Capability 2: Community Recovery

**Definition:** Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations. Communities should consider collaborating with jurisdictional partners and stakeholders to plan, advocate, facilitate, monitor, and implement the restoration of public health, health care, human services, mental/behavioral health, and environmental health sectors to at least a day-to-day level of functioning comparable to pre-incident levels and to improved levels, where possible.

**Functions:** This capability consists of the ability to perform the functions listed below.

- **Function 1:** Identify and monitor community recovery needs
- **Function 2:** Support recovery operations for public health and related systems for the community
- **Function 3:** Implement corrective actions to mitigate damage from future incidents

**Summary of Changes:** The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Highlights the need to define the jurisdictional public health agency recovery lead and support role
- Supports the National Disaster Recovery Framework (NDRF)
- Promotes integration of community partners to support community recovery and restoration
- Emphasizes engagement of community partners to access hard-to-reach populations to ensure inclusive communications that meet the needs of the whole community

**For the purposes of Capability 2, partners and stakeholders may include the following:** all parts of the whole community, such as individuals, businesses, nonprofits, community and faith-based organizations, and all levels of government.

**Specific partners and stakeholders may include**

- animal services and agencies
- childcare organizations
- chronic disease programs
- communicable disease programs
- community coalitions
- emergency management agencies
- emergency medical services (EMS)
- environmental health agencies
- fire and rescue departments
- groups representing and serving populations with access and functional needs
- health care coalitions
- health care organizations (private and community-based)
- health care systems and providers
- health care associated infection control programs
- housing and sheltering authorities
- human services providers
- immunization programs
- jurisdictional strategic advisory councils
- law enforcement
- media organizations
- mental/behavioral health providers
- public health preparedness programs
- schools and education agencies
- social services
- state office of aging or its equivalent
- surveillance programs
- volunteer organizations
Function 1: Identify and monitor community recovery needs

Function Definition: Assess the impact of an incident on the public health system in collaboration with jurisdictional partners and stakeholders to prioritize public health, emergency management, health care, mental/behavioral health, environmental health, and applicable human services recovery needs.

Tasks

Task 1: Identify jurisdictional community recovery priorities. Collaborate with jurisdictional partners and stakeholders to identify and document jurisdictional community recovery issues and priorities based on the impact of an incident on the population and critical assets, facilities, and other services within the public health, emergency management, health care, mental/behavioral health, and environmental health sectors.

Task 2: Identify the jurisdictional public health agency role in community recovery. In collaboration with the jurisdictional emergency management agency and organizations representing jurisdictional Emergency Support Functions (ESFs) and Recovery Support Functions (RSFs), identify the jurisdictional public health agency lead or support roles for community recovery.

Task 3: Identify recovery services to be provided by the jurisdictional public health agency, partners, and stakeholders. Determine public health agency, partners, and stakeholders services that can be provided for short- and long-term recovery operations, including previously identified services and new services, as appropriate, to address emerging community recovery needs.

Task 4: Solicit community input from jurisdictional partners and stakeholders. Request community input from jurisdictional partners and stakeholders regarding public health service recovery needs before and after the incident to understand recovery needs, issues, barriers, and trends.

Preparedness Resource Elements

P1: (Priority) Procedures in place for collaborating with jurisdictional partners and stakeholders to determine community recovery priorities and to define jurisdictional public health agency role(s) in community recovery. Considerations for determining community recovery priorities and the jurisdictional public health agency role(s) may include

- Recovery needs based on the scope of the incident and available assets, such as funding, volunteers, and other resources for responding to identified hazards
- Public health agency organizational structure, such as whether environmental health or mental/behavioral health services are separate agencies, legal authorities, and existing jurisdictional public health agency mandates
- Short- and long-term public health service delivery priorities and recovery goals
- Periodic assessment of incident impact information to characterize the size or extent of the incident and the sectors and populations impacted
- Review, assessment, and organization of recovery needs to facilitate timely and efficient reporting to federal, regional, state, local, tribal, and territorial emergency management agencies to support situational awareness and resource requests
P2: *(Priority)* Procedures in place for how the jurisdictional public health agency and jurisdictional partners and stakeholders will assess, conduct, monitor, document, and follow up with public health, emergency management, health care, mental/behavioral and environmental health, and human services needs to support jurisdictional recovery efforts. Procedures may include conducting community assessments or mission scoping assessments (MSAs) performed by federal and state RSF personnel. *(See Capability 1: Community Preparedness, Capability 7: Mass Care, Capability 10: Medical Surge, and Capability 13: Public Health Surveillance and Epidemiological Investigation)*

P3: Predefined procedures, egress (exit) strategies, staging locations, and community reception centers for addressing hazards if they persist in the community or environment over time.

P4: Procedures in place to identify state and applicable jurisdictional legal authorities that permit non-jurisdictional clinicians to be credentialed to work in emergency situations. *(See Capability 1: Community Preparedness, Capability 7: Mass Care, Capability 8: Medical Countermeasure Dispensing and Administration, and Capability 10: Medical Surge)*

P5: Documentation of identified sectors and partners that can support short-, intermediate-, and long-term community recovery efforts, including services to address the access and functional needs of identified at-risk populations who may be disproportionately impacted by a public health incident or event.

P6: Regularly scheduled community sector forums or local emergency planning committee meetings for representatives from different community sectors to collaborate. Activities may include

- Developing continuity of operations (COOP) plans
- Coordinating overall jurisdictional public health continuity of operations and community recovery roles
- Establishing and maintaining organizational relationships
- Sharing promising practices or approaches to recovery from similar incidents
- Learning about jurisdictional response and recovery processes and policies
- Exchanging information to identify available recovery support services by sector, such as shelter, day care, spiritual guidance, animal care, food, medication support, and transportation

*(See Capability 1: Community Preparedness)*

**Function 2: Support recovery operations for public health and related systems for the community**

**Function Definition:** Facilitate collaboration among jurisdictional partners and stakeholders to build a network of support services to reduce adverse public health consequences resulting from the incident, and develop plans to expedite recovery operations as appropriate based on the jurisdictional public health agency lead or support roles.

**Tasks**

**Task 1:** *Coordinate with jurisdictional partners and stakeholders to develop recovery solutions.*

Identify courses of action to address persistent or emergent recovery issues and coordinate among health care, emergency management, education, nonprofit, and social services partners to design solutions, plans, and services based on jurisdictional public health agency lead or support roles.
Task 2: Educate the community about public health services. Coordinate with community partners and stakeholders from within and outside the jurisdiction to educate the community regarding recommended public health services through unified messaging.

Task 3: Notify the community of jurisdictional public health agency recovery plans. In coordination with other jurisdictional agencies, notify the community of jurisdictional public health agency recovery plans that support the restoration of public health, emergency management, health care, mental/behavioral health, and environmental health services during and after the acute phase of the incident.

Task 4: Notify the community of available public health services. In coordination with jurisdictional partners and stakeholders, communicate recovery services available to the community, with attention to the access and functional needs of populations that may be disproportionately impacted.

Task 5: Inform the community of disaster case management or community case management services. In collaboration with jurisdictional partners and stakeholders, notify the community of available disaster case management or community case management services for impacted community members.

Task 6: Coordinate with jurisdictional emergency management agencies to support mutual aid agreements with neighboring jurisdictions to provide recovery services. Partner with jurisdictional emergency management agencies when developing intra- and inter-state public health mutual aid and resource sharing agreements with neighboring jurisdictions for the provision of community recovery support resources and services.

Preparedness Resource Elements

P1: (Priority) Integrated recovery coordination plan that accounts for the jurisdictional public health agency lead or support roles. The integrated recovery coordination plan should include

- Major public health recovery priorities
- Short-, intermediate-, and long-term recovery issues based on known hazards
- Intended actions to address identified public health recovery priorities
- Expected or intended actions to support a federally-led recovery support strategy

P2: Procedures in place to routinely collect and share response and recovery information, including information about community recovery priorities resulting from cross-jurisdictional and inter-state coordination with organizations providing outreach to impacted populations. Procedures should specify who is responsible for developing messages and identifying audiences, such as community partners, the community at large, and populations disproportionately impacted by the incident.

(See Capability 4: Emergency Public Information and Warning, Capability 6: Information Sharing, Capability 8: Medical Countermeasure Dispensing and Administration, and Capability 11: Nonpharmaceutical Interventions)

P3: Procedures in place to support regular monitoring, surveillance, and reporting to track health, social services, and case management-related recovery over the long term, depending on the incident.

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P4: **Priority** Procedures in place within a stand-alone public health COOP plan or as a component of another plan to support community recovery. Procedures may include

- Definitions, identification, and prioritization of essential services needed to sustain public health agency mission and operations
- Procedures to sustain essential services regardless of the nature of the incident (all-hazards planning)
- Positions, skills, and personnel needed to continue essential services and functions (human capital management)
- Identification of public health agency and personnel roles and responsibilities in support of ESF #8—Public Health and Medical Services
- Scalable workforce reduction
- Limited access to facilities because of issues, such as structural safety or security concerns
- Broad-based implementation of social distancing policies
- Identification of agency vital records, such as legal documents, payroll, personnel assignments that must be preserved to support essential functions or for other reasons
- Alternate and virtual worksites
- Devolution of uninterruptible services for scaled down operations
- Reconstitution of uninterruptible services
- Cost of additional services to augment recovery

P5: Predefined statements (message templates) that address expected questions and concerns related to the incident. Public health spokespersons should consider strategies that may include

- Collaborating with jurisdictional partners and stakeholders to develop unified, timely, and consistent messaging across agencies
- Using message maps when interacting with jurisdictional media and community organizations
- Developing tailored messages, such as fact sheets to disseminate information to the public and responders to help amplify support for disaster survivors

(See Capability 1: Community Preparedness, Capability 3: Emergency Operations Coordination, and Capability 4: Emergency Public Information and Warning)

P6: Recovery strategies that guide the timely provision of public health, health care, and mental/behavioral health care beyond initial life-sustaining care. Strategies based on the jurisdictional public health agency role may include

- Accessible, safe, and functional facilities to provide public health services, including restoration of facilities or designation of new facilities, as necessary
- Short- and long-term programs and services for disaster survivors, responders, and the public
- Programs and interventions for managing stress, grief, fear, panic, anxiety, and other medical, human services, and mental/behavioral health issues for disaster survivors, responders, and the public

(See Capability 1: Community Preparedness and Capability 14: Responder Safety and Health)

P7: Procedures in place to coordinate health and related community services for physical injury, illness, mental/behavioral trauma, or environmental exposures sustained as a result of the incident.

(See Capability 10: Medical Surge)
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**P8:** Procedures in place to support environmental health operations.


**Skills and Training Resource Elements**

**S/T1:** Volunteers from the Medical Reserve Corps (MRC) and other sources, such as Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) trained in expected roles and responsibilities for community recovery activities. Training programs may incorporate mental health or psychological first aid to address immediate post-disaster behavioral health needs.

*(See Capability 15: Volunteer Management)*

**S/T2:** Environmental health personnel trained in mitigation of public health hazards related to disaster debris removal, hazardous waste, radiation, sanitation, and vector control.

*(See Capability 14: Responder Safety and Health)*

**Function 3: Implement corrective actions to mitigate damage from future incidents**

**Function Definition:** Incorporate improvement observations from past incidents to inform actions needed to restore the public health, health care systems, mental/behavioral and environmental health, and human services sectors to at least a day-to-day level of functioning comparable to pre-incident and to improved levels, where possible. Document actions within written after-action reports (AARs) and improvement plans (IPs) and implement corrective actions based on jurisdictional public health lead or support roles.

**Tasks**

**Task 1:** Conduct post-incident assessment and planning for AARs and IPs. In collaboration with jurisdictional partners and stakeholders, conduct post-incident assessment and planning as part of the after-action process for short- and long-term recovery efforts.

**Task 2:** Facilitate collaboration between government and the community to develop corrective action plans. Facilitate and advocate for collaboration among government agencies and community partners to support the completion of agency-specific corrective actions.

**Task 3:** Collect community feedback for corrective actions. Collaborate with sector leaders to facilitate collection of community feedback to inform and identify corrective actions.

**Task 4:** Implement corrective actions into recovery plans and operations. Implement corrective actions that are within the scope or control of the jurisdictional public health agency for short- and long-term recovery, including the mitigation of damage from future incidents, in recovery plans.

**Task 5:** Develop a transition plan for implementing and monitoring corrective actions. In partnership with key stakeholders, create a transition plan based on the jurisdictional public health agency lead or support roles to integrate implementation and monitoring of corrective actions into day-to-day agency operations.
Task 6: Assess and strengthen community resilience to future disasters. Coordinate with jurisdictional partners and stakeholders to evaluate and strengthen community resilience to future incidents by improving routine community functioning and reducing community vulnerability. Based on the known or anticipated health and social services recovery issues that the community will experience, integrate the necessary interventions for those issues and barriers into day-to-day business through inclusion in multiyear budgets, planning efforts, and staffing approaches.

Preparedness Resource Elements

P1: Procedures in place for continuous development and maintenance of partnerships with cross-sector community partners and stakeholders to support the restoration of access to public health, emergency management, health care, and mental/behavioral and environmental health services.  
(See Capability 1: Community Preparedness)

P2: (Priority) Procedures in place to solicit feedback and recommendations from leaders in key sectors to improve community access to public health, emergency management, health care, mental/behavioral and environmental health, and human services. Key sectors may include

- Business
- Childcare
- Community and faith-based organizations
- Education
- Government
- Health care
- Housing and sheltering
- Media

P3: Corrective action plans based on jurisdictional public health agency lead or support roles that may include

- Mitigation plans to reduce damage from future incidents
- Jurisdictional and cross-sectoral models of community resilience to ensure the participation of all potential stakeholders in developing strategies to withstand and recover from future events
- Transition plan that identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion