

**Pandemic Annex to the
DHS Continuity of Operations Plan**

March 13, 2020

Table of Contents

EXECUTIVE SUMMARY	ii
I. INTRODUCTION	1
II. PURPOSE	1
III. CONCEPT OF OPERATIONS	1
IV. PANDEMIC PLANNING ASSUMPTIONS	2
A. GENERAL ASSUMPTIONS	2
B. DHS ASSUMPTIONS.....	2
V. AGENCY PLANNING.....	3
VI. ELEMENTS OF A VIABLE COOP CAPABILITY	3
A. PLANS AND PROCEDURES	3
B. ESSENTIAL FUNCTIONS	4
C. DELEGATIONS OF AUTHORITY	5
D. ORDERS OF SUCCESSION	5
E. ALTERNATE OPERATING FACILITY(IES).....	6
F. INTEROPERABLE COMMUNICATIONS	6
G. VITAL RECORDS AND DATABASES	7
H. HUMAN CAPITAL	7
I. DEVOLUTION OF CONTROL AND DIRECTION	9
J. RECONSTITUTION.....	10
VII. CONCLUSION.....	10
APPENDIX 1: PANDEMIC PHASES.....	12
A. DURING NORMAL OPERATIONS (WHO PHASES 1-5).	12
B. DURING PANDEMIC ALERT PHASE (WHO PHASE 6).....	13
APPENDIX 2: POTENTIAL DHS CONSIDERATIONS AND ACTIONS.....	15
APPENDIX 3: WHAT SHOULD A SUPERVISOR DO	18
APPENDIX 4: DIR – AAO SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS	21
APPENDIX 5: DIR – AQCRO SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS.....	23
APPENDIX 6: DIR – FMO SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS.....	26
APPENDIX 7: DIR – HR SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS.....	27
APPENDIX 8: HPHA SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS	28
APPENDIX 9: OYS SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS.....	31
APPENDIX 10: CSW SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS	40
APPENDIX 11: DVR SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS.....	41
APPENDIX 12: SSD SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS	56
APPENDIX 13: BESSD SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS	60
APPENDIX 14: BESSD SUPPLEMENTAL PLAN FOR SPECIFIC SECTIONS	68

EXECUTIVE SUMMARY

This Pandemic Annex (hereinafter referred to as “Annex”) to the DHS Continuity of Operations Plan (COOP) facilitates coordination of DHS-wide pandemic preparedness and response programs and activities. Rather than prescribing every intermediate step, process, or project, this Annex points the direction to more specific steps or actions that DHS will undertake in its pandemic planning efforts.

This Annex is designed to be flexible to accommodate changes brought on by a pandemic. This Annex will be reviewed on a continual basis and periodically updated to reflect changes in our understanding of the threat and the state of relevant response capabilities and technologies. It will also be tested frequently to identify preparedness weaknesses and to promote effective implementation.

The following are the overall objectives of this Annex for planning and responding to pandemic:

- **Plans and Procedures**—Reduce the impacts of a pandemic on DHS and the services we provide;
- **Essential Functions**—Continue DHS essential functions, especially the Primary Mission Essential Functions, to facilitate emergency management, and overall state recovery;
- **Delegations of Authority**—Ensure persons receiving critical delegations of authority are geographically dispersed and three deep per position because of anticipated rise in absenteeism;
- **Orders of Succession**—Ensure designees in orders of succession are geographically dispersed and three deep per position as the consequences of a pandemic will vary and will affect islands of the State of Hawaii differently in terms of timing, severity, and duration;
- **Alternate Operating Facilities**—Plan for and test the logistical support needed to execute alternatives to staff relocation/co-location such as “social distancing” in the workplace through telecommuting or other means;
- **Interoperable Communications**—Plan and consider alternate means of communicating in absence of person-to-person contact to minimize workplace risks of infection and test critical communications systems;
- **Vital Records and Databases**—Identify records needed to sustain operations for longer than 30 days and confirm these records are electronically accessible from a remote location. Identify and plan for maintenance of vital systems that rely on periodic physical intervention/servicing;
- **Human Capital**—
 - Coordinate modifications to human capital policies and plans with labor relations;
 - Review terms and conditions of work to ensure for essential functions and to suspend non-essential work;

- Evaluate need for hygiene supplies, medicines, and other medical necessities to promote the health and welfare of personnel;
 - Promote guidance developed by public health and safety authorities;
 - Provide employees and families with relevant information and advisories about the pandemic; and
 - Assure the delivery of cross-training to ensure essential staff is available to perform functions and services.
- **Test, Training, and Exercises**—Test, train, and exercise sustainable social distancing techniques that reduce person-to-person interactions within the workplace to include telework capabilities and impacts of a reduced staff on facilities and essential functions and services;
 - **Devolution of Control and Direction**—Develop detailed guidance for devolution and consider rotating operations between regional offices as the pandemic wave moves throughout the United States;
 - **Reconstitution**—Develop plans for replacement of employees unable to return to work and prioritize hiring efforts.

I. INTRODUCTION

The Pandemic Annex to the DHS Continuity of Operations Plan (COOP) is designed to augment the COOP.

II. PURPOSE

This Annex provides guidance to DHS and serves as the DHS plan for maintaining essential functions and services during a pandemic. This Annex supplements the current approved DHS COOP (rev. February 2018) bridging the gap between the traditional, all-hazards COOP and the impact brought on by a pandemic by addressing those considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This Annex emphasizes that maintaining essential functions in a pandemic environment may be accomplished through contact intervention (social distancing) strategies. This Annex recognizes that relocation may be necessary due to a separate or concurrent event. Since these requirements apply across all levels of the Department, the term "DHS," for the purposes of this Annex, refers to the entire DHS organization, including administrative, staff offices, line staff, operating elements, attached agencies, and commissions.

The overarching objectives of this Annex are to:

- Maintain continuous command and control of the Department;
- Ensure the continuous performance of essential functions and operations;
- Mitigate disruptions to operations;
- Achieve a timely and orderly recovery from a pandemic event and resumption of full service to customers;
- Support the overall State of Hawaii preparedness and response efforts; and
- Communicate preparedness, response and recovery guidance to DHS employees.

III. CONCEPT OF OPERATIONS

This Pandemic Annex conforms to the federal pandemic template issued in 2009.

- A. Designated successors will be in order of chain of command.
- B. The Pandemic Annex may be activated by the following methods:
 - (1) Immediate: Is based on two different approaches:
 - a. Based on impact to staffing and other necessary resources affecting the ability of the agency as a whole or organizational unit to continue identified essential functions; or
 - b. Based on Executive Order from the Governor of the State of Hawaii.

(2) Phased: Based on Executive Order from the Governor of the State of Hawaii.

IV. PANDEMIC PLANNING ASSUMPTIONS

Pandemics are unpredictable and there is no way to know the characteristics of a pandemic virus before it emerges. Nevertheless, assumptions are made to facilitate planning efforts. The following are assumptions the Department has incorporated in the Pandemic Annex:

A. General Assumptions

- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic and differ by an order of magnitude between more and less severe scenarios.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for a pandemic is approximately two to 14 days. However, some pandemics may be longer.
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more viruses over a longer period, and they control their secretions less well. Some pandemics may have the shedding of the virus longer than the standard influenza.
- Multiple waves (periods during which community outbreaks occur across the state) of illness are likely to occur with each wave lasting two to three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty. Some pandemics may not be seasonal. The seasonal flu is a common illness occurring every year primarily between the months of November and May (winter months) in the northern hemisphere. In Hawaii, because of our high-volume tourism and tropical climate, we experience flu year-round.

B. DHS Assumptions

- DHS is responsible for the health and safety of its employees in the workplace

under Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970.

- DHS will sustain essential functions and continue performing as many routine business activities as possible during times of significant absenteeism.
- DHS has an actionable COOP and capabilities.
- Travel restrictions, such as limitations on mass transit, implemented State and County levels will affect the ability of staff to get to work or relocate to an alternate site if needed.
- Devolution sites may be activated for use during a pandemic. Although a pandemic event does not necessarily require the use of devolution sites, DHS may make its devolution sites, along with other locations, available to be used as a precaution to separate staff, i.e., implement social distancing protocols.
- DHS may make its alternate facilities, along with other locations, available to be used as a precaution to separate staff, i.e., to implement social distancing protocols.

V. AGENCY PLANNING

By Administrative Directive 15-01 (dated August 11, 2015), DHS is required to have the capability to maintain continuous operations of its identified essential functions or be able to restore essential functions within a limited period. Each subordinate component must therefore be prepared to continue to function during an emergency or threat of an emergency, and to efficiently and effectively resume critical operations if interrupted.

VI. ELEMENTS OF A VIABLE PANDEMIC COOP CAPABILITY

A. PLANS AND PROCEDURES

1. Pandemic Coordinators and Pandemic Response Teams

The DHS Director will designate a Pandemic Response Team (PRT) which consist of designated staff from the Director's Office, Staff Offices, and Division Administrators. Division Administrators are also Pandemic Coordinators for their respective Divisions.

Pandemic Coordinators by division, agency, and position (name 3):

Department/Division	Position Title
AAO	Program Officer Program Specialist V Hearing Officer

AQCRO	Officer
BESSD	Administrator Assistant Administrator
BPMO	Officer
COF	Chair
CSW	Executive Director
DVR	Division Administrator Assistant Division Administrator
FMO	Business Management Officer
GCH	Governor's Coordinator
HPHA	Executive Director Executive Assistant
HYCF	Warden
HR	Officer
MQD	Division Administrator Division Assistant Administrator Customer Facing Branch Amin (EB/CSB)
OIT	CIO Manager
OYS	Executive Director
SSD	Division Administrator

2. Sustaining Essential Operations

Essential operations will be sustained until normal business activity can be resumed. It may be necessary to sustain essential operations for a period longer than 30 days. The principal focus in making this determination will be the minimization of the effects of a pandemic on staff and operations. DHS Pandemic Coordinators and PRT will emphasize and implement procedures such as social distancing techniques, infection control, and personal hygiene, cross-training, and telework to sustain essential operations.

3. Reporting

Reporting on absenteeism, status of operations and preparation activities during response stages will be bottom-up: Supervisors will report through management channels to their designated Pandemic Coordinator for reporting to Director's Office.

B. ESSENTIAL FUNCTIONS

During a pandemic or any other emergency, essential functions must be continued to facilitate emergency management and overall State recovery. Given the expected duration and potential multiple waves of a pandemic, DHS administration, staff offices, divisions, and attached agencies must review their essential functions and services to consider the potential need to perform essential functions beyond the traditional 30-day COOP requirement.

1. Essential Functions

DHS must ensure that it can continue its essential functions and services needed to sustain agency mission and operations for several months. For pandemic planning purposes, essential services and functions are likely broader than the traditional COOP essential functions.

DHS is responsible for Mission Essential Functions (MEFs) that must be performed. The following is a list of Priority One EFs for DHS Divisions:

- **BESSD:** Provide Supplemental Nutrition Assistance Program (SNAP) benefits to individuals and families.
- **SSD:** 1) Process new child welfare reports of abuse/neglect and 2) process new reports of abuse/neglect of vulnerable adults.

- **MQD:** Ensure access to health care coverage and access to medically necessary care for Medicaid eligible individuals.
- **DVR:** Ensure availability of independent living support services.
- **OYS:** Ensure health, safety and security of youth and staff at the Hawaii Youth Correctional Facility (HYCF) and participants of Kawaiiloa Youth and Family Wellness Center.
- **HPHA:** **HPHA:** 1) To ensure the continuance of property management, repairs and maintenance for over 6,000 federal and state housing units for the elderly, disabled and families. 2) To process rental payments to private sector landlords
- **AQCRO:** Continue federally mandated quality control (QC) reviews of eligibility determinations for SNAP benefits.
- **OIT:** 1) Support Administration and Divisions in setting up IT and telecommunications equipment as necessary in alternate continuity facilities and 2) Prepare specifications for procurement of IT and telecommunications equipment as necessary to continue operations.
- **FMO:** Process documents to generate financial payments.
- **HR:** Serve as back-up to Divisions for employee locations/emergency contact information.

See additional information on other priorities EFs are in the COOP on pages 22 to 34.

2. Identification of Essential Positions and Skills

DHS staff offices, division administrators, and attached agency executive directors (SODAAA) will identify positions, skills, and personnel needed to continue essential functions and services. SODAAA will also identify back-up personnel, in different geographic locations, by position, and ensure that all personnel needed to perform those essential functions will also receive COOP and specific pandemic training.

3. Alternative Work Arrangements

SODAAA will assess which essential functions and services can be conducted using alternative work arrangements (e.g., telework, staggered work hours, flex time, etc.)

C. DELEGATIONS OF AUTHORITY

At the height of a pandemic wave, absenteeism may reach a peak of 40 percent. As such, delegations of authority will be critical in some business units.

1. Three Deep per Responsibility

DHS will plan for delegations of authority that are at least three deep per responsibility to take into account for the expected rate of absenteeism.

- 1) Director
- 2) Deputy Director
- 3) FMO Officer

2. Geographic Dispersion

DHS will plan for geographical dispersion of delegations of authority, taking into account the regional nature of an outbreak.

D. ORDERS OF SUCCESSION

1. Three Deep per Position

- 1) Director
- 2) Deputy Director
- 3) FMO Officer

2. Geographic Dispersion

Since a pandemic may affect islands of Hawaii differently in terms of timing, severity, and duration, SODAAA will consider dispersing the order of succession. Dispersion will also follow the individual division's appendix for section VI.

E. ALTERNATE OPERATING FACILITIES

The traditional use of alternate operating facilities to maintain essential functions and services may not be necessary during a pandemic. Rather, safe work practices, which include contact interventions and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. Strategies for maintaining essential functions and services will largely rely on social distancing and dispersion of the workforce including telework, preventative health practices, and other efforts to reduce the chance of infection.

1. Essential Function by Remote Location

SODAA will determine which essential functions and services can be conducted from a remote location (e.g., employees' homes or other

geographically dispersed work locations) and those that must be performed at a designated department or agency facility.

2. Facilities Support

SODAAA will determine through their continuity planning the need for reliable logistical support, services, and infrastructure systems at facilities that remain open (for greater than 30 days), to include alternate operating facilities in the event of an incident concurrent with a pandemic outbreak.

3. Restriction of Movement

SODAAA will consider the impact of restriction of movement (State and County) on open/accessible facilities and operating plans.

F. INTEROPERABLE COMMUNICATIONS

Workplace risk can be minimized through implementation of systems and technologies that facilitate communication without person-to-person contact.

1. Telework Analysis and Development of Capability

SODAAA will determine how many personnel will need to telework and the type of access needed, e.g. remote connection through web-enabled email system or virtual private network (VPN) to connect a home computer to the network. This action should be coordinated independently within each line and staff office and their servicing Office of the Chief Information Officer. VPN software must be issued and a user account set up for VPN connectivity. It is expected that each line and staff office maintains a fixed number of connections currently available for use by essential employees. Guidance will be provided to by OIT.

2. Communications Plan

SODAAA will develop communication plans and mechanisms to provide relevant information to internal and external stakeholders, including but not limited to instructions for determining the status of department operations and possible changes in working conditions and operational hours.

G. VITAL RECORDS AND DATABASES

1. Identification, Protection and Availability

DHS will identify, protect, and ensure the ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions for up to several months.

2. Access from Remote Locations

DHS will determine whether systems, databases, and files can be accessed electronically from a remote location (e.g., an employee's home or alternate workplaces) and establish reliable access and security protocols for them.

3. Periodic Maintenance

DHS will identify and plan for the maintenance of those vital systems and databases that require periodic maintenance or other direct physical intervention by employees.

H. HUMAN CAPITAL

Although pandemic will not directly affect the physical infrastructure of an organization, a pandemic will ultimately threaten all operations by its impact on an organization's human resources. The health threat to personnel is the primary threat to maintaining essential missions and services during a pandemic. To assist agencies in making sure they can fulfill their missions, while at the same time, preparing and protecting the workforce should a pandemic outbreak occur, the Department of Human Resources Development (DHRD) has compiled a list of common questions and responses addressing leave, pay, benefits, alternative work arrangements, and other critical issues in relation to pandemics. This information is subject to revision and will be distributed to administrators and managers as it becomes available.

1. Telework

Telework can be an important tool in two different ways. First as the pandemic approaches and intensifies in a geographic area, telework can be used in advance of any formal evacuation orders and requirements to work from another location. Second, if an evacuation or quarantine of a facility is ordered, supervisors who have prepared for and tested telework capabilities as part of their normal business operations will be in a better position to meet mission needs. Telework may be considered for personnel whose physical presence at the regular worksite is not required to perform the assigned duties and responsibilities of their position.

Managers and supervisors considering telework should consult with the Human

Resources Office and must comply with the state's established Telework Guidelines.

2. Manager Pandemic Responsibilities

All managers will prepare for potential pandemic situations and understand the needs of employees who telework:

- Implement telework to the greatest extent possible in the workgroup so systems are in place to support successful remote work in an emergency.
- Communicate expectations to all employees regarding their roles and responsibilities in relation to remote work in the event of a pandemic health crisis.
- Establish communication processes to notify employees of activation of this plan.
- Integrate pandemic health crisis response expectations into telework agreements.
- With the employee, assess requirements for working at home (supplies and equipment needed for an extended telework period).
- Determine how all employees who may telework will communicate with one another and with management to accomplish work.
- Identify how time and attendance will be maintained.

3. Teleworker Pandemic Responsibilities

- Maintain current telework agreement specifying pandemic health crisis telework responsibilities, as appropriate.
- Perform all duties assigned by management, even if they are outside usual or customary duties.
- Practice telework regularly to ensure effectiveness.
- Be familiar with agency and workgroup pandemic health crisis plans and individual expectations for telework during a pandemic health crisis.

4. Telework- Test, Training and Exercises

SODAAAs will evaluate telework plans, procedures, and capabilities through reviews, testing, post-incident reports, lessons learned, performance evaluations, and exercises. Procedures will be established to ensure that corrective action is taken on any deficiency identified in the evaluation process.

I. DEVOLUTION OF CONTROL AND DIRECTION

Pandemic outbreaks will occur at different times, have variable durations, and may vary in the severity; therefore, full or partial devolution of essential functions may be necessary to execute essential functions and services. Devolution planning may need to include rotating operations among regional offices as the pandemic wave moves throughout the United States.

1. Devolution and Essential Functions

SODAAA will consider how they will maintain essential functions if pandemic renders leadership and essential staff incapable or unavailable to execute those functions. Full or partial devolution of essential functions may be necessary to ensure continuation of these essential functions and services.

SODAAA will ensure that devolution plans and procedures are consistent with the three-deep rule and geographic dispersion.

2. Devolution Guidance

DHS will develop guidance for those organization elements receiving the devolution of control and direction, including:

- Essential functions and services;
- Rotating operations geographically as applicable;
- Supporting tasks;
- Points of Contacts; and
- Resources and phone numbers.

J. RECONSTITUTION

Reconstitution is the ability of an organization to recover from a catastrophic event and consolidate the necessary resources that allow it to return to a fully functional entity of the State government. The objective during the recovery and reconstitution phase during a pandemic is to expedite the return of normal services to the nation.

1. Replacement of Employees

DHS will develop plans for replacement of employees unable to return to work and prioritize hiring efforts, including but not limited to retired

federal or State employees and emergency use of contractor services.

2. Facility/Building Habitability

DHS will develop plans and procedures, in conjunction with public health authorities, to ensure the facilities/buildings are safe for employees to return to normal operations.

3. Programmatic Reconstitution

A reconstitution team will compile a listing of the capabilities existing in DHS after the event and determine which ones are operating at normal capacity or in a degraded capacity and develop plans for identifying and prioritizing essential programs.

VII. CONCLUSION

Maintaining essential functions and services in the event of pandemic requires additional considerations beyond traditional COOP planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an organization's alternate operating facility, a pandemic will not directly affect the physical infrastructure of an organization. As such, a traditional COOP activation may not be required under a pandemic scenario. However, a pandemic threatens an organization's human resources by removing essential personnel from the workplace for extended periods of time.

Accordingly, COOP plans should be modified or supplemented to achieve a pandemic capability. Plans for maintaining essential functions and services in a pandemic must emphasize and implement procedures such as social distancing techniques, infection control and personal hygiene, cross-training, and telework. Protecting the health and safety of employees must be the focus of planning to ensure the continuity of essential functions and continuity of government.

APPENDIX 1

PANDEMIC PHASES

The World Health Organization (WHO) uses a six-phased scale of pandemic alert to inform the world of the global spread of a new virus and as a global framework for countries in pandemic preparedness and response planning.

The pandemic phase (WHO Phase 6) does not indicate the severity of disease caused by a virus. (The severity of disease is classified as moderated, aggravated or severe.) The WHO phases provide situational awareness of the spread of disease across the world.

NORMAL OPERATIONS: MAINTAIN CAPABILITIES AND PREPARE	
<u>WHO Phases 1-5</u>	1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
	2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
	3: Human infections with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
PANDEMIC: RESPONSE AND CONTAINMENT	
<u>WHO Phase 6</u>	Pandemic phase – increased and sustained transmission in general population.

A. DURING NORMAL OPERATIONS (WHO Phases 1-5)

DHS Actions:

1. **Mission Capability.** It is vital that DHS maintains its capability to perform its essential functions and associated supporting capabilities. Should any

degradation of these capabilities exist due to absenteeism, it is imperative that organizations report this degradation to the DHS Director's Office.

2. **Pandemic Monitoring.** The State of Hawaii will monitor the overall status of a pandemic as reported by the US Department of Health and Human Services (HHS), Center for Disease Control (CDC), the Department of Homeland Security (DHS), the World Health Organization (WHO), other reliable sources, and report information to the Hawaii Department of Defense, Hawaii Emergency Management Agency and DHS senior leadership as appropriate.
3. **Absenteeism.** Should a business unit determine that they are experiencing a spike in absenteeism, potentially due to a pandemic, they should immediately report that information to the Pandemic Coordinators and the DHS Director's Office.
4. **Facility Capabilities.** Any degradation in facility capabilities due to reduction in infrastructure, as potentially caused by absenteeism, should be reported to the DHS Director's Office.
5. **Critical Infrastructure (CI)/Information Technology (IT).** Any degradation in CI/IT, potentially due to an increase in absenteeism, should be immediately reported through established CIO reporting chains to the DHS Director's Office.

B. DURING PANDEMIC ALERT PHASE (WHO Phase 6)

As information is obtained during normal operations, as noted above, and there is an apparent degradation of an essential function or an impact of the pandemic on the health, safety and wellbeing of DHS employees, management will be alerted to evaluate and make appropriate recommendations to respond to the pandemic, see below.

Potential DHS Considerations and Actions in Response to a Pandemic

This checklist provides a list of potential actions that may be taken by elements within DHS upon declaration of a pandemic with specific matrices for operations, staffing, and communications. This list is not all-inclusive and may be initiated by geographically dispersed elements as necessary and appropriate. COOP guidance and direction is also provided.

APPENDIX 2

FUNCTION	√	POTENTIAL ACTION
Operations		
		Essential Functions
		Continue to perform essential functions
		Develop, review and/or revise any office draw down plans to meet the current situation so that all understand the ramifications of significant resource requests
Pandemic Updates		
		Ensure readiness of staff telework and/or devolution arrangements to include readiness of required communications equipment
		Conduct a minimum of one (1) functional exercise annually
		Monitor pandemic activity and distribute pandemic information and updates as necessary
		Schedule Pandemic meetings/briefings, as appropriate
		Director's Office maintains and increases situational awareness procedures, intelligence monitoring, and report compilation/submission
		Pandemic preventive procedures implemented. Implement social distancing
		Test, review, and update vital records, databases, and systems, in particular those that will need to be accessed electronically from a remote location
		Restrict official international travel as recommended by CDC, HHS, DHS or DOC.
		Broadcast e-mail and portal information on DHS plans and employee responsibilities
Workforce Management		
		Disseminate information to managers, supervisors and employees on policies, procedures and flexibilities as warranted by evolving pandemic conditions (e.g., leave policies, telework, excused absences, evacuation, work schedules, etc.)
		Employee absenteeism tracked
		Connect with federal level plan for vaccinations
		Respond to employees exhibiting influenza symptoms at work, in accordance with federal guidelines

FUNCTION	√	POTENTIAL ACTION
Operations (Continued)		
		Contract Support
		Report pandemic-related degradation in performance to Director's Office
		Facility Issues
		Maintain infection control and sanitization of work spaces
		Restrict public events in facilities
		Work with the acquisition office to issue stop work orders to close all cafeterias and snack bars
		GSA consider closure of the Childcare facilities, as appropriate
		HVAC operational 24/7, as appropriate, to support shift work
		Develop procedures to support 24-hour operations including three 8-hour shift operations, as appropriate
		Plan for continuation of mail service
		Janitorial services and air filter changes would follow any HHS guidance. Air exchange and pressure would be adjusted in accordance with any HHS guidance.
		Operations (General)
		Managers/Supervisors identify and track critical deadlines, federally mandated reporting requirements, etc.
		Cancel all official travel for non-essential employees and provide extended travel orders to travelers quarantined in TDY areas
		Cancel all face-to-face meetings. Utilize teleconferencing, video-teleconferencing, etc.
		Director's Office maintains and increases situational awareness procedures, intelligence monitoring, and report compilation/submission
		Continuity
		Continue maintenance of COOP plans and programs
		Maintain alternate operating facilities in accordance with agency COOP plans to ensure readiness for activation at all times

	Conduct training and exercise activities in accordance with agency COOP and TT&E plans to ensure personnel readiness
	Conduct quarterly review of fly-away kits
	Brief, as appropriate, the Director on devolution roles and responsibilities
	Review and update vital records data
	Refresher briefing to COOP personnel on responsibilities

FUNCTION	√	POTENTIAL ACTION
Staffing		
		Operations (General)
		Develop procedures and plan for potential extended hours/shift work of employees to include telework and social distancing seating arrangements
		Institute shift work as needed for essential functions
		Enforce social distancing requirements for employees
		Restrict out-of-town travel
Communications		
		Conduct monthly communication checks to test interconnectivity with alternate facilities from normal operating facility with all identified critical communications equipment
		Perform monthly updates of alert and notification listings
		Conduct quarterly alert and notification drills
		Review critical partner contact information and verify accuracy
		Review and update vital records, databases, supporting

	infrastructure, etc.
	Audit VPN capabilities (vital records access, communications capabilities, etc.)
	Verify telework connectivity with identified essential function teleworkers
	Perform diagnostic check on COOP Vital Records Server to ensure that vital records can to retrieved by designated teleworkers

APPENDIX 3

What a Supervisor Should Do if an Employee Appears Ill During a Declared Pandemic or Has Been Exposed to Pandemic

Employees who appear to be ill include those workers with pandemic flu-like symptoms (based on symptoms identified by the Centers for Disease Control and Prevention (CDC), which will be posted at www.pandemicflu.gov once the symptoms are known).

Employees who have been exposed to pandemic include those employees who have a known, recent, and direct exposure to pandemic (also based on guidance from CDC and from the Occupational Safety and Health Administration (OSHA)).

General

Where occupational health services or authorized medical officials are available, agencies should recommend employees who appear to be ill or who have been exposed to pandemic seek their assistance. If the employee refuses to seek assistance, seeks assistance but refuses to follow a medical recommendation to leave the workplace, or medical services are not available, agencies should follow the chart on the following page. The specific facts and circumstances of each case must be reviewed to determine the appropriate action to be taken. Supervisors and managers should be familiar with agency-specific rules and guidance as well as all applicable laws and leave policies. They should seek assistance from their human resources (HR) office early, and certainly before taking any adverse action, to ensure they have considered all appropriate options and have objective evidence to support the action. Supervisors should not take action based solely on their own subjective assessment of an employee's medical condition. The nature and extent of the objective evidence required will be determined on a case-by-case basis by the agency. HR staffs are equipped to assist supervisors and managers with these determinations.

Return to Work Following Pandemic or Exposure to Pandemic

Supervisors should consult with their HR office and follow any public health recommendations from CDC or medical advice offered by the employee's physician when determining whether and when an employee should be allowed to return to work following an absence due to pandemic.

Planning

As part of any planning effort, managers should discuss with employees the common-sense steps employees can take to protect themselves and help prevent the spread of influenza in the workplace. These measures include, but are not limited to, frequent hand washing and other good health habits to stop the spread of germs, staying home when one feels ill, and generally decreasing contact with others, an approach known as social distancing. These and other simple steps employees can take are found on CDC's

Website at www.cdc.gov/flu and www.cdc.gov/germstopper/work.htm. Managers and supervisors should also keep themselves informed of the latest public health information released by CDC. Based on that guidance, managers and supervisors should follow the chart on the following page to ensure that an employee who appears ill during a declared influenza pandemic or has been exposed to pandemic leaves the workplace as quickly as possible to protect the employee and limit exposure to other workers.

Managers and supervisors should also keep themselves informed of the latest public health information released by CDC. Based on that guidance, managers and supervisors should follow the chart on the following page to ensure that an employee who appears ill during a declared influenza pandemic or has been exposed to pandemic leaves the workplace as quickly as possible to protect the employee and limit exposure to other workers.

Managers and supervisors should plan in advance for the possibility that employees may need to work at home during pandemic. In advance of a pandemic, managers and supervisors should discuss with employees the types of assignments they may be given if they are evacuated from the workplace or choose to telework to promote social distancing. Assignments under the evacuation pay authority may include any work considered necessary or required to be performed during the period of the evacuation, without regard to an employee's grade level or title, provided the employee has the necessary knowledge and skills to perform the assigned work. For example, such work could include various research projects or on-line training and other employee development activities. If an employee is not physically capable of working, he or she should not be given work assignments to complete at home. If the employee is not able to work, the supervisor should pursue alternative ways of accomplishing the employee's work.

APPENDIX 4: DIR – AAO

VI. Elements of a Viable pandemic Coop Capability:

A. Plans and Procedures

1. Pandemic Coordinators and Pandemic Response Teams

Pandemic Coordinators		
AAO	Program Officer	Irene Nakano
	Program Specialist V	Evelyn Yamamoto
	Hearing Officer	Jerel Fonseca

B. Essential Function

AAO: Conduct administrative hearings for BESSD, SSD, MQD and DVR clients.

C. Delegations of Authority

Same as AAO’s Pandemic Coordinators (See VI A1)

D. Orders of Succession

Same as AAO’s Pandemic Coordinators (See VI A1)

E. Alternate Operating Facilities

1. Essential Functions by remote Location & Facilities Support

Employees’ homes or other geographically dispersed work locations, if assigned by DHS: contingent on remote connection through web-enabled e-mail system or VPN to connect home computer to the DHS network for all AAO staff.

OIT support and assistance is essential to provide remote DHS server access & connection from home for all AAO Staff

2. Restriction of Movement

Restrict travel (to the Units on Oahu and flying to the neighbor islands) for the hearing officers and conduct telephone hearings

F. Interoperable Communications

AAO will conduct telephone hearings. AAO will request to have Hearing Requests submitted to AAO via e-mail or fax (if AAO and/or Unit are operational). Problematic

if the Units are closed since many clients may not have access to computers, scanners, fax, or self-quarantined.

1. Telework Analysis and Development of Capability

Contingent on remote connection through web-enabled e-mail system or VPN to connect a home computer to the DHS network for all AAO staff.

- 1) Process hearing requests;
- 2) Send Hearing Notices;
- 3) Send and receive documents (including medical records) to clients and Dept. Experts;
- 4) Issue written Hearing Decisions & send to the Units and clients.

G. Vital Records and Databases

AAO documents, including hearing requests, hearing records & exhibits with client's medical records and other confidential information, will need to be available electronically.

H. Human Capital

Telework, with successful OIT set-up & continued support.

I. Devolution of Control & Direction

AAO has always cross-trained staff to ensure continued operations with a reduced staff.

J. Reconstitution

If current AAO employees are unable to return to work, AAO will consider employing former contract hearing officers to conduct prompt hearings and issue timely decisions.

If facilities/buildings are inhabitable, then AAO staff will telework, if possible, until workplace is safe to return.

APPENDIX 5: DIR – AQCRO

Note: The essential (federally mandated) function rests with the Quality Control Staff (QC). They conduct reviews of approximately 150 cases per month. These reviews are to validate the eligibility determinations for SNAP benefits. The reviews of active cases require face-to-face interviews with SNAP clients at a mutually agreed upon location.

The Research Statistician V provides the monthly sample selection of cases to the Quality Control Supervisor (EPS IV) for assignment to the QC staff. These two positions are key for the essential function to continue. The Research Statistician can be deployed to a BESSD office in the Kamamalu Building with the SAS program installed into a computer there. The EPS IV can telework from home with minimal setup by OIT. Our secretary can telework if she gains access to the DHS network.

V. AGENCY PLANNING

By Administrative Directive 15-01 (dated August 11, 2015), DHS is required to have the capability to maintain continuous operations of its identified essential functions or be able to restore essential functions within a limited period. Each subordinate component must therefore be prepared to continue to function during an emergency or threat of an emergency, and to efficiently and effectively resume critical operations if interrupted.

VI. ELEMENTS OF A VIABLE PANDEMIC COOP CAPABILITY

C. DELEGATIONS OF AUTHORITY

At the height of a pandemic wave, absenteeism may reach a peak of 40 percent. As such, delegations of authority will be critical in some business units.

Three Deep per Responsibility

AQCRO – Business Management Officer
Research Statistician V
Auditor V

D. ORDERS OF SUCCESSION

Three Deep per Position

AQCRO – Business Management Officer
Research Statistician V
Auditor V

Research –	Research Statistician V Research Statistician IV Research Statistician I
FE -	Auditor V Auditor IV Auditor IV
QC -	Eligibility Program Specialist (EPS) IV Eligibility Worker V Eligibility Worker IV

Geographic Dispersion

AQCRO will relocate Research Statistician V to an office in the Kamamalu Building. EPS and secretary will telework from home. All others will remain in the QLB.

E. INTEROPERABLE COMMUNICATIONS

AQCRO plans to continue communication amongst staff via email, telephone/cell phone, and text.

Telework Analysis and Development of Capability

Guidance will be provided to AQCRO staff officer.

F. VITAL RECORDS AND DATABASES

Access from Remote Locations

AQCRO Research Statistician V will be housed in a BESSD office in the Kamamalu Building and have access to SNAP case files in HAWI.

G. RECONSTITUTION

Replacement of Employees

AQCRO is already experiencing difficulty in filling current vacant positions for the past few years. We do not anticipate developing further plans for filling vacancies.

APPENDIX 6: DIR – FMO

VI. ELEMENTS OF A VIABLE PANDEMIC COOP CAPABILITY

C. DELEGATIONS OF AUTHORITY

At the height of a pandemic wave, absenteeism may reach a peak of 40 percent. As such, delegations of authority will be critical in some business units.

Three Deep per Responsibility

AQCRO – Business Management Officer
Research Statistician V
Auditor V

D. ORDERS OF SUCCESSION

Three Deep per Position

Pre-Audit: Pre-Audit Clerk IV, Pre-Audit Clerk II, and Pre-Audit Clerk I

Money Payments: Pre-Audit Clerk III, Pre-Audit Clerk II, and Pre-Audit Clerk I

Accounting: Accountant VI, Accountant V, and Accountant IV.

APPENDIX 7: DIR – HR

V. Agency Planning

In the event of an emergency, the Human Resources Office (HR) staff is not considered essential, however, HR staff will continue with regular operations to the extent feasible under the circumstances.

The work of HR is heavily reliant on computer access – especially to the state’s Human Resources Management System (HRMS), which is only accessible through the state network. In the event of reduced capacity or lack of resources, priority will be given to the following functions, in the order indicated:

- Performing all functions relating to or impacting the department’s ability to ensure current DHS employees receive their regular compensation owed;
- Complying with all requirements to timely report employee injuries to the DLIR;
- Addressing issues related to employee health and safety;
- Advising managers and supervisors on HR matters as needed;
- Finalizing all pending new hire on-boarding actions;
- On-boarding of 89-day hires needed to assist with critical operational areas;
- Processing extensions of temporary positions and appointments; and
- Processing all other pay-related actions (e.g. temporary assignment, step movements, reallocations, etc.).

As appropriate, HR will utilize flex time and social distancing to reduce transmission. In addition, all scheduled training sessions, grievance meetings, and other gathering will be cancelled, postponed, or conducted by phone or video conferencing, as indicated.

VI. Elements of a Viable Pandemic COOP Capability

C. DELEGATIONS OF AUTHORITY

Three Deep per Responsibility

HR: Human Resources Officer
Labor Relations Supervisor
Recruitment and Examination Supervisor
Position Management Services Staff Supervisor

HR Units: Succession will follow by descending rank and seniority within each unit

APPENDIX 8: HPHA

C. DELEGATIONS OF AUTHORITY

At the height of a pandemic wave, absenteeism may reach a peak of 40 percent. As such, delegations of authority will be critical in some business units.

To ensure legal sufficiency and clarity, delegations of authority must:

- 1) Document in advance the legal authority for officials to make key policy decisions during a continuity situation.
- 2) Plan and document in advance of an incident and in accordance with applicable laws, including:
 - Delineating the limits of authority and accountability.
 - Outlining explicitly in a statement the authority, including exceptions to that authority, of any official so designated to exercise organizational direction, and the authority of an official to redelegate functions and activities, as appropriate.
 - Defining the circumstances under which delegation of authorities would take effect and would be terminated.
- 3) Ensure that those officials who might be expected to assume authorities are properly informed and trained to carry out their responsibilities.
- 4) Ensure the orderly transition of leadership for the position of the organization's head, as well as for key supporting positions within an organization during an emergency and be closely tied to succession.
- 5) Include delegations of authority in the essential records and ensure that they are available at all times.

Three Deep per Responsibility

DHS will plan for delegations of authority that are at least three deep per responsibility to take into account for the expected rate of absenteeism.

The HPHA's Public Housing Property has a Branch Chief, a Supervising Property Manager, a Property Manager and a Deputy Manager which covers most, if not all, properties. (There are a couple of public housing developments that have staff vacancies and so they do not have a deputy manager.)

Geographic Dispersion

DHS will plan for geographical dispersion of delegations of authority, taking into account the regional nature of an outbreak. Every county has a separate Property Manager and Deputy Manager who currently have delegated authority

to perform the majority of essential functions without additional delegations as mandated under the federal program. Every Property Manager reports to either the Supervising Public Housing Manager or Contract Administration Supervisor.

D. ORDERS OF SUCCESSION

FEMA Instructions: As a minimum, orders of succession must:

- 1) Establish an order of succession for the position of the organization's head. There should be a designated official available to serve as acting head of the organization until that official is appointed by the Chief Elected Official or other appropriate authority, replaced by the permanently appointed official, or otherwise relieved.
 - a. Geographical dispersion is encouraged and ensures roles and responsibilities can transfer in all contingencies.
 - b. Where a suitable field structure exists, appropriate personnel located outside of the subject region should be considered in the order of succession.

- 2) Establish orders of succession for other key organizational leadership positions, including but not limited to administrators, key managers, and other essential personnel.

HPHA's Order of Succession for the Office of the Executive Director

1. Executive Director
2. Executive Assistant
3. Chief Financial Officer

HPHA's Order of Succession for the Fiscal Activities

1. Executive Director
2. Executive Assistant
3. Chief Financial Officer
4. Assistant Chief Financial Officer
5. Chief Compliance Officer

- 3) Describe orders of succession by positions or titles, rather than by the names of individuals. Coordinate the development of orders of succession with the organization's general counsel.

HPHA's Order of Succession for General Business (FMO, IT, HR, PEO, HO, CMB, PMMSB, S8, DEV)

1. Executive Director
2. Executive Assistant

3. Chief Financial Officer
4. Chief Compliance Officer

HPHA's Order of Succession for procurement actions

1. Executive Director
2. Executive Assistant
3. Procurement Officer

- 4) Establish the rules and procedures designated officials must follow when facing the issues of succession to office.

Rules and procedures for the order of succession are defined in the HPHA's By-Laws and Board adopted policies. The Executive Director may delegate any of the duties, to any qualified employee of the Authority for the efficient administration of the Authority's business; provided that, the Executive Director shall nevertheless be responsible for the proper performance of all such duties and responsibilities so delegated. In the absence, incapacity or vacancy in the position of the Executive Director, the Executive Assistant of the Authority shall perform the duties of the Executive Director.

- 5) Include in the succession procedures the conditions under which succession will take place, in accordance with applicable laws and organizational or department directives; the method of notification; and any temporal, geographic, or organizational limitations to the authorities granted by the order of succession.

Succession will take place in the absence, incapacity or vacancy in the position

- 6) Include orders of succession in essential records to ensure that they are available at all times.

Rules and procedures for the order of succession are defined in the HPHA's By-Laws and Board adopted policies.

- 7) Revise orders of succession, as necessary, and distribute the revisions promptly as changes occur.
- 8) Develop and provide a duties and responsibilities briefing to the designated successors to the position of the organization's head, when named, and other key positions, on their responsibilities as successors

and on any provisions for their relocation.

Three Deep per Position

HPHA's Order of Succession for General Business (FMO, IT, HR, PEO, HO, CMB, PMMSB, S8, DEV)

1. Executive Director
2. Executive Assistant
3. Chief Financial Officer

HPHA's Order of Succession for procurement actions above the small purchase threshold

1. Executive Director
2. Executive Assistant
3. Procurement Officer

APPENDIX 9: Office of Youth Services

OVERVIEW

The purpose of this Office of Youth Services Continuity of Operations (COOP) annex is to provide the Department of Human Services, State of Hawaii, detailed plans regarding critical services to Youth in the State of Hawaii under the purview of the Office of Youth Services, specifying the development and maintenance of a Continuity of Operations Plan (COOP) in accordance with the Federal Emergency Management Agency (FEMA) guidelines for State agencies that provide these services.

This annex provides a structured COOP Plan according to Department of Homeland Security (DHS) Headquarters COOP Guidance Document, dated April 2004.

Executive Summary

Department of Human Services (DHS) Pandemic Annex Guidance:

This Pandemic Annex (hereinafter referred to as “Annex”) to the DHS Continuity of Operations Plan (COOP) facilitates coordination of DHS-wide pandemic preparedness and response programs and activities. Rather than prescribing every intermediate step, process, or project, this Annex points the direction to more specific steps or actions that DHS will undertake in its pandemic planning efforts.

This Annex is designed to be flexible to accommodate changes brought on by a pandemic. This Annex will be reviewed on a continual basis and periodically updated to reflect changes in our understanding of the threat and the state of relevant response capabilities and technologies. It will also be tested frequently to identify preparedness weaknesses and to promote effective implementation.

The following are the overall objectives of this Annex for planning and responding to pandemic:

- **Plans and Procedures**—Reduce the impacts of a pandemic on DHS and the services we provide;
- **Essential Functions**—Continue DHS essential functions, especially the Primary Mission Essential Functions, to facilitate emergency management, and overall state recovery;
- **Delegations of Authority**—Ensure persons receiving critical delegations of authority are geographically dispersed and three deep per position because of anticipated rise in absenteeism;
- **Orders of Succession**—Ensure designees in orders of succession are geographically dispersed and three deep per position as the consequences of a pandemic will vary and will affect islands of the State of Hawaii differently in terms of timing, severity, and duration;
- **Alternate Operating Facilities**—Plan for and test the logistical support needed to

execute alternatives to staff relocation/co-location such as “social distancing” in the workplace through telecommuting or other means;

- **Interoperable Communications**—Plan and consider alternate means of communicating in absence of person-to-person contact to minimize workplace risks of infection and test critical communications systems;
- **Vital Records and Databases**—Identify records needed to sustain operations for longer than 30 days and confirm these records are electronically accessible from a remote location. Identify and plan for maintenance of vital systems that rely on periodic physical intervention/servicing;
- **Human Capital**—
 - Coordinate modifications to human capital policies and plans with labor relations;
 - Review terms and conditions of work to ensure for essential functions and to suspend non-essential work;
 - Evaluate need for hygiene supplies, medicines, and other medical necessities to promote the health and welfare of personnel;
 - Promote guidance developed by public health and safety authorities;
 - Provide employees and families with relevant information and advisories about the pandemic; and
 - Assure the delivery of cross-training to ensure essential staff is available to perform functions and services.
- **Test, Training, and Exercises**—Test, train, and exercise sustainable social distancing techniques that reduce person-to-person interactions within the workplace to include telework capabilities and impacts of a reduced staff on facilities and essential functions and services;
- **Devolution of Control and Direction**—Develop detailed guidance for devolution and consider rotating operations between regional offices as the pandemic wave moves throughout the United States;
- **Reconstitution**—Develop plans for replacement of employees unable to return to work and prioritize hiring efforts.

Introduction

This Office of Youth Services Annex includes specificity to the DHS Pandemic Annex to the DHS Continuity of Operations Plan (COOP) and is designed to augment the COOP.

Purpose

The Office of Youth Services (OYS) provides and coordinates a continuum of services and programs statewide for youth-at-risk, delinquency prevention, and to reduce the incidence of recidivism. OYS operates the Hawaii Youth Correctional Facility (HYCF) and additionally

provides and supports “front end” prevention, diversion, and intervention services. OYS focusses programs and services that address the needs of youth that range from prevention to incarceration and aftercare.

DHS Purpose: This Annex provides guidance to DHS and serves as the DHS plan for maintaining essential functions and services during a pandemic. This Annex supplements the current approved DHS COOP (rev. February 2018) bridging the gap between the traditional, all-hazards COOP and the impact brought on by a pandemic by addressing those considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This Annex emphasizes that maintaining essential functions in a pandemic environment may be accomplished through contact intervention (social distancing) strategies. This Annex recognizes that relocation may be necessary due to a separate or concurrent event. Since these requirements apply across all levels of the Department, the term “DHS,” for the purposes of this Annex, refers to the entire DHS organizations, including administrative, staff offices, line staff, operating elements, attached agencies, and commissions.

The overarching objectives of this Annex are to:

- Maintain continuous command and control of the Department;*
- Ensure the continuous performance of essential functions and operations;*
- Mitigate disruptions to operations;*
- Achieve a timely and orderly recovery from a pandemic event and resumption of full service to customers;*
- Support the overall State of Hawaii preparedness and response efforts; and*
- Communicate preparedness, response and recovery guidance to DHS employees.*

Applicability and Scope

This Annex applies to the Office of Youth Services, The Hawaii Youth Correctional Facility (HYCF) and subordinate youth service providers and programs under the purview of the Office of Youth Services pursuant to §HRS-352 and §HRS-352D

Essential functions

Mission Essential Functions (MEF’s) are those functions deemed essential to maintain the continuum of services provided by the Office of Youth Services, Department of Human Services, pursuant to the statutory authority of §HRS-352 and §HRS-352-D.

Priority	Essential Functions
1	(WORK) FORCE PROTECTION – Ensure the health and welfare of OYS and HYCF staff.
2	ENSURE – the health, safety and security of committed youth at the Hawaii Youth Correctional Facility (See HYCF appendix___)
3	ENSURE – the health, safety and security of residential youth and young adults at the Kawaihoa Youth and Family Wellness Center (RYSE/Young Adults/HALE KIPA). (See HYCF appendix___)
4	ENSURE – the health and welfare of youth and young adults at community-based residential programs statewide.
5	MONITOR – Current Youth Program(s) Goals and Objectives under the purview of OYS and ensure they are sustained and supervised.
6	ENSURE – Contractual Obligations of Service Providers under the purview of OYS are sustained, met and monitored.
7	
8	

Priority	Office of Youth Service Programs
1	Hawaii Youth Corrections Facility (See attachment B)
2	Community Based Residential: safe houses, emergency shelters, (Independent Living Programs (ILP), Intensive Independent Living Programs (IILP).
3	Therapeutic services: Child Adolescent Mental Health Division (CAMHD) crisis beds, referrals to NON-CAMHD eligible services.
4	Hale Kipa – Ho’okala Program for Honolulu Police Department (HPD) drop off.
5	Assessment Centers that interface with law enforcement statewide.
6	Services for specialty courts: Teen Court, Girls Court.
7	Intensive Monitoring
8	Wrap Around and Parent Partnerships
9	Community-based services: Protective youth Development (PYD), cultural, truancy and outreach.

Priority	Essential Functions
10	Research and evaluation
11	Training

Authorities and References

§HRS-352, §HRS-352D, HYCF Policy and Procedures. Applicable statutes.

Concept of Operations

DHS must ensure that it can continue its essential functions and services needed to sustain agency mission and operations for several months. For pandemic planning purposes, essential services and functions are likely broader than the traditional COOP essential functions. DHS is responsible for Mission Essential Functions (MEFs) that must be performed. The above list are Mission Essential Functions (MEFs) for the Office of Youth Services that will be sustained during pandemic response operations.

The Office of Youth Services will ensure continued operations of essential youth programs and services administered by the Department. The Office of Youth Services will ensure the health, safety and security of youth and staff at the Hawaii Youth Correctional Facility (HYCF) and participants of Kawaioloa Youth and Family Wellness Center. Additionally, OYS will ensure the health, safety and security of participants in contracted community-based residential programs. Best efforts will be made to maintain all contracted services.

Phase I: Activation and Relocation

NO CHANGE FROM DHS ANNEX

Decision Process

Upon notification from the Director, State Department of Human Services, or by Governor emergency decree, the Executive Director, Office of Youth Services will initiate the Continuity of Operations (COOP) Pandemic Response Plan and will activate the Department’s emergency action plan.

Alert, Notification, and Implementation Process

Alert Notification: Alert notification will be pursuant to the internal emergency alert notification tree (see attachment A). Acknowledgement of receipt of notification by staff will be confirmed within two hours of receipt of notification.

Primary: DHS Email

Secondary: Personnel Cell Phone or personnel email

Tertiary: In person notification

Leadership

a. Orders of Succession

The order of succession is based on position and seniority and is as follows:

Successors
Executive Director
Program Development Officer
HYCF YFA
HYCF DYFA

b. Delegations of Authority

Executive Director, Office of Youth Services

c. Devolution

Child Welfare Services (CWS) is the recommended agency to assume the statutory role of OYS pursuant to §HRS-352 and §HRS352D. This effort has not been coordinated as of 3/6/20.

Phase II: Alternate Facility Operations

NOT APPLICABLE

Mission Critical Systems

OYS Network Servicer and Data Backup are located in the basement of the Kamamalu Building at 1010 Richards Street, Honolulu, HI 96813 and maintained by OIT.

System Name	Current Location	Other Locations
O Server	DHS	N/A
N Server	DHS	N/A
Sharepoint Cloud	Web based	iCloud

Vital Files, Records, and Databases

Vital File, Record, or Database	Form of Record (e.g., hardcopy, electronic)	Comments
Contracts	Hardcopy, electronic	
Fiscal	Hardcopy, electronic	
Investigation	Hardcopy, electronic	

Phase III: Reconstitution

Inform all personnel that the threat no longer exists and provide instructions for resumption of normal operations.

1. Supervise an orderly return to the normal operating facility or movement to another operating facility.
2. Report status of relocation to agency partners/customers.

COOP Planning Responsibilities

Responsibility	Position
Alert Notification and Emergency Notification Roster	Executive Secretary and Administrative Staff
Geographically Dispersed Telework Capabilities and Medium	Program Specialist IV
OYS Program Coordination	Program Specialist V
OJJDP Coordination	Program Specialist V
COOP Inter-Agency Liaison	Investigator
HYCF Oversight	EDIR/PDO
Financial	Finance GP5

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) coordination is handled by the federal grants and contracting section of the Office of Youth Services. The function of this organizational unit is to administer federal grants and monitor its funded programs. This section consists of four staff (Program Specialist V, Program Specialist IV, Juvenile Program Assistant, and Office Assistant III) all who have been cross trained in each position’s essential functions.

The federal grant funds support four diversion programs statewide which is low priority in

contrast to residential, safe houses, and drop-in programs. Contract providers will be requested to provide a program action plan amid the growing pandemic concerns.

Logistics

Alternate Location OR OTHER RESOURCES

Alternate location not applicable. Logistics will be coordinated through the Finance section and administered/coordinated through the administrative section.

Interoperable Communications

The Office of Youth Services will utilize “Office365”, “Share point” and “365 icloud” to work collaboratively to ensure the scope of work productivity and ensure a continuum of services pursuant to the Department’s Mission Essential Functions.

Test, Training, and Exercises

The Office of Youth Services will conduct a Tabletop Exercise (TTX) annually to demonstrate the Department’s ability, in response to a pandemic event, to work remotely, sustain productivity and ensure the continuum of services pursuant to §HRS 352 and §HRS352-D.

Multi-Year Strategy and program Management Plan

UPDATE ONGOING

COOP Plan Maintenance

UPDATE ONGOING

Annex A: Authorities and References

§HRS-352 AND §HRS-352D

Annex B: Operational Checklists

N/A

Annex C: Alternate Location/Facility Information

N/A

Annex D: Maps and Evacuation Routes

N/A

Annex E: Definitions and Acronyms

Refer to the DHS COOP

APPENDIX 10: Hawaii State Commission on the Status of Women (CSW)

CSW is an attached agency to the Department of Human Services. CSW does not provide direct services, hold vital records, or distribute benefits.

Essential Functions

CSW: Coordinate governmental and nongovernmental activities and information for women; provide recommendations legislative and administrative action and information on women and girls; create public awareness on needs of women

To continue some of these essential functions, CSW staff will need to be physically present at public hearings at the State Capitol to testify on legislative measures relating to women and girls throughout the Legislative Session

Pandemic Coordinator:

CSW, Executive Director, Khara Jabola-Carolus

Three Deep Responsibility

CSW only has two staff positions so is unable to develop a “three-deep” succession plan for organization head in the event of increased absenteeism. In the event of self-isolation and illness of the Executive Director, the Secretary II would assume organization head.

Essential Function by Remote Location

CSW would be able to fully function and conduct its essential function by remote location (e.g., employees’ homes) except for public hearings at the State Legislature. All staff have state issued laptops and home internet access.

APPENDIX 11: DVR

Level 1: Preparation and Readiness

- A. Orders of Succession: 3 or 4-deep
 - 1. Delegation of Authority – Overall
 - VRA
 - VRAA
 - VR Manager II (OBA)
 - VR Manager II (SBA)

Expectations/Duties/Responsibilities to be reviewed March 19, 2020 with identified DVR leadership, ongoing reviews thereafter for temporary assignments and/or designees.

- 2. Delegation of Authority – 3 deep – Section and Office/Unit
 - Expectations/Duties/Responsibilities to be reviewed March 20, 2020 with identified leadership at Branch level. For any staff on leave, review will be conducted week of March 23-27, 2020, with ongoing reviews thereafter for temporary assignments and/or designees.
 - a. Staff Services Office (SSO)
 - VRAA
 - VR Specialist V
 - VR Specialist V

Admin Officer; FMO Accountant; and VRS III/TA Admin Officer (Hilo)
VRS V 28207; UH Contract Provider (IT); and UH contract Provider (IT)
 - b. Oahu Branch (OB) – Includes Deaf Services Section (DSS)
OBA; OBS V Kapolei; and OBS V Honolulu
 - c. Services for the Blind Branch (SBB) – Ho’opono
Branch Administration/SBA (Statewide): VRS V Adjustment Section; VRS V Counseling Section; Business Manager; VRS IV Community Services Coordinator; and VRS V

Counseling Section (VR, LVC, IL-OIB statewide)/CSS VRS V: VRS IV, VRS III (Independent Living services for Older Blind will be shared with SSO VRS V assigned to statewide Independent Living for sustained supports)

Adjustment Section (Statewide)/VRS V: OMT III; RTB III; and RTB III
Employment Section/BM (Statewide): VFS; VFS
Branch Secretary/Sec III (Statewide): Sec II; Sec II

- d. Hawaii Branch (HB)
HBA (designee) [Symbol] VRS IV (Hilo) [Symbol] VRS III (Kona)
- e. Maui Branch (MB)
MBA VRS IV; KBA
- f. Kauai Branch (KB)
KBA VRS IV; MBA
- g. Disability Determination Branch (DDB)
 - DCSVI (Branch Administrator) - 4325
 - DCSV (Unit 2 Supervisor) - 24770
 - DCSV (Unit 1 Supervisor) - 24769
 - DCSV (QAO Supervisor) - 26811

3. Cross training as necessary for Orders of Succession

DVR will conduct training to review with clerical support staff and assigned succession staff noted under Section A.2 above (by branch/section), including SSO Administrative Officer, SSO VR Specialist (15947), as well as IT staff supporting access to all client records per assigned work coverage. In addition, staff will be oriented to accessing, hosting, and using remote meeting platforms (VCC, webex, skype, zoom, ...) to facilitate remote meetings as indicated.

Secure online access to documents will be reviewed for designated staff to support continuity of operations. Training on secure storage and backup of work documents will be reviewed with DVR supervisors/managers in compliance with Departmental guidelines and they will review with their direct reports for preparedness in the event of an emergency declaration and or authorized “situational” telework.

Purchases for implementation of Annex preparedness/response supplies are anticipated to include surgical masks (limited for customers/partners who present with flu symptoms to mitigate spreading), gloves, hand sanitizer, Kleenex, and sanitizing wipes. These purchases will be made at Branch level as needed/available and also tracked on DHS HI-EMA purchases and rental summary excel sheet for submission to Director’s office per established timelines.

Review of LAP and interpreter resources will be provided by Branch supervisors/managers and reviewed with staff to support VR participants access to services.

4. Essential Functions per DHS 2018 COOP

Independent Living (IL)

VRS V will contact IL partners and request a COOP for their respective agencies in order to ascertain IL supports to participants during a pandemic. COOPs to include but not limited to communication plans with participants, how to ensure continued benefits and supports, referral and application processes, maintenance of vital records, and overall delivery of service that minimizes adverse impacts of the pandemic. Further guidance provided in February 2018 DHS COOP.

- Staff Services Office will coordinate staff training and/or re-training to be reviewed for client travel arrangements back to Hawaii from education/training services off-island. Resources and protocol on arrangements with travel providers to be maintained on SharePoint DVR Resources platform for staff access.
- Links to remote job readiness sites with free resources will be shared by VRS with participants to sustain their access to services, and VRS will support access as needed with screen sharing (Skype). Resources will be reviewed by SSO VRS V, along with Employment Specialists at Branch level.
- Independent Living services and supports to be monitored by SSO monthly per contracted services and OIB.
- Services for the Blind Branch (SBB) planned air travel and home visits for OIB Teachers will be replaced by remote contacts monthly at minimum if participants service plans indicate remote accessibility. Individuals with mental health needs and isolation will need face-to-face contact using social distancing and hygiene protocols outside the home if available. Family supports and/or community providers will be included in facilitating regular contact for home visit supports to sustain independent living aligned with OIB service plans.

In order to provide continuity of services, teaching and case management supports will take place remotely via telephone, skype, or other distance communication when participants have access. Supplies will be sent via US Mail. Increased communication with consumers' families will be sustained during this time to ensure training is understood and supplies are received. Frequency of contact will be as needed, with a minimum of monthly contact scheduled. All contacts will be updated in the AKAMAI database.

For New Visions Hale students, responsibility lies with New Visions Supervisor and secondarily with designee. An updated list of emergency contacts for all Hale students is maintained by the New Visions Supervisor. Hand sanitizers and wipes are distributed to the extent they are available, along with instruction to students and staff on basic prevention hygiene. If students show signs of illness, they will be asked to leave classes but may choose to remain in the Hale as they seek medical attention. If they remain

in the Hale, they will be checked in with daily by the New Visions Supervisor or designee. In classrooms, hand sanitizer, gloves and wipes are available, as well as a limited number of masks maintained by the Supervisor. If a student or staff member in the New Visions program appears to be ill or is confirmed to be infected with COVID 19, classes will be shut down, learning spaces disinfected and all staff and students will be asked to self-monitor at their home of origin. New Visions staff will coordinate with referral source to support students return travel arrangements as indicated. Staff with illness may be sent home by their supervisor/designee following directions issued by DHS.

- Deaf Services Section (DSS) will have an updated list of non-profit vendors that provide interpretive services to the deaf and hard of hearing community. DSS will also have a list of all other interpretive services as backup to support emergency and community needs. These lists will be shared with staff at the branch/section level, and staff will share with participants as needed.

DSS to provide information for videophones and/or AT device(s) to support responders and community providers that could assist with interpretive services and communication with the deaf and hard of hearing community. These resources will be shared with all staff via SSO VRS in order for neighbor island participants to be supported as needed.

DSS will look into their consumer's needs to be sure they have the tools necessary and know the resources available to access emergency assistance when needed and convey resources to participants and partners throughout pandemic.

- Disability Determination Branch (DDB will follow 2018 COOP protocol and supplement with SSA approved COVID-19 response protocol to be made available by March 31, 2020 for DDB leadership and designees)

5. Communication protocols

- Leadership – weekly leadership huddles will be conducted every Thursdays @ 1pm via remote access (VCC and/or phone conference calls)
- Staff designated to attend noted in Section A.2 above.
- Vendors/Contractors/Partners – Uniform Scripts will be reviewed, Request for provider COOP and uploading to contract management online platform for DVR staff access will be implemented, Assigned VR Contract Manager to review with provider and Branch staff for continuity of participant services, referrals, performance, and payments. To be initiated March 2020 by assigned Contract Management staff with monthly updates to SSO Admin Officer (designee) via SharePoint Contract Management folder.

- Language Access Plan resources reviewed for accessible communication as needed by Branch supervisors/managers.
 - DVR will ensure staff are able to access phone message system remotely to retrieve messages from their phones and keep passwords with Section Supervisor and Secretary for 3-Tier supports as applicable in Phase 2+ of response to pandemic. Staff will be provided access to DVR work cell phones through their branch/section administration.
6. DHRD Guidance on COVID-19 – Leaves of absence, addressing staff shortages, exposure to COVID-19 to be reviewed with leadership monthly (or more often if under emergency declaration) and tracked by SSO VRS V (15947), or DVR leadership designee. VRAA, and VRA will review with SSO VRS V staff/designee shortages and strategies for sustained services. Supervisory and Management staff will review Supervisors and Managers 2019 Novel Coronavirus (COVID-19) Questions and Answers #1 (and subsequent updates) shared via email and DHS SharePoint Internal Emergency platform and/or DHS Internal website. All Departmental Leave and Administrative Leave must be reviewed by VRA (designee as applicable) for consultation with DHS HR Officer, before VRA submits to DHS Director prior to approval for implementation. All approvals will be monitored for needed adjustments.
7. Office/Unit Level preparations
- Update emergency contact lists per Branch, create internal office/unit communication protocols, aligned with COOP 2018 and Emergency Preparedness protocol for natural disasters.
 - In-office logistics and protocols for staff and customer/partner health and safety to be implemented immediately (social distancing, hand and surface sanitizing of work spaces, and rescheduling as indicated to limit community spread)
 - Online access to Section/Branch level records to be authorized by Branch Administrator (designee) as applicable to ensure supports for participants as scheduled and authorized services. All shared records to be current on Akamai or SharePoint for remote access. Baseline report from March 2020 to reflect monthly contact status in previous 90 days, current IPE within previous 12 months documented as signed by participant and VRS Counselor, activity due status and compliance for eligibility determination and any extensions exceeding 90 days with exceptions to be reviewed with VRA and supervisor/management to identify timeline for completion.
 - Online access to Section/Branch level records to be authorized by Branch Administrator (designee) as applicable to ensure supports for participants as scheduled and authorized services. All shared records to be current on Akamai or SharePoint for remote access.
 - Alternate authorized work sites and staffing logistics to be reviewed weekly by supervisors with management to ensure essential functions and services

are provided, social distancing and customer reception and meeting areas conform with 1-meter distances, include sanitizing of surfaces before/after each contact. Telework Program to be reviewed and positions identified for ‘situational’ telework in advance of authorization with monthly monitoring by supervisors/management (designees)

- i. Monitoring structure – check-ins, sign-ins, work assignments, etc. to be tracked daily through supervisor/manager
- ii. Telework program to be reviewed for emergency declaration response with identified positions needed at core work sites for sustained services and shared resources.

B. Staff Information and Guidance – Communication is key. Knowledge empowers timely engagement in quality service delivery provided by healthy staff who are working in safe environments.

1. Helpful Resources to stay informed will be shared and include:

a. For more information or questions about COVID-19 call 2-1-1 from any location in the state, or visit health.hawaii.gov/covid19 or coronavirus.gov

b. World Health Organization (WHO)
- who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

c. Guidance for schools and childcare programs
- https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-schools.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-for-schools.html

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

d. DOH updates from Governor – forward to staff from Supervisors as necessary and save to sharepoint DVR Resources if applicable for all staff access

e. Staff Awareness – Health and Safety as a priority (Supervisors to review with all staff through weekly/monthly meetings)

i. COVID-19 Alert protocols

1. All supervisors have DHS HR Guidance to be reviewed with leadership before updates are shared with direct reports.

ii. Practice good personal hygiene

1. Washing hands – “Happy Birthday Song”

2. Use of napkins/tissue when coughing – discard after use in a designated trash can with scheduled trash disposal daily
3. Infection Control wiping down surfaces with sanitizing wipes, including meeting tables, chairs, door handles, phones, desks, keyboards, cell phone touch screens with non-porous surface
4. Mask education for customer/partners who present with flu symptoms and rescheduling of meetings/appointments. Disposal in designated trash can that is removed daily from shared workspaces.

iii. Social Distancing

1. Examples: breaktimes, meetings, general office, social norms (Aloha kisses, hugs, potlucks, staff meetings) See DOH video resources: <https://health.hawaii.gov/docd/resources/videodigital-materials/>

iv. Cleaning and disinfecting supplies for all offices (pens, pencils, clipboards using sanitizing wipes)

v. Level 2 and Level 3 guidance

1. Level 2 – partial COOP deployment
2. Level 3 – full COOP deployment

f. Training (practice exercises will be conducted in March 2020 at Branch/Section level for implementation)

i. Remote access

1. Security of equipment/supplies and records in accordance with established protocol in the event of an emergency declaration
2. Equipment inventory and security
 - a. Laptops
 - b. Phones
 - c. Wireless devices
 - d. FOBS
3. Outlook
4. One Drive
5. VCC
6. Skype
7. AWARE
8. CAPS

ii. Telework – HR Guidance on Telework to be reviewed for emergency declaration response as indicated

1. Telework Program Guidelines compliance strategies to be reviewed for identified positions
2. Characteristics Suitable for Telework associated with position descriptions and sustained services, in compliance with HRD, DHRD and HGEA guidance to be reviewed
3. Checklist of daily telework assignments to be reviewed with supervisors/managers consistent with core work site assignments for monitoring and compliance with performance expectations

C. DVR Continuity of Operations Plan (COOP)

- Plans and Procedures

- i. DVR Pandemic Coordinator/Designee and Response Teams will receive information for staff as well as report into VRA or designee who will report to the Director.

- ii. Sustaining Essential Functions –

1. Plan for Services for the Blind Branch (SBB) Comply with 2018 COOP and integrate COVID 19 COOP Annex
2. Plan for Deaf Services Section (DSS) Comply with 2018 COOP and integrate COVID 19 COOP Annex
3. Plan for Disability Determination Branch (DDB) - Comply with 2018 COOP and integrate COVID 19 COOP Annex and SSA's Business Continuity Plans
4. Plan for Independent Living (IL) coordinated with SBA and VRAA in compliance with 2018 COOP and integration of COVID 19 COOP Annex

- Essential Functions – DVR will ensure availability of independent living support services per the 2018 COOP plan.

- iii. DVR Essential functions will operate according to plans submitted from the respective divisions – SBB, DSS, Disability Determination Branch, and the Centers for Independent Living with SSO and SBB coordination

- iv. Each branch/service will identify positions, skills and personnel needed to continue essential functions and services

1. SBB - statewide
2. DSS - Oahu and SSO VRS V statewide in partnership with UH CSC
 - a. SSO VRS V to contact contracted interpreter services to obtain COOP to ensure continuity of services to deaf, deaf-blind, and hard of hearing.
3. DDB - statewide
4. IL/SSO and OIB - statewide

- v. Back-up personnel in different locations will be trained in essential functions with training records maintained at SSO for COVID-19 COOP Annex as indicated

- vi. Each branch/service will determine/consider alternate work arrangements as needed – authorized telework must be approved in advance for identified positions/requests, staggered work hours, flex time, etc. Authorizations to be reviewed by VRA (designee) before consultation with HR and review with DHS Director before approval is given and monitoring will be conducted by supervisor/manager weekly for compliance with telework regulations.
- Delegations of Authority
 - vii. High level 3 deep in each office/branch - see above Section 1.A.1-2
 1. Division Administration
 - a. VRA VRAA VR Manager II (Oahu Branch Administrator 0 VR Manager II (Services for the Blind Branch Administrator)
 2. Staff Services Office
 - a. Admin Leadership Support: VRAA --> VR Specialist V --> VR Specialist V
 - b. Financial Support: Administrative Officer 22666 --> VRS III/TA Administrative Officer --> FMO Accountant
 - c. IT Supports: VRS V 28207 --> UH Contract Provider (IT) --> UH Contract Provider (IT)
 3. Services for the Blind Branch
 - a. Branch Administration/SBA (Statewide): VRS V Adjustment Section, VRS V Counseling Section, Business Manager, VRS IV Community Services Coordinator
 - b. Counseling Section (VR, LVC, IL-OIB statewide)/CSS VRS V: VRS IV, VRS III (Independent Living services for Older Blind will be shared with SSO VRS V assigned to statewide Independent Living for sustained supports)
 - c. Adjustment Section (Statewide)/VRS V: OMT III; RTB III; RTB III
 - d. Employment Section/BM (Statewide): VFS; VFS
 - e. Branch Secretary/Sec III (Statewide): Sec II; Sec II
 4. Oahu Branch
 - (a) Deaf Services Section (DSS)
 - (b) West Section
 - (c) Central Section
 - (d) Metro Section
 5. Hawaii Branch
 - a. HBA
 - b. VRS IV (Hilo)
 - c. VRS III (Kona)
 - d. Administrative section:
 - e. Secretary II
 - f. OA III (Hilo)
 - g. OA III (Kona Section)

- 6. Maui Branch
 - (a) MBA, VRS IV, KBA
- 7. Kauai Branch
 - (a) KBA
 - (b) VRS IV
- 8. Disability Determination Branch
 - a. Administration:
 - i.DCSVI (Branch Administrator)
 - ii.DCSV (Unit 2 Supervisor)
 - iii.DCSV (Unit 1 Supervisor)
 - iv.DCSV (QAO Supervisor)
 - b. Fiscal:
 - i.Branch Secretary
 - ii.Office Assistant III
 - iii.Office Assistant III
 - c. 103D Contracts – DDB Medical/Psychological Consultants & IT consultant
 - i.DCSVI (Branch Administrator)
 - ii.DCS IV (Medical Professional Relations Officer – MPRO)
 - iii.DCSV (Unit 2 Supervisor)
 - iv.DCSV (Unit 1 Supervisor)
 - d. 103F Contracts – Consultative Examinations
 - i.DCS IV (Medical Professional Relations Officer – MPRO)
 - ii.DCSV (Unit 2 Supervisor)
 - iii.DCSV (Unit 1 Supervisor)
 - e. Systems
 - i.DCSVI (Branch Administrator)
 - ii.DPUST (CCO)
 - iii.IT consultant (contractor)
 - iv.DCSV QAO Supervisor
- viii.Contact information provided to all designees for all “3-deep” personnel (work phones, emails, work schedule and location/deployment updated monthly on DVR sharepoint)
- ix.3 deep geographic locations:
 - 1. Admin – Oahu 1010 Richards Street, Kamokila Building in Kapolei, One Kapiolani Office
 - 2. SSO – Same as above
 - 3. SBB – 1901 Bachelot Street, Honolulu with additional staff housed at DVR Hilo Office and DVR Kauai Office
 - 4. OB- DSS, Central, & Metro Sections – 600 Kapiolani Blvd, Hon. 96813

West Section - 601 Kamokila Blvd., Rm 515 Kapolei 96706

5. Hawaii Branch
 - a. Hilo - 75 Aupuni St., Room 110, Hilo, HI 96720
 - b. Kona – 75-5722 Kuakini Hwy. Ste. 213, Kailua-Kona, HI 96740
 6. Maui Branch with Molokai Section – 54 South High Street, Room 309, Wailuku, Maui, 96793, Molokai Field Office: Kaunakakai Civic Center, 55 Makaana Street, Room 3, Kaunakakai, HI 96748
 7. Kauai Branch: State Office Building – 3060 Eiwa Street, Rm 304, Lihue, HI 96766
 8. DDB – 1580 Makaloa Street, Suite 660, Honolulu, HI 96814
- Orders of Succession – 3 deep unit/office level
 - x. See above referenced staff for delegation assignments for Orders of Succession and geographic for all DVR sections/offices/units
 - Alternate Operating Facilities
 - xi. DVR will utilize core work sites unless authorized telework is approved under Emergency Declaration. Identified alternate operating facilities equipped for essential functions to be conducted remotely with reliable logistical support, services and infrastructure systems will be reviewed when core work sites are not accessible due to pandemic as indicated by DHS Director.
 - xii. Each branch will consider the impact of restriction of movement
 1. DDB: No secondary/alternate location available
 2. Hawaii Branch: No secondary/alternate location available beyond Hilo or Kona core work sites.
 - Interoperable communications
 - xiii. Plan for communication that will minimize person-to-person contact will be through phone, email, VCC, and skype/zoom/webex to minimize workplace risk for sustained client supports
 - Vital records and databases
 - xiv. Ensure AWARE system is up to date and sharepoint resources are current. May need to train staff on sharepoint resources and access to minimize loss of records through remote access with backup assignments at Branch clerical level. Verify with Alliance remote cloud backup schedule for AWARE/Akamai
 - xv. Training/guidance/cheat sheets will be provided for access to CAPS, AWARE, Skype, VCC, Outlook, Sharepoint, and other systems/databases
 - xvi. Ensure internet connection to allow for submission of necessary Federal reporting. (3 deep model applied here to ensure proper and timely submission of federal financial and data reporting)
 1. RSA 911n – VRAA Administrative Officer Staff Support Specialist
 2. Financial reporting – Administrative Officer Fiscal Management Officer VRAA (CAPS backed up by FMO)

- Human Capital
 - xvii. Telework – VR will identify potential telework staff and explain their roles and responsibilities for HR consultation and Director review for approval when indicated.
 - 1. Hawaii Branch (Hilo & Kona office) staff are capable of telework in case of office building closure due to COVID-19 pandemic subject to approval and compliance with DHS and DHRD regulations.
 - 2. DDB has 3 staff capable of full teleworking & 2 staff capable of limited teleworking in case of office/building closure due to COVID-19 pandemic, however, this would also be subject to SSA approval and compliance with DHS and DHRD regulations.
 - xviii. VR leadership will define the needs of those that are designated for Telework in compliance with Telework Guidance issued by DHRD
 - 1. Hawaii Branch supplies that will be utilized for staff
 - a. Hilo
 - i. HBA
 - a. Assigned Surface
 - b. Office cell
 - c. FOB
 - ii. VRS IV
 - a. Assigned Surface
 - b. Office cell
 - c. FOB
 - d. Mifi jetpack
 - iii. VRS III
 - a. Assigned Surface
 - b. Office cell
 - c. FOB
 - iv. VRS II
 - a. Assigned Surface
 - b. Office cell
 - c. FOB
 - d. Mifi jetpack
 - v. Secretary II
 - a. Assigned Surface
 - b. Office cell
 - c. FOB
 - d. Mifi jetpack
 - vi. OA III
 - a. Assigned Surface
 - b. Office cell
 - c. FOB

- d. Mifi jetpack
 - b. Kona
 - i.VRS III
 - a. Assigned Surface
 - b. Office cell
 - c. FOB
 - ii.VRS II
 - a. Assigned Surface
 - b. Office cell
 - c. FOB
 - d. Mifi jetpack
 - iii.OA III
 - a. Assigned Surface
 - b. Office cell
 - c. FOB
 - d. Mifi jetpack
 - c. DDB
 - i. IT consultant – Full remote/telework capabilities via SSA laptop/iPhone
 - ii. 2 - Disability Hearings Officers – full remote/telework capabilities via SSA issued laptops
 - Limited Telework capabilities:
 - iii.Branch Administrator – Email communications via SSA iPhone + SOH Surface for DHS email (Mifi jetpack & FOB)
 - iv.Professional Relations Officer – Email communications via SSA iPhone
- xix.Develop communication process to activate telework and inform staff
 - 1. Hawaii Branch
 - a. Upon notification by VRA or designee that emergency declaration telework conditions are being activated, HBA will notify counseling staff and Secretary II by telephone. Secretary II will notify Hilo OA III staff. VRS III to notify OA III in Kona.
 - b. If Hilo office building is being closed and notification received during the business day, Secretary II will notify HBA and then Hilo office staff. If after hours, notifications identified in a will be utilized.
 - c. For Kona office during or outside business hours, HBA will notify VRS III who will notify OA III.
- xx.Telework test to be conducted by identified individuals when applicable after consultation with HR Officer and review with DHS Director for approved remote testing

- Devolution of Control and Direction – Each branch will develop a devolution control plan consistent with 3-deep and geographic dispersion for Phase 2+ of pandemic

xxi.Administration – See A.2 above

xxii.SSO –

1. Identify availability of resources.
2. Execute communication plan for status updates from those staff/providers rendered incapable of carrying out functions of their positions.
3. Activate order of succession beginning with VRAA then in order of position, seniority, and then work capacity.
4. Assess effects of pandemic on availability of facilities/alternate work sites, VR counselors and essential IL and DSS providers in relation to participation services, numbers and needs.
5. Reasonably delegate essential responsibilities of those that are incapacitated to available staff.
6. Initiate telework as approved and as necessary.
7. Actively work with available VR counselors, IL and DSS providers to prioritize and maximize their ability to serve the current participants.
8. VR specialist V provide remote work opportunities with potential employers.
9. Review and practice of safe and healthy habits and conscientiousness in the workplace to mitigate/minimize continued devolution of resources.

xxiii.SBB – to be updated March 2020 as indicated

xxiv.OB – to be updated March 2020 as indicated

xxv.HB –

1. Under Level 2
2. For approved telework, contact caseloads will be increased to minimum of service category of 85+ participants per VRS.
3. Case reassignments to be coordinated with Branch Administrator and SSO for fiscal obligations and case notes monthly.
4. Clerical support will also need access for section payments as indicated.
5. Notify participants of counselor supports other than their primary counselor when applicable.
6. Under Level 3
7. For approved telework, contact caseloads will be increased to minimum of service category of 120 + participants per VRS.
8. Case reassignments to be coordinated with Branch Administrator and SSO for fiscal obligations and case notes monthly.
9. Clerical support will also need access for section payments as indicated.

10. Notify participants of counselor supports other than their primary counselor when applicable.

xxvi.MB – to be updated March 2020 as indicated

xxvii.KB – to be updated March 2020 as indicated

xxviii.DDB – to be updated March 2020 as indicated

- Reconstitution - Each branch will develop a plan to recover and return to primary work site from any catastrophic event and consolidate resources that allow a return to full functionality to normal operations as directed by Department

xxix.Administration – to be updated March 2020 as indicated

xxx.SSO –

1. Constant communication, regular check-in, will allow for efficient and timely reconstitution to the SSO office. Incapacitated staff will communicate regularly with VRAA or designee.
2. Weekly updates from IL and DSS providers regarding staffing capacity, participant services.
3. Return to normal facilities as applicable.
4. Expedite hiring processes as needed.
5. Re-delegate responsibilities as appropriate.
6. Assess telework as a regular practice to minimize recurrence of incapacity and/or as a regular operational practice.

xxxi.SBB – See SSO plan, to be updated March 2020 as indicated

xxxii.OB – See SSO plan, to be updated March 2020 as indicated

xxxiii.HB – See SSO plan, to be updated March 2020 as indicated

HBA will notify counseling staff and Secretary II by telephone. Secretary II will notify Hilo OA III staff. VRS III to notify OA III in Kona

xxxiv.MB – See SSO plan, to be updated March 2020 as indicated

xxxv.KB – See SSO plan, to be updated March 2020 as indicated

xxxvi.DDB – See SSO plan, to be updated March 2020 as indicated

Level 2: Partial Execution – COOP (at 40% staff capacity, to include review of active caseloads per Branch with VRS @+85 cases each)

For approved situational telework, contact caseloads will be increased to minimum of 85+ participants per VRS. Case reassignments to be coordinated with Branch Administrator and SSO for fiscal obligations and monthly case notes with supervisory case reviews. Clerical support will also need access for section payments as indicated. Notify participants of counselor supports other than their primary counselor when applicable.

Level 3: Full blown Execution – COOP (at 50% staffing capacity, to include review of active caseloads per Branch with VRS @120+ cases each)

For approved telework, contact caseloads will be increased to minimum of 120+ participants per VRS. Case reassignments to be coordinated with Branch Administrator and SSO for fiscal obligations and case notes monthly. Clerical support will also need access for section payments as indicated. Notify participants of counselor supports other than their primary counselor when applicable.

APPENDIX 12: Social Services Division

A. Plans and Procedures

1. Pandemic Coordinators and Pandemic Response Teams
 - a. Pandemic Coordinator for SSD – Social Services Division Administrator
 - b. Response Team
 - i) Child Welfare Services Branch Administrator
 - ii) Adult Protective and Community Services Administrator

Daily morning briefings to discuss staffing patterns, resource needs, barriers to meeting essential functions.

B. Essential Functions

1. Essential Functions

- Process and respond to reports of abuse and neglect of children and vulnerable adults.
- Identify and locate children who may be displaced.
- Notify parents who have children in foster care in affected areas of their child's current status.
- Respond to immediate needs of foster children in resource homes.

2. Identification of Essential Positions and Skills

APCSB – AIU supervisor and intake workers

APCSB section administrators, supervisors and assessment workers/nurses/case managers

CWSB – CWI supervisors and intake workers

Specialized Workload Assessment Team (SWAT)

CWSB Section Administrators

CWSB Supervisors and assessment/permanency workers

Resource home licensing supervisors and matchers/workers

3. Alternative Work Arrangements

If required, deploy non-direct service staff to provide services to children, families and vulnerable adults. (e.g. Assistant Program Administrators in PDO have assessment and intake experience. Trainers from SDO have experience with licensing and permanency/case management. Program Director for Senior Companion Program has intake experience, social worker at Foster Grandparent program has intake experience).

C. Delegation of Authority

SSD

SSDA

A-SSDA

Senior-PDA

CWSB

CWSBA – Hawaii News Now Multimedia Center (HNNMC)
ACWSBA -HNNMC
Section Administrator – Neighbor Island

APCSB

APCSBA – Princess Victoria Kamamalu (PVK)
APCSB PDA – PVK
Senior Section administrator (neighbor Island)

D. ORDERS OF SUCCESSION

Intake Responsibilities

CWI/AIU Staff
CWI/AUI Supervisor
Respective Section Administrator

Response to new reports of child abuse and neglect

Assessment staff
Unit supervisors
Section Administrators

Response to new reports of vulnerable adult abuse and neglect

Assessment staff
Case Management staff
Nurses
Unit supervisors
Section Administrators

Identify and locate children who may be displaced.

Notify parents who have children in foster care in affected areas of their child's current status

Permanency staff
Unit Supervisors
Section Administrators

Respond to immediate needs of foster children in resource homes.

Permanency staff and Licensing staff
Unit supervisors
Section Administrator

E. ALTERNATE OPERATING FACILITIES

Intake Responsibilities –

Functions can be done remotely with workable phone service, access to databases (FOB), and computer service. Operations have been established for standby duty work during non-office hours due to the 24/7 responsibilities of

CWSB. We can expand the standby duty, remote operations to cover all hours.

Response to new reports of child abuse and neglect-

Depending upon the pending danger to the child, law enforcement response/coordination may be accessed to initiate the response. Face-to-face contact will be required after gathering information through phone contact with the reporter and significant others. Access to state vehicles is required. Phone service and remote, computer access is needed.

Response to new reports of vulnerable adult abuse and neglect-

Face-to-face contact will be required if no signs/symptoms of COVID-19 exist for the alleged victim or anyone in their household/living environment (i.e. nursing facility, adult foster home, hospital). If signs/symptoms of COVID-19 are assessed, Face-to-face contact will be delayed and initial contact to alleged victim will be made by video conferencing or telephonic contact. Investigative staff will be dispatched by AIU based on operational procedures, and law enforcement assistance will be requested as needed. Access to state vehicles, phone service and off-site computer access are required.

Identify and locate children who may be displaced.

Notify parents who have children in foster care in affected areas of their child's current status

Functions can be done remotely with workable phone service, access to databases and computer service.

Respond to immediate needs of foster children in resource homes.

Functions can be done remotely with workable phone service, access to databases and computer services. Assistance may require delivery of medication or other immediate response. Access to state vehicle maybe required.

F. INTEROPERABLE COMMUNICATIONS-CWS

1. Telework Analysis and Development of Capability in consultation from DHS Human Resources.

Monthly face-to-face contact with all children, parents and resource caregivers is required by ACF. We will consult with Region IX, ACF to negotiate an interim plan should there be a breakout of COVID-19.

Telework maybe possible with SKYPE and other technology resources.

2. Communication Plan
 - a. Precautionary information is being sent to our resource caregivers.

- b. Briefings at the beginning and at the end of the day for all managers to assess staffing levels, resource needs, barriers to meeting essential functions, and pass on systemic information and updates.
 - 3. Latest Judiciary updates (3/9/2020):
 - a. Hearings will continue as scheduled.
 - b. If an individual is not cleared by the DOH to resume normal activities, they are to contact the court in their circuit before reporting for a case, jury duty or any court services.
 - c. Telephonic or video conference appearances may be allowed for attorneys and self-represented litigants who must travel inter-island.
 - 4. Consultation with Administration for Children and Families to allow workers to contact children, parents, and resource caregivers by skype or telephone to minimize face-to-face contact.
- G. Communication Plan-APCSB:
 - a. Staff:
 - 1. Briefings at the beginning and at the end of the day for all managers to assess staffing levels, resource needs, barriers to meeting essential functions, and pass on systemic information and updates.
 - b. Intake and Assessment:
 - 1. AIU to ask specific questions as to possible signs/symptoms of COVID-19. If signs/symptoms exist, AIU to contact DOH to ascertain whether the alleged victim is on DOH watch-list.
 - 2. Face-to-face contact will occur if no signs/symptoms of COVID-19 exist
 - 3. If Face-to-face contact must be delayed due to suspected COVID-19, contact will be made via telephone call or video conferencing to alleged victim and/or facility caregivers. This will be documented.
 - 4. Contact will be made to other non-perpetrating collaterals who have direct contact with alleged victim, to further assess situation.
 - 5. Contact will be made with law enforcement, EMS, DOH or other first responders for safe welfare-check.

APPENDIX 13: Med-Quest

C. DELEGATIONS OF AUTHORITY

At the height of a pandemic wave, absenteeism may reach a peak of 40 percent. As such, delegations of authority will be critical in some business units.

To ensure legal sufficiency and clarity, delegations of authority must:

1. Document in advance the legal authority for officials to make key policy decisions during a continuity situation.
2. Plan and document in advance of an incident and in accordance with applicable laws, including:
 - a. Delineating the limits of authority and accountability.
 - b. Outlining explicitly in a statement the authority, including exceptions to that authority, of any official so designated to exercise organizational direction, and the authority of an Official to redelegate functions and activities, as appropriate.
 - c. Defining the circumstances under which delegation of authorities would take effect and would be terminated.
3. Ensure that those officials who might be expected to assume authorities are properly informed and trained to carry out their responsibilities.
4. Ensure the orderly transition of leadership for the position of the organization's head, as well as for key supporting positions within an organization during an emergency and be closely tied to succession.
5. Include delegations of authority in the essential records and ensure that they are available at all times.

Three Deep per Responsibility

MQDA
MQDAA
MAPO
(see following table)

Geographic Dispersion

DHS will plan for geographical dispersion of delegations of authority, taking

into account the regional nature of an outbreak.

D. ORDERS OF SUCCESSION

FEMA Instructions: As a minimum, orders of succession must:

1. Establish an order of succession for the position of the organization's head. There should be a designated official available to serve as acting head of the organization until that official is appointed by the Chief Elected Official or other appropriate authority, replaced by the permanently appointed official, or otherwise relieved.
 - a. Geographical dispersion is encouraged and ensures roles and responsibilities can transfer in all contingencies.
 - b. Where a suitable field structure exists, appropriate personnel located outside of the subject region should be considered in the order of succession.
2. Establish orders of succession for other key organizational leadership positions, including but not limited to administrators, key managers, and other essential personnel.
3. Describe orders of succession by positions or titles, rather than by the names of individuals. Coordinate the development of orders of succession with the organization's general counsel.
5. Establish the rules and procedures designated officials must follow when facing the issues of succession to office.
5. Include in the succession procedures the conditions under which succession will take place, in accordance with applicable laws and organizational or department directives; the method of notification; and any temporal, geographic, or organizational limitations to the authorities granted by the order of succession.
6. Include orders of succession in essential records to ensure that they are available at all times.
7. Revise orders of succession, as necessary, and distribute the revisions promptly as changes occur.
8. Develop and provide a duties and responsibilities briefing to the designated successors to the position of the organization's head, when named, and other key positions, on their responsibilities as successors and on any provisions for their relocation.

Three Deep per Position

MQDA
MQDAA
FO
(see following table)

Geographic Dispersion

Since a pandemic may affect islands of Hawaii differently in terms of timing, severity, and duration, SODAAA will consider dispersing the order of succession.

E. ALTERNATE OPERATING FACILITIES

The traditional use of alternate operating facilities to maintain essential functions and services may not be necessary during a pandemic. Rather, safe work practices, which include contact interventions and transmission interventions, reduce the likelihood of contacts with other people that could lead to disease transmission. Strategies for maintaining essential functions and services will largely rely on social distancing and dispersion of the workforce including telework, preventative health practices, and other efforts to reduce the chance of infection.

MQD has issued a number of laptops to all branch administrators and Staff officers as well as outreach coordinators and some IT specialists. Centralized phones can be forwarded to designated numbers as needed, including homes if permitted by administrative rules.

Encourage (redirect to) online and telephonic application process

ESSENTIAL FUNCTIONS, Positions, Continuity Facilities

Priority	Division	Essential Function	Supportive Processes or Services/COOP Strategy	Positions/skills	Delegated Authority/ Succession	Supporting Departments/ Agencies / Offices	Continuity Facility
1	MQD	Ensure access to health care coverage and access to medically necessary care for Medicaid eligible individuals	Application Process (electronic or paper)		MQDAA Customer Facing Admin Outreach Manager		
			Review, (re)determine & renew eligibility	EW supv; EW; Customer Svc (phone apps)		KOLEA Vendor(s), DHS/OIT	See MQD Eligibility Locations Tab
			Outreach Medicaid applications	Outreach (rapid response help apply)		Kokua outreach contractors	See MQD Eligibility Locations Sheet
			- Access to the KOLEA System	KOLEA Mgr.		Hawaiian Telcom, Cellular vendors, KOLEA Vendor(s), DHS/OIT	James Campbell Building, Third Floor 1001 Kamokila Blvd Kapolei Hawaii 96707
			- Access to HPMMIS	MQD SO	HIT Program Officer	Hawaiian Telcom, Cellular vendors, HPMMIS/AHCCCS Vendor(s),	James Campbell Building, Third Floor 1001 Kamokila Blvd Kapolei Hawaii 96707
			- Technology operations that support access to all electronic	HIT Program Officer	HIT Business Analyst	ETS, DHS/OIT, Vendor(s)	James Campbell Building, Third Floor 1001 Kamokila Blvd Kapolei
			Secretarial/Logistical		EB Sec		

			Ensure continued benefits to existing clients.		MQDA HCSBA MAPO		
			Ensure service availability – ascertain health care capacity.	HCSBA, HCSB Quality Suprv; HCSB Contracts Mgr		Key vendors for ongoing support; Contracted Medicaid Health Plans	Kakuhihewa Building 601Kamokila Blvd suite 506A Kapolei Hi 96707
			Work with healthcare delivery system to ensure adequate supplies and that Medicaid eligible individuals will have access to those supplies.	HCSBA, HCSB Quality Suprv; HCSB Contracts Mgr		Key vendors for ongoing support; Contracted Medicaid Health Plans	Kakuhihewa Building 601Kamokila Blvd suite 506A Kapolei Hi 96707
			Ensure MQD has appropriate coordination and legal authorities relevant for situation	MQD PPDO		Federal CMS contacts	Kakuhihewa Building 601Kamokila Blvd suite 518 Kapolei Hi 96707
			Support ESF 8 (Public Health and Medical Services)	Medical Director, Psychiatrist, Pharmacist, RNs		Agencies that support ESF 8	Kakuhihewa Building 601Kamokila Blvd suite 506A Kapolei Hi 96707
			Secretarial/Logistical Supports		MQD Sec		

			Financial Accounting and Management of all payments paid for clients and vendors.	Fiscal Officer	MQDA FO Health Care Financing Program Specialist	DHS/FMO	James Campbell Building, Third Floor 1001 Kamokila Blvd Kapolei Hawaii 96707
--	--	--	--	----------------	--	---------	---

OFFICE ADDRESSES/ Key Personnel	MAILING ADDRESSES	TELEPHONE AND FACSIMILE NUMBERS
Oahu Section- Kevin Higa, Michelle Johnson, Keith Inafuku, Lucilla Hunt, Linda Ibarra		
801 Dillingham Boulevard, 3rd Floor Honolulu, HI 96817-4582 View on Maps	P.O. Box 3490 Honolulu, HI 96811-3490	Phone 587-3540 Fax 587-3543
Kapolei Unit- Jayneen Andrade, Dina Nishioka, Kimi Lutao		
Kakuhihewa State Office Building 601 Kamokila Boulevard, Room 415 Kapolei, HI 96707-2021 View on Maps	P.O. Box 29920 Honolulu, HI 96820-2320	Phone 692-7364 Fax 692-7379
East Hawaii Section- Bradley Kusumoto, Kuu Makuanake, Mokihana Danielson		
1404 Kilauea Avenue Hilo, HI 96720-4670 View on Maps	1404 Kilauea Ave. Hilo, HI 96720-4670	Phone 933-0339 Fax 933-0344
West Hawaii Section- Gaylyne Rivera, Kuu		
Lanikai Professional Center 75-5591 Palani Road, Suite 3004 Kailua-Kona, HI 96740-3633 View on Maps	Lanikai Professional Center 75-5591 Palani Road, Suite 3004 Kailua-Kona, HI 96740-3633	Phone 327-4970 Fax 327-4975
Maui Section- Kris Braquit, Kecia Sakugawa, Shelly Wingad		
Millyard Plaza 210 Imi Kala Street, Suite 110 Wailuku, HI 96793-1274 View on Maps	Millyard Plaza 210 Imi Kala Street, Suite 110 Wailuku, HI 96793-1274	Phone 243-5780 Fax 243-5788
Molokai Unit- Kris Braquit, Norma Dudoit		
State Civic Center 65 Makaena Street, Room 110 Kaunakakai, HI 96748 View on Maps	P.O. Box 1619 Kaunakakai, HI 96748-1619	Phone 553-1758 Fax 553-3833
Kauai Unit- Iris Venzon, Puanani Crabbe Parker		
Dynasty Court 4473 Pahee Street, Suite A Lihue, HI 96766-2037 View on Maps	Dynasty Court 4473 Pahee Street, Suite A Lihue, HI 96766-2037	Phone 241-3575 Fax 241-3583

Name	Title	Type
Lora Green	SW IV	CSAC certificate
Jacqueline Indreginal	RN VI	RN license
Sharon Thomas	RN IV	RN license
Suzanne A. P. Turla	RN V	RN license
Kris K. Tsuda	RN V	RN license
Tae Kim	RN V	RN license
Kathleen Ishihara	RN V	RN license
Diana Jane Cassidy	RN IV	RN license
Aileen Manuel	RN V	RN license
Dr. Curtis Toma	Medical Director	Physician
Dr. Chad Koyanagi	Psychiatrist	Psychiatrist
Kathleen Kang-Kaulupali	Pharmacist	Pharmacist
Marcy Healy	RN V	RN license

BESSD

I. INTRODUCTION

The Pandemic Annex to the DHS Continuity of Operations Plan (COOP) is designed to augment the COOP.

II. PURPOSE

This Annex provides guidance to DHS and serves as the DHS plan for maintaining essential functions and services during a pandemic. This Annex supplements the current approved DHS COOP (rev. February 2018) bridging the gap between the traditional, all-hazards COOP and the impact brought on by a pandemic by addressing those considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This Annex emphasizes that maintaining essential functions in a pandemic environment may be accomplished through contact intervention (social distancing) strategies. This Annex recognizes that relocation may be necessary due to a separate or concurrent event. Since these requirements apply across all levels of the Department, the term “DHS,” for the purposes of this Annex, refers to the entire DHS organization, including administrative, staff offices, line staff, operating elements, attached agencies, and commissions.

The overarching objectives of this Annex are to:

- Maintain continuous command and control of the Department;
- Ensure the continuous performance of essential functions and operations;
- Mitigate disruptions to operations;
- Achieve a timely and orderly recovery from a pandemic event and resumption of full service to customers;
- Support the overall State of Hawaii preparedness and response efforts; and
- Communicate preparedness, response and recovery guidance to DHS employees.

III. CONCEPT OF OPERATIONS

This Pandemic Annex conforms to the federal pandemic template issued in 2009.

Designated successors will be in order of chain of command.

The Pandemic Annex may be activated by the following methods:

- (3) Immediate: Is based on two different approaches:

- a. Based on impact to staffing and other necessary resources affecting the ability of the agency as a whole or organizational unit to continue identified essential functions; or
 - b. Based on Executive Order from the Governor of the State of Hawaii.
- (4) Phased: Based on Executive Order from the Governor of the State of Hawaii.

IV. PANDEMIC PLANNING ASSUMPTIONS

Pandemics are unpredictable and there is no way to know the characteristics of a pandemic virus before it emerges. Nevertheless, assumptions are made to facilitate planning efforts. The following are assumptions the Department has incorporated in the Pandemic Annex:

General Assumptions

- Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic and differ by an order of magnitude between more and less severe scenarios.
- Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing schools, quarantining household contacts of infected individuals) are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for a pandemic is approximately two to 14 days. However, some pandemics may be longer.
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of illness. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children will play a major role in transmission of infection as their illness rates are likely to be higher, they shed more viruses over a longer period, and they control their secretions less well. Some pandemics may have the shedding of the virus longer than the standard influenza.
- Multiple waves (periods during which community outbreaks

occur across the state) of illness are likely to occur with each wave lasting two to three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty. Some pandemics may not be seasonal. The seasonal flu is a common illness occurring every year primarily between the months of November and May (winter months) in the northern hemisphere. In Hawaii, because of our high-volume tourism and tropical climate, we experience flu year-round.

DHS Assumptions

- DHS is responsible for the health and safety of its employees in the workplace under Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970.
- DHS will sustain essential functions and continue performing as many routine business activities as possible during times of significant absenteeism.
- DHS has an actionable COOP and capabilities.
- Travel restrictions, such as limitations on mass transit, implemented State and County levels will affect the ability of staff to get to work or relocate to an alternate site if needed.
- Devolution sites may be activated for use during a pandemic. Although a pandemic event does not necessarily require the use of devolution sites, DHS may make its devolution sites, along with other locations, available to be used as a precaution to separate staff, i.e., implement social distancing protocols.
- DHS may make its alternate facilities, along with other locations, available to be used as a precaution to separate staff, i.e., to implement social distancing protocols.

■

BESSD Assumptions

- More than half of BESSD staff are public-facing. Also, numerous community-based organizations and contractors of the Division provide direct services. Due to the nature of our programs requiring interviews and face to face encounters, contact with the public is essential.
- For planning purposes, BESSD administrators provide the Division's steps in **Mitigation Strategies** and **Continuity of Operations Strategies**
- For simplification purposes, we use the following **Severity Scale**:
 - **Low**: No significant loss in operational capacity, No significant stop in service (Note: normal absenteeism (sick and vacation) ranges

10% to 20%, depending on seasonal fluctuations.)

- **Moderate:** Reduction in operational capacity up to 50%, Sporadic site closures
- **High:** 50% or greater loss in operational capacity, numerous site closures across the business units, possible service interruptions.

V. AGENCY PLANNING

By Administrative Directive 15-01 (dated August 11, 2015), DHS is required to have the capability to maintain continuous operations of its identified essential functions or be able to restore essential functions within a limited period. Each subordinate component must therefore be prepared to continue to function during an emergency or threat of an emergency, and to efficiently and effectively resume critical operations if interrupted.

VI. ELEMENTS OF A VIABLE PANDEMIC COOP CAPABILITY

A. PLANS AND PROCEDURES

PLANS AND PROCEDURES (STATEWIDE BRANCH)

Pandemic Coordinator and Pandemic Response Teams

For the BESSD Statewide Branch (SB), once instructions are received from Division, Branch Administration will disseminate to the Section Administration, then flow to the units within the Section.

Sustaining Essential Operations

During the pandemic period, SB will follow instructions provided by the Department, Division, and Department of Health to keep staff informed about the situation, and preventative measures that can be implemented to keep the staff and the public who come into our office as safe from the pandemic situation as possible.

The following steps will be taken whether the threat level is low, moderate or high:

- a. Section Administrators (SA) will monitor their offices to determine whether there is more absenteeism than anticipated. When there are unexpected

staff absences, the SA will find out whether it's long-term absences (3 days or longer).

- b. SA will keep Statewide Branch Administrator/Assistant Statewide Branch Administrator (SBA/ASBA) informed when there's a 30% or more reduction in staffing in any of their offices and provide information about whether it's long-term absences.
- c. SBA/ASBA and SA will discuss whether the unit will be able to sustain operations on their own, or other offices need to assist.
- d. In determining whether other offices will assist, the following will be considered:
 - Does the lobby in the affected office need to close?
 - Will the office location still remain open?
 - Do the phones need to be forwarded to another office?
 - Are there staff available at the affected office to pick up documents from the drop-box, scan and register documents into the electronic systems?
 - What other offices have capacity to assist with phones and non-lobby?
 - Do staff need access to the electronic systems (HAWI and PathOS)?
 - For childcare licensing staff, a determination needs to be made as to whether to allow the licensing staff to continue to do licensing visits, and whether fingerprint appointments need to be rescheduled.
- e. If the threat level is high and the DIR or GOV decide to close offices/locations, then determinations will be made regarding whether other offices can assist. For instance, if it is announced that government operations will close on specific islands, other islands may not be able to assist. However, if it is declared that certain isolated locations on an island will close down, then a determination will be made as to whether staff can still report to the office and operations can continue. Information will be provided to the affected SAs to relay to their staff if office closures are required.
- f. Decisions made by the SBA/ASBA when threat levels are moderate to high will be routed through Division Administration (DIV) for approval.
- g. The SB will await instructions from the program offices as to how to proceed regarding determining continued eligibility and application processing if threat levels are high and full implementation of the program(s) cannot be done.
- h. When information is provided to the SB that there is no longer a threat and normal operations can continue, SBA/ASBA will disseminate information to the SAs and through their phone tree or through a staff meeting, they will provide the information through their supervisors to the line staff.

Reporting

- a. Staff will report to their supervisor when they will be out due to illness.
- b. Supervisors will report to their SA to report absences.
- c. SAs will report to SBA/ASBA regarding absences due to illness and the status of the workforce in the offices.
- d. When the level of staff absences in an office reaches 30%, SBA/ASBA will work with the SAs on continuity of operations within that office.

C. ORDERS OF SUCCESSION

1. Three Deep per Position

See the attached document that indicates the order of succession for SB. Although the plan indicates that SBA and ASBA are successors to the SAs, depending on the length of time that the SA is unavailable, SBA or ASBA will determine whether to seek a Supervisor who can be temporarily assigned as the SA.

FIRST TO WORK PROGRAM

DEFINITIONS:

“LOW SEVERITY” – *insert definition*

“MODERATE SEVERITY” – *insert definition*

“HIGH SEVERITY” – *insert definition*

“VULNERABLE INDIVIDUALS” – *elderly <insert age?>, individuals with health conditions such as <insert specific or examples provided by WHO/CDC/DOH>*

	SEVERITY – LOW [Stage 1?]	SEVERITY – MODERATE [Stage 2?]	SEVERITY - HIGH [Stage 3?]
DEFINITIONS:	<Insert Definition of “Low Severity”>	<Insert Definition of “Moderate Severity”>	<Insert Definition of “High Severity”>

I. COMMUNICATION		SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY – HIGH
A.	CONTRACTOR STAFF	<ul style="list-style-type: none"> ▪ Review COP with staff ▪ Disseminate any information, instructions, and updates as they become available ▪ Issue PSA issued by CDC, FEMA, DOH/GOV, e.g. recommendations, prevention plan, etc. ▪ Ensure staff emergency contact information are updated including phone (home and mobile), email address, residential address, and emergency contact (with person’s name and phone number) ▪ Establish “phone tree” that includes direct line of communication with contractor’s leadership and each supervisor or designated staff 	<ul style="list-style-type: none"> ▪ Disseminate any information, instructions, and updates as they become available ▪ Provide specific instructions to implement stage of COP 	<ul style="list-style-type: none"> ▪ Disseminate any information, instructions, and updates as they become available ▪ Provide specific instructions to implement stage 3 of COP

I. COMMUNICATION		SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY – HIGH
B.	PARTICIPANTS	<ul style="list-style-type: none"> Mail out PSA and resources to active FTW participants 	<ul style="list-style-type: none"> Mail out notices with instructions, PSA and resources to active FTW participants Notices shall explain excused absences, holiday hours and good cause provisions 	<ul style="list-style-type: none"> Mail out notices with specific instructions, PSA and resources to active FTW participants Notices shall explain excused absences, holiday hours and good cause provisions and how they will be applied
		<p><i>* “Active FTW participants” is noted to ensure families do not receive duplicative and/or contradicting information from multiple programs, e.g. SNAP, CCS, MQD, etc.</i></p>		

II. PROGRAM IMPLEMENTATION		SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH
A.	PERSONNEL (Unit Supervisor, Clerical Support Staff, and Case Managers)			
1.	ESSENTIAL	<ul style="list-style-type: none"> No necessary action may be necessary; however, leave may be granted to staff members who have or display symptoms of common cold/flu or other conditions that may worsen or spread to others. Identify essential staff (i.e. case managers) who will report to work if conditions progress to “moderate severity”. Supervisors to provide identified staff with specific instructions Ensure staff emergency contact information are updated including phone (home and mobile), email address, residential address, and emergency contact (with person’s name and phone number) Implement communication plan “phone tree” 	<ul style="list-style-type: none"> At minimum, unit supervisor and two (2) case managers present to maintain daily operations <i><or 50% of workforce to maintain daily operations?></i> If the supervisor must take leave due to symptoms or vulnerability to contracting the disease, then at minimum, three (3) case managers shall be present to maintain daily operations. Of the case managers, one (1) case manager must be seasoned and capable of fulfilling the responsibilities of the unit supervisor. Branch/Program Office/SORO to expedite the system request form to temporarily assign supervisor HANA profile (FS9/FC9) access to assigned TA. The case manager shall maintain supervisor profile until post-pandemic but may be transferred to next case manager if necessary. 	<ul style="list-style-type: none"> At minimum, unit supervisor and one (1) case manager present to maintain daily operations If supervisor must take leave, then at minimum, two (2) case manager shall be present to maintain daily operations, of which, one (1) must be seasoned and capable of fulfilling the responsibilities of the unit supervisor. If TA supervisor does not have supervisory access yet to HANA, Branch/Program Office/SORO to expedite the system request form to change user profile. For units that are co-located, one (1) unit supervisor may provide coverage for both units, and one (1) case manager from each unit

II. PROGRAM IMPLEMENTATION			SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH
					shall be present to maintain daily operations for each respective unit
	2.	NON-ESSENTIAL		<ul style="list-style-type: none"> If units are co-located, one (1) clerical support staff may be shared to fulfill clerical duties 	<ul style="list-style-type: none"> Clerical staff will not be necessary because supervisor HANA user profile includes clerical functions.
B.	ORIENTATION/INTAKE (O/I)		<ul style="list-style-type: none"> Maintain schedule of O/I sessions in HANA Continue to conduct O/I sessions Units shall conduct orientation/intake sessions via telephone or video, when requested by a participant Obtain updated contact information for each participant including email address and mobile phone numbers, if any 	<ul style="list-style-type: none"> Establish revised schedule of O/I sessions in HANA An O/I session shall be conducted remotely via telephone or video for each participant who is scheduled to attend Case managers shall assist the unit supervisor to conduct individual O/I sessions Required forms such as DHS 714/714A shall be emailed or mailed via USP to each participant. Provide participants with reasonable amount of time to return the signed 714/714A forms <Include stamped return envelopes?> 	<ul style="list-style-type: none"> Waive or postpone O/I attendance requirement? Conduct a truncated version of O/I via telephone or video? Participants shall be informed in-person office visits will not be allowed during this period
C.	UFUE		<ul style="list-style-type: none"> Upfront activities shall remain status quo. Adjustments to job readiness training classes shall be made when appropriate If an applicant participant is quarantined (mandated or voluntary), schedule job search activities and provide homework assignments in lieu of job readiness training classes. Total hours of job search activities and homework assignments shall be equivalent to the 	<ul style="list-style-type: none"> Establish internet/online job search activities and homework assignments in lieu of in-class job readiness training. Total hours of job search activities and homework assignments shall be equivalent to the total number of job readiness training class hours. What if an applicant participant does not have internet access (i.e. mobile phone without data, no Wi-Fi, or no computer equipment)? Allow on a case-by-case basis, 	<ul style="list-style-type: none"> Postpone or waive UFUE activity requirements? If UFUE requirements were postponed, job readiness training class shall be scheduled after normal business operations resume for participants whose UFUE requirements were postponed If UFUE requirements are waived, participants shall not be required to complete job readiness

II. PROGRAM IMPLEMENTATION		SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH
		<p>total number of job readiness training class hours</p> <ul style="list-style-type: none"> ▪ Applicant participants who are not quarantined shall be required to fulfill UFUE requirements. Appropriate action shall be taken if applicant participants do not comply 	<p><i>participants to come into the office to utilize unit's computer lab/Job Club?</i></p> <ul style="list-style-type: none"> ▪ Participants to submit, via email or USPS mail, verification of completed job search activities and homework assignments 	<p><i>training class after normal business operations resume. However, appropriate arrangements shall be made to ensure participants create a new or update an existing resume</i></p>
D. OFFICE VISITS (Other than O/I and UFUE)				
	1. ESSENTIAL	<ul style="list-style-type: none"> ▪ Conduct any necessary appointments via telephone or video, when possible, to minimize the amount of social contact ▪ If an office visit is necessary, staff shall contact participants prior to the scheduled meeting date to inquire about the participant's current health conditions or signs of symptoms 	<ul style="list-style-type: none"> ▪ Limit office visits to urgent purposes only—conduct barrier assessments and develop barrier reduction plans, address situations involving domestic violence or another crisis ▪ If an office visit is determined necessary, staff shall contact participants prior to the scheduled meeting date to inquire about the participant's current health conditions or signs of symptoms 	<ul style="list-style-type: none"> ▪ In-person office visits shall not be scheduled ▪ Assessments, interviews, and other counseling services shall be conducted via telephone or video for only situations determined to be of urgent nature ▪ "Drop-In" office visits shall not be allowed ▪ Provide a "drop-off" box outside the office or building ▪ All program forms and other written documents shall be sent via email or USPS mail. Outgoing USPS mail shall include stamped return envelopes
	2. NON-ESSENTIAL	N/A	<ul style="list-style-type: none"> ▪ Postpone all office visits for non-urgent matters or arrange to conduct appointments via telephone or video 	<ul style="list-style-type: none"> ▪ Postpone all office visits for non-urgent matters until further notice
E. PROGRAM PARTICIPATION – WORK ACTIVITIES				
	1. ESSENTIAL		<ul style="list-style-type: none"> ▪ Staff shall review the employment plans for participants with existing scheduled work activities and determine whether a 	<ul style="list-style-type: none"> ▪ Staff shall grant excused absence and holiday hours for non-paid work activities

II. PROGRAM IMPLEMENTATION			SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH
				<p>participant needs to stop, postpone or reschedule any activities due to potential risks</p> <ul style="list-style-type: none"> ▪ Staff shall grant good cause on a case-by-case basis ▪ Good cause shall be granted if a participant is unable to secure or utilize his/her childcare provider 	<ul style="list-style-type: none"> ▪ Good cause shall be granted for employed participants and in excess of excused absence hours for participants engaged in non-paid work activities ▪ Granted excused absence, holiday hours and good cause shall be
	2.	NON-ESSENTIAL			
F. INCOMING/OUTGOING MAIL - PROGRAM FORMS, WRITTEN COMMUNICATION, OTHER DOCUMENTS					
	1.	ESSENTIAL	<ul style="list-style-type: none"> ▪ Encourage participants to submit required work verification and documents via email or USPS mail 	<ul style="list-style-type: none"> ▪ Participants shall be instructed to submit verification of work activities and other requested documents via email or USPS mail. If documents need to be submitted in-person (e.g. to meet deadline), provide participants with instructions where and how documents may be dropped off. ▪ Provide a “drop-off” box outside the office or building ▪ Blank forms required by the participants shall be sent via email or USPS mail. Outgoing USPS mail shall <i>include stamped return envelopes</i>. 	<ul style="list-style-type: none"> ▪
	2.	NON-ESSENTIAL	N/A	<ul style="list-style-type: none"> ▪ Scanning of forms/documents into participants’ ECF shall be done when time permits or when determined necessary (e.g. sending DHS 840 to processing center) 	<ul style="list-style-type: none"> ▪ Scanning of forms/documents into participants’ ECF shall be postponed
G. SUPPORTIVE SERVICES					

II. PROGRAM IMPLEMENTATION		SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH
1.	<p>ESSENTIAL</p> <p><i>Need for contracted supportive services—SEE (Goodwill) Ho`ala/Job Club (City & County of Honolulu), job developers (DLIR), DV services (CFS/YWCA Kauai), Bridge-To-Hope (UH), Continuing Education (KapCC and LCC)</i></p>	<ul style="list-style-type: none"> ▪ Staff shall continue to issue supportive services to participants, when determined appropriate, to ensure ongoing engagement and compliance with program requirements ▪ Staff shall confirm any changes to participants’ support services and document in the HANA Log of Contacts ▪ Staff shall establish a list of participants authorized to receive monthly bus passes ▪ <i>Staff to create list of assigned participants and identify the ongoing support services each participant is authorized to receive, e.g. childcare subsidies, bus passes, mileage reimbursements? If COP moves into stage 2 or 3, staff who will be maintaining operations will know what support services to issue and minimize efforts to “research” in HANA and ECF</i> 	<ul style="list-style-type: none"> ▪ Support services shall be granted on a case-by-case basis. Consideration shall be made whether participants continue to or are able to fulfill work activity requirements, e.g. whether college classes were cancelled, CWEP sites/employers temporarily closed business or reduced business hours, etc. ▪ Staff shall confirm any changes to participants’ support services and document in the HANA Log of Contacts ▪ Childcare subsidies – confirm with participants who receive childcare subsidies whether provider or facility continues to operate or whether hours of care have been reduced or changed. Authorize childcare when determined appropriate. ▪ Mileage reimbursements – continue to issue payments as usual. Participants may rely on receiving the reimbursements to purchase necessary food and supplies in preparation for severe pandemic. ▪ DV advocacy services shall continue based on whether the contractor’s availability and ability to deliver the services. Other arrangements or methods shall be considered if continuum of service is necessary ▪ Bus passes shall be issued for participants who have been 	<ul style="list-style-type: none"> ▪ Any pending support service payments that were received prior to “High” status (COP stage 3), shall be authorized and issued ▪ Issue support service payments only when it is determined an emergency. Participants may rely on a mileage reimbursement to purchase necessary food/ supplies, put gas in vehicle, etc.
2.	<p>NON-ESSENTIAL</p>	N/A	<ul style="list-style-type: none"> ▪ Issuance of work- and education-related expenses shall be issued only if it was confirmed schools/employers continue to operate. 	

II. PROGRAM IMPLEMENTATION			SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH
				<ul style="list-style-type: none"> ▪ Other supportive services such as referrals to SEE and job developers, JOB Club, etc. shall be postponed ▪ 	
H.	SYSTEM-RELATED TASKS				
	1.	ESSENTIAL		<ul style="list-style-type: none"> ▪ Reported/verified work activity hours needed to issue support service payments ▪ Authorize essential support service payments ▪ Document pertinent information in the HANA Log of Contacts ▪ Update participant contact information (i.e. mailing address, email, primary phone number, emergency contact person) if change is reported 	
	2.	NON-ESSENTIAL	N/A	<ul style="list-style-type: none"> ▪ All other system-related actions may be delayed. Complete if staff and time is available 	

III. CONTRACTORS – UNIT OPERATIONS			SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH
	1.	ESSENTIAL	<ul style="list-style-type: none"> ▪ Establish alternative work schedules for staff in case COP implementation moves into stage 2 or 3. <i>Consider rotating schedules, e.g. every other day, weekly, bi-weekly, etc.?</i> ▪ Provide instructions and work schedules for staff who may be scheduled to report to work if COP stage 2 or 3 is implemented. 	<ul style="list-style-type: none"> ▪ Limit social contact with participants and general public ▪ Set-up phone equipment, computer and other equipment in the common areas for participants and visitors use. Ensure there is distance between the equipment and areas where people may congregate such as waiting areas. If possible, set-up in isolated room or area. Post instructions for users to follow. 	<ul style="list-style-type: none"> ▪ Staff who are maintaining operations shall avoid social contact with participants and general public ▪

III. CONTRACTORS – UNIT OPERATIONS			SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH
			<ul style="list-style-type: none"> ▪ Identify phone, computer, furniture and other equipment that may be placed in reception or common area that participants and visitors may use in lieu of face-to-face contact. Establish area where equipment/furniture will be set-up. Check inventory of emergency supplies including face masks, gloves, disinfecting cleaning supplies, etc. Replenish if necessary ▪ <i>Should each office need extra computer and phone equipment (not assigned to a position and stored away)? Equipment to be used only in emergency situations, not limited to COP due to pandemic</i> 	<ul style="list-style-type: none"> ▪ Make available supplies of face masks, gloves, disinfecting cleaning supplies ▪ Provide instructions to visitors who are scheduled for office visits ▪ Establish a schedule for “wipe-downs” and designate one staff person to complete task for the day. Continuously clean common surfaces such as doorknobs, phone equipment, counters and desktops, chairs, etc. particularly in public areas (reception, classrooms, bathrooms, etc.) ▪ <i>Do we need to consider AC, air quality, etc.? Keep AC running or turn off, reduce or increase humidity level to shorten life of airborne pathogens (if there is such a thing)?</i> 	
	2.	NON-ESSENTIAL	<ul style="list-style-type: none"> ▪ Establish workflow, floor plan, staging area, etc. (e.g. where incoming mail is to be dropped off, designated area where incoming mail is to be opened, where to place mail for staff, phone/computer to be set-up, etc.) 		<ul style="list-style-type: none"> ▪ Scanning of forms/documents into participants’ ECF shall be postponed ▪

IV. MONITORING			SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH

V. POST-PANDEMIC			SEVERITY – LOW	SEVERITY – MODERATE	SEVERITY - HIGH

Child Care Subsidy COOP Capability

Scenario	Low 10-20 % staff reduction/capacity (existing)	Moderate 25-49 % staff reduction/capacity	Severe/High 50% or more reduction in capacity
<p>Essential Operations:</p> <p>Child Care Connection Hawaii (ResCare) 6 offices statewide – 2 on Oahu, 1 on Kauai, 1 on Maui, and 2 on Hawaii island.</p>		<p>Staff that are in the office continue to process in the following priority:</p> <ol style="list-style-type: none"> 1. Re-determinations (SRFs); 2. Changes reported; and 3. New applications 	<p>Assessing whether closure of offices in “hotspot” areas with affected individuals are necessary.</p> <p>Options for consideration:</p> <ol style="list-style-type: none"> 1. access to HANA data system remotely to work from home, if allowable. 2. ResCare contractor would need to obtain approval from CCPO for the use of DocuSign licenses to allow for signature of documents to update plan of action. 3. ResCare contractor would need to obtain approval from CCPO for the use of Zoom or WebEx if staff need to work from home to hold meetings and use of company or subsidized phones to contact clients for phone interviews or meetings.
<p>Reporting:</p> <p>Child Care Connection Hawaii (ResCare)</p>		<ol style="list-style-type: none"> 1. Notifications, Information, and Directives shall be conveyed to Contract units through the Child Care Program (CCP) Specialist assigned to the contract. 2. CCP Specialist advises CCP Administrator of any concerns with staffing and coverage and verify continuation of services provided for the POD contract unit. 	<ol style="list-style-type: none"> 1. Notifications, Information, and Directives shall be conveyed to Contract units through the Child Care Program (CCP) Administrator or the CCP Program Specialist assigned to the contract if updates are not posted via SharePoint Headlines. 2. CCP Administrator or the CCP Program Specialist shall notify the Contract units’ management staff of any office closures and reopenings, and Contract units’ management staff shall be responsible to contact affected

			Contract units' staff regarding office operations.
			<p>Priorities for resuming operations:</p> <p>Week 1:</p> <p>Staff that are in the office process in the following priority:</p> <ol style="list-style-type: none"> 1. Re-determinations (SRFs); 2. Changes reported; and <p>Weeks 2-4:</p> <ol style="list-style-type: none"> 1. Re-determinations (SRFs); 2. Changes reported; and 3. New applications
			<p>Risks:</p> <p>What happens if the ResCare contractor is unable to sustain operations and provide the CCCH child care subsidy program services to the public from other offices across the state?</p> <p>Is there a possibility for BESSD staff (e.g. First-To-Work) take over CCCH child care subsidy program services (including applications, eligibility determinations, and payments) and DHS would stop paying on the contract with ResCare?</p>
			<p>Additional initiatives for future situations:</p> <p>Email extract out of HANA system for emails for child care subsidy clients, with names and address for mass email updates?</p>

<p>Essential Operations:</p> <p>Preschool Open Doors (PATCH) 1 office statewide for eligibility determinations and case management services. [note: 4 offices on the neighbor islands have staff that do community outreach, education, and support for POD program – but no HANA system access or eligibility/payment.]</p>		<p>Staff that are in the office continue to process in the following priority:</p> <ol style="list-style-type: none"> 1. Changes reported; and 2. New applications 	<p>Assessing whether closure of offices in “hotspot” areas with affected individuals are necessary.</p> <p>Options for consideration:</p> <ol style="list-style-type: none"> 1. access to HANA data system remotely to work from home, if allowable. 2. PATCH contractor would need to obtain approval from CCPO for the use of Zoom or WebEx if staff need to work from home to hold meetings and use of company or subsidized phones to contact clients for phone interviews or meetings.
<p>Reporting:</p> <p>Preschool Open Doors (PATCH)</p>		<ol style="list-style-type: none"> 1. Notifications, Information, and Directives shall be conveyed to Contract units through the Child Care Program (CCP) Specialist assigned to the contract. 2. CCP Specialist advises CCP Administrator of any concerns with staffing and coverage and verify continuation of services provided for the POD contract unit. 	<ol style="list-style-type: none"> 1. Notifications, Information, and Directives shall be conveyed to Contract units through the Child Care Program (CCP) Administrator or the CCP Program Specialist assigned to the contract if updates are not posted via SharePoint Headlines. 2. CCP Administrator or the CCP Program Specialist shall notify the Contract units’ management staff of any office closures and reopenings, and Contract units’ management staff shall be responsible to contact affected Contract units’ staff regarding office operations.

			<p>Priorities for resuming operations:</p> <p>Week 1:</p> <ol style="list-style-type: none"> 1. Applications received (if before 4/30/20); <p>Weeks 2-4:</p> <ol style="list-style-type: none"> 1. Applications received (if before 4/30/20); 2. Selected for program; and 3. Enrollment into POD program
			<p>Risks:</p> <p>What happens if the ResCare contractor is unable to sustain operations and provide the POD child care subsidy program services to the public from other offices across the state?</p> <p>Is there a possibility for BESSD staff (e.g. First-To-Work) take over POD child care subsidy program services (including applications, eligibility determinations, and payments) and DHS would stop paying on the contract with PATCH?</p>
			<p>Additional initiatives for future situations:</p> <p>Email extract out of HANA system for emails for child care subsidy clients, with names and address for mass email updates?</p>

Child Care Licensing COOP Capability from Policy/Program Perspective

Scenario	Low	Moderate	Severe/High
		<p>Policy flexibility: Respond to Branch’s questions that are received.</p>	<p>Policy flexibility: Respond to Branch’s questions that are received.</p>
			<p>Priorities for resuming operations:</p> <p>Week 1:</p> <ol style="list-style-type: none"> 1. Licenses or registrations that have expired – drop-in visit and issue Provisional License or Registration <p>Weeks 2-4:</p> <ol style="list-style-type: none"> 1. Licenses or registrations that are expiring this calendar month and do a drop-in visit and issue Provisional license or registration; 2. Annual or biennial visits required that are past due; 3. Drop-in visits that are past 6 months; 4. Completion of pending background check requests (initial); 5. Completion of pending background check requests (annual); and <p>Weeks 5 and on:</p> <ol style="list-style-type: none"> 1. Processing applications.
			<p>Reporting:</p> <ol style="list-style-type: none"> 1. Notifications, Information, and Directives shall be conveyed to CCL units through the Statewide Branch Administrator/Section Administrators. 2. SBA or SAs advise Child Care Program (CCP) Administrator or the CCP Specialist assigned to the Child Care Licensing if any issues are identified. 3. CCP Administrator or the CCP Program Specialist shall notify the SBA/SA of any policy guidance needed for CCL offices.
			<p>Additional initiatives for future situations: Email extract out of HANA system for emails for child care providers, with names and address for mass email updates?</p>

DHS efforts / scenarios for Child Care Providers

Scenario	Low	Moderate	Severe/High
		<p>Emails from CCL units to the child care providers about information updates or website links with posted information from Hawaii Department of Health or the Centers for Disease Control.</p>	<p>Emails from CCL units to the child care providers about information updates or website links with posted information from Hawaii Department of Health or the Centers for Disease Control.</p>
			<p>CCL workers may call the child care providers when there are specific hotspot areas or concerns about continued operations of a child care facility.</p> <p>Hawaii Department of Health would contact child care facilities directly when a known case or person under investigation is associated to the child care facility. HDOH will advise child care facility and DHS regarding next steps and any need for closure of the child care facility.</p>
			<p>Child Care Program Office will advise CCCH, First-To-Work, and Preschool Open Doors offices if there are any child care facilities that are being closed by Hawaii Department of Health.</p>
			<p>Additional initiatives for future situations: Email extract out of HANA system for emails for child care providers, with names and address for mass email updates?</p>

DHS efforts / scenarios for other contracted services by CCPO

Scenario	Low	Moderate	Severe/High
		<p>Emails from CCPO program specialist to contracted providers about information updates or website links with posted information from Hawaii Department of Health or the Centers for Disease Control.</p>	<p>Emails from CCP specialist to contracted providers about information updates or website links with posted information from Hawaii Department of Health or the Centers for Disease Control.</p>
		<p>Contracted provider notifies CCP specialist assigned to the contract of any concerns or issue with provision of contracted services.</p> <p>CCP specialist advise CCP Administrator of concerns/issues and CCP Administrator advise of any other actions for contracted provider to take.</p>	<p>Contracted provider notifies CCPO program specialist assigned to the contract of any concerns or issue with provision of contracted services or office closures.</p> <p>CCP specialist advise CCP Administrator of concerns/issues and CCP Administrator advise of any other actions for contracted provider to take.</p> <p>CCPO provide contracted provider with guidance as to resuming operations after office closures/service cessation.</p>

Homeless Programs Office Plan			
Area/Service	Low (10%-20% staff reduction)	Moderate (20%-40% staff reduction)	High (50%+ staff reduction)
HPO Office	<ul style="list-style-type: none"> Review information, maintain open communication, plan and prepare Practice everyday protection continue work “as is” 	<ul style="list-style-type: none"> Continue to keep informed Practice everyday protection Implement Plan – shift or revise staff responsibilities and/or assignments Mostly desk monitoring Continue processing payments to Providers 	<ul style="list-style-type: none"> Continue to keep informed Practice everyday protection Staff work from home, Telework. Files/Drives saved to OneDrive Rotate staff to come to office to check mail, scan/send to appropriate specialist. Does HPO have the ability to provide PPE to specialists? Work reduced bare minimum to process payments so Providers can continue
HPO Outreach	<ul style="list-style-type: none"> MEMO #1 sent 3/5/20, links to resources for information from DOH, CDC, and HUD MEMO #2 sent 3/6/20, Plan and Prepare. Review, update and implement emergency operations plan. Links to resources: HUD Webinar, CDC interim guidance for businesses and employers, NPI information, DOH, CDC, FEMA, HIEMA Email - DHS Website with links for Provider/Vendor/Contractor to receive updates MEMO #3 will be sent week of 3/23/20, Weekly reports begin 4/3/20. Report to include six key points: <ol style="list-style-type: none"> Percentage of staff shortage due to employees staying home, using Sick/Vacation Leave, LWOP, illness, unable to work. What operations are affected by shortage of staff. 	<ul style="list-style-type: none"> Review, test, and update plan Continue sending weekly report (MEMO #3) Practice everyday protection 	<ul style="list-style-type: none"> Services on hold / Stop Payments from HPO continue Performance Measures Outcome (PMO) payments paid in full

	<p>3. Number of staff being monitored/isolated for COVID-19 by DOH.</p> <p>4. Number of clients being monitored/isolated for COVID-19 by DOH.</p> <p>5. Number of staff hospitalized with COVID-19.</p> <p>6. Number of clients hospitalized with COVID-19.</p> <p>Report is used to identify the level of severity for each agency/program.</p> <ul style="list-style-type: none"> Practice everyday protection 		
HPO Shelters, FAC, VOM	<ul style="list-style-type: none"> MEMO #1 MEMO #2 Email - DHS Website with links MEMO #3 Practice everyday protection 	<ul style="list-style-type: none"> Review, test, and update plan Practice everyday protection Continue sending weekly report (MEMO #3) Public Health Nurses for assessment of shelter to determine need for sheltering in place 	<p>Essential Service</p> <ul style="list-style-type: none"> Shelter in place. Can DHS/HPO provide PPE to essential staff? No new client enrollment Payments from HPO continue, regardless of ability to perform Scope of Work in its entirety due to staff shortage PMO paid in full
HPO PSH/HF	<ul style="list-style-type: none"> MEMO #1 MEMO #2 Email - DHS Website with links MEMO #3 Practice everyday protection 	<ul style="list-style-type: none"> Review, test, and update plan Practice everyday protection Continue sending weekly report (MEMO #3) Public Health Nurses for assessment of shelter to determine need for sheltering in place 	<p>Essential Service</p> <ul style="list-style-type: none"> Shelter in place. Can DHS/HPO provide PPE to essential staff? No new client enrollment Payments continue, regardless of ability to perform Scope of Work in its entirety due to staff shortage PMO paid in full
HPO SHEG	<ul style="list-style-type: none"> MEMO #1 MEMO #2 Email - DHS Website with links MEMO #3 Practice everyday protection 	<ul style="list-style-type: none"> Review, test, and update plan Continue sending weekly report (MEMO #3) Practice everyday protection 	<ul style="list-style-type: none"> No new client enrollment Continue to provide financial assistance for active clients No case management services Payments from HPO continue PMO paid in full
HPO RRH, HPP, CSHI	<ul style="list-style-type: none"> MEMO #1 	<ul style="list-style-type: none"> Review, test, and update plan 	<ul style="list-style-type: none"> No new client enrollment

	<ul style="list-style-type: none"> • MEMO #2 • Email - DHS Website with links • MEMO #3 • Practice everyday protection 	<ul style="list-style-type: none"> • Continue sending weekly report (MEMO #3) • Practice everyday protection 	<ul style="list-style-type: none"> • Continue to provide financial assistance for active clients • No case management services • Payments from HPO continue • PMO paid in full
HPO Queen's ER, Queen's MR, CQC, Ka Mana, GIA	<ul style="list-style-type: none"> • MEMO #1 • MEMO #2 • Email - DHS Website with links • MEMO #3 • Practice everyday protection 	<ul style="list-style-type: none"> • Review, test, and update plan • Continue sending weekly report (MEMO #3) • Practice everyday protection 	<ul style="list-style-type: none"> • Services on hold / Stop • Payments from HPO continue • PMO (if applicable) paid in full

Questions/Challenges:

- Payments made during High Level are contingent on staff availability at other departments. Plan assumes all other offices will be operational.
- What does HPO do with Shelter RFP?
 - Put RFP on hold and continue with Supplemental Contract (current contracts have one more FY/extension)?
- What about all other services currently in process of Supplemental Contract for next FY?
- DAG (Melissa Lewis) – Would HPO Contracts be reviewed, working towards execution?
- FMO – will FMO be able to continue to process payments? What about new purchase orders for executed Supplemental Contracts?
- DIR Office – will remain open? Necessary signatures to execute Supplemental Contracts
- USPS – will mail service continue without disruption?
- Can DHS provide PPE to HPO staff in office and Essential Provider staff?

SNAP Office:

The SNAP Office provides programmatic and policy guidance and support to line staff to carry out the SNAP program. Additional functions include submittal of federal reports, conducting management reviews, responding to inquiries from other offices, Divisions, Departments, Legislature, States, federal agencies, and the general public, and procuring of services such as outreach and SNAP Employment and Training services. The current staffing for the office is 1 Supervisor, 1 Secretary, 4 Program Specialist.

Depending of the level of severity, the following are the planned actions in the event in the event of a COVID-19 outbreak:

Severity:	Immediate Action	Follow-up Action	Planning	Notes
Low – No cases of confirmed COVID-19.	None	<ul style="list-style-type: none"> Emphasize prevention practices such as hand washing and routine cleaning of surfaces. Communicate with staff the COOP. 	None	None
Moderate – Confirmed case of COVID-19, or potential confirmed case	<ul style="list-style-type: none"> Request staff to stay at home pending doctor’s note for specific return date. Contact DOH for additional guidance to provide remaining staff. Contact contractors (if applicable) to advise them of the situation. Advise Department and Division of the situation. 	<ul style="list-style-type: none"> Identify any immediate pending work items needing follow up for the absent staff member, and reassign if needed. Allow for telework, if option is available. 	Begin to plan for Severity level to increase from Moderate to High.	Need to get clarification from HR that we can require staff to not report to the office for potential case.
High – Multiple confirmed cases of COVID-19, or potential confirmed cases.	<ul style="list-style-type: none"> Notify Department, Division, and FNS of the situation. Ensure that staff do not report to the office until cleared by their doctor. 	<ul style="list-style-type: none"> Issue a letter to contractors advising them of the situation and requesting their patience during this period. Allow for telework if option is available. Review the pending work of absent staff and determining work needing to be done based on immediacy. 	Discuss with Division and Department about considering quarantine to control the situation.	

G. DELEGATIONS OF AUTHORITY

At the height of a pandemic wave, absenteeism may reach a peak of 40 percent. As such, delegations of authority will be critical in some business units.

a. Three Deep per Responsibility

DHS will plan for delegations of authority that are at least three deep per responsibility to take into account for the expected rate of absenteeism.

Succession planning ensures the continued effective performance of the department/agency/ office by making provisions for the replacement of people in key positions. Succession orders should be of enough depth to ensure the department’s/agency’s/office’s ability to manage, direct, and perform essential functions through any emergency. Geographical dispersion is encouraged, consistent with the principle of providing succession to Benefit, Employment and Support Services Division in emergencies of all types.

The following lists the key positions by essential function, the successors for the position, and the conditions for succession.

BESD ORDERS OF SUCCESSION					
Essential Function	Key Position / Personnel	Successor 1 (By position)	Successor 2 (By position)	Successor 3 (By position)	Condition for Succession
Overall administration of the Division	Division Administrator	Assistant Division Administrator	Statewide Branch Administrator	Administrative Management Services Administrator	Incapacitation or absence of key position/personnel
Provide cash assistance program for families with children and disabled adults who are receiving benefits	Financial Program Administrator	Assistant Division Administrator	Financial Program Specialist V within Financial Program Office	Financial Program Specialist V within Financial Program Office	Incapacitation or absence of key position/personnel
Process benefit applications for cash assistance and SNAP	Statewide Branch Administrator	Assistant Statewide Branch Administrator	Division Administrator	Section Administrator	Incapacitation or absence of key position/personnel
Maintain Supplemental Nutrition Assistance	SNAP Administrator and EBT	Assistant Division Administrator	SNAP Program Specialist V and Administrative	SNAP Program Specialist V and Division	Incapacitation or absence of key position/personnel

BESSD ORDERS OF SUCCESSION					
Essential Function	Key Position / Personnel	Successor 1 (By position)	Successor 2 (By position)	Successor 3 (By position)	Condition for Succession
Program (SNAP - food stamps) benefits for households via EBT access	Administrator	and EBT Program Specialist	Management Support Administrator	Administrator	
Process DSNAP (Disaster SNAP) applications	SNAP Administrator and EBT Administrator	Assistant Division Administrator and EBT Program Specialist	SNAP Program V Specialist and Administrative Management Support Administrator	SNAP Program V Specialist and Division Administrator	Incapacitation or absence of key position/personnel
Set policy and establish the policy and procedures for operations and contract vendors to provide employment or work case management services to clients who are federally mandated to participate in work programs	Employment and Training Administrator	Assistant Division Administrator	Employment and Training Specialist V	Employment and Training Specialist IV	Incapacitation or absence of key position/personnel
Inspection of new and current licensed facilities (center based and home based) to determine that they meet minimum health and safety requirements to care for children	Child Care Program Administrator	Assistant Division Administrator	Child Care Program Specialist V	Child Care Program Specialist IV	Incapacitation or absence of key position/personnel
Maintain ongoing payments to child care subsidy recipients	Child Care Program Administrator	Assistant Division Administrator	Child Care Program Specialist V	Child Care Program Specialist V	Incapacitation or absence of key position/personnel
Maintain reception of funds from state and federal government to fund the provision of services for the	Homeless Programs Administrator	Assistant Division Administrator	Homeless Program Specialist V	Homeless Program Specialist IV	Incapacitation or absence of key position/personnel

BESSD ORDERS OF SUCCESSION					
Essential Function	Key Position / Personnel	Successor 1 (By position)	Successor 2 (By position)	Successor 3 (By position)	Condition for Succession
homeless (homeless shelters and outreach)					
Investigation of fraud referrals and maintain restitution activities.	Chief Investigator	Division Administrator	Assistant Division Administrator	Investigator V	Incapacitation or absence of key position/personnel

*** Note:** The Division Administrator is identified as the County of Honolulu Coordinator for the Department should the Department's emergency plan be enacted. In that event, the Assistant Division Administrator would assume the Division Administrator duties for the Division.

Delegation of Authority in COOP planning ensures rapid response to an emergency that requires COOP Plan activation.

The types of authority that are addressed are emergency authority and administrative authority.

Emergency Authority refers to the ability to make decisions related to an emergency, such as deciding whether to activate a COOP Plan, deciding whether to evacuate a building, or determining which personnel should report for their duties.

Administrative Authority refers to the ability to make decisions that have effects beyond the duration of the emergency. Unlike emergency authority, administrative authority does not have a built-in expiration date. Such decisions involve policy determinations and include hiring and dismissal of employees and allocation of fiscal and non-monetary resources.

A successor's authority is either full or limited.

Full – Successor will assume full responsibility for essential function(s) during a COOP event.

Limited – Successor will assume limited responsibility for essential function(s) during a COOP event. If a successor's responsibility is limited the limitations need to be defined.

Rules and Procedures for Delegating Authority

This delegation of authority component requires a list of conditions or events that will trigger the delegation of authority for each key position. Activation of any delegation of authority is tied to the level of threat or the category of emergency. How the designee will assume authority and how staff will be notified of the delegation are included in following tables.

Limitations of Authority and Accountability of the Delegation

Limitations on the delegation are often restrictions on the duration, extent, or scope of the authority. Officials who may be expected to assume authority in an emergency are trained to perform their emergency duties.

Delegation of Authority outlines the breadth and depth of responsibility of the successor for the following:

- Each essential function
- Each key position

The following tables lists the position(s) being delegated and the specific authority or task(s) to be performed along with the types of authority being granted. Also listed in the table are:

- The activities or actions that would trigger a delegation of authority
- Rules governing the successor's ability to exercise authority
- Procedures that must be followed before successors exercise authority
- Any limitations of authority

b. Geographic Dispersion

DHS will plan for geographical dispersion of delegations of authority, taking into account the regional nature of an outbreak.

H. ORDERS OF SUCCESSION

BESSD DELEGATION OF AUTHORITY – SUCCESSOR 1							
Essential Function	Successor Position 1	Type of Authority	Authority	Triggering Conditions	Rules	Procedures	Limitations
Overall administration of the Division	Assistant Division Administrator	Full	Emergency	Incapacitation or absence of key position/personnel	N/A	N/A	None
Provide cash assistance program for families with children and disabled adults who are receiving benefits	Assistant Division Administrator	Full	Emergency	Incapacitation or absence of key position/personnel	Administrative rules within Program Office	N/A	None
Process benefit applications for cash assistance and SNAP	Assistant Statewide Branch Administrator	Full	Emergency	Incapacitation or absence of key position/personnel	Administrative rules within Program Office	N/A	None
Maintain Supplemental Nutrition Assistance Program (SNAP - food stamps) benefits for households via EBT access	Assistant Division Administrator and EBT Program Specialist	Full	Emergency	Incapacitation or absence of key position/personnel	Administrative rules and DSNAP Plan	DSNAP Plan	None
Process DSNAP (Disaster SNAP) applications	Assistant Division Administrator and EBT Program Specialist	Full	Emergency	Incapacitation or absence of key position/personnel	Administrative rules and DSNAP Plan	DSNAP Plan	None

BESSD DELEGATION OF AUTHORITY – SUCCESSOR 1

Essential Function	Successor Position 1	Type of Authority	Authority	Triggering Conditions	Rules	Procedures	Limitations
Set policy and establish the policy and procedures for operations and contract vendors to provide employment or work case management services to clients who are federally mandated to participate in work programs	Assistant Division Administrator	Full	Emergency	Incapacitation or absence of key position/personnel	Administrative rules with Program Office	Procedures Manual	None
Inspection of new and current licensed facilities (center based and home based) to determine that they meet minimum health and safety requirements to care for children	Assistant Division Administrator	Full	Emergency	Incapacitation or absence of key position/personnel	Administrative Rules State Plan	Emergency Response Plan	None
Maintain ongoing payments to child care subsidy recipients	Assistant Division Administrator	Full	Emergency	Incapacitation or absence of key position/personnel	Administrative Rules State Plan	Emergency Response Plan	None
Maintain reception of funds from state and federal government to fund the provision	Assistant Division Administrator	Full	Emergency	Incapacitation or absence of key position/personnel	Administrative rules with Program Office	Procedural manual	None

BESSD DELEGATION OF AUTHORITY – SUCCESSOR 1

Essential Function	Successor Position 1	Type of Authority	Authority	Triggering Conditions	Rules	Procedures	Limitations
of services for the homeless (homeless shelters and outreach)							
Investigation of fraud referrals and maintain restitution activities	Division Administrator	Full	Emergency	Incapacitation or absence of key position/personnel	Administrative rules with Program Office	Procedural manual	None

BESSD DELEGATION OF AUTHORITY – SUCCESSOR 2							
Essential Function	Successor Position 2	Type of Authority	Authority	Triggering Conditions	Rules	Procedures	Limitations
Overall administration of the Division	Statewide Branch Administrator	Full	Emergency	Incapacitation or absence of 1st successor position/personnel	N/A	N/A	None
Provide cash assistance program for families with children and disabled adults who are receiving benefits	Financial Program Specialist V within Financial Program Office	Full	Emergency	Incapacitation or absence of 1 st successor position/personnel	Administrative rules within Program Office	N/A	None
Process benefit applications for cash assistance and SNAP	Division Administrator	Full	Emergency	Incapacitation or absence of 1 st successor position/personnel	Administrative rules within Program Office	N/A	None
Maintain Supplemental Nutrition Assistance Program (SNAP - food stamps) benefits for households via EBT access	SNAP Program Specialist V and Administrative Management Support Administrator	Full	Emergency	Incapacitation or absence of 1 st successor position/personnel	Administrative rules and DSNAP Plan	DSNAP Plan	None
Process DSNAP (Disaster SNAP) applications	SNAP Program Specialist V and Administrative Management Support Administrator	Full	Emergency	Incapacitation or absence of 1 st successor position/personnel	Administrative rules and DSNAP Plan	DSNAP Plan	None
Set policy and establish the policy and procedures for	Employment and Training Specialist V	Full	Emergency	Incapacitation or absence of 1 st successor position/personnel	Administrative rules with Program Office	Procedures Manual	None

BESSD DELEGATION OF AUTHORITY – SUCCESSOR 2

Essential Function	Successor Position 2	Type of Authority	Authority	Triggering Conditions	Rules	Procedures	Limitations
operations and contract vendors to provide employment or work case management services to clients who are federally mandated to participate in work programs							
Inspection of new and current licensed facilities (center based and home based) to determine that they meet minimum health and safety requirements to care for children	Child Care Program Specialist V	Full	Emergency	Incapacitation or absence of 1 st successor position/personnel	Administrative Rules State Plan	Emergency Response Plan	None
Maintain ongoing payments to child care subsidy recipients	Child Care Program Specialist V	Full	Emergency	Incapacitation or absence of 1 st successor position/personnel	Administrative Rules State Plan	Emergency Response Plan	None
Maintain reception of funds from state and	Homeless Program Specialist V	Full	Emergency	Incapacitation or absence of 1 st successor position/personnel	Administrative rules with Program Office	Procedural manual	None

BESSD DELEGATION OF AUTHORITY – SUCCESSOR 2							
Essential Function	Successor Position 2	Type of Authority	Authority	Triggering Conditions	Rules	Procedures	Limitations
federal government to fund the provision of services for the homeless (homeless shelters and outreach)							
Investigation of fraud referrals and maintain restitution activities	Assistant Division Administrator	Full	Emergency	Incapacitation or absence of 1st successor position/personnel	Administrative rules with Program Office	Procedural manual	None

BESSD DELEGATION OF AUTHORITY – SUCCESSOR 3

Essential Function	Successor Position 2	Type of Authority	Authority	Triggering Conditions	Rules	Procedures	Limitations
Overall administration of the Division	Administrative Management Support Administrator	Full	Emergency	Incapacitation or absence of 2nd successor position/personnel	N/A	N/A	None
Provide cash assistance program for families with children and disabled adults who are receiving benefits	Financial Program Specialist V within Financial Program Office	Full	Emergency	Incapacitation or absence of 2nd successor position/personnel	Administrative rules within Program Office	N/A	None
Process benefit applications for cash assistance and SNAP	Section Administrator	Full	Emergency	Incapacitation or absence of 2nd successor position/personnel	Administrative rules within Program Office	N/A	None
Maintain Supplemental Nutrition Assistance Program (SNAP - food stamps) benefits for households via EBT access	SNAP Program Specialist V and Division Administrator	Full	Emergency	Incapacitation or absence of 2 nd successor position/personnel	Administrative rules and DSNAP Plan	DSNAP Plan	None
Process DSNAP (Disaster SNAP) applications	SNAP Program Specialist V and Division Administrator	Full	Emergency	Incapacitation or absence of 2 nd successor position/personnel	Administrative rules and DSNAP Plan	DSNAP Plan	None
Set policy and establish the policy and procedures for operations and contract	Employment and Training Specialist IV	Full	Emergency	Incapacitation or absence of 2 nd successor position/personnel	Administrative rules with Program Office	Procedures Manual	None

BESSD DELEGATION OF AUTHORITY – SUCCESSOR 3

Essential Function	Successor Position 2	Type of Authority	Authority	Triggering Conditions	Rules	Procedures	Limitations
vendors to provide employment or work case management services to clients who are federally mandated to participate in work programs							
Inspection of new and current licensed facilities (center based and home based) to determine that they meet minimum health and safety requirements to care for children	Child Care Program Specialist IV	Full	Emergency	Incapacitation or absence of 2 nd successor position/personnel	Administrative Rules State Plan	Emergency Response Plan	None
Maintain ongoing payments to child care subsidy recipients	Child Care Program Specialist V	Full	Emergency	Incapacitation or absence of 2 nd successor position/personnel	Administrative Rules State Plan	Emergency Response Plan	None
Maintain reception of funds from state and federal government to	Homeless Program Specialist IV	Full	Emergency	Incapacitation or absence of 2 nd successor position/personnel	Administrative rules with Program Office	Procedural manual	None

BESSD DELEGATION OF AUTHORITY – SUCCESSOR 3

Essential Function	Successor Position 2	Type of Authority	Authority	Triggering Conditions	Rules	Procedures	Limitations
fund the provision of services for the homeless (homeless shelters and outreach)							
Investigation of fraud referrals and maintain restitution activities	Investigator V	Full	Emergency	Incapacitation or absence of 2 nd successor position/personnel	Administrative rules with Program Office	Procedural manual	None

CONTINUITY OF OPERATIONS PLAN
COVID-19 SUPPLEMENT TO THE PANDEMIC ANNEX
April 21, 2020

The State of Hawaii Department of Human Services (DHS) is taking aggressive and proactive actions to protect the health and safety of the individuals and families we serve by maintaining essential services to help the people of Hawaii during this COVID-19 crisis. The commitment of the DHS staff to ensure that processing times are as quick as possible and that the department is responsive to the needs of the community and questions they may have, is unparalleled.

DHS leadership took early action by developing the Pandemic Annex to the DHS Continuity of Operations Plan (COOP) that was submitted to the State and Senate on March 13, 2020.

The Annex provided guidance to DHS and served as the DHS plan for maintaining essential functions and services during a pandemic. By its very nature pandemics are constantly changing and the Annex meant to serve as a foundation on which specific actions would be based.

The challenges posed by the COVID-19 pandemic are unprecedented and required bold and creative planning and execution to ensure all DHS essential services are provided in an uninterrupted but modified manner, while maintaining social distance and working remotely. This meant limiting face-to-face contact with the public to protect the health and safety of everyone, especially vulnerable individuals, as well as DHS employees and providers.

Current workload increases due to the COVID19 Pandemic:

Med-QUEST:

QUEST applications in April 2019 vs April 2020

April 2019 = 9,626

April 2020 = 13,425

Percentage increase = 40%

QUEST Enrollment in April 2019 vs April 2020

April 2019 = 331,742

April 2020 = 342,205

Percentage increase in Enrollment = 3.15%

Average time to process: 1-2 days average

Website – medquest.hawaii.gov

SNAP/Financial Applications:

Between March 23-April 16, 2020

Applications Received = 7,528

Applications Approved = 7,238

Average time to process – 2 days average

Website – humanservices.hawaii.gov

DHS HAS TAKEN THE FOLLOWING ACTIONS TO ENSURE CONTINUITY OF SERVICES TO INCLUDE:

Vital Resources Amid COVID-19 listed on the DHS website homepage:

Since March 9, 2020, there has been a COVID-19 information resource page on the homepage of the DHS website that is continually updated and supports community members, providers, vendors and contractors. In addition, the Director has consistently reached out to staff and the community at large to ensure DHS benefits and services would be offered uninterrupted.

Health Care Coverage:

Like all other health care services provided, there are no co-pays for services related to COVID-19 for Med-QUEST. We are encouraging the community to apply online if anyone is in need of health care insurance. If people do not have access to a computer to apply online, staff are available to help complete an application over the phone. Please note that due to the current situation, phone wait times are longer than usual. We also have drop boxes outside of our offices where individuals can drop off things if they have to.

More details with application links and contact phone numbers are available on Med-QUEST's website at <https://medquest.hawaii.gov/en/about/recent-news/2020/CoronaVirus.html>.

Med-QUEST has postponed implementing new contracts regarding health plans until further notice as we are fully devoted to responding to this public health crisis and making sure Med-QUEST beneficiaries continue to receive the care they need.

Eligibility for Medicaid/Medicaid Members:

We have suspended disenrollments from Medicaid during this public health emergency. If people do receive a notice that they will be disenrolled, they can be reassured that we will keep

them on/restore. They can call us if they are concerned. We are allowing people new to Medicaid to self-attest to their income and enroll even if our automated data checks show a discrepancy. We will give 90 days to provide their income information, up from 15 days. Additional time (120 days) to request fair hearing for beneficiaries.

Health Care Delivery System:

1135 Waiver Flexibilities:

Streamlined provider enrollment process.

Allowed waivers to some institutions such as Skilled Nursing Facilities or Hospitals to serve individuals in alternative settings.

Telehealth:

We have expanded what is allowable under telehealth. We are continuing to evaluate how we can expand even further, and if recommendations to suspend some state laws on telehealth may help

Federal Law did include an increase in the federal matching rate of 6.2 percentage points. It will help us meet the increase budget need due to the spike in our caseloads due to the increased number of people applying for Medicaid, and the suspension of disenrollments. We are currently analyzing to see if any additional monies of the 6.2 percentage points may off-set our SFY budget need.

To receive the enhanced FMAP for a given quarter, states must meet certain maintenance of effort requirements, which are:

Maintaining eligibility standards, methodologies, or procedures that are no more restrictive than those in effect on January 1, 2020;

Not increasing premiums above those in effect on January 1, 2020;

Maintain enrollment for individuals enrolled prior to the passage of this legislation and those enrolled after passage of this legislation through the end of the month in which the national emergency is in effect, unless the individual requests termination of eligibility or is no longer a

resident of the state (i.e. all individuals remain enrolled in Medicaid during the national emergency); and

The state must cover COVID-19 testing and treatments without cost sharing.

Health Insurance for currently unemployed:

CARES Act provides emergency grants and forgivable loans to make it easier for businesses to keep employees on their payroll and stay open in the near-term.

The currently unemployed residents will be able to get health insurance through the Federal Exchange or Medicaid based on their income, including UIB.

Adult Day Care Programs:

We did finally receive approval for our 1135 waiver request to allow retention payments as well as a change in scope for Adult Day Care programs that would allow them to provide some of their services via telehealth/telephonic.

Regarding care for our kupuna who have been impacted by the Adult Day Care centers that have already closed across the islands, we have been tracking this on our three times-a-week calls with our health plans.

Supplemental Nutritional Assistance Program (SNAP) and Financial Benefits:

The Benefit, Employment, and Support Services Division (BESSD) of DHS will continue to serve residents throughout the pandemic. There will be no face to face contact to protect the health safety of all involved.

The following changes have been implemented to protect clients and staff during this time:

- There is a reduction in staff at these administrative offices and processing centers, but they are working hard to manage the workload and provide reduced exposure for all.
- Telephone will be the primary means to contact BESSD processing centers and other offices.
- If residents visit a processing center, signage will instruct them to drop off forms in the drop box and to contact the office by phone. The phone number will be posted on a sign there for your convenience.

- Hawaii Electronic Benefit Transfer (EBT) cards will be mailed to the address provided in the application instead of being picked up in person. Please ensure that the address provided is correct.

First Time Applicants:

We have rolled out a “fillable” electronic application on the DHS website. We are encouraging first time applicants to use the “fillable” electronic application to apply for SNAP and Financial Assistance benefits. Once complete, applicants may print, sign, mail, or drop off the application at a processing center nearest to their home. Or, if applicants are unable to place their signature on the page, they may scan or take a photo of the application and send it as an attachment to the email address noted on the website:

BESSD.StatewideBranch@dhs.hawaii.gov.

Current Recipients of SNAP:

SNAP certification periods for recipients requiring six-month review or eligibility reviews during the months of March, April, and May will be extended an additional six months to ensure no lapse in benefits due to the pandemic. A notice will be sent to all recipients, at the last known address on file via U.S. Postal mail providing more details.

Due to this pandemic, the United States Department of Agriculture has also waived the Able-Bodied Adults Without Dependents Work / Education and Training requirement. This is in response to the decline in available work and closure of training courses due to the pandemic.

We have also received a waiver to accept verbal signatures in cases where the client is unable to sign the application to support fillable form.

FNS has also waived the requirement for Interviews at initial application and eligibility review.

Waiver to waive Part-time Students 20 hours per week work hours requirement was not approved.

Max Allotment—Waiver submitted to FNS; BESSD awaits authorization to allow all March and April SNAP recipients to receive the maximum allowable allotment. If clients did not receive maximum benefit for the household, a supplemental payment will be issued.

P-EBT: Reduced cost /meal replacement to kids out of school—BESSD is working with FIS (the EBT card provider) and has obtained the Dept of Education student list. We continue to work on this waiver to submit to FNS for approval.

Hot Meal Waiver—This would allow recipients to purchase “prepared to consume” meals. While not specific to any population, it will help seniors and homeless in a meaningful way. This waiver has been submitted to FNS for consideration.

SNAP On-Line –BESSD is exploring this waiver; however, the limitations to established vendors is a significant issue in Hawaii. We continue to research this waiver. As such, “curb-side” pick up (below) may be a solution for elderly / at risk and is being implemented at some local grocers.

Curb-side pick-up / Advanced phone orders with local grocers: BESSD will be exploring a more formalized approach to supporting social distancing opportunities to obtain groceries in the safest way. Some local vendors are providing this service currently.

Financial Assistance:

Stimulus payments to individuals and Unemployment Insurance will not be countable when determining eligibility for Financial assistance and Child Care.

BESSD is considering non-recurrent, short-term benefit (NRST) supported by TANF Reserve, and include eligibility for incomes up to 200%of poverty.

Governor has issued an Executive Order to suspend part of Section 346-71, HRS, to allow for a presumptive eligibility for the duration of the emergency; and HAR 17-659-11, the extension of the certification periods, and suspension of compliance checks. This change is warranted due to a reduction in CYRCA physicians available to conduct medical evaluations and assessments as well as limited physician availability for mandatory follow-up visits.

Treasury Offset Program:

The US Treasury will no longer be withholding SSA benefit payments until September 2020, in cases where we are recovering overpayments of public benefits.

More information will be provided on these and several other program enhancements geared to help residents during this difficult time. We encourage our recipients to please check the DHS website frequently.

LIHEAP:

BESSD/LIHEAP has drafted a COVID-19 Disaster plan which modifies our Energy Crisis Intervention program in the following ways for households that can demonstrate a decrease in

income directly related to COVID-19:

Modifications include:

- Increase of income limits from 150% FPL to 60% SMI.
- Increase of benefit maximum from \$650 to \$1,000.
- Eligible for ECI and EC in the same program year, however EC will be determined at current EC eligibility criteria.

Child Care:

Continued operations of DHS regulated child care facilities and homes are allowed under essential functions under all counties that have issued emergency rules or proclamations. Each individual child care facility or home is assessing whether it will continue to operate and offer services. Some facilities and homes are continuing to provide child care to essential workers during this time of need.

DHS, in partnership with the State Emergency Operations Center (EOC) and the Hawaii Department of Health (HDOH), is working to ensure child care facilities are safe for operations and minimize the spread of illness.

EOC and DOH the lead entities to identify if a case or person under investigation (PUI) is associated with a child care facility or home. If it is determined that anyone at a child care facility or home may have been exposed, EOC and HDOH will work closely with the affected child care facility or home to minimize the spread of the illness.

All child care facilities were given the HDOH and the Centers for Disease Control have guidance for schools and universities, which also applies to child care facilities and can be found at: <https://humanservices.hawaii.gov/provider-vendor-covid-19-information/> .

DHS is supporting the provision and availability of emergency child care for first responders and will be providing more updated information in the coming days. We are working alongside our community partners and stakeholders to ensure continued child care for essential workers in our community.

The Governor has issued an Executive Order to allow additional flexibilities to address the child care needs during this difficult time by suspending provisions in Chapter 346, HRS, Part VIII, child care, and related administrative rules (Chapters 17-891.1, 17-891-3, 17-892.1, 17-895, 17-896) for child care licensing and subsidies, to the extent necessary such that the Director of the Department of Human Services, in his sole discretion and for the purpose of assisting those

in need, may suspend fingerprinting requirements; suspend the requisite staffing configurations and the number of children per adult ratio for a child care establishment; suspend eligibility and other requirements for family units impacted by an emergency; disregard emergency related benefits in calculating child care subsidies; suspend application deadlines for child care subsidies; allow for re-determinations of eligibility and monthly payment amounts within the eligibility period; and suspend subsidy payments for longer than one month when a payment amount is determined to be zero.

- Provide direct payments to providers for caring for the children of essential employees (allowed under CCDBG).
- Help providers cover the costs of maintaining their operations safely during this time, including necessary sanitation equipment, supplies and services; substitute caregivers; paid leave for affected staff; copayments for coronavirus tests; grants to cover operational costs in the event of closure; and other expenses providers and educators

will occur as the result of coronavirus spread. We are still consulting with the AG's office get guidance related to our ability to issue grants.

For child care subsidy program:

- Disregard emergency related benefits in calculating child care subsidies.
- Suspend application deadlines for child care subsidies.
- Allow for re-determinations of eligibility and monthly payment amounts within the eligibility period.
- Suspend subsidy payments for longer than one month when a payment amount is determined to be zero.
- Expand eligibility for families and waive subsidy copayments for essential workers (allowed under CCDBG).
- Redefine work activity to include seeking employment and service to the community (allowed under CCDBG).
- Fund outreach to families not currently enrolled in child care subsidies, but eligible, due to school closure.

- Invest in child care programs for economic recovery. Subsidize programs after the coronavirus pandemic to ensure access for all working families. We had a severe shortage of child care programs before the pandemic and closures since March will make recovery harder.
- Considering use of state funding to assist in start-up costs.
- Provide technical assistance to providers and programs. Create a program to assist with administrative and personnel duties.
- Subsidize wages for providers and child care workers to entice people to enter and remain in workforce.

Child Care Licensing

- Suspend fingerprinting requirements.
- Suspend the requisite staffing configurations and the number of children per adult ratio for a child care establishment.
- Suspend eligibility and other requirements for family units impacted by an emergency.

Child Welfare and Adult Protective Services:

The health and safety of our families and employees are our first priority. Child Welfare Services and Adult Protective and Community Services Branch will continue to respond to reports of any instance of abuse, neglect, harm, or exploitation. We have advised our staff to adhere to social distancing when visiting homes (at least 6 feet) when they must travel in the community.

Due to strict social distancing, family visits between parents and children are being modified and arrangements are being arranged through video conferencing methods and other technological means.

Child and adult abuse and neglect reporting lines our open and staffed.

The **Division of Vocational Rehabilitation (DVR)** is continuing to support essential services statewide while implementing social distancing to mitigate community spread of COVID-19. Many DVR staff are working remotely to support continuity of services and can be reached during regular business hours by contacting the office nearest you by phone.

All **DHS funded homeless shelters and outreach programs** are also considered essential services. DHS Homeless Programs Office (HPO) is maintaining close contact with providers and are working with them to provide flexibility with contract requirements and have established weekly office hours for all providers in partnership with the Department of Health and Behavioral Health Services Administration. Homeless services outreach staff continue to make sure basic services are offered to unsheltered individuals.

Homelessness related efforts:

- DLNR has opened restrooms at small boat harbors and boat launches statewide in accordance with CDC guidelines recommending bathroom and shower facilities be kept open for unsheltered homeless individuals. DLNR State Parks also opened restrooms at Aiea Bay State Park, Sand Island State Recreational Area, and Kealakekua State Historical Park.
- GCH also worked with DOT to temporarily suspend encampment clearance operations in accordance with the same CDC guidance.
- Shelters, outreach, and permanent supportive housing are essential services and services are continuing.
- GCH, HPO and DOH Behavioral Health Division are working together and established a central forum to manage communications with contracted providers through the Behavioral Health and Homelessness Statewide Unified Response Group.
- GCH and DOH worked with the City and community providers to develop and launch the Kaaahi Street site for isolation and quarantine for homeless individuals:
 - Site is located at former TJ Mahoney building, and opened for service on April 1, 2020.
 - H4, I.H.S., and Local 5 are jointly operating the building, which will be open 24/7.
 - Homeless individuals who are tested and awaiting results may isolate at this site, as well as homeless individuals who test positive and need to quarantine.
 - Testing and urgent care services will also be provided (H4 will move their Chinatown Joint Outreach Center to this location).
- GCH and HPO are also looking at flexibility in contracts for rental assistance (e.g. CSHI) to address potential increased demand for these types of services.

CARES Act Funding:

For Hawaii, the State/HPO is the “Hawaii nonentitlement.” Our State breakdown for ESG is \$1,567,697, and \$39,007 for HOPWA.

The City & County of Honolulu’s share for ESG is \$2,429,569 and \$95,143 for HOPWA. The City & County is also receiving \$4,872,982 for CDBG. My understanding is that the City’s intention is to use a portion of the funding for overflow and additional sheltering capacity, and also to put

an emphasis on prevention funding. The City is consulting with PIC, but ultimately the City makes the decision.

The CDBG funds go directly to the neighbor island counties and are allocated for the neighbor islands as follows:

- Hawaii County: \$1,543,033
- Kauai County: \$412,929
- Maui County: \$1,104,173

HPO has been in discussion with Bridging the Gap and the three counties (Maui, Kauai, and Hawaii) regarding plans for the distribution of ESG-CV funds. There is agreement that funding will be split between the three counties with the following allocation:

- Hawaii County: 45%
- Maui County: 40%
- Kauai County: 15%

The funding will be provided directly to a master contract, Ka Mana O Na Helu (KMNH), as a way to quickly have the money flow out into the community. The needs identified for the use of these funds include a focus shelter – including the potential use of hotels and motels for non-congregate sheltering – as well as a heavy focus on financial assistance for prevention to support households at risk of homelessness and those who are newly homeless as a result of the economic fallout. In particular, we anticipate heavy demand for financial assistance in Maui County, which has experienced a higher rate of unemployment claims compared to the other neighbor island counties.

The providers have also been encouraged to use the additional ESG-CV funds to support outreach services to the unsheltered, particularly in rural areas like Kauai where emergency shelter space is extremely limited. DHS has also been in contact with **domestic violence shelters** and is working to ensure these essential services continue. DHS has prominently and proactively shared that the Domestic Violence Action Center’s Helpline has established a new number to respond to text messages from survivors. This information is on the DHS website and is part of the COVID-19 Resource page:

IMPORTANT UPDATE AMID THE COVID-19 CRISIS (3-27-20):

Due to COVID-19, Domestic Violence Action Center’s Helpline has established a new number to respond to text messages from survivors. Helpline can provide support, risk assessment, safety planning, resources and referrals to Domestic Violence Action Center’s advocacy and legal services to survivors who may be unable to talk on the phone while in quarantine.

Domestic violence, child and adult abuse and neglect has no place in our island state. If you are afraid in your home, if you are afraid for you or your loved ones safety, please know that help is available. You are not alone. Please visit our website for a listing of all domestic violence resources, statewide.

If you're unable to speak safely, you can text, (605) 956-5680 to chat with a helpline specialist Monday through Friday from 8:00 am till 5:00 pm. If you'd prefer to speak to someone over the phone you can call helpline at (808) 531-3771 or toll free at (800)690-6200 to speak to someone during these hours.

It's critical for your safety that you reach out when your partner is not around, whenever that is possible. If your partner does come home or walk in while you are talking to Helpline, text "STOP" and delete the text conversation so it cannot be discovered.

Abusive relationships are based on power and control, and an abusive partner is likely to react in anger as you take steps to regain control. On Helpline, a callers safety is our priority, so all phone calls and chats are completely confidential.

The Department of Human Services has compiled a list of important resources for anyone experiencing domestic violence or needing resources on domestic violence:

National Domestic Violence Hotline (<https://www.thehotline.org/>)

Available 24 hours a day, 7 days a week, 365 days a year.

1-800-799-SAFE (7233) TTY: 1-800-787-3224

Video calls for deaf callers: 1-855-812-1001 (M-F 9 a.m.-5 p.m. PST)

Live online chat is available 7 a.m.-2 a.m. CST daily

Hawaii State Coalition Against Domestic Violence (<https://www.hscadv.org/>)

The Hawaii State Coalition Against Domestic Violence is comprised of at least 20 domestic violence agencies and programs throughout the state of Hawaii, which accounts for the majority of domestic violence agencies and programs in the state. The coalition's website provides statewide resources for victims and survivors of domestic violence.

Child & Family Services Domestic Abuse Hotlines: Oahu: (808) 841-0822 /

West Hawaii: (808) 322-7233 /East Hawaii: (808) 959-8864.

Parents and Children Together also has resources available for anyone experiencing domestic violence.

Domestic Violence Action Center (<https://domesticviolenceactioncenter.org/>)

DVAC provides legal information, representation and resources to victims and survivors of domestic violence. Additionally, the organization provides advocacy and other support services for clients. The organization also provides a teen focused website (<https://www.tap808.org>) with additional resources. Information about Shelters, counseling and support is available on the DVAC website.

We have allowed our **purchase of service (POS) providers** to continue to provide human services in a modified manner and in compliance with the social distancing requirements and allowed them to provide services via telework and other remote methods. There will be no face to face interaction with recipients and applicants for our contracted services. Our fiscal staff in all divisions and DHS Fiscal Management Office are reporting to work to ensure issuance of timely payments to our providers.

Federal and State Funds for COVID19 response:

We have sufficient amount of State and Federal funds at this moment to continue our services. We will be receiving additional CCDBG and LIHEAP funds but we are not made aware of Hawaii's allocation. Medicaid will be receiving 6.2 % increase in the FMAP rate and SNAP will be receiving additional funds as well. SNAP is 100% federally funded. The enhanced or additional funding will be exclusively be used for COVID19 related benefits, programs and services and administrative cost.

Personal Protective Equipment:

On March 11, 2020, DHS submitted a Request for Assistance to Hi-EMA regarding PPE for all DHS Divisions. DHS personnel have direct face-to-face contact in many different aspects from social workers going out to check on children and kupuna to child care licensing. During the pandemic's effects on the economy and the resulting economic crisis, DHS personnel are first responders to ensure that the people of Hawaii can receive benefits to help them survive.

As of April 17, 2020, there has been no response regarding requested PPE. DHS realized that we would have to attempt to secure our own PPE and aggressively pursued a variety of venues. Due to the Director's commitment to protect the DHS staff and due to the generosity of Hawaii Public Housing Authority, as well as others, DHS has been able to supply minimal PPE to DHS staff, as well as homeless shelters.

Information Technology/ Internal Systems/ Virtual Desktop Infrastructure:

The PMO continues to work with our federal partners, our BESSD, MQD and SSD divisions to keep our IT modernization projects moving forward. The application team help with various requests for assistance including programming changes to our mainframe applications, ad-hoc data requests used for reporting. The infrastructure and security team continue to monitor, optimize, and support DHS IT infrastructure, systems and applications to ensure that the essential services provided by DHS continue to operate securely. The help desk and user support teams continue to support users that report into offices and provide additional help desk support for workers that are having problems working from home.

The department has several methods to remotely access DHS internal systems, applications, and data, including over 300 user connections through Virtual Private Network (VPN), and an additional 1000 users through Virtual Desktop Infrastructure (VDI). The VDI can be quickly scaled up to support 2000 users, as needed. Prior to the pandemic the number of VPN users averaged less than 50 concurrent users. During the pandemic we have helped the department onboard almost 200 new VPN users. In addition to dedicated the staff that continue to report into their state offices for work, we now see over 200 VPN and over 300 VDI users that are working from home.

We are also working with DHS FMO, DAGS, and ETS to develop an acceptable solution to quickly process invoice payments incorporating electronic signatures via Adobe e-Sign. The department has established a small working group to devise and implement a phone strategy in anticipation of an exponential growth of phone calls from the public.

We are working with Hawaiian Telcom and other technology providers to come up with solutions that can be quickly deployed ahead of the future call volumes. To assist DLIR, we have provided manpower to stand up the Hawaii Convention Center. In the coming weeks, DHS and our partner eWorldES will move SSD's Child Protective Services mainframe application over to the DHS mainframe that hosts HAWI and HARI. According to ETS, this will free up significant resources on the ETS mainframe so that DLIR can have more processing power to process UI claims.

Whether Financial Assistance Related to COVID-19 is Considered Income for Eligibility Determination of DHS Related Services/Benefits that are Income-Based

PROGRAM	TYPE OF FINANCIAL ASSISTANCE		
	State Unemployment Insurance	CARES Act Pandemic Unemployment Assistance/Pandemic Emergency Unemployment Benefits	Coronavirus Stimulus Check
Temporary Assistance to Needy Families (TANF)/Temporary Assistance for Other Needy Families (TAONF)	No	No/No/No	No
General Assistance (GA)	No	No/No/No	No
Assistance to Aged, Blind and Disabled (AABD)	No	o/No/No	No
Child Care subsidies	No	No/No/No	No
Supplemental Nutrition Assistance Program (SNAP)	Yes	Yes/Yes/Yes	No
Medicaid	Yes	Yes/No/Yes	No
Child Health Insurance Program (CHIP)	Yes	Yes/No/Yes	No
Vocational Rehabilitation (DVR)	No	No/No/No	No

*Section 2102 creates the Pandemic Unemployment Assistance program that provides benefits for eligible individuals who are self-employed, seeking part-time employment, or who otherwise would not qualify for unemployment benefits under state or federal law. To be eligible, among other requirements, individuals must demonstrate that they are otherwise able to work and available for work within the meaning of applicable state law, except that they are unemployed, partially unemployed, or unable or unavailable to work because of COVID-19 related reasons.

Section 2104 provides that, under the Federal Pandemic Unemployment Compensation program, eligible individuals who are collecting certain UI benefits, including regular unemployment compensation, will receive an additional \$600 in federal benefits per week for weeks of unemployment ending on or before July 31, 2020.

Section 2107 creates the Pandemic Emergency Unemployment Compensation program that allows those who have exhausted benefits under regular unemployment compensation or other programs to receive up to 13 weeks of additional benefits. States must offer flexibility in meeting eligibility requirements related to “actively seeking work” if an applicant’s ability to do so is impacted by COVID-19.