



**Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.**

This capability supports National Health Security Strategy Objective 8: Incorporate Post-Incident Health Recovery into Planning and Response. Post-incident recovery of the public health, medical, and mental/behavioral health services and systems within a jurisdiction is critical for health security and requires collaboration and advocacy by the public health agency for the restoration of services, providers, facilities, and infrastructure within the public health, medical, and human services sectors. Monitoring the public health, medical and mental/behavioral health infrastructure is an essential public health service.<sup>27,28,29,30</sup>

This capability consists of the ability to perform the following functions:

- Function 1:** Identify and monitor public health, medical, and mental/behavioral health system recovery needs
- Function 2:** Coordinate community public health, medical, and mental/behavioral health system recovery operations
- Function 3:** Implement corrective actions to mitigate damages from future incidents

### **Function 1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**

Assess the impact of an incident on the public health system<sup>31</sup> in collaboration with the jurisdictional government and community and faith-based partners, in order to determine and prioritize the public health, medical, or mental/behavioral health system recovery needs.

This function addresses the intent of National Health Security Strategy Outcome 8 that there should be a collaborative effort within a jurisdiction that results in the identification of public health, medical, and mental/behavioral assets, facilities, and other resources which either need to be rebuilt after an incident or which can be used to guide post-incident reconstitution activities.

#### **Tasks**

This function consists of the ability to perform the following tasks:

- Task 1:** In collaboration with jurisdictional partners, document short-term and long-term health service delivery priorities and goals.
- Task 2:** Identify the services that can be provided by the public health agency and by community and faith-based partners that were identified prior to the incident as well as by new community partners that may arise during the incident response. *(For additional or supporting detail, see Capability 1: Community Preparedness, Capability 7: Mass Care, and Capability 10: Medical Surge)*
- Task 3:** Activate plans previously created with neighboring jurisdictions to provide identified services that the jurisdiction does not have the ability to provide during and after an incident.
- Task 4:** In conjunction with healthcare organizations (e.g., healthcare facilities and public and private community providers) and based upon recovery operations, determine the community's health service priorities and goals that are the responsibility of public health. *(For additional or supporting detail, see Capability 10: Medical Surge)*

#### **Performance Measure(s)**

At present there are no CDC-defined performance measures for this function.

**Function 1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**
**Resource Elements**

Note: Jurisdictions must have or have access to the resource elements designated as **Priority**.

PLANNING (P)

**P1: (Priority)** Written plans should include processes for collaborating with community organizations, emergency management, and healthcare organizations to identify the public health, medical, and mental/behavioral health system recovery needs for the jurisdiction's identified hazards.

Suggested resource

- National Disaster Recovery Framework (draft February 2010): <http://disasterrecoveryworkinggroup.gov/ndrf.pdf>

**P2: (Priority)** Written plans should include how the health agency and other partners will conduct a community assessment and follow-up monitoring of public health, medical, and mental/behavioral health system needs after an incident.

Suggested resource for environmental incidents

- Community Assessment for Public Health Emergency Response Toolkit [http://www.emergency.cdc.gov/disasters/surveillance/pdf/CASPER\\_toolkit\\_508%20COMPLIANT.pdf](http://www.emergency.cdc.gov/disasters/surveillance/pdf/CASPER_toolkit_508%20COMPLIANT.pdf)

Suggested resource for radiation incidents

- State Radiation Control Programs: <http://www.crcpd.org/Map/RCPmap.htm>  
(For additional or supporting detail, see *Capability 1: Community Preparedness*)

**P3: (Priority)** Written plans should include the following elements (either as a stand-alone Public Health Continuity of Operations Plan or as a component of another plan):

- Definitions and identification of essential services needed to sustain agency mission and operations
- Plans to sustain essential services regardless of the nature of the incident (e.g., all-hazards planning)
- Scalable work force reduction
- Limited access to facilities (social distancing, staffing or security concerns)
- Broad-based implementation of social distancing policies if indicated
- Positions, skills and personnel needed to continue essential services and functions (Human Capital Management)
- Identification of agency vital records (legal documents, payroll, staff assignments) that support essential functions and/or that must be preserved in an incident
- Alternate worksites
- Devolution of uninterruptible services for scaled down operations
- Reconstitution of uninterruptible services<sup>32,33,34</sup>

**P4:** Written plans should include pre-defined statements, or message templates, that address likely questions and concerns in an emergency. Message maps should be used by public health spokespersons to use with community media and community organizations. (For additional or supporting detail, see *Capability 1: Community Preparedness and Capability 4: Emergency Public Information and Warning*)

**P5:** Written plans should include recovery strategies for the timely repair or rebuilding of public health services (e.g., wastewater treatment and potable water supply).

**P6:** Written plans should include procedures that guide the provision of public health, medical, and mental/behavioral healthcare beyond initial life-sustaining care. This includes processes to assure that short- and long-term programs and services are available (pre- and post-incident) to meet the needs of responders and the general public in terms of assuaging stress, grief, fear, panic, and anxiety, as well as to address other medical and mental/behavioral health issues. (For additional or supporting detail, see *Capability 1: Community Preparedness and Capability 14: Responder Safety and Health*)

**Function 1: Identify and monitor public health, medical, and mental/behavioral health system recovery needs**
**Resource Elements** *(continued)*

PLANNING (P)

**P7:** Written plans should include protocols to identify jurisdictional legal authorities to permit non-jurisdictional clinicians to be credentialed to work in emergency situations.

- Suggested template: “Menu of Suggested Provisions for Public Health Mutual Aid Agreements” and especially the section “Licenses and Permits” accessible at <http://www2a.cdc.gov/phlp/mutualaid/mutualpermits.asp>

**P8:** Written plans should include documentation that addresses the identification of the sectors (e.g., business, non-governmental organizations, community and faith-based organizations, education, social services) that can provide support to the recovery effort.

- For examples of potential sectors, see: Building Community Resilience for Children and Families, Terrorism and Disaster Center at the University of Oklahoma Health Sciences Center<sup>35</sup>

Plan or annex should also include the process to facilitate or assist these organizations with developing their own continuity of operations plans that detail how they will perform these functions in all-hazards recovery situations. Recommended components include the following elements:

- What community stakeholder operations are necessary to sustain public health operations/functions
- What health support operations do/can they provide (e.g., shelter, day care, spiritual guidance, food, medication support, and transportation)

Planning process should document the inclusion of regularly scheduled meetings prior to an incident at which representatives from the different community sectors can meet to do the following:

- Establish and maintain interpersonal relationships
- Share promising practices/approaches to recovery from similar incidents
- Learn about relevant response and recovery processes and policies within the jurisdiction
- Ask questions and exchange information

*(For additional or supporting detail, see Capability 1: Community Preparedness)*

**Function 2: Coordinate community public health, medical, and mental/behavioral health system recovery operations**

Facilitate interaction among community and faith-based organizations (e.g., businesses and non-governmental organizations) to build a network of support services which will minimize any negative public health effects of the incident.

This function addresses the National Health Security Strategy Objective 8 outcome recommendation that jurisdictions should have an integrated plan as to how post-incident public health, medical, and mental/behavioral services can be coordinated with organizations responsible for community restoration.

**Tasks**

This function consists of the ability to perform the following tasks:

**Task 1:** Participate with the recovery lead jurisdictional agencies (e.g., emergency management and social service) to ensure that the jurisdiction can provide health services needed to recover from a physical or mental/behavioral injury, illness, or exposure sustained as a result of the incident, with particular attention to the functional needs of at-risk persons (e.g., those displaced from their usual residence). *(For additional or supporting detail, see Capability 3: Emergency Operations Coordination)*

**Function 2: Coordinate community public health, medical, and mental/behavioral health system recovery operations**
**Tasks** *(continued)*

- Task 2:** In conjunction with jurisdictional government and community partners, inform the community of the availability of mental/behavioral, psychological first aid, and medical services within the community, with particular attention to how these services affect the functional needs of at-risk persons<sup>36</sup> (including but not limited to children, elderly, their care givers, the disabled, or individuals with limited economic resources) *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning)*
- Task 3:** Notify the community via community partners of the health agency’s plans for restoration of impacted public health, medical, and mental/behavioral health services. *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning)*
- Task 4:** Solicit community input via community partners regarding health service recovery needs during and after the acute phase of the incident. *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning and Capability 8: Medical Countermeasure Dispensing)*
- Task 5:** Partner with public health, medical, and mental/behavioral health professionals and other social networks (e.g., faith-based, volunteer organizations, support groups, and professional organizations) from within and outside the jurisdiction, as applicable to the incident, to educate their constituents regarding applicable health interventions being recommended by public health. *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning, Capability 6: Information Sharing, and Capability 11: Non-Pharmaceutical Interventions)*
- Task 6:** In conjunction with jurisdictional government and community partners, inform the community of the availability of any disaster or community case management services being offered that provide assistance for community members impacted by the incident. *(For additional or supporting detail, see Capability 4: Emergency Public Information and Warning)*

**Performance Measure(s)**

At present there are no CDC-defined performance measures for this function.

**Resource Elements**

- S1:** Incorporate mental/behavioral health training into Medical Reserve Corps, volunteer (e.g., Emergency Systems for Advance Registration of Volunteer Health Professionals) training programs (e.g., grief counseling services). *(For additional or supporting detail, see Capability 15: Volunteer Management)*

SKILLS AND TRAINING (S)

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

Incorporate observations from the current incident to describe actions needed to return to a level of public health, medical, and mental/behavioral health system function at least comparable to pre-incident levels or improved levels where appropriate. Document these items in a written after action report and improvement plan, and implement those corrective actions that are within the purview of public health.

This function addresses the intent of the National Health Security Strategy Outcome 8 recommendation that jurisdictions should have a monitoring and evaluation plan for recovery efforts.

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

This function consists of the ability to perform the following tasks:

- Task 1:** In conjunction with jurisdictional government and community partners, conduct post-incident assessment and planning as part of the after action report process that affects short and long-term recovery for those corrective actions that are within the control and purview of jurisdictional public health, including the mitigation of damages from future incidents.
- Task 2:** Collaborate with sector leaders<sup>37</sup> to facilitate collection of community feedback to determine corrective actions.
- Task 3:** Implement corrective actions for items that are within the scope or control of public health to affect short and long-term recovery, including the mitigation of damages from future incidents.
- Task 4:** Facilitate and advocate for collaborations among government agencies and community partners so that these agencies can fulfill their respective roles in completing the corrective actions to protect the health of the public.

**Performance Measure(s)**

At present there are no CDC-defined performance measures for this function.

**Resource Elements****PLANNING (P)**

- P1:** Written plans should include a process to engage with jurisdictional business, educational, and social service sectors to support the restoration of access to public health, medical and mental/behavioral health services.
- P2:** Written plans should include a process for how the public health agency will solicit feedback and recommendations from the following sectors, at a minimum, for improved community access to health services:
  - Education, medical, public health, mental/behavioral health, and environmental health