Form Approved

OMB No. 0990-0379

Exp. Date 08/30/2023

## **Key Informant Impact and Gap Feedback Tool - 2021 California Wildfires Disaster**

## **Overview**

This tool tracks your counties emerging needs in health and social services (HSS) recovery key areas and jumpstarts the needs assessment process. Cal-OES and federal HHS recovery coordinators will be visiting your county to conduct recovery listening sessions, and this guide will help inform our time together. Gathering this information will support efficient recovery planning, and the development of courses of action.

## **Who Should Complete the Tool?**

Persons with specific knowledge in each area should complete this tool. If it works for you to collate responses from your agency that would be helpful, but it is not necessary. We expect that we may receive multiple guides per agency. Participants can expect to dedicate roughly 1 to 3 hours to complete this questionnaire, depending on the number of respondents in your agency. ***Please complete the Program Lead contact information for each program area. We understand this may be duplicative, but this information will help us schedule the recovery listening sessions to maximize your time.***

## **Priority Scale**

Impact is a measure of the effect of an incident, while urgency is a function of time. Anything that has both high impact and high urgency should get the highest priority, while low impact and low urgency should result in the lowest priority.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **IMPACT** | | |
|  |  | **Low** | **Medium** | **High** |
|  |  | **Priorities in Color** | | |
| **URGENCY** | **High** | **Medium** | **High** | **High** |
| **Medium** | **Low** | **Medium** | **High** |
| **Low** | **Low** | **Low** | **Medium** |

## **Please return your completed tool or direct any questions to:**

Melissa Smith, [Melissa.Smith@CalOES.ca.gov](mailto:Melissa.Smith@CalOES.ca.gov)

CAL-OES HSS Recovery Coordinator

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 1.65 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

## **Key Informant Impact and Gap Feedback Tool - 2021 California Wildfires Disaster**

***Please check boxes and complete the blue shaded areas.***

|  |  |
| --- | --- |
|  | **Person Completing/Collating Tool** |
| **County:** |  |
| **Date:** |  |
| **Agency:** |  |
| **Name:** |  |
| **Position:** |  |
| **Program Area:** |  |
| **Email:** |  |
| **Phone:** |  |

| **Program** | **Has your ability to provide services in this area been compromised due to the disaster?** | | **Has the request for services significantly increased in this area post disaster, AND is your agency unable to meet this increased need?** | | **Program Lead Name:**  **Email:**  **Phone:** | **Given the impact and the urgency, please rate priority:** |
| --- | --- | --- | --- | --- | --- | --- |
| **Public Health** | | | | | | |
| **Communicable Disease** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Chronic Disease** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Immunizations** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2: | | | | | | **High**  **Medium**  **Low** |
| Issue 3: | | | | | | **High**  **Medium**  **Low** |
| **Maternal, Child & Adolescent Health** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **WIC** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Clinical Services** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **PHEP Program** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Public Health Laboratory** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Vital Records** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Data and Statistics** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Communications** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Additional Program**  *add additional programs as necessary* | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Environmental Health** | | | | | | |
| **Food Quality** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Water Quality** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2 | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Air Quality** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Inspections and licensing** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Responder Health** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Env Health Laboratory** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Communications** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Additional Program**  *add additional programs as necessary* | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Behavioral Health** | | | | | | |
| **Crisis Intervention** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Addiction Services** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1**.** | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Domestic &**  **Sexual Violence** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Adult Mental Health** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Child Mental Health** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Communications** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Additional Program**  *add additional programs as necessary* | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Social Services/Human Services** | | | | | | |
| **Crisis Financial Aid /**  **Food Assistance** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Aging & Disability Services** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Intellectual & Developmental Disabilities** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Domestic &**  **Sexual Violence** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe how your agency needs assistance.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Child Protective Services** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Child Welfare** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Childcare/Preschool** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Homeless Populations** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Indigenous Populations** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Immigrant &**  **Migrant Populations** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1**.** | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Communications** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1**.** | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Additional Program**  *add additional programs as necessary* | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Health Care Services** | | | | | | |
| **County Public Hospital** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **FQHC(s)** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe how your agency needs assistance. Please be as specific as possible. Copy paste as many rows as necessary.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Healthcare Coalition** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Communications** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Additional Program**  *add additional programs as necessary* | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **K-12 Education** | | | | | | |
| **Facilities** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Transportation** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Technology, Data Systems and Equipment** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Student and Staff Housing** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Staff Health and Readiness** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Student Behavioral Health** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **National School**  **Lunch Program** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Communications** | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |
| **Additional Program**  *add additional programs as necessary* | YES | NO | YES | NO | **Program Lead Name:**  **Email:**  **Phone:** | |
| **If YES to either question, please describe in one sentence how your agency needs assistance. Copy and paste as many rows as necessary to capture each issue.**  Issue 1. | | | | | | **High**  **Medium**  **Low** |
| Issue 2. | | | | | | **High**  **Medium**  **Low** |
| Issue 3. | | | | | | **High**  **Medium**  **Low** |

## **Please return your completed tool or direct any questions to:**

***Please contact:***

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