Montana Recovery Support Function #3 – Health ad Social Services

Primary Agency:

Montana Department of Public Health and Human Services

(Month)XXXX

Maintained by Department of Military Affairs
Disaster and Emergency Services Division

*This Annex is considered operational and serves as a guide for rendering assistance whenever the **Montana Disaster Recovery Framework** (MDRF) is activated. It supersedes all previous editions.*

Record of Changes

All changes to this Annex are to be dated on the master copy kept by the Montana Disaster & Emergency Services (DES).

Date Posted	Change	Recommending Agency/Individual

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Section I: Agencies

State Coordinating Agency:
Montana Disaster & Emergency Services

State Primary Agency:
Department of Public Health and Human Services

State Supporting Agencies:
Department of Agriculture
Department of Environmental Quality
Department of Fish, Wildlife, and Parks
Department of Livestock
Department of Military Affairs
Office of Public Instruction

Section II: Purpose & Scope

Purpose:
Recovery Support Function (RSF) 3 – Health and Social Services outlines the capabilities of primary and support agencies and facilitates collaboration among public health, health care services, behavioral health, environmental health, regulated medical products, food safety, emergency management, education, nonprofit, and social service partners to leverage resources in support of restoring and enhancing public health and social services in the state following a major disaster. The health and social services sector of a community is broad-based and overlaps with and supports other critical community components such as housing, jobs, schools, infrastructure and the economy.

RSF 3 provides a platform for entities to leverage their resources, identify community needs, share information and create unified recovery priorities. Other regional, state, or locally activated RSFs or recovery planning processes taking place post disaster may incorporate these actions. The health and social capital of a community, or the extent of public health and social services, networks and activities existent in a community pre-disaster, directly relates to the resilience of a community post-disaster.

Scope:
RSF 3 is designed to provide guidance to state departments in aiding local and Tribal partners in addressing health and social services of the whole community. The following are potential activities included within the scope of RSF 3 are (this list is comprehensive but not all-inclusive):
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.
- Support restoration of 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
- 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, wastewater, 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, nonprofit 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 potentials.

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.

Social Services
- Support restoration and bolstering basic social services functions. Identify critical areas of need for social services, including for people with disabilities and other access and functional needs, throughout recovery.
- Complete an assessment of community social service needs and develop a comprehensive recovery timeline.
- Identify specific state agency, local jurisdiction and non-governmental organization roles and responsibilities that support the restoration of social services.
- Incorporate behavioral health considerations and mitigation strategies into the restoration and recovery of social services within an impacted community.

Section III: Assumptions & Relationships

Assumptions:

The following assumptions guide RSF 3 activities:

- Assistance provided by coordinating or support agencies are intended to supplement not supplant local resources. Local officials will coordinate with their local agency representatives prior to seeking assistance through the mechanisms of this RSF.
- Following a natural or human-caused disaster, there will not always be financial assistance available for health and social services recovery issues
- All efforts will be made to coordinate available resources to avoid duplication of benefits.
- G. Coordinating and support agencies will address gaps and after-action items in a timely fashion.
- Primary and support agencies may have dual roles in the recovery support functions and in response actions.
- The state does not define the recovery priorities of county and Tribal governments. Impacted communities establish their own recovery priorities, and they may choose not to address an issue based on their goals, priorities, or capacity.
- State agencies may conduct operations outside of the RSF #3 structure in accordance with their own statutory and regulatory authorities.
- The needs of at-risk individuals and individuals with access and functional needs will be incorporated into all disaster recovery planning and recovery operations. Examples of these populations include, but are not limited to children, older adults, pregnant women, individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, individuals with serious mental illnesses, and individuals who have pharmacological dependency.
- Disaster behavioral health is a key issue in recovery and includes mental health, stress, suicide and substance abuse considerations for survivors and responders, and also addresses the behavioral health care infrastructure and persons with pre-existing serious behavioral health conditions.

Relationships:

This document does not relieve tasked agencies of the responsibility for planning. The following section outlines the relationships between state agencies and local, Tribal, private, and non-governmental organization partners in supporting RSF 3 health and social services activities:

Local & Tribal Governments

After a disaster, local and Tribal elected leadership has the authority to appoint individuals to lead the recovery efforts or approve/disapprove leadership nominations to a recovery organizational body. Elected leaders may also have the responsible for approving and adopting a post-disaster recovery plan and setting the tone for the community's overall recovery. Elected officials advocate for their communities and can draft and support initiatives to aid their community's recovery. Elected officials can speed up the recovery timeline by swiftly making emergency or disaster declarations, when necessary. Other actions may include enacting housing-specific or utility moratoria, waiving permits or permit fees, temporarily permitting non-traditional housing options in locations which would, under normal circumstances be prohibited.

Local and Tribal emergency or disaster proclamations or declarations are usually prepared by the local or Tribal emergency manager and implemented by the executive head of the political subdivision or Tribal government. The exact process will depend upon specific local and Tribal requirements. Local and Tribal emergency or disaster proclamations or declarations are an important step in the recovery process. The proclamation/declaration often triggers specific local, state and/or federal assistance programs and procedures.

In addition to local and Tribal emergency management, the local and Tribal government plays an important role of leading the overall community recovery process. Local and Tribal elected officials often take on a leadership role after a disaster in directing, overseeing, and/or supporting the community recovery planning efforts. Additionally, local, and Tribal government functions including planning, public works, parks and recreation, education departments, etc. all play an integral part in supporting the collaborative and deliberate community recovery and revitalization planning efforts following a disaster.

Private Sector/Non-Governmental Organizations
The private sector plays a critical role in supporting disaster recovery efforts because the private sector owns or operates a large proportion of the resources that would be needed for rapid restoration of the infrastructure. Developing relationships with private sector stakeholders and establishing public-private partnerships is important for all levels of government. Businesses and jobs can be saved, and a viable recovery can be accomplished when private sector needs are coordinated. Public-private partnerships can support government needs by providing technical assistance, donations, subject matter expertise and non-traditional financial resources.

Logistics relies heavily on the private sector to procure items in support of recovery efforts. The private sector contributes substantially by providing much-needed donations or providing goods and services through contractual arrangement or government purchases to assist in recovery. The private sector also supports recovery activities through advisory and supportive roles. They may participate in policy groups when requested and provide other unique technological support when requested. The private sector may be represented in state and local recovery organizations.

Private sector associations and trade groups can help provide recovery leadership with information on the resources and of their membership and coordinate connections to key stakeholders. Examples of private-sector associations include business associations, professional associations, and local, state, and national chambers of commerce.

Nongovernmental, volunteer-based, and other community organizations provide essential resources to state and local jurisdictions to assist in the recovery phase of disaster operations. Working with the impacted jurisdiction, they identify disaster recovery related capabilities needed to meet organizational roles and responsibilities. They may provide trained support staff to the SEOC, JFO or the requesting jurisdiction to assist in disaster recovery operations. Assistance may include providing personnel, organizational support of long-term recovery groups, financial assistance and management, disaster case management and recovery trainings and agency/department recovery program delivery.

State Government
State departments and agencies are responsible, within their statutory authorities, for providing assistance to local and Tribal jurisdictions when local capabilities are overwhelmed by a disaster. The

State Emergency Coordination Center (SECC) serves as the principal point for state, local, Tribal, and federal resources in the coordination of emergency assistance to affected jurisdiction(s).

The SECC will coordinate with the primary agency and support agencies in the use of state resources to support RSF 3 health and social services activities. State resources will supplement, not supplant, local resources. When mobilized to assist local and Tribal jurisdictions, the primary agency and support agencies will develop work priorities in cooperation with local and Tribal governments and in coordination with the SECC. If the Governor has declared an emergency, resources may be requested through the Emergency Management Assistance Compact (EMAC), the nation's state-to-state mutual aid system that is processed through the SECC.

Section IV: Core Capability and Target Outcomes

The following table list the core capability key activities that the coordinating, primary, and supporting agencies collectively support. Though not listed in the table, all RSF's, including RSF 2, support the core capabilities of planning, operational coordination, and public information and warning.

CORE CAPABILITY	Key Activities – The SECC coordinates with the primary agency and supporting agencies to coordinate resources in support and response for the following key activities during actual or potential incidents:
Health and Social Service	**Pre-Disaster** • Incorporates planning for the transition from response to recovery into preparedness and operational plans, in close collaboration with ESFs 3, 6, 8, and 11. • Incorporates planning for the transition from post-incident recovery operations back to a steady state into preparedness and operational plans. • Develops strategies to address recovery issues for health, behavioral health and social services – particularly the needs of response and recovery workers, children, seniors, people living with disabilities, people with functional needs, people from diverse cultural origins, people with limited English proficiency and underserved populations. • Promotes the principles of sustainability, resilience, and mitigation into preparedness and operational plans. **Post Disaster** • Maintains situational awareness to identify and mitigate potential recovery obstacles during the response phase. • Leverages response, emergency protection measures and hazard mitigation resources during the response phase to expedite recovery. • Provides technical assistance in the form of impact analyses and supports recovery planning of public health, health care, and human services infrastructure. • Conducts Federal Health and Social Services Recovery Support Function assessments with primary agencies. • Identifies and coordinates Federal Health and Social Services specific missions with primary agencies.

	- When activated by the SECC, the primary and supporting departments and agencies deploy in support of the Health and Social Services Recovery Support Function mission, as appropriate. - Establishes communication and information-sharing forum(s) for Health and Social Services RSF stakeholders with the State and/or community. - Coordinates and leverages applicable State resources for health and social services. - Develops and implements a plan to transition from State Health and Social Services recovery operations back to a steady state. - Identifies and coordinates with other local, State, Tribal and Federal partners to assess food, animal, water and air conditions to ensure safety. - Evaluates the effectiveness of Federal Health and Social Services recovery efforts. - Provides technical assistance in the form of impact analyses and recovery planning support of public health, health care, and human services infrastructure. - Identifies and coordinates with other local, State, Tribal and Federal partners the assessment of food, animal, water and air conditions to ensure their safety.

Target Outcomes

The recovery core capability for health and social services is the ability to restore and improve health and social services networks to promote the resilience, health, independence and well-being of the whole community. The Health and Social Services RSF outlines the State framework to support locally led recovery efforts to address public health, health care facilities and coalitions, and essential social service's needs. For the purposes of this RSF, the use of the term health will refer to and include public health, behavioral health and medical services. Specific outcomes may include:
- Restore the capacity and resilience of essential health and social services to meet ongoing and emerging post-disaster community needs.
- Encourage behavioral health systems to meet the behavioral health needs of affected individuals, response and recovery workers, and the community.
- Promote self-sufficiency and continuity of the health and well-being of affected individuals; particularly the needs of children, seniors, people living with disabilities whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations.
- Assist in the continuity of essential health and social services, including schools.
- Reconnect displaced populations with essential health and social services.
- Protect the health of the population and response and recovery workers from the longer-term effects of a post-disaster environment.
- Promote clear communications and public health messaging to provide accurate, appropriate and accessible information; ensure information is developed and disseminated in multiple mediums, multi-lingual formats, alternative formats, is age-appropriate and user-friendly and is accessible to underserved populations.

Section V: Operational Capabilities

The following table lists the capabilities that both the primary agency and supporting agencies may provide to support recovery activities for RSF 3 – Health and Social Services:

PRIMARY AGENCY	Operational Capabilities – Montana Department of Commerce serves as the primary agency. The operational capability for the primary agency includes:
Montana Department of Public Health and Human Services	**Behavioral Health and Developmental Disabilities Division** • Through funding, supports local organizations to provide mental health (adults and children), addiction support, and referrals to disaster survivors. Examples include Treatment Services Locator, National Alliance on Mental Illness (NAMI)-MT County Resource Guide, and Montana Mental Health Centers. • Supports case management that is compliant with all state and federal regulations and client confidentiality standards. • Works with local health jurisdictions to provide information and resources available for access and functional needs (AFN) populations. • Provides training and education to local and Tribal health jurisdictions on improving accessibility and AFN inclusion through the Disability and Health Program and the Montana Public Health Institute. **Human and Community Services Division** • Administers the Low-Income Home Energy Assistance Program (LIHEAP) pays part of winter energy bills and may be able to assist with furnace emergencies for eligible people. • Administers the Weatherization Assistance Program helps participants to improve the heating efficiency of their homes and thus reduce their energy consumption. • Administers the Temporary Assistance for Needy Families (TANF) – a program which provides temporary financial assistance to needy families for up to 60 months. **Public Health and Safety Division** • Issues Wholesale Food Licenses. • Issues licenses and reviews and approves plans for operations of campgrounds, trailer courts, work camps, and youth camps. • Support solicited volunteers to help with recovery efforts through the Montana Healthcare Mutual Aid System (MHMAS) which provides volunteering opportunities through the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP), which also includes non-medical responders for the state of Montana. • Disseminates public health directives and information to the public through multiple channels, including the Health Alert Network (HAN), social media, tv/radio, information ads, and releasing statements through the DPHHS Communications Director and designated DPHHS Public Information Officer.

	• Collaborates with volunteer organizations to ensure that donation and volunteer activity or needs are communicated with involved organizations and appropriate agencies.
	• Assists volunteer organizations with public messaging.
	• Completes regular strategic planning updates and gap analyses to identify gaps and inconsistencies and unmet needs in health systems to support recovery after disasters.
	• Provide technical assistance to local and Tribal health jurisdictions and Regional Healthcare Coalitions to regularly conduct health and social services damage and needs assessment.
	• Provides technical assistance in the form of impact analyses and recovery planning support for public health, health care, and human services.
	• Works with VOAD partners to track unmet needs and assists in collaboration efforts with additional agencies to provide strategies, resources, and programs to address them.
	• Supports local healthcare providers with patient tracking and reunification efforts, if requested.
	• Coordinates with healthcare providers to establish mobile locations for providing medical assistance, if requested.
	• Provides support and/or technical assistance for recovery to local school districts, private schools, and higher education institutions through the School Health Program, and the Environmental Health and Food Safety Section.
	Quality Assurance Division
	• Has authority to register and regulate machine sources of ionizing radiation (i.e., x-rays, accelerators, etc.).
	• Regulates radioactive waste disposal activities.
	Senior and Long-Term Care Division
	• Provides long-term care services and support to senior disaster survivors.
	• Administers the Personal Emergency Response System (PERS) which is an electronic, telephonic, lor mechanical system used to summon assistance in an emergency situation. The system alerts medical professionals, support staff, or other designated individuals to respond to a member's emergency request.

SUPPORTING ORGANIZATIONS	**Operational Capabilities –** The operational capability for the supporting agencies includes:
Department of Agriculture	**Agriculture Development Division** • Provide laboratory analysis of grains and other crops through the agency's USDA certified inspection agents. **Agriculture Sciences Division** • Survey and monitor for a broad range of plant pathogens and pests.

	• Provide laboratory analysis of chemicals / pesticides and other analytical services through the Bozeman lab. • Provide pesticide and groundwater specialists to assist with relevant issues.
Department of Environmental Quality	**Air, Energy, and Mining Division** *Air Quality Bureau* • Provides air monitoring for fine particulate matter (conditional). • Indoor air program for naturally occurring radon gas. • <u>Cannot</u> perform monitoring for noise / odors or those associated with radiation, toxins, vapors, or indoor air quality. **Water Quality Division** *Public Water Supply Bureau* • Regulates non-Tribal public drinking water systems (systems) to ensure drinking water always meets the minimum standards. • Provides regulatory oversight on systems monitoring and sampling. • Notifies system of issues or concerns. • Assists in determining the suitability for human consumption of water from local sources and in identifying hazardous materials having the potential to affect drinking water supplies. • Can facilitate temporary assignments or temporary certification of water or wastewater operators. • Can require additional monitoring and sampling. • Can seek temporary restraining orders to require systems to cease and desist in serving water deemed unsafe. • Can require systems to issue Public Notice (PN) to inform consumers of possible or known problems with the water supply, what precautions should be taken, and what is being done to resolve the problem. • <u>Cannot</u> require individual system users in larger systems to notify consumers. • <u>Cannot</u> require users or individuals to boil water or limit water use. • <u>Cannot</u> require a system to shut down. **Waste Management and Remediation Division** *Superfund, AML, and Construction Bureau* • Facilitates the investigation and cleanup of contaminated sites. *Tanks, Brownfields, and Federal Facilities Bureau* • Addresses immediate or impending danger caused by petroleum releases from petroleum storage tanks. Personnel may provide emergency response project management oversight (conditional). • Issues license for individuals who install, close, inspect, or oversee the installation, closure, compliance, or inspection of underground storage tanks. • Directs and oversees reporting, investigation, cleanup, and resolution of petroleum releases and approves the cleanup efforts of the facility. *Waste Management Bureau*

	• Provides expertise in hazardous waste and solid waste management. • Provides investigative support and expertise on environmental and public health issues related to incidents natural or manmade which large amounts of debris. • Identifies locations of, and provides safety guidance for, areas affected by hazardous materials. **Enforcement Program** • Supports drinking water, wastewater, and/or solid waste facility risk and vulnerability assessments in response to actionable intelligence and other information. • Supports prioritizing recommendations for the stabilization and re-establishment of the associated critical drinking water, wastewater, and/or solid waste facilities. • Assists in investigation and intelligence analysis for hazardous materials incidents involving contaminated drinking water and wastewater systems, pursuant to existing statutory authorities.
Department of Fish, Wildlife, and Parks	**Fisheries Division** • Conducts environmental review to identify, consider, and disclose any potential impacts of proposed work on or near a waterway in Montana.
Department of Livestock	**Animal Health Division** • Responsible for effecting the suspension or development of Montana regulations allowing the rapid movement of animals into Montana from neighboring states experiencing and emergency or disaster. • In a coordinating role, help direct livestock owners with animal care/sheltering/reunification on a county basis. • Monitors program/reportable animal diseases (the full list is on our webpage) and conducts investigations when there is appropriate suspicion or a confirmed diagnosis. • Conducts active surveillance on zoonotic diseases of animals, such as Brucellosis and Tuberculosis. **Brands Enforcement Division** • Regulate and monitor inter and intra-state animal movement. **Meat, Milk, and Eggs Division** • Assist with informational outreach educating citizens as to whether or not food remaining after a disaster or emergency is still consumable.
Department of Military Affairs	**Disaster and Emergency Services Division** • Coordinates with the Federal Emergency Management Agency (FEMA) to provide assistance in the wake of disaster. • Coordinates contracting, acquisitions, and deployments of personnel, equipment, and supplies in response to requests for State assistance, as appropriate. • Coordinates National Guard assistance, when requested and upon approval by the Governor. • Coordinates EMAC, Federal, and International offers of safety and security support.

	• Coordinates and/or provides situational awareness. • Coordinates the Individual and Households and Other Needs Assistance Program (IA) and the Public Assistance (PA) programs. **Veterans Affairs Division** • Assist Montana Veterans, surviving spouses, and dependents in obtaining state and federal veterans' benefits.
Office of Public Instruction	• Provide information regarding the available quantities of commodity food stored in Montana schools and the Food Distribution / Commodity Warehouse in Helena.

Montana Emergency Response Framework
RSF 3 Health and Social Services
Month, XXXX