Washington State
Cascadia Rising Exercise Series
Mass Care Services Tabletop Exercise
MCS TTX Expanded Questions
**General Information**

**EXERCISE OBJECTIVES AND CORE CAPABILITIES**

The objectives in Table 1 describe the expected outcomes for the exercise. The objectives are linked to core capabilities: distinct critical elements necessary to achieve specific mission area(s). The objectives and aligned core capabilities are guided by elected and appointed officials and selected by the exercise planning team.

**Table 1: Exercise Objectives and Associated Core Capabilities**

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Tabletop Exercise Questions

QUESTIONS: MODULE 1 SHELTERING
The following questions are suggested so that you may prepare for the discussion. These questions are not a definitive list of items to be addressed rather, overarching questions to address the topic area. The facilitator will have follow up questions to the below list during the module conduct.

Assessment

1. How do we assess the communities' sheltering needs and capabilities in the post CSZ environment, when we may be experiencing significant limitations in staffing, communications, and our ability to establish an effective and coordinated common operating picture?
   a) How are shelter needs being assessed/inspected and how is information being shared and coordinated within the tribe, jurisdiction, region and state partners?
      I. What capabilities or resources exist to conduct assessments for sheltering needs after a CSZ event that may be used as a starting point?
      II. How is the sheltering assessment evaluating the percentage of the displaced survivors and/or vulnerable populations that may be impacted?
      III. Based on estimates, what will the sheltering priority be after a CSZ event (e.g., transitional shelters to support evacuation, temporary sheltering until services are restored, or congregate sheltering until non-congregate long-term options are available)?
   b) What and where are the pre-identified shelter locations and capabilities within your jurisdiction?
      I. How are shelters being evaluated for survivability and suitability for use after a CSZ event?
      II. What resources are available for assessing and inspecting the surviving shelters post-event (e.g., local, mutual aid, NGO, etc.)?
      III. What are the minimum capabilities needed for your tribes/jurisdictions pre-identified shelters (e.g. special needs population, homeless, etc.)?
         a. Backup generator power / fuel
         b. Security needs
         c. Sanitation,
         d. Food, water,
e. Pets, service animals
f. Sheltering shortfalls

IV. Have shelters been inspected for ADA-compliance?

V. Are they capable of accommodating Household Pets, Service, and Assistance Animals (HPSA)?

VI. How are language services other than English, including a means to communicate with people with hearing or vision loss being provided?

VII. How are people with disabilities and other access and functional needs who need transportation to shelters being addressed/provided?

VIII. What shelters have been designated as shelters for pets and livestock?

IX. What non-traditional sheltering options suitable for temporary disaster housing does your jurisdiction have (e.g., hotels, college dorms, military sites, warehouse conversions, RV campgrounds, tent camping, soft-sided shelters, etc.)?

X. How are sheltering options coordinated among neighboring jurisdictions?

c) How are pop up, ad hoc, undesignated, impromptu, or spontaneous shelters identified, and how will we support their needs - assuming that these shelters will likely lack trained staff, resources, and services.

d) What percentage of the population may be displaced, but elect to shelter-in-place (e.g., staying in one's home or sheltering on the premises [tent, RV, etc.])?

I. What planning factors determine if sheltering-in-place is a viable strategy option?

a. How are traditional, non-traditional, and ad hoc facilities being captured?

II. With the state's diverse population, what additional or unique challenges need to be addressed?

III. How does the availability of wrap around services impact shelter-in-place strategy decisions?

a. How are resources being prioritized within the tribe/local jurisdiction for the pre-identified, non-profit, and learned ad hoc shelters?

e) How are the risks of an influx of displaced survivors on pre-identified, non-profit, and ad hoc shelters being addressed and mitigated? – what are impacts and how will they be addressed?

I. Survivors being relocated?
II. Displaced Survivors transiting the area?

III. Vulnerable Populations (e.g., homeless)?

2. What sheltering support (resources and services) is expected from external agencies or organizations, and what support do they expect from existing agreements? What sheltering support is outlined within your agency's current plans, policies, procedures?
   a) How are volunteer, faith-based, non-profit organizations incorporated into the planning efforts to support the jurisdictions mass care services needs?
      I. What stakeholders resource gaps are included in the assessment and planning process and how are they prioritized?
   b) What support is anticipated or expected from your next higher emergency management agency (e.g., tribes, local, county)?
   c) What support is anticipated or expected from state agencies?
   d) What support do you anticipate or expect from volunteer, faith-based, or non-governmental organizations (NGO)?
      I. How are the American Red Cross, Salvation Army, or other NVOAD/COAD organizations included, and what can/do they provide?
      II. How has pre-coordination with NGOs taken place, and is it outlined in the plan for what NGOs will provide?
      III. What support do they need to be effective (e.g., resource requests, coordination, communications, etc.)?
   e) What mutual aid agreements or partnerships are in place or available to support? Will these agreements still be feasible after a CSZ event?
   f) How is the private sector being incorporated into localized and regional planning/response efforts
      I. What support or resources do you anticipate from the Private Sector?

3. How are the public and private sectors provided coordinated emergency alerts, information, and instructions on protective actions?
   a) How does your jurisdiction ensure notifications and guidance reach everyone, including people with disabilities and other access and functional needs?
   b) How are sheltering options being communicated with the public for their awareness, and have they been effectively informed on routes and access?
What languages, other than English, are your messages disseminated in, and does that include people with hearing or vision loss?

Strategies

1. **Given the minimal visibility on ground truth and limited communications, what plans, planning factors, elements of information, and situational awareness is necessary to establish and maintain sheltering strategies?**
   a) How do current plans help you decide where to focus?
   b) What elements of information have been identified and aid in prioritization and decision-making?
      I. Does the plan include internal EEI(s) to aid in prioritization?
         a. Where are EEI(s) documented at the state-level?
      II. What are the anticipated primary sources (vertical and horizontal) of information (e.g., internal departments, private sector, community organizations, social media, etc.)?
      III. How will priorities evolve over time and what impacts could there be to ongoing operations?
      IV. What other entities would your organization communicate and coordinate with (e.g., tribes, local, county, state, private sector)?
   c) How are the planning factors, EEIs, and sheltering strategies being shared, communicated, and coordinated with (e.g., tribes, local, county, state, private sector)?

2. **How are the current plans, policies, procedures, and/or agreements addressing the establishment of temporary shelters?**
   a) What mass care shelter plans exist?
      I. Does a CSZ event exceed the scope of the plan(s)?
      II. Who is the sheltering lead or primary agency (internal or external), and is the current plan feasible after a CSZ event?
      III. How do the plans address redundancies or contingencies, what are the triggers for different?
      IV. How will security be provided at shelters?
      V. What plans are in place in the case trained shelter workers are unavailable to staff predesignated shelters?
VI. How will volunteers be vetted to work in shelters (e.g., restricted freedom, etc.)?

VII. What additional contributing factors are considered that require additional planning (e.g., vulnerable and homeless population, restricted freedom, Interstate traffic, etc.)?

b) How are pre-identified Evacuation Assembly Points, Emergency Respite Sites, or Regional Hub Reception Centers (post-impact evacuation) incorporated into the plans?

I. What is the strategy for reunification and tracking of displaced survivors, children, and pets and where they are relocated to?

II. How are reunification efforts being coordinated amongst agencies and organizations?

c) What plans or planning factors have been developed to address the needs of people with disabilities and other access and functional needs?

I. Does this include existing agreements with organizations or providers to provide Personal Assistance Services (PAS) to people with disabilities in shelters who need assistance with Tasks of Daily Living?

II. Does this include a plan for, or contracts in place to, replace durable medical or other assistive equipment that was lost in the disaster/evacuation - such as wheelchairs, walkers, assistive listening devices, etc.?

3. How are life sustaining sheltering needs operationally prioritized and coordinated?

a) How will decisions regarding the allocation of limited resources be made when there are competing requests for the same resource at all levels (e.g., tribes, local, county, regional, and state) during an incident in which demand far exceeds available supply?

I. Have Community Lifeline dependencies and interdependencies been identified that should be considered during the resource allocation process?

a. What jurisdictional life sustaining commodities have been evaluated for potential supply chain disruption to maintain community sheltering needs?

b. What process was used by the jurisdiction to prioritize these commodities and are regional / state partners aware of these priorities?
1) Are they identified/documentated in any regional / interlocal agreements or local plans/procedures?

b) What methods exist to coordinate across jurisdictions (e.g., tribes, local, county, regional, and state)?
   
   I. What mutual aid or interlocal government agreements exist to expedite coordination efforts?
   
   II. What agreements exist to address sharing/gifting of resources, etc.?

c) How are resource requests prioritized before submitting them to the next emergency management agency?

d) How are needs and resource requests communicated or submitted at all levels, including tribes, local, county, and the state?

4. Do your plans identify state resources necessary to meet mass care sheltering needs.

5. How do the state plan(s) incorporate tribal and local jurisdictional priorities and strategies into operational coordination and decision making?

Challenges and Constraints

1. What limitations, challenges, and constraints exist that must be overcome regarding support for tribal and community sheltering and displaced survivors?

   a) What challenges and constraints exist within:
   
   I. Resources, Medical Support, Pets and Animals, or Security?
   
   II. Assessments and Projections?
   
   III. Plans, Policies, and Procedures?

   IV. Coordination and Deconfliction?

   V. Vulnerable and/or homeless populations?

   VI. Centralized and localized coordination of volunteer resources?

   b) How are these challenges or constraints coordinated externally (e.g., participation in regional groups, involvement in specific projects, etc.)?

   c) Have the challenges, gaps, and constraints been incorporated into the THIRA/SPR, UASI, SHSP or HIVA assessments required by grant activities?

   I. How are tribes or jurisdictions addressing these challenges and constraints (e.g., Planning, Organizing, Equipping, Training, and Exercising
d) What needs does your community have that require additional coordination with partnering jurisdictions, state agencies, federal partners, and the private sector to support sheltering?

Questions for specific geographic regions

1. I-5 Corridor Specific
   a) With a significant number of potential high occupancy shelters along the I-5 corridor, what unique demands do these congregate shelters pose?

2. East of the Cascades Specific
   a) How have tribes and local jurisdictions identified resources to assist in rapid assessment of pre-identified shelters?
      I. What tribal or local jurisdiction plans exist to support current, displaced, and/or vulnerable populations?
      II. How are potential facilities for federally contracted or ARC managed shelters pre-identified, integrated with, and supportive of local sheltering plans?
   b) Change to Assessment
      I. What methods exist to assess sheltering needs, capabilities, and potential to support external agencies or organizations in the post CSZ environment, with a minimal common operating picture of ongoing operations west of the Cascades?
      II. How are eastern Washington communities assessing sheltering needs based on the current vulnerable population community and the potential influx of displaced survivors?
      III. What are the logistics and supply chain challenges within eastern Washington communities and how are the communities needs prioritized?
         a. Example: How are Yakima and Spokane working together to prioritize needs? Should they? How is this communicated with logistical nodes, distribution centers, SEOC, etc.

QUESTIONS: MODULE 2 HYDRATION

The following questions are suggested so that you may prepare for the discussion. These questions are not a definitive list of items to be addressed rather, overarching questions to address the topic area. The facilitator will have follow up questions to the below list during the module conduct.
Assessment

1. How do we assess the communities' hydration needs and capabilities in the post CSZ environment, when we may be experiencing significant limitations in staffing, communications, and our ability to establish an effective and coordinated common operating picture?

   a) What capabilities exist in tribes/local jurisdiction for the assessment of emergency water consumption needs after a CSZ event?
      
      I. How is the hydration assessment evaluating the percentage of the displaced survivors and/or vulnerable populations that may be impacted?

   b) Based on known THIRA/SPR information, what projections, forecasted needs, or consumption demands exist regarding drinking water?
      
      I. Where is this built in the assessment / planning process / workflow to build this capability and/or determine gaps?
         a. How is this documented, where is it, documented, and how is this shared among the public, private, and non-profit sectors?

      II. Based on known THIRA/SPR information what projections, forecasted needs exist for non-potable water to support other needs (e.g., pets, livestock, etc.)?

   c) What are some of the potential emergency water supply sources or resources have been identified within your tribe/local jurisdiction?

      • Pre-identified storage, reservoirs, or other utility resources
      • Warehousing and distribution centers
      • Locally produced water vendors (bottled water)
      • Non-standard commercial providers (breweries, distillers, etc.)
      • Non-standard transportation resources (milk or food-grade truck/trailers/rail cars, etc.)

      I. How have these locations/resources been assessed for survivability after a CSZ event?

      II. What existing agreements are in place with these facilities, organizations, or providers?

      III. What processes exist to communicate and coordinate with them?
2. What hydration support is expected from external agencies or organizations, and what support do they expect from existing agreements? What hydration support is outlined within your agency's current plans, policies, procedures?
   
a) How are volunteer, faith-based, non-profit organizations, and the private sector incorporated into the planning efforts to support the jurisdictions mass care services needs?
   
   I. What are the resource gaps and how are they included/prioritized in the assessment and planning process?

b) What support is anticipated or expected from your next higher emergency management agency (e.g., tribes, local, county)?

c) What support is anticipated or expected from state agencies?

d) What support do you anticipate or expect from volunteer, faith-based, or non-governmental organizations (NGO)?

   I. How are the American Red Cross, Salvation Army, or other NVOAD/COAD organizations included, and what can/do they provide?

   II. Has pre-coordination with NGOs taken place, and is it outlined in the plan for what NGOs will provide?

   III. What support do they need to be effective (e.g., resource requests, coordination, communications, etc.)?

e) What mutual aid agreements or partnerships are in place or available to support? Will these agreements still be feasible after a CSZ event?

3. How are the public and private sectors provided coordinated emergency alerts, information, and instructions on protective actions?

   a) How does your jurisdiction ensure notifications and guidance reach everyone, including people with disabilities and other access and functional needs?

   b) How are hydration options being communicated with the public for their awareness, and have they been effectively informed on routes and access?

   c) What languages, other than English, are your messages disseminated in, and does that include people with hearing or vision loss?

   d) Are there differences or necessary changes from the previous module?
Strategies

1. Given the minimal visibility on ground truth and limited communications, what plans, planning factors, elements of information, and situational awareness is necessary to establish and maintain hydration strategies?
   a) How do current plans for hydration needs help you decide where to focus?
   b) What elements of information aid in prioritization and decision-making?
      I. Does the plan include internal EEI(s) to aid in prioritization?
         a. Where are EEI(s) documented at the state-level?
      II. What are the anticipated primary sources (vertical and horizontal) of information (e.g., internal departments, private sector, community organizations, social media, et cetera)?
      III. How will priorities evolve over time and what impacts could there be to ongoing operations?
      IV. Was there a different process to determine priorities than in the previous module? If so, how do they differ and how does it impact prioritization?
      V. What other entities would your organization communicate and coordinate with (e.g., tribes, local, county, state, private sector).JWT

2. What current plans, policies, procedures, and/or agreements exist for establishing hydration?
   a) What emergency drinking water plans exist?
      I. Does a CSZ event exceed the scope of the plan(s)?
      II. How have existing plans been shared and deconflicted with neighboring tribes or jurisdictions?
         a. What process was used to deconflict the plans?
      III. Are there other plans that can aid in the development or update of new/existing plans in neighboring tribes or jurisdictions that could assist in plan development?
      IV. How have local utilities and providers been included in plan development?
      V. How do the plans address redundancies or contingencies, what are the triggers for different strategies?
      VI. Have response plans and strategies been included in public outreach and awareness programs and local exercises?
a. Do these efforts include topics such as water treatment and purification and immediate household sources (e.g., water heaters, toilet tanks, canned fruits and vegetables, etc.)?

b) Which local utilities (public and/or private) have emergency response plans coordinated through the Local Emergency Planning Committee(s) (LEPC)?

   I. What emergency response plans exist for water system redundancy (alternate paths, repair parts, etc.), emergency equipment, extra storage, or off-line distribution?

   II. How are plans deconflicted with other jurisdictions and providers to avoid double reporting, over-reliance on sources, or other concerns?

c) What plans or models exist for inspecting/testing local sources (e.g., existing distribution, reservoirs, rivers/streams, lakes/ponds/springs, and wells)?

   I. What unsuitable sources or locations have been pre-identified?

      a. Known contamination?

      b. Other adverse impacts (e.g., economic, ecological, agricultural, etc.)?

   II. Who will inspect local sources? What capabilities / resources are available or identified as potential sources (e.g., internal, mutual aid, NGO, etc.)? What gaps exist in resources to accommodate inspections/assessments?

   III. How long will damage assessments, inspections, and testing take?

   IV. What plans exist in neighboring tribes, jurisdictions, or at the state level that could assist in plan development?

   V. Within the plans, what provisions are there outlining the process to request short-term regulatory waivers can be implemented for direct consumption, acute exposure, or sanitation requirements?

      a. What is the process for making those recommendations and who has final authority to implement those waivers (Secretary of Health or Governor)?

3. How are life sustaining hydration needs operationally prioritized and coordinated?

   a) How will decisions regarding the allocation of limited resources be made when there are competing requests for the same resource at all levels (e.g., tribes, local, county, regional, and state) during an incident in which demand far exceeds available supply?
I. Have Community Lifeline dependencies and interdependencies been identified that should be considered during the resource allocation process?
   a. What jurisdictional life sustaining commodities have been evaluated for potential supply chain disruption to maintain basic hydration needs?
   b. What process was used by the jurisdiction to prioritize these commodities and are regional / state partners aware of these priorities?
      1) Are they identified/documented in any regional / interlocal agreements or local plans/procedures?
   b) What methods exist to coordinate across jurisdictions (e.g., tribes, local, county, regional, and state)?
      I. What mutual aid or interlocal government agreements exist to expedite coordination efforts?
      II. What agreements exist to address sharing/gifting of resources, etc.?
   c) How are resource requests prioritized before submitting them to the next emergency management agency?
   d) How are needs and resource requests communicated or submitted at all levels, including tribes, local, county, and the state?

4. Do your plans identify state resources necessary to meet hydration needs.

5. How do the state plan(s) incorporate tribal and local jurisdictional priorities and strategies into operational coordination and decision making?

Challenges and Constraints

1. What limitations, challenges, and constraints exist that must be overcome regarding support for tribal and community hydration?
   a) What challenges and constraints exist within:
      I. Resources, Medical Support, Pets and Animals, or Security?
      II. Assessments and Projections?
      III. Plans, Policies, and Procedures?
      IV. Coordination and Deconfliction?
      V. Vulnerable and/or homeless populations?
      VI. Centralized and localized coordination of volunteer resources?
b) How are these challenges or constraints communicated externally (e.g., participation in regional groups, involvement in specific projects, etc.)?

c) How have the challenges, gaps, and constraints been incorporated into the THIRA/SPR, UASI, SHSP or HIVA assessments required by grant activities?

   I. How are tribes or jurisdictions addressing these challenges and constraints (e.g., Planning, Organizing, Equipping, Training, and Exercising)?

d) What hydration needs does your community have that require additional coordination with partnering jurisdictions, state agencies, federal partners, and the private sector to support hydration needs?

Questions for specific geographic regions

1. East of the Cascades Specific

   a) What are the potential short and long-term impacts of utilizing water sources East of the Cascades to support the need West of the Cascades (e.g., economic, ecological, agricultural, etc.)?

   b) Change to Assessment

      I. What methods exist to assess the community's hydration needs, capabilities, and potential to support external agencies or organizations in the post CSZ environment, with a minimal common operating picture of ongoing operations west of the Cascades?

      II. How are eastern Washington communities assessing hydration needs based on the current vulnerable population community and the potential influx of displaced survivors?

      III. How are eastern Washington communities projecting hydration consumption demands?

         a. What are some of the current limitations?

   IV. What are the logistics and supply chain challenges within eastern Washington communities and how are the communities needs prioritized?

      Example: How are Yakima and Spokane working together to prioritize needs? Should they? How is this communicated with logistical nodes, distribution centers, SEOC, etc.
QUESTIONS: MODULE 3 FEEDING AND NUTRITION

The following questions are suggested so that you may prepare for the discussion. These questions are not a definitive list of items to be addressed rather, overarching questions to address the topic area. The facilitator will have follow up questions to the below list during the module conduct.

Assessment

1. How do we assess the communities' feeding and nutrition needs and capabilities in the post CSZ environment, when we may be experiencing significant limitations in staffing, communications, and our ability to establish an effective and coordinated common operating picture?

   a) What community assessments exist for determining feeding and nutrition needs after a CSZ event?

      I. How are specific nutritional needs identified (e.g., infants/children, special dietary needs, cultural/religious needs, etc.)?

      II. How is the feeding assessment evaluating the percentage of displaced survivors and/or vulnerable populations that may be impacted?

   b) What projections, forecasted needs, or consumption demands exist regarding feeding and nutrition needs?

      I. Where is this built in the assessment / planning process / workflow to build this capability and/or determine gaps?

         a. Where is this documented or where should it be documented?

      II. What forecasts exist for specific nutritional needs (e.g., infants/children, special dietary needs, cultural/religious needs, etc.)?

   c) How have private and non-profit (potential) community feeding locations been incorporated into the planning processes or been pre-identified within your jurisdiction or neighboring jurisdictions to support mass care efforts?

      Examples:

      • Restaurants

      • Schools, Colleges, or Universities

      • Faith-based or civic organizations

      I. What non-traditional feeding options are suitable for temporary use – what metrics should be used?
II. How have these locations/resources been assessed for survivability after a CSZ event?

III. What existing agreements are in place with these facilities/organizations?

IV. What processes exist to communicate and coordinate with them?

V. How will pop up, ad hoc, undesignated, impromptu, or spontaneous community feeding locations be identified?
   a. With the assumption that these community feeding locations will likely lack trained staff, resources, and services; can, or how will their needs be supported and coordinated?
   
d) What potential sources of feeding and nutrition resources have been identified?
   Examples:
   - Distribution Centers
   - Cold Storage Facilities
   - Livestock and Agriculture

I. Have these locations/resources been assessed for survivability after a CSZ event?

II. What existing agreements are in place with these facilities/organizations?

III. What processes exist to communicate and coordinate with them?

IV. Have livestock and pet feeding needs been included in this survey?

2. What feeding and nutrition support is expected from external agencies or organizations, and what support do they expect from existing agreements? What feeding and nutrition support is outlined within your agency’s current plans, policies, procedures?
   a) How are volunteer, faith-based, non-profit organizations incorporated into the planning efforts to support the jurisdictions mass care services needs?
      I. What stakeholders resource gaps are included in the assessment and planning process and how are they prioritized?
   
b) What support is anticipated or expected from your next higher emergency management agency (e.g., tribes, local, county)?
   
c) What support is anticipated or expected from state agencies?
   
d) What support do you anticipate or expect from volunteer, faith-based, or non-governmental organizations (NGO)?
I. How are the American Red Cross, Salvation Army, or other NVOAD/COAD organizations included, and what can/do they provide?

II. Has pre-coordination with NGOs taken place, and is it outlined in the plan for what NGOs will provide?

III. What support do they need to be effective (e.g., resource requests, coordination, communications, etc.)?
   e) What mutual aid agreements or partnerships are in place or available to support? Will these agreements still be feasible after a CSZ event?
   f) What support or resources do you anticipate from the Private Sector?

3. **How are the public and private sectors provided coordinated emergency alerts, information, and instructions on protective actions?**
   a) How does your jurisdiction ensure notifications and guidance reach everyone, including people with disabilities and other access and functional needs?
   b) How are feeding and nutrition options being communicated with the public for their awareness, and have they been effectively informed on routes and access?
   c) What languages, other than English, are your messages disseminated in, and does that include people with hearing or vision loss?
   d) Are there differences or necessary changes from the previous module?

**Strategies**

1. **Given the minimal visibility on ground truth and limited communications, what plans, planning factors, elements of information, and situational awareness is necessary to establish and maintain feeding and nutrition strategies?**
   a) How do current plans for community feeding and nutrition help you decide where to focus?
   b) What elements of information aid in prioritization and decision-making?
      I. Does the plan include internal EEI(s) to aid in prioritization?
         a. Where are EEI(s) documented at the state-level?
      II. What are the anticipated primary sources (vertical and horizontal) of information (e.g., internal departments, private sector, community organizations, social media, etc.)?
      III. How will priorities evolve over time and what impacts could there be to ongoing operations?
IV. Was there a different process to determine priorities than in the previous module? If so, how do they differ and how does it impact prioritization?

V. What other entities would your organization communicate and coordinate with (e.g., tribes, local, county, state, private sector)?

2. What current plans, policies, procedures, and/or agreements exist for establishing tribal and community feeding and nutrition?

a) What feeding and nutrition plans exist?

I. Does a CSZ event exceed the scope of the plan(s)?

II. How have existing plans been shared and deconflicted with neighboring tribes or jurisdictions?

   a. What process was used to deconflict the plans?

III. Are there other plans that can aid in the development or update of new/existing plans in neighboring tribes or jurisdictions that could assist in plan development?

IV. How have stakeholders, providers, and potential sources been included in plan development?

   a. How are plans deconflicted with other jurisdictions and providers to avoid double reporting, over-reliance on sources, or other concerns

V. How do the plans address redundancies or contingencies, what are the triggers for different strategies?

VI. How are accepted/donated food items incorporated into the emergency distribution process – or is this an NGO function?

VII. How do plans address support to nursing homes, assisted living facilities, and physical re-habilitation congregate living facilities – is this feasible?

VIII. Have response plans and strategies been included in public outreach and awareness programs and local exercises?

   a. Do these efforts include topics such as safe food storage and preparedness?

3. How are life sustaining community feeding and nutrition needs operationally prioritized and coordinated?

   a) How will decisions regarding the allocation of limited resources be made when there are competing requests for the same resource at all levels (e.g., tribes,
local, county, regional, and state) during an incident in which demand far exceeds available supply?

I. Have Community Lifeline dependencies and interdependencies been identified that should be considered during the resource allocation process?
   a. What jurisdictional life sustaining commodities have been evaluated for potential supply chain disruption to maintain community feeding and nutrition needs?
   b. What process was used by the jurisdiction to prioritize these commodities and are regional / state partners aware of these priorities?

2) Are they identified/documented in any regional / interlocal agreements or local plans/procedures?
   b) What methods exist to coordinate across jurisdictions (e.g., tribes, local, county, regional, and state)?
      I. What mutual aid or interlocal government agreements exist to expedite coordination efforts?
      II. What agreements exist to address sharing/gifting of resources, etc.?
   c) How are resource requests prioritized before submitting them to the next emergency management agency?
   d) How are needs and resource requests communicated or submitted at all levels, including tribes, local, county, and the state?

4. What current plans, policies, or procedures exist that identify supplemental feeding resources and their application processes?

Examples:
- Disaster Household Distribution (DHD)
- Disaster-Supplemental Nutrition Assistance Program (D-SNAP)
- Emergency Food Assistance Program (EFAP and EFAP-Tribal)
- Food Distribution Program on Indian Reservations (FDPIR)
- State Food Assistance Program (FAP and TEFAP)
- Temporary Assistance for Needy Families (TANF)

   I. How are the community’s supplemental feeding program needs assessed, and what do we need to know to enact these programs?
      a. What are the triggers for these programs and how do they differ?
b. Who gathers the necessary information to determine if certain emergency nutrition programs can be activated?

c. How do these programs apply to those in the shelter system, displaced survivors, or those electing to shelter in place?

d. How are we collecting information from shelters and the community – what processes exist

II. How is enrollment facilitated and coordinated?

a. What plans detail an explanation of benefits and duration?

b. How are food assistance needs validated, and who does this?

c. What plans detail applicant restrictions and waivers?

d. What staffing resources are available to support these programs?

e. How are these programs and processes being communicated to the community?

f. Do current plans include provisions for people with disabilities, other access and functional needs, and language services to support these programs?

5. Do your plans identify state resources necessary to meet community feeding and nutrition needs?

6. How do the state plan(s) incorporate tribal and local jurisdictional priorities and strategies into operational coordination and decision making?

Challenges and Constraints

1. What limitations, challenges, and constraints exist that must be overcome regarding support for tribal and community feeding and nutrition?

a) What challenges and constraints exist within:

   I. Resources, Medical Support, Pets and Animals, or Security?

   II. Assessments and Projections?

   III. Plans, Policies, and Procedures?

   IV. Coordination and Deconfliction?

   V. Vulnerable and/or homeless populations?

   VI. Centralized and localized coordination of volunteer resources?
b) How are these challenges or constraints communicated externally (e.g., participation in regional groups, involvement in specific projects, etc.)?

c) Have the challenges, gaps, and constraints been incorporated into the THIRA/SPR, UASI, SHSP or HIVA assessments required by grant activities?

I. How are tribes or jurisdictions addressing these challenges and constraints (e.g., Planning, Organizing, Equipping, Training, and Exercising)?

d) What feeding and nutrition needs does your community have that require additional coordination with partnering jurisdictions, state agencies, federal partners, and the private sector to support the communities needs?

Questions for specific geographic regions

1. East of the Cascades Specific

   a) Change to Assessment

   I. What methods exist to assess the community's feeding needs, capabilities, and potential to support external agencies or organizations in the post CSZ environment, with a minimal common operating picture of ongoing operations west of the Cascades?

   II. How are eastern Washington communities assessing feeding and nutrition needs based on the current vulnerable population community and the potential influx of displaced survivors?

   III. How are eastern Washington communities projecting food/nutrition consumption demands?

   a. What are some of the current limitations?

   IV. What are the logistics and supply chain challenges within eastern Washington communities and how are the communities needs prioritized?

   Example: How are Yakima and Spokane working together to prioritize needs? Should they? How is this communicated with logistical nodes, distribution centers, SEOC, etc.