



Vulnerable Populations Action Team

Building Community Resilience: Emergency Preparedness & Response
Project Summary

Public Health – Seattle & King County (PHSKC) is responsible for coordinating public health related emergency and disaster readiness activities. PHSKC has been working collaboratively with community – based organizations through the Vulnerable Populations Action Team (VPAT) since 2006 to ensure that no one group is more impacted than another in an emergency. VPAT helps service providers get prepared, stay prepared and ready to respond to their clients needs during times of disaster.

PROJECT OVERVIEW

With funding provided by the Systems Impact Council, the United Way of King County contracted with the Nonprofit Assistance Center (NAC) with the goal of “increasing community capacity to respond to emergencies/disasters.” NAC collaborated with VPAT to administer 35 small grants to community agencies, and coordinate and facilitate emergency preparedness trainings and technical assistance.

All community agencies serving vulnerable populations in King County were eligible to participate in the 14 week, Building Community Resilience (BCR) project provided they had not participated in a previous emergency preparedness project with PHSKC. VPAT distributed the Request for Proposals (RFP) to community agencies via the Community Communication Network, human services provider list serves and targeted marketing (e.g., direct phone calls, face-to-face meetings, etc.) to a handful of agencies.

Community agencies submitted proposals to complete up to four project deliverables individual awards ranged from \$200 to \$2499, including:

- a) Attending two emergency preparedness trainings (\$500/training);
- b) Developing an Agency Emergency Plan (\$749);
- c) Creating an Agency Call Down list (\$200); and
- d) Reimbursement for purchasing up to \$550 worth of emergency supplies.

By the Wednesday, March 19, 2008 deadline VPAT received 45 proposals from community – based organizations to participate in the Building Community Resilience project. The record number of applicants combined with the high number of funding requests exceeded the project’s budget of \$88,000. Applications were weighed by the number of vulnerable populations served, the agency’s geographic location (preference was given to agency’s serving clients outside of Seattle) and whether the agency is funded by the United Way of King County. After applying the criteria, 35 agencies were selected to participate in the BCR project (see Attachment #1).

EMERGENCY PREPAREDNESS TRAININGS

Between April 8 and May 9, VPAT staff members Caren Adams, Regional Health Educator of South King County, and PJ Redmond, VPAT Outreach Coordinator, facilitated four emergency preparedness trainings (two in Renton and two in Bellevue) to a total of 117 people.

Using the Collaborating Agencies Responding to Disasters (CARD) emergency preparedness module, VPAT trainers employed small and large group discussions, guest speakers, and utilized the disaster expertise and experiences of the attendees to convey the importance of emergency preparedness through the lenses of planning, creativity and relationships. Moreover, VPAT trainers emphasized that the development of an emergency plan was about the process rather than the product and the need to engage staff, at all levels of the organization, in the development of the plan in order to build buy-in and strengthen the agency's plan.

Training objectives were identified and established for each training day in order to focus discussions on critical planning areas. VPAT has learned that disaster preparedness planning can be overwhelming, particularly to those with limited planning experience, so refining the curriculum and using redundant messaging were viewed as helpful improvements to increase retention of core content and assist attendees to think critically about their agency's plans, policies, and procedures as they relate to disaster preparedness.

Training objectives for day one were to:

- 1) Increase understanding of personal emergency preparedness;
- 2) Understand the necessity of prioritizing essential client services; and
- 3) Identify steps and resources needed to maintain essential services in an emergency.

To this end, a personal preparedness presentation was added to the training curriculum in an effort to convey the importance of being personally prepared so attendees can better assist their clients and community members in a disaster. Much of the first training was spent working in small groups conducting section-by-section review of the agency emergency plan, with an emphasis on developing a disaster mission statement that complemented the organization's mission statement and tools to map the agency's community. Trainers wrapped up the training with a discussion and small exercise using the Incident Command System (ICS) and re-emphasized the day's objectives.

Training objectives for day two were to:

- 1) Identify external agencies critical to emergency response;
- 2) Increase your knowledge of how to access critical services, supplies and equipment during an emergency;
- 3) Establish a structure to communicate important information to clients, staff, and community partners in event of an emergency; and
- 4) Gain strategies to engage staff at all levels in emergency preparedness planning.

Using small group discussions, attendees shared feedback from their board and/or staff on the draft emergency preparedness plans and discussed other challenges they encountered in creating their first drafts. Guest speakers Deborah Needham, City of Renton Emergency Management Director, and Mike Ryan, Zone 1 Emergency Management Coordinator, were invited to discuss the emergency management system and their jurisdiction's emergency response plans, as they pertain to the four emergency

phases (mitigation, preparedness, response and recovery), to agencies in their respective response zones.

The second training was wrapped up with a presentation on the importance of creating an agency call down list and identifying strategies to engage staff in the development of their agency emergency plan. Also, attendees were asked to enroll in VPAT's Community Communication Network (CCN) which is a mechanism to notify community agencies of vital health and safety information (see Appendix A). Seventeen (17) of the 35 agencies participating in the project signed up for the CCN.

REVIEW OF AGENCY EMERGENCY PLANS

In an effort to better assist VPAT community partners in the development of their agency emergency plans, community agencies were given the opportunity to submit a draft agency emergency plan up to two weeks prior to the project deadline of June 27, 2008, to receive feedback and recommendations from VPAT staff on how to strengthen their plan. Many community agencies took advantage of this opportunity and, as a result, the quality of the agency emergency plans was more thoughtful, refined and better tailored to address their staff and clients' needs.

In reviewing the agency emergency plans, we noted many of the mission statements were well thought out and detailed. Agencies recognized that in event of a disaster, the types and level of services they provide will be significantly limited and most plans reflected a shift toward providing basic needs and/or support to their staff and clients. In short, agencies were not promising more than they could deliver when prioritizing their disaster services, and emergency plans indicated greater consideration toward agency capacity and resource limitations.

In addition, almost all agency plans included preparations to train staff on personal preparedness and the creation of personal supplies caches for staff. VPAT offered to assist agencies in conducting staff preparedness trainings and identified non-profit agencies offering personal preparedness trainings, including the American Red Cross, and disaster preparedness opportunities through their local Community Emergency Response Teams (CERT) organizations.

Our experience using CARD's agency emergency planning template suggests some modifications may be in order for larger, more developed community agencies. Additional clarity is needed in certain sections of the template that appear to be purely informational. For example, the supplies cache and agency go-kit sections of the plan identify key items that could be included in their respective kit. However, it would be more valuable if the plan asked agencies to explain:

- a) Which supplies the agency has on site or will purchase;
- b) Whose responsibility is it to maintain the supplies cache/kit and how often s/he will update its contents; and
- c) Where the supplies cache/kit will be located.

The same could be said about the financial resources and signage sections in the planning templates. Preparers felt these were informative sections rather than areas to document planning information. This also made it challenging to document an agency's progress and/or completion of the plan.

For some agency emergency plans, there was less detail in the latter sections of the plans. The communications, incident command system, and service continuation

sections were not as well developed as they could have been. Some plans glossed over these sections. (It should be noted, however, that agencies have the option of organizing their staff in ICS and feedback from training evaluations consistently stated that ICS was difficult to grasp and this may have contributed to the lack of development.)

The service continuation section is another section where additional detail is important. This section is critical to the development of a complete and quality emergency plans, because it asks the preparer to identify its organization's primary services in event of a disaster and to identify the critical resources necessary to maintain the services. One recommendation is to move this section to the front of the template, near the disaster mission statement, to highlight its importance.

Recently, VPAT and the Vulnerable Populations System Coordination Steering Committee developed a business continuity standards and indicators document to assess the quality and completeness of our community partners' agency emergency plans. Unfortunately, the document was still in development when this project was underway so it was not used to assess agency emergency plans.

PRE & POST PROJECT ASSESSMENTS

Through the course of the project, every opportunity was taken to evaluate and assess the Building Community Resilience project. VPAT takes evaluations very seriously. Not only do community agencies receive pre- and post-project assessments, but they also receive post-training evaluations so VPAT staffers can adjust their trainings to better address the questions, concerns and issues community agencies have and/or face in their preparedness efforts.

Prior to the first training, each agency was asked to complete a **pre-project assessment** (see Appendix B) in order to gauge where they were on the preparedness continuum. Responses to the assessment were fairly uniform with only two or three agencies reporting high scores on a consistent basis.

When asked to rate their agency's current level of preparedness on a scale from 1 (not prepared) to 10 (very prepared). Responses ranged from 1 to 7 with the average rating of 3 (not prepared). Respondents were also asked to what extent they disagree, agree or strongly agree with the following statement:

The majority of my agency's staff members are personally prepared at home - they have: a) an emergency plan, b) an emergency kit, and c) they have discussed emergency preparedness with their family, neighbors and/or friends.

Responses ranged from 1 to 10 with a rating of 3, again, being the average. Moreover, VPAT asked project participants whether their agency had an agency Go-kit and Call Down List in place. 29% of respondents (10 of 35) stated their agency has an agency Go-kit, while 40% (14 of 35) reported having an agency Call Down List.

The **post-project assessment** (see Appendix C) indicated agencies have improved their preparedness efforts due to the BCR project. When asked to rate their agency's current level of preparedness, on a scale from 1 to 10, the average response was a 6 rating indicating they felt their agency was prepared. This was a jump of three (3) rating points from the average response on the pre-project assessment.

Additionally, when asked to what extent they disagree, agree or strongly agree, on a scale from 1 to 10, with the statement on their staff members being personally prepared

(see above), the average response was a 5 rating which indicates they feel their staff are now personally prepared. This was a jump of two (2) rating points from the average response on the pre-project assessment. Moreover, 90% of respondents (29 of 32) say their agency now has an agency Go-kit (an increase of 61%) and 94% report to having an agency Call Down List (an increase of 54%).

In addition to quantitative questions, the post-assessment also included a variety of qualitative questions. Below are a few responses VPAT community partners submitted in their post-assessments:

Q: How has being involved with Public Health Preparedness helped your organization overall?

A: We went from having almost no emergency plan or supplies to having an Emergency Plan, supplies, trained staff, data backup, educated senior/disable tenants, etc.

A: It gave us an opportunity to evaluate the procedures we had in place and to update and expand what we need to do. There were procedures that we had not considered, which are now part of our plan. We now discuss emergency planning and training at all of our monthly staff meetings. This will ensure that all existing and new staff members are fully trained.

A: It's been a lot getting ready for a disaster all the things that need to be done it's all overwhelming

A: Created an awareness of how important it is to be prepared; that it's an ongoing process, and we will always be working on it.

A: It made us actually do what we always knew we should do but never made a priority. I feel much better about where we are now. We appreciated watching the Katrina's Lesson DVD and hearing Ana's (on DVD) presentation. It gave us a new empowering (rather than doom and gloom) perspective. I was in Nebraska a few weeks ago when the tornadoes hit. While crouched under furniture in my mother's basement with my 3 year old I thought about how appreciative I was of what we had already done so far for emergency preparedness. I have also been spreading these messages to legal services administrators across the country. Thank you!

Q: What impact has your preparedness activities had on your staff?

A: It has been an eye opener for all of us to have to think through various scenarios and ask ourselves tough questions. It has also been empowering as we have incrementally been putting the plan in place.

A: Staff is more aware that they need to be more personally prepared at home, at work and on the road. Many of our staff travel to client's homes, so this process caused us to have more discussion about what their responsibilities are to their clients should they be in a home when a disaster strikes. We also realized that we may have dog guides in the office so we have added dog food rations to our emergency supply kits.

A: While we have not had the opportunity to present everything to the full staff yet we are looking forward to doing the personal emergency preparedness and giving out whistles, lights, etc. I think it was on the DVD where Ana-Marie made the comment that the if people can be

empowered to respond they are less likely to feel like a victim and I think that has resonated with all of us who have been having active conversations about it.

Q: Give an example of how one (or more) of your clients has (or will) directly benefit from the preparedness work you have done.

A: We provide legal representation to indigent clients. In the event of an emergency, we'll be able to continue to staff court calendars, and represent our clients, albeit with a reduced crew.

In the aftermath of Hurricane Katrina, many indigent defendants languished for months in jail, without access to legal representation. Now that we're better prepared to face an emergency, that's less likely to happen here.

A: Many of our participants are elderly and or disabled. They now have a sense that their center is prepared to take care of them in a disaster. They know that they have been identified as people who need to be contacted because they are a vulnerable population. Had we not prepared our organization in this way, we most likely would not have been able to provide services at the point of impact. We would not have the information, supplies, and the ability to identify and help those who are isolated, frail, disabled and without other resources.

Our clients know what to do if they are at the center in terms of evacuation. This is a benefit for them in terms of knowing what to do at home as well.

A: Seattle Youth Garden Works empowers homeless and under-served youth through garden-based education and employment. We are a market gardening program for youth ages 14-21 in the University District and South Park neighborhoods. Our goals are to connect youth to housing, health care, education, jobs and community. Our administrative office is in Georgetown.

Our clients will benefit because we now know what services we will endeavor to provide to our clients in the event of an emergency. We know what external services are available in each of the three neighborhoods, and how to access them.

Q: Was VPAT responsive to your questions, concerns, and/or requests? If not, then in what areas did/do you need more assistance?

A: VPAT was phenomenal in the way they guided us through the process. Many times my questions were redundant; VPAT treated me with respect and stayed focused, calm, and always made certain that I understood the process. I cannot speak highly enough of the staff and the cooperation afforded the Pacific Algona Community Center.

A: The VPAT team was very responsive, both during our trainings and by email and phone outside of class. Speaking to various members, you really get a sense of their interest in, and commitment to the work they do.

A: Yes. The most important thing VPAT did was ask us questions. This caused us to take preparedness seriously. Answering the questions creates the agency plan.

Q: What one piece of advice would you give VPAT in order to help us better serve community-based organizations?

A: A reminder sent out once or twice a year with just a short message saying don't forget to update your go-kit and call down list would be helpful.

A: We are a very small CBO run by volunteers. We don't have any permanent facility where our clients can meet or visit. There are other CBOs like us. It will be of great help if VPAT can "customize" a preparedness plan that will suit our circumstances and resources.

A: 1) Match up agencies who are serving the same population and/or in the same neighborhoods to encourage collaboration; 2) During training, be prepared to help small agencies adapt the Emergency Prep Plan, especially the ICS. It's a complex model with many roles, and it can be difficult to translate to 4 FTEs, one of whom is on site with the clients.

A: Encourage churches to get involved in VPAT training and programs. Some may wish to be prepared for disasters, but think that they are not eligible to participate in training provided by a government agency. At first, Unity COGIC had thought that our church status meant we would not be eligible, but we later understood that this was not the case. Unity COGIC tries to be welcoming and helpful to people in the homes and businesses in the neighborhoods around us, regardless of religion. If a disaster occurs we hope that they will trust us as an organization and accept help when it is offered.

A: Keep sharing the resources and providing opportunities for agencies to get together for this purpose. We learn from one another.

A: More materials in other languages. We could offer the Personal Emergency Preparedness documents to clients but since I believe when I asked it was only available in English it is of less use to our clients. If a Spanish version is available that would be the highest priority (and I believe someone said it was being translated). Other languages would be great too!

LESSONS LEARNED

As in previous VPAT emergency preparedness projects, most of the participating agencies had no previous emergency preparedness planning experience. As shown by some of the feedback in the post-assessment, this project was instrumental to many because it started dialogue among agency staff and partners on personal preparedness and business continuity. In addition, the trainings helped community agencies in specific, geographic areas discuss, coordinate and build relationships with one another that they otherwise would not have done. Below are the key lessons learned from this project.

- **The CARD templates were very helpful in providing a framework for community agencies** in order to develop their business continuity and personal preparedness plans. Community agencies felt the templates were easy to follow and insightful as to what certain vulnerable populations might need in order to be more prepared in a disaster (e.g., for those on medication – the name of the drug, amount taken and frequency).

- **Small group discussions were effective in cross walking training attendees through the agency emergency plan**, particularly the disaster mission statement. Small group discussions offered agencies the chance to network and brainstorm strategies with representatives from community agencies in their community. In the future, organizing agencies into small groups by geographic area or services provided could enhance the effectiveness of the project.
- **The Incident Command System was difficult for many agencies to grasp** because it was counter to the way in which many community agencies problem solved. Although, most of the people agreed that knowing the language of the first responders would be helpful, few made training their executive staff on the incident command system a priority.
- **The knowledge and expertise guest speakers brought to the trainings were very well received** by attendees. While the overview of the emergency management system was overwhelming for some, evaluation feedback was very positive. In part, most of the community agencies did not know who their jurisdiction's emergency management coordinator was, let alone the program(s) offered through their offices to assist community agencies in getting and staying prepared, and what actions their office of emergency management would take in event of a disaster.
- **Using the training to discuss strategies to engage staff in the development of the agency emergency plan and call down list** was seen as a great use of time for community agencies. Getting buy-in on the plan and ensuring everyone is aware of their role in a disaster is vital if the plan is to be sustainable. Also, the strategies identified were said to be effective in integrating disaster preparedness lingo (e.g., ICS) and planning in the minds of unsuspecting staffers.
- **The trainings were too long** for many attendees. Some agency representatives would prefer to have four, 4 hour trainings rather than two, 8 hour trainings because attendees miss two full-days of work with little or no support from staff to share the their workloads. However, attendees welcomed having the trainings near their worksites because of easy access and, once again, food at the trainings were a big hit.
- **The Nonprofit Assistance Center (NAC) was instrumental in ensuring timely payment to community agencies** at the conclusion of the project. Payment for completing prior VPAT emergency preparedness projects has taken up to eight weeks which encumbered community agencies with limited financial resources. NAC was able to expedite the payment process in a few days when it would take Public Health at least four weeks to create and distribute checks for community agencies.

Attachment #1

Below is a list of community – based organizations who participated in the 2008 Building Community Resilience: Emergency Response & Recovery project

- AtWork!*
- Auburn Youth Resources*
- Boys & Girls Club of King County, Bellevue*
- Boys & Girls Club of King County, Federal Way*
- Camp Fire USA Central Puget Sound Council*
- Community Services for the Blind and Partially Sighted*
- Delridge Neighborhood Development Association*
- Eastside Hmong Association
- Family Resource Center
- Federal Way Senior Center
- Kinderling Center*
- Kirkland Interfaith Transitional Housing (KITH)
- Lutheran Community Services Northwest*
- New Futures*
- Northshore Youth & Family Services*
- Northwest Defenders Association
- Northwest Immigrant Rights Project*
- Operation Nightwatch
- Pacific Algona Community Center
- Refugee Federation Service Center*
- Seattle Indian Health Board*
- Seattle Youth Garden Works*
- St. Stephen Housing Association
- Stroum Jewish Community Center*
- The India Association of Western Washington
- Unity Church of God in Christ
- Vashon Youth & Family Services*
- Vine Maple Place
- Wonderland Development Center*
- YMCA – Auburn Valley*
- YMCA – Bellevue Family*
- YMCA – Sammamish Family*
- YMCA – Shoreline/South County Family*
- YMCA – Young Adult Services Program*
- YWCA – Family Village*

*United Way of King County donor recipients

Appendices

Appendix A: Community Communication Network

Appendix B: Building Community Resilience Pre – Assessment Form

Appendix C: Building Community Resilience Post – Assessment Form

Appendix A: Community Communication Network

Community Communication Network Vulnerable Populations Action Team (VPAT)

Public Health- Seattle & King County has formed a Community Communication Network (CCN) to reach individuals who may not or cannot access information from traditional sources that serve the general public. The Community Communication Network is a partnership between Public Health and community-based organizations and community leaders in order to disseminate essential health-related information in an emergency to hard-to-reach, vulnerable residents. Public Health recognizes that without the information and assistance of community-based agencies serving vulnerable individuals and communities, notification efforts will not be successful.

Goal: The goal of the CCN is to ensure that in the event of a public health emergency, communication channels are in place and that the CCN members are able to notify individuals within their appropriate communication channels.

Secondary Goal: Establish a mechanism to communicate Public Health information (i.e., health education, grant opportunities, immunization clinics, etc) to community based organizations in day to day situations.

Efforts are being focused on partnering with community based organizations that serve the vulnerable populations (identified in the VPAT population segments listed below) for inclusion in the Network:

- Physically disabled
- Blind
- Deaf, deaf-blind, hard of hearing
- Seniors
- Limited English proficient
- Children
- Homeless and shelter dependent
- Impoverished
- Undocumented persons
- Mentally Disabled
- Medically Dependent, Medically Compromised
- Chemically Dependent
- Clients of Criminal Justice System
- Emerging or Transient Special Needs

Responsibilities of Public Health

- Provide Communication Network members (via email and fax) with timely and factual information and instructions throughout the response and recovery phases of an emergency.
- Involve member agencies and individuals in the ongoing development and enhancement of the Communication Network.
- Maintain accurate community agency contact information.
- Develop and maintain a mechanism for soliciting and receiving communication from community agencies during an emergency.
- Solicit information and updates regarding community needs from agencies during an emergency response.

Categories of Health Messages

Organizations can choose their level of participation. Options include receiving both categories of Health Messages or Health Alerts only.

- **Health Alert**: conveys the highest level of importance; warrants immediate action or attention. After hours contact information may be used to contact organizations.
- **Health Advisory**: provides important information for a specific incident or situation.

Role of Community Based Organizations

Public Health recognizes that participation is purely voluntary and that organizations may not be able to fully meet all of the requests made by Public Health during the disaster.

CBO participants in the CCN will:

1) **Receive** timely health and safety information from Public Health.

- AfterHours Contact*- VPAT is asking for after hours contact information for key leaders in organizations in case an emergency occurs outside of the normal work week.
 - Only in the event of an emergency/Health Alert status would after hours contact information be utilized.
- CBOs would receive Health Advisories via their regular contact information.
 - Pertains to both categories of messages.

2) **Redistribute** to staff, volunteers, partner/like agencies, residents/clients timely health and safety information as appropriate and throughout an emergency;

3) **Report** to Public Health (as appropriate) the needs of staff, volunteers, partner/like agencies, residents/clients, and/or report essential situational information (be the “eyes and ears” for Public Health) to facilitate response and recovery during an emergency.

- Pertains to emergency/ Health Alert situations only.

Communication Pathways

Communication pathways for **receiving** and **redistributing** health and safety information include:

- Fax
- E-mail
- Phone call (land line, cell, after hours)
- Website (Public Health, media, other responding agencies, RPIN)
- Media – ethnic and larger public (broadcast, print, EAS, weather radio/NOAA)
- Other
- Post and distribute throughout neighborhood (retail and public locations)
- Door-to-door
- Other (translate – language, ASL, Braille, alternate formats)

COMMUNITY COMMUNICATION NETWORK: AGENCY EMERGENCY CONTACT INFORMATION

Because your agency is a member of the Community Communication Network, Public Health-Seattle & King County may need to contact you during work time or after-hours in the event of an emergency. Please refer to the COMMUNITY COMMUNICATION NETWORK document if you have questions or contact pj.redmond@kingcounty.gov.

Personal contact information will not be shared and would only be utilized in the event of an emergency.

Name of agency:

Address:

Phone number:

Number of paid staff:

Number of unduplicated clients and client demographics (please be as descriptive as possible):

Geographic area(s) served:

Primary contact person

Name:

Title:

Work Phone:

Work Email:

Work Address:

Cell Phone:

After-Hours/Personal Email:

After-Hours/Home Phone:

Secondary contact person

Name:

Title:

Work Phone:

Work Email:

Work Address:

Cell Phone:

After-Hours/Personal Email:

After-Hours/Home Phone:

If translated information were available, please indicate which language(s) would be relevant to your organization?

Please choose the communication format(s) you prefer and indicate your first choice:

Email__ Fax__ Phone__ Other (*please describe*):_____

*Public Health - Seattle & King County is a public agency and must make records available when required by Washington's Public Records Act (PRA). The PRA does not authorize agencies to provide access to lists of individuals requested for commercial purposes.

Appendix B: Pre – Assessment Form

<p style="text-align: center;">Vulnerable Populations Action Team Building Community Resilience: Emergency Preparedness and Response Assessment Form</p>

Agency name:

Operating budget:

Total number of paid staff:

Total number of volunteers:

Service(s) your agency provides:

Demographics of population served by your agency:

Total number of unduplicated¹ clients your agency serves on an annual basis:

Where do you provide services? Please place an “X” in the corresponding bracket(s):

North/East King County (Zone 1) South King County (Zone 3) Seattle (Zone 5)

Goals and Objectives:

What are the goals/objectives your agency hopes to achieve by participating in this emergency preparedness effort?

What does your agency plan to do with the information gained from the emergency preparedness project and/or trainings?

¹ Unduplicated clients are the total number of clients served once. Often time, the same people participate in multiple programs/activities offered by an agency and are subsequently “double counted.”

Does your agency practice regularly scheduled evacuation drills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency have a plan to ensure all staff members and volunteers have safely exited the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have business agreements with vendors to provide services and/or supplies during an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is vital information, including critical client and billing information, backed up and accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have staff, stakeholders and partners been trained on the agency's emergency plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are local emergency service providers familiar with your staff and agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a line of credit or other payment agreements established?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have MOUs or written agreements in place with partner agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your staff prepared to shelter-in-place in the event of an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix C: Post – Assessment Form

Vulnerable Populations Action Team
Building Community Resilience: Emergency Preparedness and Response
Post – Assessment Tool

Agency name:

Staff Contact:

Critical Functions

On the scale below, please rate your agency's **current** level of emergency preparedness.

Not Prepared	Prepared		Very Prepared
2	3 4 5 6 7 8	9	10

Please explain your rating;

Has your organization identified and assessed critical functions in the event of an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have leadership and staff been educated/trained on the critical functions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Preparedness of Staff

The majority of my agency's staff members are personally prepared at home - they have: a) an emergency plan, b) an emergency kit, and c) they have discussed emergency preparedness with their family, neighbors and/or friends.

Disagree	Agree		Strongly Agree
1	2 3 4 5 6 7 8	9	10

Please explain:

Does your agency have a policy in place to ensure all staff and volunteers receive personal emergency preparedness training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is personal preparedness training included as part of all new staff orientations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your agency sponsored personal preparedness training for its staff? If yes, please provide date of last training:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have key staff been pre-identified and informed of expectation to report to work after a disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What supplies, if any, has your agency procured to assist staff in being personally prepared?	

Evacuation Preparedness

Are evacuation routes and exit signs clearly marked and posted throughout your facility(ies)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the agency practice regularly scheduled evacuation drills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are evacuation drills held at least annually? Date of last drill:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency have a plan to ensure all staff members and volunteers have safely exited the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Preparedness and Mitigation

Has staff been trained in manually shutting-off the gas, water & electricity at the agency's facility(ies)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have bookshelves, pictures and computers been secured to walls, desks or tables?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency have an on-site supply cache in place and a policy for keeping it maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are emergency and safety supplies clearly labeled and are agency staff familiar with contents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Incident Command System

Does your agency intend to organize using the Incident Command System (ICS) during an emergency/disaster? <i>(If No, skip to next section)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your agency's executive and management staff been formally trained on the Incident Command System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your agency identified one to two alternates for each ICS role in the event that the primary is incapacitated?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Communication Tools

Does your agency have a written plan/policy in place for communicating with staff during an emergency/disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a call-down list/phone tree in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a process in place to keep the call-down list/phone tree updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have plan for how you will communicate with your clients or community during an emergency/disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vital Information

Does your agency have an emergency Go-Kit in place that is frequently updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Is your Go-Kit included as part of a written evacuation plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has updating the Go-Kit been included in a staff job description?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency have a back up Go-Kit securely stored off the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency have a secured data backup system in place for critical client and billing data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have business agreements with vendors to provide services and/or supplies during an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a line of credit in place in case of an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Narrative Questions

How has being involved with Public Health Preparedness helped your organization overall?

What impact has your preparedness activities had on your staff?

Give an example of how one (or more) of your clients has (or will) directly benefit from the preparedness work you have done. (Be specific about the type of clients you serve, what would be the impact on them if you had not actively prepared your organization, what obstacles will preparedness help them overcome, etc.)

Was VPAT responsive to your questions, concerns, and/or requests? If not, then in what areas did/do you need more assistance?

What one piece of advice would you give VPAT in order to help us better serve community-based organizations?

Additional comments/thoughts about this project?