

**10 Mass Care**

## Mass Care

### **Capability Definition**

The capability to provide mass care services, to include immediate shelter, feeding, basic first aid, bulk distribution of needed items and other related services to persons affected by the incident, including special needs populations. People with special needs include individuals who need medical attention/personal care beyond basic first aid due to physical or mental impairment. Other populations may require special planning for certain needs, such as non-English speaking populations. The capability also provides for pet care/handling through local government and appropriate animal-related organizations. Mass care is usually performed by non-governmental organizations (NGOs), such as the American Red Cross, while special needs populations are generally the responsibility of local government, with medical needs addressed by the medical community for alternate care facilities.

### **Capability Outcome**

Rapid provision of mass care services for the affected general population, services for special needs populations, and services for animals within the affected area.

### **Capability Discussion Points**

When discussing and analyzing the NCR's homeland security preparedness capabilities, stakeholder participants should consider the following:

- The staffing levels, types of personnel positions, and organizations (with their associated roles and responsibilities) to ensure Mass Care is performed adequately.
- The collaboration process among information sources into local government evacuation plans and shelter agreements.
- The types and levels of training offered and training requirements to ensure personnel are following procedures and able to perform analysis?
- The adequacy of shelter both in the affected area and within the relocation area.
- The adequacy of transportation. What other means of transportation may be available? (i.e. Amtrak, Ferries, etc)
- Accommodations in place for people with special needs and the adequacy of plans to address this population.
- Collaboration efforts with NGOs to ensure Mass Care could be provided efficiently and effectively.
- Plans or programs that are in place to ensure regional interface in a situation where mass care capabilities from one region are needed to provide mass care services for a incident that occurs in another region.
- The security of those being provided Mass Care.
- The need for a liaison role among NGOs and to and from multiple levels of government (e.g. a feedback loop from NGO's and all levels of government involved).

**NCR Discussion Results on Mass Care**

Resource	SW	Comments
People	S	<ul style="list-style-type: none"> <li>The ARC is the mass care provider for the NCR and they have ample volunteers to handle mass care situations. (2)</li> <li>There are established partnerships with in NCR to provide coordinated training recruitment, and retention activities for volunteers. (1)</li> </ul>
	W	<ul style="list-style-type: none"> <li>Need to dramatically increase mass care capability, including volunteer staff.</li> <li>Shelters are not special needs accessible and staff do not know how to accommodate people with special needs. (8)</li> <li>Need to recruit, train, and credential volunteers to help in mass care situations such as staffing shelters. (8)</li> <li>Need to work more closely with NGO's (Red Cross, etc.) to make sure all resources are coordinated. (5)</li> <li>Need to increase number of behavior health specialist trained in stress management techniques in shelter situations. This staff should undergo cross jurisdictional credentialing. (2)</li> <li>Further outreach to community based medical personnel to get them to engage in surveillance activity is important.</li> <li>Need to increase MRC levels to provide medical care for short term and home visits.</li> <li>Need to integrate private sector resources.</li> <li>Need to educate people on how to access mass care services during time of emergency.</li> <li>Need better understanding of exact needs of agencies.</li> <li>Need trained animal care teams for pets.</li> <li>Need to support drinking water stockpiles with additional staff.</li> <li>Need continuation of UASI'05 funding to prepare for spontaneous volunteers.</li> <li>MRC resources are inadequate. We need more volunteers.</li> </ul>
Equipment	S	<ul style="list-style-type: none"> <li>HAN and other information disbursement systems are in place, but need to be maintained and expanded</li> <li>Room secure system could be adapted to meet missing person tracking/recertification needs</li> </ul>
	W	<ul style="list-style-type: none"> <li>Need basic supplies for mass sheltering; there is presently a shortfall (11)</li> <li>Need safe and adequate food supply for populace, including special needs populations (6)</li> <li>Lack of suitable shelters for potential numbers of people, especially those with special needs (6)</li> <li>Need to ensure back-up generation for shelters (3)</li> <li>Need to replace left-behind wheelchairs other durable medical equipment (3)</li> <li>Tracking systems need to be implemented for people and supplies (2)</li> <li>Need infrastructure to coordinate and recruit the thousands of volunteers needed to respond to the needs of the masses. (2)</li> <li>Need alert and information system (2)</li> <li>Need equipment to focus on public education; there needs to be a greater focus on self sufficiency and a partnership with the business community</li> <li>Inadequate security staff funding</li> <li>Need plan for medication supply and access</li> <li>Many of special population do not have means to shelter in place</li> <li>Need communications equipment to connect ESF 6 with emergency management and incident commanders</li> <li>Need family reunification system</li> <li>Need equipment and facilities to shelter pets and take care of service animals</li> <li>Need child care equipment and supplies</li> <li>Need greater capacity to transport people with special needs to shelters</li> <li>Need system to credential volunteers</li> <li>Vehicles needed/identified for gaps supporting department of human services</li> <li>Need to include companion animals/pets in facility planning</li> </ul>

Resource	SW	Comments
		<ul style="list-style-type: none"> <li>• Need better, regular sources of medicines special diets</li> <li>• Need accessible communication in shelters for PLOSN (blind, deaf, other disabilities)</li> <li>• Stockpile of supplies for PLOSN</li> <li>• NCR has limited capability to provide emergency drinking water supplies during the first 72 hours</li> <li>• More assistive technology is needed to meet the mass care needs of people with disabilities.</li> <li>• Need a real-time system that allows for management</li> <li>• Storage and capacity for food and shelter</li> <li>• Need all types of additional equipment in order to shelter and feed a large number of people</li> <li>• ND centralized system for citizens to register and assist selves with locating missing persons and/or recertification.</li> </ul>
Training	S	<ul style="list-style-type: none"> <li>• Updated and on-going training on WMD for community based physicians and other medical professionals is necessary. Some initial work has been done.</li> <li>• American Red Cross (ARC) has developed a regional training initiative to train ARC personnel in mass care related activities. Geared towards the capacity building of 'leaders' to supervise spontaneous volunteers.</li> <li>• MCR volunteers and Citizen Corp volunteers are trained and ready to be demobilized in each NCR</li> <li>• DC Armory provided good training but there were still problems with communication, there many messages sent out each based on its own protocol</li> <li>• Training is available year round</li> </ul>
	W	<ul style="list-style-type: none"> <li>• It is not possible to train people where to seek help if these locations are yet to be identified. (3)</li> <li>• Need Joint Training with ESF 6 and other ESFs (2)</li> <li>• To support this capability outcome. The NCR emergency responders require sufficient training to support transportation systems and resources. Currently sufficient training has not occurred due to a lack of sufficient resources.</li> <li>• Shelters are not available for pre-training use, for individuals who are the most difficult to serve</li> <li>• Training for providers in NCR to understand and use FAC Plan developed for NCR with 03 funds</li> <li>• Same as before – more training is needed in all-hazards environment NCR must work</li> <li>• Information not shared with SNP</li> <li>• No training specifically for SNP</li> <li>• Training volunteers/staff on what is necessary to provide mass care at a 15% population number</li> <li>• Those responsible for organizing and providing mass care lack the training to identify needs of people with disabilities and provide for accessibility</li> <li>• Need to exp and use of special need NGO's in preparing PLOSN to shelter and evacuation, and to provide planned, practiced transportation to shelters.</li> <li>• There have been no regional training for mass care</li> <li>• There haven't been much on local levels even on training for sheltering operations</li> <li>• Limit duplication</li> <li>• Good base, but need for greater supply of trained volunteers</li> <li>• Need to have ongoing volunteer training. Need to better define what we need people to do and develop training.</li> <li>• Need for integrated training opportunities across ESFs and across jurisdictions throughout NCR. To exercise opening multiple shelters across NCR.</li> <li>• Most training centers focus around response and immediate needs, not long term.</li> <li>• Need additional training in mass care feeding and sheltering</li> <li>• Need just in time training in mass care for spontaneous volunteers</li> <li>• Need cross training of ESF 6 and other VOAD and citizen corps programs</li> <li>• Must be able to credentialise volunteers to utilize volunteers ASAP across the NCR.</li> <li>• Not ready to deploy MRC volunteers across the region need for regional coordinator</li> </ul>

Resource	S/W	Comments
		<ul style="list-style-type: none"> <li>• Universal design and procedures are need to ensure full accessibility</li> <li>• Train many more staff (local government, NGO, faith communities, volunteer) in shelter management/operations</li> <li>• Do not have training of people working in shelters and training for shelterees</li> <li>• Not enough focus on training</li> <li>• After action report is out soon and will be helpful</li> <li>• Communities represented need to be included in the major exercises – mass care, health services</li> <li>• Business sector needs to be better utilized and included into the planning phase</li> <li>• Lack of access during surge situations</li> <li>• Training to address behavioral health impacts of disaster victims living in shelters need be provided to those staffing the shelters</li> </ul>
Exercises/Evaluation	S	<ul style="list-style-type: none"> <li>• ARC currently exercises with MWAA at Dulles Airport, Regan National Airport, and the Pentagon yearly</li> <li>• Exercises are available</li> </ul>
	W	<ul style="list-style-type: none"> <li>• Have not held any regional, multi-disciplinary mass care exercises (don't even have a framework) (4)</li> <li>• Insufficient inclusion of special needs populations in planning and execution of exercises (3)</li> <li>• Exercises insufficiently frequent (2)</li> <li>• Need accessible multiple practice events, plans for accessing multiple shelters and evacuating communities/locales (2)</li> <li>• Draw on all ESF6 partners to exercise and test mutually developed plans both via table-top and full-scale exercises (2)</li> <li>• People do not take advantage of available exercises</li> <li>• No general population exercise</li> <li>• No system-wide HAN test has been done since 2003</li> <li>• NCR emergency responders have not exercised the Metro system mass care scenario due to lack of sufficient resources</li> <li>• Evaluations don't include realistic after-action</li> <li>• Exercises focus on response, not long-term (i.e., post-24 hours) events that require mass care</li> <li>• Exercises need to include provisions for drinking water and sanitation</li> <li>• Pets are a significant reason people do not evacuate; must be a component of exercises (60% of people have pets)</li> <li>• 211 system is not advertised as an emergency information system</li> <li>• No funds for exercise and evaluation of NCR FAC plan</li> <li>• Call-up and processing exercise for spontaneous volunteers</li> <li>• More training needed in all-hazards environment NCR must work</li> <li>• Need to encourage NGOs to conduct exercises on their own</li> <li>• Need joint exercises within ESF6</li> <li>• Involve consumers/customers in planning and execution</li> <li>• Include volunteers in exercises</li> </ul>
Plans, Policies and Procedures	W	<ul style="list-style-type: none"> <li>• Incorporate the following groups into mass care plans; business sector, nonprofits, American Red Cross, Medical Reserve Corp, and hospitals and public health, MWAA, Loudon and Fairfax cities, federal government, military, non-affiliated volunteers. Need mutual support and consistency. (14)</li> <li>• Need a coordinated mass care plan for a diverse population including special needs population (disabled, non-English speakers, etc.) (8)</li> <li>• Family assistance centers and reunification systems are identified, but not implemented in the NCR. Also require funding (7)</li> <li>• Pet friendly shelters or alternative pet arrangements needed/MOUs with humane society, etc. (4)</li> <li>• 211 centralized call center with connection to emergency information is needed (2)</li> <li>• Need patient tracking integrated with family assistance plans (2)</li> </ul>

Resource	S/W	Comments
		<ul style="list-style-type: none"> <li>• Need to work on logistics, basic supplies, location for mass sheltering. Need a solid cohesive regional plan/rely heavily on American Red Cross for sheltering</li> <li>• Need food, bottled water, and ice plans (acquisition, storage, and distribution)/transport plans for supplies including pharmaceutical stockpiles/backup power plan for shelters</li> <li>• Need a transition plan from mass care to long-term care/recovery (1-5 years)</li> </ul>

## NCR Concept Papers and Initiative Plans

<h1>CONCEPT PAPER</h1> <p><i>Preliminary Document – Presented for Review and Discussion</i></p>		January 17, 2006	
		American Red Cross of the National Capital Area on behalf of the Washington Metropolitan Coalition of Red Cross Chapters (WMAC)	
		Linda Mathes CEO, American Red Cross of the National Capital Area 8500 Arlington Blvd Fairfax, VA 22031 703-584-8400 Mathesl@redcrossnca.org	
Project Title:	<b>NCR Regional ESF-6 Equipment</b>	Estimated Grant Amount	<p><i>The Red Cross and NCR R-ESF-6 Committee recommend a budget of \$25 Million to feed 300,000 people and shelter 100,000 people.</i></p> <p><i>Alternately, a budget of \$13.6 million will cover feeding 100,000k people and sheltering 50,000 people</i></p> <p><i>It would take \$58 million to reach the TCL guidelines for a region such as the NCR, e.g. feeding 750,000 people and shelter 313,000 people</i></p>
NCR Strategic Goal Alignment:	<p>Goal 4 of the draft NCR Strategic Homeland Security Plan directs the NCR to develop "A sustained capacity to respond to and recover from "all-hazards" events across the NCR."</p> <p>This is also in alignment with the TCL- Primarily Mass Care and also supporting Citizen Preparedness, Evacuation &amp; Mass Prophylaxis</p>	Allowability	<p><i>Equipment purchases are explicitly allowable if tied to local and national homeland security strategic efforts, such implementing the National Response Plan (NRP) and Target Capability List (TCL) in the NCR.</i></p>
Estimated Timeline	<i>January 2006 – October 2007</i>	Dependencies and Cost Factors:	<p><i>Cost Factors include:</i></p> <ul style="list-style-type: none"> <li>- Staff support from the Red Cross to coordinate project</li> <li>- Support from Localities in the execution of the project</li> <li>- Availability and pricing of the items from the Manufacturers</li> <li>- Support from key stakeholders including             <ul style="list-style-type: none"> <li>o The R-ESF-6 Committee</li> <li>o Emergency Management Offices</li> <li>o Human Services Offices</li> <li>o VOAD member agencies</li> <li>o Red Cross WMAC Chapters</li> </ul> </li> </ul>

**Problem Statement/Project Description:**

**Problem Statement:**

In the National Capital Region (NCR) there are many possible and credible disaster scenarios that will likely result in a large number of severely damaged or destroyed residential structures, as well as public health and safety concerns that could prevent return to the area. Disasters will cause the relocation and resettlement of large numbers of individuals for a matter of days or stretch into weeks and months. Given the likely scope and magnitude of potential disasters that could strike the NCR, current systems of recovery assistance being used by voluntary agencies as well as governmental agencies will be rapidly overwhelmed.

There is a significant shortage of equipment and supplies within the NCR to perform the level of Mass Care, Housing and Human Services that would be required for a major NCR incident. According to the NRP, the NCR must be prepared to provide mass care for hundreds of thousands for an extended period of time and then provide Housing and Human Services for an indefinite period.

Mass Care will also need to be able to quickly provide food for the affected population within 2-6 hours of a major NCR incident. This is in addition to the Mass Care support that will be provided to First Responders, Emergency Managers and others directly involved in Response and Recovery.

Without the appropriate Mass Care equipment, the NCR's current resources will be quickly overwhelmed, and disaster victims will have to look elsewhere for critically needed food, water, shelter, and other care. In that likely scenario, the NCR would have a large number of disaster victims that are forced back onto area roads and back into unsecured areas, prolonging the disaster's scope and impact. If the NCR has the equipment to care for the affected population, people will likely stay in fixed areas, allowing agencies to begin assessment and care, reducing the burden on strained governmental agencies and personnel who are focused on other aspects of emergency response.

**Project Goal:**

Provide sufficient equipment in the NCR to provide to shelter 100,000 people and feed 300,000 people, and provide emergency bulk distribution supplies to 75,000 households in a sustained capacity to respond to and recover from a catastrophic NCR event.

**Project Description:**

The American Red Cross Washington Metropolitan Area Consortium (WMAC), in conjunction with the R-ESF-6 Committee, the NCR Emergency Managers and other key partners will complete the following objectives against the project goal to address the above problem statement:

- Finalize the equipment and storage requirements.
- Prepare and distribute Requests for Quotations/Proposals for the items to be purchased
- Obtain and evaluate vendor quotes/proposals
- Contract for equipment and related services
- Ensure the proper maintenance and care is provided for the equipment and manage the related services

In this proposal, a limited amount of equipment would be held by the Red Cross as the first line of Mass Care support in the NCR. The majority of the equipment is available to be held by the jurisdictions for catastrophic events and/or via a vendor-managed inventory where practical.

**Preliminary Project Plan (Tasks, Resources, Deliverables, Collaborating Partners, etc.)**

Task(s)	Owner(s) or Collaborating Partners	Deliverable(s)	Target Date(s) or Level of Effort
1. Finalize the equipment and storage requirements.	American Red Cross WMAC, in conjunction with the R-ESF-6 Committee and NCR Emergency Managers	Document defining the final list of equipment and storage requirements	1 <sup>st</sup> quarter of Calendar Year 2006 (1q06)
2. Prepare and distribute Requests for Quotations/Proposals for the items to be purchased	American Red Cross WMAC	Prepare and distribute Requests for Quotations/Proposals for the items to be purchased	2nd quarter of Calendar Year 2006 (2q06)

3. Obtain and evaluate vendor quotes/proposals	American Red Cross WMAC, in conjunction with the R-ESF-6 Committee and NCR Emergency Managers	Selected Quotes and Proposals, along with appropriate supporting documentation	3rd quarter of Calendar Year 2006 (2q06)
4. Contract for equipment and related services	American Red Cross WMAC, in conjunction with the R-ESF-6 Committee and NCR Emergency Managers	Completed Contracts	4th quarter of Calendar Year 2006 (3q06)
5. Receive and Inspect the equipment as it comes in	American Red Cross WMAC, in conjunction with the R-ESF-6 Committee and NCR Emergency Managers	Documentation of items received and inspected	3rd quarter of Calendar Year 2007 (2q06)
6. Ensure the proper maintenance and care is provided for the equipment and manage the related services	American Red Cross WMAC, in conjunction with the R-ESF-6 Committee and NCR Emergency Managers	Status reports of the efforts as required by the SAA	4th quarter of Calendar Year 2007 (2q06)
Project Performance Measures		Baseline Value	Target Value
1. Have the items required to provide shelter 100,000 people and feed 300,000 people, and provide emergency bulk distribution supplies to 75,000 households in a sustained capacity to respond to and recover from a catastrophic NCR event been identified?		Preliminary lists exist, but these lists have yet to be vetted by all key stakeholders	Yes
2. Have vendors been identified for the equipment and services?		Not formally	Yes
3. Have ownership and storage locations been identified for the equipment?		No	Yes
4. Have the equipment and services been ordered/contracted for?		No	Yes
5. Have the equipment and services been received and accepted?		No	Yes
6. Is the proper maintenance and care provided for the equipment and proper management provided for the related services		No	Yes
7. Do we have the items required to provide shelter 100,000 people and feed 300,000 people, and provide emergency bulk distribution supplies to 75,000 households in a sustained capacity to respond to and recover from a catastrophic NCR event?		No	Yes



# INITIATIVE PLAN

## NCR Regional ESF-6 Equipment

**1. Provide the Name of this Initiative. Describe how this Initiative will address the priority needs and strengths identified through the program and capability evaluation, and prioritization analysis.**

Initiative name: *NCR Regional ESF-6 Equipment*

- The need to acquire enough Mass Care Equipment and Supplies to support a large number of NCR Residents, was specifically brought up multiple times in the Capability reviews for Mass Care and Citizen Protection: Evacuation and/or In-Place Protection.
- The draft TCL dated August 2005 indicated that a metropolitan area such as the NCR should be able to provide Mass Care support for 15% of the population, which would represent about 750,000 people in the NCR. Another place in the same TCL document indicates that number may be further broken down to sheltering approximately 300,000 people and feeding another 450,000 people. At current time, there is only equipment in the NCR to provide Sheltering to approximately 5000 people and feeding for approximately 30,000 people. Accordingly, in order to be in compliance with NIMS, the NRP and the Mass Care Capability of the TCL, a significant purchase of Mass Care Equipment.

**2. Regional Construct: Briefly describe the geographical context of this Initiative.**

- This planning will be conducted across the National Capital Region, where Title 10, United States Code, Section 2674 (f)(2) provides the following definition:
  - The term "National Capital Region" means the geographic area located within the boundaries of (A) the District of Columbia, (B) Montgomery and Prince Georges Counties in the State of Maryland, (C) Arlington, Fairfax, Loudoun, and Prince William Counties and the City of Alexandria in the Commonwealth of Virginia, and (D) all cities and other units of government within the geographic areas of such District, Counties, and City.

**3. Resources, Processes, and Tools: Identify the resources, processes and tools that already exist, and those that will need to be leveraged, created, or acquired for this Initiative. Briefly consider how these resources, processes and tools may be attained.**

- The American Red Cross' Washington Metropolitan Area Consortium (WMAC), in conjunction with the R-ESF 6 Committee, the NCR Emergency Managers and other key partners will complete the following objectives against the project goal to address this initiative:
- Finalize the equipment and storage requirements:
  - Most of the preliminary requirements are already addressed in the attached concept paper and equipment list. However further discussion will be required across the key stakeholders to identify whether there are any additions, deletions or alternate solutions required to finalize the list.
  - Once the list is absolutely final, the storage requirements will need to be finalized, including identifying potential storage solutions, including utilizing existing or new Emergency Services

warehouse space, Vendor Managed Inventory and/or mobile storage solutions, such as Shipping Containers.

- Prepare and distribute Requests for Quotations/Proposals (RFP/RFQ) for the items to be purchased
  - Almost all of the items to be purchased are clearly defined and the RFPs and initial vendor lists should either already exist in some basic format.
  - The project partners will leverage their vast networks to identify vendors and RFP/RFQ proposal requirements not initially identified.
- Contract for equipment and related services
  - In this step the project partners will leverage any vendor relationships and procurement vehicles to ensure the most efficient and effective delivery of this equipment and supplies.
- Ensure the proper maintenance and care is provided for the equipment and manage the related services
  - The project partners have significant expertise and experience in maintaining, storing and caring for equipment and supplies such as proposed for this project. This expertise will be utilized extensively for this project, potentially in concert with storage vendors and/or Vendor Managed Inventory of some or all of these items.

**4. Governance Structure: Describe the high-level governance structure (e.g., management plan, stakeholder involvement) required for successful implementation of this Initiative.**

- The American Red Cross of the National Capital Area, on behalf of the WMAC, is slated to be the project manager for this project and will manage the project to the expected timeframes and deliverables stated in the attached Concept Paper. The American Red Cross of the National Capital Area has successfully managed an FY03 UASI grant to completion and is preparing to manage an FY05 UASI grant.
- The R-ESF-6 committee, in conjunction with the R-ESF-5 Committee and the Human Services working group will provide oversight of the project to ensure that the proper stakeholders are included and that progress is being made according to the plan.
- Key stakeholders already identified include:
  - American Red Cross Washington Metropolitan Area Consortium (WMAC)
  - NCR Emergency Managers
  - NCR Human Services Offices
  - NCR VOAD member agencies

**5. Program Management: Explain how this Initiative relates to the overall State homeland security program, and/or how it helps incorporate the three Overarching National Priorities.**

- This initiative is integral to the Overarching Priority of “Implement the National Incident Management System and National Response Plan” as Mass Care is a key component of ESF-6 in the National Response plan. A key component of NIMS is to ensure that proper resources are available to implement the NRP.
- In order to fulfill this overarching priority, the NCR needs to acquire the specific resources defined by this initiative.

- This initiative also works toward the Priority Capability of “Expanded Regional Collaboration” as it will require the input and collaboration of partners through the region and it comprising jurisdictions.
- Providing for “Ensure adequate mass care resources for feeding and shelter/housing in response and recovery from Disasters, especially Terrorist events” was a specific sub initiative under Goal 1, Object 3, Initiative 2 – “Conduct gap analysis, develop recommendations and take appropriate actions” – in the NCR Strategic Plan, updated 11/18/05. During the Strategic planning process, it was determined that ensuring adequate mass care resources for feeding and shelter/housing in response and recovery from Disasters, especially Terrorist events, was an identified gap in the NCR overall preparedness and needed to be addressed ASAP.

<h1 style="margin: 0;">CONCEPT PAPER</h1> <p style="margin: 0;"><i>Preliminary Document – Presented for Review and Discussion</i></p>		22 January 2006	
		Stephen Malan Chair, State of Maryland ESF-11 Committee	
		Maryland Department of Agriculture Plant Protection & Weed Management Section 50 Harry S Truman Parkway Annapolis, MD 21403	
<b>Project Title:</b>	<b>Establishment of a Food Safety and Protection Program for the National Capital Region’s Mass Care Centers</b>	<b>Estimated Grant Amount</b>	\$880,000
<b>NCR Strategic Goal Alignment:</b>	<i>Goal 4 of the NCR Strategic Homeland Security Plan directs the NCR to develop “A sustained capacity to respond and recover from “all-hazards” events across the NCR”</i>	<b>Allowability</b>	<i>Equipment purchases are allowable if tied to local and national homeland security strategic efforts, such as implementing the NRP</i>
<b>Estimated Timeline</b>	<i>January 2006-October 2007</i>	<b>Dependencies and Cost Factors:</b>	Cost factors include: <ul style="list-style-type: none"> <li>- Vendor product availability and pricing</li> <li>- FTE expertise availability and salary requirements</li> </ul> Dependencies include: <ul style="list-style-type: none"> <li>- Local Health Dept. participation</li> <li>- Support from MD DHMH &amp; MD Dept AGR</li> <li>- Food Bank participation</li> </ul>
<p><b>Problem Statement/Project Description:</b>                      Activities associated with the opening of mass care centers within or near the NCR during a disaster would include the provision of food from a variety of sources. However, the absence of a modern, technology-based food safety screening program poses health risks to citizens housed in congregate settings. An outbreak of food borne illness within a mass care center would compromise that facility and create additional burdens on adjacent sites.</p> <p>Protection of the food resources within the NCR is a complex task. Meals served to mass care center residents may consist of a combination of donated/purchased restaurant meals or VOAD prepared meals. This is followed by mobilization,</p>			

preparation, and provision of the regional USDA food supply. Each of these methods of NCR congregate feeding is vulnerable to accidental spoilage or intentional contamination. This project will provide a consistent and coordinated approach to the rapid identification and removal of compromised food products and help provide safe and well balanced meal selections to those at congregate sites.

This project combines the acquisition, operation, and maintenance of rapid detection instrumentation, interfaced with food safety and protection training for local health officers in the NCR. Utilization of a mass spectrometer interfaced with gas chromatography provides the most rapid and accurate identification of biological pathogens and inert chemical contaminants. This instrumentation replaces the current method of pathogen isolation and long incubation periods of samples from suspect foodstuffs.

Food safety and security assessment training will be provided to local officials to increase awareness and provide basis for establishment of essential preparedness and prevention strategies for food resources in the NCR. All food warehousing and food preparation facilities that would potentially serve the NCR will be inspected and vulnerabilities will be identified.

**Preliminary Project Plan (Tasks, Resources, Deliverables, Collaborating Partners, etc.)**

Task(s)	Owner(s) or Collaborating Partners	Deliverable(s)	Target Date(s) or Level of Effort
1. Finalize equipment requirements	MD DHMH, MDA	Final list of equipment needs	1q06
2. prepare and issue purchase bids	MD DHMH	Bids provided to vendors and contractors	2q06
3. obtain and evaluate vendor bids	MD DHMH, DC Dept Health	Supporting documentation for vendor or contractor selection	2q06
4. issue contracts	MD DHMH, DC Dept Health	Completed contracts	3q06
5. receive, inspect, set up and test instrumentation	MD DHMH, MDA	Documentation of receipt	2q07
6. initiate planning objectives to be exercised	All NCR Local Health Departments, MD DHMH, MDA	Exercise scenario documented	3q07
7. conduct ESF 11 based exercise	" " " "	Summaries and recommendations provided to all participants	4q07

Project Performance Measures	Baseline Value	Target Value
1. Has the instrumentation that will provide the suggested services been identified?	Yes	n/a
2. Have vendors and contractors been identified?	Some	n/a
3. Have ownership, storage, and operators of the instrumentation been identified?	Yes	n/a
4. Will use of new instrumentation allow more stored food samples to be analyzed?	Currently can sample 0.01% total volume of selected food items at 50% of storage sites: USDA , local food banks	Enhancement to 5% total volume of selected food items at 100% of storage sites
5. Will use of new instrumentation allow more prepared meals to be analyzed	0% of sites No current plans to screen for contamination	90% of sites Remote portable instruments identify temperature variations and surface isolation of pathogens

<p>6. Will MOU's be enacted between NCR and State of Maryland regarding extent of instrumentation use, local health agency participation in risk analysis, and training objectives?</p>	<p>None at present</p>	<p>yes</p>
---	------------------------	------------

## INITIATIVE PLAN

### Establishment of a Food Safety and Protection Program for the National Capital Region's Mass Care Centers

- 1. Provide the Name of this Initiative. Describe how this Initiative will address the priority needs and strengths identified through the program and capability evaluation, and prioritization analysis.**

Establishment of a Food Safety and Protection Program for the National Capital Region's Mass Care Centers. This Initiative presents the NCR with the opportunity to enhance the quality of congregate care through scientific analysis and rigorous inspection matrices. Our program and capability evaluation working group identified as a strength, the diversity and abundance of LHD expertise, but cited a lack of communication and interoperability among those jurisdictions. This extensive Food Safety & Protection Program will need to build interoperability among LHD's in order to achieve it goals.

- 2. Regional Construct: Briefly describe the geographical context of this Initiative.**

This food safety initiative will provide the entire NCR with the capability to ensure food quality. Instrumentation will be housed and maintained by the Maryland Department of Health and Mental Hygiene Headquarters in Baltimore, MD. Training and other outreach will be provided to all NCR local health departments individually.

- 3. Resources, Processes, and Tools: Identify the resources, processes and tools that already exist, and those that will need to be leveraged, created, or acquired for this Initiative. Briefly consider how these resources, processes and tools may be attained.**

At present, Maryland has only six regional sanitarians, an array of equipment ill-suited for rapid food pathogen and chemical analyses, and no training funds for an outreach effort to Maryland participants in the NCR. If this initiative is funded, a gas chromatograph/mass spectrometer will be acquired, dedicated for use to all NCR jurisdictions. Training funds will enable local health department personnel to acquire the skills and supplies to rapidly sample food prior to distribution or consumption in mass care centers.

- 4. Governance Structure: Describe the high-level governance structure (e.g., management plan, stakeholder involvement) required for successful implementation of this Initiative.**

The cooperation of all NCR Health Department officials is a required element for success of this initiative. Cabinet level departments at the State level will depend on their Secretary to reach agreements with the LHD's. Coordination efforts are also needed from the MWCOG to ensure uniform acceptance and participation of local personnel.

**5. Program Management: Explain how this Initiative relates to the overall State homeland security program, and/or how it helps incorporate the three Overarching National Priorities.**

This cross-jurisdictional Initiative will support Expanded Regional Collaboration in an extensive matrix of interactions among Local, State, and Federal departments and agencies. Progressive training will be provided by MD DHMH to jurisdictions in MD, DC, and VA. MOU’s will be initiated, ensuring that NCR needs receive the highest priority.

New instrumentation will also strengthen CBRNE detection capabilities, as extensive bulk food samples are gathered, delivered, and analyzed.

<h1 style="text-align: center;">CONCEPT PAPER</h1> <p><i>Preliminary Document – Presented for Review and Discussion</i></p>		January 26, 2006	
		DC Emergency Management Agency,	
		Barbara Childs-Pair, Director Frank D Reeves Municipal Center 2000 14th Street NE, 8th Floor Washington, DC 20009 <a href="mailto:barbara.childs-pair@dc.gov">barbara.childs-pair@dc.gov</a> 202-727-3150	
Project Title:	<b>National Capital Region Shelter Planning (Shelter profiles and action plans)</b>	Estimated Grant Amount	\$750,000
NCR Strategic Goal Alignment:	<i>Planning &amp; Decision-Making; Mass Care; Community Engagement; Prevention &amp; Mitigation; Response &amp; Recovery</i>	<b>Allowability</b>	<i>All staffing and equipment costs are allowable under the HSGP</i>
Estimated Timeline	14 months	<b>Dependencies and Cost Factors:</b>	<i>This concept paper is dependent on planning support personnel being provided to the large jurisdictions as outlines in several ESF #5 concept papers</i>  <i>This concept paper will also work in concert with a 05-project award to support mass care planning and 06 projects regarding mass care equipment and animal management proposals</i>
<p><b>Problem Statement/Project Description:</b>                  Since Hurricane Rita and Katrina, the ability to provide Mass Care and sheltering support in the national capital region has been a focus.                  As the greater New Orleans area opened shelters to shelter people for Hurricane Katrina, the organizations supporting those efforts found that their shelter plans and shelter surveys were out of date and insufficient to handle the broad scale sheltering required for this event. While everyone who arrived for sheltering was housed, the staffing, supplies, policies and procedures used to execute these shelter opening were not accurate to the plans previously formulated.                  It has been a while since each of the NCR Jurisdictions have compiled their shelter lists and surveyed their shelter locations.</p>			

Since that time, regulations/requirements governing shelters have changed many new regulations/requirements have been added, including executive orders requiring special needs accessibility in general purpose shelters.

Currently the National Capital region does not know how many people it can provide mass care and shelter services for. This proposal will answer the following questions for the National Capital Region:

1. How many people can we shelter in the National Capital Region?
2. What facilities would we shelter these people in?
3. What condition are these shelters currently in (ability to cook and store food, number of showers, accessibility for people with disabilities, generator, etc.)?
4. What resources will we need to provide to each of these shelters?
5. Who are the primary contacts for each of these shelters?
6. How much food and water will need to be provided daily to support shelter operations?
7. What critical medicines will we need to provide to sheltered persons?
8. How will every shelter support persons with disabilities and other special needs?

To support this need, a comprehensive plan and assessment will be performed on shelters identified by jurisdictions throughout the National Capital Region. Within this assessment, facilities will be evaluated and for every shelter a profile will be developed. This profile will contain at a minimum:

- Floor plan of the shelter
- Number of beds / shelterees the facility can support
- Generator capacity (if applicable, If not applicable, if/how will this shelter be used in an event that may potentially disrupt power [e.g. hurricane, cyber terrorism attack])
- Showering and bathroom capacity
- Food preparation and storage capacity
- Shelter contact information
- Ability to support persons with special needs and disabilities, including persons with visual, hearing and mobility impairments.
- Does the shelter have proper fire suppression systems
- Will interior security and access to the facility be difficult to monitor.
- Proposed staffing plan, including security.
- Closest Medical Facilities, even if in a neighboring jurisdiction
- Closest pet friendly shelter

Closest shelter facility for people with acute medical needs (e.g. Oxygen, IV support, dialysis, nursing care, etc) Accompanying these profiles will be community profiles and proposed resource needs per 10,000 shelterees. This information includes basic medicines that would need to be procured, the number of bilingual support personnel needed, the amount of water per day, the number of children and their specific needs (including diapers and formula). The end result of both the shelter profiles and resource needs list would be action plans that specifically identify (based on the projected number of evacuees):

1. The number of shelters and the “best” shelters to open within a specific area
2. A universally designed plan to support persons with disabilities or other special needs including daily access to basic medical care or prescriptions.
3. Lists of specific items and the quantity that will need to be requested immediately, including food, water, blankets, toiletry supplies, medicines, volunteers, generators etc.

**Preliminary Project Plan (Tasks, Resources, Deliverables, Collaborating Partners, etc.)**

Task(s)	Owner(s) or Collaborating Partners	Deliverable(s)	Target Date(s) or Level of Effort
1. Document Shelter Locations	DCEMA in conjunction with the R-ESF-6 Committee & NCR Emergency Managers	List of Shelters	2 months after award
2. Shelter Profiles	DCEMA in conjunction with the R-ESF-6 Committee & NCR Emergency Managers	Shelter Profiles	10 months after award

3. Shelter Action Plans	DCEMA in conjunction with the R-ESF-6 Committee & NCR Emergency Managers	Shelter Action Plans	14 months after award
Project Performance Measures		Baseline Value	Target Value
7.	Is there a comprehensive list of NCR Shelters	Not formally	Yes
8.	Is there a compiled set of NCR Shelter Profiles or Action Plans	No	Yes
9.	Are there formal plans across the NCR for sheltering special needs clients	No	Yes

## INITIATIVE PLAN

### NCR Shelter Planning

**1. Provide the Name of this Initiative. Describe how this Initiative will address the priority needs and strengths identified through the program and capability evaluation, and prioritization analysis.**

**Initiative name:** *NCR Shelter Planning*

- The need to conduct shelter surveys, update shelter plans & layouts to ensure that shelters are sufficient and compliant with key regulations/requirements, such as Backup Power and Special Needs Accessibility was brought up at least a dozen times in the Capability reviews for Mass Care, Citizen Preparedness and Participation & Citizen Protection: Evacuation and/or In-Place Protection.

**2. Regional Construct: Briefly describe the geographical context of this Initiative.**

- This planning will be conducted across the National Capital Region, where Title 10, United States Code, Section 2674 (f)(2) provides the following definition:
  - The term "National Capital Region" means the geographic area located within the boundaries of (A) the District of Columbia, (B) Montgomery and Prince Georges Counties in the State of Maryland, (C) Arlington, Fairfax, Loudoun, and Prince William Counties and the City of Alexandria in the Commonwealth of Virginia, and (D) all cities and other units of government within the geographic areas of such District, Counties, and City.

**3. Resources, Processes, and Tools: Identify the resources, processes and tools that already exist, and those that will need to be leveraged, created, or acquired for this Initiative. Briefly consider how these resources, processes and tools may be attained.**

The DC Emergency Management Agency in conjunction with the R-ESF-6 Committee, NCR Emergency Managers, the American Red Cross Washington Metropolitan Area Consortium (WMAC), and other key partners will complete the following objectives against the project goals to address this initiative:

- Document the Current NCR Shelter Lists & ID additional Shelter Locations:
  - Many shelter locations have already been addressed in the local emergency preparedness documents. However further discussion will be required across the key stakeholders to



identify whether there are any additions, deletions or alternate solutions required to finalize the list.

- This project will leverage the efforts of the FY05 UASI grant regarding overarching ESF-6 mass care, housing & human service planning
- Once the list is final, the distribution requirements for these lists will need to be finalized.
- Develop shelter profiles for each location, including, but not limited to, identifying shelter accessibility issues. Develop plans including layouts and other key materials for each location to ensure smooth shelter operations
  - All the locations on the compiled shelter lists need to be profiled to ensure compliance with all key regulations & requirements, including, but not limited to, backup power and special needs accessibility issues.
  - The project partners will leverage existing shelter surveys and subject matter experts, such as the National Organization on Disabilities to address these issues.
  - The project partners will also leverage the efforts of other UASI projects regarding medical surge, animal protection & sheltering, mass care equipment and other emergency management planning efforts.
- Ensure the proper distribution is provided for these surveys, plans and layouts
  - The project partners have significant expertise and experience in ensuring that all key parties have the information needed to conduct their Mass Care roles. This expertise will be utilized extensively in this project.

**4. Governance Structure: Describe the high-level governance structure (e.g., management plan, stakeholder involvement) required for successful implementation of this Initiative.**

- The DC Emergency Management Agency is slated to be the project manager for this project and will manage the project to the expected timeframes and deliverables stated in the attached Concept Paper.
- The R-ESF-6 committee, in conjunction with the R-ESF-5 Committee and the Human Services working group will provide oversight of the project to ensure that the proper stakeholders are included and that progress is being made according to the plan.
- Key stakeholders already identified include:
  - NCR Emergency Managers
  - NCR Human Services Offices
  - NCR VOAD member agencies
  - American Red Cross Washington Metropolitan Area Consortium (WMAC)

**5. Program Management: Explain how this Initiative relates to the overall State homeland security program, and/or how it helps incorporate the three Overarching National Priorities.**

- This initiative is integral to the Overarching Priority of “Implement the National Incident Management System and National Response Plan” as Mass Care is a key component of the National Response plan. A key component of NIMS is to ensure that proper resources are available to implement the NRP.
- In order to fulfill this overarching priority, the NCR needs to conduct the work defined by this initiative.

- This initiative also works toward the Priority Capability of “Expanded Regional Collaboration” as it will require the input and collaboration of partners through the region and it comprising jurisdictions.
- Providing for “Ensure adequate mass care resources for feeding and shelter/housing in response and recovery from Disasters, especially Terrorist events” was a specific sub initiative under Goal 1, Object 3, Initiative 2 – “Conduct gap analysis, develop recommendations and take appropriate actions” – in the NCR Strategic Plan, updated 11/18/05. During the Strategic planning process, it was determined that ensuring adequate mass care resources for feeding and shelter/housing in response and recovery from Disasters, especially Terrorist events, was an identified gap in the NCR overall preparedness and needed to be addressed ASAP.

<h1 style="text-align: center;">CONCEPT PAPER</h1> <p><i>Preliminary Document – Presented for Review and Discussion</i></p>		January 26, 2006	
		Yvonne Gilchrist, Director, Department of Human Services (DHS)	
		Dr. Terry B. Thomas, 64 New York Avenue NE, Washington DC 20002 202-671-4354, Terry.Thomas@dc.gov	
<b>Project Title:</b>	<b>District ESF – 6 (Mass Care needs)</b>	<b>Estimated Grant Amount</b>	\$2.0 Million
<b>NCR Strategic Goal Alignment:</b>	<p>Draft NCR Strategic Homeland Security Plan directs the NCR to</p> <p>Goal 4 –to develop a collaborative culture across the NCR and within jurisdictions to effectively work together to strengthen partnerships (public-private-NGO’s) in the preparedness and response efforts for mass care services across the NCR. “A sustained capacity to respond to and recover from “all-hazards” events across the NCR.”</p>	<b>Allowability</b>	<p>Mass care needs (Equipment, Supplies, Food, Water, etc.) are explicitly allowable if identified relationship between the local and regional efforts support that of the NRP.</p>
<b>Estimated Timeline</b>	May 2006 – December 31,2007	<b>Dependencies and Cost Factors:</b>	<ul style="list-style-type: none"> <li>- Hire Consultants and/or personnel (up to four personnel) to develop, train, and execute a comprehensive regional plan (inclusive of persons with disabilities, special needs and ESL population) to provide mass care services (feeding &amp; sheltering) to a population of approximately 165,000 (main mass care components – facilities to include features/PWDs, food, water and other supplements)</li> <li>- Purchase Mobile Field Kitchens, Mobile Kitchen Trailer, 2.5 Ton Truck for Transport, Kitchen Support Personnel, etc.</li> <li>- Upgrade current warehouse to store large quantities of equipment, supplies, and materials</li> <li>- Upgrade fueling station to comply with the Emergency</li> </ul>

		<p>Preparedness Plan</p> <ul style="list-style-type: none"> <li>- Support from NCR staff and NGO's to manage mass care services and facilities during an event (stakeholders)</li> <li>- Develop and maintain a database for persons with disabilities (PWD's), special needs population and English as a second language (ESL) population.</li> <li>- Planning, Training, Exercises, Equipment</li> </ul>
--	--	--

**Problem Statement/Project Description:**

There are many possibilities for disasters, whether man-made (act of terrorism) or natural that may impact the NCR causing the community to be disrupted with regard to residential, business, and social structures. These possible disasters not only impact the foundation for living, conducting business and socializing but they too impact the welfare (economy, health, safety, and security) of individuals sometimes indefinitely. Acts/events of disaster may overtax the NCR's current resources to aide in response and recovery.

The NCR is charged with a major responsibility to provide mass care to a significant population of individuals for a significant period of time (not defined) based on a case by case basis.

Keeping in mind that these responsibilities are to be accomplished although the NCR experiences a lack of a comprehensive plan to include PWD's, special needs, and ESL population, qualified personnel to open and manage the mass care sites, training for personnel to keep up to date (certifications, if necessary), exercises to plan and prepare for possible disasters, equipment (mobile kitchen trailers to feed, technology and hardcopy back up database, information system and upgraded fueling station), and supplies (e.g. cots, blankets, food, water, personal hygiene kits, first aid kits, etc.).

**Project Goal:**

Effectively be capable of providing mass care services to individuals including persons with disabilities (PWDs), special needs, and ESL population impacted by the disaster and/or in the disaster area. Identifying personnel to be train to qualify as responders for providing mass care services to a significant size population.

**Project Description:**

The NCR will address the following to achieve the project goal and improve the status of the problem statement within the NCR.

**Preliminary Project Plan (Tasks, Resources, Deliverables, Collaborating Partners, etc.)**

Task(s)	Owner(s) or Collaborating Partners	Deliverable(s)	Target Date(s) or Level of Effort
1. Contract out for consultants to develop a comprehensive plan (to include persons with disabilities, special needs, and ESL population) for mass care	NCR, ESF - 6 Support agencies	Identified consultants to develop plan	1 <sup>st</sup> half of Calendar Year 2006
2. Develop comprehensive regional plan (to include persons with disabilities, special needs, and ESL population) for mass care	NCR/Stakeholders (NGO's)/Consultants	Comprehensive Draft in written format	3 <sup>rd</sup> quarter of Calendar Year 2006
3. Identify and train personnel to manage mass care sites	NCR, ESF - 6 Support agencies, NGO's	Increased trained personnel capable of managing mass care site	2 <sup>nd</sup> half of Fiscal Year 2006/1 <sup>st</sup> half of Fiscal Year 2007

4. Contract for equipment and supplies (e.g. Food, Water, Shelter sites)	NCR, ESF - 7	Contracts/Mutual Aid agreements in place	2 <sup>nd</sup> / 3 <sup>rd</sup> quarter of Calendar Year 2006	
5. Ensure proper preparation by conducting exercises for mass care response	NCR/DCEMA	Effectively meeting mass care needs in scenarios/field	2 <sup>nd</sup> half of the Calendar Year 2006/1 <sup>st</sup> half of Calendar Year 2007	
6. Obtain Just in time contract for provision of alternative shelter sites	NCR/Stakeholders (NGO's)/Consultants, ESF - 7	Just in time contract in place to provide possible alternative shelter need	2 <sup>nd</sup> half of the Calendar Year 2006	
7. Contract to hire personnel (up to four FTE's) for Emergency Management unit in DHS to support emergency service requirements	DHS/Stakeholders	Qualified personnel (up to four FTE's) to support the mass care services for the emergency support function (ESF – 6) according to the NRP/DRP	2 <sup>nd</sup> half of Calendar Year 2006/1 <sup>st</sup> half of Calendar Year 2007	
Project Performance Measures			Baseline Value	Target Value
1. Have a detailed plan to provide mass care services to individuals to include persons with disabilities, special needs, and ESL population impacted by a disaster.			No	Yes
2. Have contracts/mutual aide agreements been put in place for equipment, supplies, and services (e.g. Food, Water, Shelters, etc.)?			Not formally	Yes
3. Have qualified personnel been identified, notified, and trained to manage a mass care site in the event of a disaster?			Not formally	Yes
4. Has the NCR demonstrated an effectively operating mass care program by exercise?			No	Yes

## INITIATIVE PLAN

### District ESF – 6 (Mass Care needs)

- 1. Provide the Name of this Initiative. Describe how this Initiative will address the priority needs and strengths identified through the program and capability evaluation, and prioritization analysis.**

NCR – Emergency Mass Care plan and services for individuals, persons with disabilities, special needs and ESL populations impacted by a disaster. Increasing personnel in order to supplement the current three persons for the Emergency Management component of ESF- 6 within the District of Columbia, Department of Human Services (DHS).

The effective development of a comprehensive mass care plan for individuals, persons with disabilities, special needs and ESL populations is essential to the start of efficient operations of a mass care site. The plan may identify personnel, facilities, process, procedures, etc. that may be standard for the operations of a mass care site and providing services to those individuals impacted. The

District's resources to aide the NCR in a disaster are the collaboration of a variety of organizations and agencies (e.g., DCPS, Consortium of Universities, etc.). The comprehensive mass care plan is one step to take in improving mass care response. The second step is to create an independent office within DHS for emergency management also increasing the staff for the independent office so that there is an adequate number of staff to facilitate to duties/functions within the agency's emergency management role for the District and the NCR.

**2. Regional Construct: Briefly describe the geographical context of this Initiative.**

The geographical contexts of this initiative are all quadrants within the District and may include surrounding jurisdictions to include the NCR.

**3. Resources, Processes, and Tools: Identify the resources, processes and tools that already exist, and those that will need to be leveraged, created, or acquired for this Initiative. Briefly consider how these resources, processes and tools may be attained.**

Each quadrant within the District has at least 5 possible shelter sites or more. These sites are chosen based on the location and accessibility of shelters needed during a disaster. Approximately 400 personnel maximum (this count includes support agency personnel) may be available to manage feeding and sheltering of population impacted by disaster. As the primary for ESF - 6 (Mass Care), DHS will need funding to hire (up to (4)four) personnel to support these emergency plan efforts. DHS working along with the supporting agencies and NGO's must establish agreements with vendors, organizations, etc. to be supplied (with equipment, food, vouchers, etc.) as necessary.

**4. Governance Structure: Describe the high-level governance structure (e.g., management plan, stakeholder involvement) required for successful implementation of this Initiative.**

The NCR, the District of Columbia (DC) Department of Human Services (DHS), along with the DC Emergency Management Agency (DCEMA) will coordinate with other support agencies and NGO's to monitor project progress to ensure quality and that timeframes are being met.

**5. Program Management: Explain how this Initiative relates to the overall State homeland security program, and/or how it helps incorporate the three Overarching National Priorities.**

This initiative relates to the overall State homeland security program, and helps incorporate the three Overarching National Priorities by encouraging a collaborative partnership between the NCR, District agencies and among the regional partners to include NGO's and other organizations that aide in supporting the NRP with regard to mass care.

<h1 style="text-align: center;">CONCEPT PAPER</h1> <p><i>Preliminary Document – Presented for Review and Discussion</i></p>		February 2, 2006	
		Brian Smith, Chief Operating Officer Capital Area Food Bank	
		645 Taylor Street, N.E. Washington, D.C. 20017 (202) 526-5344 x 251 smithb@cfoodbank.org	
<b>Project Title:</b>	<b>The National Capital Region – Emergency Phase Food Storage and Relief Phase Food Storage and Distribution.</b>	<b>Estimated Grant Amount</b>	<i>\$ 15,000,000.00</i>
<b>NCR Strategic Goal Alignment:</b>	<p>The goal is to address the needs in storage for the <i>Initial Action</i> response in the event of a major disaster. Construction and renovations to two facilities that would provide warehouse space specifically designed for the storage of disaster preparedness food commodities.</p> <p>To address the priority needs in the <i>Continuing Action</i> response, the CAFB will be able to design the new DC facility (and modify the Virginia facility) to enable us to immediately switch our operations in order to respond to an emergency situation. On an annual basis, the CAFB helps to distribute almost 20 million pounds of food into the regional community through our network of member agencies.</p>	<b>Allowability</b>	<i>Special exemption for construction and renovations.</i>
<b>Estimated Timeline</b>	<p>Phase 1: Design, construction and renovation of the DC facility, with an estimated cost of twenty three million dollars. The timeline for this is to have all requirements and architectural drawings complete by December 2006. Construction/Renovations will begin in January 2007, to be completed by January 2008.</p> <p>Phase 2: Design, construction and renovation of the Lorton, Virginia facility, with an estimated cost of five million dollars. The timeline for this parallels that of the DC facility with completion of the project in January, 2008. The capacity for the receipt and distribution of food commodities, expand the refrigerator and freezer capacity, provide space for increased volunteer access, and install packing and sorting systems equipment.</p>	<b>Dependencies and Cost Factors:</b>	<p>Of the <b>fifteen million dollars</b>, approximately three million dollars will be used for the construction of 20,000 to 30,000 square feet of dedicated storage space, high-density racking and materials handling equipment. The balance of funds will be used to purchase and install systems that are appropriate for emergency situations.</p>
<p><b>Problem Statement/Project Description:</b></p> <p>The implementation of this timeline could be delayed if funding is to be phased in. Presently, there are no regional facilities that are able to store adequate inventories of <i>Initial Action</i> food supplies and there is no entity identified that is able to provide logistical support to facilitate <i>Continuing Action</i> food distribution.</p>			

Preliminary Project Plan (Tasks, Resources, Deliverables, Collaborating Partners, etc.)				
Task(s)	Owner(s) or Collaborating Partners	Deliverable(s)	Target Date(s) or Level of Effort	
1. Design warehouse meeting requirements with input from all collaborating partners	American Red Cross USDA DC Health and Services Emergency Food providers – DC, MD, VA	Design that will meet Initial Action food supplies, and Continuing Action food distribution requirements.	December 2006	
2. Construct and renovate new warehouse	Capital Area Food Bank	Dedicated modern and efficient warehousing facility that will provide immediate response to disasters within and outside the Washington Metro Area	January 2008	
3. Training for Disaster Responses	Citizen Corp (DC, MD, VA) American Red Cross USDA DC Health and Services Emergency Food providers – DC, MD, VA	Design tabletop and interactivity exercises for emergency food distribution	July 2008	
Project Performance Measures			Baseline Value	Target Value
1. Have adequate storage facilities been identified to store sufficient supplies of food commodities to meet the <i>Initial Action</i> emergency requirements in a cost effective manner?			Yes	Yes
2. Has an able partner been identified to provide the logistical support required to meet the food needs during the <i>Continuing Action</i> response?			Yes	Yes
3. Is there a plan to distribute significant quantities of emergency food through an established network in an emergency situation?			Yes	Yes

## INITIATIVE PLAN

### The National Capital Region – Emergency Phase Food Storage and Relief Phase Food Storage and Distribution.

- 1. Provide the Name of this Initiative. Describe how this Initiative will address the priority needs and strengths identified through the program and capability evaluation, and prioritization analysis.**

Initiative name: *The National Capital Region – Emergency Phase Food Storage and Relief Phase Food Storage and Distribution.*

**The Capital Area Food Bank (CAFB) is the largest, public nonprofit hunger and nutrition education resource in the Washington, D.C. Metropolitan Area. Each year the CAFB distributes 20 million pounds of food, including 6 million pounds of fresh produce through over 700 member agencies.**

- The current regional deficiency in this Response Plan is with preparedness for food/commodity storage, transportation, and distribution facilities. There are no regional facilities that are able to store adequate inventories of *Initial Action* food supplies and there is no entity identified that is able to provide logistical support to facilitate *Continuing Action* food distribution.
- One of the priority needs in the Mass Care target capability is the ability to provide immediate and long-term food and feeding programs to persons affected by an emergency incident. In order to respond to the food needs in a disaster situation, the District Response Plan identifies response actions as the *Initial Action* and *Continuing Action*. The *Initial Action* includes providing food to those most affected in the immediate aftermath of a disaster, while *Continuing Action* addresses the longer-term food security needs of a much larger population that is affected by a disaster. During the *Initial Action*, the immediate needs are determined, geographic resources are identified and distribution procedures are enacted. During the *Continuing Action*, logistical considerations are examined for long-term congregate feeding, to include the receipt, storage, sorting/packing, and distribution of food items to those in need.
- To address the priority needs in storage for the Initial Action response, construction and renovations to these two facilities would provide warehouse space specifically designed for the storage of disaster preparedness food commodities. The CAFB is currently in the design phase for the future footprint of the new DC facility and, should sufficient funding be available, it is possible to include dedicated storage for this purpose. The Lorton, Virginia facility also has excess land that could be utilized for expansion of the facility to include dedicated food storage as well. This capability to provide emergency-specific storage of food inventories will provide a cost-efficient method of centralizing supplies that may be urgently required in a disaster situation. Providing regional storage (DC and Virginia) alleviates the need for multiple food storage sites that will undoubtedly incur significant operating costs. The CAFB is a warehouse operation that receives, stores, and distributes food items. We have materials handling equipment, a fleet of trucks, general knowledge of the requirements for storing food commodities, and have a successful track record in the community with regard to food storage and distribution.

## 2. Regional Construct: Briefly describe the geographical context of this Initiative.

- The geographical context of this initiative is the National Capital Region. This includes Northern Virginia, the District of Columbia, and Montgomery and Prince George's Counties in suburban Maryland. The CAFB currently has strong relationships and provides services to member agencies in these jurisdictions.
- The advantage of having two sources of warehouse storage and logistical support (DC and Northern Virginia) is the ability to diversify supplies and resources. Should an emergency occur in the District of Columbia and access to the DC facility is limited, there could still be access to the Virginia facility. The converse is also true.
- On a larger scale, the CAFB's affiliation with America's Second Harvest, a national network of Food Banks and a tremendous source of food and logistical support, opens up numerous opportunities for increased food supplies from across the nation, as documented in the emergency response during Hurricane Katrina in Louisiana and Texas (and other natural disasters).



**3. Resources, Processes, and Tools: Identify the resources, processes and tools that already exist, and those that will need to be leveraged, created, or acquired for this Initiative. Briefly consider how these resources, processes and tools may be attained.**

- The resources, processes and tools that already exist include the existing Food Bank facilities in the District of Columbia and Northern Virginia. On an annual basis, the CAFB distributes close to 20 million pounds of food to over 500 member agencies. There is a fleet of 8, 24 and 26 foot trucks (both refrigerated and dry), two semi-tractors and four trailers (two of which are refrigerated).
- The CAFB enjoys a huge volunteer database, receiving over 11,000 volunteers in a year that provide over 40,000 hours of volunteer service. The organization is predominantly a warehouse operation, with experience in food handling, inventory management and distributions systems. The current facilities have close to 35,000 cubic feet of refrigeration and 55,000 cubic feet of freezer capacity. The CAFB also emphasizes the utilization of its network of member agencies to deliver outreach programs that educate, empower and increase access to food to those in need. Unfortunately, both facilities in Virginia and the District of Columbia are filled to capacity.
- To address this facility problem, the CAFB has embarked on a capital campaign and recently purchased a warehouse/office complex on over 8 acres in Northeast DC. For this initiative, funds are required to expand the existing facility in Northern Virginia and to enable the CAFB to design and renovate/build our new facility in DC. Without sufficient funding, the plans for the new facility in DC will not include storage for emergency commodities, nor will it include the ability to transform from daily operations to emergency operations on short notice. Also, the facility in Northern Virginia will not have the capacity to store emergency commodities, nor the resources to respond in an emergency situation.
- The resources required for the CAFB to participate in the *Initial Action* and *Continuing Action* responses are fifteen million dollars. The overall cost to build and renovate both the DC and Virginia facilities is estimated to be twenty-eight million dollars. Thirteen million dollars is being raised through the CAFB Capital Campaign through individual, corporate, foundation, DC and Federal Government support. Ongoing operating requirements and funding will be minimal as most of these costs are integrated into our normal operations (with the exception costs associated with incremental upgrades to systems)

**4. Governance Structure: Describe the high-level governance structure (e.g., management plan, stakeholder involvement) required for successful implementation of this Initiative.**

- The CAFB intends to take a supporting role in the storage and distribution of emergency and long-term food commodities. The CAFB will store food commodities, but access will be given to the American Red Cross (ARC), Emergency Management Agency (EMA), Department of Human Services (DHS), USDA, and/or any other organizations that will require access to this storage. The CAFB will maintain the warehouses, provide materials handling equipment and assist with inventory management and distribution if requested.
- Should long-term food distribution be required, the CAFB may be able to allow access to its existing stocks of inventory and assist in the distribution of items in support of a prescribed distribution plan. In addition, the CAFB is willing to utilize its network of over 500 member agencies to distribute food commodities to those identified as being in need. This could include a

significant number of member agencies that serve the non-English speaking populations in the region.

- The CAFB will be poised to marshal its resources in terms of warehouse, distribution systems, volunteers, and agency network in support of an emergency response plan as determined by the major partners in this capability.
- **Key stakeholders already identified include:**
  - American Red Cross Washington Metropolitan Area Consortium (WMAC)
  - USDA
  - DC Department of Health and Services
  - Emergency Food Providers (DC, MD, VA)

**5. Program Management: Explain how this Initiative relates to the overall State homeland security program, and/or how it helps incorporate the three Overarching National Priorities.**

- This initiative relates to the overall State Homeland Security Program in that it addresses the need for emergency preparedness and the possible need for the immediate access and delivery of food commodities and longer-term congregate feeding of a larger population. This initiative provides a cost-effective solution to emergency food needs, utilizing the track record, experience and resources of the Capital Area Food Bank. This initiative also takes advantage of a tremendous opportunity to expand the capability in the region during the design phase of the CAFB's expansion plans.
- The "National Capital Region – Emergency Phase Food Storage and Relief Phase Food Storage and Distribution" Initiative incorporates the three Overarching National Priorities in that it provides a response to emergency food needs, expands regional collaboration through its supporting role in food storage and distribution in both DC and Virginia, and provides long-term infrastructure through storage facilities, built with no long-term rental costs.
- Food is a basic essential in daily life and will be extremely important in an emergency situation. This initiative allows for the safe, and secure storage of food commodities in two locations, and provides strong logistical support for long-term supplies of food throughout the region. The CAFB provides food on a daily basis to those in need. We are the experts in food storage and distribution and believe that there is a unique role that can be played in the support of Mass Care feeding programs in the event of an emergency.

**This page left intentionally blank.**

## Scoring Sheet

### Mass Care

**Scoring Criteria:** All candidate Concept Papers are to be scored on the basis of compliance with the following 5 criteria. Each criteria is to be scored from 1 to 10 points, with 1 being lowest compliance and 10 being the highest.

**Criteria #1:** How well does this Concept Paper/Initiative Plan address identified strengths and weaknesses of the 14 Priority Target Capabilities?

**Criteria #2:** How well does this Concept Paper/Initiative Plan address identified strengths and weaknesses of the 3 Overarching National Priorities?

**Criteria #3:** How appropriate is the funding requested with the deliverables proposed by the Concept Paper?

**Criteria #4:** How beneficial will this concept paper be in addressing regional needs?

**Criteria #5:** How important is it to implement this Concept Paper/Initiative Plan in FY 06?

---

<b>Concept Paper</b>		NCR Regional ESF-6 Equipment									
<b>Related Target Capabilities:</b>		Citizen Preparedness and Participation, Citizen Protection: Evacuation and/or In-Place Protection, Mass Prophylaxis									
<b>Score:</b>	Criteria #1 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #2 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #3 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #4 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #5 (1-10)	1	2	3	4	5	6	7	8	9	10
	<b>Total: (5-50)</b>										

---

<b>Concept Paper</b>		Establishment of a Food Safety and Protection Program for the National Capital Region's Mass Care Centers									
<b>Related Target Capabilities:</b>		Planning									
<b>Score:</b>	Criteria #1 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #2 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #3 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #4 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #5 (1-10)	1	2	3	4	5	6	7	8	9	10
	<b>Total: (5-50)</b>										

---

<b>Concept Paper</b>		National Capital Region Shelter Planning (Shelter profiles and action plans)									
<b>Related Target Capabilities:</b>		Planning									
<b>Score:</b>	Criteria #1 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #2 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #3 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #4 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #5 (1-10)	1	2	3	4	5	6	7	8	9	10
	<b>Total: (5-50)</b>										

---

<b>Concept Paper</b>		District ESF – 6 (Mass Care needs)									
<b>Related Target Capabilities:</b>											
<b>Score:</b>	Criteria #1 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #2 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #3 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #4 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #5 (1-10)	1	2	3	4	5	6	7	8	9	10
<b>Total: (5-50)</b>											
<b>Concept Paper</b>		The National Capital Region – Emergency Phase Food Storage and Relief Phase Food Storage and Distribution									
<b>Related Target Capabilities:</b>											
	Planning										
<b>Score:</b>	Criteria #1 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #2 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #3 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #4 (1-10)	1	2	3	4	5	6	7	8	9	10
	Criteria #5 (1-10)	1	2	3	4	5	6	7	8	9	10
<b>Total: (5-50)</b>											