



# ESF 6: Mass Care Plan

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<b>ESF 6 Tasked Agencies</b>	
<b>Primary County Agency</b>	Clackamas County Department of Health, Housing, and Human Services (H3S) Clackamas County Disaster Management (CCDM)
<b>Supporting Agencies</b>	Clackamas County Department of Transportation Development (DTD) Clackamas County Finance Clackamas County Public and Government Affairs Clackamas County Sheriff's Office
<b>Community Partners</b>	American Red Cross (ARC) Cities and Special Districts Clackamas Educational Service District, School Districts and Colleges Salvation Army Oregon Food Bank Local Fire Departments and Districts Non-Governmental Organizations (NGOs), including Clackamas County Voluntary Organizations Active in Disaster (CCVOAD) and the Oregon Statewide Independent Living Council Personal Assistance Services (PAS) The Private Sector
<b>State Agency</b>	Oregon Voluntary Organizations Active in Disaster (ORVOAD) and Other Community Organizations Active in Disaster (COADs) Oregon Department of Health Services (ODHS), Office of Resilience and Emergency Management (OREM)
<b>Federal Agency</b>	Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA)

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# 1 Introduction

## 1.1 Purpose

The purpose of this Emergency Support Function (ESF) 6 Mass Care Plan is to describe the responsibilities and actions of organizations and agencies involved in the coordination of mass care response in Clackamas County. ESF 6 coordinates the delivery of mass care, emergency assistance, temporary housing, and human services needs of people impacted by disasters.

The plan provides direction on staging, command, control, and deployment of state and federal resources. It also describes coordination steps for local, regional, state, federal, private-sector, and non-governmental organizations (NGO) that have a role in mass care operations. The operational area includes the incorporated and unincorporated areas of Clackamas County.

This plan is designed to be read, understood, and exercised prior to a disaster. It will be distributed to primary and supporting agencies involved in mass care operations. This plan is a living document and will be continually updated to reflect recommendations and improvement items identified during exercises and real world responses.

## 1.2 Scope

The scope of ESF 6 – Mass Care, Emergency Assistance, Temporary Housing, and Human Services encompasses coordinated actions and services that support individuals and households impacted by an emergency or disaster. This includes both extreme weather sheltering and mass care plan activation, depending on the scale and nature of the event.

Mass Care within this context refers to coordinated activities designed to meet the immediate needs of individuals and families affected by emergencies. It may involve partial or full plan activation, depending on the magnitude and duration of the event, available resources, and the needs of the impacted population.

This plan may be activated by Clackamas County Department of Health, Housing, and Human Services (H3S) and/or Clackamas County Disaster Management (CCDM) following notification from emergency responders, Incident Command, or city partners when mass care needs are identified—particularly for anticipated weather events such as severe winter weather or flooding, where there is sufficient time to prepare and mobilize resources.

### **Extreme Weather Sheltering vs. Mass Care Activation**

- Extreme weather sheltering may not require a full activation of the Mass Care Plan. These events are generally short in duration and rely heavily on the work of partner agencies

who serve the unhoused and vulnerably-housed communities on a regular basis. If life threatening weather conditions persist longer than usual, then partner agency resources, including staffing, may need to be supplemented with Clackamas County resources and may require further activation of the Mass Care Plan.

- Mass Care Activation: Encompasses broader, coordinated efforts that may include establishing multiple shelters, mobilizing feeding and hydration operations, distributing emergency supplies, supporting reunification, and providing essential human services. Mass care activation may occur as a partial activation (targeted services or geographic areas) or a full activation (comprehensive community-wide response).

Mass Care Activities (**within the scope of ESF-6**) may include:

- Congregate and non-congregate sheltering
- Feeding and hydration
- Distribution of emergency supplies
- Reunification of children with parents/legal guardians and adults with families, caregivers, or friends
- Collecting and providing information about those affected to family members

Emergency Assistance support may include coordination of essential Whole Community relief services such as:

- Overnight shelter stays
- Meals and snacks
- Distribution of emergency supplies
- Health and mental health services
- Mass evacuation support
- Transportation, care, shelter, and essential needs of household pets and service animals

Food and Water support may include:

- Assessing food and water needs in impacted areas
- Identifying, storing, and monitoring food and water resources
- Ensuring food and water safety
- Coordinating transportation of food and water to affected areas

Temporary Housing support may include:

- Providing short-term housing solutions such as rental assistance, repairs, loans, or manufactured housing
- Facilitating semi-permanent and permanent construction
- Identifying accessible housing and connecting survivors to available assistance programs
- Addressing the needs of those with access and functional requirements

Human Services support may include:

- Coordinating disaster assistance programs to address unmet needs and non-housing losses
- Providing supplemental nutrition assistance
- Offering crisis counseling and mental health support
- Coordinating veteran assistance and disaster case management
- Supporting unemployment, legal, and other survivor assistance programs

# 2 Situation and Assumptions



## 2.1 Situation

The County faces a variety of hazards that may impact large numbers of people requiring mass care, emergency assistance, food and water, temporary housing, and human services as part of response and recovery actions. The following situational considerations should be taken into account when planning for and implementing ESF 6 activities:

### General

- Mass care needs may range from emergency sheltering operations for a limited number of visitors and community members to more intermediate and long-term housing.
- Emergency operations for most human services organizations including public service programs administered by Clackamas County will be an extension of normal programs and services. Continued services include mass care, individual assistance, sheltering, special medical needs, and access and functional needs.
- People from areas affected by disasters may disperse to unaffected communities, resulting in increased demand for emergency care personnel in the unaffected communities.

### Shelter and Mass Care Facilities

- Clackamas County has established protocols with the American Red Cross (ARC) for large-scale disasters. In smaller events, Clackamas County relies on a combination of agreements with local governments, school districts, churches, and other organizations to use their facilities for shelter and mass care operations.
- Clackamas County uses the Communication, Maintaining Health, Independence, Support, Safety, and Self-Determination, and Transportation (CMIST) functional resource-based framework for providing disaster shelter services. CMIST provides accessible services based on categories of need and to preserve independence, rather than attempting to diagnose or pathologize people with disabilities.

### Feeding and Hydration

- Communities without electricity for extended periods will lose the ability to refrigerate food. Household and supermarket supplies requiring cooling will spoil.

- Individuals and families will have varying emergency food and water supplies on hand.
- The heat of summer will exacerbate any existing issues as ambient air temperature will increase the rate of spoilage and increase the need to use ice.
- Damage to freshwater supplies and wastewater treatment systems will increase the risk of infection due to waterborne illness and increase the demand for bottled water locally.
- Varied dietary requirements will be taken into account in shelter and mass care facilities.

### **Bulk Distribution of Emergency Supplies**

- CCDM will utilize the Federal Emergency Management Agency's (FEMA) [\*Distribution Management Plan Guide 2.0\*](#) to develop strategies for distributing critical resources to affected communities.
- Appendix A includes a list of resources that support mass care operations including general population disaster shelter trailer supplies and commodity points of distribution (CPOD) inventory.

### **Reunification**

- The ARC will be the primary agency coordinating reunification services utilizing the American Red Cross Reunification Standards and Procedures, January 2017.
- When in session, schools will activate their own reunification plans to reunite students with their families.

### **Housing**

- Housing recovery will require coordinated efforts among CCDM, H3S, Housing and Community Development, community-based organizations, and private sector partners. Housing recovery may include temporary shelter residence followed by return to home (if safe and functional) or to temporary housing until a more permanent housing solution can be found.
- Temporary housing options may include rental, repair, and loan assistance; replacement; factory-built housing; semi-permanent construction; referrals; identification and provision of safe, secure, functional and physically-accessible housing; and access to other sources of temporary housing assistance.
- Additional housing assistance may also be available through state and federal agencies.

### **Crisis Counseling and Mental Health**

- Primary and support agencies, in conjunction with local NGOs, will provide mental health counseling.
- Needs of individuals in the category of developmental disability such as those on the autism or other psychiatric spectrums will be addressed through behavioral health partnerships.

## 2.2 Planning Assumptions

ESF 6 is based on the following planning assumptions:

### General

- Widespread damage may necessitate the relocation of survivors and the activation of mass care operations.
- Evacuees may contribute to the scarcity of resources as an influx of evacuees can increase the population of a receiving community during a significant disaster or emergency event.
- The capacity of community partner agencies may be significantly impacted by disasters. Therefore, Clackamas County would need to rely on other resources.

### Shelter and Mass Care Facilities

- Disaster shelter facilities and support resources will be limited in the first few days following an incident where there has been widespread damage.
- Some residents may be reluctant to evacuate their homes because of their pets.
- Some victims will go to shelters, while others will find shelter with friends and relatives.
- Some displaced residents will converge on public parks and open spaces, as an alternative to using indoor disaster shelters.
- Some residents will choose to remain on their property, even if damaged, rather than move to a public disaster shelter.
- Shelters must meet requirements of the Americans with Disabilities Act (ADA) for physically accessible, programmatic, and communications access.
- Some displaced residents may utilize sites where RV parking is available, whether or not there are amenities such as hookups, dumping areas for grey- or black-water, or available propane refueling. Dumping separate location, propane tanks filled separately; potentially use Clackamas Town Center and Clackamas Community College set up for RVs.

### Feeding and Hydration

- The need for fresh food and water will likely overwhelm the County's local supply if electricity is not available for three or more days.
- Damage projection models will be used to calculate the number of people affected in order to assess the amount of emergency food and water needed to meet anticipated demand.
- Clackamas County will look to the U.S. Department of Agriculture, and State for guidance on quantity usage tables related to disaster food distribution.
- Some food banks may have pre-positioned water bottles available.
- Special diets will be taken into account, particularly on the matter of food allergies.

## **Bulk Distribution of Emergency Supplies**

- A disaster may disrupt regular supply chains and access to basic necessities, increasing demand for emergency supplies.
- A significant percentage of the county population may require basic supplies (e.g., water, food, hygiene items) within the first 24 to 72 hours post-disaster.
- Local and regional supply caches may be quickly exhausted and resupply may be delayed due to transportation, fuel shortages, debris, or infrastructure disruptions.
- Law enforcement may be required for traffic and crowd control at distribution sites to ensure safety and order.
- Volunteer and staff availability may be limited due to disaster impact on the local workforce and infrastructure.

## **Reunification**

- During large-scale disasters, it is assumed that children, older adults, and individuals with access and functional needs may become separated from family members or caregivers.
- Disruption of phone lines, internet, and cellular networks may delay self-reunification and communication between separated individuals.
- Some displaced individuals may be evacuated or seek shelter in other counties or states, requiring coordination across jurisdictions for reunification.
- Families may bypass formal reunification processes and travel directly to shelters, hospitals, or incident sites, creating safety and accountability challenges.
- Limited English proficiency (LEP) and cultural perceptions may hinder the ability of some residents to engage with reunification services.

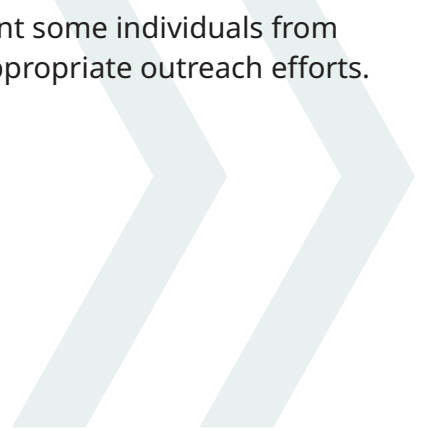
## **Housing**

- Existing shortages in affordable housing may be worsened by the disaster, especially for people with low income, older adults, or people with disabilities or other functional needs.
- Zoning laws, environmental regulations, and damaged infrastructure may limit the placement of mobile homes or group sites for temporary housing.
- Prolonged housing instability may lead to increased demand for social services, school enrollment changes, workforce disruptions, and mental health impacts.

## **Crisis Counseling and Mental Health**

- Local behavioral health providers and hotlines may not have sufficient surge capacity to handle the increased volume of need during and after a major disaster.
- Children, older adults, people with disabilities, non-English speakers, and individuals with preexisting mental illness may need targeted behavioral health interventions and communication strategies.

- First responders, shelter staff, and volunteers may experience secondary trauma, compassion fatigue, and burnout, necessitating peer support and wellness services.
- Stigma around mental health and cultural factors may prevent some individuals from seeking help, requiring trusted messengers and culturally appropriate outreach efforts.



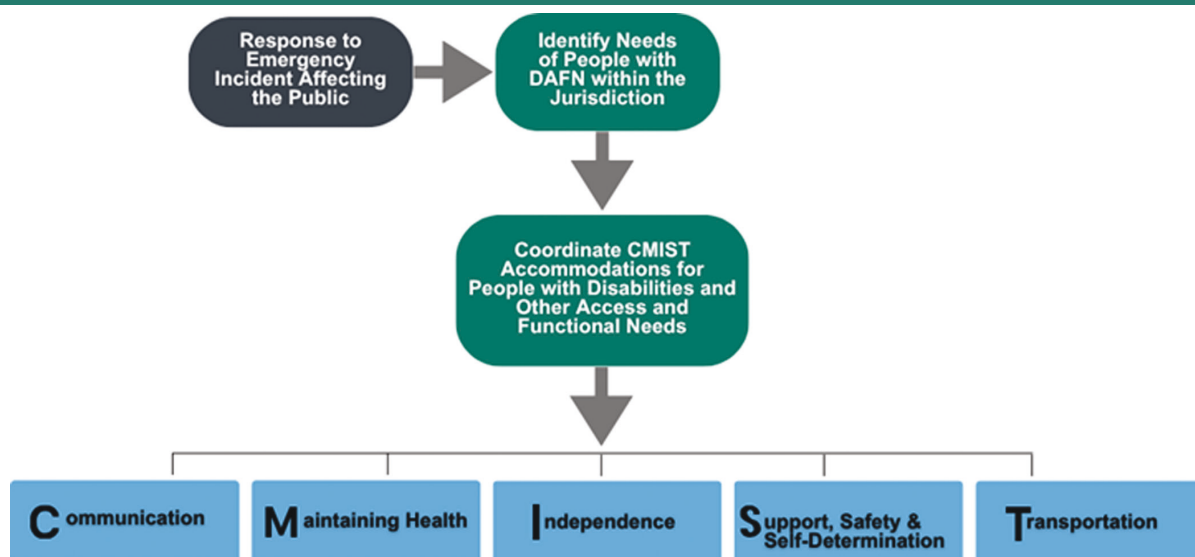
# 3 Equity Lense and the Whole Community

About 19% of the United States population, or 56.7 million people have self-identified as having physical, vision, hearing, or cognitive disabilities. Since many people may not self-identify, the actual number is likely to be higher. Emergency plans that are designed to meet the needs of approximately 19% of the population with disabilities will also likely meet the needs of the approximately 51% of the population with access and functional needs. Besides people with disabilities, non-English speakers, people with LEP, people with limited financial resources, children, older adults, and people with temporary disabilities are also likely to have functional and/or access needs in disasters.

The CMIST framework is a functional approach designed to address the access and functional needs of individuals during emergencies. A Clackamas County resource list organized by the CMIST categories of resource needs is included in Appendix B and includes:

- List of NGO partners and the populations with Disabilities and Other Access and Functional Needs (DAFN) that they serve.
- List of technology, tools, and services, organized by CMIST categories of need.
- List of NGO partners and potentially available resources organized by CMIST category.

**Figure 1 - Integrating the CMIST Framework into Emergency Response**



Below is an explanation of CMIST resource categories. The list of resources under each CMIST category is not intended to be exhaustive but is intended to provide examples of the types of resources that may be available to meet the needs of people who may be considered at risk of not being able to access services fully. Additional resources may be available locally, through Memoranda of Understanding (MOU), or through state and federal sources.

**Communication:** Individuals with communication needs may:

- use American Sign Language (ASL)
- have LEP
- use braille print
- use other auxiliary aids and technologies such as augmentative speech to communicate or navigate their environment
- have limited ability to hear announcements, see signs, understand messages, or verbalize their concerns

**Maintaining Health:** Individuals requiring assistance with maintaining health may require:

- specific medications, supplies, or services
- durable medical equipment
- electricity for mobility and life-maintaining equipment
- equipment for breastfeeding and infant/childcare, or nutrition
- personal assistance services (PAS) in maintaining their activities of daily living such as eating, dressing, grooming, transferring, and toileting

**Independence:** Individuals who have needs related to maintaining their community-based independence may function independently if they have their assistive devices, such as:

- consumable medical supplies (e.g., diapers, formula, bandages, ostomy/urological supplies)
- vision and communication aids
- durable medical equipment (e.g., wheelchairs, walkers, scooters)
- service animals.

When relocating adults with disabilities to medical care settings and when discharging them home or into the community, it is crucial to ensure continuity of access to necessary mobility devices or assistive technology, vision and communication aids, and services animals that assist the individual in maintaining their independence in the community.

**Support, Safety, and Self-Determination:** Individuals with support, safety, and self-determination needs may:

- experience higher levels of distress and need support for anxiety, psychological, or behavioral health needs, including conditions such as dementia, Alzheimer's disease, schizophrenia, or other mental illness

- require a trauma-informed approach or support for personal safety, health, and welfare post-discharge
- encounter people attempting to make decisions on their behalf without engaging them,
- need additional personal care assistance
- be pregnant, nursing mothers
- be infants or children

Early identification and planning for people with DAFN can help to reduce the negative impacts of a public health emergency on individuals' self-determination and general well-being. Some people may have lost caregiver assistance during a hospital stay and require additional support post-discharge; some individuals may find it difficult to cope in a new or strange environment or have difficulty understanding or remembering; and some individuals may have experienced trauma or be victims of abuse.

**Transportation:** Individuals with transportation needs may:

- lack access to personal transportation, or require restoration of adapted vehicles
- be unable to drive due to decreased or impaired mobility that may come with age and/or disability, temporary conditions, injury, addiction, legal restriction
- require accessible vehicles (i.e., lift-equipped or ramped)

Disasters and public health emergencies can significantly reduce transportation options in some communities, inhibiting individuals from accessing services and staying connected. Disaster planning requires coordination to ensure access to mass transit and accessible vehicles such as paratransit service.

# 4 Emergency Coordination



Clackamas County has jurisdictional authority and primary incident management responsibility for shelter and mass care operations in the unincorporated area. If the incident impacts both unincorporated and incorporated areas, Clackamas County and impacted cities share responsibility. Clackamas County will respond to city requests for assistance, manage critical resources, and coordinate with outside agencies, adjoining counties, and Oregon Department of Emergency Management (OEM).

Clackamas County participates in the Intra-County Mutual Aid Agreement (Omnibus Agreement) that provides a framework for counties to request mutual aid resources from each other in emergencies and disasters. The agreement establishes a mutual aid network within the county to provide expeditious emergency assistance to party cities and special districts in the event of a disaster or major emergency. Emergency and disaster assistance may include resources such as personnel, equipment, and supplies, or the direct provision of services. A copy of the agreement and current participants is available in the emergency operations center (EOC) library.

All jurisdictions with incident management responsibility are likely to activate their EOCs during an incident requiring extensive sheltering or mass care. EOC staff will coordinate resources, share incident information, conduct multi-agency planning, and coordinate public information through the Joint Information System (JIS). All participating agencies/jurisdictions will collaborate to establish and maintain a common operating picture. More information regarding specific roles and responsibilities for cities and special districts, county departments, regional organizations, and state agencies can be found in the Roles and Responsibilities section.

## 4.1 Cities and Special Districts

Cities and special districts are asked to notify Clackamas County immediately if they anticipate activating a disaster shelter or other ESF 6 services. If cities need County assistance, they can request it through mutual aid assistance or by submitting an Emergency Declaration to the County requesting assistance. Clackamas County will alert adjoining cities and jurisdictions and coordinate critical resources, emergency declarations, and emergency measures. Cities and special jurisdictions should coordinate disaster shelter operations and related activities with Clackamas County EOC staff.

## Considerations for Supporting Mass Care Operations

Certain cities and special districts may be the lead response agency for the mass care operations of family reunification, distribution of emergency supplies, hydration, and feeding. They can support Clackamas County mass care operations regarding the distribution of emergency supplies, hydration, family reunification, feeding and sheltering. Resources that cities and special districts can provide to support mass care include supplies (e.g. transportation resources), staff and services. Means of communication include email, phone, radio, and by sending a representative to the EOC. See Appendix C for the May 2025 survey summary.

## 4.2 County

Inter-departmental and multijurisdictional coordination occur through the EOC as described in the Emergency Operations Plan (EOP). Clackamas County EOC staff will coordinate disaster shelter operations and serve as the primary contact for the ARC. Clackamas County staff from various departments may be requested to assist in the EOC. A Clackamas County EOC Representative Checklist is included in Appendix D.

## 4.3 Regional

The Regional Disaster Preparedness Organization (RDPO) provides a regional plan for the disaster sheltering of pets. CCDM is part of the planning effort and provides a regional disaster shelter for pets. To see the RDPO Pet Sheltering Plan, request access from CCDM.

## 4.4 State and Federal Assistance

If Clackamas County needs resources beyond those available (including mutual aid), CCDM will recommend that the Board of County Commissioners enact an Emergency Declaration requesting State of Oregon assistance.

OEM will assist in obtaining supplemental resources to meet emergency needs when an Emergency Declaration is enacted.

The State of Oregon has an MOU with the ARC for disaster sheltering which describes the operating relationship between ARC and the State of Oregon and designates the ARC as the primary support agency to the State of Oregon, and the leading NGO in non-governmental disaster relief. See [https://www.oregon.gov/oem/Documents/2015\\_OR\\_EOP\\_ESF\\_06\\_mass\\_care.pdf](https://www.oregon.gov/oem/Documents/2015_OR_EOP_ESF_06_mass_care.pdf) for the Oregon EOP ESF 6 – Mass Care document.

The Oregon Department of Human Services (ODHS) will assist in obtaining supplemental resources to meet emergency needs for disaster sheltering in support of H3S.

When an emergency rises to the level of a federal emergency or disaster declaration at the request of the state, the federal agency with a primary role in sheltering is FEMA, which is responsible for coordinating the federal response and for coordinating the financial assistance available to state and local governments.

# 5 Roles and Responsibilities



The Roles and Responsibilities section defines how agencies and organizations coordinate to deliver mass care services under ESF 6 – Mass Care, Emergency Assistance, Temporary Housing, and Human Services. The primary agencies provide overall leadership, coordination, and management of ESF 6 activities, while supporting agencies contribute staff, resources, and subject matter expertise to ensure effective operations. Community partners, including voluntary organizations, faith-based groups, and private-sector entities, play a critical role in extending capacity and reaching diverse populations. In addition, state agencies provide guidance, technical assistance, and resources to support local efforts and ensure alignment with state and federal requirements. Together, these stakeholders form an integrated framework for delivering essential mass care services during disasters.

The following tables identify key roles and responsibilities for primary and supporting agencies, community partners, and state agencies. They are broken out by the phases of emergency management to inform tasked agencies of what activities they might be expected to perform before, during, and after an emergency. These phases include Preparedness, Response, Recovery, and Mitigation.

- Preparedness activities take place before an emergency occurs and include plans or preparations made to save lives and to help response and recovery operations.
- Response activities take place during an emergency and include actions taken to save lives in an emergency situation.
- Recovery activities take place after an emergency occurs and include actions to return to a normal or an even safer situation following an emergency.
- 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.

## 5.1 Primary Agencies

### Clackamas County Department of Health, Housing, and Human Services (H3S)

#### *Preparedness*

- In coordination with Disaster Management, develop operational plans for ESF 6 - Mass Care activities.
- Gather data to assess community characteristics and potential needs.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

#### *Response*

- H3S activates the Department Operations Center (DOC) if activation activities are below the thresholds for the Clackamas County EOC to operationalize. H3S DOC disbands and integrates into the Clackamas County EOC when activated past level 1 (monitoring).
- Provide situational updates to the Clackamas County EOC as required to maintain situational awareness or have CCDM liaison integrated into H3S DOC.
- Provide a representative to the Clackamas County EOC, when requested, to support ESF 6 activities.
- H3S is the lead agency for disaster shelter response at the Clackamas County level.
- In coordination with CCDM, may assist in the support of the ARC, county, community, and spontaneous shelters.
- In addition to staffing the EOC, H3S disaster response functions include:
  - Operate disaster shelters in accordance with the Clackamas County Disaster Shelter Management Handbook which follows the ARC disaster sheltering model. The Clackamas County Disaster Shelter Management Handbook is housed in the EOC Library with CCDM.
  - Recruit staff as needed to support disaster response activities.
  - Coordinate deployment of trailers with community-based organizations.
  - Conduct physical set up of cots and supplies from disaster shelter trailers.
  - Set up and demobilize resource trailers at shelter facilities.
  - Assign disaster shelter manager and staff to disaster shelters.
  - Coordinate psychological first aid training for shelter staff.
  - Support coordination of resources for individuals with DAFN.
  - Recruit H3S staff (with background checks) and supplies to support the operation of disaster shelters.
  - Assist in coordination of resources for all shelter guests, including connections to social services programs, food, relief items, durable medical equipment, consumable medical

supplies, hygiene facilities/supplies, and common medicines (see Appendix A for Disaster Shelter Supply List).

- Coordinate the provision of accessible transportation to and from disaster shelters for guests. Provide or coordinate accessible transportation support for people who need services not provided in disaster shelters (for example, transportation to dialysis clinics).
- Coordinate with CCDM to work with community-based organizations on staff transportation needs, especially during short-term weather activations.
- Track numbers of clients in the shelter to assess needed resources and capacity.

All divisions in H3S will participate in the H3S DOC sheltering activities. Each division will contribute its expertise in the following areas, typically providing support for related activities as capacity permits. Collaboration will occur in conjunction with division teams, serving as supplemental or backup resources when needed.

- **Social Services Division**

- Support ESF 6 shelter activities through DOC/EOC participation.
- Work with community-based organizations to provide non-congregate hotel sheltering for vulnerable individuals.
- Coordinate transportation services for shelter guests and vulnerable populations.
- Work with CCDM to coordinate resources with ODHS to request additional resources when necessary.

- **Behavioral Health Division**

- Support disaster shelter operations.
- Support DOC/EOC operations as needed.
- Provide mental health services as outlined in the EOP SA 2 - Behavioral Health, including providing Psychological First Aid deployment and crisis management for current clients and the general population.
- Support public messaging with behavioral health content to reduce panic and promote emotional resilience (in coordination with Public Information Officer (PIO)).
- Identify and support high-risk populations, such as individuals with serious mental illness, intellectual/developmental disabilities, or those unhoused.
- Embed behavioral health into shelter operations.
- Serve as a liaison with community partners and organizations with the capability of providing behavioral health services in Clackamas County.
- Serve as the lead agency in developing follow-up treatment plans or proposals for crisis counseling programs.

- **Children, Family, and Community Connections Division**

- Support disaster shelter operations.

- Support DOC/EOC operations as needed.
- **Public Health Division**
  - Support disaster shelter operations.
  - Support DOC/EOC operations as needed.
  - Provide for the health and safety requirements of the general disaster population as outlined in ESF 8 - Public Health and Medical Services.
  - Prevent, mitigate, monitor, and control contagious disease.
  - Advise on public health issues during disaster shelter operations.
  - Identify needs and resources related to medications in coordination with the Clackamas County Health Clinics Division.
  - Identify needs and resources related to durable medical equipment and assistive technology.
  - Coordinate Medical Reserve Corps activation when requested by the DOC/EOC.
  - Ensure Volunteer and Responder safety and health is a priority throughout the response.
  - Offer targeted interventions in the case of an outbreak in a disaster shelter.
  - Environmental Health Program:
    - Maintain Centers for Disease Control and Prevention Shelter Assessment Tool to evaluate disaster shelters.
    - If there is the capacity to do so, provide environmental quality inspections of all potential disaster shelter facilities before and during disaster shelter operations to assess sanitation standards and disaster shelter needs.
    - Provide guidance on decontamination and clean-up of disaster shelters on closing and deactivation.
- **Housing and Community Development**
  - Support disaster shelter operations.
  - Support DOC operations as needed.
  - Support in maintaining and coordinating community-based organization capacity for outreach, shelter, and resource navigation.

## *Recovery*

### **All Tasked Agencies:**

- Demobilize response activities.
- Maintain incident documentation to support public and individual assistance processes.
- Prepare after-action reports when response operations end.

## *Mitigation*

- 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.

# Clackamas County Disaster Management

## *Preparedness*

- In coordination with H3S, develop operational plans for ESF 6 - Mass Care activities and provide assistance to H3S to maintain the ESF - 6 Mass Care Plan.
- Develop and maintain MOUs related to disaster sheltering, including an agreement with Clackamas Town Center for evacuees with travel trailers
- In cooperation with H3S, develop and maintain a CCDM Disaster Shelter Catalog with facilities that have been assessed for physical accessibility and designated as potential disaster shelter locations.
  - Work with Clackamas County Department of Transportation Development (DTD) and the ARC to identify accessible disaster shelter locations.
  - Complete Clackamas County Master Facility Survey Agreement and Accessibility Survey (see the Disaster Shelter Management Handbook and the Disaster Shelter Forms document, located in the EOC Library with CCDM).
  - Coordinate information regarding disaster shelters and resources with affected and unaffected communities.
- In coordination with H3S, may assist in the support of ARC, county, community, and spontaneous shelters.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.
- Maintain operational capacity of the County EOC to support shelter activities.

## *Response*

- Activate the EOC.
- Determine who needs disaster mass care shelter services (previously disaster shelter services) and the locations of these populations.
- Assist and coordinate with all Clackamas County divisions and programs involved in disaster sheltering activities.
- Liaise with the ARC chapters to obtain access to already-held disaster shelter agreements in Clackamas County stored in the ARC's National Shelter System. The ARC may already have disaster shelter agreements with facilities in Clackamas County, which would include ADA accessibility standards and facility assessment.
- Coordinate regional and state support of disaster sheltering operations.
- Receive and document situational updates provided to the Clackamas County EOC as required to maintain situational awareness and establish a common operating picture.

- Monitor, prioritize, and coordinate distribution of resources to affected areas in Clackamas County.

### *Recovery*

- Coordinate with Clackamas County H3S, Oregon Department of Health Services (ODHS), Office of Resilience and Emergency Management (OREM), and CCVOAD for disaster case management.
- Assisting community members to sign up for FEMA Individual Assistance (if applicable).
- Providing individuals, families, and other community members with assistance for their long-term recovery.
- Demobilize response activities.
- Maintain incident documentation to support individual assistance processes.
- Coordinate all after-action activities and implement corrective actions as appropriate.

### *Mitigation*

- 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.

## **5.2 Supporting County Departments**

### **Clackamas County Department of Transportation and Development**

#### *Preparedness*

- Develop operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related training and exercises as appropriate.
- Building Codes Division
  - Evaluate new construction.
  - Evaluate potential disaster shelter facility sites following an incident, using Applied Technology Council 20 rapid safety evaluation assessment.
  - Assist CCDM in developing the Disaster Shelter Catalog, which will include a list of possible disaster shelter facilities which have been assessed before the event of a disaster or emergency.
  - Work with Clackamas County Public Health for health-related consultations, building assessments, and evaluations, according to the Dangerous Buildings Ordinance, County Code Title 9.01.
  - Determine whether or not buildings can be used for their lawfully intended use following an incident.

## *Response*

- Provide 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 5 activities.
- Dog Services Division
  - Provide dog services for co-located pet sheltering during the activation of a disaster shelter, when possible.
  - Note: Service animals are not pets. Shelter policy permits service animals in all parts of the disaster shelter where their owners may go (see the Clackamas County Disaster Shelter Management Handbook SOPs for more information).

## *Recovery*

- Demobilize response activities.
- Evaluate building permit requests during the disaster recovery process.
- Maintain incident documentation to support public and individual assistance processes.

## *Mitigation*

- 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.

# Clackamas County Facilities Management

## *Preparedness*

- Develop operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

## *Response*

- Coordinate shelter trailer moves with Clackamas County H3S and move trailers and generators to shelter sites as needed.
- Provide logistical support in moving county groups and supplies to alternate locations.
- Set up parking at shelters and repurpose parking lot areas to support sheltering for additional parking as needed including providing power, light poles, and generators.
- In conjunction with DTD Dog Services, support sheltering operations in regards to livestock and personal pets for shelter occupants. Clackamas County has assigned locations for livestock. The Oregon Department of Agriculture can assist with this at the state level.
- Assist in identifying existing locations that could be utilized for mass care operations.

- Manage and maintain county-owned and leased sites in the event they need to be utilized (i.e., heating, cooling, power, etc.).
- Provide support for set up and demobilization of shelter sites, including providing generators.
- Provide security through a guard service or through existing facilities staff.
- Establish warehousing, staging, and storage of supplies and resources to support a mass care operation. This includes shipping, receiving, inventorying, and redistributing materials.
- Assist with donations management by establishing a drop off and/or pick up location and distribution of donated items.

### *Recovery*

- Demobilize response activities, including tearing down and tracking inventory and ensuring inventory is being returned (i.e., tables and chairs, sleeping bags, personal protective equipment, etc.).
- Maintain incident documentation to support public and individual assistance processes.

### *Mitigation*

- 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.

## **Clackamas County Public and Government Affairs**

### *Preparedness*

- Develop department operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

### *Response*

- Provide a representative to the County DOC/EOC, when requested, to support ESF 6 activities.
- Implement ADA messaging requirements.
- In coordination with the PIO/JIS, communicate with the public before and after a disaster, specifically regarding disaster shelters, using the following information-sharing guidelines:
  - Provide specific steps for inclusion of people with DAFN individuals in the message content review process.
  - Provide information in multiple ways to reach the right people, at the right time, at the right place, with the right messages that can be understood and used.
  - Allow for reaching specific groups with customized messaging.

- Provide information in top five languages used in Clackamas County (i.e., English, Spanish, Russian, Chinese, and Vietnamese) as well as other languages as necessary.
  - Use redundancy for public warnings and information; announce it, caption it, picture it, describe it, email it, relay it, post it, interpret it (language and sign), repeat it (frequently).
  - Directly connect with teletypewriters (TTYs).
  - Support disaster management with text message development for Wireless Emergency Alerts.
  - At the direction of the EOC, support translation of materials.
- Provide specific instructions about what to do (for example: take 72 hours of medications with you, lock your home, bring household pets and service animals, take food, water, and emergency kits).
  - Provide information about sheltering livestock and poultry.
  - In partnership with the Sheriff's Office, publicize and update transportation information (if available and necessary) for specific populations and shelter locations.
  - Provide specific information about the potential consequences of not evacuating/utilizing disaster shelters.

## *Recovery*

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

## *Mitigation*

- 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.

## **Clackamas County Sheriff's Office (CCSO)**

### *Preparedness*

- Develop departmental operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

### *Response*

- May provide security for shelter facilities.
- Provide information for safe traffic routes to shelter facilities.
- Coordinate and direct evacuation activities.
- Provide other law enforcement support as per ESF 13.

## *Recovery*

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

## *Mitigation*

- 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.

# 5.3 Community Partners

## American Red Cross

### *Preparedness*

- Coordinate and support Clackamas County in developing operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.
- Provide shelter operations training to the public and to government employees.

### *Response*

- The ARC is the primary support agency to the State of Oregon for disaster sheltering, and is the leading NGO in nongovernmental disaster relief. A 2013 MOU describes the operating relationships between the ARC and State of Oregon. This agreement can be found on CCDM's website.
- ARC standards for disaster shelter services will guide the provision of disaster shelter services in Clackamas County.
- The ARC partners with local governments to help fulfill disaster sheltering services; however, after a major incident where there is widespread damage, ARC resources may not fully mobilize. Until ARC resources are fully mobilized, if they are able to be, Clackamas County will be required to manage, coordinate, and run all disaster shelter operations.
- If possible, the ARC will provide a representative in the Clackamas County EOC or other communications link.
- May provide immediate services following a disaster such as crisis counseling, feeding, disaster health services, disaster mental health assistance, disaster information, and bulk distribution of relief items within response activities and disaster health services within a shelter.
- Work on a case-by-case basis in partnership with other agencies on temporary accommodations for eligible clients impacted by disaster.
- Facilitate and support reunification programs in ARC managed shelters.

- Promote accessible public information sharing through its website.
- May provide support to county, community, and spontaneous managed shelters.
- Integrate community resources to enhance shelter and support services in coordination with CCDM.
- Open accessible shelters at predesignated sites.
- Ensure people with DAFN receive the resources they need in coordination with CCDM, H3S, and Clackamas County partners.

### *Recovery*

- Demobilize response activities.
- Work with families in developing recovery plans.
- Coordinate the restoration of ARC agency resources and/or capabilities as needed.
- Maintain incident documentation to support public and individual assistance processes.

### *Mitigation*

- 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.

## **Cities and Special Districts**

### *Preparedness*

- Develop operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

### *Response*

- Coordinate with H3S and CCDM to open disaster shelters after an emergency incident.

### *Recovery*

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

### *Mitigation*

- 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.

# Clackamas Educational Service District, School Districts and Colleges

## *Preparedness*

- Develop operational plans for ESF 6 - Mass Care activities.
- Develop and maintain plans for student/family reunification.
- Participate in ESF 6 Mass Care-related trainings and exercises as appropriate.

## *Response*

- Coordinate with H3S and CCDM to open a disaster shelter after an incident.
  - Note: School/education facilities are often ideal disaster shelter sites that comply with ADA facility standards of accessibility for all people. Standing agreements may exist between school districts, colleges, Clackamas County, and/or the ARC when disaster shelters are needed. Schools and colleges that have been assessed as disaster shelter sites will be included in the CCDM Disaster Shelter Catalog once it is created.
- Coordinate between schools and CCDM to:
  - Deploy staff to work in shelters.
  - Provide some transportation for equipment and supplies.
  - Help to arrange for facilities at the school.
  - Offer support to the school if a critical number of school employees are impacted, and the school's internal continuity of operations plan cannot be fully activated to cover all essential functions.
  - Run the school nurses program.
  - Operate a regional data center.
  - Coordination and communication.
- The school districts and colleges that serve Clackamas County are:
  - Clackamas Community College
  - Canby School District
  - Estacada School District
  - Lake Oswego School District
  - North Clackamas School District
  - Oregon Trail School District
  - Colton School District
  - Gladstone School District
  - Molalla River School District
  - Oregon City School District

- West Linn/Wilsonville School District
- Private Schools in the County

## **Recovery**

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

## **Mitigation**

- 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.

## **Salvation Army**

### **Preparedness**

- Develop operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

### **Response**

- Provide mobile feeding units, food, and snacks.
- May support congregate shelters with food/hydration, emotional/spiritual care, emergency assistance (e.g., gift cards). Capacity is based on demand and available resources.
- Works with partners such as the ARC and CCDM.
- Provide bottled water and blankets.
- Has the ability to deliver supplies to individual households.

### **Recovery**

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

### **Mitigation**

- Participate in the hazard/vulnerability identification and analysis process.
- Participate in debriefs and after-action analyses when requested by jurisdictions.

## **Oregon Food Bank**

### **Preparedness**

- Develop operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

## Response

- Provide food and hydration assistance to people in communities impacted by disasters in their network as requested from CCDM via ODHS-OREM, accommodating those with medical, religious, and cultural dietary needs.

## Recovery

- Support and sustain recovery efforts in provision of food and hydration assistance.
- Demobilize response activities.
- Maintain incident documentation to support public and individual assistance processes.

## Mitigation

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

## Local Fire Departments and Districts

### Preparedness

- Develop operational plans for any ESF 4 Firefighting role in supporting ESF 6 Mass Care.
- Participate in ESF 6 Mass Care trainings and exercises as appropriate.

### Response

- Provide situational information about evacuation needs to the County EOC.
- Conduct fire safety inspections at shelter sites before and during activation as required.
- Identify and address hazards in unconventional occupancy locations.
- Respond to emergencies.

### Recovery

- Maintain incident documentation.

### Mitigation

- 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.

## Non-Governmental Organizations

*(Including Clackamas County Voluntary Organizations Active in Disaster (CCVOAD) and the Oregon Statewide Independent Living Council)*

## Preparedness

- Develop operational plans for ESF 6 -Mass Care activities.
- Participate and support preparedness (including mass care-related) training and exercises as appropriate.
- Promote preparedness among partner staff Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

## Response

- **CCVOAD**
  - Many NGOs within Clackamas County are members.
  - Connect CCVOAD partners with CCDM to provide support to response operations (CCVOAD plays a liaison role).
  - Utilize existing MOU between CCVOAD and CCDM. This involves maintaining partner organization relationships to form an unmet needs committee and identifying partner agencies that have capacity to respond.
  - Would activate through their Board and seek out pre-identified organizations first.
- **ORSILC**
  - SILCs are prevented by federal law to provide direct services.
  - *Core Services:*
    - Information and Referral.
    - Peer Support.
    - Individual and Systems Advocacy.
    - Independent Living Skills Training.
    - Transition and Diversion Services.
  - *Additional Services:*
    - Emergency preparedness training for individuals who have disabilities.
    - Disability-focused training for emergency managers and healthcare professionals.
    - Reviews of emergency plans for accessibility and inclusion via the Disability Emergency Management Advisory Council.
    - Participation during planning meetings, drills and exercises via a council willing to do so.
    - Participation during response and recovery operations.
  - *During Emergency Response:*
    - Technical assistance with assistive technology/equipment.
    - Training, education, and outreach.
    - Transportation coordination.

- **Other NGOs**

- Also see Appendix B for a list of NGOs that provide services.
- Provide direct and ongoing services to communities during non-disaster times and may be able to support community recovery following an incident.
- May support Clackamas County or other neighboring cities with disaster sheltering, language and culturally responsive needs, addressing a wide range of needs for various community members including people with DAFN, and serving as a conduit for getting information to people that local government may have difficulty reaching. Many NGOs have existing contracts for services through H3S and can be contacted through them.
- Local roles may include, but are not limited to:
  - Providing support for community recovery and individuals and families that are displaced.
  - Assisting the transition from care and sheltering operations to interim housing arrangements.
  - Managing donations.
  - Casework.
  - Financial assistance.
  - Transportation assistance.
  - Counseling.
  - Long-term community planning.
  - Supporting housing reconstruction.

## ***Recovery***

- Demobilize response activities.
- VOAD - Assist survivors with recovery through engagement with case management.
- Maintain incident documentation to support public and individual assistance processes.

## ***Mitigation***

- 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.

## **Personal Assistance Services (PAS)**

### ***Preparedness***

- Develop organizational operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

## *Response*

- Personal assistive services include family, paid personal attendants, and people who provide assistance through an agency. During disaster response, PAS will continue to assist people with physical, hearing, seeing, speaking, cognitive, and/or learning disabilities with Activities of Daily Living (ADL). Examples of ADLs include, but are not limited to, feeding, dressing, toileting, and transferring.
- Health, Housing, and Human Services will attempt to work with PAS to provide assistance to maintain health and safety in a disaster shelter for those who require services. These services may include crisis counseling, feeding, disaster health services, disaster mental health assistance, disaster information, and bulk distribution of relief items within response activities and disaster health services within a shelter.

## *Recovery*

- Demobilize response activities.
- Work with families in developing recovery plans.
- Maintain incident documentation to support public and individual assistance processes.

## *Mitigation*

- 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.

## **The Private Sector**

### *Preparedness*

- Develop operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.
- Government entities may establish pre-disaster agreements/contracts/MOUs with local businesses to expedite the purchase or use of equipment and supplies required for disaster shelter or other mass care operations.

### *Response*

- May donate goods or services to assist the community.
- Assist in disaster sheltering operations.

### *Recovery*

- Demobilize response activities.
- May donate goods or services to assist the community.
- Maintain incident documentation to support public and individual assistance processes.

## *Mitigation*

- 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.

## **5.4 State Agencies**

### **Oregon Voluntary Organizations Active in Disaster (ORVOAD) and Other Community Organizations Active in Disaster (COADs)**

#### *Preparedness*

- Develop organization operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.
- Response
- The ORVOAD is the state-wide VOAD and includes many of the larger national VOAD members, some are partners to the local VOAD as well. Here is a list of the COADs: <https://www.orvoad.org/coads/>; and here is the ORVOAD Membership: <https://www.orvoad.org/current-members/>.
- Other local COADs will likely be responding to needs in their own respective counties or local areas, although they may share information.
- VOAD members can be contacted through CCDM.
- May provide resources and communications assistance.
- In addition to local NGOs, regional disaster relief organizations play a major role at the local level.

#### *Recovery*

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

#### *Mitigation*

- 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.

# Oregon Department of Health Services (ODHS), Office of Resilience and Emergency Management (OREM)

## *Preparedness*

- Develop operational plans for ESF 6 - Mass Care activities.
- Participate in ESF 6 - Mass Care-related trainings and exercises as appropriate.

## *Response*

- In collaboration with Clackamas County, support ESF-6 nonmedical mass care (food, water, shelter), emergency assistance (first aid, distributing supplies), assessing human services needs, coordinating human services and reducing barriers, and addressing language needs for people with LEP.
- Assist with family reunification.
- Provide an agency representative to shelter facilities, when requested.
- Provide mass care support in emergencies/disasters, in accordance with organizational guidelines and protocols, existing MOUs and agreements, and the ESF 6 Mass Care Plan.
- Coordinate response activities with the Clackamas County ESF 6 Team in support of the ESF 6 mission.

## *Recovery*

- Demobilize response activities.
- Maintain incident documentation to support public and individual assistance processes.
- Can provide case management services, depending on the incident and based on the needs of the county.

## *Mitigation*

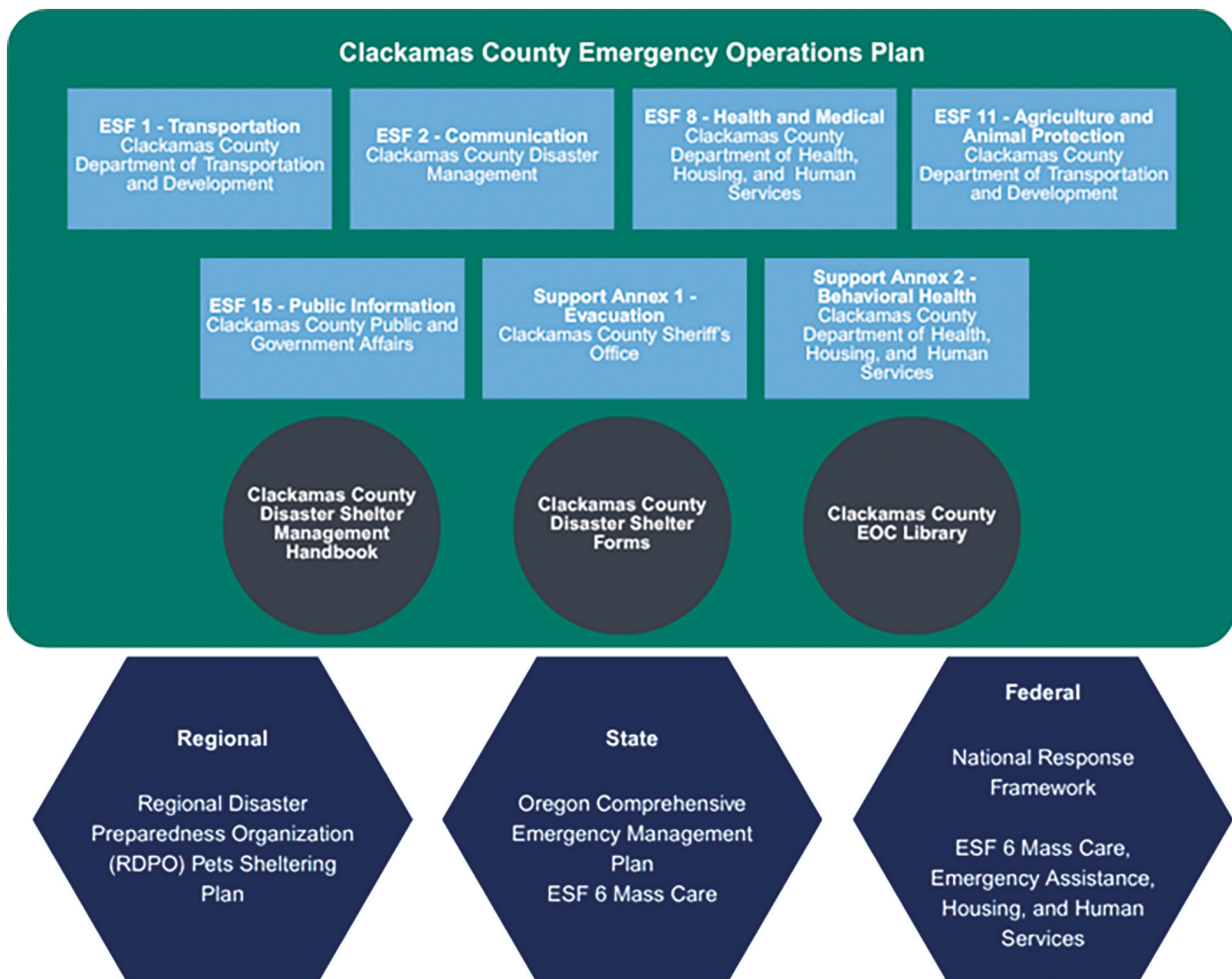
- Participate in the hazard/vulnerability identification and analysis process.
- Take steps towards correcting deficiencies identified during the hazard/vulnerability identification and analysis process as appropriate.

# 6 Concept of Operations

## 6.1 Coordination with Other ESFs and Other Supporting Plans

The figure below shows ESFs, plans, and resources that support mass care-related activities.

**Figure 2 - County, Regional, State, and Federal Plans that Support Mass Care Operations**



## 6.2 Authority to Activate, Notification, and Activation Thresholds

### Authority to Activate the Plan

This plan is designed to follow the basic protocols set forth in the Clackamas County EOP. The EOP and ESF 6 describe general roles and responsibilities in an emergency and how resources are coordinated. This plan may be activated by H3S and/or CCDM following notification from emergency responders, Incident Command, or city partners when mass care needs are identified—particularly for anticipated weather events such as severe winter weather or flooding, where there is sufficient time to prepare and mobilize resources.

### Primary Thresholds for Activation

Activation is generally based on need, scale, and impact, not just the type of event. Here are the most common thresholds for activating the ESF 6 Mass Care Plan:

#### *Incident Type and Scope*

- Natural Disasters: Events that cause widespread displacement, severe damage to dwellings and infrastructure, or other impacts to safety and wellness including flooding, wildfires, and severe weather events.
- Technological or Human-Caused Events: Hazmat releases, infrastructure failures, or large-scale evacuations.
- Public Health Emergencies: Situations requiring isolation sheltering, quarantine, or alternate care facilities.

#### *Displacement or Sheltering Needs*

- When residents are displaced from their homes and require congregate or non-congregate sheltering.
- When overnight sheltering is required for weather-related emergencies.
- When overnight sheltering is required to protect the health and safety of unhoused individuals.
- When there is a need for coordinated feeding operations or distribution of emergency supplies.

#### *Request for Assistance*

- Emergency responders or Incident Command request mass care resources or assistance with sheltering, feeding, or family reunification.
- City partners or local jurisdictions request County assistance when local capacity is exceeded.
- The Clackamas County EOC or Duty Officer receives a request for shelter support or human services activation.

### *Anticipated Events (Pre-emptive Activation)*

- When there is advanced notice of an incident such as a forecasted severe weather events, flooding, and wildfires that may create mass care needs.
- Allows time to prepare, mobilize resources, and coordinate with partner agencies like the ARC, faith-based organizations, or community-based partners.

### *Escalation or Partial Activation*

- Partial Activation: When only some ESF 6 functions are needed (e.g., opening a single shelter, providing feeding support, or resource distribution without full human services activation).
- Full Activation: When multiple ESF 6 components (sheltering, feeding, human services, and housing) must be coordinated simultaneously.

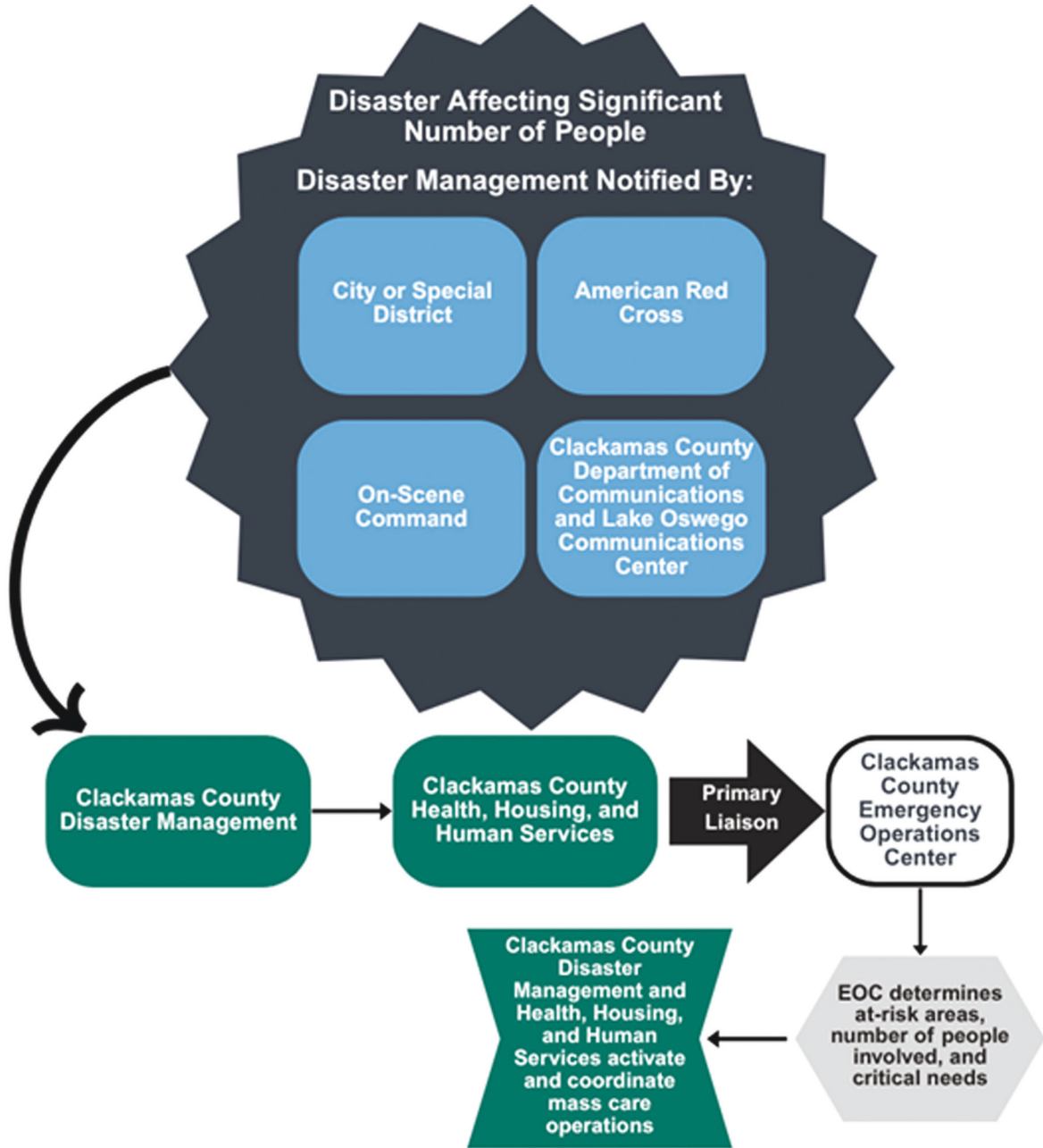
### **Mass Care Notification**

A city or special district, the ARC, or on-scene command may notify CCDM whenever it appears that a disaster has affected a significant number of people or there are unmet needs that could be supported by mass care services. CCDM may also be notified through the Clackamas County Department of Communications and the Lake Oswego Communications Center.

Upon notification, CCDM will notify H3S. During disaster shelter operations in Clackamas County, the EOC staff representing H3S and the H3S DOC will be the primary liaison to the CCDM EOC. If available, the ARC will also assign a liaison to the Clackamas County EOC to coordinate disaster shelter services.

The EOC will determine the at-risk areas, estimate the number of people involved, and identify any critical needs. CCDM and H3S will use this information to activate and coordinate disaster shelter operations with pre-identified providers in pre-designated disaster shelter facilities and/or activate and coordinate other mass care operations as needed. Specific shelter activation procedures are in the Clackamas County *Disaster Shelter Management Handbook, Standard Operating Procedures, June 2025*.

**Figure 3 - Mass Care Notification and Activation Flow**



## 6.3 Alert and Warning

Communicating disaster and recovery resources to the public in a clear, consistent, and timely manner is essential for orderly mass care operations. The Clackamas County EOC will activate and share information through the PIO or the Joint Information Center, at the earliest opportunity to coordinate and ensure that messaging is effective to support Mass Care operations.

Community members may receive information through multiple channels, such as mainstream and social media, foreign language radio and TV stations, online platforms, text messages, and word of mouth.

To complement and enhance these broader communication methods, the County may activate its alert and warning system to deliver notifications that provide critical life safety, preparedness, and recovery information to impacted community members. Notifications may be distributed through multiple methods, including the Integrated Public Alert and Warning System, which enables Wireless Emergency Alerts to cell phones in the affected area and Emergency Alert System broadcasts over television and radio. The system can also directly contact individuals via cellphone, landline, Voice Over Internet Protocol, and e-mail, and it supports TTY/TDD devices used by people who are deaf or hard of hearing.

Individuals with disabilities, limited English proficiency, or other access and functional needs may require information in alternative formats, such as large print, ASL interpretation, captioning, or translations into additional languages.

Additional information about the county's alert and warning procedures can be found in the EOP's Base Plan and ESF 15 (Public Information).

## 6.4 Shelter and Mass Care Facilities

Disaster sheltering is the provision of temporary housing and associated services to a population during a disaster or emergency. Many potential incidents (flooding, severe cold/heat, hazardous materials, civil disobedience, terrorist threat, mass-power outages, etc.) can trigger the need for disaster sheltering in Clackamas County. For an incident that requires large-scale shelter and mass care operations, normal activities at schools, community centers, places of worship, and other facilities used as shelters may have to be curtailed.

The diverse nature of the County will be reflected by shelter populations and may include a significant number of people with DAFN. Of the population who seek disaster shelter, a higher percentage of the people who have disabilities will need disaster shelter compared to the percentage of the general population. Their community-based needs must be preserved. Medical facilities need to be spared the referral of people who only require assistance with ADLs because it increases an unnecessary service demand on medical facilities. Disaster shelters will be adaptable to the people they serve, providing accessible and culturally responsive services. Unaccompanied youth seeking shelter will be coordinated by the Clackamas County Social Services Division and the Housing and Community Development Division. Shelters may also serve people who are vulnerable to marginalization and people with specialized needs, including students, inmates, justice-involved people, houseless, and people with chemical dependencies.

Cities and special districts will respond to their disaster sheltering needs by activating their emergency response plans and response teams to shelter displaced residents prior to requesting assistance through the Clackamas County EOC. If Clackamas County needs additional assistance, they may request it through mutual aid agreements and/or through the state.

Shelters may have to be opened with little notice and the demand for shelters may prove to be higher than what is available. Local government personnel may have to manage and coordinate shelter and mass care activities. Local government personnel may be supported by ARC personnel, if available, and assume responsibility for managing such shelters.

In accordance with the ARC's organizational documents and charter, ratified by the United States Congress on January 5, 1907, as well as the Disaster Relief Act of 1974, the ARC (national organization and local chapters) provides an array of 'Mass Care Services' to emergency and disaster victims routinely under its own authority. The ARC may have agreements in place for use of specific shelters that can be activated by alerting the local chapter. This information will be available to the Clackamas County EOC during a major emergency or disaster. The ARC may assist in the registration of evacuees, and as applicable, will coordinate information with appropriate government agencies of those evacuees who are housed in ARC-supported shelters.

Other types of temporary shelter may be activated. *Shelters will be operated according to the Clackamas County Disaster Shelter Management Handbook, Standard Operating Procedures, June 2025, which is based on the ARC Shelter Management Handbook.* Shelter options available to the County during an incident include:

- Pre-determined sheltering sites and supplies through ARC.
- General purpose tents through the Oregon National Guard and requested by the Clackamas County EOC to OEM.
- Tents and other resources may be available via the fire cache located at the Redmond Air Center.
- If a Presidential declaration has been made, temporary buildings or offices requested through the Federal Coordinating Officer.

Disaster conditions are likely to require evacuation and care of domestic animals and livestock. The ARC works with shelter facilities to determine whether animals are allowed at specific shelter sites. Service animals are allowed at ARC shelters. The RDPO provides a regional plan for the disaster sheltering of pets.

### **Spontaneous Shelters**

A Spontaneous Disaster Shelter is a shelter that is opened in a facility that is not predesignated or known by local governments in Clackamas County. It is the responsibility of an organization which plans on opening a spontaneous disaster shelter to immediately alert CCDM.

Spontaneous disaster shelters may open in communities shortly after the incident. Some community- and faith-based organizations may open shelters that are affiliated with and perhaps supported by their city, Clackamas County, or ARC partners, while some organizations and groups may coordinate their efforts independently.

Spontaneous Disaster Shelters may not initially meet Clackamas County/ARC standards. However, they provide a valuable service in the immediate hours after a disaster because they may be opened by a NGO that wants to fulfill a need that the government may not yet be able to meet. Though not initially sanctioned, local governments may take the following actions to include them into the larger network of government-supported shelters:

- Work with the ARC to take over management of these disaster shelters; the shelter would then be operated according to the system described throughout this plan

- Leave operations and management of the spontaneous disaster shelter as it is and support the independent shelter with needed resources
- Close the spontaneous disaster shelter and either absorb the residents into existing ARC shelters or assist them in being transported out of the affected area and into interim housing

The Clackamas County Disaster Shelter Management Handbook provides standard operating procedures, tools, and checklists to manage a disaster shelter. The Disaster Shelter Forms document provides the documents required to assess disaster shelters, draft ARC disaster shelter agreements, and operate a disaster shelter in Clackamas County, according to ARC standards. These tools and forms are housed in the EOC shared drive. A list of sheltering forms and resources that are available through the ARC can be found in Appendix E.

The Clackamas County DTD developed a Disaster Response Zone Map dividing the county into 20 geographical response zones to aid in situational response planning. This map also shows the locations of fire stations and bridges. This map can be found in Appendix F.

## 6.5 Feeding and Hydration

A significant emergency or disaster may severely diminish food and water stores in communities. Feeding and hydration operations are essential to sustaining the health and well-being of disaster survivors and emergency workers. This includes identifying appropriate facilities and partners to support the preparation and distribution of safe, nutritious meals and potable water. Feeding and hydration are provided through a combination of fixed sites, mobile feeding units, and bulk distribution of food.

Feeding operations are based on nutritional standards and should include meeting requirements of survivors with special dietary needs, including medical, religious, and cultural accommodations. Clackamas County H3S (Environmental Health Division) will coordinate any food inspections and standards for kitchens, food trucks, and other related environmental health concerns.

Hydration is equally critical, especially during extreme weather events or sheltering operations with limited infrastructure. Regional and county emergency drinking water plans prioritize the rapid procurement, distribution, and monitoring of potable water to meet public health standards. CCDM works with water providers to identify primary and backup water sources.

When available, the ARC will lead coordination of all mass feeding and related services at ARC-managed shelters within Clackamas County's jurisdiction. This effort will be conducted in close collaboration with the H3S Social Services and Community Development Divisions through the EOC. At mass care sites not operated by the ARC, either Clackamas County H3S (Social Services Division) or the ARC may assume responsibility for coordinating feeding operations and related support services, based on resource availability, operational capacity, and the needs of the incident.

## 6.6 Bulk Distribution of Emergency Supplies

Bulk distribution is a critical component of mass care operations that involves the large-scale delivery of essential supplies such as food, water, hygiene products, and other necessities to affected populations during and after an emergency. Bulk distribution focuses on providing supplies for self-sufficiency, enabling individuals and families to meet basic needs when normal supply chains are disrupted. Bulk distribution will prioritize life-sustaining commodities such as water, meals, tarps, blankets, and hygiene kits.

CCDM will utilize FEMA's [\*Distribution Management Plan Guide 2.0\*](#) to develop strategies for distributing critical resources to affected communities. The Guide describes strategies to provide effective and efficient distribution of critical resources to disaster survivors in communities, including survivors in rural, remote, and underserved communities. Public information regarding the location, hours, and eligibility for distribution sites will be disseminated through all available means (radio, social media, flyers, door-to-door). Appendix A provides a list of disaster supplies, contracts, and other resources that support mass care operations.

The ARC will coordinate bulk distribution activities and sites within the county's jurisdiction with H3S (Social Services Division) via the Clackamas County EOC. Distribution of food, water, and ice requirements through federal, state, local government, and other NGOs is coordinated at these sites. In situations where the ARC cannot coordinate bulk distribution of emergency supplies, CCDM will coordinate these activities.

Some residents may not have access to transportation or communication and will require targeted outreach. Residents may be displaced, sheltering in place, or isolated, necessitating both fixed and mobile distribution strategies. To ensure equitable access and distribution, accommodations will be provided to people with disabilities and others with access and functional needs. Outreach and communication strategies will include critical information such as locations, operating hours, and procedures of distribution sites.

Clackamas County will coordinate with response partners to address challenges such as traffic congestion, crowd control, and potential supply shortages. Clackamas County has partnerships with local businesses, volunteer groups, and neighboring jurisdictions that can enhance resource availability and operational capacity.

## 6.7 Reunification

Reunification services are designed to meet the short-term reunification needs of those directly impacted by disaster. Services include providing human and technological resources to reconnect individuals by facilitating communication from inside the disaster-affected area to outside the affected area. Additional assistance is provided for individuals with an urgent need.

Reunification efforts must begin as early as possible, but services may need to continue for days or weeks after the initial emergency. Schools, hospitals, and congregate care facilities may be overwhelmed or isolated, requiring assistance from county mass care teams to support reunification of children, patients, personal assistants, and residents. Given the emotional distress associated with separation during disasters, reunification efforts must include integrated

behavioral health support to provide trauma-informed care for both individuals and families.

Reunification services are delivered to individuals, families and communities with no discrimination as to race, color, national origin, religion, gender, gender identity, age, disability, sexual orientation, citizenship or veteran status. Legal and privacy concerns (e.g., Family Educational Rights and Privacy Act, Health Insurance Portability and Accountability Act) may limit data sharing. Standard protocols such as those used in the ARC Safe and Well Program will be necessary to facilitate reunification safely.

The ARC shall ensure inclusion of all diverse communities in reunification services. As a co-lead with the FEMA for the mass care component of ESF 6 in the National Response Framework, the ARC has a commitment to provide reunification services.

Reunification may require the integration of local tools with national systems, (e.g., the ARC Safe and Well Program and FEMA's National Emergency Family Registry and Locator System). The ARC Safe and Well Program facilitates communication from inside disaster-affected areas to outside affected areas. The program helps people notify loved ones of their well-being and reunite separated family/friend members within the disaster area. [american-red-cross-reunification-services.pdf](#)

ARC program reunification services, standards, and procedures are detailed in the ARC Reunification Standards and Procedures, Disaster Cycle Services, January 2017.

FEMA operates the National Emergency Family Registry and Locator System, a Web-based system that when activated, collects information from individuals to assist in reuniting families that have been displaced as a result of a presidentially-declared disaster or emergency. <https://www.dhs.gov/publication/dhsfemapia-014-national-emergency-family-registry-and-locator-system-nefrls>

As per ARC guidance, reunification program principles have been developed to improve the quality of service provided to clients who want to notify others that they are safe, seek others who are unaccounted for, reestablish contact when separated from family and deliver reunification services consistently across the country. The following principles define the Reunification Program:

- Emergency welfare inquiries and family reunification requests receive the highest priority.
- Follow-up always occurs with the emergency welfare inquiries and family reunification requests.
- Unaccompanied Minors and Separated Children are kept safe and provided with swift transfer or reunification through working with relevant partners.
- Client information is protected.
- Accurate information is provided.
- Services are provided fairly and consistently across the organization.

The ARC guidance also includes several resource forms and document links available to ARC employees and volunteers through their OneSource Intranet Login (<https://onesource.redcross.org/login?returnUrl=%2Fpage%2F2366>) including:

- Applicable MOUs/Letters.
- Standards and Procedures.
- Job Tools.
- Forms.
- Promotional Materials.
- Other.
  - Disaster Cycle Services Principles.
  - DCS Job Tools and Forms Index.
  - External Sources and Trainings.

Additional information is provided in:

- *Privacy and Missing Persons after Natural Disasters*, Center on Law and Information Policy, Wilson Center, and Commons Lab, 2013. [Privacy and Missing Persons after Natural Disasters | Wilson Center](#). This report provides information about the legal and policy issues surrounding privacy and missing persons following natural disasters, including legal privacy issues and requirements.
- *Post-Disaster Reunification of Children: A Nationwide Approach*, November 2013, [Post-Disaster Reunification of Children: A Nationwide Approach](#)
- HHS ASPR Technical Resources, Assistance Center and Information Exchange (TRACIE) Reunification Topic, [Family Reunification and Support | ASPR TRACIE](#)
- U.S. Department of Homeland Security, Blue Campaign, [Blue Campaign | Homeland Security](#)

## 6.8 Housing

Housing is a fundamental component of mass care operations, especially in the aftermath of a disaster that displaces individuals and families from their homes. Disasters such as floods, wildfires, earthquakes, or severe storms may render homes uninhabitable, requiring emergency sheltering and temporary housing solutions.

Displaced individuals and families will need to transition from congregate shelters to interim or longer-term housing solutions, which may include hotels, rental units, or temporary housing units (e.g., trailers). Survivors will have diverse needs, including accommodations for disability access, chronic health conditions, cultural and linguistic differences, household size, and pet accommodations.

Temporary, interim, and long-term housing solutions will be coordinated by Clackamas County to ensure that all displaced populations have safe, sanitary, and accessible living arrangements while recovery and rebuilding efforts are underway. Temporary sheltering is typically the first step. While these facilities offer immediate support, they are not suitable for long-term habitation. Therefore, Clackamas County will plan for a transition to interim housing, such as hotels, short-term rentals, or modular units, especially for individuals with specific medical,

functional, accessibility, or privacy needs. This transition will be supported by wraparound services to connect individuals with resources, benefits, and longer-term recovery programs.

Clackamas County is committed to ensuring specific resources and services are provided to people with disabilities and other access and functional needs. For example, Clackamas County housing and shelter sites will meet ADA requirements and incorporate features such as ramps, accessible bathrooms, and visual or auditory emergency alert systems. Clackamas County will facilitate coordination among CCDM, H3S, community-based organizations, and private sector partners to ensure wraparound services are integrated into housing placements.

Depending on the scale and severity of the disaster, Clackamas County may request assistance from state and federal partners (e.g., FEMA Individual Assistance, Housing and Urban Development programs in the case of federally-declared counties) to meet long-term housing needs. Coordination with state and federal partners (e.g., FEMA Individual Assistance and Public Assistance Programs) is essential when a disaster exceeds local capacity. Clackamas County maintains its pre-disaster relationships with the ARC, CCVOAD, and private housing providers to expedite response and recovery. Advanced identification of potential group housing sites, development of MOUs, and streamlining intake processes will enhance efficiency during activation.

All housing needs identified during and following emergency incidents or disasters impacting Clackamas County will be coordinated through CCDM in partnership with H3S Social Services Division, via the Clackamas County EOC. Liaisons will be assigned to command staff to manage and coordinate resources and activities with regional, state, federal, and private sector entities. In some disaster situations, the federal government may be requested to provide emergency housing. Disaster victims will be encouraged to obtain housing with family or friends or in commercial facilities.

## 6.9 Crisis Counseling and Mental Health

Disasters create conditions of extreme stress, grief, and uncertainty that significantly affect the emotional well-being of individuals and communities. Crisis counseling and mental health support are critical components of mass care operations, ensuring that individuals experiencing distress receive timely, appropriate, and culturally competent care. These services help mitigate long-term psychological effects, promote coping strategies, and support recovery and resilience.

Most individuals affected by disasters will experience some level of stress, grief, or anxiety. Some will develop more severe behavioral health conditions such as depression, Post-traumatic Stress Disorder, or substance misuse. Mental health impacts often emerge over time. Survivors may not seek help immediately, requiring sustained access to crisis counseling and mental health services for weeks or months.

The Behavioral Health Division within H3S will coordinate mental health services to the general public and will manage an on-call Go Team program during emergencies to provide mental health services. During mass care operations, crisis counseling will be integrated into sheltering, feeding, and assistance centers to provide immediate emotional support and triage including psychological first aid, emotional stabilization, referrals, and short-term interventions.

Clackamas County will ensure the services mentioned above are accessible to all populations, including children, older adults, people with disabilities, and others with access and functional needs. This most notably includes persons on the autism spectrum, those with developmental disabilities, and those with psychiatric and other cognitive disabilities (Alzheimer's, schizophrenia, etc.). Clackamas County will also address longer-term recovery through referrals to community mental health providers and follow-up support, particularly for individuals with preexisting behavioral health conditions.

Behavioral health support will also be facilitated by the county and offered to responders and volunteers, who may experience secondary trauma or burnout due to the intensity of their roles. Specific concerns within the first responder community can also be addressed through the Police Chaplaincy and the Oregon Office of the State Fire Marshal, which coordinate mental health and crisis counseling services for first responders.

# 7 Plan Maintenance, Training, and Exercises

## 7.1 Plan Review and Maintenance

The Directors (or designees) of H3S and CCDM will be responsible for coordinating regular reviews and updates of this plan and supporting protocols every five years, or when changes occur, such as lessons learned from exercises or actual incidents. Supporting agencies, NGOs, the ARC, and subject matter experts (e.g., DAFN specialists), will be provided with opportunities to review and provide feedback prior to plan updates. Each primary and supporting agency will be responsible for developing plans and procedures that address assigned tasks.

At a minimum, the review will:

- Verify contact information.
- Review the status of resources noted in the plan.
- Evaluate the procedures outlined in this plan to ensure their continued viability.
- Incorporate After Action Reviews and Improvement Plan recommendations generated from emergency exercises or real-world incidents.

## 7.2 Training and Exercise Schedule

The Clackamas County *Integrated Preparedness Plan* establishes overall preparedness priorities and outlines a multi-year preparedness cycle schedule that includes training and exercises. The *Integrated Preparedness Plan* balances all plans and priorities to address capability gaps and improve overall preparedness.

# Appendix A: Disaster Supplies and Contracts

The following resources support sheltering operations.

## **General Population Disaster Shelter Trailer Supplies**

Clackamas County has three General Population Disaster Shelter Trailers housed at Clackamas County's Oregon City Red Soils Campus. These should be requested through Clackamas County Disaster Management (CCDM). CCDM maintains an inventory of Disaster Shelter Trailer supplies and can provide this inventory upon request.

Other counties in the region as well as the American Red Cross (ARC) have similar general population disaster shelter trailers should the need arise and based on availability.

## **Existing County Contracts**

Clackamas County Health, Housing, and Human Services (H3S) has contracts with various vendors of consumable medical supplies, durable medical equipment, and other items necessary to operate a disaster shelter.

## **Commodity Point of Distribution (CPOD) Inventory List**

The CPOD Inventory is housed at Clackamas County's Oregon City Red Soils Campus and should be requested and checked out through CCDM. There are 22 CPODs available for check out. CCDM maintains an inventory of CPOD supplies and can provide this inventory on request.

# Appendix B: DAFN Populations Served and CMIST Function-Based Resource List

The following list was developed in alignment with the definition of individuals who may need unique or additional response assistance as presented by the Secretary of Health and Human Services and within the Pandemic and All-Hazards Preparedness Act, 42 § U.S.C. 300hh-16. People with Disabilities and other Access and Functional Needs (DAFN) include those who:

- Have limited ability to speak, see, hear, or comprehend
- Use American Sign Language (ASL)
- Have limited English Proficiency (LEP) or are non-English speaking
- Have developmental, cognitive, sensory, or physical disabilities
- Are currently injured or under medical care
- Have chronic health conditions, including mental illness
- Have pharmacological dependencies
- Are pregnant
- Are older adults or children
- Rely on electricity-dependent medical equipment
- Are low-income
- Are homeless
- Live in institutional settings
- Are transportation disadvantaged

The following table lists the NGO partners, the populations they serve, and their potentially available resources by Communication, Maintaining Health, Independence, Support, Safety, and Self-Determination, and Transportation (CMIST) category. Please note this information is not exhaustive and includes resources noted during an NGO partner survey conducted in May 2025.

NGO Partner	Populations They Serve	Potentially Available Resources by CMIST Category
<b>AntFarm, Inc.</b>	<ul style="list-style-type: none"> <li>• Have LEP or are non-English speaking</li> <li>• Are pregnant</li> <li>• Are older adults or children</li> <li>• Are low-income</li> <li>• Are homeless</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Translation services (for specific languages)</li> <li>• Documents in simple language</li> <li>• Large print</li> </ul> <p><b>Maintaining Health:</b></p> <ul style="list-style-type: none"> <li>• Nutrition Services (e.g., allergy-safe food, clean water, infant formula)</li> </ul> <p><b>Independence:</b></p> <ul style="list-style-type: none"> <li>• Transportation Services</li> <li>• Support, Safety, and Self-Determination:</li> <li>• Case management services</li> </ul> <p><b>Transportation:</b></p> <ul style="list-style-type: none"> <li>• Transportation Services</li> </ul>
<b>Canby Adult Center</b>	<ul style="list-style-type: none"> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Are older adults or children</li> <li>• Are low-income</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Communications:</b> N/A</p> <p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b> N/A</p> <p><b>Transportation:</b></p> <ul style="list-style-type: none"> <li>• Vehicles with ramps or lifts</li> <li>• Properly maintained and applied tie-downs for wheelchairs and scooters (mobility equipment must be secured during travel)</li> <li>• Trained drivers who are aware of people with limited capability to stabilize upper body and who have sound disability etiquette</li> </ul>
<b>Clackamas Free Clinic (Volunteers in Medicine)</b>	<ul style="list-style-type: none"> <li>• Have limited ability to speak, see, hear, or comprehend</li> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Are currently injured or under medical care</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Have pharmacological dependencies</li> <li>• Are low-income</li> <li>• Are homeless</li> <li>• Geographically isolated</li> </ul>	<p><b>Maintaining Health:</b></p> <p>Supplies (e.g., glucose test strips, urological, ostomy, insulin, wound care)</p> <p><b>Independence:</b></p> <p>Vision (magnifiers, screen readers)</p> <p><b>Support, Safety, and Self-Determination:</b> N/A</p> <p><b>Transportation:</b> N/A</p>
<b>Clackamas Service Center</b>	<ul style="list-style-type: none"> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Are pregnant</li> <li>• Are low-income</li> <li>• Are homeless</li> </ul>	<p><b>Communications:</b> N/A</p> <p><b>Maintaining Health:</b></p> <p>Nutrition Services (e.g., allergy-safe food, clean water, infant formula)</p> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b> N/A</p> <p><b>Transportation:</b> N/A</p>

NGO Partner	Populations They Serve	Potentially Available Resources by CMIST Category
<b>Clackamas Women's Services</b>	<ul style="list-style-type: none"> <li>• Have limited ability to speak, see, hear, or comprehend</li> <li>• Use ASL</li> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Are currently injured or under medical care</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Have pharmacological dependencies</li> <li>• Are pregnant</li> <li>• Are older adults or children</li> <li>• Rely on electricity-dependent medical equipment</li> <li>• Are low-income</li> <li>• Are homeless</li> <li>• Live in institutional settings</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b></p> <ul style="list-style-type: none"> <li>• Protection from abuse services</li> </ul> <p><b>Transportation:</b> N/A</p>
<b>CTEC</b>	<ul style="list-style-type: none"> <li>• Are low-income</li> <li>• Are homeless</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Communications:</b> N/A</p> <p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b> N/A</p> <p><b>Transportation:</b> N/A</p>
<b>DevNW</b>	<ul style="list-style-type: none"> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Are pregnant</li> <li>• Are low-income</li> <li>• Are homeless</li> </ul>	<p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Translation services (for specific languages)</li> </ul> <p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b></p> <ul style="list-style-type: none"> <li>• Case management services</li> </ul> <p><b>Transportation:</b> N/A</p>
<b>El Programa Hispano Catolico</b>	<ul style="list-style-type: none"> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Are currently injured or under medical care</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Have pharmacological dependencies</li> <li>• Are pregnant</li> <li>• Are older adults or children</li> <li>• Are low-income</li> <li>• Are homeless</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Communications:</b> N/A</p> <p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b></p> <ul style="list-style-type: none"> <li>• Case management services</li> </ul> <p><b>Transportation:</b> N/A</p>

NGO Partner	Populations They Serve	Potentially Available Resources by CMIST Category
<b>Estacada Area Food Bank</b>	<ul style="list-style-type: none"> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Have pharmacological dependencies</li> <li>• Are older adults or children</li> <li>• Are low-income</li> <li>• Are homeless</li> </ul>	<p><b>Maintaining Health:</b></p> <ul style="list-style-type: none"> <li>• Nutrition Services (e.g., allergy-safe food, clean water, infant formula)</li> </ul> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b> N/A</p> <p><b>Transportation:</b> N/A</p>
<b>Estacada Community Center</b>	<ul style="list-style-type: none"> <li>• Have limited ability to speak, see, hear, or comprehend</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Have pharmacological dependencies</li> <li>• Are older adults or children</li> <li>• Rely on electricity-dependent medical equipment</li> <li>• Are low-income</li> <li>• Are homeless</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Communications:</b> N/A</p> <p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b></p> <ul style="list-style-type: none"> <li>• Mobility (wheelchairs, walkers, scooters, canes, crutches, prosthetic devices)</li> <li>• Transportation services</li> </ul> <p><b>Support, Safety, and Self-Determination:</b> N/A</p> <p><b>Transportation:</b></p> <ul style="list-style-type: none"> <li>• Vehicles with ramps or lifts</li> <li>• Properly maintained and applied tie-downs for wheelchairs and scooters (mobility equipment must be secured during travel)</li> </ul>
<b>Hoodland Senior Center</b>	<ul style="list-style-type: none"> <li>• Have limited ability to speak, see, hear, or comprehend</li> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Are currently injured or under medical care</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Are older adults or children</li> <li>• Are low-income</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<ul style="list-style-type: none"> <li>• Communications:</li> <li>• Translation services (for specific languages)</li> <li>• Behavioral health services</li> <li>• Documents in simple language</li> <li>• Large print</li> <li>• Auxiliary aids (Braille, TTY/TDD, hearing aid-compatible phones)</li> <li>• PAS</li> <li>• Amplified listening devices (Pocket Talkers)</li> <li>• Screen readers</li> <li>• Maintaining Health:</li> <li>• Supplies (e.g., glucose test strips, urological, ostomy, insulin, wound care)</li> <li>• Nutrition Services (e.g., allergy-safe food, clean water, infant formula)</li> <li>• Behavioral health, substance abuse, and stress management services</li> <li>• Independence:</li> <li>• Mobility (wheelchairs, walkers, scooters, canes, crutches, prosthetic devices)</li> <li>• Replacement equipment (wheelchairs, walkers, canes, batteries, nebulizers)</li> <li>• Support, Safety, and Self-Determination: N/A</li> <li>• Transportation:</li> <li>• Vehicles with ramps or lifts</li> </ul>

NGO Partner	Populations They Serve	Potentially Available Resources by CMIST Category
<b>Molalla Adult Community Center</b>	<ul style="list-style-type: none"> <li>• Have limited ability to speak, see, hear, or comprehend</li> <li>• Are older adults or children</li> <li>• Are low-income</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Large print</li> </ul> <p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b></p> <ul style="list-style-type: none"> <li>• Transportation Services</li> </ul> <p><b>Support, Safety, and Self-Determination:</b> N/A</p> <p><b>Transportation:</b></p> <ul style="list-style-type: none"> <li>• Vehicles with ramps or lifts</li> </ul>
<b>Northwest Family Services</b>	<ul style="list-style-type: none"> <li>• Have limited ability to speak, see, hear, or comprehend</li> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Are currently injured or under medical care</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Have pharmacological dependencies</li> <li>• Are pregnant</li> <li>• Are older adults or children</li> <li>• Rely on electricity-dependent medical equipment</li> <li>• Are low-income</li> <li>• Are homeless</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Translation services (for specific languages)</li> <li>• Behavioral health services</li> <li>• Documents in simple language</li> <li>• Large print</li> <li>• PAS</li> </ul> <p><b>Maintaining Health:</b></p> <ul style="list-style-type: none"> <li>• Supplies (e.g., glucose test strips, urological, ostomy, insulin, wound care)</li> <li>• Nutrition Services (e.g., allergy-safe food, clean water, infant formula)</li> <li>• Behavioral health, substance abuse, and stress management services</li> </ul> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b></p> <ul style="list-style-type: none"> <li>• Behavioral health services, crisis response</li> <li>• Case management services</li> <li>• Protection from abuse services</li> <li>• Provision of services for unaccompanied children who have been separated from their families</li> </ul> <p><b>Transportation:</b> N/A</p>
<b>Northwest Housing Alternatives</b>	<ul style="list-style-type: none"> <li>• Have chronic health conditions, including mental illness</li> <li>• Have pharmacological dependencies</li> <li>• Are pregnant</li> <li>• Are older adults or children</li> <li>• Are low-income</li> <li>• Are homeless</li> <li>• Are transportation disadvantaged</li> </ul>	<p><b>Communications:</b> N/A</p> <p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b> N/A</p> <p><b>Transportation:</b> N/A</p>

NGO Partner	Populations They Serve	Potentially Available Resources by CMIST Category
<b>Orchid Health</b>	<ul style="list-style-type: none"> <li>• Have limited ability to speak, see, hear, or comprehend</li> <li>• Use ASL</li> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Are currently injured or under medical care</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Have pharmacological dependencies</li> <li>• Are pregnant</li> <li>• Are older adults or children</li> <li>• Rely on electricity-dependent medical equipment</li> <li>• Are low-income</li> <li>• Are homeless</li> <li>• Live in institutional settings</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Behavioral health services</li> <li>• Documents in simple language</li> <li>• Large print</li> </ul> <p><b>Maintaining Health:</b></p> <ul style="list-style-type: none"> <li>• Supplies (e.g., glucose test strips, urological, ostomy, insulin, wound care)</li> <li>• Behavioral health, substance abuse, and stress management services</li> <li>• Maintaining medical and outpatient services</li> </ul> <p><b>Independence:</b></p> <ul style="list-style-type: none"> <li>• Mobility (wheelchairs, walkers, scooters, canes, crutches, prosthetic devices)</li> </ul> <p><b>Support, Safety, and Self-Determination:</b></p> <ul style="list-style-type: none"> <li>• Behavioral health services, crisis response</li> <li>• Case management services</li> <li>• Home health and hospice services</li> <li>• Support people with chronic limitations such as dementia, Alzheimer’s, intellectual disabilities, or developmental disabilities</li> </ul> <p><b>Transportation:</b> N/A</p>
<b>Parrott Creek Child &amp; Family Services Inc</b>	<ul style="list-style-type: none"> <li>• Are pregnant</li> <li>• Are older adults or children</li> <li>• Are low-income</li> <li>• Live in institutional settings</li> <li>• Are transportation disadvantaged</li> <li>• Geographically isolated</li> </ul>	<p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Behavioral health services</li> </ul> <p><b>Maintaining Health:</b></p> <ul style="list-style-type: none"> <li>• Behavioral health, substance abuse, and stress management services</li> </ul> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b></p> <ul style="list-style-type: none"> <li>• Behavioral health services, crisis response</li> <li>• Case management services</li> </ul> <p><b>Transportation:</b> N/A</p>

NGO Partner	Populations They Serve	Potentially Available Resources by CMIST Category
<b>ROSE Community Development</b>	<ul style="list-style-type: none"> <li>• Have limited ability to speak, see, hear, or comprehend</li> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Are currently injured or under medical care</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Have pharmacological dependencies</li> <li>• Are pregnant</li> <li>• Are older adults or children</li> <li>• Rely on electricity-dependent medical equipment</li> <li>• Are low-income</li> <li>• Are transportation disadvantaged</li> </ul>	<p><b>Communications:</b> N/A</p> <p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b> N/A</p> <p><b>Transportation:</b> N/A</p>
<b>The Heart of the City</b>	<ul style="list-style-type: none"> <li>• Have limited ability to speak, see, hear, or comprehend</li> <li>• Use ASL</li> <li>• Have LEP or are non-English speaking</li> <li>• Have developmental, intellectual, sensory, or physical disabilities</li> <li>• Are currently injured or under medical care</li> <li>• Have chronic health conditions, including mental illness</li> <li>• Are pregnant</li> <li>• Are low-income</li> <li>• Are homeless</li> </ul>	<p><b>Communications:</b></p> <ul style="list-style-type: none"> <li>• Translation services (for specific languages)</li> <li>• ASL Interpretation</li> </ul> <p><b>Maintaining Health:</b> N/A</p> <p><b>Independence:</b> N/A</p> <p><b>Support, Safety, and Self-Determination:</b></p> <ul style="list-style-type: none"> <li>• Behavioral health services, crisis response</li> <li>• Case management services</li> </ul> <p><b>Transportation:</b> N/A</p>

The following table represents each CMIST category; the types of needs; and technology, tools, and services that help to meet the specific needs.

CMIST Category	Types of Needs	Technology, Tools, and Services
<b>Communication</b>	<p><b>People who</b></p> <ul style="list-style-type: none"> <li>• Are deaf or hard-of-hearing</li> <li>• Are blind or have low vision</li> <li>• Have low English proficiency</li> <li>• Have developmental, intellectual, or sensory disabilities</li> <li>• Have mental illness</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>• Translation services (for specific languages)</li> <li>• PAS: assistance with performing activities of daily living; e.g., assistance with removing and putting on clothing, eating, using the restroom, and pushing a wheelchair or assistance with getting into or out of a vehicle at the worksite</li> <li>• Behavioral health services</li> <li>• Documents in simple language</li> <li>• Large print</li> <li>• Accessibility kits</li> </ul> <p><b>For people who are deaf or hard-of-hearing</b></p> <ul style="list-style-type: none"> <li>• ASL Interpretation</li> <li>• Video Remote Interpretation (VRI)</li> <li>• Video Relay Service (VRS)</li> <li>• Auxiliary aids (Braille, TTY/TDD, hearing aid-compatible phones)</li> <li>• Email, text, landlines, radio, TV, and social media</li> <li>• Amplified listening devices (Pocket Talkers)</li> </ul> <p><b>For people who are blind or have low vision</b></p> <ul style="list-style-type: none"> <li>• Braille printers</li> <li>• Screen readers</li> <li>• Large Print</li> </ul>
<b>Maintaining Health</b>	<p><b>People who</b></p> <ul style="list-style-type: none"> <li>• Are taking medications</li> <li>• Need services, medical supplies, and/or durable medical equipment</li> <li>• Are breastfeeding or need infant/child nutrition</li> <li>• Use electricity-dependent equipment such as ventilators, oxygen concentrators, powered mobility</li> <li>• Are on dialysis treatment</li> <li>• Have acute, chronic, or short-term injuries</li> </ul>	<ul style="list-style-type: none"> <li>• Supplies [e.g., glucose test strips, urological, ostomy, insulin, wound care]</li> <li>• Nutrition [e.g., allergy-safe food, clean water, infant formula]</li> <li>• Behavioral health, substance abuse, and stress management services</li> <li>• Maintaining medical and outpatient services</li> </ul>

CMIST Category	Types of Needs	Technology, Tools, and Services
<b>Independence</b>	<p><b>People who</b></p> <ul style="list-style-type: none"> <li>• Use assistive devices, assistants, and/or service animals to maintain their activities of daily living</li> </ul>	<ul style="list-style-type: none"> <li>• Communication [e.g., hearing aids, text messages, amplified phones, pocket talkers]</li> <li>• Vision [e.g., magnifiers, screen readers]; Mobility equipment [e.g., wheelchairs, walkers, scooters, canes, crutches, prosthetic devices]</li> <li>• Replacement equipment [e.g., wheelchairs, walkers, canes, batteries, nebulizers]</li> <li>• Service animals</li> <li>• Transportation services</li> <li>• Accessibility kits</li> </ul>
<b>Support, Safety, and Self-Determination</b>	<p><b>People who</b></p> <ul style="list-style-type: none"> <li>• Have difficulty understanding and remembering</li> <li>• Have been separated from caregivers or who have lost family, friends, or caregivers</li> <li>• Have higher levels of distress and anxiety</li> <li>• Psychological or behavioral health needs</li> <li>• Trauma-informed support for personal safety</li> <li>• Are especially vulnerable to mental health issues (i.e., children)</li> <li>• Need support for activities of daily living</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral health services, crisis response</li> <li>• Case management services</li> <li>• Protection from abuse services</li> <li>• Provision of services for unaccompanied children who have been separated from their families</li> <li>• Home health and hospice services</li> <li>• Support people with chronic limitations such as dementia, Alzheimer's, intellectual disabilities, or developmental disabilities</li> </ul>
<b>Transportation</b>	<p>People who</p> <ul style="list-style-type: none"> <li>• Are unable to drive due to damaged personal transportation, limited funds, lack of physical, or cognitive capacity</li> <li>• Need transportation to and from for medical care or treatment, non-medical appointments, and accessible shelters or transitional housing</li> </ul>	<ul style="list-style-type: none"> <li>• Vehicles with ramps or lifts</li> <li>• Properly maintained and applied tie-downs for wheelchairs and scooters (mobility equipment must be secured during travel)</li> <li>• Trained drivers who are aware of people with limited capability to stabilize upper body and who have sound disability etiquette</li> </ul>

# Appendix C: Survey of Cities and Special Districts



In May 2025, a group of cities and special districts in Clackamas County were asked to complete a survey about how they would support mass care operations in the county. Thirteen cities and special districts responded. The findings include:

- Almost half (6) would conduct one or more of the following mass care operations as the lead response agency in Clackamas County: family reunification (4), distribution of emergency supplies (3), hydration (3), and feeding (1).
- Almost all (12) would support Clackamas County with one or more of the following mass care operations: distribution of emergency supplies (9), hydration (9), family reunification (6), feeding (4) and sheltering (3).
- When asked about the primary resources they could provide for the mass care operations they could lead/support, respondents mostly mentioned supplies (9), followed by staff (7). One respondent indicated they would provide services. The supplies mentioned were related to water treatment / distribution, feeding, transportation, lighting, barriers, communication (a mobile command bus), buildings and parking lots.
- Respondents noted that they would communicate with Clackamas County and other responding agencies by email and phone. Nine would also communicate via radio, and eight would send a representative to the Clackamas County Emergency Operations Center (EOC).
- Three respondents have transportation resources (e.g. vans, buses, including vehicles with lifts) that could support a mass care response.
- The challenges related to their ability to lead/support mass care operations include the difficulty in operating in a spread out rural area, limited supplies inventory, and limited staff.

# Appendix D: Clackamas County EOC Representative Checklist

## *Activation and Initial Actions*

- Report to the EOC Coordinator.
- 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 various branches and sections.
- Equip your workstation with necessary equipment and supplies and test functionality of all equipment.
- Obtain situation report(s), EOC Incident Action Plan, and/or receive briefings from EOC and/or field personnel.

## *Initial Operation 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 to 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 Support Annex 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 Support Annex 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.

# Appendix E: Forms

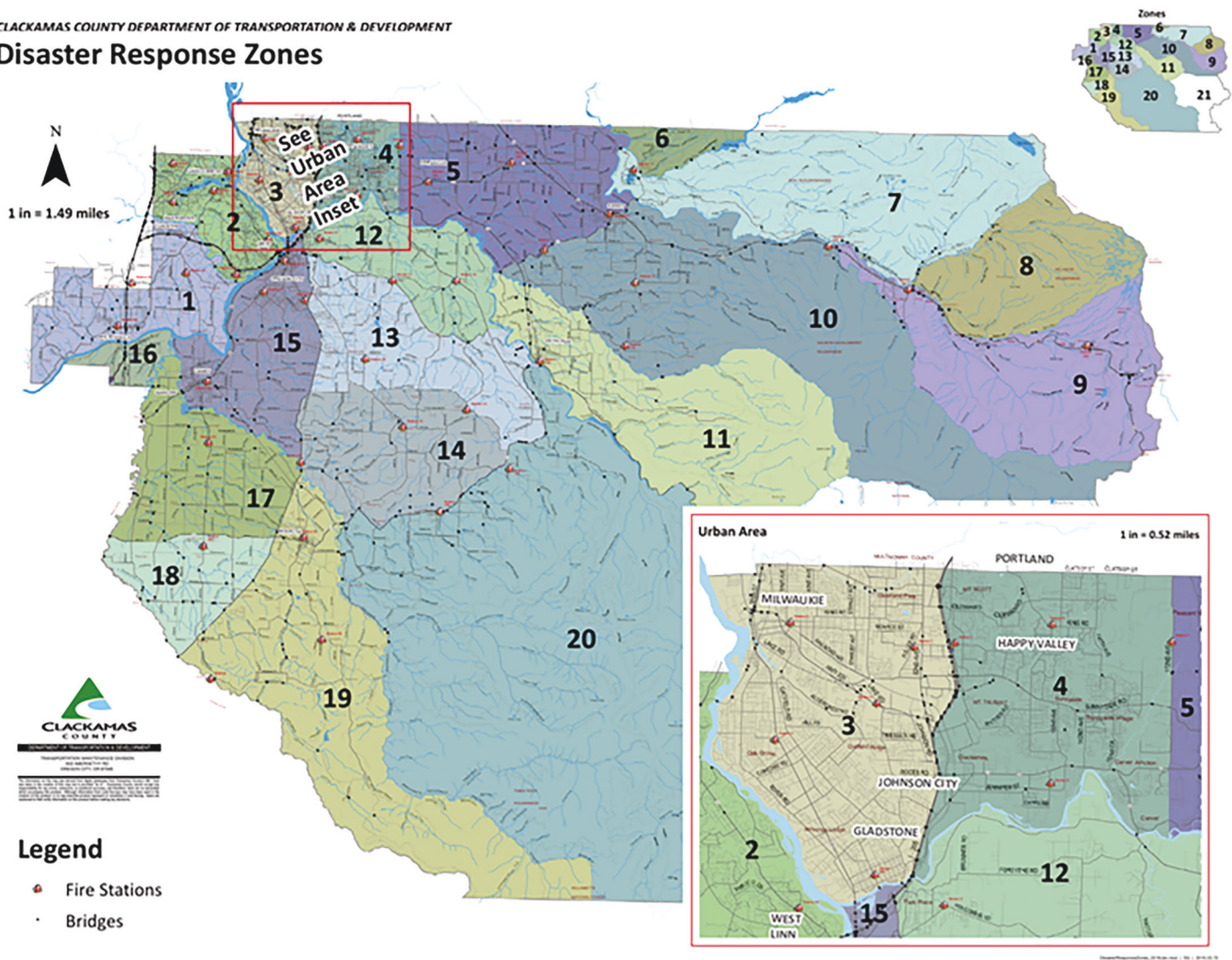
Shelter forms are available from the ARC as referenced in the *ARC Sheltering Handbook, Disaster Services*, May 2012, and from the Clackamas County EOC Library. The *ARC Sheltering Handbook* includes a variety of sheltering tools and resources including:

- *Daily Shelter Report*
- *Disaster Operations Control (Form 5266)*
- *Disaster Relief Operation Work Performance Evaluation*
- *Disaster Requisition (Form 6409)*
- *Downloadable Memorandum of Insurance*
- *DRO Member Registration*
- *DRO Staff Action Report*
- *Emergency Welfare Inquiry Form*
- *Facility/Shelter Opening and Closing Inspection*
- *Information Release*
- *Initial Intake and Assessment Tool*
- *Mass Care Procurement Card Authority*
- *Mass Care Procurement Card User Information Brochure and Register*
- *Mega Shelter MOU Template*
- *Resource Record (Form 6455)*
- *Safe and Well Registration Form (English, Spanish and Vietnamese)*
- *Shelter Agreement*
- *Shelter Agreement Instructions*
- *Shelter Disclosure Tracking Log*
- *Shelter Facility Survey*
- *Shelter Facility Survey Accessibility Instructions*
- *Shelter Inventory Form*
- *Shelter Log*
- *Shelter Media Sign-In/Sign-Out Form*

- *Shelter Registration Form (English)*
- *Shelter Registration Form (Spanish)*
- *Shelter Shift Inspection*
- *Shelter Staffing Template*
- *Staff Request*
- *Unaccompanied Minors Report Form*
- Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief
- Cot Cleaning instructions
- *Disaster Frontline Supervisor Handbook*
- *Disaster Public Affairs Activity Manual*
- Guidelines for Cooperating with Media Coverage
- Job Induction Checklist
- *Fundamental Principles of the International Red Cross and Red Crescent Network*
- *Mass Care Requirements and Resources*
- *Mass Care Standards and Indicators*
- *Mega-Shelter Planning Guide*
- Mission Statement of the ARC
- National Shelter System
- Overview of the Safe and Well Website
- Pilot Program for Mass Care Procurement Cards
- Safe and Well Brochure
- Safe and Well Wallet Cares (English)
- Safe and Well Wallet Cards (Spanish)
- Safe and Well Website
- Shelter Resident Information
- Shelter Supply Template
- Standards for Selecting Hurricane Evacuation Shelters (ARC 4496)
- Tips for Telling the Red Cross Story

# Appendix F: Disaster Response Zone Map

CLACKAMAS COUNTY DEPARTMENT OF TRANSPORTATION & DEVELOPMENT  
**Disaster Response Zones**



# Appendix G: References and Resources

## Websites and Internet Resources and References

- American Red Cross, Connecting Families
  - <https://www.redcross.org/about-us/our-work/international-services/reconnecting-families.html>
- American Red Cross, Disaster Mental Health
  - <https://www.redcross.org/about-us/our-work/disaster-relief/disaster-mental-health.html>
- American Red Cross, Food and Water in an Emergency, May 2006
  - [https://www.redcross.org/content/dam/redcross/atg/PDF\\_s/Preparedness\\_\\_Disaster\\_Recovery/Disaster\\_Preparedness/Food\\_Safety/Food\\_and\\_Water-English.revised\\_7-09.pdf?srsltid=AfmBOoqW1tFW4HalG5K3qHyLk0z85nom8ZVe04TB0v8p1dxoGKvvK6LJ](https://www.redcross.org/content/dam/redcross/atg/PDF_s/Preparedness__Disaster_Recovery/Disaster_Preparedness/Food_Safety/Food_and_Water-English.revised_7-09.pdf?srsltid=AfmBOoqW1tFW4HalG5K3qHyLk0z85nom8ZVe04TB0v8p1dxoGKvvK6LJ)
- American Red Cross, OneSource Intranet Login
  - <https://onesource.redcross.org/login?returnUrl=%2Fpage%2F2366>
- American Red Cross, Reunification Services Fact Sheet
  - <https://www.team-iha.org/getmedia/bf9246e2-0a70-4643-9442-876b665caed6/american-red-cross-reunification-services.pdf>
- American Red Cross, Reunification Standards and Procedures, Disaster Cycle Services, January 2017
  - <https://nationalmasscarestrategy.org/wp-content/uploads/2017/02/ReunificationStandardsandProcedures.pdf>
- California Emergency Support Function 6 Mass Care and Shelter, July 2022
  - [https://www.caloes.ca.gov/wp-content/uploads/Preparedness/Documents/CA-ESF-6-Mass-Care-and-Shelter-Annex\\_Final508.pdf](https://www.caloes.ca.gov/wp-content/uploads/Preparedness/Documents/CA-ESF-6-Mass-Care-and-Shelter-Annex_Final508.pdf)
- CPG 101 v3.0, 2021
  - [https://www.fema.gov/sites/default/files/documents/fema\\_cpg-101-v3-developing-maintaining-eops.pdf](https://www.fema.gov/sites/default/files/documents/fema_cpg-101-v3-developing-maintaining-eops.pdf)
- FEMA, Community Lifelines Implementation Toolkit (version 3.0), 2023
  - <https://www.fema.gov/emergency-managers/practitioners/lifelines>

- FEMA, Crisis Counseling Assistance and Training Program Guidance, March 2013
  - <https://dhhr.wv.gov/healthprep/programs/behavioralhealth/documents/fema%20ccp%20toolkit.pdf>
- FEMA, Distribution Management Plan 2.0, January 2022
  - [https://www.fema.gov/sites/default/files/documents/fema\\_distribution-management-plan-guide-2.0.pdf](https://www.fema.gov/sites/default/files/documents/fema_distribution-management-plan-guide-2.0.pdf)
- FEMA, ESF 6, June 2016
  - [https://www.fema.gov/sites/default/files/2020-07/fema\\_ESF\\_6\\_Mass-Care.pdf](https://www.fema.gov/sites/default/files/2020-07/fema_ESF_6_Mass-Care.pdf)
- FEMA, Mass Care/Emergency Assistance Pandemic Planning Considerations, June 2020
  - [https://www.fema.gov/sites/default/files/2020-06/mcea\\_pandemic\\_planning\\_considerations\\_guide.pdf](https://www.fema.gov/sites/default/files/2020-06/mcea_pandemic_planning_considerations_guide.pdf)
- FEMA, National Disaster Housing Strategy, January 2009
  - <https://www.fema.gov/pdf/emergency/disasterhousing/NDHS-core.pdf>
- FEMA, Planning Considerations for Disaster Housing, April 2025
  - [https://www.fema.gov/sites/default/files/documents/fema\\_npd\\_planning\\_considerations-disaster-housing\\_042025.pdf](https://www.fema.gov/sites/default/files/documents/fema_npd_planning_considerations-disaster-housing_042025.pdf)
- FEMA, DHHS, ARC, and National Center for Missing and Exploited Children, Post-Disaster Reunification of Children: A Nationwide Approach, November 2013
  - <https://www.nationalmasscarestrategy.org/wp-content/uploads/2014/07/post-disaster-reunification-of-children-a-nationwide-approach.pdf>
- FEMA, Reunification Support, June 2023
  - <https://www.fema.gov/fact-sheet/reunification-support>
- FEMA, Supply Chain Resilience, April 2019
  - <https://www.fema.gov/sites/default/files/2020-07/supply-chain-resilience-guide.pdf>
- Multi-Agency Reunification Services Plan Template, May 2015
  - [https://www.nationalmasscarestrategy.org/wp-content/uploads/2016/01/Multi-Agency\\_Reunification\\_Services\\_Plan\\_Template\\_508\\_final\\_v1.pdf](https://www.nationalmasscarestrategy.org/wp-content/uploads/2016/01/Multi-Agency_Reunification_Services_Plan_Template_508_final_v1.pdf)
- National Mass Care Strategy
  - <https://nationalmasscarestrategy.org/>
- National VOAD, Disaster Case Management & Mass Care Resources
  - <https://www.nvoad.org/>
- Oregon Emergency Operations Plan, ESF 6 Mass Care, February 2015
  - [https://www.oregon.gov/oem/Documents/2015\\_OR\\_EOP\\_ESF\\_06\\_mass\\_care.pdf](https://www.oregon.gov/oem/Documents/2015_OR_EOP_ESF_06_mass_care.pdf)
- Substance Abuse and Mental Health Services Administration (SAMHSA), Disaster Behavioral Health All-Hazards Planning Guidance, 2024
  - <https://library.samhsa.gov/sites/default/files/dbh-all-hazards-planning-pep24-01-031.pdf>
- SAMHSA, Disaster Behavioral Health Planners Resource Portal
  - <https://www.samhsa.gov/technical-assistance/dtac/disaster-planners>

- SAMHSA, Disaster Preparedness, Response, Recovery, and Mitigation
  - <https://www.samhsa.gov/mental-health/disaster-preparedness>
- SAMHSA, Disaster Technical Assistance Center and Disaster BH Resources
  - <https://www.samhsa.gov/technical-assistance/dtac/resources>
- U.S. Department of Health and Human Services, Family Reunification and Support, November 2022
  - <https://asprtracie.hhs.gov/technical-resources/64/Family-Reunification-and-Support/64#Agencies-and-Organizations>
- U.S. Department of Homeland Security, National Emergency Family Registry and Locator System (NEFRLS), July 2011
  - <https://www.dhs.gov/publication/dhsfemapia-014-national-emergency-family-registry-and-locator-system-nefrls>
- U.S. Department of Homeland Security, Blue Campaign
  - <https://www.dhs.gov/blue-campaign>
- Wilson Center, Privacy and Missing Persons After Natural Disasters, April 2013
  - <https://www.wilsoncenter.org/publication/privacy-and-missing-persons-after-natural-disasters>

The following plans and guidance documents were reviewed to inform plan content:

- ADA Best Practices Tool Kit for State and Local Governments Chap 7 Addendum 2, The ADA and Emergency Shelters: Access for All in Emergencies and Disasters
- ADA Checklist for Emergency Shelters
- ARC Shelter Facility Owner Pre-Survey Form
- Autism and Intellectual Disabilities in Pennsylvania - Emergency Preparedness Shelter Toolkits
- Clackamas County Community Wildfire Protection Plan
- Clackamas County COVID-19 AAR
- Clackamas County Demographics and Stats
- Clackamas County Disaster Shelter Management Handbook SOPs
- Clackamas County Disaster Shelter Plan Draft Feb 2016
- Clackamas County EOP
- Clackamas County EOP - ESF 6
- Columbia County Mass Care and Sheltering AAR
- Columbia County Mass Care and Sheltering Plan
- Community Planning for Disaster Recovery AWR-356 Resources and Links
- Disaster Response Zones
- Draft Emergency Shelter Evacuation List for People with Medical Needs
- Environmental Health Assessment Form for Disaster Shelters

- Environmental Health Assessment Form for Disaster Shelters Guide
- EOP Community Profile
- FEMA's Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters
- General Shelter Facility Disaster Form/Survey
- Oregon Geriatrics Workforce Enhancement Program (GWEP) and Age-Friendly Disaster Planning
- Shelter Operations Training
- Support Annex 5: Disaster Sheltering

# Appendix H: Policies, Agreements, and Authorities



## Policies and Agreements

- All appropriate governmental and volunteer agency resources will be used as available.
- All services will be provided without regard to economic status or racial, religious, political, ethnic, or other affiliation.
- Intra-County Mutual Aid Agreement (Omnibus Agreement)
- Oregon Disaster Housing Strategy (2012) establishes an Oregon Disaster Housing Task Force to provide a full-time, multi-agency focus on disaster housing related issues. The purpose of the Task Force and Strategy is to prepare the state to quickly and effectively meet the housing needs of individuals and families in the aftermath of disasters when local resources are inadequate and need to be supplemented by assistance from the state or federal government.
- State governments have the primary responsibility for assisting local governments in responding to and recovering from disasters.
- Tracking of displaced citizens will be accomplished by the American Red Cross Disaster Welfare Inquiry procedures.

## Authorities

### 21st Century Communications and Video Accessibility Act

Increases the access of people with disabilities to modern communications, such as new digital, broadband, and mobile innovations.

### Civil Rights Act of 1964 Title VI

Outlaws discrimination based on race, color, sex religion, age, disability, economic status, English proficiency, or national origin.

## Executive Order 13347 Individuals with Disabilities in Emergency Preparedness

Section 1. Policy. To ensure that the Federal Government appropriately supports safety and security for individuals with disabilities in situations involving disasters, including earthquakes, tornadoes, fires, floods, hurricanes, and acts of terrorism, it shall be the policy of the United States that executive departments and agencies of the Federal Government (agencies):

- consider, in their emergency preparedness planning, the unique needs of agency employees with disabilities and individuals with disabilities whom the agency serves;
- encourage, including through the provision of technical assistance, as appropriate, consideration of the unique needs of employees and individuals with disabilities served by State, local, and tribal governments and private organizations and individuals in emergency preparedness planning; and
- facilitate cooperation among Federal, State, local, and tribal governments and private organizations and individuals in the implementation of emergency preparedness plans as they relate to individuals with disabilities.

Section 2. Establishment of Council. (a) There is hereby established, within the Department of Homeland Security for administrative purposes, the interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (the "Council").

## Oregon Revised Statute (ORS) 401.355 (Temporary Housing for Disaster Victims)

Authorizes any subdivision of the State of Oregon to provide and/or acquire temporary housing for residents affected by disaster.

## ORS 401.977 (Animal Emergency Operations Plan)

Requires the Department of Agriculture and local governments to include provisions for the evacuation, transport, and temporary sheltering of domestic and service animals in their disaster or emergency plan.

## ORS Chapter 659A

Outlaws discrimination based on race, color, national origin, sex, religion, age, veteran status, physical or mental disability, gender identity, sexual orientation, marital status, familial status, or source of income.

Pets Evacuation and Transportation Standards Act of 2006 (H.R. 3858) Requires states seeking FEMA assistance to accommodate pets and service animals in their plans for evacuating residents during times of disaster and requires FEMA to ensure that state and local emergency preparedness operational plans address the needs of individuals with household pets and service animals prior to, during, and following a major disaster or emergency.

## Post-Katrina Emergency Management Reform Act of 2006

Requires the development of a National Disaster Housing Strategy in coordination with key housing stakeholders to develop, coordinate, and maintain the Strategy.

## Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended (“the Stafford Act,” 42 U.S.C. 5121, et seq.)

- Gives FEMA the authority as the lead organization in the national effort to prepare for, respond to, recover from, and mitigate against disasters. FEMA works with its partners to coordinate Federal sheltering assistance through ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services. Under this Strategy, FEMA and the Department of Housing and Urban Development partner to provide Federal interim housing assistance, each bringing its expertise and experience to bear.
- Under the Stafford Act and the National Response Framework, FEMA is responsible for coordinating Federal assistance to states in times of disaster through ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services. FEMA, in coordination with key partners, including the American Red Cross (ARC), the Department of Health and Human Services (HHS), and the U.S. Army Corps of Engineers (USACE), coordinates activities at both federal and state levels, supports shelter planning efforts, maintains and enhances response capabilities, and provides critical support during catastrophic incidents.
- Establishes a National Disaster Housing Task Force to provide a full-time, multi-agency focus on disaster housing related issues.

## Section 504 of the Rehabilitation Act

Prohibits discrimination against people with disabilities by any recipients of federal funding.

## Title II and Title III of the American with Disabilities Act

Ensures the provision of equal services for people with disabilities.

## ORS 401.052 (State governments primary responsibility for assisting local governments)

Designates the Oregon Department of Emergency Management (OEM) with an overarching role in disasters, including coordinating and facilitating private sector and governmental efforts to prevent, prepare for, respond to, and recover from emergencies; coordinating exercises, training, planning, preparedness, response, mitigation, and recovery activities with state and local emergency services agencies and organizations; and preparing and maintaining a comprehensive statewide emergency plan.

# Appendix I: Acronyms



- **ADA:** Americans with Disabilities Act
- **ADL:** Activities of Daily Living
- **ARC:** American Red Cross
- **ASL:** American Sign Language
- **CCDM:** Clackamas County Disaster Management
- **CCVOAD:** Clackamas County Voluntary Organizations Active in Disaster
- **CMIST:** Communication, Maintaining Health, Independence, Support, Safety, and Self-Determination, and Transportation
- **CPOD:** Commodity Point of Dispensing
- **DAFN:** Disabilities and Other Access and Functional Needs
- **DOC:** Department Operations Center
- **DTD:** Clackamas County Department of Transportation Development
- **EOC:** Emergency Operations Center
- **ESF:** Emergency Support Function
- **EOP:** Emergency Operations Plan
- **FEMA:** Federal Emergency Management Agency
- **H3S:** Clackamas County Health, Housing, and Human Services
- **JIS:** Joint Information System
- **LEP:** Limited English Proficiency
- **MOU:** Memorandum of Understanding
- **NGO:** Non-Governmental Organization
- **ODHS:** Oregon Department of Health Services
- **OEM:** Oregon Department of Emergency Management
- **OREM:** Office of Resilience and Emergency Management
- **ORVOAD:** Oregon Voluntary Organizations Active in Disaster
- **PAS:** Personal Assistance Services
- **PIO:** Public Information Officer
- **RDPO:** Regional Disaster Preparedness Organization
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **TTY/TDD:** Teletypewriter/Telecommunications Device for the Deaf

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