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SA 2: Behavioral Health

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SA 2 Tasked Agencies

Primary County Agency	Health, Housing, and Human Services (H3S) (Behavioral Health Division)
Supporting County Agencies	Clackamas County Disaster Management (CCDM) Clackamas County Disaster Management (Medical Examiner) Public and Government Relations Sheriff's Office Department of Transportation and Development
Community Partners	American Red Cross Fire Defense Board Cascadia Behavioral Health Lifeworks NW Morrison Child and Family Services Northwest Family Services Lifestance Health
State Agency	Oregon Department of Human Resources/Mental Health & Developmental Disabilities Services Division
Federal Agency	Department of Health and Human Services

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1 Introduction



1.1 Purpose and Scope

The purpose of this document is to provide guidance for remediating the behavioral health impact of a disaster in Clackamas County. It specifies the roles, responsibilities, and relationships of the Behavioral Health Division for disaster response, and recovery.

1.2 Policies and Agreements

Provisions in Oregon State Law for Behavioral Health can be found in Oregon Revised Statutes (ORS) 430 and include the following key provisions:

- ORS 430.630. Services to be provided by community mental health programs.
- OAR 390. Prescribes standards by which a health care advocate may be appointed for an adult with an intellectual or developmental disability.

2 Situation and Assumptions



The Clackamas County Department of Health, Housing, and Human Services (H3S), Behavioral Health Division, is the mental health authority within the entire County; cities do not provide mental health services, although some may have chaplains or employee assistance programs.

2.1 Situation

The purpose of disaster behavioral health response is to increase adaptive functioning in responders and survivors. Emergencies, disaster incidents, and terrorist events have psychological impacts on survivors and responders based on the biology of extreme stress and trauma. Psychological reactions to events of extreme stress can be observed through cognitive, emotional, physical, and behavioral manifestations for several weeks, months, or even years following the incident. Functioning is impacted in both survivors and responders as experiences of extreme stress tend to limit an individual's ability to problem solve, focus, plan, relate, and think logically. While people and communities are resilient, responding to the psychological and emotional impact of disasters for all people involved is an integral part of a comprehensive and effective disaster response and community recovery strategy.

Disaster behavioral health services are an important component of maintaining relational and community resilience and functioning. During and immediately following a disaster, the Behavioral Health Division will be required to focus its efforts in four areas:

- **Comfort Care:** Provide brief supportive intervention or psychological first aid to anxious community members and victims
- **Triage and Assessment:** Clinical treatment, crisis counseling for those under severe mental distress, identifying those at high risk.
- **Responder Care:** Stress management and brief counseling services for emergency workers and their families suffering from critical incident stress.
- **Agency Coordination:** Collaborate with other behavioral health agencies and organizations active in disaster to establish role boundaries and a coordinated system of response in the three areas listed above.

2.2 Assumptions in Disaster Behavioral Health

Emergency response is predicated on the following assumptions:

- Substance use and abuse will increase dramatically following a community disaster or crisis event.
- Emotional distress is usually apparent at the time of the critical incident. Behavioral health support and early intervention techniques will be required immediately to maintain adaptive functioning.
- Outreach, education, and early intervention techniques will assist survivors in meeting new challenges and offer support in their recovery process to re-establish pre-disaster performance and functioning levels.

2.3 Culturally Aware Disaster Behavioral Health

Culture refers to the patterns of behavior and belief common to members of a society. It is the rules for understanding and generating customary behavior. Culture includes beliefs, norms, values, assumptions, expectations and plans of action. It is the framework within which people see the world around them, interpret events and behavior and react to their perceived reality.

Culturally aware disaster behavioral services should be designed to respect the uniqueness of cultural influences. These services will work best if provided within the disaster victim's cultural framework. Nine principles govern the development of culturally aware programs:

1. The family, however defined, is critical and usually the focus of treatment and services.
2. Americans with diverse racial/ethnic backgrounds are often bicultural or multicultural. As a result, they may have a unique set of issues that need to be recognized and addressed.
3. Families make choices based on their cultural backgrounds. Behavioral health responders must respect and build on their own cultural knowledge as well as families' strengths.
4. Cross-cultural relationships may include major differences in worldviews. These differences must be acknowledged and addressed.
5. Cultural knowledge and sensitivity must be incorporated into disaster behavioral programs, policymaking, administration and services.
6. Natural helping networks such as neighborhood organizations, community leaders and natural healers can be a vital source of support.
7. In culturally competent systems of care, the community as well as the family, determines direction and goals.
8. Programs must do more than offer equal, nondiscriminatory services; they must tailor services to the population being served.
9. When services include responders that share the cultural background of disaster victims, the services tend to be more effective.

2.4 Community Mental Health Partners

Community Mental Health (CMH) partners are vital to a comprehensive disaster behavioral health response, and they extend HHS, Behavioral Health Division's capacity and reach. When called upon, these partners may augment comfort care and psychological first aid, leveraging their trusted community presence and established networks to provide more widespread support. They can enhance triage, assessment, and clinical treatment, offering specialized expertise and continuity of care, particularly for vulnerable populations, and serving as critical referral pathways to greater support for community members. Some CMH organizations may also play a key role in supporting responder care initiatives through critical incident stress management and peer support programs. Their involvement is essential for strengthening agency coordination and collaboration, and ensuring a unified, effective response throughout all phases of a disaster.

3 Roles and Responsibilities



This section outlines the key responsibilities of Clackamas County Behavioral Health Division and its partners during all phases of disaster response. It assumes that emergency response is primarily a local function, and coordination is critical to ensure timely and culturally appropriate behavioral health support.

The roles and responsibilities in support of emergency services will vary depending on the type of resources, the length of the warning period, and the duration of the incident.

The County has identified primary and supporting agencies and community partners to ensure Support Annex (SA)-related activities are performed in an efficient and effective manner during all phases of the emergency management cycle. This document does not relieve tasked agencies of the responsibility for emergency planning, and agency plans should adequately provide for the capability to implement their assigned tasks.

3.1 Primary Agency – Clackamas County Behavioral Health Division

The Behavioral Health Division is the lead agency for disaster-related mental health and substance use response. Its responsibilities include:

- **Preparedness**
 - Participate in Emergency Operations Center (EOC) and Department Operations Center (DOC) planning.
 - Train and maintain a roster of deployable behavioral health responders.
 - Collaborate with Public Health on community risk communication strategies related to mental well-being.
- **Response**
 - Provide Psychological First Aid (PFA) at shelters, Family Assistance Centers, and other response sites.
 - Maintain the Crisis & Support Line for disaster-related emotional support.
 - Coordinate deployment of staff and volunteers to impacted areas.
 - Support emergency responders with behavioral health services (responder wellness).

- **Recovery**
 - Provide short-term counseling and grief support to impacted individuals and families.
 - Offer postvention services in the event of deaths by suicide or traumatic loss.
 - Coordinate ongoing behavioral health needs assessments and referrals.

3.2. Supporting County Agencies

Other Departments/Divisions may provide critical support roles:

Agency	Phase	Responsibility
Public Health	All Phases	Integrate behavioral health messaging into risk communication
Emergency Management	All Phases	Facilitate coordination and resource deployment through the EOC
Juvenile/Adult Corrections	Response	Ensure behavioral health needs of detained people are met
H3S Administration	Recovery	Support funding and resource allocation for community-based recovery
Medical Examiner	Response	Manage Mass Fatality Plan and death investigations
POI/Public & Government Affairs	Response	Ensure behavioral health messaging on proper channels

3.3 Community Partners

Behavioral Health may collaborate with community-based organizations for culturally responsive service delivery. Partners may include:

- Nonprofit service providers (e.g., American Red Cross, Cascadia Behavioral Health, Lifeworks Northwest, Morrison Child and Family, Northwest Family Services, Lifestance, culturally specific agencies)
- Faith-based and grassroots mutual aid networks
- Cultural liaisons where appropriate

Note: Partner roles are determined by formal MOUs, emergent needs, or coordination within the EOC structure.

3.4 State and Federal Agencies

Roles and responsibilities for state and federal agencies are identified in the State of Oregon Emergency Operations Plan (EOP) and National Response Framework, respectively. Clackamas County will align its response with the Oregon Emergency Operations Plan (EOP) and the National Response Framework, and coordinate with the Oregon Health Authority and FEMA as needed.

See Appendix B for a phase-specific checklist of tasks by agency.

4 Concept of Operations

4.1 General

The H3S/Behavioral Health Division maintains 24-hour coverage in support of a potential natural or human-caused disaster emergencies and works in coordination with Clackamas County Disaster Management (CCDM). In the event of an incident, the level of ESF 8 activation will be dependent on the magnitude of the emergency or disaster. H3S will coordinate the initial response to most natural or human-caused disaster emergencies affecting the County and participate in County Emergency Operations Center (EOC) Command with significant behavioral health impacts.

The H3S Department Operations Center (DOC) may coordinate its own internal resources and activities during a disaster, prior to or concurrent with EOC activities. The DOC focuses on managing the H3S response, specific to effectively deploying and supporting the personnel, equipment, and operations of its six Divisions. DOC staff typically are assigned to the EOC as well, providing situational updates and receiving overall guidance and resource requests after EOC is activated.

The provision of behavioral health services will be coordinated from the DOC or the County EOC, if activated. A behavioral health representative will report to the DOC or EOC to survey and assess behavioral health response requirements and capabilities.

Once a plan is developed for provision of behavioral health services, agencies providing such services may operate and administer programs from their normal working locations or on-scene, as assigned and appropriate. In addition, the Board of County Commissioners (BCC) may enter into contracts or mutual assistance agreements for the provision of behavioral health services.

For behavioral health when H3S is the lead, the H3S Department Operations Center (DOC) will be activated. For emergencies or disasters with health impacts, the EOC will serve as the coordinator center for the incident operations.

4.2 Employee Reporting

Behavioral Health Division employees will be expected to report for work in the event of a disaster unless they are the direct victims of the disaster. Impacted employees will not be asked to report for work until their personal and family disaster-related needs are met. Employees will notify their immediate supervisors of availability.

If an employee's normal work location is inaccessible or non-functional, that employee will report to the nearest available functioning mental health site unless directed otherwise by a specific protocol or a supervisor.

Employees may be assigned to alternate work sites and functions, as needed, within the County. They may be assigned to work sites outside the County through mutual assistance agreements among regional government agencies.

4.3 Staffing Roles and Responsibilities

Upon receipt of the initial information, the Behavioral Health Lead in concert with Behavioral Health Liaison, Behavioral Health Field Officer and other local officials will assess the situation and make a preliminary determination as to the nature and scope of the response. Depending on the scope, Clackamas County Behavioral Health Division will collaborate with other key personnel to assist in coordinating a response.

Emergency Behavioral Health resources will be inventoried, consolidated and presented by the Behavioral Health Division. There are three Behavioral Health roles to be assigned within the Incident Command System (ICS) structure depending on the size and severity of the incident.

These three roles are, typically, at different locations which need to be filled in the order presented are:

- **EOC: The Behavioral Health Lead** holds the primary responsibility for the overall planning, development, management, and evaluation of the behavioral health response for the incident. The Behavioral Health Duty Lead ensures that there are adequate levels of practitioners and service sites to support the behavioral health needs of responders.
- **H3S DOC:** The Behavioral Health Liaison is responsible for inventorying and assigning crisis/emergency counselors to support the behavioral health needs in the community and ensuring support staff and first responders have access to their own emotional support and incident debriefing resources. The Behavioral Health Liaison determines the need for mental/behavioral services and coordinates provisions of care as required.
- **Incident Command Post:** The Behavioral Health Field Officer is responsible for ensuring that responder needs are met and identifying the need for and obtaining behavioral health support. The Field Officer is responsible for coordinating crisis counseling to community members, staff, and first responders as needed.

Depending on the event size, activation may be limited, and behavioral health representatives could potentially fill multiple roles. An isolated incident may not require activation of the County EOC and only need direct support at the incident. Small incidents may only warrant an activation of the EOC without the need for the H3S DOC, while larger incidents will operate with the EOC, H3S DOC, and Incident Command Post.

4.3.1 Additional Roles and Responsibilities

Behavioral Health staff will assist victims in identifying available mental health resources, will serve as advocates with behavioral health providers, and will report serious deficiencies through the chain of command.

Behavioral Health staff responding to the event shall be alert to signs of high stress, emotional instability, or unusual behavior among disaster victims and emergency workers and will notify the Behavioral Health Lead or County EOC of such conditions.

Emergency mental health services will be provided under existing rules of confidentiality. If a client has physical or material needs that require consultation with other service providers, "Consent for Release of Information" will be requested to allow for referral. Information released will be limited to that necessary to meet the unmet needs of the client. Additional behavioral health reports and records will be completed as required. Within the confines of confidentiality, all pertinent facts and information will be documented.

4.4 Communication and Coordination

The purpose of the communication plan is to provide immediate, accurate information necessary to initiate proper response, ongoing information necessary to meet emerging needs, and reliable information necessary to dispel rumors.

Communication amongst the Behavioral Health Lead, Behavioral Health Liaison, and Field Officer will be vital to support the community through an incident. Modes of communication can include LAN line, cellular phones, e-mail, and two-way radio while simultaneously observing Veoci. Communication frequency between the three roles will be dictated by the Behavioral Health Lead determined from the severity of the incident.

Veoci is the Crisis Information Management system used for incident response by Clackamas County as well as other jurisdictions throughout the region. Each Behavioral Health Representative will monitor Veoci for a common operating picture, situational awareness, and information coordination.

Each behavioral health role has specific communication instructions so that communication gaps are minimized and the behavioral health representatives will be able to make sound decisions quickly and appropriately. Details for each role are provided in the position descriptions located in the Appendices.

4.4.1 Communication within the Behavioral Health Roles

The **Behavioral Health Lead** works directly with the EOC Human Services branch. The communication responsibilities for the Behavioral Health Lead are as follows:

- Receive situation reports periodically from the EOC and/or Veoci to prioritize the behavioral health needs within the community and provide immediate, on-demand support for the Incident Command Post.
- Maintain frequent and consistent communication with the Behavioral Health Liaison and Behavioral Health Field Officers to ensure adequate support needs are met. Communication occurrence will be based on the severity of the incident.
- Keep the Operations Section Chief informed of situation status and updates correlated to behavioral health.

- Track all requests related to behavioral health support. All requests must go through the logistic section to comply with EOP functions.
- Communicate with State Mental Health to determine the availability of statewide assistance in the event that regional resources are insufficient to meet mental health needs within the region
- Attend daily meetings and briefings and will assure that behavioral health activities are included in the EOC Action Plan (EAP).

The **Behavioral Health Liaison**, typically located at the H3S DOC, inventories, recruits, and assigns behavioral health staff supporting the incident. The Behavioral Health Liaison's communication responsibilities are to:

- Coordinate behavioral health support from other divisions, supporting agencies and established community partners. If local resources are unavailable or have been exhausted, the Behavioral Health Liaison will immediately notify the Behavioral Health Lead to coordinate staffing needs.
- Provide situation reports and requests made through the H3S DOC to the Behavioral Health Lead. Frequency of communication will be determined by the Behavioral Health Lead based on the severity of the incident.
- Collaborate with Clackamas County Volunteer Connection program to screen, approve, and assign non-County mental health workers to ensure efficient and effective delivery of service
- Communicate any further guidance or deviations to any support requests to the Behavioral Health Field Officer and immediately notify the Behavioral Health Lead.

The **Behavioral Health Field Officer** manages behavioral health field operations. This position is typically situated at the Incident Command Post; however, it can be multiple locations depending on the severity and need for behavioral health support. The Field Officer's communication responsibilities are to:

- Ensure that responder needs are met and identify the need for and obtaining Behavioral Health Division support.
- Deploy, track, and maintain communication with behavioral health teams in the field.
- Provide situation reports to the Behavioral Health Lead. Frequency of communication will be determined by the Behavioral Health Lead from the severity of the incident
- Communicate personnel requests to the Behavioral Health Liaison and all other support requests to the Behavioral Health Lead.

4.4.2 Communicating with the Media

All communication with the media regarding any disaster situation must be coordinated through the Public Information Officer to ensure that information is given in a consistent and appropriate manner. All media requests should be referred to the Public Information Officer, who

will maintain communication with the media and preserve confidentiality of survivors and their families.

4.4.3 Communication to the Community and Public

Formal messages communicated to the public will be scripted and approved by the Behavioral Health Lead and the EOC Commander. The message will then be given to the Public Information Officer to broadcast.

Educational materials for public dissemination that address psychological impact of traumatic events and how individuals and families can cope will be available in several languages and located in the Behavioral Health Division Go Kit Contents.

5 Emergency Coordination



Clackamas County is responsible for coordinating emergency response in the unincorporated areas of the County and for response to behavioral health emergencies throughout the County. Staff support and equipment will be provided to the Behavioral Health Function, as it is available from local, State, and federal sources.

5.1 Lines of Succession of Authority

Succession of authority within the Behavioral Health Division shall be as assigned by the H3S Director.

The Crisis Services Program Manager is designated as the Behavioral Health Representative. Lines of Succession for this position are:

- Clinical Services Program Supervisor
- Director of the Behavioral Health Division
- As designated by the Director of Health, Housing and Human Services

The BCC may declare an emergency to allow emergency actions or to request additional support and services.

5.2 Cities

No direct behavioral health services are provided by city government in Clackamas County. Some emergency service agencies may have trained personnel to augment the delivery of critical incident stress debriefings or provide advice and assistance to victims. The County will support city responses, as requested.

5.3 County

H3S is the primary/lead agency responsible for overseeing behavioral health activities throughout the County and participates in Unified Command to coordinate the County's response to the behavioral health aspects of any emergency.

Behavioral health services for residents of Clackamas County are provided by H3S. The Sheriff's Office and some fire agencies have chaplain programs that provide mental health support to

community members and employees. The Human Resources Department also contracts for services under the Employee Assistance Program.

5.3.1 Human Resources Department

- Coordinate with Behavioral Health Representatives for crisis counseling services for employees utilizing services from the Employee Assistance Program as needed.
- Assist the Behavioral Health Division in developing and disseminating behavioral health information to employees.

5.3.2 Employee Assistance Program

County staff will have the EAP available to them for critical incident stress issues. Coordination of the Employee Assistance Program during an emergency event may be provided by the Human Resources Department. If the Human Resources Department is unavailable to activate the Employee Assistance Program, the Behavioral Health Duty Officer should contact Employee Assistance Program and then notify the Human Resources Department of the activation at the earliest moment.

County staff can call to speak with a licensed mental health professional immediately and then to be referred to a counselor locally for their free face-to-face sessions. Counselors are also able to connect individuals to resources through Red Cross and United Way within the community. If there is need for onsite Critical Incident Debriefing, the Employee Assistance Program can mobilize services once the request is made by the decision makers within Clackamas County. Individual and/or group debriefs can be arranged.

5.3.3 Medical Reserve Corps

- The Clackamas County Medical Reserve Corps program is housed under Clackamas County Public Health and Clackamas County Disaster Management.
- The Medical Reserve Corps coordinator works closely with other county and regional personnel for the establishment and maintenance of the unit including: County Health Officer, Director of Disaster Management, Emergency Medical Services Administrator, Public Health Director and the Regional Cities Readiness Initiative Coordinator.
- The Medical Reserve Corp includes mental health professionals.

5.3.4 District Attorney's Victim Assistance Program

- The Victim Assistance Program (VAP) provides services to all victims of all crimes. VAP advocates are trained in Psychological First Aid and trauma response.
- The primary tasks of the VAP include crisis intervention, victim rights, court accompaniment, case status updates, Crime Victim Compensation Program, Victim Information and Notification (VINE) referrals (victim information and notification of offender in custody status), restitution and property return assistance, Criminal Justice System navigation, logistic and emergency assistance, protective order application

support, and safety planning.

- The VAP has a 24/7 Call-Out and Crisis Line response and will respond to mass fatality events as victim advocates, as well as participate in death notifications, family information and/or victim's assistance centers.
- The VAP's crisis response is activated by law enforcement, and they are often the first emotional response personnel on scene following a mass event. They maintain a volunteer pool of 20 to 30 advocates and can usually mobilize 8 to 10 within an hour during the day, and closer to 15 advocates after business hours.

5.4 Regional

There are a number of public and private support agencies that can assist in the delivery of behavioral health services. These include the Salvation Army, the Trauma Intervention Program, local psychiatric associations, and other volunteer groups. The Behavioral Health Liaison will coordinate the use of such groups. Emergent mental health volunteers will not be used unless credentials are approved by the Behavioral Health Division.

5.4.1 The Salvation Army

- The Salvation Army provides relief services to communities impacted by both natural and man-made disasters until the service is no longer needed by the community.
- When initiating a disaster relief operation, the first aim is to meet the basic needs of those who have been affected, both survivors and first responders.
- The Salvation Army provides spiritual comfort and emotional support upon request to victims and emergency workers coping with the stress of a catastrophe.

5.4.2 Trauma Intervention Program

Trauma Intervention Program volunteers receive extra training regarding responding to a major crisis or traumatic event that disrupts large groups or communities.

The group is dispatched by law enforcement and fire agencies prepared to respond within a 3-hour radius of the Portland/Vancouver area.

5.4.3 Cascade Crisis Canine Response

- Provides hope and comfort in times of crisis through the healing benefits of the human/canine connection.
- Experienced Cascade Canine Crisis Response teams are available in the Pacific Northwest to assist in recovery from disasters when requested by emergency response providers, relief agencies, and other community public institutions.

5.4.4 211 info

- Central hub empowering Oregon and Southwest Washington communities by helping people identify, navigate and connect with the local resources needed.

5.5 State

The Oregon Health Authority, Behavioral Health Division, provides oversight, funding, and guidance for local mental health programs. The Division is responsible for planning and responding to emergencies that involve the health and safety of vulnerable individuals and for crisis counseling and intervention during disaster situations. The Division maintains a Behavioral Health Emergency Response Team, which provides oversight for behavioral health all-hazards planning and response.

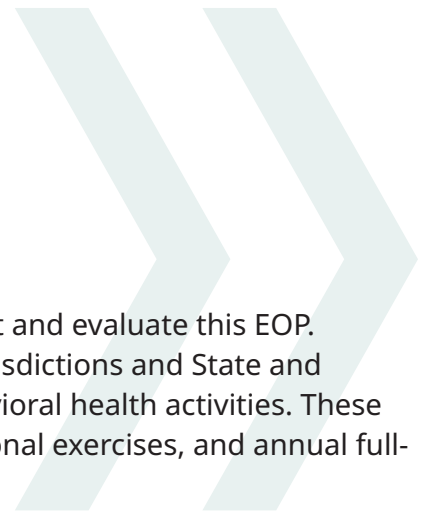
State mental health resources beyond those available on a day-to-day basis may be requested during a declared emergency. The State will be responsible for acquiring and coordinating the delivery of resources needed by local governments and will administer any disaster mental health programs funded by the Federal Emergency Management Agency following a presidentially declared emergency or disaster. Under a Presidential major disaster “Individual Assistance” declaration, the Behavioral Health Division may request funding assistance to build additional counseling capability via a federal program named “Crisis Counseling,” which has both an immediate services component and a regular services component.

5.6 Federal

In a presidential declaration of an emergency, the Public Health Service may help assess mental health needs; provide mental health training materials for disaster workers; assist in arranging training for mental health outreach workers; assess the adequacy of applications for federal crisis counseling grant funds; and address worker stress issues and needs through a variety of mechanisms. In addition, some of the federally supported response teams, such as the Disaster Mortuary Teams, may include a mental health component.

6 Exercises

CCDM will conduct exercises throughout the year to continually test and evaluate this EOP. Whenever feasible, the County will coordinate with neighboring jurisdictions and State and federal government to participate in joint exercises including behavioral health activities. These exercises will consist of a variety of tabletop exercises, drills, functional exercises, and annual full-scale exercises.



7 Support Annex Development and Maintenance



H3S will review this plan at least every two years. CCDM is available to assist. The plan will also be reviewed to implement lessons learned during exercises, organizational changes, and revisions in Federal or State planning guidance.

Appendices

- Appendix A – SA 2 Resources
- Appendix B – SA 2 Responsibilities by Phase of Emergency Management
- Appendix C – SA 2 Representative Checklist



Appendix A SA 2 Resources



The following resources provide additional information regarding behavioral health-related issues at the local, state, and federal level:

- Behavioral Health Lead Position Description
- Behavioral Health Liaison Position Description
- Behavioral Health Field Officer Position Description
- 24-Hour Crisis Phone Numbers
- Provider Worksheet: Survivor Current Needs (Psychological First Aid)
- Provider Worksheet: Psychological First Aid Components Provided (Psychological First Aid)
- Language Bank

Appendix B SA 2 Responsibilities by Phase of Emergency Management



The following checklist identifies key roles and responsibilities for this annex. It is broken out by phases of emergency management to inform tasked agencies of what activities they might be expected to perform before, during, and after an emergency. All tasked agencies should maintain agency-specific plans and procedures that allow them to effectively accomplish these tasks.

Preparedness

Preparedness activities take place **before** an emergency occurs and include plans or preparations made to save lives and to help response and recovery operations. Preparedness roles and responsibilities for SA 2 include:

All Tasked Agencies

- Develop operational plans for SA 2 activities.
- Participate in SA 2 related trainings and exercises as appropriate.

H3S/Behavioral Health Division

- Coordinate regular review and update of the SA 2 annex with supporting agencies.

Disaster Management (CCDM)

- Maintain operational capacity of the County EOC to support evacuation activities.

Response

Response activities take place **during** an emergency and include actions taken to save lives in an emergency situation. Response roles and responsibilities for SA 2 include:

All Tasked Agencies

- Provide situational updates to the County EOC as required to maintain situational awareness and establish a common operating picture.
- Provide a representative to the County EOC, when requested, to support SA 2 activities.

H3S

- Designate a representative to serve in Unified Command.
- Provide staff to perform EOC and/or DOC functions to assist the County in coordinating behavioral health services.
- Coordinate ambulance services in the County and activate the Contingency Plan for Emergency Ambulance Service, if necessary.
- Assist in identification of populations with disabilities and access and functional needs. Develop and implement strategies to address any access and functional needs.
- Coordinate necessary medical and social services for people with access and functional needs.
- Assist partner agencies in supporting the needs of victims and emergency workers, including basic services, transportation, and pets and service animals.
- Coordinate with appropriate agencies for the provision of food and potable water to victims.
- Coordinate with appropriate agencies to evaluate safety of temporary housing.
- Coordinate with appropriate agencies to evaluate feeding areas.
- Provide information and referral.
- Coordinate volunteer registration and placement.

H3S/Behavioral Health Division

- Conduct civil commitment investigations as required by the Oregon Revised Statutes.
- Ensure mental health crisis intervention.
- Through contract with community residential providers, ensure services to clients in community residential facilities.
- May provide evaluation of mental health of emergency workers and coordinate delivery of critical incident stress debriefings, as appropriate.
- Work with the Public Information Officer to develop emergency behavioral health information for dissemination to employees and the public.
- Serve as a liaison to other groups with the capability of providing behavioral health services in the County.
- Serve as the lead agency in developing follow-up treatment plans or proposals for crisis counseling programs.

Disaster Management (CCDM)

- Implement the EOP.
- Activate EOC.
- Assist Unified Command.
- Advise the County Administrator and BCC.
- Facilitate the emergency declaration process.
- Coordinate with local, regional, and state agencies.
- Serve as the EOC Manager.
- Request Clackamas Amateur Radio Emergency Services (CARES) activation.
- Coordinate on-scene operations at mass fatality incidents, morgue operations and Family assistance Centers.

Medical Examiner (CCME)

- Leads management of mortuary operations.
- Investigate the causes and manners of death not attended by a physician or is suspicious.
- Develop and execute the Mass Fatality Plan and protocols to manage death investigations and mortuary services.
- Coordinate with Incident Command to preserve the scene and protect and remove remains.
- Identify victims, notify next of kin and release remains for final disposition in coordination with law enforcement.
- District Attorney's Victim Assistance Program
- Respond to mass fatality events as victim advocates, participate in death notifications, operate family information and/or victim's assistance centers.
- American Red Cross (ARC)
- Staff behavioral health positions in any shelters that are established according to ARC policies.
- May assign an ARC liaison to EOCs for the purposes of communicating and coordinating with the ICS.

Cascadia Behavioral Health

- Reconcile active behavioral health providers and services to identify need for crisis counseling.
- Assist the Behavioral Health Division in developing and disseminating behavioral health information to the public.
- Assign trained personnel to assist in delivering behavioral health services, as available.
- Lifeworks Northwest
- Reconcile active behavioral health providers and services to identify need for crisis counseling.
- Assist the Behavioral Health Division in developing and disseminating behavioral health information to the public.

- Assign trained personnel to assist in delivering behavioral health services, as available.
- Morrison Child and Family Services
- Reconcile active behavioral health providers and services to identify need for crisis counseling.
- Assist the Behavioral Health Division in developing and disseminating behavioral health information to the public.
- Assign trained personnel to assist in delivering behavioral health services, as available.
- Northwest Family Services
- Reconcile active behavioral health providers and services to identify need for crisis counseling.
- Assist the Behavioral Health Division in developing and disseminating behavioral health information to the public.
- Assign trained personnel to assist in delivering behavioral health services, as available.
- Western Psychological
- Reconcile active behavioral health providers and services to identify need for crisis counseling.
- Assist the Behavioral Health Division in developing and disseminating behavioral health information to the public.
- Assign trained personnel to assist in delivering behavioral health services, as available.
- Licensed Residential Care
- Provision in Oregon State Law for Safety of can be found in Oregon Administrative Rules (OAR) 309 and include the following key provisions:
- OAR 309-035-0130 Residential Care Facilities for Mentally or Emotionally Disturbed Persons

Recovery

Recovery activities take place **after** an emergency occurs and include actions to return to a normal or an even safer situation following an emergency. Recovery roles and responsibilities for SA 2 include:

All Tasked Agencies

- Demobilize response activities.
- Maintain incident documentation to support public and individual assistance processes.

CCDM

- Compile and keep all documentation collected relating to the management of law enforcement operations and the assets utilized during search and rescue related activities.
- Coordinate all after-action activities and implement corrective actions as appropriate.

Mitigation

Mitigation activities take place **before and after** an emergency occurs and include activities that prevent an emergency, reduce the chance of an emergency happening, or reduce the damaging effects of unavoidable emergencies. Mitigation roles and responsibilities for SA 2 include:

All Tasked Agencies

- Participate in the hazard/vulnerability identification and analysis process.
- Take steps towards correcting deficiencies identified during the hazard/vulnerability identification and analysis process as appropriate.

Appendix C SA 2 Representative Checklist



Activation and Initial Actions

- Report to the EOC Manager, Section Chief, Branch Coordinator, or other assigned supervisor.
- Become familiar with available job resources (e.g., plans, equipment, and staff) and EOC plans and forms.
- Review the EOC organization and staffing chart and understand your role in working with the various branches and sections.
- Equip your workstation with necessary equipment and supplies and test functionality of all equipment.
- Obtain situation report(s), EAP, and/or receive briefings from EOC and/or field personnel.

Initial Operational Periods

- Obtain a briefing from the person you are replacing.
- Attend meetings and briefings, as appropriate.
- Establish and maintain your position log with chronological documentation.
- Follow procedures for transferring responsibilities to replacements.
- Follow staff accountability and check-in/out procedures when temporarily leaving your assigned workstation.

Final Operational Periods

- Complete and submit all required documentation.
- Ensure all materials are returned to their proper storage location and file requests for replacement of resources that are expended or inoperative.
- Follow check-out procedures.
- Share lessons learned at After-Action Conferences to contribute to the After-Action Report and inform future activations.

Keys to Success: Information Management

Information management is getting the right information for the right people, in the right form, at the right time. It includes receiving, sorting, prioritizing, and delivering information.

The EOC information management role for SA Leads and agency representatives includes:

- ❑ Filter information for what is accurate, distill that information to what is useful, and push it to the appropriate people within the EOC or agency, contributing to a Common Operating Picture.
- ❑ Serve as a conduit of information to and from agencies.
- ❑ Supply accurate, appropriate, and up-to-date information to the Situation Report.

Keys to Success: Resource Management

Resource management is getting the right resources to the right place, at the right time. The resource request process is at its core and supports coordinated management of resource requests by local, state, and federal partners. Resources include equipment, supplies, and personnel.

The EOC Resource Management support role for SA Leads and agency representatives includes:

- ❑ Coordinate the contribution of resources from an agency to the response and recovery.
- ❑ Request resources from other sources and agencies.
- ❑ Keep the lines of communication open and provide specific information about what an agency can and cannot provide. The more specific and timely the information held by the Logistics Section is, the more efficiently it will support the request.