

# National Mass Care Council Meeting Notes

January 12 – 13, 2012

## Success stories for Mass Care

### SUCSESSES

- Mapping of Shelters on common operating public system for public to see - *Trevor Rikken*
- Organizational shift to a resilience model through the disaster management cycle – with capacity building lens - *Darryl Leedom*
- Utilizing Social Capital – empower communities to care for themselves – Japan, Joplin – *Entire Table*
- Shelters/Mass Care Facilities being more inclusive and accessible – no segregation of population – *Curt Decker*
- Out of Box thinking – FEMA pre-staged equipment and supplies (baby formula, diapers, etc) for shelters – not needed for shelters but through collaboration/coordination – those items were made available for community members with needs *Lauralee Koziol*
- Resource Allocation Workshop for NLE 11 in Tennessee– Process and Shelter Cluster.org *Amy Mintz*
- Rebuild Joplin – collaborative portal for needs & resource matching *Kim Stephens*
- Sheltering Operations (Alabama, Joplin) expanding to overarching service delivery sites to meet a variety of needs *Gregg O’Ryon/David Myers*
- Preparedness efforts in Missouri helped make Mass Care successful – a culture of preparedness *David Myers*
- Hurricane Irene feeding operations – feeding across 13 states was successful *Lynn Crabb/Bruce Poss*
- Social Media as a portal for displaced individuals to find housing *Kim Stephens*
- On various operations, utilizing non-affected communities to provide specific items needed (buckets of clean-up supplies, etc.) *Lynn Crabb*
- Birmingham – efforts within local communities to coordinate specific needs, strong local leadership with influence – i.e. Scott School *David Myers*
- Alabama Tornadoes *April Wood*
  - Coordination around functional access needs
  - State/Local/Feds – RDIS
  - Across Shelter Sites
  - Daily Calls – good communications
  - As soon as need identified – action within 24 hours
  - Shelters – Site inspections
- Ohio Ice Storms – 2005 *Russ Decker*
  - No power – 5 – 7 days
  - Generators
  - Electricians Union went out “pro-bono” for seniors to ensure proper set-up
  - Union proactively approached county local
  - Private Sector Success
- 9/11 – New Jersey *Dennis Dura*
  - Family Assistance Center constructed in New Jersey in 5 days using old shell of train terminal
  - Multi-organizational effort e.g. state, Federal, NGOs to address needs of families
  - Success – done fast – non-traditional mass care services provided (Mental Health)
  - Challenge: Private Sector – Verizon/Nextel – did step up – looked at as business opportunity
- Haiti Earthquake – *Patrick Denis*
  - On US Ship headed to Haiti
  - US Liaison to Minister of Health – “What do you Need?”
  - Work with locals – immunizations, health care
  - Assess damage
  - Tent cities – visited with “teams” of whole community services
  - Rolling priorities by sector (food, health)
  - Working with NGOs, IOs, DOD, Civilian/Non-Civilian teams for catastrophic event
  - LNO (spies) reconnaissance teams to provide field verification
- Guidance Technology – *Michael Grimm*
  - FEMA “App” released just in time for Irene – data exchange with AC
  - Shelter Field Guide – joint project – FEMA/ARC

## SUCSESSES

- Anne Arundel County Group Sheltering – service providers developed plan to share resources and support each other during emergencies and developed network *Cathy Welker*
- Joplin Points of Distribution – brought local, state and federal Mass Care and donations, local organizations and NGOs together to coordinate distribution of supplies *Julie Blanciak*
- Evolution of human and pet sheltering – Memphis TN – non-located shelter but good communication for pet owners through pet shelters. Shreveport LA – collocated shelters made pets accessible to families and improved mental health and post trauma recovery *Debrah Schnackenberg*
- Louisiana Unified Shelter Plan – included only Mass Care partners – ARC, DCFS (state lead for Mass Care), GOHSEP, 2 local emergency management directors – allowed local buy-in; set goals and objectives; getting all partners together for integrated all hazards planning approach addressing disasters of all sizes and scopes *Amy Dawson*
- Minot, ND Floods – Salvation Army – distribution, ARC – shelters, Southern Baptists – Feeding, Local Churches – assisted, Local vendors – contributed, Lead to new initiative in recovery in Minot – Whole Community – Recovery model being built on Mass Care Model – *Mickey Caison*
- Collaboration between private industry for quick turnaround of meals *Gerald McSwiggen*
- Pre-existing relationships with private sector *Gerald McSwiggen*
- Coordinated donations of much needed items – good use of donations *Waddy Gonzalez*
- Onsite “One Stop Shops” - multi-agency centers *Jack Haraald*
- Partnerships and coordination of different agencies/companies to get involved in disaster response to fill a need *Joe Watts*
- Collaboration among all sectors – (NGO, Community, Government) to accomplish response through coordination *James McGowan*
- Donations Coordination – needs list – what is needed versus what is available *Charade Jackson*
- Community Response and Recovery *Charade Jackson*
- Coordinate, Collaborate with partners, mass care service providers to meet needs of community – *Entire Table*

## Success Story Themes

Collaboration  
Spontaneous Leadership  
Unexpected Partnerships  
Integrated Service Delivery  
Sustainability/Maintain Partnerships  
Role of FEMA & federal government – supporting role

## World Café – 5 Areas of Review

| Area                        | Facilitator    |
|-----------------------------|----------------|
| Scalability                 | Julie Blanciak |
| Coordination                | Amy Mintz      |
| Open System/Whole Community | James McGowan  |
| Quality & Range of Services | Lynn Crabb     |
| Policy/Legal                | Waddy Gonzalez |

| Scalability  |
|--|
| <p><b>BIG IDEA:</b> Gap Analysis Program – State &amp; Local Level, Non-Profits/Resource Allocation Workshops</p> <p><b>BIG IDEA:</b> Tiered Relationships – Mass Care Resource Typing</p> <p><b>BIG IDEA:</b> Scenario Planning</p> <ul style="list-style-type: none"> <li>➤ Readiness Asset</li> <li>➤ Provide support services to increase response (staff sheltering, warehouse)</li> <li>➤ Material/Resources Scaled Down for small scale disasters</li> <li>➤ Model for mutual aid – Local EMAC</li> <li>➤ State VALs in each state</li> <li>➤ Increase awareness/availability for resources e.g. NECMC</li> </ul>   |
| <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>➤ Readiness Asset (people, money, etc.)</li> <li>➤ Gap analysis program – at state and local level</li> <li>➤ Methodology on federal sponsored program to discuss gap information and meet resource needs.</li> <li>➤ Tiered relationships</li> <li>➤ Support Services to increase response: staff sheltering, warehousing, etc.</li> <li>➤ Use individuals/public as force multipliers to promote directed action (Seat belts &amp; recycling)</li> <li>➤ Access to Mass Care resources during small local events</li> <li>➤ State VALs in each state can coordinate to meet needs during smaller local disasters – the 90%</li> <li>➤ Mutual aid among smaller community organizations</li> <li>➤ Scaled guidance and resources of National Mass Care Strategy</li> <li>➤ Ability to trigger additional resources through decentralized means (social media, etc) instantaneously</li> <li>➤ Identify tools that can track the mass care needs and available resources through the response to gauge scalable needs</li> <li>➤ Increasing awareness and availability of human and material resources</li> <li>➤ Robust system for affiliating volunteers for maximum utilization</li> <li>➤ Improved communication and collaboration within political channels (e.g. mayor – governor) include in planning; tailored messaging for politicians and knowledge of mass care</li> <li>➤ Mass Care response resource typing with defined needs, resources, responders</li> </ul> |

| Coordination  |
|---|
| <p><b>BIG IDEA:</b> Create a national platform – can be localized, not password protected – community of practice with common templates, training, definitions</p> <p><b>BIG IDEA:</b> EOC coordination and partners utilizing/adapting EOC systems</p> <p><b>BIG IDEA:</b> Asset management and coordination – EMAC/NGO/Private Sector</p> |

- Resource Allocation workshops – baselines and gaps
- Resource typing/standardize language
- Virtual EOCs
- Leveraging NVOAD/SVOAD/LVOAD
- Guidance, Tools, Checklists on local resources
- Building trust/political leaders
- National Virtual Exercises (Formidable Footprint)

#### Discussion

- Knowledge
  - Common language
  - Common training
  - Common templates for operations process
  - Standardized templates
  - Rules for social media and system to validate information
  - Guidelines – social, state profiles, credentialing, coordination
  - Community of practice – create forms in preparation
  - Training Standards
  - Best Practices
  - Common Training
  - Just in time training
  - Checklists including situation awareness – what’s happened? What should we do?
  - Tool Kits – Roles of responders
  - Who’s who – informed leaders
- Structure
  - Coordination through EOCs
  - NVOAD on steroids – State VOADs
  - Leverage NVOAD to increase capacity
  - Partners utilize information systems adapted by states
  - Virtual EOCs for information and reports – coordination
  - Organization evolves with scale and capacity – unity of effort
  - Vertical management style to horizontal
  - Coordination for unsolicited volunteer credentials
  - Engage and empower local and build from there
  - Sustainable
- Resources
  - Utilize technology for virtual coordinatyion/collaborative platforms
  - Common clearinghouse on assets
  - EMAC system expanded to include NGO, Fed (??), Private Sector
  - Explore how energy corporations do it
  - Defining resources that are needed depending on event
  - Resource allocation workshops
  - Common Operating Platform
  - Identify ESF needs, current resource gaps
  - Resource typing/standardized language

#### OPEN SYSTEM/WHOLE COMMUNITY

**BIG IDEA:** Incentivize community engagement through financial resources - responses structure that... State costs share (25%)

**BIG IDEA:** Virtual Volunteer Portal

- Tap non-traditional partners (e.g. private sector)
- Increase flexibility of volunteer engagement, foster, encourage
- Pre-train volunteer leaders
- Create ONE plan for entire community
- Quantify cost of total disaster to assist in advanced planning
- Use community rating system model for planning
- Involved volunteers in entire cycle of disaster
- Structure to accommodate range of providers
- Use local emergency operations planning

#### Discussion

- Solutions exist but there is no way to access them or for them to plug into a larger framework. One organization needs to be the repository/library of best practices/tools, etc and someone needs to be in charge of this (Fund this position) Job title: Integrator
- Owner should be “agnostic” e.g. NEMA, NVOAD
- Market this so people know it exists
- Involved volunteers more in preparation, not just response
- Incentivize Community Engagement
- Provide incentives to cities to plan & prepare. Link to other programs (eg HMGP, Corps of Engineers) and shift the financial incentives
- “Prove” the value of upfront planning (eg OMB) through mitigation
- Characterize the “federal” costs, non-profits etc = total cost of the disaster. Quantify.
- Use community rating system model to reward communities for level of preparedness.
- Create one plan for everyone (not annexes) for hearing impaired, different languages, dialysis patients, etc.
- Identify & eliminate road blocks eg HIPPA (and security issues inherent)
- Pull together data on communities (eg % of vulnerable populations) and be able to provide and access it
- Look over the entire community landscape including businesses and talk about how emergency manager can access these resources including people to provide mass care
- Pre-train volunteer leaders (eg Red Cross program) connect with companies at the national level, train locally
- Outreach (broaden the pool) to facilities or non-traditional partners
- Training for communities in how to tap resources, facilities, etc.
- Tap non-traditional partners, eg unions, movie companies
- Analyze tasks that need to be provided and look at organizations and people within the community which do similar activities.
- Address financial concerns, liability issues for non-traditional partners. Highlights the positive opportunities (what’s in it for them)
- How to maintain energy and commitment when there is no disaster (citizen’s councils, non-traditional providers, etc.)
- Maintain and recruiting volunteers – potentially shrinking volunteer pools
- Provide structure – people can join if they want to participate
  - Flexible for local
  - Principles, best practices, models (eg. Social media)
  - Before they are needed
  - Create emergency management partnerships with businesses

| Quality and Range of Services   |
|---|
| <b>BIG IDEA:</b> Situational Awareness  |
| <b>BIG IDEA:</b> Standards of Practice  |
| <ul style="list-style-type: none"> <li>➤ Database of training &amp; guidance</li> <li>➤ Baseline of necessary knowledge – expectation management and orientation</li> <li>➤ NIMS Typing</li> <li>➤ Transition from Mass Care to Private Sector</li> <li>➤ Evaluation of mass care impact/success</li> <li>➤ Define range of services and expectation management</li> </ul>  |
| <b>Discussion</b>   |
| <ul style="list-style-type: none"> <li>➤ Knowledge, Structure, Resources <ul style="list-style-type: none"> <li>○ Situational analysis – real world efforts; system for doing this perceived needs versus reality; social media; footprint of response</li> <li>○ Data integrity</li> </ul> </li> <li>➤ Knowledge, resources <ul style="list-style-type: none"> <li>○ Standards of practice, including costs for operation (using former SOPs to guide this)</li> <li>○ Available training and guidance – who offers? How to get it?</li> <li>○ Baseline of topics/knowledge necessary for mass care success – core principles (NIMS Typing)</li> <li>○ Guiding principles, minimal level of service, defining range of services and expectations management</li> </ul> </li> <li>➤ Structure <ul style="list-style-type: none"> <li>○ Privatization/incentivize mass care</li> <li>○ Transition from Mass Care to regular business; private sector recovery</li> <li>○ How do we share information, manage the resources as transitions occur/needs change</li> </ul> </li> <li>➤ Resources <ul style="list-style-type: none"> <li>○ Manage human resources/volunteer management – virtual platform for known volunteers</li> <li>○ Support for staff and impact on footprint</li> </ul> </li> </ul> |

| Policy/Legal  |
|---|
| <b>BIG IDEA:</b> Modification to Stafford Act   |
| <ul style="list-style-type: none"> <li>➤ Credentialing/Licensing across states</li> <li>➤ National Samaritan Law</li> <li>➤ Transfer Medicaid – state to state – when evacuated</li> <li>➤ Broaden declaration criteria (EPAP)</li> <li>➤ Modification of laws – protection of minors</li> <li>➤ Shelters – spending on temporary versus long term shelters</li> <li>➤ Access of protected information</li> <li>➤ Social Service network – non-traditional shelters, resources/infrastructure type</li> <li>➤ Modification to 309 – NGO reimbursement</li> <li>➤ Protection from litigation due to current ADA/Functional Needs requirements</li> <li>➤ CBRNE – release liability for NGO partners</li> <li>➤ Worker’s Compensation for NGOs (funding)</li> </ul> |
| <b>Discussion</b>   |
| <ul style="list-style-type: none"> <li>➤ Medical care requirements and expectation in congregate facilities</li> <li>➤ Homeless/legal needs/requirements for mass care provides – homeless humans and stray pets</li> <li>➤ Unaccompanied minors crossing state lines. No federal statutory process exists for reunification for care and guardianship</li> <li>➤ Care/legal status of unaccompanied minors relocating from hospital in a host state</li> <li>➤ Illegal aliens – information sharing at congregate facilities (mixed status)</li> <li>➤ Children in disasters – non change in policy/change in interpretation and application of policy</li> </ul>  |

- Pets in disaster – local level hold time/disaster hold time frame – state level – license cross-over state lines – veterinary/medical
- Credentialing and Access (challenge) set a standard across jurisdictions
  - HIPPA concerns
  - Medical
  - Nurses
  - Vets
  - Police
  - Licensed professionals
- Registration/Sharing of data with other government and non-government organizations
- Transfer Medicaid from state to state when evacuated
- Consistent liability status for environmental/industrial
- Dealing with ICE
- Dealing with registered sex offenders
- Legal protection for NGOs, FBOs, CBOs as potential mass care providers: solution – national Samaritan law
- Temporary Reciprocity
- Protection from litigation due to current ADA, access and functional needs requirements
- Liability - professional (Barrier) Solutions: Federal and state liability legislation
- CBRNE release liability for NGO participants – worker’s compensation for volunteers
- Modification to Section 309 allowing for direct support and reimbursement to NGOs
- Modify Stafford Act/WRDA and other federal disaster act to provide incentive to communities through sliding scale for advanced actions e.g. mitigation, response planning (see Whole Community)
- Solution: amend the Stafford Act to expand the support to local/social network agencies (homeless, elder care, etc.) after a declared disaster to ensure a sustainable recovery

## Deep Dive

1. Gap Analysis Program (needs analysis) *Scalability*
2. Incentive Rating System *Open System*
3. Standards of Practice *Quality/Range of Service*
4. Whole Community Technology Solution *Cross Cutting/Coordination*
5. Stafford Act *Legal/Policy*
  - a. 309
  - b. Volunteers
  - c. Credentialing
  - d. Policy Issues

### DEEP DIVE: GAP ANALYSIS NIMSCAST – a model to review

*Regional Concept controlled by state/local*

Define:

Concept/Tool that planning provides inputs that estimates requirements of service delivery compared to existing capabilities.

Triggers other Actions – Impacts

- Budgets
- Human Capital (Volunteer Partnerships)
- Training
- Outreach
- Future Model for other ESFs
- Planning
- Move Forward in Consensual Manner
- Set Overall Expectations

Involves

- Local
  - State
  - Formal Partners
- } Invite Informal Partners and representatives of unknowns

Time

- 1 year – include pilots

What it Takes

- Look at what's been done
- Determine technical solutions (ex – virtual portal to view as dashboard)
- Local/State participation
- Incentives (tie to Incentive Program)
  - Pay for system/technical support
- No disasters & adequate staff – to complete in a year
- Metrics for successful Mass Care



**DEEP DIVE: Incentivize Program**

Define Idea:

Sliding cost share – 75/25 – 90/10 under 403 EA for advanced Mass Care planning and linked to non-declared funding (e.g. EMPG) to further encourage planning ind. of declaration and establishes structure for Mass Care planning.

Impact

- Strengthened relationships state – local – bottom up – starts at local level;
- improved/faster delivery – preplanning
- mitigates needs/gaps

Who’s Involved:

- Feds – establishes standards
- States – reviewers
- Locals – planners
- NGO’s/Voluntary Organizations

Disaster Risk Reduction

Time

- Statutory Change – 1 – 2 years
- Program Guidance – 12 months
- Communications Plan – 12 months
- Develop evaluation criteria for 75/25 – 90/100 – 12 months

What would it take?

Carrot & Stick

Questions:

- What about small communities who can’t make investment?
- What if states had money to help localities develop plans?

| Activity               | Baseline = 75/25 | Enhanced = 90/10 | Connections        |
|------------------------|------------------|------------------|--------------------|
| Shelter                | A,B,C            | A,B,C + ?        | TCL                |
| Feeding                | E,F,G            | E,F,G + ?        | EMPG               |
| Medical                |                  |                  | EOPs (Local/State) |
| Distribution           |                  |                  | Gap Analysis       |
| Information Management |                  |                  |                    |
| Reunification          |                  |                  |                    |
| Functional Needs       |                  |                  |                    |
| Donations              |                  |                  |                    |
| Partners               |                  |                  |                    |
| Other                  |                  |                  |                    |

**DEEP DIVE: Standards of Practice**

Develop virtual community of mass care practitioners and interested parties (government) to serve as an interactive site for dialogue and knowledge exchange.

Potential Impact:

- Allow for greater collaboration across sectors

- Provides additional resources for personnel development
- Standard operations procedures and best practices available so Mass Care quality is improved

Who?

- SME's
- Practitioners
- Government Representatives from all levels
- Private sector

Time: 1 ½ years

What Would It Take?

- Funding:
  - For meetings
  - For technology
  - For 1 – 2 staff
- Buy in from stakeholders

Part 2

Develop standards of practice across the mass care community (*Mass Care Standards & indicators may be the starting point*)

Impact

- Allows for improved mass care service delivery
- Encourages consistency across sectors, including emergency mass care providers
- Stakeholder buy in

Who

- SMEs
- Government
- Private Sector
- NVOAD Mass Care Committee

Time: 1 year

What Would It Take?

- Funding for Meetings
- Contractor to coordinate
- Buy in

**DEEP DIVE: Technology Solutions to Whole Community**

Define Idea:

- Platform that provides a central solution for Mass Care Community of Practice, practitioners, emergency providers and all stakeholders. Includes State Tabs, Volunteer Portals – Comparable – IAP Site
- A portal for multiple standards
- Best Practices – resources – check lists
- Training Commons – directories, guidance
- Policies – news, practitioners ?????
- Tabs for state/local level - Connection to operationalize by linking existing platforms or creating new

Impact - ROI

- A doorway to help – increased engagement and coordination/collaboration of traditional and non-traditional Mass Care providers
- Less duplication of effort – equals better use of resources
- Standardizing knowledge

Who will be involved?

- Private sector tech company partners for help
- Member Council/Group to determine what needs to be done

- University Project with input support from tech company
- NMCC Portal – NVOAD site

Time Horizon – 6 months

What would it take?

- Support from top
- Create it – but sustaining it is the challenge
- Behavior Change

How to get buy in? 1 stop shop

Red Cross site

Salvation Army Site

*See VOAD Conference Notes*

2 Issues

Define Community Practice

- Ability to train
- Gather resources
- Look at best practices

Situational Awareness for Mass Care Only

Portal to SM that's verified and categorized and put visualization platform

Preparedness

- Best practices
- Standard
- Training

### **DEEP DIVE: Stafford Act**

Define Idea

- Modify Stafford and Non-Stafford legislations that directly affect survivors during the Mass Care phase of a disaster, to meet whole community needs.
- More flexible funding for public and private sector without taxing additional state resources
- Create changes for the protection and well-being of the private sector responders (voluntary agencies, etc.)
- Create a mechanism for temporary licensing/credentials to expand support and resources to Mass Care providers

Potential Impact

- Expand resources/expertise/capacity up to 50%

Who? NMCC/NVOAD

- Build a coalition of stakeholders
  - State/leadership/local
  - Business/Commerce/NGOs

Time Horizon

- Coalition – 6 months
- Engaging Policy Makers – 6 months
- Implementation – 6 months

What will it take?

- Leadership & Focus
- Energy & Dedication
- Political Champions
- Consensus from Stakeholders

## ***Meeting Feedback***

| <b>FEEDBACK ON MEETING</b>  |
|---|
| <ul style="list-style-type: none"><li>➤ Repeat format before final draft</li><li>➤ Create “devil’s advocate” role</li><li>➤ Include “consumers” of the service (clients, states, etc.</li></ul> |