

RSF 3: Health and Social Services

Coordinating Agency:	Unified Government Public Health Department Unified Government Community Development
Primary Agencies:	Kansas City Kansas Fire Department Kansas City Kansas Police Department Unified Government Emergency Management Unified Government Human Services Unified Government Planning & Urban Design Unified Government Public Works Department- Water Pollution Control Wyandotte Leavenworth Area Agency on Aging
Support Agencies:	American Red Cross Catholic Charities of Northeast Kansas City of Bonner Springs City of Edwardsville Cross-Lines Community Outreach Mercy and Truth Swope Health The Salvation Army The University of Kansas Health System United Way of Greater KC Vibrant Health

The goal of the Recovery Support Function (RSF) 3 - Health and Social Services is to continue to support the providers of essential services, restore health and social services operations and networks post-disaster. RSF 3 outlines the framework to support local recovery efforts that address public health, healthcare facilities, coalitions and essential social services programs that promote a more effective recovery through supporting individuals and families affected by a disaster.

RSF 3 consists of partners at the federal and state level as well as local, tribal, nongovernmental organizations, faith based and nonprofits groups, private sector and other members of the community. RSF 3 is an alliance of agencies, departments, and other stakeholders with similar functional responsibilities that collaboratively prepare for, respond to, and recover from disasters within a jurisdiction. During emergencies, each jurisdiction and special district is responsible for conducting and managing emergencies within its boundaries.



Health and Social Services RSF Goals	Short-Term	Intermediate	Long-Term
Evaluate needs, capabilities, and service gaps in			
the health, social services, and education systems.			
Set recovery priorities.			
Support the restoration of public health and the			
healthcare systems and services.	•		
Support service delivery to the whole community,			
including individuals with access and functional			
Support the coordination of recovery actions			-
across public and private educational providers at			

Figure 1: Health and Social Services Goals by Recovery Phase

CONCEPT OF OPERATIONS

General

The level of community planning efforts required will depend on the extent of the event. Disasters can have a wide variety of impacts within the health care community. Organization's that provide these services, particularly those that provide "safety net" services at little or no cost, can be severely impacted. These impacts can include supply chain interruptions, lack of appropriate facilities and lack of public transportation to these facilities. This can cease key services that keeping the community safe and well.

Recovery operations will begin as soon as possible. The extent of the community planning effort will depend on the progress and decisions made during the response phase of the disaster. When a community suffers severe impacts, recovery decisions need to be made immediately after life safety measures are addressed.

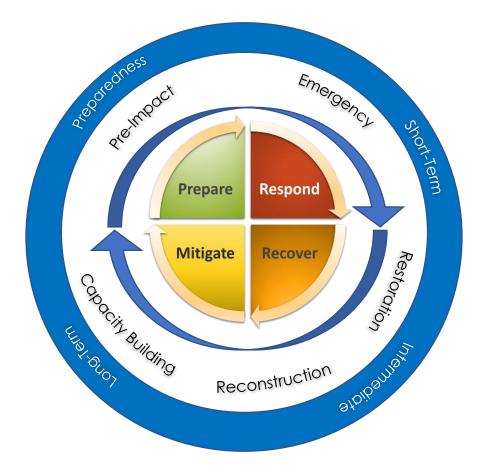
An established RSF 3 that is operational during response activities will facilitate the transition out of Response and Short-Term Recovery activities into an organized reconstruction and redevelopment (Intermediate and Long-Term Recovery) phase. Short-term Recovery operations may continue to be coordinated from the Emergency Operations Center (EOC) after the response phase is over, if required.



The established four phases of recovery as described in the National Disaster Recovery Framework (NDRF).

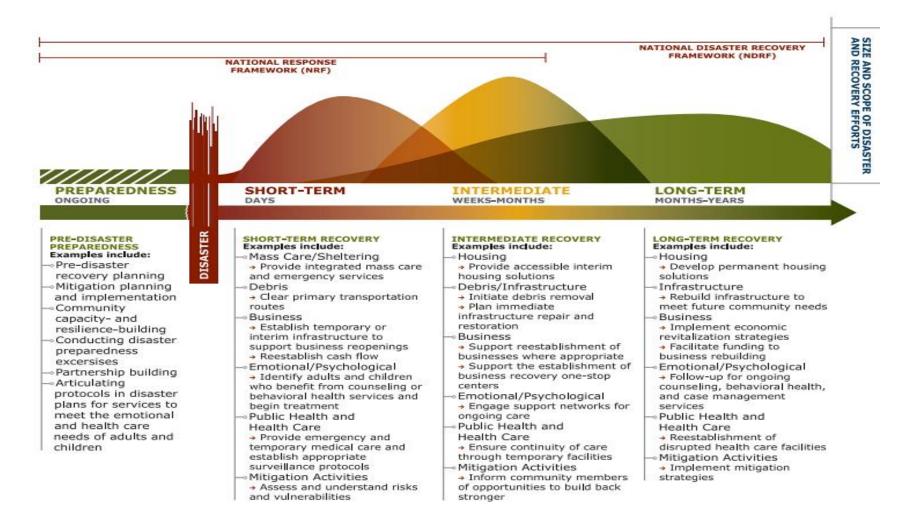
- **Phase 1: Preparedness (Pre-Disaster)** includes actions taken before an incident or event requiring RSF support.
- **Phase 2: Short-Term** Recovery includes actions taken within days to weeks following an incident.
- **Phase 3: Intermediate Recovery** includes actions taken within weeks to months following an incident.
- **Phase 4: Long-Term Recovery** includes actions taken within months to years following an incident.

After the decision has been made to activate the RSF 3, the jurisdiction's Recovery Coordinator/Local Disaster Recovery Manager is the primary point of contact for the implementation.





RECOVERY CONTINUUM – DESCRIPTION OF ACTIVITIES BY PHASE





IMPLEMENTATION THRESHOLD

Not all incidents will require the RSF 3 - Health and Social Services to be activated. The following thresholds are general guidelines that may indicate the need to activate the RSF 3 and other RSFs:

- At the direction of the Recovery Manager (or designee)
- Damage assessments are required.
- Field survey and inspection teams are activated.
- A significant number of residents within the jurisdiction are affected.
- A significant number of critical government agencies are affected.
- Many civic organizations are impacted.
- Local government begins recovery activities and requests jurisdiction RSF activation.

An established RSF that is operational during response activities will facilitate the transition out of response and Short-Term Recovery activities into an organized reconstruction and redevelopment (Intermediate and Long-Term Recovery) phase.

The various functions that constitute recovery operations occur on the continuum of Preparedness, Short-Term Recovery, Intermediate Recovery, and Long-Term Recovery Operations. Short-Term Recovery operations may continue to be coordinated from the EOC after the response phase is over, if required.

The decision to engage the jurisdiction's RSFs primarily occurs after the start of an escalating incident. If an incident evolves to a magnitude that recovery activities exceed the EOC capabilities or require external resources from agencies not represented in the EOC (if activated), RSFs may be activated.

OBJECTIVES AND IMPLEMENTATION ACTIVITIES

A jurisdiction can use these health and social services indicators as a decision-support tool to determine the need to engage RSF 3 following an incident. Additional health and social services indicators for consideration include:

- Number of health services impacted
- Number of social services impacted
- Number of doctor's offices, urgent care facilities and hospitals lost
- Need for surveillance protocols
- Need for environmental health and safety concerns



PHASE 1: PREPAREDNESS (PRE-DISASTER)

Phase 1 is ongoing. This phase ends when an incident occurs that requires recovery operations. This phase includes activities that take place prior to an incident that would necessitate recovery operations. This phase consists of the following major tasks:

CONDUCT PRE-DISASTER RECOVERY PLANNING

• Identify recovery priorities, incorporate hazard mitigation strategies in the wake of a disaster, and articulate post-disaster options.

BUILD COMMUNITY CAPACITY AND RESILIENCE

- Engage in a rigorous assessment and understanding of risks and vulnerabilities that might endanger the community or pose additional recovery challenges.
- Incorporate hazard mitigation and land use planning strategies; critical infrastructure, environmental, and cultural resource protection; and sustainability practices to reconstruct the built environment and revitalize the economic, social, and natural environments.

ESTABLISH PARTNERSHIPS

- Establish partnerships and collaborate across groups, sectors, and government to promote a successful recovery process.
- Ensure inclusiveness of individuals with disabilities and others with access and functional needs, advocates of children, seniors, and members of underserved populations.
- Ensure sensitivity and respect for social and cultural diversity is always maintained.
- Ensure compliance with equal opportunity and civil rights laws are upheld.

IDENTIFY AND PROVIDE PUBLIC EDUCATION NEEDS TO SUPPORT RECOVERY OPERATIONS

- Ensure all public education for emergency operations are multilingual and available in formats that can be used by those who have diminished vision and hearing capabilities.
- Ensure the public receives information on disaster assistance, health precautions, long-term sheltering, and other important issues involving the community's recovery operations.
- Ensure public education tasks include development and delivery of pre-disaster information and education programs.
- Ensure there is a mechanism whereby the largest possible segment of the population, including the elderly and those with disabilities and others with access and functional needs, can be sufficiently educated on disasters to minimize panic and misunderstanding.

CONDUCT TRAINING AND EXERCISES ON DISASTER RECOVERY

• Ensure coordination of recovery training and exercise activities.



PHASE 2: SHORT-TERM RECOVERY

Phase 2 begins when an incident occurs. This phase ends when the Short-Term Recovery objectives are met. The Short-Term Recovery phase is part of response operations and includes activities immediately following the incident to save lives, protect property and the environment, and mitigate the threat. This phase consists of the following major tasks:

- Continue to ensure immediate needs of vulnerable populations are being met.
- Utilize existing records for those with disabilities, others with access and functional needs, support efforts for short-term planning.
- Address immediate environmental health and safety concerns.
- Coordinate animal services and support to meet immediate needs.
- Coordinate emotional and psychological services as needed.
- Identify adults and children who utilize counseling or behavioral health services and provide access to treatment.
- Establishes appropriate surveillance protocols.
- Coordinate access to prescribed pharmaceuticals
- Provide public information to the community regarding access to services
- Track disaster-related recovery costs.

PHASE 3: INTERMEDIATE

Phase 3 begins sometime during Short-Term Recovery. This phase ends when the intermediate recovery objectives are met. This phase consists of the following major tasks:

- Engage emotional and psychological support networks for ongoing care.
- Continue to address intermediate environmental health and safety concerns.
- Provide public information on disaster recovery public health and medical efforts.
- Continue to address the intermediate needs of vulnerable populations.
- Ensure continuity of care through temporary facilities.
- Support re-establishment of animal services.
- Provide public information to the population regarding response and recovery workers about the longer-term effects of a post-disaster environment.
- Continue to track disaster-related recovery costs.



PHASE 4: LONG-TERM RECOVERY

Phase 4 begins when the jurisdiction has determined its recovery end state. This phase ends when the community has reached its desired end state. This phase consists of the following major tasks:

- Continue to provide ongoing emotional and psychological support for the impacted community.
- Transition the community, including vulnerable populations, into long-term permanent housing solutions.
- Coordinate with Health Care Coalition (HCC) to support disrupted health care facilities and social services.
- Reconstitute environmental health and safety services.
- Coordinate with Kansas City Kansas Police Department (KCKPD) for animal services when needed.
- Continue to track disaster-related recovery costs.



ROLES AND RESPONSIBILITIES

Every member of a recovery operations organization is responsible for documenting and reporting possible mitigation actions. UG departments may need to take responsibility for certain functions throughout the recovery process. All assigned UG departments should:

• Maintain standard operating plans and functional checklists.

Functions

- Train personnel and alternates.
- Maintain communications and coordination with appropriate EOC(s).

This table details the roles and responsibilities of the Coordinating and Primary Agencies:

Stakeholders

Public Health

- Supports RSF national and local level operations with subject matter expertise and staffing support, as appropriate
- Protect the health of the population and response and recovery workers from the long-term effects of a postdisaster environment
- Reconnect displaced populations with essential health and social services
- Assist in continuity of essential health and social services per department's respective Continuity of Operations Plans (COOP)
- Continue to survey community for public health problems and provide medical and sanitation support to any mass care sheltered population
- Maintain records of the affected populations (injured, deceased, functional needs in shelters, etc.) and report their status to the EOC
- Continue to monitor the Public Health Department Emergency Response Plan in response if there is a epidemic or other biological event
- Coordinate with the agencies that are distributing food and water and in setting up emergency sanitation facilities.
- Continue to monitor public health measures at mass care centers
- Report to the EOC designee, regularly on the medical situation
- Provide public health and medical information to the Joint Information Center (JIC)



Stakeholders	Functions
	 Continue to assist in estimating the total population exposed to the disaster Continue to ensure that epidemiological surveillance systems are monitoring the community Continue to track individuals of those exposed to radiation following a radioactive incident Continue to monitor air contamination in disaster affected areas and estimate needs and quantities, if needed Coordinate with State and Federal governments to obtain additional resources, as required to sustain recovery operations Promote utilization of behavior health resources. Monitor behavioral health impacts and needs as they evolve over time Implement demobilization procedures as the event draws down
Community Development	

 Supports RSF national and local level operations with subject matter expertise and staffing support, as appropriate

Kansas City Kansas Fire Department

- Continue to coordinate and provide emergency medical care
- Continue to monitor environmental hazards
- Continue to support Public Health when needed

Kansas City Kansas Police Department – Animal Services

• Supports RSF national and local level operations with subject matter expertise and staffing support, as appropriate

Emergency Management

- Continue to monitor the need of resources of health/medical personnel, supplies and equipment
- Coordinate and maintain files of all disaster assessments reports
- Gather information for the After-Action Report



Stakeholders	Functions
Human Services	 Supports RSF national and local level operations with subject matter expertise and staffing support, as appropriate
Planning and Urban De	 Supports RSF national and local level operations with subject matter expertise and staffing support, as appropriate
Water Pollution Control	 Supports RSF national and local level operations with subject matter expertise and staffing support, as appropriate Continue to monitor water contamination in disaster affected areas and estimate needs and quantities
Wyandotte Leavenworth Ar	 ea Agency on Aging (AAA) Supports RSF national and local level operations with subject matter expertise and staffing support, as

appropriate



COMMUNICATION AND COORDINATION

Following the completion of the initial economic impact assessment, RSF 3 stakeholders will continue to engage with local, state, and federal agencies as needed for RSF engagement. Many entities will be active participants in RSF 3 following an incident. The entities that will need to be involved post-disaster will fluctuate to ensure appropriate subject matter expertise to support, recovery efforts rather than continual participation in the RSF.

RSF 3 COORDINATION WITH THE LOCAL COMMUNITIES

RSF 3 partners' technical expertise can be used to help foster a systematic approach to recovery that recognizes the interdependencies and complex relationships of health and social services to the well-being of the community.

RSF 3 COORDINATION WITH OTHER RSFS

RSF 3 serves as a collaborative forum for engagement with all Health and Social Services stakeholders on reducing Health and Social Services risks and expediting recovery efforts. This is accomplished by working closely with other RSF's units including housing, economic development, infrastructure systems, natural and cultural resources and community planning and capacity building.



Health and Social Services RSF Coordination				
Recovery Support Function	Potential Support to Health and Social Services RSF	Potential Support from Health and Services RSF		
Community Planning and Capacity Building	Community priorities for economic recovery and development	Programs that encourage/support strategic planning for health and social services in the community		
Economic	Technical assistance to health and social services networks and providers for business recovery	Assistance with health and social service networks, facilities, childcare, and/or providers that impact employment and support a customer base for businesses		
Housing	Technical assistance to health and social services networks and providers for housing needs	Assistance with identification of housing needs and long-term impact for housing and social services		
Infrastructure Systems	Restoration status of sewer, roadway, electricity, communications, and other infrastructure needs impacting economy	Information on health and social services needs by geographic service areas		
Natural and Cultural Resources	Rehabilitation of buildings for businesses within historic districts or landmarked/historic building, status of tourism assets	Integration of strategic housing and social services resources into the promotion of economic growth through tourism and other conservation initiatives		



RESOURCES

Health and Social Services - FEMA Neighborhoods - KC Rising - Pillars Springfield - Greene County Long Term Recovery Plan Recovery Plan San Diego County Operational Area (09/19) US Health and Human Services Dept - Health and Social Services