

# APPLICANT PROFILE



GOVERNMENT OF THE  
DISTRICT OF  
COLUMBIA

# APPLICANT PROFILE

FY 2005 Homeland Security Grant Program: Urban Areas Security Initiative			
<b>PROJECT TITLE:</b>	Integration of ESF Partners to Improve NCR Mass Care Response		
<b>EMERGENCY SUPPORT FUNCTION:</b>	ESF-6 Mass Care and Human Services		
<b>PROJECT PERIOD:</b>	from date of award to February 28, 2007		
<b>PROJECT SYNOPSIS:</b>	Increase capacity of ESF-6 partner agencies across the NCR to provide Mass Care, Housing and Human Service to hundreds of thousands of people for an extended period of time in the aftermath of a disaster.		
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**Integration of ESF Partners to Improve NCR Mass Care Response (Proposal 6-A)**

**ESF-6  
2005 UASI-NCR HSGP**

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## **Integration of ESF Partners to Improve NCR Mass Care Response (Proposal 6-A)**

### **c. Project Summary**

There are many possible and credible disaster scenarios that will likely result in a large number of severely damaged or destroyed residential structures across the NCR as well as public health and safety concerns, preventing 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.

An effective Mass Care and Human Services response to a large disaster will not only meet critical human needs, but it will provide a substantial measure of reassurance to the NCR community as a whole. The American Red Cross, with an expertise in mass care services, is a national leader in helping people prevent, prepare for and respond to emergencies. This expertise is recognized by the Federal government by the designation of the American Red Cross in the National Response Plan as the lead agency for the new Emergency Support Function #6 / Mass Care, Housing, and Human Services in the event of a national disaster.

The Red Cross performs a similar function in the NCR-UASI plan. The American Red Cross, as the lead agency in ESF-6, believes that it is critical to recognize current deficiencies in the NCR for an effective Mass Care response in the event of a disaster that affects a large portion of the population. The failure to proceed with these actions with a clear sense of urgency will perpetuate the current state of inadequate resources in the face of an acknowledged need and known risk.

1. All of the ESF-6/Mass Care plans within the NCR are currently misaligned from the newly defined ESF-6 of the National Response Plan (NRP), which expands the definition of ESF-6 from only Mass Care to Mass Care, Housing & Human Services. Housing and Human Services are missing from most, if not all of the NCR Emergency Operations and Coordination Plans. Planning for an overarching reorganization must be done with a clear sense of urgency.

There is no overall planning process to assist ESF-6 in its newly defined responsibilities in meeting the needs of the NCR in the event of a large scale crisis. Planning must include agencies of varying specialties and capacities to meet the needs of the affected population during a disaster. Effective planning will allow ESF-6 to create model plans for local emergency managers to customize for their jurisdiction.

2. 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 be able to provide food for the affected population within 2-6 hours of a major NCR incident. This is in addition to the Mass

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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 American Red Cross' 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 Red Cross 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 personnel and agencies who are focused on other aspects of emergency response.

3. The NCR needs to improve Mass Care and Human Service agency coordination for major terrorist events in the NCR. ESF-6 has adopted use of the Coordinated Action Network (CAN) to assist with aligning necessary agencies to meet the needs of the population in the immediate and ongoing aftermath of a catastrophic event.
4. With the enormous scope of services expected of ESF-6 under its new definition, the feeding, sheltering and care of hundreds of thousands of displaced people throughout the NCR for an unknown period will require a large network of shelters, feeding stations, and case management sites. ESF-6 must hold independent exercises or participate in full-scale regional practices to increase the ability of ESF-6 to coordinate any Mass Care response in NCR.

The success of ESF-6 to meet expectations under the NRP during a major incident in the NCR will rest on the appropriate planning of the realignment of agencies' response plans under the new definition of ESF-6, acquiring the proper equipment that meets the capacity of NCR's population, and the ability to coordinate all necessary agencies before, during, and after an incident occurs.

### Introduction to Mass Care Response

#### I. Mass Care Providers

The American Red Cross is taking the lead in the ESF-6/Mass Care response to a disaster. The vast majority of Red Cross disaster workers are volunteers from the community who dedicate hundreds of hours during a significant disaster to serving and helping others.

Populations likely to require mass care services include:

- Primary clients – with damaged or destroyed homes
- Secondary and tertiary clients – denied access to homes
- Transients – visitors and travelers within the affected area
- Emergency workers – seeking feeding support

#### II. Sheltering

In a disaster that requires Mass Care, the American Red Cross opens shelters from a list of pre-approved buildings, typically schools, churches, civic halls and other structures, that are

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accessible to the affected population, but outside of any threat from the disaster. Teams of volunteers are called from their homes or work to open the shelters, and register arriving individuals while other Red Cross volunteers gather from Red Cross storage items, such as cots, blankets, toiletries, and first aid equipment, necessary to host a large group of relocated people. Shelters must be able to host hundreds of people for an extended period of time. Volunteers are present, and are rotated out in shifts.

### **III. Feeding**

Feeding of the affected population is more extensive than simply feeding people who require shelter. The Red Cross feeds and provides water to First Responders throughout the course of a disaster. The Red Cross also provides meals to people who may not be in shelters and are able to remain in homes, but because of the nature of the disaster, do not have access to food and/or clean water. Disasters that cause extended power outages are examples of situations where the American Red Cross will go into neighborhoods and provide food and water to people not in designated shelters.

During the immediate aftermath of a disaster, the American Red Cross utilizes “meals, ready to eat” (MREs) and “heater meals” (or equivalent). Within a short period of time after the disaster, volunteers establish food preparation areas and cook meals from stocks of food. The Red Cross provides meals three times a day, so a disaster where 50,000 people needed to be sheltered for week and 100,000 additional people were without power, we would serve 1,050,000 meals to the shelter residents and 2,100,000 meals to people without power by the end of the week, with an additional amount provided to First Responders. The Red Cross has agreements with several NGOs for assistance in the long-term feeding of dislocated people, but the immediate responsibility is ours.

### **IV. Human Services**

In the aftermath of a disaster, Red Cross family service case workers assess each person affected by the disaster, and determine what human services are needed for that person. The human service needs of disaster victims can be extensive, including family reunification, replacement clothing, mental health needs, replacement medication, and child care. Human services are needed in shelters, in areas where people shelter on their own, and in the weeks after people have been allowed to re-enter their lives.

One critical innovation to ESF-6/Mass Care, Housing, and Human Services is the launch of the Coordinated Assistance Network (CAN) client information sharing system pilot program. A lesson learned from the experience of September 11<sup>th</sup> is that the ability to share client data and service delivery information between voluntary agencies following disasters can be of great value to the affected individuals and to participating agencies. Currently, the Red Cross is heading a pilot in the NCR of the Coordinated Assistance Network (CAN) client information sharing system, along with several partner NGOs (Northern Virginia Family Services, Catholic Charities, Jewish Social Service Agency, Family and Child Services of DC, Inc.).

As a direct result of CAN, disaster clients will have better access to all services for which they are eligible. CAN will speed delivery of services, increase agency efficiency, cover

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special needs of non-English speakers, and provide more and better information on available services to clients and their families. For clients, the advantage of CAN is that it shortens the time taken to repeat their vital statistics and their “story” to case workers at multiple agencies. The advantage to services providers is that it saves case workers time, ultimately allowing them to provide service to the client at a faster pace and with greater efficiency, and avoid duplication of services.

### Planning, Equipment and Outreach needs

The success of ESF-6 to meet expectations under the NRP during a major incident in the NCR will rest on the appropriate planning of the realignment of agencies’ response plans under the new definition of ESF-6, acquiring the proper equipment that meets the capacity of NCR’s population, and the ability to coordinate all necessary agencies before, during, and after an incident occurs.

Deliverables for this project will include:

- A revised MWCOG Regional Emergency Coordination Plan ESF-6 annex.
- A “model” ESF-6 Annex to be used by Emergency Managers in the NCR for updating their Emergency Operations Plans.
- Increase the capacity for ESF-6 partner agencies to respond to a NCR Mass Care incident
- Improve coordination of ESF-6 partner agencies during major disaster incident through a series of tabletop and functional exercises.
- Reporting of all actions and outcomes to be compiled at the end of the grant period.

### Planning

ESF-6 needs to align all the current ESF-6 Mass Care plans across the NCR with the newly defined ESF-6 of the National Response Plan, which expands the definition of ESF-6 from Mass Care to Mass Care, Housing & Human Services. ESF-6 has the potential need to serve an enormous population over a wide and scattered geographic area, utilizing different NGOs of differing sizes, specialties and capacities to serve a broad population.

Planning for ESF-6’s response to a significant disaster meets Goal 1 and Objective 1.1 of the NCR/HSS Goals and Objectives. All planning by ESF-6 allows definitions of roles, processes, and actions with deadlines for all functions ESF-6 is responsible for. Planning is a critical component of success for ESF-6 in light of the redefinition and expansion of responsibilities in a disaster incident. Planning for ESF-6 also meets the *NCR Commitments to Action*, #3 Decision Making and Coordination and #6 Mutual Aid.

ESF-6 planning will follow two tracks: 1) an overarching reorganization of the response plans for the agencies aligned under ESF-6 to determine that all disaster responses are coordinated, non-duplicative, and meet the standards of the National Response Plan and 2) step by step coordination of the CMC/CAN pilot program to ensure that vital services are available to affected people following a disaster.

All planning will be coordinated with other partner ESFs, notably ESF-5, ESF-8, ESF-11, and ESF-15.

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### Equipment

Acquiring the equipment to ensure preparedness within and across Mass Care, Housing and Human Services Functions is a critical step in meeting the expectations for ESF-6 under the NRP. There is currently not the capacity to feed, shelter and care for the number of people expected to be displaced or affected during such an incident. Equipment purchases focus on the ability to feed, shelter, and care for a large population quickly, for an extended period of time, and over a wide geographic area, and purchases do not duplicate existing equipment.

Purchasing equipment for ESF-6's Mass Care and Human Services response to a significant disaster meets Goal 4 and Objective 4.1 of the NCR/HSS Goals and Objectives. All equipment purchases allow the acquisition, allocation, and management of equipment which enhance the response and recovery efforts of responders in the NCR. Equipment purchases for ESF-6 also meet the *NCR Commitments to Action*, #4 Emergency Protective Measures.

Equipment purchases reflect the current priorities of the Mass Care, Housing and Human Service needs of ESF-6. Attachment C reflects additional priorities for ESF-6 to meet its responsibilities under the NCR. The Project Director will work with the Offices of Emergency Management in the NCR jurisdictions to evaluate attachment C's listings, and all purchases will meet the priorities established by ESF-6 and its partners.

The equipment will be placed in strategic locations throughout the NCR, ensuring that no jurisdiction is vulnerable to a delay in Mass Care response. One of the most critically needed items are "Shelties", portable trailers that contain all supplies needed for a large capacity shelter and can be pre-positioned on any secure location. The Red Cross has an established two-hour roll out time after a disaster occurs to get safe shelter established, and the Red Cross would work with Emergency Management in each local government in the NCR to place shelter trailers at appropriate sites.

### Outreach

Performing coordinated outreach and exercises in conjunction with Emergency Management would improve coordination between ESF-6 functions and the Emergency Management operations within and across the NCR. ESF-6 has not had the opportunity to participate in other full-scale regional exercises, and inclusion in any future exercises would increase the capacity to respond in concert with other ESFs during a regional incident. ESF-6 also needs to conduct tabletop exercises in light of the adoption of the CAN system, and all ESF-6 partners need to be familiar with the network's capabilities and their role within the network.

Performing coordinated outreach and exercises for ESF-6's Mass Care and Human Services response to a significant disaster meets Goal 3 and Objective 3.1 of the NCR/HSS Goals and Objectives. Regular outreach and exercise ensures continued improvement, measures capabilities, and provides training to responders, non-profits, and the public. ESF-6 outreach and exercises also meets the *NCR Commitments to Action*, #8 Training and Exercises.

With the establishment of the new Training and Exercise Committee to coordinate any training stemming from the HSGP, ESF-6 looks forward to coordinating our need for participation in all full-scale regional exercises with the other ESFs.

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### **d. Goals and Objectives**

1. **Goal 1** – To plan overarching reorganization of ESF-6 Mass Care plans across the NCR, including the RECP, with the newly defined responsibilities of ESF-6 in the National Response Plan.
  - 1.1 **Objective 1** – Identify Opportunities for reorganization of ESF-6 Mass Care plans across the NCR to align newly defined responsibilities of ESF-6 in the National Response Plan.
    - 1.1.1 **Implementation step 1** – Review the NRP, including and especially the revised ESF-6 to identify applicability to the NCR
    - 1.1.2 **Implementation step 2**- Review local Emergency Plans to Identify the opportunities for expanding ESF-6 to the revised definitions
    - 1.1.3 **Implementation step 3** – conduct meetings across ESF-6 partners, including Mass Care and Human Service Organizations, Emergency Management Organizations and other key partners to discuss current plans and potential opportunities for updates
    - 1.1.4 **Implementation step 4** – Draft these issues & opportunities as a discussion documents for review by all partners
  - 1.2 **Objective 2** – Use identified opportunities as the basis of an updated RECP and a “Model” revised ESF-6 for potential adoption by local Offices of Emergency Management in the local Emergency Operations Plans
    - 1.2.1 **Implementation step 1**- Conduct meetings of key partners to review & discuss the suggestions from 1.1.4 and how to turn those suggestions into updates to the key plans
    - 1.2.2 **Implementation step 2**- Draft revised RECP
    - 1.2.3 **Implementation step 3**- Draft “Model” revised ESF-6
    - 1.2.4 **Implementation step 4**- Conduct Meeting to finalize draft documents
  - 1.3 **Objective 3**- Increase coordination and cohesion across the various partners of ESF-6
    - 1.3.1 **Implementation step 1** – Conduct ESF-6 coordination meetings, in conjunction with the objectives stated above
    - 1.3.2 **Implementation step 2** – Identify opportunities to document best practices and other cohesion/coordination issues and opportunities across ESF-6
    - 1.3.3 **Implementation step 3**- Draft report re: results/progress to date
2. **Goal 2** – Plan coordination of Coordinated Assistance Network (CAN) pilot for participating agencies to prepare NCR Case Management Cooperative (CMC) coordinated case management tools in the event of a major incident.
  - 2.1. Objective 1 – Finalize Plans, goals and objectives for the pilot
    - 2.1.1. **Implementation step 1** – Conduct meetings with NCR CMC and CAN Steering Committee to finalize goals and objectives for the pilot.
    - 2.1.2. **Implementation Step 2**- Conduct meetings with NCR CMC and CAN Steering Committee to finalize plans for the pilot in accordance with HSEEP
  - 2.2. Objective 2 – Conduct Pilot and validate both the usability of the CAN as well as the applicability to the CAN to NCR efforts and plans



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- 2.2.1. **Implementation Step 1** – Conduct pilot in accordance with plans identified in 2.1
- 2.2.2. **Implementation Step 2**- Document results in accordance with HSEEP
- 2.3. **Objective 3** – Use CAN pilot to fold additional agencies into the NCR CMC
  - 2.3.1. **Implementation Step 1**- Conduct outreach to additional potential partners for the CMC, including Salvation Army and State/local Human Service agencies
  - 2.3.2. **Implementation step 2**- Use this outreach to attract & recruit these partners into the CMC< where appropriate
  - 2.3.3. **Implementation step 3**- Draft report re: results/progress to date
- 3. **Goal 3** – To acquire equipment and supplies by 4Q FY 2005 necessary for effective Mass Care response in the NCR by ESF-6 partner agencies. Equipment and supplies acquisition will alleviate identified deficiencies from ESF-6 partner agencies and allow ESF-6 to fulfill its responsibility as described in the NRP.
  - 3.1 **Objective 1** - Acquire equipment and supplies necessary for effective Mass Care response in the NCR.
    - 2.1.1 **Implementation step 1** – Finalize priorities for purchases, in conjunction with ESF-6 partners, including Emergency Management. Also identify best options for tracking and storing these times for maximum efficiency and effectively, in conjunction with ESF 6/5 partners
    - 2.1.2 **Implementation step 2** – Research purchases to ensure best value received for the authorized expenditures.
    - 2.1.3 **Implementation step 3** – Conduct purchases & review, package and store items in the appropriate locations, in accordance with 3.2.1, (below)
    - 2.1.4 **Implementation step 4**- identify and document progress, lessons learned and best practices for obtaining, transporting and implementing these items
  - 3.2 **Objective 2** - Position Mass Care equipment and supplies strategically throughout NCR to allow efficient Mass Care deployment.
    - 3.2.1 **Implementation step 1** – Work with Emergency Management agencies in local jurisdictions to identify sites throughout NCR that can host Shelter Trailers (“Shelties”) to be deployed in case of Mass Care response during a disaster.
- 4 **Goal 3** – To participate and hold coordinated outreach and exercises through the life of this grant across the 3 major functions of ESF-6 (Mass Care, Housing and Human Services) in conjunction with Emergency Management in the NCR.
  - 4.1 **Objective 1** – Participate in all regional exercises held by COG in FY 2005
    - 4.1.1 **Implementation step 1** – Conduct Meetings with reps from COG Exercise committee to identify opportunities for ESF\_6 to participate in upcoming exercises throughout the regions

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- 4.1.2 Implementation step 2-** Work with emergency management (ESF-5) and other key partners to plan such exercise opportunities, including specific ESF-6 injects for these exercises, in accordance with HSEEP
- 4.1.3 Implementation Step 3** – Evaluate and report the Exercise results in accordance with HSEEP and the pilot requirements
- 4.1.4 Implementation Step 4-** Identify opportunities for further participation in other exercises – repeat steps 2+3 as appropriate
- 4.1.5 Implementation Step 5-** Document results, progress and findings, in accordance with HSEEP
- 4.2 Objective 2** – Hold controlled exercises for the Coordinated Assistance Network (CAN) pilot separately from other exercises in NCR for CAN evaluation. These exercises will be conducted in accordance with HSEEP and the pilot requirements and are a specific requirement of the CAN pilot.
  - 4.2.1 Implementation step 1** – hold two tabletop exercises for CAN partner agencies.
    - 4.2.1.1 Implementation step 1.1** – Plan the first Tabletop Exercise in accordance with HSEEP and the pilot requirements
    - 4.2.1.2 Implementation step 1.2-**Conduct the first Tabletop Exercise in accordance with HSEEP and the pilot requirements
    - 4.2.1.3 Implementation Step 1.3** – Evaluate and report the first Tabletop Exercise in accordance with HSEEP and the pilot requirements
    - 4.2.1.4 Implementation step 1.4** – Plan the second Tabletop Exercise in accordance with HSEEP and the pilot requirements, as well as the findings of the first tabletop.
    - 4.2.1.5 Implementation step 1.5-**Conduct the second Tabletop Exercise in accordance with HSEEP and the pilot requirements.
    - 4.2.1.6 Implementation Step 1.6** – Evaluate and report the second Tabletop Exercise in accordance with HSEEP and the pilot requirements
  - 4.2.2 Implementation step 2** – hold two functional exercise for CAN partner agencies.
    - 4.2.2.1 Implementation step 2.1** – Plan the first functional exercise in accordance with HSEEP and the pilot requirements and the findings of the Tabletop Exercises
    - 4.2.2.2 Implementation step 2.2-**Conduct the first functional exercise in accordance with HSEEP and the pilot requirements
    - 4.2.2.3 Implementation Step 2.3** – Evaluate and report the first functional exercise in accordance with HSEEP and the pilot requirements
    - 4.2.2.4 Implementation step 2.4** – Plan the second functional exercise in accordance with HSEEP and the pilot requirements, as well as the findings of the first functional exercise.
    - 4.2.2.5 Implementation step 2.5-**Conduct the second functional exercise in accordance with HSEEP and the pilot requirements.
    - 4.2.2.6 Implementation Step 1.6** – Evaluate and report the second functional exercise in accordance with HSEEP and the pilot

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**4.3 Objective 3** – Hold exercises for Mass Care, Housing and Human Service functions with all partner agencies of ESF-6

**4.3.1 Implementation step 1** – hold one coordinated tabletop exercise for all partner agencies of ESF-6, along with Emergency Management agencies.

**4.3.2 Implementation step 2** – hold one coordinated functional exercise for all partner agencies of ESF-6, along with Emergency Management agencies.

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### **e. Project Description**

Disasters are complex events that require strategic preparedness and response measures. To date, funding for mass care responses to disasters affecting the National Capital Region has not been a demonstrated priority for grants distributed through the NCR-UASI. Many recent surveys indicate that the American public is not prepared for a large scale disaster, and the NCR is not adequately prepared to promptly initiate and sustain a mass care response to care for the affected public. The more capable a metropolitan area is to deal with the mass care needs of a disaster, the less it will urgently require additional use of otherwise strained governmental resources.

The ability to coordinate sheltering and feeding for an extended period of time for a large number of individuals affected by a significant disaster requires a new and urgent approach. At present, the range and scope of mass care planning and preparedness is generally limited, both nationally and regionally, to recurring natural disaster events. The series of hurricanes in 2004 that struck Florida and the southeast US represented the largest Mass Care effort in the nation's history. In these disasters, sheltering and feeding needs were significant, although relatively short-term with most evacuees able to return to their homes quickly. Remaining evacuees, with uninhabitable or destroyed homes, are given priority by relief agencies and placed into available, local temporary housing.

There are many possible and credible disaster scenarios that will likely result in a large number of severely damaged or destroyed residential structures across the NCR as well as public health and safety concerns, preventing return to the area. In the past four years, the NCR has been hit by the terrorist attack against the Pentagon and by Hurricane Isabel, and while these events represented significant disasters for the NCR, both events were recognized by experts as ones that could have been exponentially worse. Disasters may cause the relocation and resettlement of large numbers of individuals for a matter of days or stretch into weeks and months. No matter the length of time that disasters displace NCR's population, an effective response will require advance planning and significant human and material resources.

The American people expect prompt, humane and appropriate assistance by their leaders and institutions following disasters. Key to meeting the expectations of the American public is the quick reduction of people in mass care shelters and the speedy transition of these people to the recovery phase of the relief effort. Independent recovery of clients creates a sense of control and return to normalcy. 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. Coordination among agencies and the ability for participating agencies to act collectively and in a coordinated fashion as channels for private and public assistance will be essential.

An effective response to a large disaster will not only meet critical human needs, but it will provide a substantial measure of reassurance to the NCR community as a whole. The American Red Cross, with an expertise in mass care services, is a national leader in helping people prevent, prepare for and respond to emergencies. This expertise is

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recognized by the Federal government by the designation of the American Red Cross in the National Response Plan as the lead agency for the new Emergency Support Function #6 / Mass Care, Housing, and Human Services in the event of a national disaster. Red Cross is the lead for Mass Care, while FEMA is the lead for Housing and Human Services, with Red Cross acting as a supporting agency. Under the NRP, the Red Cross will provide services such as shelter, feeding, basic first aid, Disaster Welfare Information, and bulk distribution of needed items. The Red Cross will also work more closely with the Army Corps of Engineers to ensure that people receive water and ice during major disaster responses.

The Red Cross performs a similar function in the NCR-UASI plan. The American Red Cross, as the lead agency in ESF-6, believes that it is critical to recognize current deficiencies in the NCR for an effective Mass Care response in the event of a disaster that affects a large portion of the population. The failure to proceed with these actions with a clear sense of urgency will perpetuate the current state of inadequate resources in the face of an acknowledged need and known risk.

1. All of the ESF-6/Mass Care plans within the NCR are currently misaligned from the newly defined ESF-6 of the National Response Plan (NRP), which expands the definition of ESF-6 from only Mass Care to Mass Care, Housing & Human Services. Housing and Human Services are missing from most, if not all of the NCR Emergency Operations and Coordination Plans, including the RECP. Planning for an overarching reorganization must be done with a clear sense of urgency.

There is no overall planning process to assist ESF-6 in its newly defined responsibilities in meeting the needs of the NCR in the event of a large scale crisis. Multiple agencies must coordinate roles and their responses during a crisis to avoid service duplications, service deficiencies, and confusion of responsibilities. Planning must include agencies of varying specialties and capacities to meet the needs of the affected population during a disaster. Effective planning will allow ESF-6 to create model plans for local emergency managers to adopt and customize for their jurisdiction.

2. 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. Requests for support equipment for Mass Care based on internal assessments from agencies aligned under ESF-6 have not successfully received funding from the Homeland Security Grant Process in the past.

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. The extent of this shortfall of

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Mass Care equipment and supplies was documented in a number of studies since 9/11/01, including one performed by FEMA's NCR Emergency Response Team (ERT-N NCR) in 2003.

Without the appropriate Mass Care equipment, the American Red Cross' 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 Red Cross 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 personnel and agencies who are focused on other aspects of emergency response.

3. Response and recovery efforts from 9-11 and Oklahoma City showed that significant alignment is required in a terrorist incident between Mass Care / Response agencies and long term Human Service Recovery agencies. The NCR needs to improve such coordination for major terrorist events in the NCR. ESF-6 has adopted use of the Coordinated Action Network (CAN) to assist with aligning necessary agencies to meet the needs of the population in the immediate and ongoing aftermath of a catastrophic event. ESF-6 needs to run a series of tabletop exercises focusing on CAN in order to reach the network's full potential in an emerging crisis.
4. Recent agency and expert analysis have shown that increased coordination is required between the ESF-6 functions and the Emergency Management operations within and across the NCR. With the enormous scope of services expected of ESF-6 under its new definition, the feeding, sheltering and care of hundreds of thousands of displaced individuals throughout the NCR for an undetermined period of time will require an enormous network of shelters, feeding stations, and case management sites that must be established quickly to be able to offer the basic necessities to the affected population; the effort must be coordinated with the Emergency Management response to efficiently communicate where people can obtain food, shelter and care.

The success of ESF-6 to meet expectations under the NRP during a major incident in the NCR will rest on the appropriate planning of the realignment of agencies' response plans under the new definition of ESF-6, acquiring the proper equipment that meets the capacity of NCR's population, and the ability to coordinate all necessary agencies before, during, and after an incident occurs.

### Introduction to Mass Care Response

#### I. Mass Care Providers

The American Red Cross is the lead in the ESF-6/Mass Care response to a disaster. The vast majority of Red Cross disaster workers are volunteers from the community who dedicate hundreds of hours during a significant disaster to serving and helping others. The Red Cross had a 42:1 ratio of volunteer staff to paid staff during the series of

## **Integration of ESF Partners to Improve NCR Mass Care Response (Proposal 6-A)**

hurricanes that struck the Southeastern US in 2004, and all volunteer and paid staff receive training on proper Red Cross response and standards prior to serving on a disaster.

Populations likely to require mass care services include:

- Primary clients – with damaged or destroyed homes
- Secondary and tertiary clients – denied access to homes
- Transients – visitors and travelers within the affected area
- Emergency workers – seeking feeding support

### **II. Sheltering**

In a disaster that requires Mass Care, the American Red Cross opens shelters from a list of pre-identified buildings, typically schools, churches, civic halls and other structures, that are accessible to the affected population, but outside of any threat from the disaster. Teams of volunteers are called from their homes or work to open the shelters, and register arriving individuals while other Red Cross volunteers gather from Red Cross storage items such as cots, blankets, toiletries, and first aid equipment, necessary to host a large group of relocated people. Shelters must be able to host hundreds of people for an extended period of time. Volunteers are present, and are rotated out in shifts.

### **III. Feeding**

Feeding of the affected population is more extensive than simply feeding people who require shelter. The American Red Cross feeds and provides water to First Responders throughout the course of a disaster. The Red Cross also provides meals to people who may not be in shelters and are able to remain in homes, but because of the nature of the disaster, do not have access to food and/or clean water. Disasters that cause extended power outages are examples of situations where the American Red Cross will go into neighborhoods and provide food and water to people not in designated shelters.

The feeding of a large population is achieved both by delivering individual meals to people and by establishing fixed feeding sites and having people come to those locations. If people are unable to get food and water from agencies in the aftermath of a disaster, they will attempt to get food and water on their own, congesting roads and adding stress onto institutions that are attempting to respond to the disaster.

During the immediate aftermath of a disaster, the American Red Cross utilizes “meals, ready to eat” (MREs) and “heater meals” (or equivalent). Within a short period of time after the disaster, volunteers establish food preparation areas and cook meals from stocks of food that we have stored or that have been donated to us. The Red Cross provides meals three times a day to our shelters, so if we had a disaster where 50,000 people needed to be sheltered for week and 100,000 additional people were without power, we would need to serve 1,050,000 meals to the shelter residents and 2,100,000 meals to people without power by the end of the week, with an additional amount provided to law enforcement and other First Responders. The Red Cross has partnership agreements with several agencies for assistance in the long-term feeding of dislocated people, but the immediate responsibility is ours.

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### IV. Human Services

In the aftermath of a disaster, American Red Cross family service case workers assess each person affected by the disaster, and determine what human services are needed for that person. It has been our experience that the human service needs of disaster victims can be extensive, including but not limited to family reunification, replacement clothing, mental health needs, replacement medication, and child care. Human services are needed in shelters, in areas where people shelter on their own, and in the weeks after people have been allowed to re-enter their lives.

One critical innovation to ESF-6/Mass Care, Housing, and Human Services is the launch of the Coordinated Assistance Network (CAN) client information sharing system pilot program. A lesson learned from the experience of September 11<sup>th</sup> is that the ability to share client data and service delivery information between voluntary agencies following disasters can be of great value to the affected individuals and to participating agencies. Currently, the American Red Cross is heading a pilot in the NCR of the Coordinated Assistance Network (CAN) client information sharing system, along with other partner agencies (Northern Virginia Family Services, Catholic Charities, Jewish Social Service Agency, Family and Child Services of DC, Inc) in the Case Management Consortium (CMC). It is our experience that CAN system can support the extension of relief assistance, relieve the pressure on the emergency shelter system, and promote quicker individual recovery.

As a direct result of CAN, disaster clients will have better access to services for which they are eligible. Simultaneously, agencies can avoid duplicating efforts, potentially allowing NGOs to expand their services. CAN will speed delivery of services, increase agency efficiency, cover special needs of non-English speakers, and provide more and better information on available services to clients and their families. All personal data stored in CAN is protected and held to the highest standards of confidentiality. Only agencies essential to the recovery of the client will have access to personal information, and even then only with appropriate client approval. The pilot's goal is to develop and improve CAN coordination among partner agencies.

For clients, the advantage of CAN is that it shortens the time involved, and perhaps trauma of, repeating their vital statistics and their "story" to case workers at multiple agencies. The advantage to services providers is that it saves case workers time, ultimately allowing them to provide service to the client at a faster pace and with greater efficiency. Service providers have access to the listing of agencies that have already "touched" the case and can direct clients to other service providers who may be able to add supplemental benefits. The end result is client satisfaction by way of improved client service.

### Planning, Equipment and Outreach needs

The success of ESF-6 to meet expectations under the NRP during a major incident in the NCR will rest on the appropriate planning of the realignment of agencies' response plans under the new definition of ESF-6, acquiring the proper equipment that meets the



## **Integration of ESF Partners to Improve NCR Mass Care Response (Proposal 6-A)**

capacity of NCR's population, and the ability to coordinate all necessary agencies before, during, and after an incident occurs.

Deliverables for this project will include:

- A revised MWCOG Regional Emergency Coordination Plan ESF-6 annex.
- A "model" ESF-6 Annex to be used by Emergency Managers in the NCR for updating their Emergency Operations Plans.
- Increase the capacity for ESF-6 partner agencies to respond to a NCR Mass Care incident
- Improve coordination of ESF-6 partner agencies during major disaster incident through a series of tabletop and functional exercises.
- Reporting of all actions and outcomes to be compiled at the end of the grant period.

### Planning

ESF-6 needs to align the current ESF-6 Mass Care plans across the NCR, including the RECP, with the newly defined ESF-6 of the National Response Plan, which expands the definition from Mass Care to Mass Care, Housing & Human Services. The expectation is for the American Red Cross, as a lead agency in ESF-6/Mass Care, to meet the needs of the affected people in the immediate aftermath and for several weeks following a major incident has occurred, after many other ESFs have completed their portion of the disaster response. ESF-6 has the potential need to serve an enormous population over a wide and scattered geographic area, utilizing different NGOs of differing sizes, specialties and capacities to serve a broad population.

Planning for ESF-6's response to a significant disaster meets Goal 1 and Objective 1.1 of the NCR/HSS Goals and Objectives. All planning by ESF-6 allows definitions of roles, processes, and actions with deadlines for all functions ESF-6 is responsible for. Planning is a critical component of success for ESF-6 in light of the redefinition and expansion of responsibilities in a disaster incident. Planning for ESF-6 also meets the *NCR Commitments to Action*, #3 Decision Making and Coordination and #6 Mutual Aid.

ESF-6 planning will follow two tracks: 1) an overarching reorganization of the response plans for the agencies aligned under ESF-6 to determine that all disaster responses are coordinated, non-duplicative, and meet the standards of the National Response Plan and 2) step by step coordination of the CMC/CAN pilot program to ensure that vital services are available to all affected people following a disaster.

The deliverables of this project will include:

- A revised MWCOG Regional Emergency Coordination Plan ESF-6 annex
- A "Model" ESF-6 Annex to be used by Emergency Managers in the NCR for updating their Emergency Operations Plans.
- A report of coordination efforts and impacts to be compiled at the end of the grant period

This project would expand and integrate the regional coordination mechanisms' capacity to mobilize Mass Care, Housing and Human Services respond to a catastrophic terrorism event. This project would be managed through a contract with the Metropolitan Washington Council of Governments (MWCOG), which has the responsibility to

## **Integration of ESF Partners to Improve NCR Mass Care Response (Proposal 6-A)**

maintain the RECP and coordinate the Regional ESF-6 Committee. The ESF-6 committee of the MWCOG will serve as the coordinating body across the various ESF-6 partners. Accordingly staffing and support are needed to facilitate this extremely robust role for a MWCOG ESF-Committee.

The MWCOG has already identified a subcontractor, EGH & Associates, which has worked on the original development of the RECP RESF-6, as well as the development of Mass Care Plans with the Red Cross and the development of the NCR CMC Plans for providing Human Service Case Management. EGH & Associates is in a unique position to coordinate and facilitate these efforts.

Establishing that the R-ESF 6 partners are able to provide sufficient services, identifying areas for improvement coordinating and providing Mass Care and Human Services will significantly improve the region's ability to realistically plan its strategies for response and recovery, taking into account the resources that will be available.

The Centerpiece for this will be executing the Case Management Pilot that the CAN team has nominated the NCR CMC for. This will be a groundbreaking opportunity to truly test what this new system, developed in conjunction with the national leaders for Disaster Human Service Case Management (including The American Red Cross National Headquarters, FEMA, National VOAD, Salvation Army, the NY United Services Group, etc) and see how it will be truly applicable for the NCR.

The centerpiece of this pilot will be 4 exercises of increasing complexity and scope to truly test these plans, procedures, protocols and systems. Each exercise will be controlled to ensure that it is testing specific goals and objectives. Each exercise will also be planned and evaluated in compliance with the Homeland Security Exercise and Evaluation Program (HSEEP), including and especially HSEEP Volume 2 – Exercise Evaluation & Improvement (<http://www.ojp.usdoj.gov/odp/docs/HSEEPv2.pdf>)

The exercises structure, as defined in the Goals, objectives and implementation steps will begin with a very simple tabletop exercise to walk through the service provision models, processes, procedures and technologies. The outcomes will be documented and will be turned over to the CMC for their continuous planning and improvement efforts. The second exercise will be a more involved tabletop exercise to test the revised protocols and identify additional opportunities to improvement. The outcomes will be documented and will be turned over to the CMC for their continuous planning and improvement efforts.

Next will be a third exercise, either tabletop or functional to once again test the protocols in a more realistic environment and identify additional opportunities for improvement. Once again, the outcomes will be documented and will be turned over to the CMC for their continuous planning and improvement efforts. Finally, there will be a fourth exercise, a functional exercise to truly test the protocols in a realistic environment and identify additional opportunities for improvement. As before, the outcomes will be documented and will be turned over to the CMC for their continuous planning and improvement efforts.

## **Integration of ESF Partners to Improve NCR Mass Care Response (Proposal 6-A)**

Surrounding these 4 exercises will be a continues planning effort by, or and for the NCR CMC leadership, working on not only planning the exercises, but evaluating the outcomes and adjusting the model, plans, protocols and system configurations to fine tune the capacity of the NCR CMC to provide the best possible Human Services Case Management services to the NCR in the event of a wide scale emergency.

All planning will be coordinated with other partner ESFs, notably ESF-5, ESF-8, ESF-11, and ESF-15.

### Equipment

Acquiring the equipment to ensure preparedness within and across Mass Care, Housing and Human Services Functions is a critical step in meeting the expectations for ESF-6 under the NRP. Based on the means of the agencies that are responsible for fulfilling ESF-6's role in the event of a major disaster in NCR, there is currently not the capacity to feed, shelter and care for the number of people expected to be displaced or affected during such an incident. Internal equipment audits of the American Red Cross and other responsible agencies focus on the ability to feed, shelter, and care for a large population quickly, for an extended period of time, and over a wide geographic area. All purchases address the dearth of equipment vital to fulfill the mission of ESF-6, and purchases do not duplicate existing equipment.

Purchasing equipment for ESF-6's Mass Care and Human Services response to a significant disaster meets Goal 4 and Objective 4.1 of the NCR/HSS Goals and Objectives. All equipment purchases allow the acquisition, allocation, and management of equipment which enhance the response and recovery efforts of responders in the NCR. Internal audits conducted by agencies which fall under ESF-6 found a lack of equipment critical to the success of ESF-6's mission. Vital equipment purchases for ESF-6 also meet the *NCR Commitments to Action*, #4 Emergency Protective Measures.

Internal audits of ESF-6 partner agencies have identified \$4.2 million in equipment needed to meet the minimum expectations of ESF-6 under the NRP (see attachment C). The initial approval to apply for \$1.05 million in funds allows ESF-6 to address the top priorities identified by our internal audit. Equipment purchases reflect the current priorities of the Mass Care, Housing and Human Service needs of ESF-6. Attachment C reflects additional priorities for ESF-6 to meet its responsibilities under the NCR. The Project Director will work with the Offices of Emergency Management in the NCR jurisdictions to evaluate attachment C's listings, and all purchases will meet the priorities established by ESF-6 and its partners.

All purchases will directly and dramatically improve on the deficiencies from FEMA's 2003 assessment of the NCR ability to feed, shelter, and care for its population in the aftermath of a major incident. There are additional items vital to our ability to serve the community during a disaster, notably generators in case of power outages for emergency shelters and for feeding stations. Our need for generators will be conveyed to ESF-12 that is studying the use of generators in the NCR.

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The equipment will be placed in strategic locations throughout the NCR, ensuring that no jurisdiction is vulnerable to a delay in Mass Care response. One of the most critically needed items are “Shelties”, portable trailers that contain all supplies needed for a large capacity shelter and can be pre-positioned on any secure location. The American Red Cross has an established two-hour roll out time after a disaster occurs to get safe shelter established for the affected people, and the Red Cross would work with Emergency Management in each local government in the NCR to place “Shelties” in appropriate sites.

Laptops purchased will have multi-purpose use. They will be utilized for the planning and outreach of the Case Management Consortium (CMC), acting as one of the primary tools for tabletop and functional exercises. Laptops will be allocated to CMC agencies for exercise and training purposes and held and maintained by the American Red Cross. The American Red Cross will also utilize the laptops for Mass Care use during disasters that strike the NCR. Laptops could be used in shelter registration and for client case management in the days and weeks after a disaster.

### Outreach

Performing coordinated outreach and exercises across the 3 major functions (Mass Care, Housing and Human Services) in conjunction with Emergency Management would greatly improve coordination between these functions and the Emergency Management operations within and across the NCR. ESF-6 has not had the opportunity to participate in all full-scale regional exercises, and inclusion in any future exercises would increase ESF-6’s capacity to respond in concert with other ESFs during a regional incident. ESF-6 also needs to conduct tabletop exercises in light of the adoption of the CAN system, and all ESF-6 partners need to be familiar with the network’s capabilities and their role within the network.

Performing coordinated outreach and exercises for ESF-6’s Mass Care and Human Services response to a significant disaster meets Goal 3 and Objective 3.1 of the NCR/HSS Goals and Objectives. Regular ESF-6 outreach and exercise ensures continued improvement, measures current capabilities, and provides training to area responders, non-profits, and the public. ESF-6 outreach and exercises also meets the *NCR Commitments to Action*, #8 Training and Exercises.

Outreach will allow ESF-6 to reinforce coordinated practices amongst all ESF-6 partners, as well as identify deficiencies and establish steps to correct them before a major disaster strikes the region. Outreach needs to consist of both tabletop and functional exercises in order to reach the proper level of preparedness. The Coordinated Assistance Network (CAN) exercises must be done only with CAN partners participating. CAN is currently a pilot program, and only under a controlled exercise can its effectiveness be properly evaluated. CAN is scheduled for two tabletop and two functional exercises each. All results will follow Homeland Security Evaluation Process requirements and reporting guidelines.

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ESF-6 will hold one tabletop and one functional exercise for Mass Care and Human Services, outside of CAN's exercises. These events will allow ESF-6 to provide continued improvement, measure current capabilities and provide training to area responders, non-profits, and the public - all critical partners in an effective response during a disaster. Without holding exercises, ESF-6 will have no reliable way to identify agencies with deficient capacities and unmet training needs, and will not be able to improve areas of response.

Northern Virginia Family Services (NVFS) will administer the \$50,000 portion of the award dedicated to the Case Management Consortium (CMC). NVFS will be responsible for all reporting requirements, as well as a final report on the accomplishments of the CAN pilot. NVFS will coordinate with the grant's Financial Officer the administration of money which has not been spent on reporting and final analysis for the CAN pilot among the partner agencies of the CMC: Catholic Charities, Jewish Social Service Agency, Family and Child Services of DC, Inc., and the American Red Cross.

With the establishment of the new Training and Exercise Committee to coordinate any training stemming from the HSGP, ESF-6 looks forward to coordinating our need for participation in all full-scale regional exercises with the other ESFs.

## **Integration of ESF Partners to Improve NCR Mass Care Response (Proposal 6-A)**

### **f. Organizational Experience, Capacity and Qualifications**

The Red Cross, with an expertise in mass care services, is a national leader in helping people prevent, prepare for and respond to emergencies. This expertise is recognized by the Federal government by the designation the Red Cross in the National Response Plan as lead agency for Mass Care for the new Emergency Support Function #6 / Mass Care, Housing, and Human Services in the event of a national disaster.

The American Red Cross was chartered by Congress to respond to disasters and responds to approximately 70,000 disasters annually, providing shelter, food, clothing, and essential first aid needs, among its services. This level of activity allows the organization to continually examine, practice and evaluate processes to improve and refine services to address ever changing needs.

The American Red Cross Washington Metro Area Consortium (ARC-WMAC), a collaborative organization comprised of five chapters located in the District of Columbia, Maryland and Virginia. ARC-WMAC was organized in March 2002 in the aftermath of September 11 terrorist strikes on the World Trade Center and the Pentagon. The goal of the consortium is to promote a regional coordination and response in the event of a large disaster, either natural or man-made. ARC-WMAC consists of the CEO, staff, and board members representing the five chapters that serve the entire National Capital Region; The American Red Cross of the National Capital Area; The Arlington County Chapter; the Red Cross of Alexandria; the Red Cross of Loudoun County; and the Red Cross of Prince William County.

Tracing its beginning to the late 19<sup>th</sup> century, the Red Cross has a long history of providing services to the National Capital Region. Annually, the Red Cross responds to more than 800 local disasters affecting over 1,300 households. These disasters include single and multiple family fires, floods, winter storms, tornadoes, sniper attacks, terrorist attacks and other man-made incidents, which has resulted in the loss of lives, homes, food, water, and clothing. Both the federal and local governments count on the Red Cross for immediate emergency services and disaster assistance.

ARC-WMAC currently has hundreds of response volunteers in our Disaster Services Human Resources network that would be able to take volunteer leadership positions during the disaster. Trained and able to be deployed within hours, these volunteers from each community in the NCR go anywhere they are needed and remain in our service for weeks after a disaster strikes. The American Red Cross, from its years as a volunteer led organization, has the capacity to train additionally needed local disaster volunteers to meet the long-term human resources required in a large scale disaster response. Additional training would be coordinated with ESF-15.

The ARC-WMAC will ensure that this project is managed by a team with specialized training in disaster response services. The team leaders have a long and successful history of working with partner NGOs, local and area governments, and other first

## **Integration of ESF Partners to Improve NCR Mass Care Response (Proposal 6-A)**

responders. During each aspect of this proposal, American Red Cross staff will work diligently to ensure the successful implementation of this project.

The American Red Cross is a 501 (c) 3 organization and our tax status license is attachment A.

### Key Staff Currently Identified for Project Management

Charles Blake, Senior Director, Emergency and International Services at the American Red Cross of the National Capital Area will serve as the Project Director. Mr. Blake attended the University of Nevada, Las Vegas, and worked for the Federal Bureau of Investigation and Western Pacific Airlines before coming to work for the Red Cross. He began his Red Cross career in 1980 as a volunteer in disaster and health and safety services with the Clark County Chapter in Las Vegas, Nevada. He was elected to the Chapter's board in 1990 and also held positions on the state service council and field service team, including regional and national committees. Prior to moving to the Washington, DC area, Charles Blake served as the state disaster specialist in Texas for the National Headquarters of the American Red Cross. In this capacity, he provided consultative and support services to chapter including review and implementation of disaster plans, development of community disaster education programs, and mitigation and response activities throughout the state.

Mr. Blake has held his current position since January 2000, overseeing the development and implementation of new and emerging technologies to enhance the delivery of disaster services. He served on the September 11 recover program committee as well as the Disaster Services Response Task Force 2002. Over his career, he has been assigned to administrate a variety of national disaster operations. Mr. Blake has recently served the International Federation of the Red Cross and Red Crescent Societies in Sri Lanka, overseeing the organization and distribution of Red Cross supplies and equipment for the tsunami relief efforts.

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### **g. Staffing Plan**

The Authorizing Agent for this grant will be the CEO of the American Red Cross of the National Capital Area. The Authorizing Agent will have oversight of the Project Director and the Financial Officer of this grant and will participate in any reports to COG if the Project Director is unavailable.

ESF-6 project will be overseen by the Project Director, who will be responsible for all administrative aspects of the grant and its outcomes. The Project Director will report to COG on all outcomes and actions associated with the grant. The Project Director will be assigned by the American Red Cross of the National Capital Area to the Sr. Director, Disaster and International Services, and all time and salary will be offered in-kind for the duration of this grant.

The Project Manager will be assigned to manage all purchases and all equipment and supplies for ESF-6 of items stemming from this grant. The Project Manager will also assist in oversight and any planning and exercises that originate from this grant. They will report directly to the Project Director. The Project Manager will be assigned by the American Red Cross of the National Capital Area and fulfilled by the agency's Disaster Operations Manager, and they will receive 30% of their salary from this grant.

The Financial Officer will oversee the budget and all expenditures from the grant money. The Financial Officer will also be in charge of all disbursement of funds to participating agencies. The Financial Officer will be assigned by the American Red Cross of the National Capital Area, and all time and salary will be offered in-kind for the duration of this grant.

A full-time contracted Administrative Assistant position will be hired from this grant. Duties will include assisting in collection of data for exercises and outcomes associated with this grant, and assisting in reporting on finances and outcomes. They will also assist in setting up meetings between ESF-6 partners and help in any correspondence affiliated to the outcomes of this grant. They will report to the Project Manager.

A contracted Project Planning Manager will be hired to oversee the reorganization of ESF-6 Mass Care plans across the NCR to align the plans with ESF-6's newly defined responsibilities under the NRP. The manager will also assist in planning coordination of the Coordinated Assistance Network pilot for participating agencies. The manager will be sub-contracted through MWCOG from money from this grant.

Northern Virginia Family Services will serve as the contracted CAN Pilot Administrator, which will oversee planning and results of CMC/CAN pilot program. They will work in concert with the other four CAN pilot agencies and with the Project Planning Manager. They will report to the Project Director and be responsible for final reporting on CAN Pilot outcomes.



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All personnel records for each employee will contain information on the individual's full legal name, address, social security number, and a resume listing education, past employment, letter of employment and salary. All personnel records will contain proof of any necessary licenses or certifications required to carry out the services and duties outlined in the grant. No one will fill any of the staffing positions associated with this grant unless their personnel record contains all the above information. The Human Resources Director at the American Red Cross of the National Capital Area will be responsible for personnel records associated with staff involved with this grant, and will obtain written work experience and personal references for any staff hired through this grant. The Human Resources Director reports directly to the Administrative Agent and coordinates all hiring for this project with the Project Director.

The staffing pattern and the job descriptions of the Project Director, Project Manager and Financial Officer are attachments Attachment G - J.

## Integration of ESF Partners to Improve NCR Mass Care Response (Proposal 6-A)

ESF-6 Proposal Budget  
April 2005 - November 2006

A. PERSONNEL (all for 20 months)	Annual Salary	Months	% of Time	TOTAL
Project Manager	\$60,000	20	30%	\$30,000
<b>TOTAL PERSONNEL</b>				<b>\$30,000</b>

B. FRINGE BENEFITS				
not to exceed 20%			20%	\$6,000
<b>TOTAL FRINGE BENEFITS</b>				<b>\$6,000</b>

C. TRAVEL	Cost	Units		
Project local travel throughout metro area	\$0.405	1250	miles	\$506
Project meetings (staff / volunteers)	\$25	20		\$500
<b>TOTAL TRAVEL</b>				<b>\$1,006</b>

D. EQUIPMENT	Cost	Units		
Shelter trailers "Shelties" (Attachment D)	\$16,500	12		\$198,000
Utility vehicles	\$30,000	5		\$150,000
Laptops	\$1,800	30		\$54,000
- Software/licensing	\$500	30		\$15,000
- Hardcases	\$100	30		\$3,000
Printers	\$1,200	3		\$3,600
Food Distribution trailers (Attachment E)	\$14,215	4		\$56,860
Cots/Air Mattresses	\$30	2500		\$75,000
Blankets	\$4	2500		\$10,000
Shelter Go Kits	\$125	40		\$5,000
Nursing Kits	\$200	40		\$8,000
Portable Service Center		2		\$56,000
- Base X Tents	\$16,000	2		
- HVAC	\$6,000	2		
- Electrical support system	\$3,000	4		
<b>TOTAL EQUIPMENT</b>				<b>\$634,460</b>

E. SUPPLIES	Cost	Units	Months	
Pens, paper, printer ink & supplies, etc	\$250		20	\$5,000
Printing & Copying (4 cents each, 150/month, 20 months)	\$0.04	150	20	\$120
Postage @ \$20/month	\$20		20	\$400
<b>TOTAL SUPPLIES</b>				<b>\$5,520</b>

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<b>F. TRAINING/EXERCISE</b>	<b>Cost</b>	<b>Units</b>	
CAN pilot drills			\$50,000
a. tabletop exercises	\$10,000	2	
b. functional exercise	\$15,000	2	
Partner agency drills for ESF-6	\$50,000	2	\$100,000
<b>TOTAL TRAINING</b>			<b>\$150,000</b>

<b>G. CONSULTANTS/CONTRACTS</b>	<b>Cost</b>	<b>Units</b>	<b>Months</b>	
CAN Pilot Administration				\$50,000
a. Administrator overseeing planning and results of CMC/CAN Pilot programs	\$20,000			
b. remaining CMC/CAN partners organizational cost	\$7,500	4		
ESF-6 Realignment and Project Evaluation Manager				\$100,000
a. oversees the reorganization of ESF-6 Mass Care plans across the NCR				
Administrative assistant	\$2333/mo		20	\$47,000
a. assists in collection of data for exercises, outcomes and in all reporting.				
Temp help for peak periods	\$16.50	400/hrs.		\$6,600
<b>TOTAL CONSULTANTS/CONTRACTS</b>				<b>\$203,600</b>

<b>G. OPERATING</b>	<b>Cost</b>	<b>Units</b>	<b>Months</b>	
2 Nextel phone plans for 20 months	\$35	2	20	\$1,400
<b>TOTAL OPERATING</b>				<b>\$1,400</b>

**DIRECT EXPENSES** **\$1,031,986**

**I. OTHER** **ADMIN OVERHEAD** **2.5%** **\$25,800**

**GRAND TOTAL \$1,057,786**