FFY 2025-2029 Child and Family Services Plan

Disaster Plan

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IOWA Health and Human Services

INTRODUCTION TO THE DEPARTMENT'S CHILD WELFARE DISASTER PLAN

The state of Iowa uses a Continuity of Operations (COOP) and Continuity of Government (COG) plan. Due to the merger of the legacy Iowa Department of Public Health and legacy Department of Human Services, this plan has been updated to reflect this major merger. In the coming years' Disaster Plan, this document will be a more fulsome summary that can capture new opportunities for the Iowa Department of Health and Human Services (HHS) side of our agency to utilize the Incident Command Structure that has previously been in place on the legacy Department of Public Health side of our agency.

Regarding how the state's current Disaster Plan addresses disparities for marginalized groups, including people of diverse racial and ethnic backgrounds, HHS processes and people who support our processes are undergoing change due to the merging of multiple agencies. HHS will engage new agency divisions and bureaus (Division of Compliance, Bureau of Equity, etc.) as we continue to develop our Child and Family Services Plan (CFSP). HHS has developed initial policies and plans for embedding health equity across internal and external work through accreditation, workforce development, data management, and planning efforts. There are a number of divisions and bureaus that have excelled at developing comprehensive strategies to address health inequities and develop internal strategies to support health equity infrastructure. In 2022 and beyond, HHS is in a position to significantly expand efforts to ensure that all people across the state have the ability to attain their highest level of health. We can accomplish this by explicitly tying a justice-centered approach to identifying and addressing pressing health inequities in historically excluded populations with a specific focus on people of color/indigenous people, people with disabilities, people who identify as LGBTQ+, people who are poor, and people with other demographic characteristics that have been historically excluded from access to opportunities and services to support optimal health.

A primary objective in the coming years is to ensure that HHS has thoroughly assessed and addressed opportunities to significantly shift efforts and resources towards addressing institutional and structural inequities that lead to disproportionately negative outcomes for some populations. Foundational work includes adoption of this health equity framework (below) and focus areas, and a health equity implementation plan.

A health equity framework is required to identify the internal opportunities to fully integrate health equity perspectives and capacities and to understand and embrace the unique social and community context within Iowa. We can also identify core public health roles, a root cause analysis to health inequities, and opportunities to shift roles and resources to meet our obligations to residents to support upstream public health strategies while addressing critical health and environmental issues. The areas Iowa is working to achieve health equity through include:

- Organizational Culture
- Internal Policies and Procedures
- Data Equity Framework
- Planning and Performance Improvement
- Partnerships and Community Engagement

The Iowa Department of Health and Human Services' (HHS or department) COOP and COG planning is a part of the state's government implementation plan that allows the HHS to maintain an ability to continue services for persons under its care who are displaced or adversely affected by a natural or man-made disaster. The availability of cell phones, email, and video conferencing at our fingertips plays an increasingly important role in instant communications. It is the intent of HHS to continue with the plan and its role in the statewide COG plan while assessing its applicability each year. An annual review of this plan will occur, with updates made as needed. Descriptions of the procedures and actions taken by the HHS Division of Family Wellbeing and Protection (referred to as Division or FWBP and working along with other HHS Divisions or state departments) in response to a crisis are in the COOP/COG Plan.

CHANGES TO PREVIOUS CHILD WELFARE PLANS

This plan for the years 2025– 2029 is not significantly different than recent years' updated versions. After a significant test of its' application to a public health emergency, COVID-19, many important lessons were learned. As mentioned above, Iowa now benefits from a merger of two legacy Departments that can maximize each's expertise when it comes to Disaster Planning and responding to major emergencies. As this work all comes under one umbrella, the Disaster Plan is one area that will receive review and updates in the coming months.

Over the last five years, many weather-related events affected Iowa, as is generally the case. Many Governor-declared disaster proclamations for multiple counties in the state occurred annually due to extremely wet and stormy weather that resulted in damaging winds, heavy rains, thunderstorms, flash flooding, and long-term flooding. There has been significant damage to public and private property.

Yet, the operations of both the state offices (and its local affiliates) and its private contractors throughout Iowa were not affected to the extent of isolation from help or inability to operate. Entities experiencing predicaments successfully continued programs or used alternative methods of communication or temporarily relocated children or adults in care depending on what occurred and the need at the time.

A significant example of this from the past CFSP period includes:

- The derecho that hit Iowa in August 2020 was the costliest thunderstorm event in U.S. history and has subsequently been known as the "inland hurricane." In Iowa, the storm caused widespread power outages and damaged or downed over 7 million trees. The storm flattened crops, costing nearly $500 million in losses. For our residential providers that serve HHS and Juvenile Justice youth, several experienced power outages, water damage, and in some cases damage to buildings. It caused evacuation of some children from specific buildings to other buildings on shelter and QRTP campuses. Accommodation of all the children needing alternative housing occurred quickly and most moved back to their respective premises within a reasonable amount of time. HHS and the Department of Inspections, Appeals and Licensure (DIAL) were able to work collaboratively and quickly to ensure licensure of buildings was adapted to ensure youth could remain in the spaces they felt most comfortable.

The continuing emergence of new or improvements to existing technologies eased efforts required to respond to these occurrences. The availability of cell phones, email, and video conferencing at our fingertips plays an increasingly important role in instant communications.

It is the intent of the HHS to continue with the plan and its role in the statewide COG plan while continuing to assess its applicability each year. An annual review of this plan will occur, with updates occurring as needed.

THE HHS CHILD WELFARE DISASTER PLAN

This section includes child welfare planning information for the Iowa COOP/COG Plan and descriptions of supplemental procedures that relate to the federal requirements for disaster planning. These procedures describe how Iowa would:

- Identify, locate, and continue availability of services for children under state care or supervision displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel displaced because of a disaster;
- Preserve essential program records; and
- Coordinate services and share information with other states.

Operationally, the COOP/COG Plan focuses on the following: emergency authority in accordance with applicable law; safekeeping of vital resources, facilities and records; and establishment of emergency

operating capacity. It also follows executive and legal directives under Iowa law. Additionally, the Division developed supplemental procedures related to communications with local, state, and federal entities.

Iowa Code, Chapter 29C.5 and 29C.8 both require comprehensive evacuation planning. In addition, the Iowa Severe Weather and Emergency Evacuation Policy, adopted December 2001, states: "It is the Governor's philosophy that there must be plans to ensure that State Government can operate under exceptional circumstances. Therefore, Executive branch departments must deploy plans to ensure staffing and provisions of essential services to the public during severe weather or emergency closings."

The Foster Care and Protection of Adults and Children sections of the COOP/COG Plan concentrate on individuals and families who receive services provided by the HHS and provide guidelines for foster care providers to develop emergency procedures responsive to accidents or illness, fire, medical and water emergencies, natural disasters, acts of terror and other life-threatening situations for children in out-of-home care. Since state fiscal year (SFY) 2012, contracts for foster group care/QRTP and child welfare emergency services/youth shelter have required contractors to collaborate with the HHS and implement written plans for disasters and emergency situations, including training plans for staff and volunteers. These contractor plans focus on: situations involving intruders or intoxicated persons; evacuations; fire; tornado, flood, blizzard, or other weather incidents; power failures; bomb threats; chemical spills; earthquakes; events involving nuclear materials; or other natural or man-made disasters. Contracted providers created and implemented written plans for the COVID-19 disaster in early 2020.

DISASTER COMMUNICATIONS WITH FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES

(HHS) PARTNERS

If a natural or man-made disaster in Iowa affects the clients of HHS or inhibits the ability of HHS to provide services, the following communication steps shall be followed.

- The Director of the Iowa Department of Health and Human Services (HHS) or the Director's designee(s), the Division Director of Family Well-Being and Protection, the Director of Child Protective Services or the Bureau Chief of Child Welfare and Community Services shall call Kendall Darling, Region VII Program Manager in the DHHS Regional Office, at his office (816) 426-2262 or other at the cell phone number (202) 868-9753, at the earliest possible opportunity.
- If there is no response from the Regional Office, the Director or designee shall call Joe Bock, Deputy Associate Commissioner, Children's Bureau, at (202) 205-8618.
- The content of the call shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.

DISASTER COMMUNICATIONS WITH OTHER STATE AND NATIONAL ORGANIZATIONS

If Iowa is affected by a natural or man-made disaster that affects the clients of the HHS or inhibits the ability of the HHS to provide services, the following communication steps shall be followed related to notification of other states and national groups.

- The Director of the Iowa Department of Health and Human Services or the Director's designee(s), the Division Director of Family Well-Being and Protection, the Director of Child Protective Services or the Bureau Chief of Child Welfare and Community Services shall call the administrative office of the American Public Human Services Association (APHSA) at (202) 682-0100 and the Child Welfare League of America (CWLA) at (703) 412-2400.
- The content of the calls shall be a summary of the situation and a request for any assistance that may be necessary or appropriate.
- If Iowa HHS identifies a need to work with other states in the event of disaster response, an emergency assistance compact agreement with other states would be put in place. This would allow Iowa HHS to utilize resources from other states for the purpose of disaster response.

THE INFORMATION BELOW IS REFERRED TO IN THE COOP/COG PLAN AND THE FOLLOWING TABLE:

- Kelly Garcia, Director, Iowa Department of Health and Human Services, (515) 281-5452
- Sarah Ekstrand, Public Information Officer, (515) 401-7988
- Lori Frick, Child Protective Services Director, (563) 326-8794
- Jeff Van Engelenhoven, Chief of the Bureau of Enterprise Systems and Technology, (515) 721-0401
- The Division Policy Team:
    - Kristin Konchalski, Bureau Chief Child Welfare and Community Services, (515) 377-0328
    - Lori Lipscomb, Field Operations Manager, (515) 201-3010
- Central Abuse Hotline, (800) 362-2178

STATE PROCEDURES RELATED TO IDENTIFIED FEDERAL REQUIREMENTS

The actions reported in the following table are from Iowa's COOP/COG Plan or are supplemental to the plan, and they identify the personnel, equipment, vital records and databases, and facility and infrastructure needed for each action. These actions encompass the four federal requirements identified at the beginning of this section.

TABLE I: STATE PROCEDURES

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/Vital Records Needed
Foster Care						
1 Communicate with foster care providers regarding status and assistance needs and any initial instructions; Determine if there is an initial need to relocate clients through the Deputy Director.	Division/ Bureau Policy Team	Foster Care Database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet	HHS field staff, Juvenile Court Officers, child welfare services contractors, Dept. of Inspections and Appeals	Employees manual, foster care licensing information
2 Determine potential relocation sites (other institutions or foster care homes) to use if needed and help with placement and transportation logistics if needed.	Division Policy Team/ Institution/foster care providers (HHS Field Office responsibility)	Foster Care Database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet	HHS field staff, Juvenile Court Officers, child welfare services contractors, Dept. of Inspections and Appeals	Employees manual, foster care licensing information
3 Contact IT to transfer the Central Abuse Hotline to the alternate location	Field Operations Manager	JARVIS database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet		Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/Vital Records Needed
4 Support staff and providers by making policy clarification available through the Central Abuse Hotline Help Desk.	Bureau Policy Team	JARVIS database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet		Employees manual
5 Coordinate responses to staffing needs for abuse allegations identified through the Central Abuse Hotline; Coordinate with the Division of Field Operations for response. Respond to abuse allegations; assign local staff to respond to local site	Administrator of the Division of Field Operations, IT Manager	JARVIS database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet		Employees manual
6 Coordinate staffing and assign as necessary to back-up inoperable service areas to respond to foster care providers' needs.	IT Liaison, Chief of the Bureau of Child Welfare and Community Services, Field Operations Manager	Foster Care Database	Mainframe	Telephone, Cell Phone, Email, Internet, Intranet	Division of ACFS	Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/Vital Records Needed
7 Ensure care provider payment system continues by contacting IT and transferring system to alternate location (ensure client/server JARVIS database and mainframe FACS application are operational); Implement paper back-up payment system if necessary.	Chief of the Bureau of Child Welfare and Community Services	Foster Care Database, FACS and/or JARVIS database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet	Division of Data Management	Employees manual
8 Provide staffing to back-up inoperable service areas to respond to foster care providers' needs.	Chief of the Bureau of Child Welfare and Community Services	Foster care database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet	HHS field staff, Juvenile Court Officers, child welfare services contractors	Employees manual
Protection of Children and Adults						

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/Vital Records Needed
1 Determine status of group homes or institutions in affected area; Assess the affected area and determine the nearest institution that's able to accept persons if needed.	Bureau of Child Welfare and Community Services	Foster care database		Telephone, Cell Phone, Email, Internet, Intranet		Employees manual
2 Coordinate with CWIS team and ICN to ensure the Abuse Hotline Phone Number is transferred to alternate location site; Provide staffing to receive abuse allegations. Forward reports to the specific area where abuse may have occurred. If no local phone lines, phone assessment will be completed by policy division.	Field Operations Manager and Director of Family Wellbeing and Protection	JARVIS database		Telephone, Cell Phone, Email, Internet, Intranet		Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/Vital Records Needed
3 Contact CWIS team to ensure foster care payroll system continues to issue monthly payment checks to care providers; if not available, implement paper issuance system using the most recent database backup.	Division or Bureau Policy Team, Chief Information Officer	Foster care database/Mainframe, payroll list, JARVIS database	Mainframe	Telephone, Cell Phone, Email, Internet, Intranet		Employees manual
4 Organize and provide emergency responders to respond to providers requesting assistance or policy clarification.	Bureau of Child Welfare and Community Services and Field Operations Offices	Foster care database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet		Employees manual
5 Ensure access to the Central Abuse Registry and MIS systems are available (JARVIS); Determine need to modify current policies regarding child abuse allegation response times.	Bureau of Child Welfare and Community Services and Division of Field Operations, Chief Information Officer	JARVIS database	Central Abuse Hotline, Servers, Mainframe	Telephone, Cell Phone, Email, Internet, Intranet		Employees manual

Essential Functions	Personnel/Special Skills	Application(s) Necessary for Function	Other Processes & Interfaces Needed	Essential Communication Needed	Customers /Vendors	Documents/Vital Records Needed
6 Provide staffing to respond to abuse allegations; Assess the availability of field staff to conduct abuse assessments and make staff re-assignments as needed.	Bureau of Child Welfare and Community Services and Division of Field Operations	JARVIS database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet		Employees manual
7 Assist new placement of children and provide transportation if required	Division or Bureau Policy Teams/ Division of Field Operations	Foster Care database	Central Abuse Hotline	Telephone, Cell Phone, Email, Internet, Intranet		Employees manual

Health Equity
Policy # AD 10-17-005

Purpose
This policy sets the expectations for the incorporation of health equity into all department functions, including surveillance, planning, implementation, and evaluation. It aims to create institutional changes in Department culture, program activities, and contracted work. This is an iterative and multi-year process, and this policy may evolve as needed.

Definitions
Department: means the Iowa Department of Public Health

Determinants of Health: Health is determined through the interaction of individual behaviors and social, economic, genetic and environmental factors. Health is also determined by the systems, policies, and processes encountered in everyday life. Examples of determinants of health include job opportunities, wages, transportation options, the quality of housing and neighborhoods, the food supply, access to healthcare, the quality of public schools and opportunities for higher education, racism and discrimination, civic engagement, and the availability of networks of social support. Determinants of health may lead to health inequities.

Health Disparity: A population-based difference in health outcomes (e.g., women have more breast cancer than men; people living in sub-standard housing have higher incidence of lead poisoning).

Health Equity: is the attainment of the highest possible level of health for all people. It means achieving the environmental, social, economic and other conditions in which all people have the opportunity to attain their highest possible level of health. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

Health Equity Analysis: Analyzing health inequities requires a process that uses data to identify health differences between population groups, instead of only examining the population as a whole. The process then continues by identifying and examining the causes of these populations differences in health.

Health Inequity: A health disparity based in inequitable, socially-determined circumstances. Because health inequities are socially determined, change is possible.

Structural Inequities: Structures or systems of society – such as finance, housing, transportation, education, social opportunities, etc. – that are structured in such a way that they benefit one population unfairly (whether intended or not).

Policy
Health equity means creating environmental, social, economic and other conditions in which all people have the opportunity to achieve their highest possible level of health. Achieving population health equity requires health equity analysis, identification of structural inequalities, and purposeful mitigation of the barriers to health. Because most determinants in health are socially constructed, they may also be deconstructed.

It is the Department's intent to promote health for all by working to reduce health disparities focusing on health where people live, learn, work, and play. Department programs must consider health equity when conducting surveillance, planning, implementation, and evaluation activities.

Specific actions must be incorporated into department processes and functions to ensure consideration of and response to health equity issues.

Health equity activities shall align and not conflict with applicable federal and Iowa state law and rules. Federal and Iowa state law and rules take precedence over activities outlined in this policy.

Procedures

IDPH Workforce

Data Management and Health Equity Program

1. Work with the IDPH Training Coordinator to identify and provide training related to health equity.

IDPH Employee

1. Attend at least one health equity training. All new employees will attend a health equity training in their first year of employment.
2. As appropriate, incorporate at least one action item related to health equity into annual Performance Plan and Evaluation (PPE).

Bureau Chief/Supervisor

1. Encourage employee attendance at internal and external trainings and conferences related to health equity, including at least one internal health equity training for each employee.
2. Incorporate one action related to health equity into staff members' PPEs as appropriate.
3. Review staff PDQs on an annual basis to ensure that health equity is appropriately incorporated into position descriptions.

Division Director

1. Review and approve staff PPEs and PDQs to ensure appropriate incorporation of health equity.

Executive Team

1. As funding is available and identified, provide funds for health equity trainings.
2. Conduct annual department-wide training on IDPH commitment to health equity.

Health Equity Data Standards

Data Management and Health Equity Program

1. Create and annually evaluate standards for collection of systematic data to inform determinants of health and health equity throughout the department. This includes standardized demographic variables, and other data that should be collected in all IDPH data collection systems.
2. Create standards for systematic analysis of data to evaluate determinants of health and health equity throughout the department.
3. Provide technical assistance and ensure implementation of collection and analysis standards.
4. Provide technical assistance to IDPH programs conducting assessment and evaluation activities to ensure diverse populations are represented, and appropriate mechanisms for consumer/client/stakeholder feedback are included.
5. Maintain Data Dictionary Registry which identifies which datasets are in compliance with data standards.

Bureau of Finance

1. Facilitate Data Management and Health Equity Program review of all evaluation contracts to ensure appropriate inclusion of health equity considerations.

Communications Program

1. Review all reports submitted to Editorial Review for alignment with health equity data analysis standards. Consult with the Data Management and Health Equity Program as needed.

IDPH Employees

1. Collect and analyze data based on department health equity data standards. As data collection systems are revised, update to align with data collection standards where possible.
2. Conduct health equity analysis, and use this information for public reporting, program planning, implementation, and evaluation.
3. Review strategies for evaluations and needs assessments conducted or funded by IDPH to ensure diverse populations are represented, and appropriate mechanisms for consumer/client/stakeholder feedback are in place for.

Availability of Health Equity Data

Data Management and Health Equity Program

1. Develop and annually update Iowa Public Health Tracking Portal tools to identify and track determinants of health and health equity issues that align with data collection and analysis standards and support health equity analysis.
2. Provide technical assistance to IDPH employees and local public health workers on interpreting and using health equity data from the tracking portal and elsewhere.

IDPH Employees

1. Monitor determinants of health and health equity data using the Iowa Public Health Tracking Portal and other sources, as appropriate.

Program Activities and Outreach

IDPH Employees

1. At least annually, evaluate program activities to ensure they are effectively reaching all appropriate populations, including the most vulnerable, and considering social factors and the community environment. Provide a summary of this evaluation to the Data Management and Health Equity Program.
2. Use health equity performance measures, program evaluation, and other resources to identify opportunities for continuous quality improvement related to health equity.
3. Collaborate with partners to engage target communities and strengthen health equity at all levels.
4. Consider accessibility, language, and representation in all public facing communications. Solicit input from target audiences during the development of messages and materials.
5. Identify and document success stories related to health equity.

Data Management and Health Equity Program

1. Gather, and make internally available, program health equity summaries and success stories, department health equity data analysis, and tracking portal data related to health equity. Present annually to Executive Team and Bureau Chiefs regarding Department health equity work.

2. Provide internal and external technical assistance as needed to achieve health equity activities outlined in this policy.

Bureau of Planning Services

1. Work with the Data Management and Health Equity Program, and Department programs to develop and maintain performance measures related to health equity.
2. Facilitate department quality improvement efforts related to health equity.
3. Consider health equity in goals, objectives, and measures in quality improvement efforts.

Bureau Chief/Supervisor

1. Assure appropriate accessibility, language, and representation in all public facing communications.
2. Monitor health equity-related performance measures. Review health equity work within bureau/area on an annual basis. Use this review to develop quality improvement strategies.

Executive Team

1. Monitor health equity-related performance measures.
2. Review department-wide health equity work on an annual basis.
3. Review this policy annually.

IDPH Policies and Procedures

IDPH Policy Advisor

1. Collect information in Legislative Assessments regarding health equity impact of proposed legislation.
2. Evaluate the health equity impact of the annual legislative package.

IDPH Administrative Rules Coordinator

1. Ensure that health equity evaluations are completed for all administrative rule development and change.

IDPH Employee

1. Provide information as directed by the Policy Adviser and the Administrative Rules Coordinator.
2. Identify administrative rules that currently negatively impact health equity (e.g., data elements collected do not align with IDPH data standards, proscribed communication methods that may not be accessible to all populations.)
3. Review advisory group membership when member terms expire to evaluate if group representation reflects diverse communities served.

Bureau Chief/Supervisor

1. As part of the scheduled 3-year policy review, ensure IDPH policies and bureau or office procedures align with and support health equity, including this policy.

Data Management and Health Equity Program

1. Provide technical assistance in health equity evaluations for Legislative Assessments and administrative rules.

Policy/Procedure Violations

Violations of this policy are grounds for disciplinary action, up to and including termination.

Director's Signature Date

Iowa Department of Public Health
Health Equity Framework

IDPH Vision
Healthy Iowans in Healthy Communities
IDPH Mission
Protecting and Improving the Health of Iowans
IDPH Health Equity Guiding Principle
We promote health for all by working to reduce health disparities and focusing on health where people live, learn, work and play.
IDPH Health Equity Vision
Building Health Equity for All Communities
IDPH Health Equity Mission
IDPH will protect and improve the health of all people in Iowa where they live, work, learn and play by uniquely tailoring efforts that advance optimal and equitable health outcomes.

Executive Summary

The Iowa Department of Public Health has developed initial policies and plans for embedding health equity across internal and external work through accreditation, workforce development, data management, and planning efforts. There are a number of divisions and bureaus that have excelled at developing comprehensive strategies to address health inequities and develop internal strategies to support health equity infrastructure. In 2022 and beyond, IDPH is in a position to significantly expand efforts to ensure that all people across the state have the ability to attain their highest level of health. We can accomplish this by explicitly tying a justice-centered approach to identifying and addressing pressing health inequities in historically excluded populations with a specific focus on people of color/indigenous people, people with disabilities, people who identify as LGBTQ+, people who are poor, and people with other demographic characteristics that have been historically excluded from access to opportunities and services to support optimal health.

The current definition of health equity for IDPH is the attainment of the highest possible level of health for all people. It means achieving the environmental, social, economic and other conditions in which

all people have the opportunity to attain their highest possible level of health. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

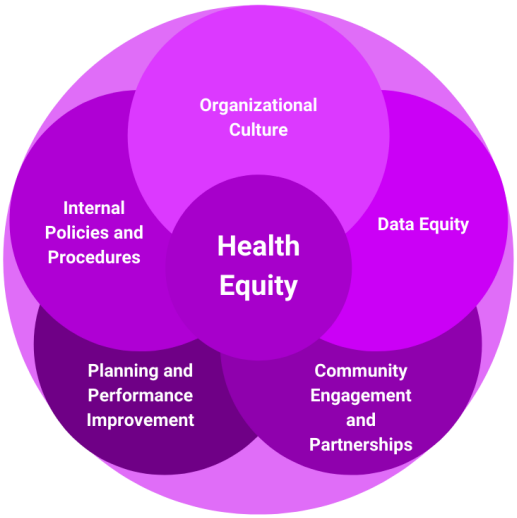
A health equity framework is required to identify the internal opportunities to fully integrate health equity perspectives and capacities and to understand and embrace the unique social and community context within Iowa. We can also identify core public health roles, a root cause analysis to health inequities, and opportunities to shift roles and resources to meet our obligations to residents to support upstream public health strategies while addressing critical health and environmental issues.

A primary objective in the next five years (2022-2026) is to ensure that IDPH has thoroughly assessed and addressed opportunities to significantly shift efforts and resources towards addressing institutional and structural inequities that lead to disproportionately negative outcomes for some populations. Foundational work includes adoption of this health equity framework and focus areas, and a health equity implementation plan.

The IDPH Health Equity framework is focused on departmental efforts that we can control as well as opportunities to influence other institutional partners to develop a health in all policies approach.

The following focus areas have been adopted as the primary areas for expanding integration of department-wide health equity efforts:

1. Organizational Culture
2. Internal Policies and procedures
3. Data Equity Framework
4. Planning and Performance Improvement
5. Partnerships and Community Engagement



<u>Organizational Culture</u>

IDPH's organizational culture is one of the most important predictors of whether or not health equity efforts will be successful. There are many ways to measure organizational effectiveness including existing surveys and utilization of QI/PM measures that are already in place. There is a clear need to develop an internal health equity communications strategy starting with regular monthly communication to all staff, and ensuring that equity messaging is embedded in leadership

communication. Health Equity needs to be visible across all department functions/programs and staff need to find ways in which their work clearly intersects and enhances strategy. The Bureau of Public Health Performance has a primary role in messaging as well as ensuring that department wide efforts have a health equity focus. External communication can also ensure that IDPH embraces its power as a public health authority and uphold health equity while balancing a nuanced communications approach for the public.

- Strategic health equity framework
- Communications strategy-internal
- Communications strategy-external
- Resource hub for health equity
- Health Equity Drivers Forum (HEDF)
- Public Health Bureau health equity integration

Internal Policies and Procedures

Internal policies and procedures support organizational culture and make clear the value of health equity integration into how we develop standards for the work. The health equity policy is an example of a good policy with unclear practice and no current capacity to evaluate the standards included. A revision may be needed to ensure that we are finding practical ways to implement health equity standards. IDPH data standards also need to be updated with guidance/best practices. There is currently no role/FTE that is responsible for evaluating data standards. Then there is also a clear need to evaluate external documents and materials for accessibility. Language translation resources are critical and there should be established procedures for how people can access language translation and use data to make a determination on what languages need to be translated. Workforce development strategies should also be a primary focus to support diversification of staff and build the capacity of current staff to meet the needs of Iowa's populations. Efforts include evaluating hiring and promotion practices, developing alternate pathways to employment, and increasing retention of staff.

- Health Equity Policy
- CLAS standards for external communications/publications
- Policy and Advocacy
- Contracting guidelines
- Workforce Equity

Data Equity Framework

Data collection, analysis, evaluation, and dissemination methodologies are critical to understanding population health from root cause to appropriate prevention and intervention strategies. IDPH should deepen the capacity of our epidemiological, evaluation, and planning teams to support integration of

health equity considerations. Data governance includes not just reducing liability and protection of individual data, but also ensuring data sovereignty, quality, security, and accessibility. IDPH can also examine how impacted populations are engaged in each step of the data lifecycle and find ways to thoughtfully integrate their perspectives and priorities into the work done at this department.

- Data equity framework development
- IDPH data standards
- Public Data

Planning and Performance Improvement

There is significant overlap between expectations for data management, community engagement, and planning and performance improvement. Quantitative/qualitative data should drive decision making and planning efforts to ensure that IDPH and the community are developing/implementing appropriate programs and services to address needs/issues. There are also internal plans that drive our work that can more fully integrate health equity as not just a value, but an expectation and goal with measurable impacts.

- PHAB accreditation
- Healthy Iowans
- IDPH strategic plan
- Quality Improvement
- Performance Management
- Division/Bureau planning efforts

Partnerships and Community Engagement

IDPH does not currently have overarching standards to ensure quality partnership nor a clear department-wide community engagement strategy. There is incredible work being done at the program, bureau, and division level, and IDPH can learn from these programs about what is working and develop approaches that can be elevated throughout the department.

- Community engagement framework development
- Resourcing partnerships and individual labor in planning and evaluation
- Strengthening intergovernmental partnerships
- IDPH role as Chief Health Strategist
- Fact sheets/asset maps for partners

Continuity of Operations
Continuity of Government
(COOP/COG) Plan

Agency: State of Iowa Department of Health and Human Services

Original Plan: September 21, 2017
Updated: June 2019
Updated: November 2019
Updated: March 2020
Updated: October 2020
Updated: July 2020

Revised Plan: February 17, 2022
Updated: March 2024

Promulgation Statement

The State of Iowa Department of Health and Human Services (HHS) has an obligation to the citizens of Iowa to perform its essential functions efficiently with minimal disruption. When emergencies or other situations arise that disrupt HHS operations, we acknowledge that we must have a plan to continue essential functions under any circumstance. This document is that plan, known as the HHS Continuity of Operations and Continuity of Government (COOP / COG) Plan. It has been developed in accordance with Federal Emergency Management Agency (FEMA) guidance found in *Continuity Guidance Circular 1 (CGC1), Continuity Guidance for Non-Federal Entities (States, Territories, Tribal, and Local Government Jurisdictions and Private Sector Organizations)*, dated July 2013.

This COOP/COG Plan is hereby approved and adopted for HHS.

Adopted March 1, 2024

Kelly Garcia, Director

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Protection of Sensitive Security Information

HHS states that certain public records shall be kept confidential, including information concerning emergency preparedness developed for the protection of governmental employees, visitors to the government body, or property under the jurisdiction of the government body, if disclosure could reasonably be expected to jeopardize such employees, visitors, person, or property. Many components of this COOP/COG plan and the Appendices are considered confidential under the above definition and provisions of Iowa Code §22.7(50).

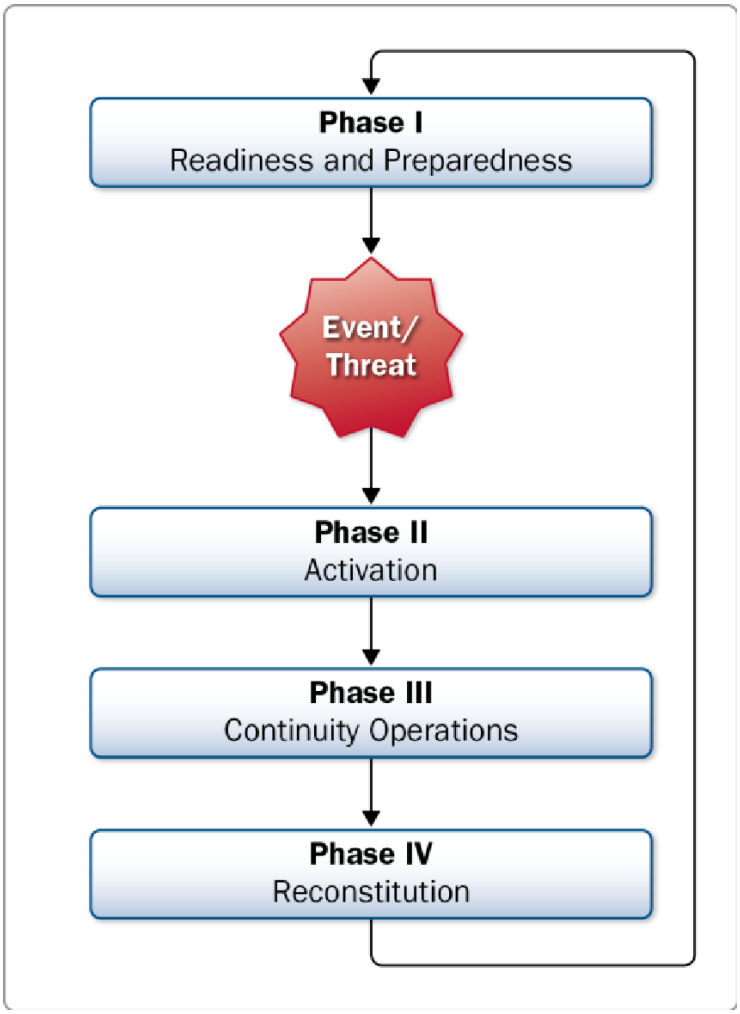
I. Plan Overview

This overview briefly describes key components and where to find further information in the plan relative to each component.

Continuity planning and implementation may be considered a four-phase cyclical process, as shown in the accompanying illustration. The four phases are:

1. Readiness and preparedness,
2. Activation,
3. Continuity operations, and
4. Reconstitution.

Each phase is described below.



Phase I: Readiness and Preparedness
The "first" phase, the "Readiness and Preparedness" phase, involves activities that occur before an event that disrupts operations. This phase includes all continuity readiness and preparedness activities including development, review, and revision of plans; training, tests and exercises (TT&E); and risk management. This phase also involves evaluation of the actions taken during the other phases, and as such this phase also could be considered the last phase of the cycle. Independent of what it is called, it is important to recognize that evaluation and subsequent improvement planning is vital to being properly prepared.

HHS's readiness activities are described in *sections XI & XII, "Readiness" and "Plan Maintenance".*

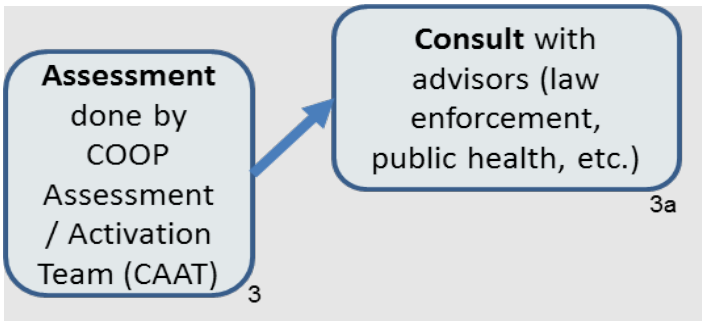
Phase II: Activation
The "Activation" phase includes the initiation of procedures necessary to support the continued performance of essential functions. Boxes labeled 2-7 in the Continuity of Operations At A Glance flow chart (Appendix Attachment A) broadly outline action steps of the activation phase. More details for each step are given below, with references to sections found elsewhere in this plan where lists and other important information is located. In addition, a summary checklist of actions is found in the "*Pocket Plan*" that is a part of this document.

1. **GET SAFE!** Note that the first box in the flow chart refers to actions of another plan, the Emergency Action Plan (EAP). The EAP provides details for the safe evacuation and/or sheltering of employees and visitors during an emergency event at a facility. It is shown in the flow chart to show how COOP/COG plan actions may immediately follow execution of the EAP.

2. **Activate COOP/COG Plan by Notifying "CAAT".** The first action of the "Activation" phase of the COOP/COG plan is to notify those on the COOP Activation and Assessment Team (CAAT) that an event has occurred that disrupts or threatens to disrupt normal operations. The purpose of the CAAT is to assess the situation and determine what to do about it. The first person on the team to become aware of a disruptive event should notify the rest of the team.

The members of the CAAT are listed in section II, "Recovery Teams".

The methods for communicating with the CAAT are listed in section IV, "Call Lists and Procedures for Communicating with Recovery Teams and Employees".



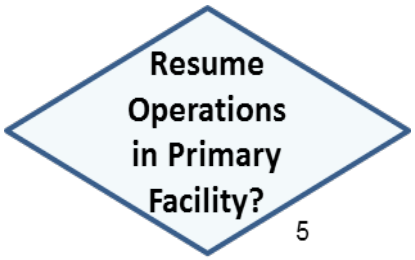
3. **Assessment.** The COOP Activation and Assessment Team (CAAT) should include members who have the ability, or access to those with the ability, to assess the impact of the disruptive event on information technology, communications infrastructure, facility infrastructure and the ability to continue to perform essential and other functions. When making an assessment, each CAAT member and anybody else involved in making an assessment should:

    a. Consult with appropriate advisors and experts, such as law enforcement and health experts for safety and security, or other types of professionals such as information security or infrastructure experts;
    b. Take proper safety precautions if going to a damaged site;
    c. Before entering the site, inform someone else you are going to the site (so someone knows where you are lest something happens while you are there);
    d. Ensure all hazards are cleared before entry;
    e. Determine
        - Cause of the incident - How and what;
        - What was damaged? Not only structure but records, equipment, etc.;
        - What areas were affected? Is the whole structure affected - office, storage, etc.;
        - Type of damage - Fire, water, smoke, chemical, biological, etc.;
        - Are IT systems impacted? What IT systems at what locations (servers, desktops, laptops, printers, special devices)?
        - What new threats to security exist? Is the area accessible to the public? Are documents scattered and therefore exposed? Workstations/laptops tossed or missing?
    f. Validate reports and discoveries – check assumptions; confirm if rumors are fact or fiction.

4. **Formulate Strategy.** The CAAT team members need to share with each other all assessments and information about the impact of the event or threat. They should also review the COOP/COG plan and policies. Then, they will weigh the options available for relocation, devolution, teleworking and/or returning to the primary location. They should formulate recommendations for how to go about re-establishing operations. They review recommendations, options and considerations with the Director of HHS and/or Chief Operating Officer, who will make the decision on a strategy of how to proceed.

Different sections of this continuity plan, particularly sections V "Locations" and VI "Business Impact Analysis and IT Applications", may be useful to the CAAT members as they analyze different options.

5. **Resume operations in the primary facility?**

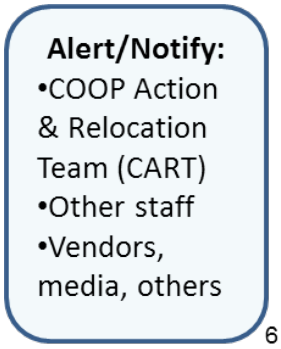


NO↓

YES If the Director of HHS or Chief Operating Officer decides to continue operations in the normal primary facility, all employees are notified that they should report to the primary facility to continue operations.

If needed, use section IV, "Call Lists and Procedures for Communicating with Recovery Teams and Employees" to notify employees and others.

6. **Alert/Notify:** If it is decided that the primary facility is no longer usable, the COOP Action/Relocation Team (CART) is notified. The CART members are told what decision was made in regard to how to continue or re-establish operations: whether it be relocation, devolution, teleworking or any combination of the three strategies.



CART members and their contact info are listed in the Pocket Plan, Attachment B, and in section II, "Recovery Teams".

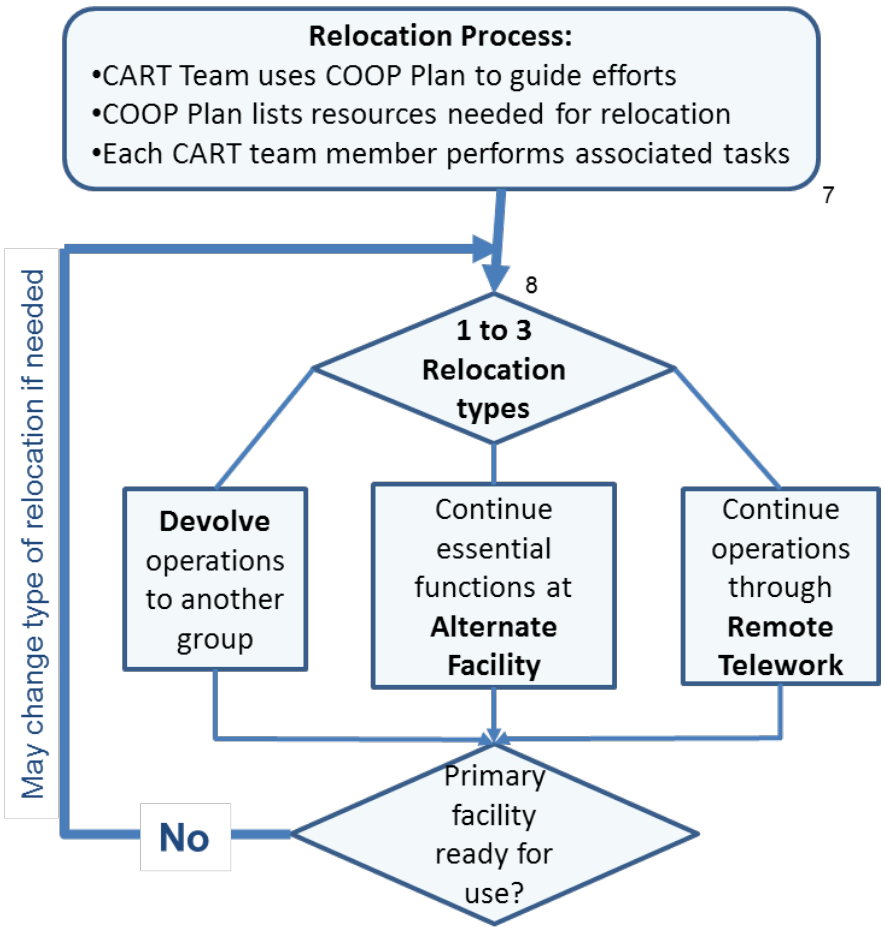
Other staff are then notified of the decision and given any instructions on what they should do.

If needed, use section IV, "Call Lists and Procedures for Communicating with Recovery Teams and Employees" to notify employees.

Methods for getting word out to vendors, customers, and the media would also be decided and implemented when and in the manner determined appropriate.

If needed, use the information found in section V and also Attachment C, "Notifications to Customers and Vendors".

7. **Relocation Process:** With the primary facility closed, the COOP Action/Relocation Team (CART) goes into action to ensure essential and other functions can be performed by the organization's staff at an alternate facility or through telework, or even by another group of people to whom operations devolve. The CAAT and management may even decide that operations will continue through some mixture of these three options. Whatever the case, CART members have different roles to fulfill to make sure operations can continue with minimal disruption. Under each of these different roles, there are different tasks that must be done, which include:



   a. CART Leader (who may be the COOP Coordinator):
   Acts as Incident Commander to ensure CART Division SPOCs and CART Division Relocation Leaders coordinate and accomplish their respective tasks.

   b. Site Preparation and Logistics Role – Get alternate facility physically ready to move in by performing these and other necessary tasks (*full task checklist included in appendices*):

- Notify alternate facility contact of intent to move operations there; make arrangements for use;
- Ensure alternate facility has Emergency Action Plan posted & employees know about it;
- Arrange for power and other utilities at alternate facility;
- Coordinate with IT & Communications Infrastructure for delivery / set-up of resources;
- Arrange delivery / set-up of other equipment;
- Obtain necessary paper records or resources;
- Acquire / distribute office & other supplies as needed;
- Arrange for mail delivery;
- Provide the following to relocating employees

1. Directions to site
2. Instructions/orientation
3. Check-in procedure

c. Information Technology (IT) tasks:

- Refer to IT Disaster Recovery (DR) Plan

d. Communications Infrastructure tasks include:

- Arrange phone connectivity
- Set-up/test all phones
- Arrange other communications equipment, including network lines if not handled by IT

e. Salvage and Recovery tasks include:

- Ensure all hazards are cleared before entry
- Stabilize the environment at old facility
- Begin salvage/recovery

f. Security tasks include:

- Arrange to acquire alternate facility keys or keycards and get to all staff requiring use
- Arrange for locking alternate facility at end of each day and after-hours security
- Arrange for necessary security at abandoned facility

g. Finance, Administration & Human Resources tasks include:

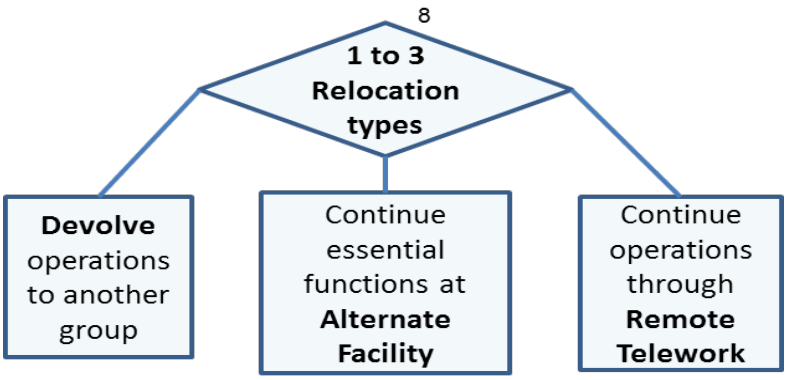
- Send updates to staff via notification system
- Arrange procurement for CART members as needed; track inventory
- Enable and track staff overtime

Phase III: Continuity Operations

8. The "Continuity Operations" phase begins when at least a part of the organization's business operations resume following the disruption. Such operations are conducted in an environment or setting that is not "business as usual". Instead of being conducted at the usual facility, operations may be taking place at another facility or via telework.

   At the beginning of this phase, it is likely that only the most critical business functions may be taking place. While a few staff members may begin to do their regular jobs again, the CART members may still be completing their tasks to get everything established so everyone can get back to work. In other words, the activation phase and this phase of continuity operations may overlap some.

   Resumption of full operations with full staff and capabilities may not be possible immediately, so it is important to know what is needed to support the most critical functions so that those can be re-established first.



See section VII, "Business Impact Analysis and IT Applications", for an analysis of the most critical functions.

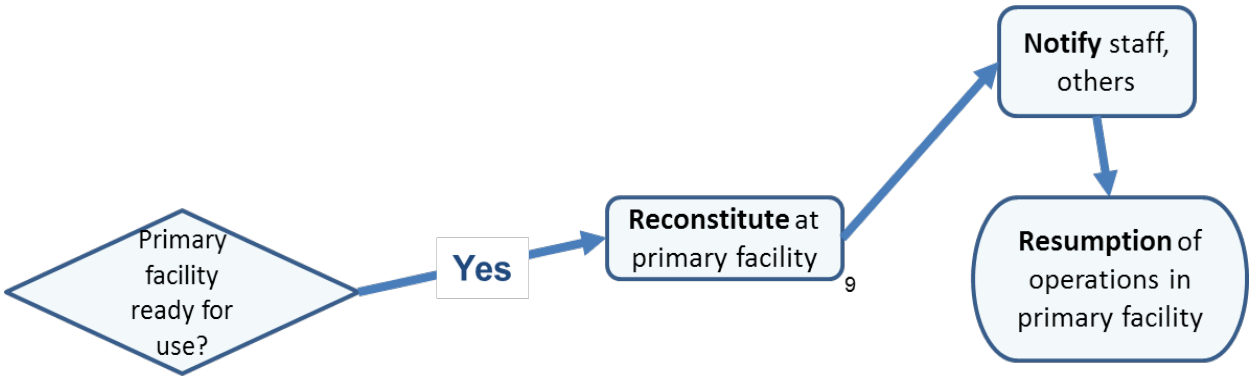
During the "Continuity Operations" phase, the operating environment may be changing over time until a primary facility can be established. Initially, operations may be devolved to another office and staff. Then, as an alternate facility is fitted out for the original staff, work can be shifted back to the regular employees to work out of the alternate facility. Or, initially the most essential functions may be performed only by remote telework, and later moved into an alternate facility when staff can be accommodated.

Besides changes in where the work is performed, there could be changes in who does the work and who supervises it. Depending on the situation, people in key positions may not be available. For this reason, it is important to have orders of succession and delegations of authority documented.

See section III, "Order of Succession and Delegations of Authority".

Phase IV: Reconstitution

9. Continuity operations are designed to be temporary: eventually the old primary facility will be repaired, or a facility will be found that can function as a new permanent home. Reconstitution is the process of moving into a permanent primary facility where all operations can be re-established. When the primary facility is ready for use and occupancy, management may decide to move operations from the continuity site to the permanent site in phases or all at once. Whatever the decision, notification will have to occur to staff, vendors and clients, and resumption of full and "normal" operations can recommence.



II. Recovery Teams

Roles and responsibilities of the Recovery Teams are defined below:

COOP Assessment & Activation Teams (CAAT)

The primary function of the COOP Activation & Assessment Teams (CAAT) is to assess a situation and determine in what manner to activate the COOP/COG plan.

Roles include:

- CAAT Leader (typically department head or deputy)
- COOP/COG Coordinator
- Manager(s) – such as Essential Function leaders, Business Team leaders, and/or IT Team leaders, and must include staff with knowledge of essential function requirements.
- PIO Staff (those who keep up-to-date with the situation and assists with notifications and announcements.)

The CAAT Teams should also seriously consider calling upon advisors from state or local emergency management, law enforcement, public health, and/or information security in making assessments and determining strategies for implementing the plans. Such advisors may come from local entities or from state agencies, depending on the nature and location of the event. For example, a major event on the Capitol Complex may require notification of the State Information Security Office, HSEMD Duty Officer, and Post 16.

Additional CAAT Team responsibilities are organized into several roles, which are:

- Site Preparation & Logistics
- Information Technology
- Communications
- Salvage & Recovery
- Security
- Finance, Administration & Human Resources

COOP Action Relocation Team (CART)

If the CAAT Team determines that the primary location at which staff normally conducts operations is not suitable for some or all staff, the CART Team is responsible for making necessary arrangements so that essential functions can be performed in another location or through some alternate work arrangement. Whatever option that CAAT Team decides upon, whether it is to relocate staff to another facility, to devolve operations to another existing site where there are staff who can absorb the duties and functions, or to utilize remote teleworking whereby staff can operate at home or elsewhere, the CART Team members have the responsibility to make sure that option is implemented successfully, and essential functions can continue under the chosen option.

Additional CART Team roles and responsibilities include:

- CART Leader, may be the COOP/COG Coordinator, works with the CAAT Teams to initiate the relocation process.
- CART Division SPOCs are responsible for the update and maintenance of respective division call trees. This central point of contact team is authorized by their respective Division Administrators and the HHS COOP/COG Coordinator.

- CART Division Relocation Leaders implement their respective division call tree initiative. The team is notified by their respective Division Administrators or CART Division SPOCs.

A single role may be assumed by a single person, or a team of people may be needed to fulfill the assignment of a particular role. One individual may even assume multiple roles. CART Team responsibilities are described in Procedure 7: Relocation Process on the preceding pages.

Continuity Personnel, or Emergency Relocation Group (ERG) Team Leads

After a disaster or continuity event, the agency needs to continue to perform only essential functions. Functions that are not critical may have to be temporarily discontinued because the alternate facility or work arrangements may not accommodate all functions and their requisite staff. The staff members who are required to maintain the minimum essential functions in the temporary arrangement are called the Emergency Relocation Group (ERG) or sometimes continuity personnel. Continuity personnel or the ERG will work in the alternate facility or remotely until a permanent location is secured where all functions can be reconstituted as they were before the disaster.

ERG staff members fulfill the day-to-day roles associated with the performance of the most essential function of the agency. Staffing the ERG is somewhat dynamic, as staff positions and assignments frequently change. Therefore, managers or essential function leaders will keep current rosters of ERG staff. Rosters include names, emergency phone numbers, and other contact information.

III. Order of Succession and Delegations of Authority

Emergency orders of succession are provisions for the assumption of key agency positions during an emergency in the event that any of those officials are unavailable to execute their legal duties. Having orders of succession clearly established is critical in an emergency situation so that an orderly and predefined transition of leadership occurs. This is especially important in a disaster when the situation verges on chaos and decisions need to be quick and unequivocal, and staff need to know with confidence who has authority to make those decisions.

Orders of Succession			
POSITION	**INCUMBENT**	**SUCCESSOR #1**	**SUCCESSOR #2**
Department Director	Kelly Garcia	Sarah Reisetter	Elizabeth Matney
Chief Operating Officer	Elizabeth Matney	Sarah Reisetter	
Chief Information Officer	Jeff Van Engelenhoven	Adam Bates	George Signs
Programs & Services	Elizabeth Matney	Dr. Kruse	Cory Turner

A delegation of authority specifies who is authorized to act on behalf of officials for specific purposes only, and possibly under specified conditions. This is different from an order of succession in that a delegation of authority delegates authority for specific actions or tasks, whereas the order of succession transfers all powers and authorities of the primary incumbent to a successor.

Delegations of Authority					
Action/Task	**Normally Performed by**	**Back-up #1**	**Back-up #2**	**Back-up #3**	**Back-up #4**
Authorized Signer	Kelly Garcia	Sarah Reisetter	Elizabeth Matney	Sarah Ekstrand	Jess Benson
Compliance Division	Sarah Reisetter	Cassie Tracy	Kayla Burkhiser-Reynolds	Amy Tack	Teresa Hay McMahon
Medicaid	Elizabeth Matney	Rebecca Curtiss	Kera Oestreich	Jennifer Steenblock	Paula Motsinger
State-Operated Facilities Division	Cory Turner	Marsha Edgington	Cade Iversen	Mark Swore	
Behavioral Health & Disabilities Division	Marissa Eyanson	DeAnn Decker	Theresa Armstrong		
Public Health Division	Dr. Robert Kruse	Ken Sharp	Don Callaghan	Jill Myers-Geadelmann	Randy Mayer
Community Access Division	Erin Drinnin	Amela Alibasic	Kylie Claycomb	Juliann Van Law	
Family Well Being & Protection Division	Janee Harvey	Lori Frick	Lori Lipscomb	Ryan Page	Shelley Horak
Aging and Disability Services Division	Zachary Rhein	Shan Sasser	Dawn Kekstadt	Gloriana Fisher	Alexandra Bauman
Fiscal Management	Jess Benson	Natalie Storm	Joe Havig	Angela Lathrop	
Information Technology	Jeff Van Engelenhoven	Adam Bates	George Signs		

IV. Call Lists and Procedures for Communicating with Recovery Teams and Employees

Notification to CAAT Members:

The first person on the COOP Assessment and Activation Team (CAAT) to become aware of a disruptive event should notify the HHS Director, HHS Chief Operating Officer, or the COOP/COG Coordinator. They will then ensure the rest of the CAAT members are notified. The team may meet together personally or use a conference call or other prescribed meeting method (Teams or ZOOM, if CAAT members cannot meet in person). Unless otherwise instructed at the time of notification, the following conference line has been designated for use by the CAAT members if needed: 866-685-1580

CAAT Conference Call Information:

Call in Number: 515-281-5454
Leader Pin: 7107

Notification to CART Members:

The CART Leader or division designee SPOC is responsible for contacting the COOP Action/Relocation Team (CART) members and may send a message to CAAT members to join a conference call or other prescribed meeting method (Teams or ZOOM, if CART members cannot meet in person). Unless otherwise instructed at the time of notification, the following conference line has been designated for use by the CART members if needed: 866-685-1580

CART Conference Call Information:

Call in Number: 515-281-5454
Leader Pin: 7107

Notification to Other Staff:

Responsibility for notification to remaining staff will typically be carried out by DHS CART Division Relocation Leaders who will initiate individual **EMERGENCY RESPONSE CALL TREES***. The following templates also could prove useful in drafting messages to staff:

Message template to staff to be moved to alternate facility – after work hours:

To all staff stationed at Lucas Building or interim building location: an incident at the Lucas Building (or 200 E. Grand Avenue, if at interim location) has resulted in the closure of the facility. You are being directed to report to [alternate facility/WFH status] for your usual scheduled work hours. When you arrive there, please check-in with [_____].

Message template to staff to be moved to alternate facility – during work hours:

To all staff stationed at Lucas Building or interim building location: an incident at the Lucas Building (or 200 E. Grand Avenue, if at interim location) has resulted in the closure of the facility. Please immediately call/text your direct supervisor to let us know of your safety & whereabouts. Unless you are doing state business away from the office, you are directed to report to [alternate facility/WFH status] for your usual scheduled work hours. When you arrive there, please check-in with [_____].

*HHS Emergency Response Call Tree updates are the responsibility of CART Division SPOCs and may be found on the DHS Emergency Management SharePoint site: Call Trees

V. Notifications to Customers and Vendors

In the event of an emergency that potentially disrupts or interrupts normal business procedures at the Lucas Building, methods for getting word out to vendors, customers, and the media would also be decided and implemented when and in the manner determined appropriate by the CAAT Leadership Team.

If it is decided that the primary facility is no longer usable, the CART Division Relocation Leaders Team is notified to initiate the HHS call trees.

Procedures for critical vendor notification would be assigned to the DHS CAAT Information Technology (IT) team and/or Essential Function Team. Procedures for customer and media notification would be assigned to the DHS CAAT PIO/Communication Team.

Refer to Appendix, Attachment C.

VI. Locations

There are 4 types of locations.

- Primary Team Member: Where team members currently reside.
- Primary Recovery Location: Place to which team members will relocate in the event that their building is not accessible.
- Secondary Recovery Location: Place to which team members will relocate in the event that their Primary Recovery Location is not available.
- Off-Site Storage

Primary Location:	
Address: Lucas State Office Building 321 E 12th Street, Des Moines, IA 50319	**# Staff at Primary Location:** 1,000
Primary Recovery Location:	
Address: Woodward Resource Center 1251 334th St, Woodward, IA 50276	**# Staff that could relocate to Primary Recovery Location:** 200
Secondary Location:	
Address: CSRU & TCM Offices SW 8th St, Des Moines, IA 50315	**# Staff that could relocate to Secondary Location:** 15
Off-Site Storage Locations:	
Address:	**Details:**
Address:	**Details:**
Address:	**Details:**

NOTE: HHS has established the ability to work remotely in response to the 2019 COVID pandemic; a majority of our operations are able to function in a remote capacity, including work-from-home (WFH) status for most employees.

In addition, individual service area and other site plans are on file with the Department (see Emergency Management SharePoint).

VII. Business Impact Analysis and IT Applications

Three main components make up the Business Impact Analysis (BIA):

- Essential Functions - identified by the agency as critical core functions that must continue to be operational in the event of an emergency.
- 7 Criteria Questions – add a weighting to each function by giving it a score that can categorize the importance of the function along domains.
- Applications – are those computer programs that the agency uses to successfully perform the Essential Functions.

By assessing these 3 main components of the BIA, the end result gives an overall criticality snapshot for the agency and determining the recovery solutions needed to meet their needs.

Legacy DHS completed a full BIA in 2018. As part of this new review and new 2022 plan, DHS' Division of Information Technology (DoIT) is conducting a full review of applications, maximum tolerable downtimes (MTD – longest acceptable amount of time without functionality), recovery time objectives (RTO – how quickly a function needs to be restored), and resource pause objectives (RPO – how long can a function be off-line without significant impacts). The crosswalk goal is to prioritize the applications and determine staging of restoration, as many systems have interdependencies. As part of this review, if the original 2018 MTD was not realistic from a recovery-time or resource-pause perspective, DoIT will estimate through the crosswalk how long an application may be out of service to assist in alternative planning. DoIT expects to complete this exercise by September 2022 and will update the results as part of the DHS IT Disaster Recovery (DR) Plan, which is reviewed semi-annually.

Essential Function	Financial Impact (per day loss)	Scope Impact H,M,L	Confidentiality Impact (Y/N)	Public Safety (Y/N)	Public Health (Y/N)	Public Trust Y/N: H,M,L	Regulatory Obligation Y/N: H,M,L	Maximum Tolerable Downtime (MTD)	Application Name AKA: Computer Program	Desired Application RTO	Desired Application RPO
Care & Responsibility for Facility Clients	$0	L	Y	N	N	Y, H	Y, H	1 hr	multiple	6 hr	6 hr
Child Support Recovery & Distribution	$150K+	H	Y	N	N	Y, H	Y, H	48 hr	multiple	48 hr	48 hr
Gateway to Assistance Programs	$16M+	H	Y	N	Y	Y, H	Y, H	12 hr	multiple	24 hr	24 hr
MHDS Core Services	$0	L	Y	N	Y	Y, M	Y, L	120 hr	multiple	240 hr	240 hr
DHS Protective Services	$2k+	M	Y	Y	Y	Y, H	Y, H	12 hr	multiple	24 hr	24 hr

VIII. Telecom & Communications

Below is a list of important telephone numbers that have been identified as needing to be rerouted in the event of a business disruption. Additional collaboration with ICN or alternate phone carrier may be required to ensure successful rerouting of the phone numbers so they can plan for this work in their recovery plan.

Telephone Number	Purpose	Recovery Time	Reroute Location	Comments/Notes
800-652-8516	Child Abuse Hotline	< 1 hour	Service Areas	Most of the work is relayed out immediately to the service areas to continue Hotline services locally. Field Division Administrator will call SAMS and bureau chiefs immediately as appropriate, which initiates this task.

Below is a list of important communication strategies and procedures that have been identified in the event of an emergency to business disruption. Additional collaboration with HSEMD and DOM may be required to ensure successful implementation so they can plan for this work in their recovery efforts as well.

System	Purpose	Recovery Time	Assigned to	Comments/Notes
Command Conference Telephone System (Red Phone)	Allows state agency offices to telephonically conference.	< 1 hour	HSEMD	Currently 17 difference state agencies or offices are contacted simultaneously using this system. The system is tested monthly, usually on the first Monday of each month.
Capitol Complex Alert Iowa Group	A mass communication system used for notifications in an emergency	< 1 hour	HSEMD	The system is tested monthly, usually on the first Monday of each month. DHS does not currently subscribe to this system.
Capitol Complex Communication (Public Address) System	Public address system used for notification of significant events	< 1 hour	HSEMD	The system is tested monthly, usually on the first Monday of each month.
Health Alert Network (HAN)	Method of communication designed to notify department heads of emergency information.	< 1 hour	unknown	System is set up to send email messages, text messages, and phone calls. Typically tested every 2 months.
Hazard Threat Warning System	Used in the event other telephonic or electronic communication methods are compromised	< 1 hour	unknown	800 Mhz radio system (Field Operations has?)

IX. Essential Records (Forms and Documents)

Identify what documents and/or forms printed or electronic that are critical to the agency continuity of operations.

Name of Form/Document	Purpose of the document	Document Type	Location	Quantity	Urgency	Owner	Comments/Notes
HHS network drive/file shares	Electronic documents	Electronic	Access to the HHS network drive is available both from their Capitol offices and the alternate location. Access is also available through VPN.	All	Very Soon (2-12 hours)	DHS	
HHS intranet / SharePoint	Electronic documents	Electronic	Access to the HHS intranet is available both from their Capitol offices and the alternate location. Access is also available through VPN.	All	Soon (12-24 hours)	DHS	DHS SP Home

X. Other Equipment

A complete list of any other types of equipment you may need that may or may not be readily available at your recovery location.

Other Equipment	Purpose	Quantity	How you will obtain	When?	Comments/Notes
Printer/copier/ scanner/fax		1	Available at alternate locations	Immediately (0-2 hours)	For those staff that may work remote (WFH), availability is limited or nonexistent.
CSC - OPEX	Payment & correspondence scanning	1	CSC in aware of other executive agencies and local businesses that have OPEX	Very Soon (8-12 hours)	Process must be done daily Opex ID Numbers: Opex 3 FA08432 & Opex FA08431

XI. Readiness

To be effective, business continuity plans must be maintained in a ready state to continue its most essential functions regardless of situation or circumstance. COOP/COG plans are living, breathing documents that require regular exercise and maintenance so that they remain functional and viable plans.

Exercises include a Tabletop Discussion (Plan Walkthrough) and Plan Simulation/Drill. These items are recommended to be completed annually.

XII. Plan Maintenance

Maintenance items include 3 tasks that should be routinely completed to ensure your plan remains up to date and in a ready state.

- Record Verification & Appendix Review/Updates
- Plan Distribution
- Business Impact Analysis (BIA) Review

In addition, an annual Affirmation, which is an acknowledgement and approval of the current plan is required.

It is the responsibility of the COOP/COG Coordinator to record the results of each exercise and maintenance item. Below is a table of items intended for the COOP/COG Coordinator to use to document the results of each item.

	Frequency	Date Completed	Who participated	Summary of results
Tabletop Exercise (Plan Walkthrough)	Annual			
Plan Simulation/Drill	Annual			
Record Verification	Every 6 months			
Plan Distribution	Every 6 months			
BIA Review	Annual			
Affirmation	Annual			

XII. Appendices

COOP Action/Relocation Team (CART) action items (checklists)

Continuity of Operations Plan at a Glance (Attachment A)

Recovery Members and Team Leads (Attachment B)

Vendor/Customer Lists (Attachment C)

COOP Action/Relocation Team (CART) Action Items (Checklist)

CART Leader

- ☒ If needed, conference with CART members in person or by conference #
- ☒ Act as Incident Commander to ensure CART members address the following tasks to ensure essential functions may continue.

Site Preparation and Logistics Tasks and Actions:

- ☒ Notify Duty Officer at HSEMD of intent to move operations to JFHQ; make arrangements for use
- ☒ Ensure alternate facility has Emergency Action Plan posted & employees know about it
- ☒ Arrange for power and other utilities at alternate facility
- ☒ Coordinate with IT & Communications for delivery / set-up of resources
- ☒ Arrange delivery / set-up of other equipment
- ☒ Obtain necessary paper records or resources
- ☒ Acquire / distribute office & other supplies as needed
- ☒ Arrange for mail delivery
- ☒ Test and verify phone numbers really do ring into new site
- ☒ Provide
  - ☒ Directions to site to relocating employees
  - ☒ Instructions/orientation
  - ☒ Check-in procedure

Communications Infrastructure

- ☒ Arrange phone connectivity
- ☒ Set-up/test all phones
- ☒ Arrange other communications equipment, including network lines if not handled by IT

Salvage and Recovery

- ☒ Ensure all hazards are cleared before entry
- ☒ Stabilize the environment at old facility
- ☒ Begin salvage/recovery

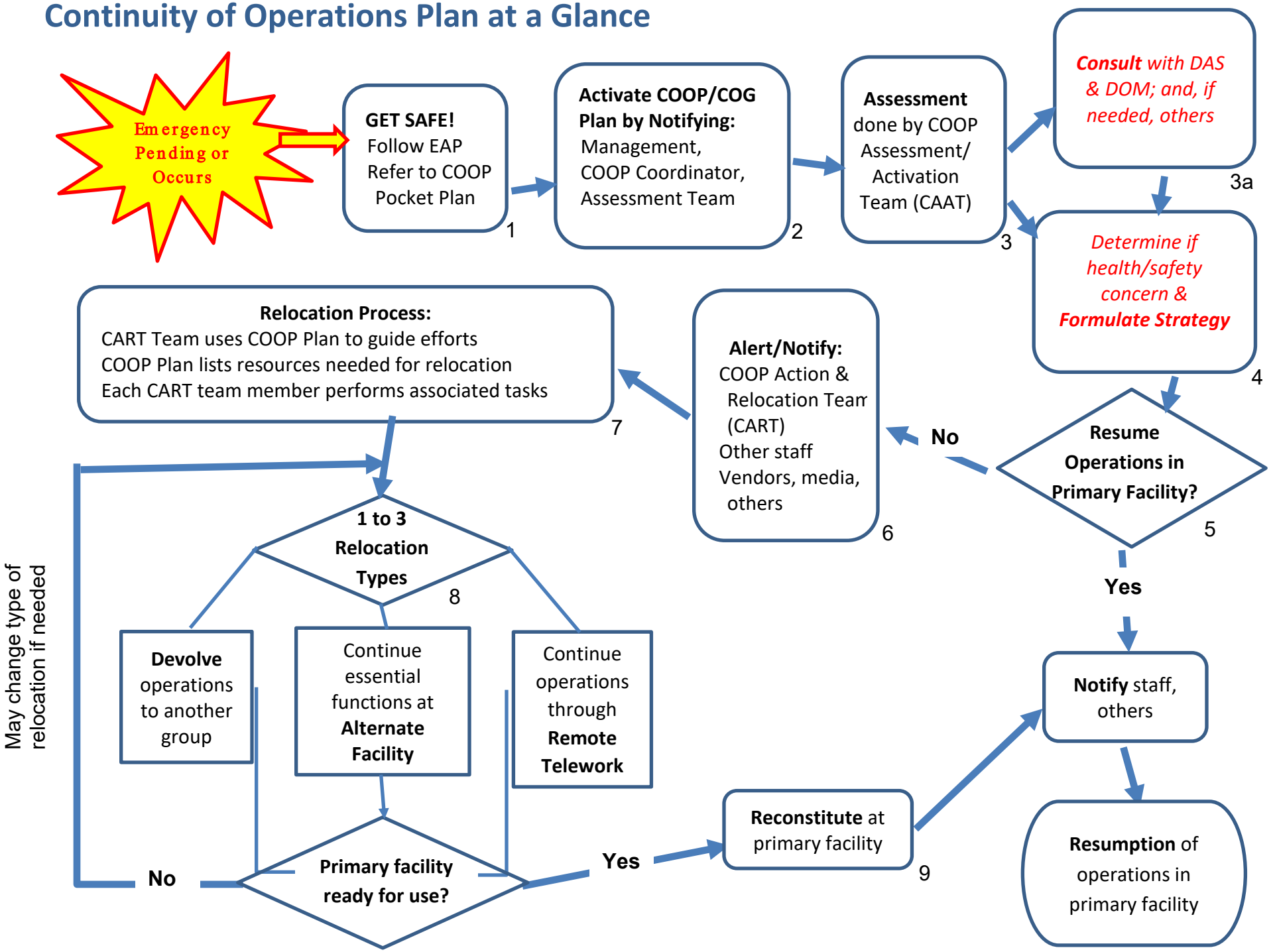
Security

- ☒ Arrange to acquire alternate facility keys or keycards and get to all staff requiring use
- ☒ Arrange for locking alt facility at end of each day & after-hours security
- ☒ Arrange for necessary security at abandoned facility

Finance, Administration & HR

- ☒ Send updates to staff via mass notification
- ☒ Arrange procurement for CART members as needed; track inventory
- ☒ Enable and track staff overtime if needed

Continuity of Operations Plan at a Glance



Recovery Members and Teams

CAAT: COOP Activation & Assessment Team
CART: COOP Action-Relocation Team

HHS - CAAT Leadership: This team will be making frontline decisions to implement recovery strategies:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
BENSON, JESS	JBENSON1@DHS.STATE.IA.US	515-201-5931	
DRINNIN, ERIN	EDRINNI@DHS.STATE.IA.US	515-732-1177	
EKSTRAND, SARAH	SEKSTRA2@DHS.STATE.IA.US	515-782-6362	
GARCIA, KELLY	KGARCIA@DHS.STATE.IA.US	515-281-5452	
REISETTER, SARAH	SARAH.REISETTER@IDPH.IOWA.GOV	515-201-0926	
MATNEY, LIZ	EMATNEY@DHS.STATE.IA.US	515-322-3543	
VAN ENGELENHOVEN, JEFF	JVANENG@DHS.STATE.IA.US	515-721-0401	

HHS – CAAT Cabinet: HHS Cabinet Members and full executive leadership team:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
BENSON, JESS	JBENSON1@DHS.STATE.IA.US	515-201-5931	
DRINNIN, ERIN	EDRINNI@DHS.STATE.IA.US	515-732-1177	
BIRD, MELISSA	mbird@dhs.state.ia.us	515-414-9650	
EYANSON, MARISSA	MEYANSO@DHS.STATE.IA.US	515-281-8580	
EKSTRAND, SARAH	SEKSTRA2@DHS.STATE.IA.US	515-782-6362	
GARCIA, KELLY	KGARCIA@DHS.STATE.IA.US	515-281-5452	
HARVEY, JANEE	JHARVEY1@DHS.STATE.IA.US	515-2815521	
CURTISS, REBECCA	rcurtis@dhs.state.ia.us	515-201-4971	
MALONE, CARRIE	CMALONE@DHS.STATE.IA.US	515-281-4387	
MATNEY, LIZ	EMATNEY@DHS.STATE.IA.US	515-322-3543	
REISETTER, SARAH	SARAH.REISETTER@IDPH.IOWA.GOV	515-201-0926	
TURNER, CORY	CTURNER@DHS.STATE.IA.US	712-225-6948	
VAN ENGELENHOVEN, JEFF	JVANENG@DHS.STATE.IA.US	515-721-0401	
RHEIN, ZACH	zachary.rhein2@iowa.gov	515-250-5208	
KRUSE, ROBERT	robert.kruse@idph.iowa.gov	515-601-5351	

HHS – CAAT Disaster Response & Recovery: This team implements and stages field operations disaster response & recovery efforts, including service area incidents:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
DRINNIN, ERIN	EDRINNI@DHS.STATE.IA.US	515-732-1177	
ALIBASIC, AMELA	AALIBAS@DHS.STATE.IA.US	515-281-4521	
LIPSCOMB, LORI	LLIPSCO1@DHS.STATE.IA.US	515-281-5741	

HHS – CAAT IT: This team is responsible for frontline decisions and implementation of technology recovery:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
BATES, ADAM	ABATES@DHS.STATE.IA.US	515-281-5775	
CAMPAGNA, STEVEN	SCAMPAG@DHS.STATE.IA.US	515-281-6894	
VAN ENGELENHOVEN, JEFF	JVANENG@DHS.STATE.IA.US	515-721-0401	

HHS – CAAT PIO/Communications: This team ensures notification to public via news outlets and HHS website:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
MURPHY, ALEX	alex.murphy@hhs.iowa.gov	515-601-4679	
EKSTRAND, SARAH	SEKSTRA2@DHS.STATE.IA.US	515-782-6362	

HHS – CART Division SPOCs: This team is responsible for the update and maintenance of respective division call trees. This central point of contact team is authorized by their respective Division Administrators and the HHS COOP/COG Coordinator:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
BATES, ADAM (DoIT)	ABATES@DHS.STATE.IA.US	515-281-5775	
BENSON, JESS	JBENSON1@DHS.STATE.IA.US	515-201-5931	
TEMPLETON, CHRISTIE	ctemple@dhs.state.ia.us	515-782-2931	
TRACY, CASSIE	Cassandra.tracy@hhs.iowa.gov	515-330-5755	
VAN AUSDALL, KELLY	kvanaus@dhs.state.ia.us	515-443-1031	
HARRISON, HEIDI	Heidi.Harrison@idph.iowa.gov	515-724-2725	
MISEL, ROBIN	robin.misel@idph.iowa.gov	515-783-4474	

HHS – CART Division Relocation Leaders: This team implements their respective division call tree initiative. The team is notified by their respective Division Administrators or CART Division SPOCs:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
ALIBASIC, AMELA	AALIBAS@DHS.STATE.IA.US	515-281-4521	
ALLISON, JULIE	JALLISO1@DHS.STATE.IA.US	515-281-6802	
ARMSTRONG, THERESA	TARMSTR1@DHS.STATE.IA.US	515-281-3780	
BATES, ADAM	ABATES@DHS.STATE.IA.US	515-281-5775	
BUSHELL, COURTNEY	CBUSHEL@DHS.STATE.IA.US	515-281-6085	
CAMPAGNA, STEVEN	SCAMPAG@DHS.STATE.IA.US	515-281-6894	
TEMPLETON, CHRISTIE	ctemple@dhs.state.ia.us	515-782-2931	
EKSTRAND, SARAH	SEKSTRA2@DHS.STATE.IA.US	515-782-6362	
KEKSTADT, DAWN	dkeksta@dhs.state.ia.us	515-229-1756	
LANE-MOLNARI, JODY	JLANEMO@DHS.STATE.IA.US	515-281-6027	
CURTISS, REBECCA	rcurtis@dhs.state.ia.us	515-201-4971	
MALONE, CARRIE	CMALONE@DHS.STATE.IA.US	515-281-4387	
SIGNS, GEORGE	WSIGNS@DHS.STATE.IA.US	515-256-4689	
DECKER, DEANN	DeAnn.Decker@idph.iowa.gov	515-473-8347	

SHARP, KEN	Kenneth.sharp@idph.iowa.gov	515-321-6749	

HHS – Essential Function Care & Responsibility for Facility Clients: This team implements and stages the essential function response and recovery effort, mobilizing other staff and resources as necessary:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
DETEMMERMAN, ERIC	EDETEMM@DHS.STATE.IA.US	515-725-2237	
EDGINGTON, MARSHA	MEDGING@DHS.STATE.IA.US	515-438-2600	
ERSKINE, BOBBI JO	BERSKIN@DHS.STATE.IA.US	712-225-6918	
HUNTINGTON, BEN	BHUNTIN@DHS.STATE.IA.US	563-349-8158	
IVERSEN, CADE	CIVERSE@DHS.STATE.IA.US	563-920-9345	
KROEGER, TROY	TKROEGE@DHS.STATE.IA.US	515-322-3158	
PALMER, LISA	LPALMER2@DHS.STATE.IA.US	515-587-7570	
SWORE, MARK	MSWORE@DHS.STATE.IA.US	515-281-8575	
TURNER, CORY	CTURNER@DHS.STATE.IA.US	712-261-1795	

HHS -Essential Function Child Support Recovery & Distribution: This team implements and stages the essential function response and recovery effort, mobilizing other staff and resources as necessary:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
DRINNIN, ERIN	EDRINNI@DHS.STATE.IA.US	515-732-1177	
CLAYCOMB, KYLIE	KCLAYCO@DHS.STATE.IA.US	515-281-8244	
LATRHOP, ANGELA	ALATHRO@DHS.STATE.IA.US	515-697-1524	
SLOAN, DENA	DSLOAN@DHS.STATE.IA.US	515-242-3241	
STORM, NATALIE	NSTROM@DHS.STATE.IA.US	515-281-8047	

HHS – Essential Function Gateway to Assistance Programs: This team implements and stages the essential function response and recovery effort, mobilizing other staff and resources as necessary:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
DRINNIN, ERIN	EDRINNI@DHS.STATE.IA.US	515-732-1177	
BOUSKA, THOMAS	TBOUSKA@DHS.STATE.IA.US	712-328-4860	
FRICK, LORI	LFRICK@DHS.STATE.IA.US	563-326-8794	
LIPSCOMB, LORI	LLIPSCO1@DHS.STATE.IA.US	515-281-5741	
VAN ENGELENHOVEN, JEFF	JVANENG@DHS.STATE.IA.US	515-721-0401	
MAJESKI, MATTHEW	MMAJESK@DHS.STATE.IA.US	319-892-6800	
RHOADS, JANA	JRHOADS@DHS.STATE.IA.US	515-725-2701	
ROBERTS, TRACEY	TROBERT@DHS.STATE.IA.US	515-725-1332	
TURNER, DAWN	DTURNER1@DHS.STATE.IA.US	319-291-2441	

HHS – Essential Function MHDS Core Services: This team implements and stages the essential function response and recovery effort, mobilizing other staff and resources as necessary:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
ARMSTRONG, THERESA	TARMSTR1@DHS.STATE.IA.US	515-281-3780	

EYANSON, MARISSA	MEYANSO@DHS.STATE.IA.US	515-281-8580	
HYATT, KAREN	KHYATT@DHS.STATE.IA.US	515-281-3128	
DECKER, DEANN	DeAnn.Decker@idph.iowa.gov	515-473-8347	

HHS – Essential Function Protective Services: This team implements and stages the essential function response and recovery effort, mobilizing other staff and resources as necessary:			
Employee	**Email**	**Business Phone**	**Emergency Phone**
DRINNIN, ERIN	EDRINNI@DHS.STATE.IA.US	515-732-1177	
HOWAT, TERRY	THOWAT@DHS.STATE.IA.US	515-505-8125	
LIPSCOMB, LORI	LLIPSCO1@DHS.STATE.IA.US	515-281-5741	

Vendor/Customer Lists

DHS Vendor/Customers (Critical) to notify in the first 0 – 2 hours:			
Vendor	**Contact**	**Email**	**Business Phone**
HP	BENNIS, AARON		515-777-0212
MICROSOFT	CREAGER, JOELLEN		651-210-7435
WINDSTREAM-ICN NOC			515-725-4400
DELL MARKETING LP	LEWIS, DAVE		515-421-5281
INSIGHT	SLAYTON, BEAU		800-763-8927
VITAL SUPPORT SYSTEMS-ONE NECK	STRAIT, JIM		515-334-5765
HSEMD	HARPER, DENNIS	DENNIS.HAPER@IOWA.GOV	515-725-9348
DOM	PAULSEN, KRAIG	KRAIG.PAULSEN@IOWA.GOV	515-281-3322
DAS	CUSTOMER SERVICE	CUSTSER.GSE@IOWA.GOV	515-242-5120 #3
OCIO	DUNN, ANNETTE	ANNETTE.DUNN@IOWA.GOV	515-281-3462

DHS Vendor/Customers (VIP) to notify in 2 - 12 hours:			
Vendor	**Contact**	**Email**	**Business Phone**
XEROX	SERVICE DESK		800-821-2797
I/3	JOHNSON, ROGER	ROGER.JOHNSON@IOWA.GOV	515-281-0160
USDA-FNS	BILLUPS, TRENT		703-305-2096
DOT, COO	JERMAN, TROY	TROY.JERMAN@IOWADOT.US	515-239-1601
DIA	JOHNSON, LARRY	LARRY.JOHNSON@DIA.IOWA.GOV	515-281-5457
PROMISE JOBS	SIDWELL, ALI	ALISON.SIDWELL@IWD.IOWA.GOV	515-725-4125
CONDUENT	ADAWAY, DENISE	DENISE.ADAWAY@CONDUENT.COM	515-556-9445
OPEX	OPEX Tech support (Bob)		800-673-9288 856-220-6670 (Bob)

DHS Vendor/Customers (Important) to notify within 48 hours:			
Vendor	**Contact**	**Email**	**Business Phone**
IDR	GIRARDI, ANTHONY	ANTHONY.GIRDARDI@IOWA.GOV	515-725-1021
IME-CONTRACTOR	CHATMAN, BENJAMIN	BCHATMA@DHS.STATE.IA.US	515-246-9841
DOC	SHAY, COLLEEN	COLLEEN.SHAY@IOWA.GOV	319-665-6714
DOE	WEMHOFF, REBECCA	BECCA.WEMHOFF@IOWA.GOV	515-281-5471
USDA-FNS	CUNDARI, MELISSA	MELISSA.CUNDARI@USDA.GOV	312-886-4662
HHS-ACF	HANCE, AMY		816-426-2230

HHS-ACF-CC	HALLIFORD, DORIS		816-426-2264
CMS-RO	D'ANGELO, LAURA	LAURA.DEANGELO1@CMS.HHS.GOV	785-691-8161
ACFS-TANF-DR	BECKMAN, KAREN	KAREN.BECKMAN@ACFS.HHS.GOV	816-426-2236
IRS	ASTURIAS, DEBBIE (REED)		949-389-4401
SSA	LIND, KELLY		816-936-5950
DOC	FINERAN, SARA		515-725-5718