**Maine CDC: Public Health, Health Care and Behavioral Health**

**Disaster Recovery Plan**

**Purpose**

The purpose of this Disaster Recovery Plan is to define and delineate the role and responsibilities of the Maine CDC in disaster recovery as a component of the Recovery Support Function (RSF): Health and Social Services.

**Mission**

The public health, healthcare and behavioral health mission for Recovery at the state level is to assist locally-led recovery efforts in the restoration of the public health, health care and behavioral health networks to promote resilience and the health and well-being of affected individuals and communities.

**Scope**

The core recovery capability for public health, healthcare and behavioral health is the ability to restore and improve health networks to promote the resilience, health, independence and well-being of the whole community. This Plan outlines the Maine CDC operational framework to support locally-led recovery efforts to address public health, health care and behavioral health needs. This framework is flexible and can adjust during a disaster to complement local efforts, as needed. (For the purposes of this Plan, the use of the term health will here-to-fore refer to and include public health, behavioral health and medical services.)

**Planning Assumptions**

* The most effective local recovery is managed by local leadership, supported by state and federal assistance as needed.
* Pre and post disaster recovery planning is maximized by implementing a process that facilitates communication and collaboration among all stakeholders.
* Successful recovery depends on all stakeholders having a clear understanding of pre and post role and responsibilities with a unity of effort among all partners.
* Both pre and post disaster recovery planning is most effective when inclusive of all segments of the community and considers the needs of all community members.
* Engaging and incorporating the full capabilities of all sectors through well-developed partnerships and inclusiveness in support of community recovery will facilitate ready access to needed resources.
* Communities that have participated in preplanning will experience enhanced response and recovery outcomes.
* Mitigation strategies that are incorporated into post disaster recovery planning will reduce the impact of future disaster events making the community safer and more resilient.
* Activation of the recovery process can be applied to any event with recovery consequences.
* Response activities and early recovery activities will often overlap; as the response winds down the recovery activities gear up.
* The effect of the response activities will influence the recovery activities necessitating close communication and consideration.
* Most community disaster events will have public health, health care and behavioral health recovery implications.
* Maine CDC will likely be called upon by the State Disaster Recovery Coordinator (SDRC) to provide consultation and technical assistance in the area of public health, health care and behavioral health in collaboration and coordination with other RSF agencies in support of local recovery efforts.

**Concept of Operations**

State level disaster recovery coordination will occur under the direction of the State Disaster Recovery Coordinator and through partnerships among the RSF agencies. The RSFs comprise the State’s coordinating structure for key functional areas of assistance. They bring together the core recovery capabilities of state departments and agencies and other supporting organizations to focus on community recovery needs. Their purpose is to support local governments by facilitating problem-solving, improving access to resources, integrating principles of resiliency, sustainability, and mitigation and fostering coordination among state and federal agencies, nongovernmental partners and agencies. The RSF are organized into six components which mirror the Federal RSFs:

* Community Planning and Capacity Building
* Economic
* Health and Social Services (Maine CDC is the Health Component of this RSF)
* Housing
* Infrastructure
* Natural and Cultural Resources

Each RSF has a designated coordinating agency along with primary agencies and supporting organizations with programs relevant to the functional area. The coordinating agency, in collaboration and coordination with MEMA, provides leadership, coordination and oversight for that particular RSF. RSF agencies provide assistance when requested by the State Disaster Recovery Coordinator (SDRC).

The RSF coordination structure is scalable and adaptable to meet difference levels and types of needs. Based on local assessments, only the RSF components that are needed are deployed.

The recovery process is inclusive and seeks to specifically include and address the needs of individuals with disabilities, those with access and functional needs, children, seniors, individuals with limited English proficiency and members of underserved populations. The SDRC and the RSFs strive for affected residents to have a voice, for services to reach those who need them most, for equitable distribution of resources, and for recovery programs appropriate for the socioeconomic and cultural make-up of the community.

**Organization and Assignment of Roles**

The State Disaster Response structure is depicted below:

**Disaster Assistance Team**

D

State Coordinating Officer (SCO)

State Disaster Recovery Coordinator

(SDRC)

(DAT

Chairperson)

DAT

Recovery Support Function

Community Planning & Capacity Building

DAT

Recovery Support Function

Economic

DAT

Recovery Support Function

Health & Social Services

DAT

Recovery Support Function

Housing

DAT

Recovery Support Function

Infrastructure Systems

DAT

Recovery Support Function

Natural & Cultural Resources

Public Information Officer

Joint Information Center (JIC)

Mitigation Advisor

(SHMO)

RSF

Field

Coordinator

RSF

Field

Coordinator

RSF

Field

Coordinator

RSF

Field

Coordinator

RSF

Field

Coordinator

RSF

Field

Coordinator

The following figure depicts the key components of a prototypical SDRC-DAT management structure, its relationship to LDRMs/SDRCs and the associated RSFs both state and local.

SDRC

State RSF Community Planning & …

State RSF Housing

State RSF Economic

State RSF Health & Social Services

State RSF Infrastructure Systems

State RSF Natural & Cultural Res…

LDRM/

TDRC

Community Planning & Capacity Bldg

Housing Task Force

Economic

Health & Social Services

Infra-structure Systems

Natural & Cultural Resources

Mitigation Advisor & Program Liaisons

**Direction, Control and Coordination**

The State Disaster Recovery Coordinator at MEMA will provide the overall leadership for the state disaster recovery support initiative.

The Maine CDC may or may not have the Maine CDC Public Health Emergency Operations Center (PHEOC) activated for a disaster response to be requested for recovery activation. However, if the Maine CDC PHEOC is in response mode, a separate, but parallel recovery structure/process will be activated if there is significant need for public health recovery interventions. The Maine CDC PHEOC will designate and activate a Disaster Recovery Team (DRT) (separate from the disaster response team) when the SDRC requests RSF disaster recovery support from Maine CDC. The response and recovery operations will likely overlap, and will require close coordination and communications. As response winds down, recovery will gear up.

The Maine CDC Disaster Recovery Team will be lead by the Disaster Recovery Team Leader (DRTL) assigned by the Incident Commander. The DRTL will communicate and collaborate with the Incident Commander and the Planning Chief in the Maine CDC PHEOC to ensure lock-step coordination of efforts. The DRTL will also coordinate closely with other activated RSFs. The DRTL will oversee the PH Disaster Recovery Team activation. Positions will be activated and assigned by the DRTL depending on the type of recovery support required.

HHS, Maine CDC Disaster Recovery Team and its interface with other disaster recovery partners is represented below:



Maine CDC DRT will:

* Participate in the Impact Assessment and Mission Analysis (IAMA) as requested by the SDRC
* Contribute to the development of the Recovery Support Strategy (RSS) as requested by the SDRC
* Participate in the disaster recovery initiative as indicated by the RSS RSF mission assignments, which may change as the event evolves
* Work to meet RSF specific objectives and milestones set in the RSS for the coordinated support of the local disaster recovery effort
* Coordinate with other disaster recovery partners to maximize efficient and effective use of resources at both the state and local level, and with NGOs and industry stakeholders
* Share key findings and developments with other RSF agencies
* Identify and coordinate with other local, State, Tribal and Federal partners to assess food, animal, water and air conditions to ensure safety
* Provide advice, consultation and on-site technical assistance to the local planners for community managed recovery efforts as requested
* Identify and leverage potential funding source, as well as other resources to assist with shortfalls
* Provide support for capacity building and plan implementation
* Identify health related tasks, projects and priorities
* Develop a strategic approach for coordinating assistance and policies
* Facilitate the development of strategies and recovery plans that include incorporation of mitigation, sustainability, and resilience building measures into the disaster recovery planning process
* Develop and implement a plan to transition from recovery operations back to a steady-state
* Promote inclusiveness in the disaster recovery planning process
* Evaluate the effectiveness of Maine CDC recovery efforts

**Information Collection and Dissemination**

Maine CDC will share and receive information with local PH disaster recovery partners as well as with state disaster recovery partners. Disaster Recovery information will be disseminated to the public from the State Public Information Officer (PIO) through the Joint Information Center (JIC).

**Outcomes for the Health Services Recovery Support Function**

|  |
| --- |
| * Restore the capacity and resilience of essential health 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 services.
* Reconnect displaced populations with essential health 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.
 |

**Authorities and References**

FEMA, National Disaster Response Framework, 9/2011

MEMA, Interagency Disaster Recovery Plan, 5/2012