatment, containing or preventing infectious diseases, and restoring hospitals, clinics, and other critical facilities. Longer-term health services restoration activities may include monitoring environmental health and food safety concerns and providing on-going behavioral health support services. Common challenges in health services restoration post-disaster include limited finances and workforce, legal issues (e.g., permitting, environmental reviews), and a lack of coordination in operational planning across stakeholders. The Centers for Medicare and Medicaid Services (CMS) requires health care providers and suppliers address four core elements of emergency preparedness including risk assessment and emergency planning, communication plan, policies and procedures, and training and testing. For health care providers and suppliers in the state that are immune to this rule, there is limited restoration planning, training, and exercising pre-disaster.

Health care infrastructure is at, or above capacity across the state. Additionally, there are many Critical Access Hospitals (CAHs) in the state, particularly in eastern Washington, with limited funding and support. A CAH is a specially designated hospital that provides essential services to rural communities and meets certain CMS conditions. This RSF is a multi-entity effort to coordinate and leverage resources in a disaster to address this challenge. The Governor's Resilient Washington State Subcommittee 2012 report included a recommendation to make hospitals resilient – structurally and functionally (Recommendation 7). This RSF helps bridge the communication gap between hospitals, emergency management and non-hospital partners. Changes in funding, regional structures, and staff turnover have created disconnects in response and recovery planning efforts. This HS RSF provides a platform for governmental and non-governmental entities to coordinate pre- and post-disaster health services restoration efforts.

Planning Assumptions

This RSF assumes that local, tribal and federal emergency management entities will operate similar plans that stipulate organization by Core Capability and/or RSF as defined within the Washington Restoration Framework (WRF). This RSF also assumes the following:

- While the operating structures of healthcare coalitions across the state differ, they share a common mission focused on medical surge, patient tracking and movement, bed capacity, staffing availability, infrastructure (space availability), and supporting public health.

- Hospitals operating across Washington are required to have Continuity of Operations Plans describing how they will restore operating capacity following an interruption. However, clinics do not have this requirement.
- Local public health is the responsibility of the local public health officers. All communities across the state are operationally organized through an ESF-8 or equivalent function, led by local and tribal health departments. Hospitals, clinics, and other medical facilities may operate their own emergency management response and recovery Incident Command System (ICS) structures.
- Behavioral health resources exist across the government and private sector at both state and local levels. State and local government programs, nonprofit services, and individual providers all may provide some form of behavioral health support depending on the resources and needs of the impacted community. Coordination roles and responsibilities for behavioral health responses will be dispersed among Behavioral Health Organizations, Managed Care Organizations, and Local Health Jurisdictions at a local level. Additionally, spiritual care can play a major role in the recovery of some individuals – and as such- chaplains and clergy should be engaged in behavioral health recovery efforts. It is also critical to note that, on average, the majority of behavioral health needs will present in a community around three or more months after the initial incident.
- Behavioral health includes both substance use disorder, co-occurring and mental health.
- Nothing in this Health Services RSF is intended to modify, replace, or supersede the recovery activities, roles and responsibilities, authorities, statutes, regulations, or program rules of the primary, coordinating or supporting state agencies, and other entities that implement or support the implementation of ESFs within the Washington Comprehensive Emergency Management Plan (CEMP).
- The activities and responsibilities contained within this RSF relate to the jurisdictional responsibilities of the state of Washington and may not reflect all Health Services Recovery actions at different jurisdictional levels.

Concept of Operations

Critical Tasks

This RSF is primarily responsible for directly contributing to the Recovery Mission Area through the Health and Social Services Recovery Core Capability and the associated Critical Tasks. The RSF may also support the Critical Tasks under the following Core Capabilities: Public Information and Warning, Operational Coordination, and Infrastructure Systems. The entity responsibilities associated with executing these Critical Tasks are listed in the ‘Responsibilities’ section of this document. Some health and medical facilities are for-profit and may not organize their disaster planning around the core capabilities associated with this RSF. Therefore, the HS RSF needs to maintain flexibility to best support the needs of the private sector based on the organizational structure in place at the local level. If an entity does not have a Health Services RSF component to their response and/or recovery plan, this RSF will integrate with the closest

equivalently functional element, such as ESF-8 (Public Health), ESF-14 (Long-Term Recovery), a recovery branch, or a recovery task force/group.

Health and Social Services Recovery	
Critical Task I.D.	Critical Task Description
1	Identify affected populations, groups, and key partners in short-term, intermediate, and long-term recovery.
2	Complete an assessment of community health and social service needs; prioritize these needs, including accessibility requirements, based on the whole community's input and participation in the recovery planning process; and develop a comprehensive recovery timeline.
3	Restore health care (including behavioral health), public health, and social services functions.
4	Restore and improve the resilience and sustainability of the health care system and social service capabilities and networks to promote the independence and well-being of community members in accordance with the specified recovery timeline.

Public Information and Warning	
Critical Task I.D.	Critical Task Description
1	Reach all populations within the community with effective actionable recovery-related public information messaging and communications that are accessible to people with disabilities and people with limited English proficiency; protect the health and safety of the affected population; help manage expectations; and provide stakeholders with a clear understanding of available assistance and their roles and responsibilities.
2	Support affected populations and stakeholders with a system that provides appropriate, current information about any continued assistance, steady state resources for long-term impacts, and monitoring programs in an effective and accessible manner.

Operational Coordination	
Critical Task I.D.	Critical Task Description
1	Establish tiered, integrated leadership and inclusive coordinating organizations that operate with a unity of effort and are supported by sufficient assessment and analysis to provide defined structure and decision-making processes for recovery activities.

Infrastructure Systems	
Critical Task I.D.	Critical Task Description
1	Restore and sustain essential services (public and private) to maintain community functionality.

Objectives:

The HS RSF contains key objectives, categorized to provide structure for the coordination of programs, partners, and resources in recovery planning (Source: *National Disaster Recovery Framework Annex E: Health and Social Services*).

Public Health

- Complete an assessment of public health and medical needs; prioritize these needs based on the whole community's input and participation in the recovery planning process; and develop a comprehensive restoration timeline.
- Restore basic health services functions and identify critical health care needs in short-term, intermediate, and long-term recovery, such as, but not limited to, people with limited English proficiency, children, older adults, and people with access and functional needs.
- Coordinate unified messaging on public health and risk communications related to the disaster.

Health Care Services

- Identify specific state entity, local jurisdiction, and non-governmental organization roles and responsibilities that support the restoration of health care services.
- Coordinate information sharing and recovery efforts between related entities including health care coalitions, health jurisdictions, and tribal governments to maximize effectiveness, minimize duplication of effort, and restore access to health care services in the community.
- Assess health care infrastructure damage including the structural, functional, and operational impacts to these facilities (e.g., hospitals, clinics, blood banks, laboratories, dialysis centers, substance abuse treatment facilities, poison control centers, medical and dental offices, etc.).
- Assess the impact to patient care services and the dependencies on critical health care infrastructure (e.g., drinking water, waste water, transportation, etc.).
- Prioritize restoration of health care services and determine alternative or interim solutions to provide continuity of health care services.
- Consider population shifts and changes in the community post-disaster that will impact the prioritization of health care services restoration and long-term recovery planning.

Behavioral Health

- Identify and prioritize behavioral health needs in the impacted community along a continuum of care and assess impacts to the capacity of behavioral health systems. These efforts may be augmented through the use of epidemiological data.
- Engage with behavioral health partners including human and social service entities, non-profit organizations, regional support networks (RSNs), chaplaincies and faith-based organizations, and the U.S. Department of Health and Human Services to assess disaster-caused needs and leverage resources to provide assistance and support to impacted communities.

- Coordinate with behavioral and social service health partners on delivering consistent and accurate messaging concerning the short and long-term psychological impacts of the disaster in addition to appropriate coping behaviors and available resources.
- Provide technical assistance to the impacted community on the delivery of disaster behavioral health services and assist with community capacity building for the surge of behavioral health needs post-disaster.
- Identify need and fit for behavioral health assistance support and programs such as FEMA's Crisis Counseling Assistance & Training Program and Red Cross Disaster Mental Health volunteer teams to support locally impacted communities. Engage stakeholders and apply/request for program support if the disaster meets program requirements and it is identified as a potentially useful support to the impacted community.

Environmental Health

- Assess the environmental health and safety risks related to the incident and support the impacted community in minimizing or mitigating the risk potential.

Food Safety and Regulated Medical Products

- Coordinate with local, state, federal, and tribal governments on the assessment of the impacted jurisdiction's food and medical supply networks and provide technical assistance.

Long-Term Health Services Recovery

- Identify long-term impacts to health services based on the post-disaster conditions and, if needed, establish long-term health monitoring and assistance planning with the impacted community.
- Build health care sector capacity and resiliency across Washington through partnership building, exercise and training, and incorporating national best practices in coordination with all public, private, and non-profit sectors
- Restore health services in an equitable manner that addresses the needs of all people in Washington by establishing and building partnerships with organizations that serve the Whole Community.

Children and Youth

- Provide support to children and youth impacted by the disaster and mitigate disaster-caused environmental health issues in areas where children congregate (e.g., schools, gymnasiums, childcare centers).
- Identify behavioral health needs of children, youth, expectant and nursing mothers and provide age-appropriate messaging to facilitate long-term behavioral health recovery.

Whole Community Involvement

When assessing the health services impacts of a disaster the Whole Community must be taken into account. Topics to consider for people with access and functional needs include, but are not limited to, the following:

- The HS RSF, in coordination with the Social Services RSF, should identify the stakeholders that are able to conduct an assessment of the resource needs in the impacted community such as independent living centers, Area Agencies on Aging, University Centers of Excellence on Developmental Disabilities, and Vocational Rehabilitation Services.
- Entities supporting the impacted community should consider adjusting health services program guidelines, eligibilities, and requirements to provide support to a broader audience. In addition, the capacity of health services entities themselves may be stretched thin and will need to reach out to their parent organizations for additional resources and support. For example, organizations may decide to waive certain requirements, divert funding streams to address the circumstances of the disaster, or provide flexibilities for organizations to use existing funds to support disaster survivors (if it is not explicitly eligible).

Organization

Mobilization

All personnel should remain flexible to adapt to the unique conditions of all hazards and scale the RSF structure to meet the needs of the recovery.

During a State Emergency Operations Center (SEOC) activation, the SEOC Supervisor and Disaster Manager, will coordinate with the ESF-14 lead, the HS RSF primary and coordinating entities as well as ESF-6 (Mass Care) and ESF-8 leads to determine if the HS RSF is needed. The initial RSF convening may occur via conference call to establish a common operating picture and discuss any emerging local needs related to the incident. The HS RSF will activate when any emergency or public threat exceeds local, tribal, or healthcare facility resources or capabilities and there is a need to coordinate the restoration of public health services. Additional healthcare infrastructure support may also be provided by the state through the Emergency Management Assistance Compact (EMAC). For most incidents, the activation will consist of conference calls with key state-level partners. RSF coordination calls and other RSF convening actions fall under the responsibility of ESF-14 in the SEOC. Not all entities listed in the table on Page 1 may participate in the calls, depending on the incident scope and magnitude.

Alternatively, this RSF may be activated by the State Coordinating Officer (SCO) or the Governor's Authorized Representative and recovery activities coordinated within the Recovery Unit of the Recovery Branch in the SEOC Operations Section or Joint Field Office (JFO). While most incidents will only require RSF partners to call-in, larger disasters may necessitate in-person meetings at the SEOC or JFO. Alternate meeting locations may be determined by the participating RSF members, in coordination with the SCO or Deputy SCO.

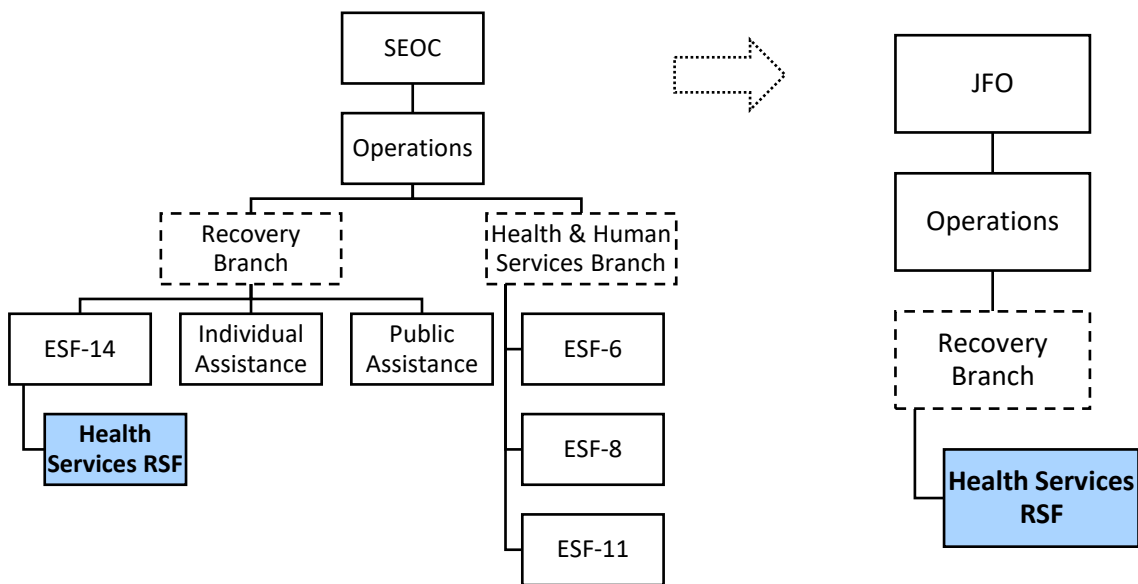
Structure

The HS RSF falls within the Operations Section of the SEOC, as organized within the structures of the Incident Command System (ICS). Depending on the scope and magnitude of the incident,

a Health and Human Services Branch may be created to maintain span of control. Ultimately, as the health and medical related response operations diminish, the recovery operations will ramp up. ESF-8, ESF-14, and the HS RSF, when activated, will work together to maintain situational awareness and support the local jurisdiction’s recovery.

The structure is ideal for coordinating the immediate response activities and the initial recovery efforts to an incident. As the incident progresses, an ICS structure with more flexibility may be necessary to carry out the intermediate and long-term recovery efforts in the state, in coordination with, or as part of, the JFO. ESF-8 entities and others supporting health services response may demobilize or transition to a HS RSF support role. ESF-14 facilitates this transition and the overall transition from response to recovery operations within the SEOC.

Local jurisdictions and tribes maintain primary recovery planning responsibility. Healthcare coalitions, working under the umbrella of ESF-8 and this RSF, provide resources and technical support in coordination with the current operational structure at the state.



Direction, Control and Coordination

The structures and bodies laid out in this RSF should be prepared to integrate horizontally and vertically into structures and bodies established by the WRF to address the Recovery Mission Area as well as the structures outlined in other local, state, and federal plans. This RSF is an operational recovery annex supporting the WRF. Additionally, the WRF is an annex to the CEMP and aligns with the operational response and short-term recovery operations and structures identified in the Basic Plan.

To maintain situational awareness, the HS RSF will coordinate with all ESFs, with a primary focus on the coordination of information with ESFs 6, 8, 11, and 14. The HS RSF will also coordinate restoration activities and priorities with other activated RSFs including the SS RSF.

Horizontal Integration

In addition to the agencies and organizations outlined in this HS RSF (page 1), the RSF remains flexible and scalable to account for additional entities that may wish to participate in this coordination structure. The HS RSF coordinating, primary, and support agencies provide recovery support through existing authorities and operational plans as laid out in the following: (Note: This is not a comprehensive list of state plans. For more info, contact the state agency.)

State Agency Planning Integration

State agencies shall develop health services restoration plans and strategies commensurate with the agency's requirements and needs. Agency plans should complement the state CEMP through the Washington Restoration Framework (WRF).

Washington Comprehensive Emergency Management Plan (CEMP): *The CEMP guides the overall emergency management roles, responsibilities and emergency management mission areas (protection, preparedness, response, recovery, and mitigation) in the state.*

CEMP, Emergency Support Function 8 – Public Health, Medical, and Mortuary Services Annex: *ESF-8 provides direction, coordinated procedures, and clarity of responsibility for statewide health and medical response during disasters. The plan reflects an all hazards approach to preparing, responding, and recovering from disasters.*

CEMP, Emergency Support Function 14 – Long Term Recovery Annex: *ESF-14 is the coordinating and advisory function supporting local recovery efforts through the SEOC to coordinate state and federal recovery resources, host relevant meetings, facilitate the transition of resources from response to recovery, and prepare Presidential Disaster Declaration (PDD) requests.*

CEMP, Catastrophic Incident Annex: *This annex provides planning considerations for the SEOC in the context of a catastrophic event.*

WA DOH Basic Response Plan – Annex 10: Environmental Public Health Response

DOH agency response plan that covers the Office of Drinking Water.

WA DOH Radiological Response Plan

This plan details the response and recovery actions for any public health emergency involving radiological contamination.

Vertical Integration

This RSF should integrate vertically to federal response and recovery plans at the national and regional level. A federal Health and Social Services RSF Field Coordinator may be deployed in a major disaster to assess damages to health, social services, childcare, and educational services.

The field coordinator works with this RSF to provide a list of available resources and assistance programs state partners could apply for to support the impacted jurisdictions.

The HS RSF should also integrate vertically with locally established Health Services RSFs, recovery task forces, or equivalent, when possible. The RSF should also be prepared to integrate with the response and recovery plans within local and tribal governments, including those of local, regional or tribal public health care and medical organizations/coalitions. The RSF should remain flexible to coordinate with other plans or bodies that align with the Core Capabilities and Critical Tasks listed in the Purpose and Concept of Operations sections of this document.

Medical Reserve Corps (MRCs) cover approximately 20% of the state, and help communities prepare for and respond to emergencies and promote healthy living. The Eastern Washington MRC covers all of eastern Washington and includes a behavioral health group. MRCs consist of community-based volunteers that are locally organized and managed by public health jurisdictions or local emergency management. They are frequently activated during disasters to supplement existing emergency, public health, and behavioral health support responders.

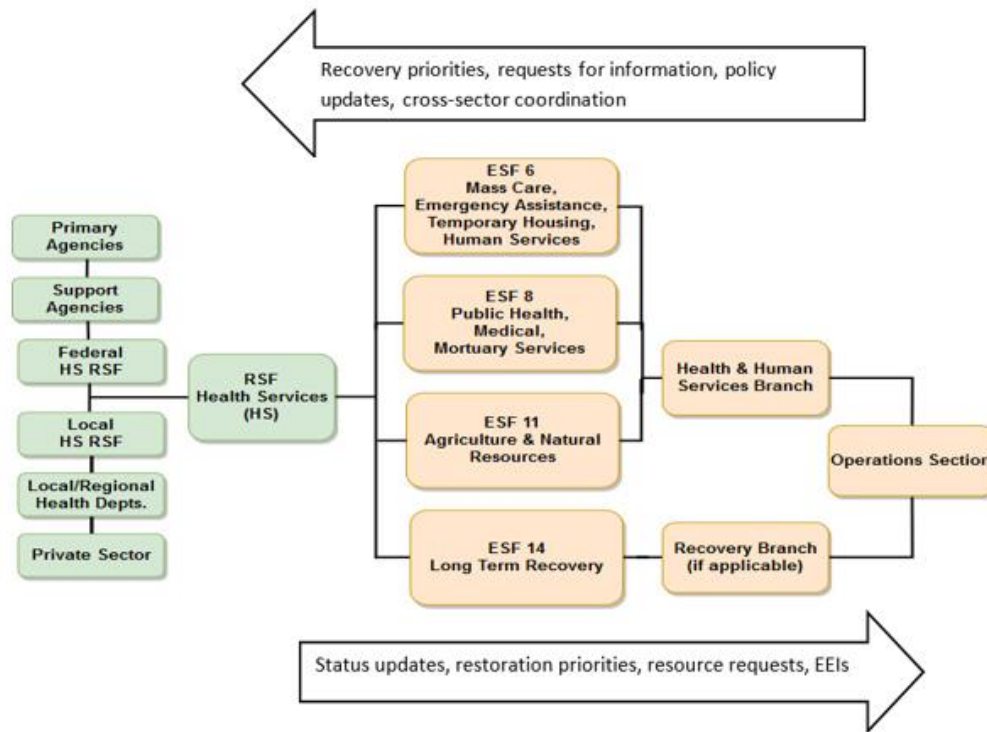
Federal Plans

The state HS RSF should anticipate integrating with the federal Health and Social Services RSF agencies and departments that support the delivery of the Health and Social Services Recovery Core Capability, especially the Department of Health and Human Services which is the coordinating agency.

Recovery Federal Interagency Operational Plan, Annex E: Health and Social Services: *This document outlines how Federal agencies and national nongovernmental organizations plan to support the health and social services disaster recovery efforts of local, state, tribal, territorial and insular area jurisdictions. The Health and Social Services (H&SS) RSF delivers the H&SS core capability.*

National Health Security Strategy (NHSS): *The NHSS is a strategic plan developed by HHS to help minimize the consequences associated with significant health incidents.*

Information Collection, Analysis, and Dissemination



Information Collection

Upon activation, the HS RSF gathers information from its member agencies (both primary and supporting), federal and local ESF-14 and/or HS RSF counterparts, local, tribal and regional health departments/coalitions/providers, and other sources as necessary (see table below). Using available information, entities provide health services impact assessment data, issues and resource requests to inform the HS RSF and, if applicable, the recovery support strategy or plan.

Entities Supporting Health Services Recovery	
Academic institutions	Northwest Healthcare Response Network (NWHRN)
American Indian Health Commission (AIHC)	Northwest Portland Area Indian Health Board (NPAIHB)
American Red Cross	Philanthropic organizations
Behavioral health organizations and networks	Regional Emergency and Disaster Healthcare Coalition (REDi)
Community Organizations Active in Disasters (COADs)	Region IV Healthcare Preparedness Alliance
Community, Social Service, Faith-based, and Humanitarian organizations	Voluntary Organizations Active in Disasters (VOADs)
Emergency management	Washington Association for Community Health (WACH)
Equity & environmental justice groups	Washington Healthcare Access Alliance (WHAA)
LeadingAge Washington	Washington Health Care Association (WHCA)

Entities Supporting Health Services Recovery	
Licensed healthcare, public health, and support professional volunteers	Washington State Association of Local Public Health Officials (WSALPHO)
Local Health Boards	Washington State Hospital Association (WSHA)
Hospitals and hospital systems support	Washington State Pharmacy Association (WSPA)
Medical organizations, networks, and associations	<i>OTHER</i>
Medical Reserve Corps (MRC)	

The HS RSF uses health impact assessments and available statewide information systems such as Health Alert Network (HAN)/Washington Secure Electronic Communications, Urgent Response and Exchange System (WA SECURES) and the Washington System for Tracking Resources, Alerts and Communication (WATrac) to collect and share healthcare and relevant demographic information across the state. WA SECURES is the HAN application managed by DOH and is used to share information regarding emerging public health threats, recovery efforts, and other guidance with public health partners. WATrac is Washington’s information management system for healthcare response. WATrac includes a bed-capacity tracking system, patient tracking system, database of healthcare resources, and repository of contact information and planning documents. WATrac allows healthcare and public health partners to view real-time data related to the status of healthcare facilities and functions in Washington. It can also track resources and pharmaceuticals within healthcare facilities, post and share documents internally and externally in a virtual library and conduct on-line chats.

The Washington State Emergency Registry of Volunteers (WAserv), managed by DOH, is Washington State’s Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP). WAserv is a database of licensed health care, public health and support professionals who want to volunteer in response to federal, state or local emergencies. The program also verifies medical professional licenses of the volunteers registered in the system and allows volunteers to join a MRC, a Local Volunteer Management Unit (VMU) or register by Tribal Nation of membership and/or affiliation. The system can also be used for electronic registration and verification of non-medical volunteers available to provide support.

Depending on the scope and magnitude of the incident, DOH and partner agency resources may form a Public Health and Medical Assessment Task Force to conduct a Community Assessment for Public Health Emergency Response (CASPER) survey of the community in an initial or on-going capacity.

The Health Resources and Services Administration (HRSA) provides federal funding to two Primary Care Associations (PCAs) in Washington State. HRSA supports the PCAs in their assessment of health services needs after a disaster including determining the operational status of health centers and promotes the continuity of services.

The type of information to be collected is first determined by the HS RSF’s Essential Elements of Information list but may be adjusted to fit the needs of the incident.

Essential Elements of Information (EIs): Primary public health and medical infrastructure facilities may be damaged or inoperable during an incident. Rapid damage assessments and prioritizing facilities restoration during the response and short-term recovery may be necessary. EIs facilitate the restoration and recovery process by building a common operating picture and providing information for local, state, federal, and tribal health officials, and health and medical services partners to support priority decision making and resource allocation. The following categories are a baseline list of essential health services recovery elements which should be considered for information collection. They may not include all relevant EIs as the impact of a given disaster may require unique information collection needs.

Essential Elements of Information	
Health Services Recovery	
Element	Description
Public Health & Medical Infrastructure	<ul style="list-style-type: none"> • Status of facilities • Space availability • Operational capacity • Bed capacity • Surge capacity • Resource needs <ul style="list-style-type: none"> ○ Medical equipment ○ Personnel ○ Other
Hospitals	
Dialysis Centers	
Kidney Centers	
Behavioral Health	
Blood Centers	
Community Health Centers	
Poison Control Centers	
Medical & Dental Offices/Facilities	
Substance Abuse Treatment Centers	
Laboratories & Pharmacies	
Long-term Care Centers	
Urgent Care Centers	
Behavioral Health Services	<ul style="list-style-type: none"> • Assessment of behavioral health needs both along a continuum of care and as related to specific disorders • Operational capacity • Surge capacity

Essential Elements of Information

Health Services Recovery

Element	Description
Healthcare Coalitions	<ul style="list-style-type: none"> • Status & needs of local health jurisdictions • Messaging and communication among local health jurisdictions and emergency management • Medical surge & hospital needs • Patient tracking & movement support • Disaster Medical Coordination Centers <ul style="list-style-type: none"> ○ Resource requests and support needs
Mass Care	<ul style="list-style-type: none"> • Shelters opened; number of occupants • Schools Impacted; functionality • Needs of survivors with access and functional needs • Food & water • Resources needed
Drinking Water	<ul style="list-style-type: none"> • Availability of drinking water • Accessibility issues/concerns • Water treatment systems impacted • Restoration timeline
Waste water Treatment	<ul style="list-style-type: none"> • Functionality • Restoration timeline
Critical Facilities / Services	<ul style="list-style-type: none"> • Identification • Damage assessment • Dependencies & Interdependencies • Functionality • Restoration timeline
Food services that support health care facilities	
Laundry Services	
Transportation Network	
Electrical Utilities	
Distribution Systems	<ul style="list-style-type: none"> • Damage assessment • Functionality • Restoration timeline • Status of workarounds
Response and Recovery Worker Health	<ul style="list-style-type: none"> • Needs assessment • Long-term monitoring needs

Essential Elements of Information	
Health Services Recovery	
Element	Description
Environmental Health	<ul style="list-style-type: none"> Disaster-related public health concerns (e.g., smoke, dust, mold, moisture control, ventilation, chemicals, disease) Long-term monitoring needs
Food Safety	<ul style="list-style-type: none"> Assessment of food supply networks and food safety concerns
Medical Products and Services	<ul style="list-style-type: none"> Regulated medical products assessment & availability Pharmaceutical supply chain status

Information Analysis

Health impact assessments are used to weigh the pros and cons of implementing public health policies, plans, or programs and to establish and maintain a common operating picture. These assessments are especially important in supporting long-term recovery and community revitalization plans by providing subject matter expertise and sound data to inform decision-makers. The EEIs are intended to support health services restoration and recovery priorities and decisions made by individual entities and by the HS RSF as a collective whole.

Information Dissemination

Within the SEOC, information is disseminated to the Operations Section Chief (or Recovery Branch Director if activated) utilizing the SEOC web-based incident management software for Emergency Operations Centers (WebEOC), or best available system as allowed under the circumstances.

Depending on the incident, the HS RSF can apply the same information systems used by ESF-8 agencies to monitor and support incident response, to collect, analyze and disseminate health-related information, including the WA SECURES system. WA SECURES delivers messages in several formats including e-mail, phone, pager, fax, and text message. Additionally, DOH may activate its incident management team (IMT) to support the health and medical response to the incident and will act as a clearinghouse for public health related information and medical resource management.

Healthcare resource requests may go directly through the local emergency management, through the SEOC or to the regional health care coalition first depending on the nature and extent of the jurisdiction’s requests and how they are organized. The HS RSF reaches out to other health care coalitions to request additional resources and support if needed.

Behavioral health impacts are initially reported by emergency management to DOH. DOH will then engage HCA and identify appropriate channels to coordinate and collaborate with local partners such as the Behavioral Health Administrative Service Organizations (BH-ASOs), Managed Care Organizations (MCOs), and the local health jurisdiction(s). Additionally, the HS RSF will coordinate with non-profit partners through WAVOAD to integrate the non-governmental response and recovery at state and local levels.

In a large incident, the Joint Information Center (JIC) or Joint Information System (JIS) will coordinate the collection, development, and dissemination of public information messaging during disasters. As the timeline progresses, the JFO may act as a primary location for information dissemination regarding recovery activities in the state. State agencies will continue to coordinate resources and requests for assistance to support the impacted regions using the best available systems. Information dissemination to the general public will go through the proper communication channels of each participating agency with the support of ESF-15 (External Affairs) and/or the Public Information Officer (PIO).

Responsibilities

The table below outlines the responsibilities of entities in support of health services recovery as part of the Health and Social Services Core Capability. These actions are tied to executing the Critical Tasks noted in the “Concept of Operations” section which support the primary and support Core Capabilities listed in the “Purpose” section. The Critical Task I.D. is used to identify the specific Critical Task that the entity’s action addresses. Multiple entities can perform the same action and an action can address more than one Critical Task.

Recovery Mission Area			
Core Capability	Critical Task I.D.	Activity/Action	Entity(s) Name
Health & Social Services	3, 4	Restore and improve public health and medical systems to promote the resilience, health (including behavioral health), independence, and well-being of the whole community	Dept. of Health (DOH), Dept. of Social and Health Services (DSHS), Health Care Authority (HCA)
Health & Social Services	1	Coordinate with Behavioral Health Organizations, Managed Care Organizations, and Local Health Jurisdictions to identify behavioral health service impacts and provide support as requested	DOH, DSHS, HCA
Operational Coordination	1		
Health & Social Services	1	Support the recovery of people with access and functional needs through partnerships with specialized organizations	DOH, DSHS
Health & Social Services	1	Support long-term monitoring of the population’s health status	DOH
Health & Social Services	3	Support efforts to restore primary care systems in local communities and confirm medical providers are operating in safe environments	DOH

Recovery Mission Area			
Core Capability	Critical Task I.D.	Activity/Action	Entity(s) Name
Health & Social Services	3	Support health and medical components of essential service centers or recovery centers	DOH
Infrastructure Systems	1		
Health & Social Services	2	Coordinate with State EMD to define public health expectations in recovery	DOH
Public Information & Warning	1	Coordinate health-related communication strategies for agencies involved in the recovery and ensure that health-related information is provided to all customers during the event to prevent disease, promote health, and protect the public's health	DOH
	2		
Public Information & Warning	1	Notify consumers if the water is not safe to drink and coordinate with water utility and private partners to provide alternate water supplies, to the extent possible	DOH
	2		
Operational Coordination	1	Work with federal, state, and local agencies, tribes, and healthcare departments in planning and implementing health preservation or restoration measures	DOH
Health & Social Services	2	Support water utilities and local health jurisdictions in assessing infrastructure damage, reliability, and safety of public drinking water supplies	DOH
Infrastructure Systems	1		
Health & Social Services	1	Activate Emergency Support Function 14 – Long Term Recovery (ESF-14) – early in the disaster to gather information in support of RSFs	State Emergency Operations Center (SEOC)
Health & Social Services	1	Assist in Preliminary Damage Assessments (PDAs) with federal, state, local, and tribal officials, as appropriate	Emergency Management Division (EMD)
Health & Social Services	1	Coordinate with other activated federal, state, and local RSFs or recovery groups/task forces, as appropriate	EMD
Health & Social Services	1, 2, 3	Assess damage impacts to senior care facilities in the disaster area and provide support to the restoration of senior care services	LeadingAge Washington
Health & Social Services	2	Assist senior care facilities in developing damage cost estimates	LeadingAge Washington
Health & Social Services	1	Assist in the area of air quality, sampling, laboratory analysis, and waste disposal	Dept. of Ecology (ECY)
Public Information & Warning	1		

Recovery Mission Area			
Core Capability	Critical Task I.D.	Activity/Action	Entity(s) Name
Health & Social Services	1	Assist in the areas of food safety and animal disease surveillance as provided for in state law and in agency plans, policies, procedures and/or practices	Dept. of Agriculture (WSDA)
Public Information & Warning	1		
Health & Social Services	3	Regulate funeral directors, embalmers, and funeral establishments	Dept. of Licensing (DOL)
Public Information & Warning	1	Share information about the healthcare status of people with access and functional needs within WA State communities	HCA
	2		
Health & Social Services	3	Administer the Crisis Counseling Assistance and Training Program (CCP) grant, when authorized under a major disaster declaration and if requested by a county or tribe	HCA
Public Information & Warning	2		
Operational Coordination	1	Provide information to DOH regarding status of the pharmaceutical supply chain during incidents and medical material	Washington State Pharmaceutical Association (WSPA), DOH
Health & Social Services	3	Deploy the Pharmacists Response Network (PRN) to provide access to prescriptions for chronic care medications and medication therapy management for displaced disasters survivors	WSPA
Health & Social Services	1	Provide workplace safety and health consultative services to emergency responders and recovery workers	Dept. of Labor & Industries (Lnl)

Resource Requirements

Micro-level

The entities participating in the Health Services RSF need to maintain communication with response decisions and activities occurring in the SEOC. Therefore, at a minimum, ESF-14/recovery staff must be located in the SEOC in order to coordinate health service restoration needs to the primary agencies of the RSF. Depending on the disaster, the HS RSF may require a physical space on the SEOC floor to conduct recovery activities under the Recovery Branch structure. This space includes relevant office resources, information/communication technologies, and supporting personnel resources as determined appropriately by the SEOC Supervisor. As the response activities diminish in the SEOC, an alternate location may be chosen to conduct long-term recovery actions.

Recommended Training

- ICS 100, 200, 700 (*required for all SEOC personnel*)
- IS 701.a NIMS Multiagency Coordination System (MACS)

- IS-800.b – National Response Framework – An Introduction (required for all SEOC personnel)
- IS-2900 – National Disaster Recovery Framework (NDRF) Overview

Macro-level

The Health Services RSF needs to maintain communication with stakeholders statewide. This includes communication and information sharing with federal and local Health Services RSF (or equivalent function), local health jurisdictions, public health and medical regions, emergency partners, nonprofit associations, and other public health and healthcare organizations and associations. Regular communication and information exchange should also be expected with counterparts in neighboring states. When deploying personnel beyond the SEOC, resources are required to transport personnel. Proper credentialing by the requesting jurisdiction may be needed to achieve access to communities and facilities in order to perform HS RSF duties as assigned, including providing long-term recovery technical assistance and guidance.

References and Supporting Guidance

American Planning Association PAS Report 576, Planning for Post-Disaster Recovery: Next Generation

This is a resource outlining key recovery concepts and guides recovery planning at the state and local level.

Department of Health, Drinking Water State Revolving Fund (DWSRF) Loan Program Customer Handbook

Provides an overview of the DWSRF loan program.

Crisis Standards of Care: A Systems Framework for Catastrophic Disaster Response, National Academy of Sciences (2011)

One of three reports issued by the Institute of Medicine of the National Academies, this is a guiding document for catastrophic planning around health and medical services. Provides a framework for a systems-based approach to developing crisis standards of care planning and implementation.

Crisis Standards of Care: A Toolkit for Indicators and Triggers (2013)

The Institute of Medicine published a framework that provides emergency management, health care organizations, and emergency medical services organizations with a guideline on developing crisis standards of care in disasters in order to improve resource allocations and support impacted public health and social services in communities.

FEMA National Disaster Recovery Framework (NDRF)

Provides a framework for how the federal government organizes for recovery and introduces recovery concepts, including recovery support functions.

FEMA National Response Framework (NRF)

Contains guiding principles for domestic response partners to prepare for and provide a unified response to disasters and emergencies.

Foundational Public Health Services (FPHS)

This is a framework that outlines a basic set of core public health services and capabilities that government is responsible for providing. One of the foundational capabilities is Emergency Preparedness (All Hazards).

Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery (2015)

Committee on Post-Disaster Recovery of a Community's Public Health, Medical, and Social Services, Board on Health Sciences Policy - Institute of Medicine contributed to this report which includes recovery planning guidance and best practices pertaining to health and social services recovery.

Public Health Emergency Preparedness and Response Capabilities; National Standards for State, Local, Tribal, and Territorial Public Health (October 2018, Updated January 2019)

Provides guidance on public health planning for all hazards using national best practices and standards including aligning critical functions with those outlined in the National Disaster Recovery Framework.

Washington State Doctrine for Health and Medical Preparedness, Response, and Recovery

This is a guidance document created by the Washington State Department of Health in consultation with the Washington State Public Health and Medical Disaster Advisory Group. This document defines fundamental principles to guide state public health and medical emergency preparedness, response, and recovery program planning.

WA DOH Office of Drinking Water Emergency Response Planning Guide for Public Drinking Water Systems

Guide and resources for public drinking water systems to develop emergency response plans.

WA DOH Office of Drinking Water Health Advisory Manual

Provides guidance on issuing drinking water health advisories.

WA DOH – Disability Organizations

The DOH is required by the "Travis Act" (RCW 43.70.490) to maintain a list of disability-related organizations and agencies including contact information for Emergency Medical Service providers, families, communities, caregivers, and people with disabilities. See the Department of Health's website (<https://www.doh.wa.gov>) for additional information.

Washington Restoration Framework (WRF)

This RSF is a functional recovery operational plan supporting the WRF. The WRF is an interagency plan that provides direction across all organizations within state government concerned with the Recovery Mission Area, including the Health and Social Services Recovery Core Capability. The WRF can be activated at distinct levels to mobilize resources in support of local or regional disasters or can be activated fully in support of catastrophic incidents.

Washington State Public Health and Medical Emergency Preparedness Strategic Plan Framework

This document defines a vision and mission statement, goals, and a matrix of activities for key public health and medical organizations and agencies supporting emergency response and recovery activities.

2017-2022 Health Care Preparedness and Response Capabilities; Office of the Assistant Secretary for Preparedness and Response

This document outlines objectives and capabilities for the national health care delivery system using an all-hazards planning approach and provides planning guidance for health care coalitions and organizations.



Health Services Recovery

Recovery Support Function

Attachment – Health Services RSF Resource Matrix

Matrix of Coordinating, Primary, and Supporting Agencies

Below is a list of state, federal, and other governmental and non-governmental entity programs supporting health services restoration following a disaster. The list of programs is not exhaustive and the availability of funding, the program eligibilities and stipulations, the program actions and the contact information are subject to change. The information listed below is reviewed on a regular basis with each entity to check for inaccuracies. Additional entities may be added to this resources section during regular document updates or as needed in a disaster.

Washington Military Department Emergency Management Division (EMD)

Summary of Activities

The Washington Emergency Management Division is responsible for the overall coordination of disaster response and recovery activities in Washington State. EMD manages federal recovery programs through FEMA such as Individual Assistance and Public Assistance, as well as the Hazard Mitigation Assistance programs, Hazard Mitigation Grant Program, Pre-Disaster Mitigation, and Flood Mitigation Assistance. EMD also operates the SEOC and therefore works closely with responders and with local organizations to transition from response to recovery.

Points of Contact

Stacey McClain, Mitigation & Recovery Section Manager

Stacey.McClain@mil.wa.gov; (253) 512-7071

Travis Linares-Hengen, Human Services Program Supervisor

Travis.Linares-hengen@mil.wa.gov; (253) 512-7028

Quinn Butler, Recovery Planning Program Manager

Quinn.Butler@mil.wa.gov; (253) 512-7459

EMD Program	Eligibility/Stipulations	Action	Contact Information
Individual and Households Program	Requires a Federal Disaster Declaration for Individual Assistance.	The Individual and Households Program is a FEMA program that provides assistance for individuals and families, including interim housing assistance, cash for necessities, and other benefits up to approximately \$33,000. The average award is much lower, \$5000. In Washington, IA Declarations are rare. EMD employs Disaster Reservists to support damage assessments and program delivery for IA Declarations.	Travis Linares-Hengen (253) 512-7028 Travis.Linares-hengen@mil.wa.gov ;
Disaster Case Management (DCM)	Requires a Federal Disaster Declaration for Individual Assistance.	DCM addresses human services needs following a disaster through partner integration, provider capacity building, and state level program development. The DCM program delivers personalized disaster case management services.	Travis Linares-Hengen (253) 512-7028 Travis.Linares-hengen@mil.wa.gov ;
Crisis Counseling Assistance & Training Program	Requires a Federal Disaster Declaration for Individual Assistance.	FEMA may fund mental health assistance and training activities in coordination with the Center for Mental Health Services, Emergency Mental Health and Traumatic Stress Services Branch. The program supports individuals and communities in recovering from the effects of natural and human-caused disasters through the delivery of community-based outreach and psycho-educational services.	Travis Linares-Hengen (253) 512-7028 Travis.Linares-hengen@mil.wa.gov ;
Small Business Administration (SBA) Disaster Loans	Credit requirements; requires an SBA disaster declaration.	Upon reaching damage thresholds, which are based on uninsured damage to homes and businesses, the SBA can provide low-interest loans for home and business continuity and recovery.	Travis Linares-Hengen (253) 512-7028 Travis.Linares-hengen@mil.wa.gov ;
Disaster Recovery Technical Assistance	None	Emergency Management Division staff will support local jurisdictions in developing disaster recovery plans both pre-and-post disaster, as well as with organizing Community Organizations Active in Disasters (COADs) and local volunteer management training.	Travis Linares-Hengen (253) 512-7028 Travis.Linares-hengen@mil.wa.gov ;

EMD Program	Eligibility/Stipulations	Action	Contact Information
Public Assistance (PA) Grant Program	<p>Requires a Federal Disaster Declaration for Public Assistance.</p> <p>PA programs vary based on the needs determined by the Preliminary Damage Assessment.</p>	<p>After a natural or man-made event that causes extensive damage, FEMA coordinates with the state to implement the Public Assistance (PA) Grant Program.</p> <p>Through the PA Program, FEMA provides supplemental Federal disaster grant assistance for debris removal, emergency protective measures, and the repair, replacement or restoration of disaster-damaged, publicly owned facilities and the facilities of certain Private Non-Profit (PNP) organizations. The Public Assistance Program also encourages protection of these damaged facilities from future events by providing assistance for hazard mitigation measures during the recovery process.</p> <p>The Federal share of assistance is not less than 75 percent of the eligible cost for emergency measures and permanent restoration. The grantee (usually the state) determines how the non-federal share (up to 25 percent) is split with the subgrantees (eligible applicants).</p>	<p>Gary Urbas Deputy State Coordinating Officer Public Assistance Program Manager (253) 512-7402 Gary.urbas@mil.wa.gov</p> <p>Link to the PA Program overview</p>
Hazard Mitigation Assistance (HMA)	Presidential Declaration of Major Disaster required.	Hazard Mitigation Assistance Grants are provided to Washington State jurisdictions, tribal governments, non-profits and other state agencies to reduce the effects of natural hazards and mitigate vulnerability to future disaster damage.	<p>Tim Cook State Hazard Mitigation Officer (253) 512-7072 Tim.cook@mil.wa.gov</p>

Washington State Department of Social and Health Services (DSHS) – Community Services Division (CSD)

Summary of Activities

The Department of Social and Health Services serves millions of Washington citizens each month and supports programs including Temporary Assistance for Needy Families and housing for disabled adults. DSHS is also a support agency for Emergency Support Function 6, Mass Care, and is a critical partner in the transition of displaced survivors from sheltering to housing.

The Community Services Division's mission is to transform lives by empowering individuals and families to thrive. CSD plays a vital role in helping individuals and families weather life's storms by ensuring they can meet their foundational needs during times of crisis. In doing so, CSD's major cash and food assistance programs alone inject over \$120M each month into local economies across the state.

CSD also helps recipients of public assistance access retraining programs and employment supports in collaboration with partner agencies, individual employers, community-based organizations, and Workforce Development Councils across the state. These efforts help ensure individuals have the resources and training they need to achieve a living wage job, while at the same time ensure communities have access to a well-trained workforce.

In addition to assistance programs that are regularly offered, CSD can also activate the following cash and food programs in the event of a disaster:

- Disaster Supplemental Nutrition Assistance Program (requires Federal Declaration of Disaster with Individual Assistance and approval by USDA Food and Nutrition Services)
- Disaster Cash Assistance Program (requires an Emergency Proclamation by Governor, subject to available funding)

CSD has two Mobile CSO vehicles that have each been designed to be a fully functional Community Services Office. The vehicles are completely self-contained with electricity generators and satellite internet uplinks that can be quickly deployed to disaster areas to deliver critical services. These vehicles can be utilized by partner agencies in a disaster.

Point of Contact

Kim Chea, Executive Assistant to the CSD Director

ESA/CSD

Kimberly.chea@dshs.wa.gov; (360) 725-4598

DSHS CSD Program	Eligibility/Stipulations	Action	Contact Information
Additional Requirements for Emergent Needs (AREN)	<p>Families must:</p> <ul style="list-style-type: none"> • Receive Temporary Assistance to Needy Families (TANF); State Family Assistance (SFA), or Refugee Cash Assistance (RCA); • Have an emergency housing or utility need • Have a good reason for not having enough money to pay for housing or utility costs; and • Have not previously received the AREN maximum limit of \$750 in a 12-month period 	<p>Provides a cash payment in addition to a cash grant to meet emergent housing or utility needs. Benefits may be authorized multiple times in the recipient's lifetime, if they meet the eligibility requirements. Payments are issued directly to housing and utility vendors. Payments may be used to:</p> <ul style="list-style-type: none"> • Prevent eviction or foreclosure; • Secure housing if homeless or domestic violence victim; • Secure or prevent shut-off of utilities related to health and safety; or • Repair damage to a home if it poses a health or safety risk. 	<p>Kim Chea Kimberley.Chea@dshs.gov (360) 725-4598</p>
Temporary Assistance for Needy Families (TANF)	<p>Please see DSHS program manual for full requirements. Requirements include children, income, residency, citizenship, and lifetime benefits limits.</p>	<p>Provides benefits for low-income families. TANF provides cash assistance and the WorkFirst program provides services to families who need to work, look for work, prepare for work or get a better job.</p>	<p>Kim Chea Kimberley.Chea@dshs.gov (360) 725-4598</p>

DSHS CSD Program	Eligibility/Stipulations	Action	Contact Information
Diversion Cash Assistance	<ul style="list-style-type: none"> • Must meet TANF eligibility criteria but not receiving TANF • Cannot have received DCA within the last 12 months • Cannot have an adult in the family who is ineligible for cash assistance for any reason other than one adult receiving SSI in a two-adult family • If the families go on TANF within 12 months of receiving DCA, a prorated amount of the DCA payment must be repaid to the state by monthly deductions equal to 5% of the cash grant • Benefits may be authorized for only 30 days in a 12-consecutive month period 	Provides an emergency cash benefit of \$1,250, limited to 30-day period every 12 months to families that meet eligibility criteria for TANF or SFA but do not need ongoing monthly cash assistance.	Kim Chea Kimberley.Chea@dshs.gov (360) 725-4598
Disaster Cash Assistance (DCAP)	<ul style="list-style-type: none"> • Must be residents of Washington • Must be in emergent need and have no resources to meet that need • Family income must be less than 90% of the TANF payment standard for a household with shelter cost • Payment is limited to payment maximums for individual 	Provides program benefits to alleviate emergent conditions resulting from insufficient income and resources to provide for food, shelter, clothing, medical care, or other necessary items. Disaster Cash Assistance Program (DCAP) is a cash program made available when a disaster is proclaimed by the Governor. It is paid through the Consolidated Emergency Assistance Program (CEAP) and is designed to provide cash assistance to individuals and families who face	Kim Chea Kimberley.Chea@dshs.gov (360) 725-4598

DSHS CSD Program	Eligibility/Stipulations	Action	Contact Information
	<p>emergent need items or the TANF payment standard for a household with shelter cost, whichever is lower</p> <ul style="list-style-type: none"> • Benefits may be authorized for 30 consecutive days only in any consecutive 12-month period • Emergency Declaration is required 	<p>an emergency and do not have the money to meet their basic needs.</p>	
<p>Consolidated Emergency Assistance Program</p>	<ul style="list-style-type: none"> • Must be a resident of Washington • Must have an emergent need and have no resources to meet that need • Family income must be less than 90% of the TANF payment standard for a household with shelter cost • Payment is limited to payment maximums for individual emergent need items or the TANF payment standard for a household with shelter, whichever is lower 	<p>Provides cash grants to needy families who are ineligible for any other program, including families who have stopped receiving TANF or SFA grant due to WorkFirst sanction, to alleviate emergent conditions resulting from insufficient income and resources to provide food, shelter, clothing, medical care, or other necessary items. Benefits may be authorized for 30 consecutive days only in any consecutive 12-month period, as funding allows.</p>	<p>Kim Chea Kimberley.Chea@dshs.gov (360) 725-4598</p>
<p>Supplemental Nutritional Assistance Program (referred to as Basic Food in WA) / Food Assistance</p>	<p>Please see DSHS program manual for full requirements. Requirements include income, residency, and citizenship / immigration status.</p>	<p>Basic Food / FAP provides food benefits to eligible individuals and families.</p>	<p>Kim Chea Kimberley.Chea@dshs.gov (360) 725-4598</p>

DSHS CSD Program	Eligibility/Stipulations	Action	Contact Information
Program for Legal Immigrants (FAP)	In Washington State, the federally funded food program is called Basic Food and the state funded program is called Food Assistance Program for Legal Immigrants (FAP).		
Disaster Supplemental Nutrition Assistance Program (D-SNAP)	<ul style="list-style-type: none"> • Requires Presidential disaster declaration of Individual Assistance from FEMA • Must reside or work in affected area • Limited to one month's worth of assistance • Program approved to operate for a limited time, typically seven (7) days 	Provides short-term food benefits to individuals and families suffering in the wake of a disaster. Households use a simplified version of the Basic Food application and benefits are issued to eligible households within 72 hours. Households normally ineligible for assistance may qualify because of their disaster related expenses such as loss of income, property damage, relocation expenses, or loss of food due to power outages. Ongoing SNAP recipient households can also receive DSNAP during a disaster.	Kim Chea Kimberley.Chea@dshs.gov (360) 725-4598

Washington State Department of Labor and Industries (LNI)

Summary of Activities

The Department of Labor and Industries regulates contractors and workplace safety. LNI also helps homeowners avoid unregistered contractors. Finally, as resources permit, LNI may assist local building inspectors in conducting occupancy inspections and damage assessments.

Point of Contact

Annette Taylor, Deputy Assistant Director for Field Services & Public Safety
taya235@LNI.WA.GOV; (360) 902-4334

LNI Program	Eligibility/Stipulations	Action	Contact Information
Contractor Compliance	In response to complaints and through random stops or scheduled compliance sweeps of impacted areas.	Inspectors determine, enforce, and promote compliance through onsite visits by issuing infractions/citations, making referrals to worker's compensation and other program areas, and by participating in industry and community outreach.	Dean Simpson Desk: (360) 902-5571 Cell: (360) 584-7954 Dean.simpson@lni.wa.gov
Electrical	Structures that have electrical system damage must have repairs performed by a licensed electrical contractor.	The electrical contractor is responsible for obtaining an electrical permit, making the repairs, and calling for an electrical inspection per the department's routine electrical permit/inspection process.	Steve Thornton Desk: (360) 9026234 Cell: (360) 480-5673 ElectricalProgram@Lni.wa.gov
Factory Assembled Structures (FAS)	Upon request for disaster assistance from the authority having local jurisdiction, FEMA, or other competent authority.	LNI may direct FAS inspectors to assist local building officials with damage assessments/inspections for structural damage of manufactured homes/ factory-assembled structures.	Craig Sedlacek Desk: (360) 902-5218 Cell: (360) 480-6481 Craig.Sedlacek@Lni.wa.gov
Elevators/Conveyances	Building owners are responsible to have a licensed elevator contractor assess a conveyance for damages and to have necessary repairs made.	If the repairs result in an alteration to the conveyance, an alteration permit and inspection will be required per normal LNI conveyance inspection procedures.	David Puente, JR. Desk: (360) 902-6348 Cell: (360) 507-0007 David.Puente@Lni.wa.gov
Pressure Vessels	Owners are responsible to have pressure vessels checked for damages and repaired by a licensed pressure vessel contractor.	If the owner would like to have a safety inspection of their pressure vessel, they can request one from the department.	Tony Oda Desk: (360) 902-5270 Cell: (360) 561-8441 Anthony.Oda@Lni.wa.gov

LNI Program	Eligibility/Stipulations	Action	Contact Information
Division of Occupational Safety and Health	Upon receipt of a request from local or state authorities in support of disaster recovery efforts.	Training for hazardous areas and hygiene monitoring for contaminants associated with disasters.	Craig Blackwood Desk: (360) 902-5828 Cell: (360) 772-4504 Craig.Blackwood@Lni.wa.gov Alan Lundeen Desk: (360) 902-4758 Cell: (360) 628-1187 Lund235@Lni.wa.gov

Washington State Office of the Insurance Commissioner (OIC)

Summary of Activities

Consumer Advocacy

The Office of the Insurance Commissioner’s (OIC) Consumer Advocacy Program (CAP) offers assistance to consumers with general information about insurance (i.e. laws and rules regarding insurers, standard set processes for claims, etc.). CAP can also process complaints for consumers. Complaints are filed by consumers when they are dissatisfied, concerned, or just want to understand what is happening to them. Whenever CAP sends complaints to insurance companies, they have 15 working days to provide their response according to WAC 284-30-360(2).

On a covered loss, insurance companies have access to nationwide vendors that assist insureds on finding temporary living arrangements and insurance companies pay directly for this housing. Coverage can be limited to a specific time period or dollar amount.

The Commissioner may also be called upon to attempt to resolve insurance issues related to disasters. The Federal Emergency Management Agency (FEMA) may require insurance as a condition of issuing a recovery grant. The Commissioner may step in to resolve disputes as to the availability and reasonableness of insurance. (The Commissioner does not exercise authority over requirements for flood insurance). Visit <https://www.insurance.wa.gov/> for additional information.

Public Affairs

OIC’s Public Affairs Division tracks emerging insurance issues and posts information on social media and other formats. Public Affairs will also work with other state agency to deliver important consumer awareness, safety, and other messages. OIC also blogs and uses other social media to inform the public of insurance issues related to flooding, wildfires, and other disasters.

Points of Contact

Matt Stoutenburg, Emergency Management Program Specialist

Matts@oic.wa.gov; (360) 725-7046

Josh Martinsen, Functional Program Analyst

Joshm@oic.wa.gov; (360) 725-7239

OIC Program	Eligibility/Stipulations	Action	Contact Information
Consumer Advocacy Program (CAP)	N/A	<p>Assistance with General Insurance questions (Life, Health, Property).</p> <p>Consumers may file complaints by phoning in, filing online, or fax. CAP also has a live chat.</p> <p>Consumers can check references and licenses if they suspect fraud, and report fraud to the Commissioner.</p> <p>OIC will send representatives and information to resource fairs or other events in disaster-stricken areas to reach out to disaster victims and organizations providing services to them.</p>	<p>Consumer Hotline: 1-800-562-6900 1-360-725-7080</p> <p>Live Chat M-F 0800-1700 Online Complaint Form</p> <p>Email: CAP@oic.wa.gov</p> <p>Video Phone Interpreter: (866) 327-8877</p> <p>Walk in M-F (Tumwater): 8:00 a.m. to 5:00 p.m.</p>

OIC Program	Eligibility/Stipulations	Action	Contact Information
Emergency Powers	N/A	<p>(4) When the governor proclaims a state of emergency under RCW 43.06.010(12), the commissioner may issue an order that addresses any or all of the following matters related to insurance policies issued in this state:</p> <ul style="list-style-type: none"> (a) Reporting requirements for claims; (b) Grace periods for payment of insurance premiums and performance of other duties by insureds; (c) Temporary postponement of cancellations and non-renewals; <p>and</p> <ul style="list-style-type: none"> (d) Medical coverage to ensure access to care. <p>(6) The commissioner may adopt rules that establish general criteria for orders issued under subsection (4) of this section and may adopt emergency rules applicable to a specific proclamation of a state of emergency by the governor.</p>	<p>RCW 48.02.060</p> <p>Contact OIC point of contact for questions.</p> <p>(OIC has not adopted rules related to this RCW.)</p>

Washington State Department of Veterans Affairs (WDVA)

Summary of Activities

The Washington State Department of Veterans Affairs (WDVA) serves the 593,350 Veterans, 44,397 Active Duty, 18,872 Guard and Reserve Members, and over 2,000,000 Family Members who live and work in Washington. Programs supported by the Department offer direct services to house and provide financial assistance to eligible individuals and connects veterans and their family members to benefits and services offered through other organizations. WDVA will assist displaced veterans and family members in affected areas, allowing housing recovery partners to focus on other populations in need. Visit <http://www.dva.wa.gov/> for additional information.

Point of Contact

Crystal Hauck, Emergency Preparedness & Safety Manager

CrystalH@dva.wa.gov; (360) 725-2234

WDVA Program	Eligibility/Stipulations	Action	Contact Information
Veterans Innovations Program	Eligibility requirements apply, see WDVA website for details.	Limited funding provides crisis and emergency relief to veterans and their families due to deployments in support of the wars in Iraq and Afghanistan.	Paul Cruz Desk: (360) 725-2232 Cell: (360) 972-0435 PaulCr@dva.wa.gov
Homeless Assistance Stewardship Fund	Eligibility requirements apply, see WDVA website for details.	WDVA can receive and administer funds from public or other veteran service organizations. Funds from license plate sales supplement this fund, too.	Paul Cruz Desk: (360) 725-2232 Cell: (360) 972-0435 PaulCr@dva.wa.gov
Call Center/Service Center	Eligibility requirements apply, see WDVA website for details.	Center staff connect veterans and family members to other resources at the state, regional, county, and local levels. Examples include: housing authorities, faith-based organizations, county veteran's programs, USDA, VA.	Paul Cruz Desk: (360) 725-2232 Cell: (360) 972-0435 PaulCr@dva.wa.gov

Washington State Department of Licensing (DOL)

Summary of Activities

The Washington State Department of Licensing (DOL) helps every Washington resident live, work, drive, and thrive by providing every person in Washington with equal access to all DOL services. The Funeral & Cemetery Board within the DOL coordinates with the Washington State Department of Health to share pertinent information (e.g. death certificates, burial transit permits, state registrars of vital statistics, handling and care of human remains) with their licensees.

Point of Contact

Sudhir Oberoi, Emergency and Security Manager

SOberoi@dol.wa.gov; (360) 902-4022