Multnomah County Oregon

Board of Commissioners & Agenda

connecting citizens with information and services

BOARD OF COMMISSIONERS

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FEBRUARY 5 & 7, 2008 BOARD MEETINGS
FASTLOOK AGENDA ITEMS OF INTEREST

Pg 2	9:00 a.m. Tuesday Executive Session
Pg 2	10:00 a.m. Tuesday Work Session to Review Chair's Priorities
Pg 4	9:40 a.m. Thursday Second Reading of an Ordinance to Establish Special Bridge Lighting Permit Program and Fees
Pg 4	9:41 a.m. Thursday Resolution in Support of Memorandum of Understanding Between Chair Ted Wheeler and Sheriff Bernie Giusto
Pg 4	10:00 a.m. Thursday Budget Modification MCSO-07 Appropriating $835,000 to Continue to Operate 57 Jail Beds at the County Detention Center
Pg 4	10:40 a.m. Thursday African American Sexual Health Disparities - Culturally Specific Approaches to Achieve Health Equity and Proclaiming February 7, 2008 National Black HIV/AIDS Awareness Day

Thursday meetings of the Multnomah County Board of Commissioners are cable-cast live and taped and may be seen by Cable subscribers in Multnomah County at the following times:
Thursday, 9:30 AM, (LIVE) Channel 30
Saturday, 10:00 AM, Channel 29
Sunday, 11:00 AM, Channel 30
Tuesday, 8:15 PM, Channel 29
Produced through MetroEast Community Media
(503) 667-8848, ext. 332 for further info
or: http://www.metroeast.org

Tuesday, February 5, 2008 - **7:30 AM to 9:00 AM**
Multnomah Building, Third Floor Conference Room 315
501 SE Hawthorne Boulevard, Portland

LOCAL PUBLIC SAFETY COORDINATING COUNCIL EXECUTIVE COMMITTEE MEETING

A quorum or more of the Multnomah County Board of Commissioners may attend the Local Public Safety Coordinating Council Executive Committee meeting. This meeting is open to the public. For further information contact Carol Wessinger at (503) 988-5217.

Tuesday, February 5, 2008 - **9:00 AM**
Multnomah Building, Sixth Floor Commissioners Conference Room 635
501 SE Hawthorne Boulevard, Portland

EXECUTIVE SESSION

E-1 The Multnomah County Board of Commissioners will meet in Executive Session Pursuant to ORS 192.660(2)(d),(e) and/or (h). Only Representatives of the News Media and Designated Staff are allowed to attend. News Media and All Other Attendees are Specifically Directed Not to Disclose Information that is the Subject of the Session. No Final Decision will be made in the Session. Presented by County Attorney Agnes Sowle. 15-55 MINUTES REQUESTED.

Tuesday, February 5, 2008 - **10:00 AM**
Multnomah Building, First Floor Commissioners Boardroom 100
501 SE Hawthorne Boulevard, Portland

WORK SESSION

WS-1 Work Session to Review Chair's Priorities. Chair Ted Wheeler and Assigned Staff. 90 MINUTES REQUESTED.

REGULAR MEETING

CONSENT CALENDAR - 9:30 AM
DEPARTMENT OF COMMUNITY SERVICES

C-1   RESOLUTION Authorizing the Private Sale of a Tax Foreclosed Property to BARBARA J RIVERS

C-2   Amendment 3 to Intergovernmental Revenue Agreement 0110972 with the Oregon Department of Transportation for the Morrison Bridge Ped/Bike Access Project

REGULAR AGENDA
PUBLIC COMMENT - 9:30 AM

Opportunity for Public Comment on non-agenda matters.   Testimony is limited to three minutes per person. Fill out a speaker form available in the Boardroom and turn it into the Board Clerk.

DEPARTMENT OF COUNTY MANAGEMENT – 9:30 AM

R-1   RESOLUTION Approving Renewal of Permit A-70 to New Song Church of Portland for Non Exclusive Use of 39 Regular and 2 Handicap Parking Spaces at Library Administration Service Center Parking Lot, 205 NE Russell, Portland, Oregon

DEPARTMENT OF COUNTY HUMAN SERVICES – 9:35 AM

R-2   NOTICE OF INTENT to Apply for $250,000 of Department of Justice-Safe Havens Supervised Visitation Safe Exchange Funding for Continued Support of Supervised Visitation Services for Victims/Batters and their Children

R-3   NOTICE OF INTENT to Apply for a $250,000 Department of Justice-Office on Violence Against Women Transitional Housing Assistance Grant

NON-DEPARTMENTAL - 9:40 AM

R-4 Second Reading and Possible Adoption of an ORDINANCE Amending MCC Chapter 29 to Establish Special Bridge Lighting Permit Program and Fees

R-5 RESOLUTION in Support of Memorandum of Understanding Between Chair Ted Wheeler and Sheriff Bernie Giusto

SHERIFF'S OFFICE - 10:00 AM

R-6 Budget Modification MCSO-07 Appropriating $835,000 General Fund Contingency to Continue to Operate 57 Jail Beds at the Multnomah County Detention Center from February 1 through June 30, 2008 [Rescheduled from January 31, 2008]

DEPARTMENT OF HEALTH - 10:30 AM

R-7 Budget Modification HD-24 Appropriating $89,344 in Revenue from the State of Oregon, Department of Human Services, Public Health Services

R-8 Budget Modification HD-27 Appropriating $82,238 in Additional Revenue to Support the Health Department's Participation in "An Enhanced Nurse Home Visitation Program to Prevent Intimate Partner Violence"

R-9 Briefing on African American Sexual Health Disparities - Culturally Specific Approaches to Achieve Health Equity and PROCLAMATION Proclaiming February 7, 2008, as "National Black HIV/AIDS Awareness Day" in Multnomah County, Oregon

BOARD COMMENT

Opportunity (as time allows) for Commissioners to provide informational comments to Board and public on non-agenda items of interest or to discuss legislative issues.

Commissioner Jeff Cogen, District 2

MULTNOMAH COUNTY OREGON

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Portland, Oregon 97214
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district2@co.multnomah.or.us

MEMORANDUM

TO: Chair Ted Wheeler
        Commissioner Maria Rojo de Steffey
        Commissioner Lisa Naito
        Commissioner Lonnie Roberts
        Clerk of the Board Deb Bogstad

FROM: Marissa Madrigal
        Chief of Staff to Commissioner Jeff Cogen

DATE: 2/4/2008

RE: Board Meeting Excused Absences

Commissioner Cogen will be unable to attend the Tuesday, February 5th 2008 Executive Session and Board Briefing.

Tuesday, February 5, 2008
7:15am Coffee
7:30am to 9:00am
Multnomah Building
501 SE Hawthorne Blvd
Room 315

Introductions & Announcements	5 minutes

Approve October 2 & November 6 minutes
LPSCC Structure – Commissioner Naito

Racial Over-Representation	5 minutes
in the Criminal Justice System	

Judy Shiprack – LPSCC Legislative Policy Director

Honoring the Service of Judge Dale Koch	10 minutes

Commissioner Lisa Naito

Court Appearance Notification System (CANS)

Expansion & Update	10 minutes

Matthew O'Keefe – Program Manager

Multnomah County Update

Public Safety Planning	10 minutes

Chair Ted Wheeler

Courthouse Update	10 minutes

Mark Pengilly, JD – Project Consultant

Legislature/AOC Report	40 minutes

    District Attorney – Mike Schrunk
    Sheriff's Office – Sheriff Bernie Giusto
    Metropolitan Public Defenders – Jim Hennings
    Department of Community Justice – Scott Taylor
    Department of County Human Services – Joanne Fuller
    AOC – Commissioner Lisa Naito
    Governor's Efficiency Council – Representative Chip Shields
    Governor's Re-Entry Council – Judy Shiprack
    Update of Initiative 40 &
        Senator Prozanski's Alternative proposal

NEXT MEETING
Tuesday, March 4, 2008

Serving
Public
Safety
Agencies in
Multnomah
County

MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Agenda Title: Executive Session Pursuant to ORS 192.660(2)(d),(e)and/or(h)

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date:	February 5, 2008	**Amount of Time Needed:**	15-55 minutes
Department:	Non-Departmental	**Division:**	County Attorney
Contact(s):	Agnes Sowle		
Phone:	503 988-3138 **Ext.** 83138	**I/O Address:**	503/500
Presenter(s):	Agnes Sowle and Invited Others		

General Information

1. **What action are you requesting from the Board?**

   No final decision will be made in the Executive Session.

2. **Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

   Only representatives of the news media and designated staff are allowed to attend. Representatives of the news media and all other attendees are specifically directed not to disclose information that is the subject of the Executive Session.

3. **Explain the fiscal impact (current year and ongoing).**

4. **Explain any legal and/or policy issues involved.**

   ORS 192.660(2)(d),(e)and/or(h)

5. **Explain any citizen and/or other government participation that has or will take place.**

Required Signature

Elected Official or Department/ Agency Director: *[signature]*   **Date:** 01/24/08

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MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST (short form)

Agenda Title: Work Session to Review Chair's Priorities

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title.

Requested Meeting Date:	February 5, 2008	**Amount of Time Needed:**	90 minutes
Department:	Non-Departmental	**Division:**	Chair's Office
Contact(s):	Bill Farver; Barbara Willer		
Phone:	503 988-5066 Ext. 85066	**I/O Address:**	503/600
Presenter(s):	Chair; Assigned Staff		

General Information

1. **What action are you requesting from the Board?**

   Review and discussion of the priorities identified by the Chair in the areas of funding, county initiatives, and internal management.

2. **Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

   The Chair has identified his top priorities for the 2007-08 fiscal year, after conversations with Board members, Department Managers and Elected officials, and staff. The Chair is updating the Board periodically on progress on those priorities and seek their ideas, involvement, and support. Many are or could be done jointly with other Board members and most have already been before the Board for discussion, but all would benefit from more regular check-ins regarding progress made and obstacles encountered.

3. **Explain the fiscal impact (current year and ongoing).**

   The fiscal, legal, policy, and citizen and government involvement are unique to each issue and will be discussed individually at the work session, as applicable.

4. **Explain any legal and/or policy issues involved.**

   See above.

5. Explain any citizen and/or other government participation that has or will take place.

See above.

Required Signature

Elected Official or
Department/
Agency Director: *TED WHEELER*   Date: 01/30/08

1-26 CHAIR'S PRIORITIES REPORTED TO BOARD

On October 2, October 30, 2007, and January 8, 2008, the Chair and his staff presented updates on the Chair's priorities to the Board of County Commissioners. These priorities were developed in conversations with the Board, Department Managers and Chair's staff. This list does not include every issue that we are concerned about, but represents where the Chair is focusing his energy. On February 5, starting at 10 am, we will hold the fourth of these informational sessions.

FUNDING ISSUES

ISSUE	GOAL	STAFF Internal/Chair's office
Wapato Jail and Public Safety levy	Pursue highest and best use of facility. Finish Public Safety Planning Process; develop potential Public Safety Levy for November, 2008. Explore all options including partnership with neighboring counties and State of Oregon for use as re-entry facility and local use for general population and treatment.	**Feb. 5** Scott Taylor Christine Kirk October 2 Bill Farver
Sellwood Bridge/ Bridge Funding	Obtain local match funding for federal funding for replacement span; complete current planning process to obtain agreement on span. Develop plan to ask for voter support for increase in vehicle registration fee dedicated to bridge maintenance and replacement. Eventually, pursue bridge authority with consultant's help; obtain funding for bridge and transportation maintenance needs through cooperative work with City of Portland, other local jurisdictions, Metro, State and federal governments.	**January 24 briefing** **Feb. 12 potential** **Board action** Cecilia Johnson October 2 Transportation issues in general October 30 Barbara Willer
Courthouse	Develop plan for new Courthouse for proposal to State Legislature and possible GO Bond; plan on request to voters in 2009 or 2010.	Doug Butler October 2 Bill Farver

INITIATIVES

ISSUE	GOAL	STAFF
Root Causes of Inequities in Health and Juvenile	Reduce inequities in health outcomes in our community and overrepresentation of minorities in the County Juvenile Justice Division. Engage both a cross-county workgroup and community partners in assisting to address the root causes of inequities. Explain upcoming community conversation focusing on "Unnatural Causes", a seven part documentary.	**Feb. 5** Lillian Shirley Tricia Tillman October 30 Lolenzo Poe
Citizen Engagement Plan	Develop a plan that increases the level of appropriate citizen engagement in County policy and practice, and that: 1) Defines and establishes guiding principles for community engagement across the County (using best practice models for like jurisdictions) and 2) Identifies the collaborative roles and processes for community engagement for Community Involvement Committee (CIC), Office of Citizen Involvement	**Feb. 5** Hector Roche October 2 Lolenzo Poe

	(OCI), Public Affairs Office (PAO), County Departments, and other identified key stakeholders	
Emergency Management	Clarify role of Multnomah County in regional emergency management efforts; develop stronger internal county response plan. .	Feb. 5 George Whitney
State Tax Reform	Develop proposals with AOC for next legislative session (and beyond) to advance progressive state tax reform and moderate property tax limitation.	Rhys Scholes October 2
Library Funding	Consider future funding alternatives to library serial levies that offer permanent, adequate, stable funding for County library system.	Molly Raphael October 2 Rhys Scholes
Vital Aging Task Force	Develop options for County workers who are nearing retirement to retain their expertise. Create opportunities for older adults to contribute in community and workforce.	Jay Bloom January 8 March 20 Lolenzo Poe
East County Justice Center	Select site and open facility; insure that vision of closer coordination of East county and Sheriff's office law enforcement efforts is realized.	Feb. 5 Doug Butler October 2 January 26 approve construction Bill Farver
Reducing Poverty	Create better inter-jurisdictional partnerships to align housing, services and workforce systems for improving services to low-income families and adults. Implement more strategies under Goal 3 of the Anti-poverty framework and reduce the number of families living in poverty. Explore options for employment in "green" economy sector and with Worksystems Inc.	Feb. 5 Mary Li Wendy Lebow February Lolenzo Poe
SUN	Develop multi jurisdictional partnerships to solidify and expand service delivery to school students.	Joanne Fuller January 8 Lolenzo Poe

INTERNAL MANAGEMENT

ISSUE	GOAL	STAFF Internal/Chair's office
Community Access to County Services	Phone System: All callers to the County have an option of hitting zero and speaking to a person. All people answering phones in the County are able to assist callers with correct information or refer them directly to the person who can assist them. County Website: Useful tool for citizens accessing County government; capacity to continually update information.	Carol Ford January 8 Johnell Bell Jana McLellan
Budget Process	Agreed upon process to reduce deficit over several years. Emphasize more intense work on fewer issues.	Karyne Dargan (individual Board briefings) Bill Farver
Inclusiveness in Hiring/ Promotion Practices	Identify issues and develop practices that lead to greater inclusiveness in county hiring, retention and promotional practices. Share Departmental approaches and get direction from Chair's office.	Travis Graves January 8 March Bill Farver Lolenzo Poe

Ted Wheeler, Multnomah County Chair

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Portland, Oregon 97214
Phone: (503) 988-3308
Email: mult.chair@co.multnomah.or.us

Board of County Commissioners
Board Briefing on Chair's Initiatives
February 5th, 2008

Agenda

10:00 – 10:15	Root Causes of Inequities in Health and Juvenile	Lillian Shirley Tricia Tillman
10:15 – 10:25	Emergency Management	George Whitney
10:25 – 10:45	Courthouse and East County Justice Center	Doug Butler
10:45	Wapato Jail update	Sheriff Bernie Giusto Scott Taylor

MULTNOMAH COUNTY OREGON

County Leadership:

Ted Wheeler,
 County Chair
Lolenzo Poe
Lillian Shirley

Initiative Staff:

Bruce Bliatout
Cyreena Boston
Loreen Nichols
Mia Ramirez
Wendy Rankin
Angie Thompson
Tricia Tillman

Countywide Coordinating Team members:

Ben Duncan
Carol Ford
Chocka Guiden
Cecelia Johnson
Hector Roche
Mary Shortall
Leila Wrathall

Health Department Coordinating Team members:

LaRisha Baker
Ben Duncan
Sandy Johnson
Julie Maher
Marco Reyes
Noelle Wiggins

Putting Health Equity on the Civic Agenda

Health Equity is more than Health Care

Work, wealth, neighborhood conditions and lack of access to power and resources can actually get under our skin and disrupt human biology as surely and germs and viruses.

And it's not just poor who are sick – at each descending rung of the socio-economic ladder, people tend to be sicker and die sooner.

At every level, many communities of color are worse off than their white counterparts.

As a nation, the United States spends over 2 trillion dollars on health care - more than any other nation. Are we getting our money's worth?

What is the Health Equity Initiative?

This is a multi-year strategy that involves community engagement, assessment, and policy development to achieve 3 goals:

1. To create a common understanding of the societal causes of and solutions to health disparities;
2. To raise the visibility of current efforts to eliminate health disparities
3. To engage community members to advocate for policy solutions and practice improvements to promote health equity.

Community Dialogues coming Soon to your Neighborhood!

Starting in March, Multnomah County will be one of several communities across the country to feature the documentary **Unnatural Causes: Is Inequality Making Us Sick** in a series of public screenings.

Unnatural Causes, a seven-part documentary, is shaking up our understanding of what really makes us healthy or sick.

We invite you to join us in dialogues with community members, community based organizations, civic and business leaders, and local elected officials, to discuss the root causes of health inequities as well as long-term solutions.

Community Dialogues are currently scheduled at the following sites:

Downtown Library
Gresham Library
Midland Library
Northwest Library
Oregon Health and Science University
PCC Cascade Campus
New Columbia Education Center

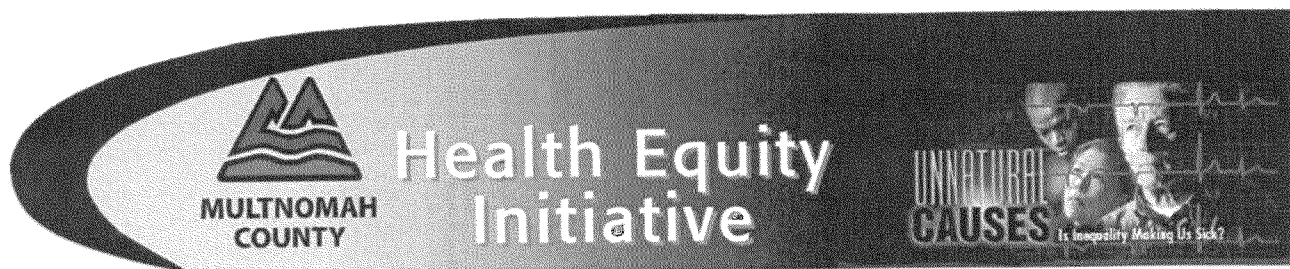Dates, times, and additional neighborhood locations will be listed soon at www.mchealth.org

Calling all Facilitators!

The **Multnomah County Health Equity Initiative** is recruiting facilitators to assist in our effort to engage community members in dialogues of the documentary series, *Unnatural Causes: Is Inequality Making Us Sick?* (www.unnaturalcauses.org).

- We are looking for a diversity of facilitators, with different cultural, educational and professional backgrounds.
- Facilitators should be able to commit to between 2 and 5 screenings (approximately 3 hours/screening).
- Training materials, discussion guide, and data collection tools **will be provided.**
- Facilitator trainings will occur in February.

If you are interested, or for more information, please contact:
Angie Thompson 503-988-3663 x24553
angie.thompson@co.multnomah.or.us

Community Screenings and Dialogues

Join Multnomah County and learn how your health is more than health care or personal choice.
For more information about the Health Equity Initiative visit www.mchealth.org

In Sickness and In Wealth

As a nation, the United States spends over 2 trillion dollars on health care. Are we getting our money's worth? Even though we spend the most money for health care than any other country, the United States ranks 29th in life expectancy. This is lower than industrialized nations who spend less. How is this possible? Find out how....

Wednesday, February 13, 2008	2:00 p.m.	Oregon Health Sciences University, School of Nursing
Sunday, March 2, 2008	2:00 p.m.	Gresham Library
Monday, March 3, 2008	12:00 p.m.	Central Library
Saturday, March 8, 2008	1:00 p.m.	Portland Community College-Cascade
Monday, March 10, 2008	5:30 p.m.	Midland Library
Saturday, March 29, 2008	12:00 p.m.	New Columbia Education Ctr.

Place Matters

Health is more than health care. Where we live, work and play impacts health. The food we eat and the stress we endure contribute to our health. How can investments in education and neighborhoods improve the health of our whole community? Find out how...

Sunday, March 9, 2008	2:00 p.m.	Gresham Library
Monday, March 10, 2008	12:00 p.m.	Central Library
Monday, March 17, 2008	5:30 p.m.	Midland Library
Saturday, March 22, 2008	1:00 p.m.	Portland Community College-Cascade
Wednesday, April 2, 2008	6:30 p.m.	Northwest Library
Saturday, April 19, 2008	12:00 p.m.	New Columbia Education Ctr.

Becoming American

For many people, the United States is the land of opportunity. As a nation of immigrants, why do we see other countries with better health status? Why do recent immigrants have better health outcomes? What can we learn about health by looking beyond our borders? Find out how...

Sunday, March 16, 2008	2:00 p.m.	Gresham Library
Monday, March 17, 2008	12:00 p.m.	Central Library
Monday, March 24, 2008	5:30 p.m.	Midland Library

Multnomah County Health Equity Initiative
Community Screenings and Dialogues

Join Multnomah County in learning how your health is more than health care or personal choice. For more information about the Health Equity Initiative visit www.mchealth.org

When the Bough Breaks

Did you know African American women with college degrees are still at higher risk for poor birth outcomes than white women with high school diplomas? Since genetics is not the issue, what could account for the differences we see in different racial groups? Is it possible that racism affects our health? Find out how....

Sunday, March 23, 2008	2:00 p.m.	Gresham Library
Monday, March 24, 2008	12:00 p.m.	Central Library
Monday, March 31, 2008	5:30 p.m.	Midland Library
Saturday, April 12, 2008	1:00 p.m.	Portland Community College-Cascade *(tentative)*
Saturday, May 3, 2008	12:00 p.m.	New Columbia Education Ctr.

Bad Sugar

How many people do you know with diabetes? Is it easy for you to eat fresh fruit and vegetables each day? Political decisions about food can make it easier or harder for you to eat healthy and manage or prevent diabetes. Find out how....

Sunday, March 30, 2008	2:00 p.m.	Gresham Library
Monday, March 31, 2008	12:00 p.m.	Central Library
Monday, April 7, 2008	5:30 p.m.	Midland Library
Saturday, April 26, 2008	1:00 p.m.	Portland Community College-Cascade *(tentative)*
Saturday, May 17, 2008	12:00 p.m.	New Columbia Education Ctr.

Not Just a Paycheck

In many towns, layoffs and unemployment can be devastating to the economy. It can also impact health – increasing the town's blood pressure and violence. Did you know your job or lack of a job can impact your health? Did you know it doesn't have to? Find out how...

Sunday, April 6, 2008	2:00 p.m.	Gresham Library
Monday, April 7, 2008	12:00 p.m.	Central Library
Monday, April 14, 2008	5:30 p.m.	Midland Library

Collateral Damage

Economics and military operations have international impact – in some cases this means displacing populations from their traditional way of life. How do our interactions around the globe affect the health of people now living in the United States? How does a legacy of poverty and powerlessness take a toll on our bodies? Find out how...

Sunday, April 13, 2008	2:00 p.m.	Gresham Library
Monday, April 14, 2008	12:00 p.m.	Central Library
Monday, April 21, 2008	5:30 p.m.	Midland Library

EMAP Standard

September 2007

Publication Note

The *Emergency Management Standard by EMAP* is designed as a tool for continuous improvement as part of a voluntary accreditation process for local and state emergency management programs. The Emergency Management Accreditation Program (EMAP) makes no representation or guarantee as to the efficacy of any program as a result of use of or compliance with the standards contained herein. EMAP makes no guaranty or warranty as to the completeness of information in this document, and EMAP expressly disclaims liability for any personal injury or damages of any nature resulting from the publication, use of, or reliance on this document. Standard language has been developed through a series of collaborative workshops and committee and commission meetings.

The *Emergency Management Standard by EMAP* is reviewed on a three-year review cycle. For more information on the standards review cycle and when public comment periods are open, please see the appendix or the EMAP web site at *www.emaponline.org*.

Emergency Management Standard

Table of Contents

Foreword

When work on the Emergency Management Accreditation Program (EMAP) began in 1997, no one could have foreseen the importance of establishing sound emergency management standards for use throughout the nation. Because of concerns about terrorism, pandemic flu, and catastrophic natural disasters, the nation's leaders and citizens now acknowledge a need to quickly and effectively strengthen disaster response capabilities at the local, tribal, regional, state and national level.

This document, the *Emergency Management Standard by EMAP*, is a scalable yet rigorous national standard for state/territorial, local, regional and tribal government emergency management programs. It was collaboratively developed in a series of working groups of emergency management stakeholders from government, business and other sectors, and continues to evolve to represent the best in emergency management for the public sector.

Several key aspects of emergency preparedness and response that have received heightened attention since the terrorist attacks of September 11, 2001 and recent hurricane impacts are addressed within the standards. Also, key terminology is addressed and when a word is not specifically defined in the definitions, the common terminology applies.

This edition of the standards incorporates revisions recommended to the EMAP Commission by the Technical Committee, based on public comments and proposals as well as user and assessor input. Revisions include moving planning elements into the corresponding standard chapters, incorporation of a requirement for a communications plan, prevention and security standards section, etc.

The *Emergency Management Standard* will continue to evolve as new threats as well as improved practices and solutions for prevention, preparedness, mitigation, response and recovery emerge. Collaboration of all stakeholders is desired and encouraged by the EMAP Commission to keep the standard up to date as a standard of excellence in government emergency management programs. Comments and inquiries may be directed to EMAP, P.O. Box 11910, Lexington, KY 40578 or via e-mail to *EMAP@csg.org*. Information about EMAP procedures and governance can be found in the *Accreditation Process Guide* and the *Candidate's Guide to Accreditation*.

EMAP, as an independent non-profit organization, fosters excellence and accountability in emergency management and homeland security programs by establishing credible standards applied in a peer review accreditation process.

Emergency Management Standard

Chapter 1: Administration

1.1: Scope
The Emergency Management Standard applies to state, territorial, regional, local or tribal government emergency management programs (hereinafter called "program") seeking accreditation.

1.2: Purpose
The Emergency Management Standard establishes the minimum acceptable performance criteria for an emergency management program and intends that the standard be fair and equitable for all who choose to adopt it.

1.3: Application
This document applies to those programs seeking EMAP accreditation and to those jurisdictions wishing to use a recognized standard for self-assessment of their emergency management program.

Chapter 2: Definitions

2.1 Applicant. A governmental program that seeks to fulfill the requirements for accreditation of its emergency management program and has submitted an accreditation application.

2.2 Continuity of Government. Capability to ensure survivability of constitutional and democratic government and the continuity of essential government functions.

2.3 Continuity of Operations. Capability to continue essential program functions and to preserve essential facilities, equipment and records across a broad range of potential emergencies.

2.4 Disaster. A severe or prolonged incident which threatens life, property, environment or critical systems.

2.5 Emergency. An incident, natural or human caused, that requires responsive actions to protect life, property, environment, or critical systems.

2.6 Emergency Management Program. A jurisdiction-wide system that provides for management and coordination of prevention, mitigation, preparedness, response and recovery activities for all hazards. The system encompasses all organizations, agencies, departments, entities and individuals responsible for emergency management and homeland security functions.

2.7 Essential Program Functions. Activities that enable an agency, department, or organization, on behalf of the jurisdiction, to carry out emergency response actions, provide vital services, protect the safety and well-being of the community/jurisdiction, and maintain the economic base of the community/jurisdiction.

2.8 Hazard. Something that has the potential to be the primary cause of an incident.

2.9 Human-caused. Incidents caused by human activity, which include but are not limited to chemical, biological, radiological, nuclear, explosive and technological, including cyber, hazards, whether accidental or intentional.

2.10 Incident. An occurrence, natural or human-caused, that requires action by the emergency management program.

2.11 Incident Management System. An incident management system is formalized and institutionalized and addresses the principles of command and basic functions of planning, operations, logistics, finance and administration. An incident management system is modular, scalable, interactive and flexible; it includes common terminology, manageable span of control, unified command, consolidated action plans, multi-agency coordination and integrated communications. Examples include the National Incident Management System, Incident Command System (ICS), or a multi-agency coordination system.

2.12 Intelligence. The results of the process by which specific types of information are requested, collected and analyzed.

2.13 Jurisdiction. A state, territory, region, tribal government, county, parish or municipality. For accreditation purposes, this is the entity for which the applicant program is responsible for providing emergency management functions.

2.14 Mitigation. The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of a disaster. Mitigation measures may be implemented prior to, during or after a disaster. Mitigation measures are often informed by lessons learned from prior disasters. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards.

2.15 Mutual Aid Agreement. Written agreement between agencies and/or jurisdictions that will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner.

2.16 Preparedness. The range of deliberate, critical tasks and activities necessary to build, sustain and improve the operational capability to prevent, protect against, mitigate against, respond to and recover from disasters. Preparedness is a continuous process.

2.17 Prevention. Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves identifying and applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting or disrupting illegal activity, and apprehending potential perpetrators.

2.18 Procedures. Detailed description of activities that support implementation of a plan(s).

2.19 Program stakeholder(s). Program stakeholders are, at a minimum, public, private and non-governmental agencies, departments, organizations, entities and individuals that have functional roles in the emergency management program.

2.20 Recovery. The development, coordination, and execution of plans for the restoration of impacted communities and government operations and services through individual, private-sector, non governmental and public assistance.

2.21 Response. Efforts to minimize the short-term direct effects of an incident threatening life, property, environment or critical systems.

2.22 Shall. Indicates a mandatory requirement to meet compliance with standard.

2.23 Standard. An EMAP standard is a criterion used to determine qualification for accreditation. Each standard states and/or describes qualities or facts that must be present for accreditation.

Chapter 3: Program Management

3.1: Program Administration, Plans and Evaluation

3.1.1 The jurisdiction has a documented program that includes an executive policy or vision statement for emergency management, a multi-year strategic plan, developed in coordination with program stakeholders that defines the mission, goals, objectives, and milestones for the emergency management program and includes a method for implementation.

3.1.2 The jurisdiction has a documented method and schedule for program evaluation, maintenance and revision for elements contained in Chapter 3 and Chapter 4 and shall conduct an evaluation of the objectives consistent with the jurisdiction's policy.

3.2: Program Coordination

3.2.1 There shall be a designated emergency management agency, department or office established for the jurisdiction empowered with the authority to administer the program on behalf of the jurisdiction.

3.2.2 There is a designated individual empowered with the authority to execute the program on behalf of the jurisdiction.

3.3: Advisory Committee

3.3.1 There shall be a documented, ongoing process utilizing one or more committees that provides for coordinated input by program stakeholders in the preparation, implementation, evaluation and revision of the program.

3.3.2 The advisory committee(s) shall meet with a frequency determined by the program sufficient to provide for regular program input.

Chapter 4: Program Elements

Overview
The following program elements are considered necessary components of a viable program. The program elements are intended to describe the program including all activities that fall within the scope and purview of the program coordinator as well as the activities he/she coordinates. This includes organizations and agencies assigned prevention, protection, preparedness, mitigation, response and recovery functions. The program is defined broadly to be inclusive of activities that bear on the success of the program rather than to exclude activities for which the program coordinator is not directly responsible.

4.1: Administration and Finance

Overview
Fiscal and administrative procedures designed to support an emergency management program are important for day-to-day as well as disaster operations.

> **4.1.1** The program shall develop financial and administrative procedures to support the emergency management program before, during and after an emergency or disaster.

> **4.1.2** Procedures exist to provide for maximum flexibility to expeditiously request, receive, manage and apply funds in emergency situations to ensure timely delivery of assistance and cost recovery.

4.2: Laws and Authorities

Overview
Laws and authorities refer to the legal underpinning for the program. Federal, state, tribal and local statutes and implementing regulations establish legal authority for development and maintenance of the emergency management program and organization and define the emergency powers, authorities, and responsibilities of the chief executive and the program coordinator. These principles serve as the foundation for the program and its activities.

> **4.2.1** The emergency management program shall comply with applicable legislation, regulations, directives and policies. Legal authorities provide flexibility and responsiveness to execute emergency management activities in disaster and non-emergency situation. The emergency management program and the program's responsibilities are established in state and local law. Legal provisions identify the fundamental authorities for the program, planning, funding mechanisms and continuity of government.

> **4.2.2** The program has established and maintains a process for identifying and addressing proposed legislative and regulatory changes.

4.3: Hazard Identification, Risk Assessment and Consequence Analysis

Overview
State/territorial and local hazard identification and risk assessment (HIRA) activities involve identification of hazards and assessment of risks to persons, public and private property and structures. The data collected at the community and local level provides much of the data the state or jurisdiction will use to produce its jurisdiction-wide assessment of risk. The information collected during the HIRA will also be used for more detailed data and loss estimation projections and post-event assessments.

> **4.3.1** The program shall identify the natural and human-caused hazards that potentially impact the jurisdiction using a broad range of sources. The program shall assess the risk and vulnerability of people, property, the environment and the program/entity operations from these hazards.

4.3.2 The program shall conduct a consequence analysis for the hazards identified in 4.3.1 to consider the impact on the public; responders; continuity of operations including continued delivery of services; property, facilities and infrastructure; the environment; the economic condition of the jurisdiction and public confidence in the jurisdiction's governance.

4.4: Hazard Mitigation

Overview
The intent of a hazard mitigation program is to target resources and prioritize mitigation activities to lessen the effects of disasters to citizens, communities, businesses and industries.

4.4.1 The jurisdiction shall develop and implement a mitigation program to eliminate hazards or mitigate the effects of hazards that cannot be reasonably prevented. The program participates in federal, state/territorial, tribal and local mitigation programs. The program identifies ongoing mitigation opportunities and tracks repetitive loss. The program implements mitigation projects according to a plan that sets priorities based upon loss reduction. The mitigation process encourages public/private partnerships.

4.4.2 The mitigation program provides technical assistance consistent with the scope of the program such as implementing building codes, fire codes and land-use ordinances.

4.4.3 The program shall have a process to monitor overall progress of the mitigation strategies, documenting completed initiatives and quantifying the resulting reduction or limitation of hazard impact in the jurisdiction.

4.4.4 The mitigation plan shall be based on the natural and human-caused hazards identified by the jurisdiction and the risk and consequences of those hazards. The mitigation plan for the jurisdiction shall establish interim and long-term strategies, goals and objectives, programs, and actions to reduce vulnerability to the hazards identified including a cost-benefit analysis. The plan ranks projects based upon the greatest opportunity for loss reduction and documents how specific mitigation actions contribute to overall risk reduction. The plan addresses an education and outreach strategy.

4.5: Prevention and Security

Overview
Prevention and security are those program areas dealing specifically with homeland security and terrorism, critical infrastructure and key resource protection, epidemiological and public health initiatives. It includes intelligence fusion centers, interdiction, deterrence, and enforcement operations. It differs from mitigation in that it inherently focuses on those threats that can feasibly be prevented such as intentional attacks or sabotage and identification and containment of disease outbreaks.

4.5.1 The program shall have activities to identify, interdict and/or prevent incidents.

4.5.2 The prevention and security activities shall be based on the information obtained from Section 4.3, threat assessments and other sources of intelligence and shall be kept current.

4.5.3 The program shall have a system to monitor the identified threats and hazards and adjust the level of prevention activity to be commensurate with the risk.

4.6: Planning

Overview
Emergency management involves the development of several kinds of plans. This section deals with strategic plans, which set the overall course and direction of the program; emergency operations/response plans, which focus on the mechanisms for activating the organization and its assets during an actual operation; mitigation plans, which focus on prevention and reduction of the impacts of hazards; continuity of operations plans, which provide for continuation of essential program functions during a disaster; and a recovery plan or strategy, which guides the jurisdiction through restoration of services, facilities and functions.

Planning Process

4.6.1 The program, through formal planning processes involving program stakeholders, has developed the following plans: strategic, communications (see Chapter 4.10), emergency operations, mitigation (see Chapter 4.4), recovery, continuity of operations and continuity of government. The process addresses all hazards identified in Chapter 4.3 and provides for regular review and update of plans.

4.6.2 Plans shall address the following:

(1) purpose, scope and/or goals and objectives;
(2) authority;
(3) situation and assumptions;
(4) functional roles and responsibilities for internal and external agencies, organizations, departments and positions;
(5) logistics support and resource requirements necessary to implement plan;
(6) concept of operations; and
(7) plan maintenance.

4.6.3 The emergency operations/response plan shall identify and assign specific areas of responsibility for performing essential functions in response to an emergency or disaster. Areas of responsibility to be addressed include:

- direction/control and coordination;
- information and planning;
- detection and monitoring;
- alert and notification;
- warning;
- communications;
- emergency public information;
- resource management;
- evacuation;
- mass care;
- sheltering;
- needs and damage assessment;
- mutual aid;
- military support;
- donated goods;
- voluntary organizations;
- law enforcement;
- fire protection;
- search and rescue;
- public health and medical;
- agriculture;
- animal management;
- food, water and commodities distribution;
- transportation resources;
- energy and utilities services;
- public works and engineering services;
- hazardous materials;
- special needs populations; and
- fatality management and mortuary services.

4.6.4 The recovery plan or strategy shall address short- and long-term recovery priorities and provide guidance for restoration of critical functions, services, vital resources, facilities, programs and infrastructure to the affected area.

4.6.5 Continuity of operations plans (COOP) shall identify and describe how essential program functions will be continued and recovered in an emergency or disaster. The plan(s) shall identify essential positions and lines of succession, and provide for the protection or safeguarding of critical applications, communications resources, vital records/databases, process and functions that must be maintained during response activities and identify and prioritize applications, records, processes and functions to be recovered if lost. Plan(s) shall be developed for each organization performing essential program functions. The plans address alternate operating capability and facilities.

4.6.6 The continuity of government (COG) plan shall identify how the juris-diction's constitutional responsibilities will be preserved, maintained or recon-stituted. The plan shall include identification of succession of leadership, delegation of emergency authority and command and control.

4.7: Incident Management

Overview
Incident Management allows officials to: (1) analyze the situation and decide how to quickly and effectively respond; (2) direct and coordinate response forces; (3) coordinate with other jurisdictions; and (4) use available resources efficiently and effectively.

4.7.1 The program formally adopts an incident management system. The system shall include but not be limited to the following concepts: modular organization, unified command, multi-agency coordination, span of control, common terminology, action planning process, comprehensive resource man-agement, integrated communications and predesignated facilities.

4.7.2 The program shall designate a single point of contact to serve as the coordinator for the incident management system implementation.

4.7.3 The program shall ensure all personnel with an emergency response role receive training on its incident management system.

4.7.4 The program shall ensure that procedures address coordination activi-ties with all personnel with an emergency response role including superior, subordinate and lateral elements as well as neighboring jurisdictions.

4.7.5 The incident management system shall include specific organizational roles and responsibilities for each incident management function.

4.8: Resource Management and Logistics

Overview
Resource management involves the pre-disaster, systematic identification of resource requirements, shortfalls and inventories.

4.8.1 The program has a resource management system that includes imple-menting procedures that address the identification, location, acquisition, stor-age, maintenance and testing, timely distribution and accounting for services and materials to address the hazards identified by the program.

4.8.2 Resource management objectives shall be established by conducting a periodic gap analysis.

4.8.3 Resource needs and shortfalls are identified by the program and are prioritized and addressed through a variety of initiatives, which include the budget process, executive process, mutual aid agreements, memoranda of understanding, contractual service agreements or business partnerships and steps necessary to overcome any shortfalls.

4.8.4 The resource management system includes procedures that address the following:

(1) activating those processes prior to and during a disaster
(2) dispatching resources prior to and during a disaster
(3) deactivating or recalling resources during or after a disaster

4.8.5 The program maintains a system and a plan for obtaining internal and external resources.

4.8.6 The program shall have a process in place that accepts, manages, and distributes the donation of goods and materials, services, personnel, financial resources and facilities, solicited and unsolicited. The donations management process shall address the coordinating of donations with needs.

4.9: Mutual Aid

Overview
Mutual aid addresses the need for agreements and capabilities for sharing response and recovery assistance across jurisdictional lines.

4.9.1 The program shall implement mutual aid agreements in plans and/or procedures.

4.9.2 The program shall maintain and implement mutual aid agreements, contractual service agreements, memoranda of understanding and regional and/or other arrangements that provide additional equipment, supplies, facilities and/or personnel.

4.10: Communications and Warning

Overview
Communications involves establishing, using, maintaining, augmenting and providing backup for communications devices required in day-to-day and emergency response operations. Warning includes dissemination to government officials and the public timely forecasts of all hazards requiring protective and/or emergency response actions.

4.10.1 The program has developed and maintains a plan to communicate both internally and externally with all stakeholder entities (higher, laterally and subordinate) and emergency personnel; system interoperability has been addressed in the development process. Communications have been designed for the specific hazards and requirements of the jurisdiction's potential operating environments, is sufficiently robust to support all components of the response and recovery plans and includes redundancy to provide alternative means of communications in case of failure in primary system(s).

4.10.2 Communications systems are regularly tested on an established schedule under operational conditions and results documented and addressed.

4.10.3 The program has developed and maintains a plan to initiate, receive and/or relay warnings to alert key decision makers and emergency personnel. This capacity has been designed for the specific hazards and requirements of the jurisdiction's potential operating environments, and includes redundancy to provide alternative means of notification in case of failure in primary system(s).

4.10.4 Notification systems are regularly tested on an established schedule under operational conditions and results documented and addressed.

4.10.5 The program has developed and maintains a plan to disseminate emergency alerts and warnings to the public potentially impacted by an actual or impending emergency and to communicate reliably with the population in its jurisdiction. Communications have been designed for the specific hazards and requirements of the program's potential operating environments, and include redundancy to provide alternative means of warning in case of failure in primary system(s). The plan addresses dissemination of alerts and warnings to vulnerable populations as defined by the program.

4.10.6 Warning systems are regularly tested on an established schedule under operational conditions and results documented and addressed.

4.10.7 The program has developed and maintains formal written procedures to ensure personnel familiarity with and the effective operation of the systems and capabilities of the Communications (4.10.1), Notification (4.10.2) and Warning (4.10.3) systems. These procedures address the specific hazards and requirements of the jurisdiction's potential operating environments, clearly delineate any decision making processes or triggering events and are reviewed and updated regularly on an established schedule. The review/update process is recorded and documented.

4.11: Operations and Procedures

Overview
Development, coordination and implementation of operational plans and procedures are fundamental to effective disaster response and recovery.

4.11.1 The program shall develop procedures to implement all plans.

4.11.2 Procedures shall reflect operational priorities including life, safety, health, property protection, environmental protection, restoration of essential utilities, restoration of essential functions and coordination among all levels of government.

4.11.3 Procedures will be applicable to all hazards identified in the program's Hazard Identification and Risk Assessment.

4.11.4 Procedures shall be developed to guide situation and damage assessment, situation reporting and incident action planning.

4.12: Facilities

Overview
Facilities are required to adequately support emergency management activities.

4.12.1 The program has a primary and alternate facility capable of coordinating and supporting sustained response and recovery operations consistent with the program's risk assessment.

4.12.2 The program has established and tested procedures for activation, operation and deactivation of primary and alternate facilities.

4.13: Training

Overview
Training involves the assessment, development, and implementation of a training/educational program for public/private officials and emergency personnel.

4.13.1 The program has a formal, documented training program composed of training needs assessment, curriculum, course evaluations and records of training. The training needs assessment shall address all personnel with responsibilities in the program, including key public officials.

4.13.2 Emergency personnel receive and maintain training consistent with their current and potential responsibilities. Specialized training related to the threats confronting the jurisdiction is included in the training program.

4.13.3 Training is regularly scheduled and conducted in conjunction with the overall goals and objectives of the program. Training is based on the training needs assessment, internal and external requirements and mandates (i.e. NIMS) and addresses deficiencies identified in the corrective action program.

4.13.4 Records are maintained of the training program including names of those who received training, the types of training planned and conducted, names and qualifications of trainers. The length of time training records will be maintained shall be specified in the training program.

4.14: Exercises, Evaluations and Corrective Actions

Overview
A program of regularly scheduled drills, exercises and appropriate follow-through activities, designed for assessment and evaluation of emergency plans and capabilities, is critical to a state, territorial or local emergency management program.

4.14.1 A documented exercise program is established that regularly tests the skills, abilities, and experience of emergency personnel as well as the plans, policies, procedures, equipment and facilities of the jurisdiction. The exercise program is tailored to the range of hazards that confronts the jurisdiction.

4.14.2 The program shall evaluate program plans, procedures, and capabilities through periodic reviews, testing, post-incident reports, lessons learned, performance evaluations and exercises. The products of these reviews are documented and disseminated within the program and to key stakeholders and selected partners.

4.14.3 A process for corrective actions shall be established to prioritize and track the resolution of deficiencies in real world and exercise events and to revise the relevant program plan.

4.15: Crisis Communications, Public Education and Information

Overview
Public education and information provides the general public with education on the nature of hazards, protective measures and an awareness of the responsibilities of government and individuals in an emergency. In a disaster, crisis communication focuses on providing accurate, timely and useful information and instructions to people at risk in the community throughout the emergency period. Information and educational materials are available in alternative formats upon request.

4.15.1 The program develops and maintains a documented plan and procedures for its public information function. The public information plan is designed to inform and educate the public about hazards, threats to public safety and risk reduction through various media. Public information programs are capable of providing timely and effective information to protect public health and safety, including response to public inquiries and rumors. Protocols are developed to interface with public officials and VIPs. Procedures include a process for obtaining and disseminating public information materials in alternative formats.

4.15.2 The program shall establish a disaster public information capability that includes:

   (1) a central contact facility for the media;
   (2) pre-scripted information bulletins;
   (3) method to coordinate and clear information for release;
   (4) capability of communicating with special needs populations; and
   (5) protective measure guidelines.

4.15.3 Procedures are in place and tested to support a joint information system and center.

4.15.4 The program has designated and trained spokespersons qualified to deliver the program's message, appropriate to hazard and audience.

4.15.5 The program provides for information and education to the public concerning threats to life, safety and property. These activities include information about specific threats, appropriate preparedness measures and actions to mitigate the threats including protective actions. Public outreach activities are initiated to ensure that diverse populations are appropriately advised.

Appendix A

About EMAP

The Emergency Management Accreditation Program (EMAP) is the voluntary national accreditation process for state, territorial, tribal, and local emergency management programs. Using collaboratively developed, recognized standards and independent assessment, EMAP provides a means for strategic improvement of emergency management programs, culminating in accreditation.

"Emergency management program" means a jurisdiction's (state/territory, county, city) system for management and coordination of prevention, mitigation, preparedness, response and recovery activities for all hazards. In addition to the emergency management department or agency, the program encompasses all organizations, agencies and individuals responsible for emergency management functions.

Steps to emergency management accreditation include:

- Registration
- Self-assessment and documentation
- Application
- On-site assessment by EMAP assessor team
- Assessment report
- Committee review and recommendation
- Accreditation decision by the EMAP Commission
- Annual Compliance Reports
- Reaccreditation (every five years)

The *Emergency Management Standard* is written to serve as a set of standards defining a quality emergency management program. It also can be a tool for strategic planning and improvement efforts.

EMAP began as a concept presented at the 1997 Annual Conference of the National Emergency Management Association (NEMA). Numerous organizations have been involved in the creation of EMAP, including NEMA, Federal Emergency Management Agency (FEMA), International Association of Emergency Managers (IAEM), The Council of State Governments (CSG), National Governors Association (NGA), National League of Cities (NLC), National Conference of State Legislatures (NCSL), U.S. Department of Justice Office of Justice Programs (OJP), and U.S. Department of Transportation (USDOT).

EMAP is a non-profit organization and is governed by an independent 10-member governing board, the EMAP Commission, appointments to which are made by NEMA and IAEM, based on criteria to ensure broad stakeholder input into the accreditation program.

Additional information about EMAP, including registration for accreditation materials and a list of current accreditation fees, can be found on the EMAP web site (*www.emaponline. org*) or by contacting EMAP at: EMAP, P.O. Box 11910, Lexington, KY 40578, 859/244-8222; fax: 859/244-8239; e-mail: *EMAP@csg.org*.

Appendix B

EMAP Commission 2007

Judson Freed, Ramsey County (MN) Emergency Management & Homeland Security
Craig Fugate, Florida Division of Emergency Management, secretary-treasurer
Tim Manning, New Mexico Dept. of Homeland Security and Emergency Management
Philip Padgett, The Boeing Company
Jeffrey Walker, Licking County (OH) Emergency Management
William Waugh, Georgia State University Department of Public Administration
    and Urban Studies
Dewayne West, Johnston County (NC) Emergency Services, chairperson
Karen Windon, Manatee County, Florida
Beth Zimmerman, Arizona Department of Emergency & Military Affairs, vice chairperson

EMAP Technical Committee 2007

Eileen Baumgardner, California Governor's Office of Emergency Services
Richard Brown, East Providence, RI, ICMA representative
Joe Candelario, San Antonio, TX, IAEM representative
Steve Charvat, University of Washington
Paul Crawford, Rhode Island Emergency Management Agency
Bob Fletcher, Readiness Consulting
Judson Freed, Ramsey County, MN, NACo representative
Nancy Freeman, Nassau County (FL) Emergency Management
Jan Kimmell, Arizona Division of Emergency Management
Tammy Little, Ohio Emergency Management Agency
Tim Manning, New Mexico Dept. of Homeland Security and Emergency Management,
    NEMA representative
Stan McKinney, South Carolina Law Enforcement Division, CSG representative
Curt Nellis, Chesterfield County (VA) Fire & EMS
Paul Rasch, Illinois Emergency Management Agency
Robie Robinson, Dallas County (TX) Emergency Management
Cathi Slaminski, California/EPA Dept. of Toxic Substances Control
Col. Jeff Smith, Governor's Office of Homeland Security & Emergency Preparedness,
    Louisiana, NGA representative
George Whitney, Multnomah County (OR) Emergency Management
Karen Windon, Manatee County (FL) Emergency Management, co-chairperson
Beth Zimmerman, Arizona Division of Emergency Management, co-chairperson

EMAP Mission

EMAP, as an independent non-profit organization, fosters excellence and accountability in emergency management and homeland security programs by establishing credible standards applied in a peer review accreditation process.

Appendix C

Standards Review Cycle and Appeal Process

EMAP will maintain a three-year review cycle for the *Emergency Management Standard by EMAP*. The cycle and procedures are listed below:

Year 1:

February 15—Notice of comment or proposal period using required Standards Comment/Proposal Form.

May 1–August 30—Comment/Proposal period.

September—EMAP staff prepares comments/proposal report to the EMAP Standards Subcommittee.

October/November—Standards Subcommittee meets to act on proposals/comments, to develop its own proposals, and prepare its report.

Year 2:

January—Technical Committee votes on proposals by letter ballot. With two-thirds approval, the report moves forward to public review and comment. Lacking the necessary two-thirds approval, the report returns to the subcommittee for action.

March–June—Report on committee proposal is published for public review and comment.

July—EMAP staff prepares report on public comments for the EMAP Standards Subcommittee.

August—Standards Subcommittee meets to act on public comments received and compiled.

Year 3:

January—EMAP Technical Committee votes on comments on proposals by letter ballot. With two-thirds approval, the supplementary report moves forward. Lacking two-thirds approval, the report returns to committee for action.

March—Report on committee's recommendations is published for public review.

May—EMAP Technical Committee presents final report to EMAP Commission for approval.

Appeals to Standards language must be filed within 30 days of the EMAP Commission meeting.

Fall—EMAP Commission meets to make final decision to publish standards.

January—New publish date for standards.

Appendix D

EMAP Publications

Accreditation Process Guide
Document outlining the governance and policies of the Emergency Management Accreditation Program, including the steps to accreditation. Includes information about how members of the EMAP Commission and EMAP committees are appointed.

Assessor Guide
Guidance for emergency managers who serve as outside assessors for EMAP. Includes information on the role of assessors, determining compliance with standards and conducting an on-site assessment. Assessor training, which is required to serve as an assessor, is offered by EMAP several times a year.

Candidate's Guide to Accreditation
Handbook for jurisdictions using the standards to build their programs and/or working towards accreditation. The Candidate's Guide provides information to help programs through the self-assessment process for either improvement planning or accreditation purposes. It outlines steps to accreditation, the method for assembling documentation of compliance with the standards, preparing for on-site assessment and other topics. Additional copies are available to registered programs for a minimal fee.

Emergency Management Standard
Standards for emergency management programs, created by working groups of local, state and federal emergency managers, compliance with which is required for accreditation. One copy is included in a registration packet. Additional copies are available to registered programs on the EMAP web site at www.emaponline.org.

EMAP Online Assessment Tool
EMAP offers an Online Assessment Tool to registered programs via its web site. Using the online tool, programs conduct their self-assessment against EMAP standards, listing proofs of compliance for each standard and submit their self-assessment results to EMAP electronically. The tool includes report features to assist programs with planning to address areas of possible non-compliance.

The EMAP web site at www.emaponline.org provides updates about EMAP materials and activities, access to the EMAP Online Assessment Tool and other vital assessment and accreditation related information.

` Multnomah County

COMMUNITY

ORGANIZATIONS

ACTIVE IN DISASTER

(COAD)

Emergency Coordination Plan

January 23, 2008

Draft

Multnomah County COAD Plan Organizations Active in Disaster

Emergency Coordination Plan

I. Purpose

The purpose of this plan is to provide guidance to community organizations in their efforts to meet the needs of citizens during the response and recovery phases of a disaster. The goal is to coordinate the emergency response and recovery efforts of community organizations. This coordination will maximize the efficiency of participating organizations, prevent the duplication of services, and speed recovery.

II. Scope

1. In this plan, "community organizations" refers to organizations that provide human services to those in need. These include non-profit, governmental, volunteer, faith-based, public service organizations, Community Based Agencies, and businesses.

2. This plan coordinates the involvement of community organizations in the following functions

   a. Mass care and shelter operations

   b. Emergency volunteer management

   c. Donations management

   d. Outreach, to cover CUEP activities

3. This plan is an Emergency Support Function for Recovery and Restoration. This tab is applicable to all comprehensive emergency management plans for Multnomah County and any of its six cities.

4. Transportation, animal care, mental health services, culturally appropriate and faith based support services are also addressed in jurisdiction comprehensive emergency management plans. This plan will address these functions only as they relate to COAD activities.

III. Limitations

Participation in this plan by stakeholder organizations is purely voluntary and at the sole discretion of stakeholder organizations. No participating organization shall be liable to other parties on account of any delay in or failure to perform any function described in this emergency plan.

IV. Concept of Operations

A. Organization

1. All COAD and other community organizations that become involved in disaster response and recovery operations will maintain their autonomy and will maintain control over their resources unless otherwise stated in other agreements.

2. During COAD activation a COAD representative/designee will function as the COAD coordinator.

3. When our EOC evolves, we should have the coordinator report to the Liaison Officer.

4. The COAD coordinator will establish the organizational structure of COAD in the *response* phase of the emergency. See *Figure 1: Sample COAD Organizational Structure – Response Phase.*

5. During disaster *recovery*, management of the COAD will transition to an 'Unmet Needs Committee' and the Unmet Needs Committee will establish the organizational structure. See *Figure 2: Sample COAD Organizational Structure – Recovery Phase.*

6. In a disaster event, an outreach coordinator may be assigned by the COAD coordinator. The outreach coordinator is responsible for recruiting and screening non-COAD organizations.

7. Functional Lead Organizations (FLO) will coordinate resources within a functional area. See Appendix B: Functional Lead Organizations

8. The COAD coordinator will coordinate with individual COAD organizations or with the functional leads depending on the phase of the emergency. Emergency *phases* are described below. The COAD coordinator will use the COAD Resource Directory to request assistance. A Complete COAD Resource Directory is maintained by Multnomah County. Copies of the resource directory are stored at the EOC with the COAD(chairperson) the chairperson is selected by the COAD members..

9. Community organizations and businesses with the resources to assist in delivering services in a functional area should be directed to participate in a coordinated response as defined in this plan. Organizations not involved in COAD and who are not included in the COAD Resource Directory, should be directed to the appropriate functional lead organization or to the COAD Coordinator. Recruitment of COAD members will take place on an ongoing basis.

Figure 1: Sample COAD Organizational Structure - Response Phase

```
                        ┌─────────────────┐
                        │    Incident     │
                        │    Command      │
                        └─────────────────┘
                                 │
        ┌────────────────────────────────────────────────┐
        │        Emergency Operations Center             │
        │   ┌──────────────────┐   ┌──────────────────┐  │
        │   │ COAD Coordinator │   │    Volunteer     │  │
        │   │  (Red Cross or   │   │   Coordinator    │  │
        │   │    Delegate)     │   │                  │  │
        │   └──────────────────┘   └──────────────────┘  │
        └────────────────────────────────────────────────┘
```

┌──────────────┐
│   Outreach   │
│ Coordinator │
└──────────────┘

Phase 2: Reference COAD Resource Directory
Phase 3: Coordinate with Functional Lead Organizations (FLO)

Animal Services FLO	Information & Referral FLO	Clothing and Food FLO	Emotional Support FLO	Spiritual Support FLO	Donated Goods FLO	Mass Feeding FLO
Support Organizations	Support Organizations	Support Organizations	Support Organizations	Support Organizations	Support Organizations	Support Organizations

Figure 2: Sample COAD Organization - <u>Recovery Phase</u>

```
┌─────────────────┐      ┌─────────────────┐
│   Emergency     │      │ Disaster Field  │
│ Operations Center│      │     Office      │
└─────────────────┘      └─────────────────┘
              └──────────┬──────────┘
                 ┌────────────────┐
                 │  COAD Unmet    │
                 │ Needs Committee │
                 └────────────────┘
```

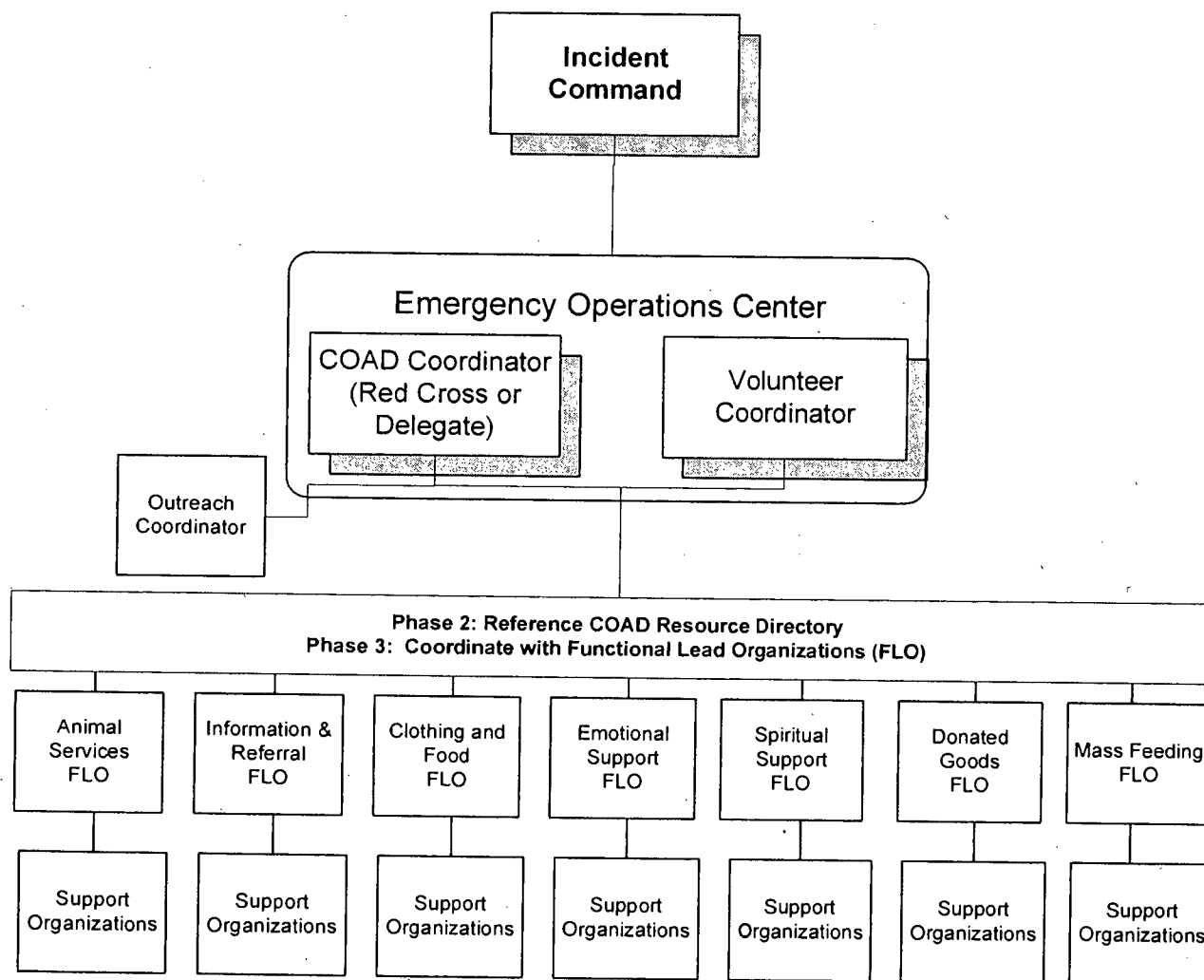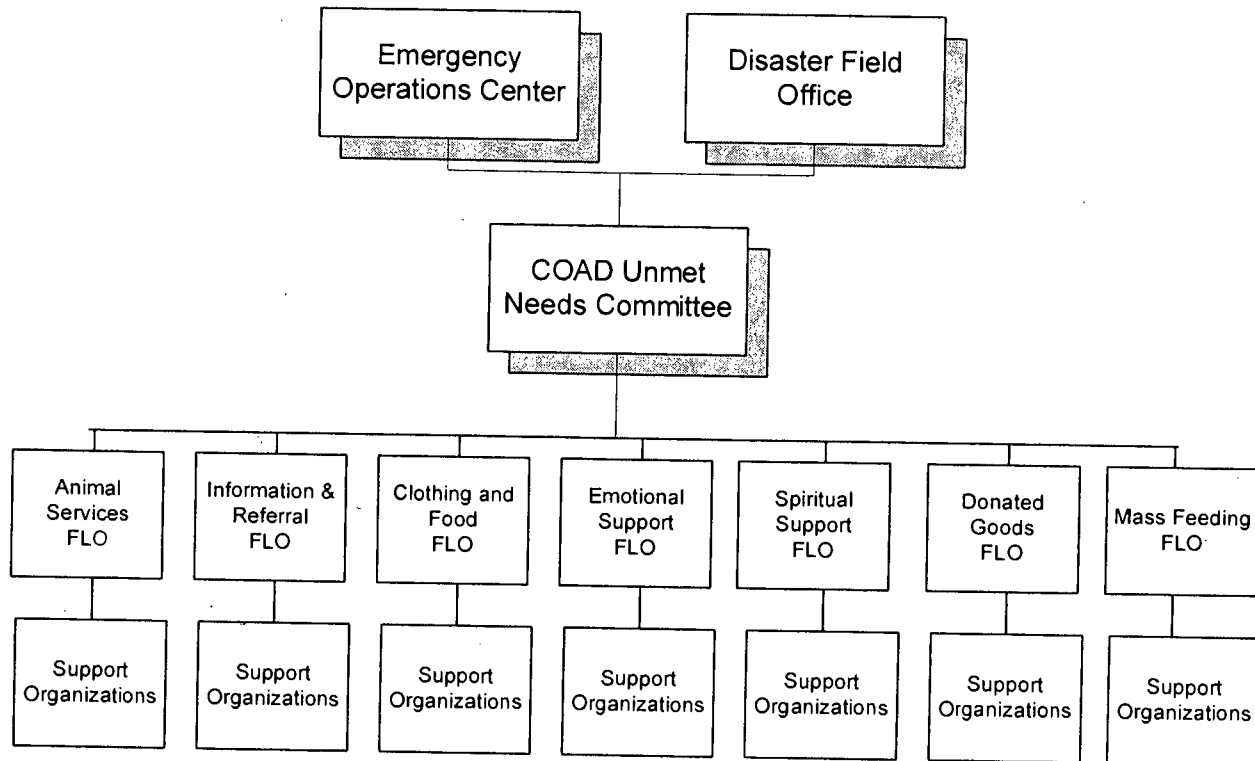| Animal Services FLO	Information & Referral FLO	Clothing and Food FLO	Emotional Support FLO	Spiritual Support FLO	Donated Goods FLO	Mass Feeding FLO
Support Organizations	Support Organizations	Support Organizations	Support Organizations	Support Organizations	Support Organizations	Support Organizations

B. Preparedness

1. To be considered an active COAD organization, a current signed MOU and resource sheet must be on file. Completed forms are available from the COAD chair and should be returned to the COAD chair or delegate. The COAD chair is responsible for ensuring that the COAD Resource Directory, which includes all resource sheets, is current, complete, and available to all active organizations.

2. COAD organizations should keep a current set of contact information for the appropriate functional lead organization.

3. COAD organizations should be prepared to participate in the response and recovery operations described in this plan.

C. Response

1. Any City/County, EOC organization may request the activation and mobilization of COAD organization and resources to support disaster response and recovery operations.

2. Request for COAD resources should be made to the EOC. If the EOC is not in operation, request should be made through the emergency services director of the Oregon Trail Chapter of the American Red Cross.

3. COAD organizations should assess their capability to deliver services, establish lines of communications, make a preliminary assessment of the needs, and mobilize resources as necessary.

4. As soon as practical, following a major disaster, COAD members should report to the COAD coordinator on the status of their agency and on their ability to support response and recovery efforts.

5. The COAD coordinator should make every effort to keep COAD members informed of the emergency situation.

6. To the greatest extent possible, COAD organizations should coordinate with Multnomah County Public affairs office or the EOC PIO, whichever is directly supporting County response?

7. COAD agencies should keep careful financial records and documentation of disaster costs and activities.

D. Mass care and shelter operations

1. The American Red Cross is responsible for mass care and shelter operations in Multnomah County.

2. The Oregon Trail Chapter of the American Red Cross has agreements with select COAD organizations to support mass care and shelter operations. When resources available through these agreements are exceeded, the Red Cross will access resources according to the COAD plan.

3. Following an emergency, the initial function of COAD is to support mass care and shelter operations as needed.

E. Emergency volunteer management

1. Hands ON Portland will be responsible for emergency volunteer management in Multnomah County. The plan for emergency volunteer management is detailed in a separate plan.

2. Emergency volunteer management includes recruitment and registration of volunteers and referral of volunteers to volunteer organizations or to special volunteer assignments.

F. Donations management

1. Adventist is the functional lead organization for donated goods management in Multnomah County

2. The objective of donated goods management is to:

    a) Encourage helpful donations from the public

    b) Arrange for the collection, storage, and distribution of donated goods.

    c) Minimize the impacts of excessive and un-needed donated goods on the community.

G. U nmet needs

This where we hand off to ORVOAD

1. After the response phase of an emergency the function of COAD is to fulfill unmet needs. 'Unmet needs' refer to needs that are not addressed by the state and federal recovery programs that follow a presidential declaration of disaster.

2. The COAD coordinator, working with emergency management and other community leaders, is responsible for assembling a COAD unmet needs committee. Any community organization may participate in the unmet needs committee.

3. The unmet needs committee must coordinate its efforts with the FEMA/State Disaster Field Office.

H. After-action review

1. Each activation of COAD should be followed with a debrief. The COAD chair is responsible for organizing this debrief meeting. Representatives from each agency that participated in a functional area should be present.

2. The debrief should include:

    a) Overview of the response operation

    b) Overview of services provided

    c) Quality of operations

    d) Effectiveness of communication

    e) Quality of interagency working relationships

    f) Strengths and weaknesses

    g) Recommendations for improvement

V. Phases of Emergency Actions

The emergency action phases are intended to provide for common terminology. These phases include examples of the possible conditions that might exist, for reference. They also included recommended actions of COAD.

A. Phase 1 - Routine Operations

Example Conditions:
Evacuation required for a small number of victims. Mass care needed for emergency service personnel.

Response:
❏ American Red Cross can effectively respond to the event with internal resources.

B. Phase 2: Enhanced Operations

Example Conditions:
Major emergency such as a large structure fire or localized flooding. Mass care needed for a larger number of people for a longer period of time. Multnomah County EOC may be activated.

Response:
❏ Clackamas County or Southwest Washington Red Cross may provide additional assistance.
❏ American Red Cross will call out mutual aid assistance, from the COAD Resource Directory.
❏ American Red Cross leader will act as the COAD coordinator and notify appropriate COAD functional lead organizations as needed.

C. Phase 3: Full COAD Mobilization

Example Conditions:
Large-scale actual or potential evacuation and mass care operations associated with an earthquake or other regional disaster. Significant need for volunteer management and coordination. Emergency Operations Center activated.

Response:
❏ Full activation of the COAD organization.
❏ The COAD coordinator will distribute situation reports to COAD functional leads. Functional leads will pass on to support agencies.
❏ Support organizations will report to functional leads on operational capability. Functional lead organizations will report to COAD coordinator.
❏ COAD may establish a central coordination point or communications system to facilitate information sharing, coordination of services, and coordination of public information.
❏ COAD will begin short-term and long-term recovery planning and preparation for disaster recovery.

D. Phase 4 - Recovery

Example Conditions:
Imminent threats to life, property, and the environment have been addressed. Restoration of essential services is largely completed. Focus is on human service to long-term evacuees, donated goods management, fundraising, volunteer management, facilitation of federal disaster recovery, and mental health services

Response
- ❑ Full activation of COAD unmet needs committee.
- ❑ Complete needs assessment will be conducted.
- ❑ Organizational structure will be established.
- ❑ Donated goods management plan will be developed.
- ❑ Liaison with federal recovery efforts will be established.
- ❑ Outreach will be conducted to draw in other organizations that are not COAD members.
- ❑ Regular ORVOAD unmet needs committee meetings should be scheduled.

VI. Responsibilities

A. COAD Organizations

1. Keep an updated MOU and resource sheet on file with the COAD chair.

2. After disaster, report operational status to COAD coordinator or functional lead organization.

3. Maintain records of emergency actions and expenditures.

B. COAD Coordinator

1. Keep COAD organizations informed of disaster conditions and human service needs.

2. Establish COAD organizational structure.

3. Establish lines of communications with the functional lead organizations.

4. Work with emergency management and other community leaders to determine the need for establishing a COAD unmet needs committee.

C. COAD Functional Lead Organizations

1. After disaster, coordinate resource requests for assigned functional area. Establish contact with organizations that may provide a resource for the function.

2. Keep resource providers within your function informed of incident status and resource needs.

D. COAD Chair

1. Maintain updated COAD plan and COAD Resource Directory. Make plan and directory available to COAD organizations.

2. Coordinate and lead regular meetings of COAD.

3. Coordinate after-action review following disaster to identify lessons learned.

E. Oregon Trail Chapter of the American Red Cross

1. Coordinate COAD support to mass care and shelter operations.

2. Serve as the initial COAD coordinator. When span of control is exceeded, identify another COAD member to serve as the COAD coordinator.

F. Outreach Coordinator

1. Get briefed by the COAD coordinator and/or Unmet Needs Committee to identify needs for outreach and management of convergent organizations. Identify priorities for recruitment based on incident needs.

2. Serve as the single point of contact for convergent organizations that wish to participate in disaster response and recovery activities in accordance with this plan.

3. Manage outreach to community organizations not previously involved in COAD.

4. Collect signed COAD resource sheets from convergent and recruited organizations and provide information to the COAD coordinator.

Appendix A: COAD Resource Sheet

The purpose of this resource sheet is to assist in the coordination of emergency response and recovery efforts of community organizations. This coordination will maximize the efficiency of participating organizations, prevent the duplication of services and speed recovery.

All information is required

Date: _____

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

24-Hour Point of Contact Person(s):

PRIMARY	SECONDARY
Name: _____	Name: _____
Office: _____	Office: _____
Cell: _____	Cell: _____
Pager/Txt Msg.: _____	Pager/Txt Msg.: _____
Email: _____	Email: _____
Other:	Other:

Agency mission statement *(please limit to space provided)*:

_____

_____

_____

# of Volunteers: _____

Services area *(i.e. Multnomah County etc)*:

_____

Is your organization willing and able to provide services outside of this area? ☐ **Yes**   ☐ **No**

Population served *(i.e. Low income, specific area, age group, etc)*:

_____

REVISED 1/23/08

What services can your agency provide during a disaster, for example:

Animal Services, Clothing & Food, Communications, Donated Goods Management, Emergency Volunteers, Emotional Support, Information & Referral, Mass Feeding – Fixed, Mass Feeding – Mobile, Shelter/Shelter Feeding, Spiritual Support, Transportation, etc)

_____

_____

_____

Eligibility *(i.e. emergency needs caused by disaster, no restrictions, specific age group, etc):*

_____

_____

Restrictions:

_____

_____

Referral Procedure:

_____

_____

Other Resources:

_____

_____

_____

Does your organization have a plan for how you will protect your employees, volunteers, clients, and assets in an emergency? ☐ **Yes** ☐ **No**

Does your organization have a plan for how you will mobilize your organization to support community disaster response and recovery efforts?" ☐ **Yes** ☐ **No**

I consent to have our organization contacted by COAD and its participating organizations and asked to provide appropriate assistance, as described in the "What services can your agency provide during a disaster" section, to disaster response and recovery operations. I agree to coordinate our disaster response and recovery activities with other involved organizations, in accordance with the COAD Emergency Plan.

_____   _____
Signature of Agency Head/Executive   Date

_____   _____
Print Name   Title

Appendix B: Functional Lead Organizations

FUNCTION	LEAD ORGANIZATION	PRIMARY CONTACT	PHONE
Clothing and Food			
Donated Goods Management			
Emergent Volunteers			
Emotional Support			
Mass Feeding			
Information and Referral			
Shelter/Shelter Feeding			
Faith based Support			
Animal Services	Multnomah County Humane Society	Mike Oswald	(503) 988-7387

AFTER ACTION REPORT/IMPROVEMENT PLAN

TOPOFF 4

15-19 OCTOBER 2007

MULTNOMAH COUNTY, OREGON

INITIAL DRAFT – 30 NOVEMBER 2007

HANDLING INSTRUCTIONS

1. The title of this document is:

   Multnomah County After-Action Report/Improvement Plan - TOPOFF 4.

2. The information gathered in this After-Action/Improvement Plan (AAR/IP) is classified as "For Official Government Use Only (FOUO)" and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from the Multnomah County Office of Emergency Management is prohibited.

3. The purpose of this document is to share an initial compilation of exercise observations and recommendations with exercise participants. The observations and recommendations in this initial draft should not be considered conclusive, unquestionably accurate or adequately vetted at this time as they are subject to an initial review and discussion by exercise participants.

4. The point of contact for this report is:

   George Whitney, Director
   Multnomah County Emergency Management
   501 SE Hawthorne, Suite 600
   Portland, OR 97214
   (503)988-4580
   george.whitney@co.multnomah.or.us

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ACKNOWLEDGEMENTS

This report represents a consolidation of several draft Multnomah County After-Action Reports developed to date, including those developed by the:

- Multnomah County Emergency Management
- Multnomah County Sheriff's Office
- Multnomah County Health Department
- Multnomah County Department of Human Services

Multnomah County also wishes to express its gratitude to a number of organizations who participated in or otherwise supported TOPOFF play. They include:

- American Red Cross
- City of Gresham
- City of Portland
- Clark County Health Department
- David Douglas High School
- Multnomah County Department of Community Justice

- Multnomah County Department of Community Services
- Multnomah County Department of County Management
- Multnomah County Health Department
- Multnomah County Department of Human Services
- Multnomah County Sheriff's Office
- Oregon Department of Human Services

- Oregon Emergency Management
- Oregon National Guard
- U.S. Department of Energy
- U.S. Environmental Protection Agency
- University of Portland

EXECUTIVE SUMMARY

TOPOFF 4 was the fourth in a series of Congressionally-mandated terrorism exercises conducted in the United States since 2000. TOPOFF 4 - an acronym for the 4th National Top Official's Exercise - was conducted the week of October 15, 2007. As with all previous TOPOFF exercises, TOPOFF 4 was designed to test the coordination of numerous local, state and federal jurisdictions as they respond to catastrophic disaster.

The purpose of this report is to evaluate Multnomah County exercise activity, to identify program strengths and to explore opportunities for program improvement.

The scenario for TOPOFF 4 involved simulating a detonation of a Radiological Dispersal Device - also referred to as an RDD or dirty bomb - near the Steel Bridge in Portland. While the exercise also involved terrorism prevention and disaster recovery activities, these separate activities are the subject of other AAR/IPs.

The City of Portland served as the primary venue for TOPOFF 4 activities, though simulated RDD detonations also occurred in Guam and Phoenix, Arizona. Due to the world-wide scope of the exercise, many local, state, federal, private, non-governmental and foreign government organizations were involved in TOPOFF.

The City of Portland sought designation as the primary TOPOFF 4 exercise venue in 2005. In 2006, soon after this designation was announced, a 14-month planning effort began in earnest. Multnomah County's exercise involvement largely began in April 2007, as the County began a reorganization of its emergency management program. Overall, some 15,000 planners, players, actors, controllers, evaluators and observers participated in TOPOFF 4; 4500 from the Oregon venue alone.

Multnomah County's participation in the exercise, took two forms. First, Multnomah County responded pursuant to the County's primary law enforcement, health and human service jurisdiction responsibility. Second, the County activated its Emergency Operations Center to serve as an aggregator and coordinator for other local, State and Federal operations.

Multnomah County established four sets of exercise objectives to meet four distinct County operations. These operations, their associated sets of objectives, and their correlation to Target Capabilities as defined by the U.S. Department of Homeland Security are described below. A detailed evaluation of each operation is provided in Chapter 4 of this report.

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Multnomah County TOPOFF Operations, Objectives and Associated Target Capabilities

County Operations	Objective Sets	Associated Target Capabilities
Emergency Operations Center	• Center activation and operation • Situation assessment and reporting • Mutual aid • Resource management • Public Information	• Emergency Operations Center Management • Citizen Protection: Evacuation or shelter-in-place • Emergency Public Information and Warning
Law Enforcement	• Incident Command • River Patrol • Mobile Booking	• Onsite incident management
Public Health	• Unified Public/Environmental Health Command • Medical Care Point • Rapid Screening Point	• Onsite incident management • Triage and Pre-hospital treatment
Human Services	• Mental Health • Special Populations • Care and Shelter • Information and Referral	• Onsite incident Management

These operations and objective sets led to the following exercise play for Multnomah County:

- Activation of the County EOC on a 24/7 basis for the duration of the exercise
- Activation of a Unified Command for Public Health on a 24/7 basis for the duration of the exercise
- Activation of a Sheriff's Office Incident Command Post
- Operation of a Medical Care Point
- Operation of a Rapid Screening Point
- Deployment of County Liaisons to the Portland Emergency Coordination Center
- Deployment of Sheriff's River Patrol boats and dive team
- Establishment of Mobile Suspect Booking

TOPOFF 4 presented significant challenges for Multnomah County, including:

- Overcoming a history of decreased involvement in emergency management.
- The County's Emergency Operations Plan last underwent a major review and revision in 2002.
- The County has not over the years performed training or conducted exercises to maintain its Emergency Operations Plan.[1]
- Critical emergency management program components, such as a senior disaster leadership team, duty officer program, Emergency Operations Center, and Emergency Operations Center Team had not been developed or maintained.

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[1] The County performed a minor revision to its plan in June 2007 to achieve compliance with NIMS.

- The County's emergency management program was adversely affected by reduced staffing levels, loss of resident expertise and loss of grant and general fund resources.
- The County was required to begin a comprehensive program restructuring within 7 months of the exercise.
- The cumulative effects of these impacts required an extremely aggressive role, relationship, and capacity building effort during the 6-months leading up to TOPOFF 4.

Despite the challenges, scope and complexity of TOPOFF 4, it is probably most important to say that Multnomah County performed relatively well – perhaps much better than other jurisdictions might have expected. The County EOC and leadership team assembled to accomplish all assigned objectives. The County Health Department assembled an impressive collection of technical expertise and demonstrated significant capacity to meet the medical and health needs of disaster victims in the field. The Sheriff's Office successfully tested its ability to staff an Incident Command Post and deploy assets into a dynamic, challenging, and contaminated environment. And the County Human Services Department fielded an impressive capability to support the needs of special populations. Indeed, all County Departments contributed in some significant way to make the County's experience during TOPOFF a valuable one.

Described below are specific strengths observed in the County's TOPOFF response as well as opportunities for improvement.

Major Strengths

- The County appears to have successfully applied limited Homeland Security grant program resources to make valuable strategic investments in emergency management response capability.
- Medical and Public Health organizations demonstrated the existence of a strong medical and health response system.
- The County demonstrated exceptional EOC operations, considering the County's EOC and EOC team had only been developed 4 weeks and 10 weeks, respectively, prior to the exercise.
- Good, existing working relationships internal and external to the County facilitated important opportunities to communicate and collaborate with others.
- Genuine, mutual respect and deference by top officials for the roles and responsibilities of others led to improved communication and coordination in the region.
- A focus prior to TOPOFF on ICS and NIMS training made intra- and inter-agency coordination much more effective than during events prior to such training.

Primary Areas for Improvement

- The recent emergence of the County's EOC did not allow sufficient time to adequately describe, train and practice this role with departments and other jurisdictions. The roles and responsibilities of the County EOC vis a vis other EOCs and Incident Commands requires more outreach, discussion, collaboration, training and exercising.

- Efforts to build and refine processes, resources, and capability of the County EOC need to be continued and expanded. The County began preparations for TOPOFF too late to adequately develop and practice a new Emergency Operations Plan, EOC Standard Operating Procedures, or to address process and resource shortcomings. Completion of such tools in the future should significantly improve EOC operations.

- Multnomah County's re-emergence as an emergency management program has created new capabilities not yet communicated or understood by stakeholders, which contributed to under-utilization and sub-optimal coordination with others.

- The authorities, roles, and responsibilities of the County and cities within Multnomah County need to be defined and exercised, so that disagreements or confusion about jurisdiction roles do not detract from otherwise effective response.

- The delivery of accurate, coordinated public information did not occur across the region. Multnomah County needs to aggressively pursue the development of a regional joint disaster public information program.

- Technical experts and the decision-makers requiring their support did not have regular, unfettered access to one another which, in turn, caused untenable delays in event management.

CONTENTS

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CHAPTER 1: EXERCISE OVERVIEW

This section provides a brief overview of TOPOFF 4 exercise activity for Multnomah County.

Exercise Name:	TOPOFF 4
Exercise Type:	TOPOFF 4 was conducted in Multnomah County as a full-scale exercise involving over 750 field responders and emergency operations center personnel.
Exercise Start Date:	October 15, 2007
Exercise End Date:	October 19, 2007
Exercise Scenario:	Radiological Dispersal Device (Dirty Bomb)
Exercise Summary:	Multnomah County participated in TOPOFF 4 to exercise both primary responsibility for incident response (e.g. public health) and to indirectly support City of Portland first responders (e.g. EOC coordination of county, state and federal resource requests).
Exercise Duration:	1700 hrs on Monday, October 15 through 1200 hrs on Friday, October 19, 2007. The County's Emergency Operations Center was active on a 24/7 basis except for a suspension of exercise activities the evening of Thursday, October 18.
Exercise Locations[2]	Multnomah County exercise activities occurred at: - RDD simulated detonation site (Portland International Raceway) - County Emergency Operations Center (Multnomah Building, Portland) - Public Health Unified Command Post (McCoy Building, Portland) - Sheriff's Incident Command Post (Inverness Jail, Portland) - City of Gresham Emergency Operations Center (Gresham) - Medical Care Point (University of Portland) - Rapid Screening Point (David Douglas High School, Portland) - Mobile Booking (Multnomah County Detention Center, Portland)
Exercise Finance:	Various resources available to county and city emergency management programs were used to fund this exercise, including: Local government general funds

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[2] City of Portland exercise activities and locations are described in their After-Action Report/Improvement Plan

- FY 06 State Homeland Security Grant funds
- FY 06 Centers for Disease Control disaster preparedness funds
- FY 07 Emergency Management Performance Grant funds

While federal grant funds cannot typically be used to supplant existing government budgets, grants were used to reimburse extraordinary costs associated with the exercise.

Exercise Sponsors: The sponsors for the TOPOFF 4 exercise and their primary points of contact were:

U.S. Government
Attn: Jeremy Greenberg, Program Manager
National Exercise Division
U.S. Department of Homeland Security
(202) 786-9628
Jeremy.greenberg@dhs.gov

State of Oregon
Attn: Kelly Jo Craigmiles
Exercise Training Officer
Oregon Emergency Management
3224 State St.
Salem, OR
(503) 378-2911 ext. 22246
kjcraigm@oem.state.or.us

Multnomah County
Attn: George Whitney, Director
Multnomah County Emergency Management
501 SE Hawthorne, Suite 600
Portland, OR 97214
(503)988-4580
george.whitney@co.multnomah.or.us

City of Portland
Attn: Patty Hopkins, Exercise and Training Manager
Portland Office of Emergency Management
1001 SW Fifth St., Suite 650
Portland, OR 97204
(503)823-3738
phopkins@ci.portland.or.us

Mission Areas Exercised: While prevention and recovery mission capabilities were tested under the auspices of the TOPOFF 4 exercise program, this AAR/IP only address the "response" missions of emergency management agencies within Multnomah County.

Target Capabilities Exercised: In 2005, the U.S. Department of Homeland Security identified 36 Target Capabilities to categorize and specify different response capacities. Multnomah County play during TOPOFF 4 involved the following Target Capabilities.

- Onsite incident Management
- Emergency Operations Center Management
- Citizen Protection: Evacuation or shelter-in-place
- Emergency Public Information and Warning
- Triage and Pre-hospital treatment

Exercise Planning Team: While the overall size of the TOPOFF planning team (inclusive of all local, state and federal planners) exceeded 200, Multnomah County's planning team consisted of:[3]

- George Whitney, Exercise Director/lead planner
  Multnomah County Emergency Management

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[3] Other planners developed site-specific activities. A more detailed list of site plans can be found in corresponding department AAR/IPs.

- Capt. James Spitzer, USCG Ret., Public Health lead planner
  Multnomah County Health Department

- Lt. David Rader, Lead law enforcement planner, scenario group lead
  Multnomah County Sheriff's Office

- Sean Derrikson, Lead Human Services planner
  Multnomah County Department of Human Services

- Doug Bristow, Lead Cyber planner
  Multnomah County Department of County Management, IT Division

Participating Organizations: Hundreds of local, state and federal emergency management organizations supported the TOPOFF 4 exercise. Organizations instrumental to Multnomah County's participation included.

- American Red Cross
- City of Gresham
- City of Portland
- Clark County Health Department
- David Douglas High School
- Multnomah County Department of Community Justice

- Multnomah County Department of Community Services
- Multnomah County Department of County Management
- Multnomah County Health Department
- Multnomah County Department of Human Services
- Multnomah County Sheriff's Office
- Oregon Department of Human Services

- Oregon Emergency Management
- Oregon National Guard
- U.S. Department of Energy
- U.S. Environmental Protection Agency
- University of Portland

Exercise Participants: The following describes the scope of involvement for Multnomah County TOPOFF activities. [4]

- 755 Players
- 25 Controllers
- 24 Evaluators
- 311 Observers
- 865 Victim Role Players

Plans Exercised: Multnomah County Emergency Operations Plan
Multnomah County Health Department Emergency Response Plan

Exercise Evaluation Methods: U.S. Department of Homeland Security Exercise Evaluation Guides (EEGs)
Multnomah County Emergency Operations Center Objectives

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[4] Counts are close approximations based on reports contained in various department after-action reports

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CHAPTER 2: EXERCISE OBJECTIVES

Initially, Multnomah County established 26 broad objectives to guide exercise design and evaluation. These objectives represented two categories of activity: those activities that reflected primary county jurisdiction or responsibility and those that indirectly supported other jurisdictions with primary responsibility. Those objectives were:

1. Timely recognition, alert and notification of incident and response
2. Effective use of County Disaster Management Team as senior policy advisory group for County
3. Timely participation in on-scene Unified Command
4. Timely recognition and assessment radiological threat
5. Timely establishment of cold, warm and hot zones
6. Timely execution of evacuation and/or shelter-in-place
7. Coordination of support for special needs populations
8. Effective use of County Emergency Operations Center and Department Operations Centers
9. Effective, timely activation and operation of County EOC using established plans and procedures
10. Effective, timely activation and operation of Department Operations Centers using established plans and procedures
11. Timely communication with in-county response organizations
12. Effectively implementation of a structured Concept of Operations with in-county response organizations (intra-county coordination)
13. Timely and effective declaration of local emergency
14. Timely and effective request for State assistance and declaration of emergency
15. Effective coordination of requests for federal assistance
16. Effective communication and coordination State ECC
17. Effective implementation of inter-county mutual aid
18. Effective communication and coordination with federal authorities through State
19. Effective support for scene perimeter control and crime-scene investigation
20. Effective coordination of triage and pre-hospital care
21. Effective coordination of public and environmental health organization activities
22. Effective coordination and support for Medical Care Point (mobile hospitals)
23. Effective coordination and support for a Rapid Screening Point
24. Timely support to family inquiring about friends and relatives
25. Timely and effective support transportation and road maintenance for responder ingress, citizen egress and area traffic control
26. Timely, effective and regular briefings to elected leadership
27. Timely, effective, continuous and accurate information to the public

During the early stages of County involvement in exercise planning (approximately May 2007) County planners discovered that many requisite plans did not exist within the County, cities or region. Recognizing the awkwardness of attempting to develop and evaluate exercise play for which players had no plan, County planners set out to share this understanding with other planners and to develop some simple, interim plans. Because the majority of neighboring jurisdictions did not wish to engage in additional operations planning before TOPOFF, the

County decided to reduce its expectations for some exercise activity and to expand in others. The table below lists a set of exercise objectives related to each County operation.

Emergency Operations:	1. Achieve full EOC activation within 1 hour of notification.
	2. Establish at least two methods of communication with Departments, Cities, Counties, State and first responders as necessary within 15 minutes of activation.
	3. Achieve initial Situation Awareness within 15 minutes of activation
	4. Report incident to OERS and obtain incident number within 15 minutes of activation
	5. Establish contact with internal and external jurisdiction leadership to share situation information and EOC status information within 1 hour.
	6. Declare local emergency within 30 minutes of activation following major disaster.
	7. Request State/Federal Assistance within 15 minutes of incoming request.
	8. Create necessary emergency ordinance within 1 hour of identifying need to do so
	9. Develop initial emergency public information within 30 minutes of EOC activation and update message every 2 hours
	10. Personnel have ICS 100, 200, 700 and 800 completed.
	11. EOC Director and Section Chiefs complete ICS 300 and 400
	12. All EOC staff maintain accurate contact information with MCEM prior to activation
	13. Establish EOC Position Log with 5 minutes of EOC arrival
	14. Maintain copy of position SOP of job aid at all times
	15. Use message form internal EOC communications
	16. Establish incident objective(s) and overall priorities immediately and update/maintain as required.
	17. Brief County Executive/County Disaster Management Team within 15 minutes of EOC activation and again every hour or as required.
	18. Establish EOC Safety Plan within 4 hours
	19. Ensure effective shift transitions every 12 hours or as needs require
	20. Establish communications with affected jurisdictions and resource providers within 15 minutes of activation.
	21. Establish incident and resource priorities within 1 hour
	22. Establish Branch objectives within 30 minutes of activation and update as required.
	23. Facilitate resource requests within 30 minutes of request
	24. Develop an incident summary document within 45 minutes of activation
	25. Develop an EOC Situation Report within 4 hours of activation
	26. Display EOC Event Log within 15 minutes of activation
	27. Develop formal Incident Action Plan within 4 hours of activation
	28. Demonstrate resource status tracking capability within 2 hours
	29. Establish event documentation process within 1 hour
	30. Develop staffing plan within 1 hour
	31. Process resource requests within 30 minutes of receipt
	32. Establish communications plan within 1 hour
	33. Establish staff time, expenditure, and Mutual Aid cost tracking within 1 hour
	34. Formal contract management processes within 2 hours
	35. Report incident costs and projections with 4 hours
Law Enforcement:	1. Operate an Incident Command Post for three 8-hour days
	2. Locate and dive on a suspicious package on the Willamette River
	3. Deploy a Mobile Booking Center
Public Health:	1. Disseminate information to health and medical responders across the region between public health, hospitals, EMS and emergency management sectors.
	2. Support the development of appropriate risk communications to the public and external and internal partners.
	3. Establish a regional approach to coordination/command to manage the regional Public Health and medical aspects of the incident.
	4. Integrate with the larger emergency management system.
	5. Establish and conduct an RSP as appropriate in order to respond to people fearing contamination as a result of exposure to the air plume from the explosion/fire.

	6.	Establish and conduct an MCP to protect hospital Emergency Rooms.
	7.	Employ and operate in appropriate Incident Command System (ICS) structure as part of local health response to incident of national significance.
	8.	Apply local MCHD plans and procedures to an incident of national significance.
	9.	Apply/adapt Public Health MCP plan, Portland Fire Bureau MCP training, and the governing IC/UC's Incident Action Plan.
	10.	Apply ICS criteria to assemble resources from a number of different organizations and disciplines into a cohesive, well led, and coordinated MCP. Unity of command, span of control, communications, and execution of all or this MCP's share of SMART objectives are particularly important.
	11.	Adjust the organization and MCP processes to gain the highest throughput consistent with the demands imposed by triage priorities and relationship with supported hospital(s).
	12.	Establish the situation/status sharing and inventory/supply/support process relationships with the MCPs superior response organization, the supported hospital, and with ordering point(s)
	13.	Apply/adapt Public Health RSP plan and the governing IC/UC's Incident Action Plan.
	14.	Apply ICS criteria to assembling resources from a number of different organizations and disciplines into a cohesive, well led, and coordinated RSP Division. Especially consider unity of command, span of control, communications, and execution of the Division Assignment.
	15.	Adjust the organization and RSP processes to gain the highest throughput consistent with the imposed protocols.
	16.	Establish the situation/status sharing and supply/support process relationships with the RSPs IC/UC response organization.
Human Services:	1.	Test the Notification System between Multnomah County Health Department (MCHD, Public Health) and Multnomah County Department of County Human Services (DCHS, Behavioral Health).
	2.	Test Activation of internal Multnomah County Department of County Human Services staff.

CHAPTER 3: EXERCISE EVENTS SYNOPSIS

This chapter provides a summary of the scenario presented to TOPOFF participants.

SCENARIO

In April 2005, the U.S. Homeland Security Council in coordination with the U.S Department of Homeland Security published 15 National Planning Scenarios as a way to illustrate and prioritize the range of threats facing our nation. These scenarios have since been used to build plans, training and exercise programs. TOPOFF 4 incorporated the use of "Scenario 11 – Radiological Dispersal Device." The general description of Scenario 11 is as follows:

> In this scenario, the Universal Adversary (UA) purchases stolen cesium chloride (CsCl) to make a radiological dispersal device (RDD), or "dirty bomb." The explosive and the shielded cesium-137 sources are smuggled into the Country. Detonator cord is stolen from a mining operation, and all other materials are obtained legally in the United States. Devices are detonated in three separate, but regionally close, moderate-to-large cities.

For TOPOFF 4, RDD detonations were simulated in Guam; Phoenix, Arizona; and Portland, Oregon on October 15 and 16, 2007. Responders to the Portland area were dispatched to a scene at Portland International Raceway constructed to look like the East approach to the Steel Bridge in downtown Portland. As they arrived, responders found props simulating a bombed MAX train, several blast-affected automobiles and multiple mulaged[5] casualties.

Portland area responders presented opportunities to care for the injured, control the scene, investigate the bombing occurrence and safeguard the community. Soon after arrival, however, they discovered a radioactive nature to the incident and the complications of a very dynamic situation that quickly exceeded the capability of local responders.

Multnomah County's role was to respond with law enforcement on the river, to provide medical direction for EMS personnel, to render public health assessment and decision-making, and to provide other direct and indirect support to City of Portland responders.

In Gresham, a supplement to the main scenario played out as city officials discovered an elderly woman obtained an irradiated bomb fragment from the Steel Bridge detonation and took it to a retirement home in Gresham where she resided. Responders there were faced with an evacuation of a residential care facility - a response that was complicated by the presence of frail individuals, non-English-speaking victims, and several resident pets.

EXERCISE ARTIFICIALITIES

To ensure the safety of the community and exercise participants or, in other cases to simplify play, a number of exercise artificialities were created or assumed during the exercise. These

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[5] Mulage is a form of make-up that allows actors to present to medical personnel with real-looking injuries.

included:

- Due to the potential for disruption of activities in Downtown Portland and the potential for concern among residents, business owners, and visitors, the incident scene was simulated at off-site locations (e.g. Portland International Raceway).
- Responders to the incident scene were staged nearby in order to avoid travelling on public streets Code-3 (with active lights and sirens).
- Many simulated casualties were transported to participating area hospitals by bus in order to avoid the use of ambulances needed for routine duty.
- Normal 911 and unit dispatch organizations were supplemented with simulators to avoid adverse affects on normal call-taking or dispatch operations.
- A Venue Control Cell was used to simulate communications with non-playing agencies and to monitor play to avoid adverse, unplanned activity.
- County Operations Center and Incident Command staff were scheduled for shifts ahead of the exercise in order to avoid staffing conflicts.
- A protocol was established to ensure all players differentiated exercise messages from real-work messages, thereby avoiding inadvertent mis-understandings.
- Another protocol was established that allowed exercise controllers to suspend play at any time a circumstance threatened the safety or security of participants.
- All law enforcement personnel participating as players in the exercise were required to render their weapons safe during the duration of exercise play and in order to ensure the safety of all exercise participants.

SEQUENCE OF KEY EVENTS

This section describes that date and time that certain key exercise events occurred.

Time	Description
10/15 1213	MCSO obtains information about a potential local bomb threat. Sheriff orders activation of MCSO ICP
10/15 1312	Activated MCSO ICP orders securing of Hansen Bldg and notification to county facilities.
10/15 1525	MCSO advises County Emergency Management of threat and places all MCSO forces on alert.

Time	Description
10/15 1700	County Chair and Emergency Management staff monitoring situation through media become aware of a "dirty bomb" detonation in Guam. Chair directs limited activation of County EOC for 24 hour operations.
10/16 0855	County EOC Command and General Staff Meeting – safety, PIO, legal, logistics, finance, logistics reaffirms sign in procedures; safety briefing; Finance tracking costs (MC EOC was activated on 10/15) Safety briefing noting evacuation process; City of Portland has activated its ECC
10/16 0915	County EOC becomes aware of explosion at near Steel Bridge in Portland. Full EOC activation underway.
10/16 0925	County EOC issues PIO first press release
10/16 0930	Chair Wheeler advises of County EOC activation to Mayor Potter @ 9:36 Mayor instructs people to stay inside and he understands a radioactive device has been detonated.
10/16 0950	Section Chief Update in hall – JIC established per Mike Pullen – County's PAO (public affairs office); per Ops Center the State has declared an Emergency and MC EOC has established communication w/ State
10/16 0955	Call from Mayor Potter to Chair Wheeler that the bridges are closed
10/16 1005	Phone call from Schools briefing Schools for press release update; Mult Co Health Dept officer waiting information; County attorney informs Finance section of price gouging
10/16 1016	Second time County bridges are closed except for emergency responders – this order is duplicative to the City's order to close bridges; Chair Wheeler inquires who do we coordinate with in closing bridges?
10/16 1020	C. Wheeler closes bridges signs County declaration of emergency; Portland's ECC is non-responsive. Call from Mayor Potter indicates faxed request for Emergency to county but not received

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Time	Description
10/16 1051	OR ECC phone call to Mult Co EOC Director George Whitney – first contact with State ECC; State has declared State of Emergency; uncertainty on what resources might be needed from Mult Co EOC?
10/16 1130	Shelter in place message from County EOC out through PIO; subsequent question on decisions to close roads
10/16 1156	Posted press releases to the VJIC – experiencing some difficulty in posting info to VJIC
10/16 1158	Public Health Branch Director Dept briefs PIO of decision to continue shelter in place; Threat level raised to "RED" by Governor and State
10/16 1206	PPS teachers cannot keep kids in school; parents can pick up kids; County EOC requested assistance from BOEC to keep kids in school. Question: does County have legal authority to keep kids in school?
10/16 1215	Command and General Staff Meet – stay in place / shelter in place; Request Public Health for decision by 15:00 on decision to continue shelter in place - children in schools
10/16 1433	EOC Director, following conference call with Mayor and Chair advises EOC that action is to continue to shelter in place until 5pm
10/16 1519	PIO issues press releases on animal shelters and assisting special populations during this event
10/16 1539	Red cross requesting shelter for 3,000 people from Human Services – this is just an FYI on available shelter for those who leave the HOT ZONE
10/16 1554	Advance planning submitted request to National Guard assistance for shelter decon support

Time	Description
10/16 1608	EOC Operations discusses care for special pops in HOT ZONE
10/16 1618	EOC Advance Planning working on a contingency plan to evacuate if all were evacuated from HOT ZONE – est population = 20,000 and sites w/ decon and shelter for 3,000; revised from 3,000 to 5,000 – miscommunication on the actual numbers of people
10/16 1618	National Guard to assist with evacuation + shelter for 5,000 and decon stations
10/16 1745	Decon sites set up; questions on what bridges are open? Where are the sites for the 5,000 evacuees from HOT ZONE? No RDD expertise on site – uncertainty on the health issues of the dirty bomb??
10/16 1822	Word that Hawthorne Bridge is cleared but not open – no communication regarding bridges
10/16 2000	EOC shift change and section update: Bridges still closed, cleared but not open for transportation except emergency vehicles, requested 3-5 decon sites from National Guard; per Finance $1.6B – this amount was a damage report rather than an incurred expenditures to date – should have communicated this in the section update
10/17 0856	Attempt to close Fremont bridge – looking for authority to close Fremont Bridge; Ops-Red Cross is considering using the Expo center for evacuees if necessary for shelter. Need RSP (rapid screening points) to determine if people are contaminated
10/17 0922	Coordinate plans for massive evacuation with City of Portland; advised Ops to make a conf call w/ City of Portland ECC; Ops having difficulty connecting w/ City of Portland's ECC to coordinate single site and provide shelter
10/17 0933	Concern about radiation levels in the river – drinking source – how to address? Coordinate w/ State and Federal – need additional expertise on the water situation; MCSO deployed a dive team to search for suspicious packages dropped into the river
10/17 0937	EOC Director updates EOC Section Chiefs on evacuation situation; What to do with populations inside the HOT ZONE – what's the responsibility on evac special pops in the HOT ZONE?

Time	Description
10/17 0956	Conference call Governor, Mayor, Chair and Sheriff; need to align public health w/ State and County; New plume model received – major road closures and 4 day plume map has expanded the affected area.
10/17 1115	Conference call w/ the Oregon Health Alert Network
10/17 1150	Mult Co Health Dept EOC requests to be included on the CountyEOC Situation Report distribution listing.
10/17 1300	Conference call with Chair, Mayor and Governor discuss coordination of public health assessment, prognosis and evacuation preparations.
10/17 14:32	EOC Director briefs EOC to conference call outcomes – plume model revisions; national guard troop requests; working with Portland on Evacuation plan; rapid screening points set up; up to 3,000 people affected. It will be Mayor's decision to evacuate the area.
10/17 17:26	PIO still working on same outside request for past 2 hrs and after over a dozen phone calls – asking about Prussian Blue antidote for people affected - how much have we administered, how much do we expect to utilize, why order 45,000 when only approx. 500 people may be affected?

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CHAPTER 4: ANALYSIS OF MISSION OUTCOMES

The qualitative outcome of each distinct County operation during TOPOFF 4 is described below.

EMERGENCY OPERATIONS CENTER (EOC)

While Multnomah County Offices and Departments have participated in forms of disaster exercise for years, TOPOFF 4 marked the first time the County has operated during a disaster using a single Emergency Operations Center as a focal point for County-wide information handling, decision-making, and response coordination. With little more that 10 weeks of training, over 60 County employees mobilized to staff 12-hours shifts in response to the largest, most complex homeland security exercise ever conducted in the United States. Moreover, Multnomah County had not developed a functional EOC until September 12, 2007. Clearly, the County has much more work to accomplish the level of EOC readiness that is ultimately desired, but it is hard to find deficient the work of such a young team and facility, given the short duration of their preparations and the magnitude of the TOPOFF exercise.

As they had learned during their training, EOC staff assembled to quickly develop a comprehensive picture of the scenario impacts and to communicate this information to County leadership. The team also worked quickly to open communications with affected jurisdictions and began provided resource support and coordination, packaging over 70 requests for state and federal support. The EOC quickly identified objectives and instituted regular situation reporting and incident action planning efforts. The result was situation report and action planning cycles every 4 hours during day shifts and every 12 hours at night.

Areas where EOC operations need to be improved include establishing and maintaining communications with agencies internal and external to the County. Clearly, EOC operations were hampered by under-developed processes and practiced skills that are intrinsic to more established programs. In addition, the role of the County EOC vis a vis other County operations was not adequately clear and led to some confusion and sub-optimal coordination of County decision-making and resource management.

LAW ENFORCEMENT

While the Multnomah County Sheriff's Office (MCSO) participated in the County EOC in the role of Law Enforcement Branch Director, the majority of MCSO activity occurred in the field and at an MCSO Incident Command Post (ICP) located at the Inverness Jail. MCSO objectives during TOPOFF were to operate an ICP for three consecutive days; manage a River Patrol response and dive operation; and to operate a mobile booking center.

Each objective offered challenges. First, operating an ICP was deemed essential to MCSO operations, but staffing such an operation while responding to the field and staffing other operations strained ICP resources. Second, managing a river operation that involved the threat of a hazardous material and the presence of multiple responders from a number of different agencies, created a complex response environment. Third, operating a mobile booking center

was found to be incredibly resource intensive but was deemed a necessity in order to keep the County's main booking center free of radiological contamination.

MCSO field personnel responded to the TOPOFF 4 exercise scenario well and benefited from the training and operational experience gained prior to the event. Less practiced, however, was the activation and operations of the ICP at Inverness Jail. Overall, MSCO personnel acclimated well to the improvised environment, worked well as a team, and effectively worked with other organizations using the ICP as their base of operations.

Opportunities to improve MCSO operations exist in the area of communication, training, resources, and authorities. Communications were hampered because the ICP did not share the same information resources as the County EOC. Consequently, radios and telephones, the former which were in short supply, provided the predominant means of communication. During the exercise it also became clear that authority to close bridges and buildings was ambiguous. Finally, all ICP section chiefs reported the need for more regular and intensive training in order to familiarize MCSO staff with response processes.

PUBLIC HEALTH

The Multnomah County Health Department led local public health response during the exercise by way of operating a Public Health Unified Command (UC), a Medical Care Point (MCP) and a Rapid Screening Point (RSP). The UC developed over the course of four days of operations and effectively united local, state, and federal public and environmental health decision-makers and technical experts. The MCP and RSP, though originally designed for operation by another response organization, quickly set-up and operated. The MCP provided a remote medical field operation, relieving the load of 300 simulated patients from a critically impacted regional hospital system. The RSP, worked to screen many "worried well" individuals who were simulating citizens concerned about their perceived exposure to radiation from the RDD.

Excellent technical experts led and staffed the UC. Some were trained through intermediate ICS levels (ICS 300); many ICS processes and jobs were done well. However, the challenges of the catastrophic scenario and the diversity of staffing strained the organization as the UC struggled to double in size over the course of 3 days. During this time, there were great and increasing demands to share processed information with other organizations.

The simulated RDD detonation quickly added hundreds of actor-casualties to the regional hospital system – a system that normally operates near capacity. Clear, rapid interpretation of RDD contamination did not occur, and information was clarified slowly during the exercise. The scenario also provided increased anxiety in the community which prompted tens of thousands of persons to self-evacuate, further pressuring the medical system and presenting long-term public health and environmental impacts.

The result was that critical ICS functions (primarily Public Information, Planning, Logistics, and Finance/Administration) did not fully support tactical operations (such as the MCP and RSP). This shortfall was evident by the insufficient quality and substance of documents and information displays developed during planning cycles. Products did not have the detail needed

to ensure that operational objectives would be fully supported and achieved during the operational period.

HUMAN SERVICES

The Multnomah Department of County Human Services (DCHS) was asked to take on four missions during TOPOFF 4, management of: 1) mental health; 2) special populations response; 3) care and shelter; and 4) information and referral operations.

While DCHS had never participated in a large-scale exercise before, the department endeavored to accomplish the missions with limited time to prepare and significant resource limitations. DCHS developed an organizational structure to address these 4 missions by developing an interim Emergency Operations Plan (EOP) for the exercise.

DCHS staff exercised in multiple venues and played multiple roles. The venues included: the County Disaster Management Team, County EOC, Public Health Unified Command, DCHS DOC, DCHS Call Center, Rapid Screening Point, Medical Care Point and spontaneous behavioral health response operations at Emanuel Hospital. Tactical response was initiated and dispatched through the Public Health Unified Command and the DCHS DOC.

Generally speaking, DCHS activities were exercised well; the department was able to effectively respond to 100% of all requests. However, it should also be noted that DCHS experienced little exercise play; the County's anticipation of providing Human Services support did not materialize well during the exercise.

Clearly, the minor involvement of DCHS in such a catastrophic disaster is unrealistic and should be understood to be a consequence of this particular exercise. The relatively new creation of the DCHS mission likely contributed to this underuse.

Looking forward, DCHS needs to engage internal and external stakeholders to develop a department annex to the County's Emergency Operation plan that addresses the Department's new disaster mission. Subsequently, investments in planning, resources, training, and exercising need to occur to make this capability truly viable during emergency. Finally, outreach and continued engagement with stakeholders to keep them apprised of department capabilities will ensure better knowledge of and more employment of such capability when it is needed.

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CHAPTER 5: ANALYSIS OF CRITICAL TASK PERFORMANCE

This chapter examines Multnomah County exercise activity in the context of County objectives and 5 of 36 Federal Government Target Capabilities exercised by the County. The first section offers a summary comparison of observed exercise play to activities listed in Exercise Evaluation Guide (EEGs) for each of the selected Target Capabilities. The summary is meant to provide a brief snapshot of overall accomplishment during the exercise, to demonstrate the incorporation of HSEEP[6] doctrine, and to help State and federal Planners combine the findings of many jurisdiction reports into a single, comprehensive report. It should be noted, however, that Multnomah County exercise evaluation was not limited to use of Federal EEGs. Therefore, the second section in this chapter explores specific areas of strength and weakness in play that will serve as the primary guide for program improvement.

SUMMARY ANALYSIS BY TARGET CAPABILITY

Listed below, 5 of 36 Target Capabilities are summarized and key activities are compared with actions observed during exercise play.

A. Emergency Operations Center Management - The capability to provide multi-agency coordination (MAC) for incident management through the activation and operation of the Emergency Operations Center (EOC), including EOC activation, notification, staffing, and deactivation; management, direction, control, and coordination of response and recovery activities; providing public information and warning; and maintaining information and communication necessary for response and recovery activities.

	Activity (Described by EEG)	Proficient	Needs Improvement	Not exercised
A1	Activate EOC			X
A2	Direct EOC		X	
A3	Gather and provide information	X		
A4	Identify and address issues	X		
A5	Prioritize and provide resources	X		
A6	Provide EOC connectivity	X		
A7	Support and coordinate response		X	
A8	Demobilize EOC	X		

[6] HSEEP – An acronym referring to the U.S. Department of Homeland Security Exercise and Evaluation Program.

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B. Citizen Protection: Evacuation or shelter-in-place - The capability to plan for and immediately execute the safe and effective sheltering-in-place of an at-risk population; or an organized and managed evacuation of the at-risk population to areas of safe refuge in response to a potential or actual dangerous environment, and the safe and organized re-entry of the population.

	Activity (Described by EEG)	Proficient	Needs Improvement	Not exercised
B1	Direct evacuation/shelter-in-place			X
B2	Activate evacuation/shelter-in-place			X
B3	Implement evacuation orders		X	
B4	Implement in-place protection		X	
B5	Assist re-entry			X
B6	Demobilize evacuation operations	X		

C. Emergency Public Information and Warning - The capability to develop and coordinate the release of accurate alerts, warnings and other emergency information to the public prior to an impending emergency. To contribute to the well being of the community during and after an emergency by disseminating accurate, consistent, timely and easy-to-understand information about emergency response and recovery processes.

	Activity (Described by EEG)	Proficient	Needs Improvement	Not exercised
C1	Manage information and warning		X	
C2	Activate information/warning plans		X	
C3	Establish Joint Information System		X	
C4	Issue emergency warnings			X
C5	Conduct media relations	X		
C6	Provide rumor control	X		
C7	Demobilize information and warning	X		

D. Onsite incident Management - The capability to effectively direct and control the incident management activities through the use of the Incident Command System (ICS) consistent with the National Incident Management System (NIMS).

	Activity (Described by EEG)	Proficient	Needs Improvement	Not exercised
D1	Implement incident management	X		
D2	Establish Command		X	
D3	Resource Management		X	
D4	Develop Incident Action Plan	X		
D5	Execute plan	X		
D6	Evaluate/revise plans	X		

E. Triage and Pre-hospital treatment - The capability to appropriately dispatch emergency medical services resources; to provide feasible, suitable, and acceptable pre-hospital triage and

treatment of patients; to provide transport as well as medical care en-route to an appropriate receiving facility; and to track patients to a treatment facility.

	Activity (Described by EEG)	Proficient	Needs Improvement	Not exercised
E1	Direct triage/pre-hospital treatment	X		
E2	Activate triage/pre-hospital treatment		X	
E3	Triage	X		
E4	Transport	X		
E5	Demobilize	X		
E6	Special threats and duties		X	

DETAILED ANALYSIS BY OPERATION

Below are detailed observation and analysis for each operation referenced to Target Capabilities and EEG Activities summarized above.

Emergency Management (EM)

EM 1 – County Emergency Operations Center (A1, A2, A3, A4, A5, A6, A7, A8)

Observation and Analysis – Despite having only 10 weeks to prepare for TOPOFF, the County's EOC and staff performed remarkably well. Key ICS roles were appropriately staffed and managed, and critical EOC business processes were conducted according to ICS as they had been practiced. Regular situation reporting and action planning took place and routine interaction with senior county leadership occurred well.

Because the function of an EOC is new to the County and represents a capability quickly developed to meet the requirement of TOPOFF, capabilities were created and exercised without adequate planning, procedures and training. Consequently, not all EEG activities were exercised during TOPOFF. For example, all aspects of EOC activation were not tested because an EOC staff alert protocol and communication system has not yet been established. In the interim, EOC staff understand that their presence is expected 1 hour after an event, even if telephone communications are hampered. A new Emergency Operations Plan and Standard Operating Procedure need to be developed to describe and guide the County's new EOC capability.

Recommendation – Revise the County EOP to reflect current County EOC roles, responsibilities and practices, and develop an EOC Standard Operating Procedure to support future training and EOC activations.

EM 2 – Public Information (A6, A7, B3, C1, C2, C3, C4, C7)

Observation and Analysis – There appears to have been over 30 incident commands and operation centers exercising responsibility for developing and sharing public information during the TOPOFF exercise. However, relatively little coordination of message development and

delivery took place among these operations. Approximately 2 hours into the incident, Multnomah County was asked to relay a Portland request for Public Information Officers to staff a Joint Information Center (JIC). The County processed this resource request and assisted in the staffing of the JIC. The operation emerged slowly and appeared to have critical organizational, technological and procedural problems. Consequently, multiple messages were distributed to the public that were altogether confusing or conflicted. One example of this problem occurred when the Public Health UC was asked to correct a City of Portland release that did not include times of operation of a Medical Care Point. The UC PIO issued a corrected release, but this time omitted the location of operation.

Recommendation – Develop a Joint Information Center Concept of Operations (CONOPS) for Multnomah County and encourage development of a coordinated regional CONOPS. Using the CONOPS as a role and relationship framework, develop a JIC Standard Operating Procedure (SOP) with which to train potential public information officers, EOC personnel, elected leaders and other program stakeholders to use the concept effectively. Develop common communication platforms, forms and processes and practice them regularly.

EM 3 – Mutual Aid (A5, A7, D1)

Observation and Analysis – Multnomah County's role in the coordination of mutual aid on behalf of jurisdictions in the County is not clear. Through recent program enhancements, the County EOC now has the capacity to receive, aggregate and coordinate resources on behalf of cities and the County. Such a role has been instrumental around the country to relieve the stress from primary jurisdictions for having to direct response and coordinate outbound requests for mutual aid concurrently.

The City of Portland made use of this capability in part, by relaying requests for state and federal assistance through the County. Most all requests for mutual aid from neighboring counties, however, were coordinated by Portland directly. It is unclear whether this reduced dependence on the County is due to a lack of awareness for this new capability or more a legitimate issue of trust between jurisdictions, perceived role or capability. It is also fair to say that a history exists of reduced County support for city emergency management programs that has only recently begun to change. Nevertheless, the County believes that coordination of outside resources can and should significantly relieve the burden from local jurisdictions responding directly to an event.

Recommendation – Through the process of revising After Action Reports, EOPs and mutual aid plans; foster an appreciation for a "strength in numbers" notion that recognizes the dependence we all have on other jurisdictions during major emergencies. Acceptance of this notion will lead to the development of greater trust in partner organizations and facilitate necessary planning, training and exercising of networked capability. Ultimately, this increased trust and expanded roles should be reflected in a response protocol for the region.

EM 4 – Intra-county Department Coordination (A2, A3, A4, A5, A6, A7, B1, C1, C2, C3)

Observation and Analysis – County leadership and operational capacity necessary to meet the needs of the TOPOFF scenario was bifurcated by the distinct operation of a County EOC and department-specific Incident Commands. Evidence of this challenge took several forms; perhaps most profound, was the County's challenge to unite Health, Sheriff and all other County operations under a common set of objectives, priorities and timelines.

Some EOC Operations Branch directors appeared to view their role as more of a liaison to their department rather than an EOC coordinator for a specific activity. Consequently, information sharing, prioritizing, and collaborative resource management across the spectrum of county operations was sub-optimal. In some cases, ad-hoc improvements to this coordination were attempted, but only partially successful. The bifurcation also produced another adverse impact: the County created multiple points for contact for city, county, state and federal jurisdictions seeking to coordinate information, policy and activity with the County. The most poignant example these circumstances culminated in the County's inability to provide clear guidance for evacuation or shelter-in-place alternatives for the first 24 hours of the exercise.

Recommendation – **Engage** County Offices and Departments in the comprehensive revision of the County's Emergency Operations Plan. The effort should focus on creating effective county-wide coordination during emergencies and on describing clear roles and responsibilities for each office and department. The effort should result in a shared plan that serves as a touchstone for all subsequent planning.

EM 5 – Communication (A6)

Observation and Analysis – Communications with cities within the County, neighboring counties and the state was difficult and situation created severe coordination challenges. The reason the communication difficulty appears to be two-fold. First, the sharing of technology and procedures are not captured in any communication plans. For example, while all jurisdictions may prefer telephone as a primary tool for inter-agency communication, the choice of technology, exactly when and how to use it has not been defined for cases where telephone systems fail.

Second, the limited communications among County and regional jurisdictions seems to reflect the issue discussed in EM 3 above. Observations from TOPOFF suggest that communications went poorly, in part, because the need to for inter-jurisdictional communication is not defined. For example, in the absence of a regional evacuation plan, there is no clear protocol for sharing information about evacuations regional partners. Instead, the region now relies on a "good neighbor" approach that suggests necessary communication more along the lines of a courtesy call between jurisdictions than a coordination of operations between jurisdictions. This is not at all to say that that jurisdictions appear to now want to coordinate, but that rather their interest in coordination is not yet defined, planned or practiced.

Recommendation – Develop and maintain a regional communication annex to support County and regional Emergency Operations Plans.

LAW ENFORCEMENT

LE 1 – ICS Forms (D1, D3, D60

Observation and Analysis - Use of printed ICS forms in the ICP required additional staff time that could have been used performing other operations. Easy computer access to editable ICS forms saves time creating and editing them.

Recommendation - Save copies of all necessary ICS forms to portable disk media for use in the ICP.

LE 2 – Web EOC (D1)

Observation and Analysis - The Sheriff's Office was not aware of the use of Web EOC by regional agencies. During the exercise, when use of the system was discovered, gaining access to the system proved problematic. The ability to review and post information to Web EOC would have improved communication and collaboration.

Recommendation - Arrange Sheriff's Office access to Web EOC.

LE 3 – Documentation (D1, D4)

Observation and Analysis - It was observed that as exercise activity intensified, documentation became less of a priority. Less documentation of the incident and activity complicated communication, especially between shifts.

Recommendation - Evaluate methods for simplifying documentation using established ICS forms and use training to reinforce the importance of documenting ICP activities.

LE 4 – Training (D1)

Observation and Analysis - While staff generally performed well, some aspects of ICP operation clearly would have performed better with additional training. Due to competing demands on staff time, ICP training often occurs during real-world incidents and not as part of a regular training program.

Recommendation - Evaluate methods for instituting a regularly-delivered training module that focuses on staff ICP operations.

LE 5 – ICP (D1, D2, D5)

Observation and Analysis - Maintaining an ICP on stand-by ensures that the Sheriff's Office has a suitable location to support large-scale emergency response. Maintaining such a facility on secure MCSO-managed property further ensures security and minimizes distraction. However, some resources necessary to conduct ICP operations are in short supply, such as tactical radios and other information technology.

Recommendation - Perform an ICP needs assessment, procure needed equipment, maintain and regularly test it.

LE 6 – Safety Officer (D1, D2, D5)

Observation and Analysis - Assigning two safety officers to the ICP allowed one to attend briefing and the other to research information or develop safety plans.

Recommendation - Plan for the assignment of another safety person to the Safety Officer.

PUBLIC HEALTH

PH 1 – Unified Command and Joint Objectives (D1, D2, D4)

Observation and Analysis - Over the course of three days, the U.S. Environmental Protection Agency (EPA), U.S. Department of Energy (DOE), Oregon Public Health, and Portland Fire and Police Bureaus joined Multnomah County Public Health to form a Unified Command to support health/environmental response operations. The Unified Command produced good, progressive objectives. The strength expertise from various agencies and disciplines gave weight to their decisions. At first certain DOE and EPA staff operated separately, but coaches helped to integrate them with public health counterparts.

Recommendation - Initial Unified Command meetings need to follow scripted agendas to ensure common issues are addressed when forming Unified Command, including determination of qualified ICS leaders and merging resources from different organizations.

PH 2 – Professionalism and Technical Competence (D5)

Observation and Analysis - Participants took the challenging TOPOFF scenario very seriously. The dialogs, intensity of discussion, seriousness of thought, urgency of deadlines, integration of new people and organizations where done with a great degree of professionalism. Underlying stress and concern was often palpable. A great diversity of technical expertise was focused by ICS processes into objectives, interpreted data, and operational assignments in a way that could not be done so quickly or well without ICS as a common denominator.

Recommendation - Adverse physical and mental health concerns need to be monitored by IC/UC leaders and monitored by the Medical Unit during large, complex events and exercises.

PH 3 – ICS Position Performance (D1, D2, D4, D5, D6)

Observation and Analysis – The UC was comprised of individuals from many organizations, with varying levels of ICS training and experience. Many were trained to the Intermediate ICS curriculum level (ICS-300). Some had major exercise experience in the positions that they served; few had position-specific training. Individuals knowledgeable at the Type 3 level of their position were leading others with less capability during exercise of this Type 1 scenario. The result was highly-variable ICS processes, products, performance outcomes. An integration of new people and agencies into the organization combined to generate a steady state of low-to-medium tension within the UC that is to be expected during such events.

Recommendation - Position-specific ICS training and credentialing of personnel should required to ensure individuals and teams can meet the desired levels of performance. During events that require more support than local teams can provide, the County should consider ordering a Type 1 team from another jurisdiction to support UC operations.

PH 4 – Multi-agency Coordination System (C1, C3, D1, D2, D4, D5, D6)

Observation and Analysis - MACS elements were established as many response organizations formed and related to one another to a far greater degree than in past major health/medical exercises. The UC Liaison Officer, Communication Unit, and Supply Unit did this particularly well. During initial response operations, before there were written Incident Action Plans, the UC exchanged information well with the UC at the blast scene. This was due, in part, to public health officials being integrated into the field UC. Perhaps the greatest shortfall in creating a viable MACS was the lack of common situational awareness and coordination of public messaging – a challenge of relationships and information sharing between Planning Sections/Situation Units and PIOs/JICs.

Recommendation - Position-specific ICS training and credentialing of personnel is required to assure individual and teams can meet the desired levels of leadership and performance. MACS training and exercises are required for Incident Commanders and Agency Executives using on-line short courses and/or formal training.

PH 5 – Logistics Support (D3)

Observation and Analysis - Tactics planning, ordering, warehousing/check-in/assignment, and resource display in the UC needed to have been done in a more consistent, disciplined, and transparent manner during each shift. The status of resource orders sent to ordering points were not pursued as if the objectives during the next period depended on this work being accomplished. In one example, 1000 patient beds were requested and the UC was unable to fill

the request. The request was then sent to the County EOC, but returned to the UC for processing. Subsequently, the request sat idle for several hours.

Other resource management processes exhibited flaws. For example, the omission of a field to record agency names on a check-in form complicated subsequent efforts to effectively maintain the status of resources, complete emergency notification, effect demobilization, and accomplish cost accounting processes.

Recommendation - Position-specific ICS training and credentialing of personnel at the proper level is required to assure desired levels of leadership and performance. If the investment cannot be developed internally, individuals and teams of the proper Type for the incident should be quickly requested.

PH 6 – Incident Commander (D1, D2)

Observation and Analysis - Evaluators and response personnel (including the Incident Commanders themselves) noted that the Incident Commanders spent too much time behind closed doors deliberating among themselves and with other organizations relative to time spent managing the UC. The UC was greatly burdened by the complexity of the incident, level of decision-making required, and the numerous additions of UC leaders and staff. For example, the dialog among UC leaders on issues such as the movement of plume boundaries and status of Prussian Blue supplies may have been too detailed and better delegated to UC staff. Inadequate attention to their organization combined with the level of training contributed to shortfalls in resource management, operation of a JIS, ambiguous command of Medical Care Points, and less-effective engagement of UC Command and General Staff.

Recommendation – Provide additional and regular training and exercise opportunities for Command and General Staff, Unit Leaders, and other key positions that are required to manage ICS processes and functions during a complex incident.

PH 7 – Command (D1, D2)

Observation and Analysis - The UC viewed Medical Care Points as UC Operations Divisions, but MCP leaders viewed their role as independent UCs. Few responders had position-specific training and related experience. For the most part, informal Type 3 or 4 individuals/teams were doing work that would challenge Type 1 individuals/teams.

Recommendation - Provide additional and regular training and exercise opportunities for Command and General Staff, Unit Leaders, and other key positions that are required to manage ICS processes and functions during a complex incident.

PH 8 – MCP Location   (D1)

Observation and Analysis - The Chiles Center at the University of Portland was an almost ideal location for the establishment of an MCP. The site had enough capacity to accommodate the large numbers of patients likely to seek help at MCPs. Additionally, the site already had in place the infrastructure necessary to meet the needs of responders and victims or patients. The ability to control ingress and egress contributed to the overall security of the MCP, a level of control not possible with an outdoor site.

Recommendation - Identify key locations and develop strategic partnerships with the owners of these facilities. Develop pre-plans factoring the utility and availability of these structures (e.g. following an Earthquake) and ensure that responders who may be deployed to these facilities are familiar with them.

PH 9 – Operational Awareness (D1, D2, D3, D4, D5, D6)

Observation and Analysis - A secondary briefing that lasted approximately 13 minutes was given to the fire department resources on scene by Portland Fire & Rescue Battalion Chief/IC and a Lieutenant prior the commencing operations at the screening, triage, and decontamination site. This briefing identified and addressed such critical factors as the ICS structure; patient flow procedures, PPE requirements, and the site operating plan. This outstanding briefing was a major contributing factor in the success of fire department operations there.

Recommendation - Ensuring that all resources on-scene share a common operating picture is critical to the success of any operation that requires the coordination of large numbers of people. The Incident Commander is also likely to gain vital information from the questions raised during such briefings. Briefings, such as the one delivered at this exercise, should be considered a "best practice." Pre-operational briefings should be required for large-scale activities such as MCPs.

PH 10 – MCP Operations (D1)

Observation and Analysis - Patient flow through the fire department portion of the MCP was efficient and nearly flawless. The ability to focus their operations on just the screening, triage, and decontamination of patients allowed fire department leaders to use their resources in the most efficient manner possible. Fire service personnel typically provide short-term, transitory care to patients, while the personnel who staff DMAT teams are typically used for more complex treatment such at that provided in a hospital emergency room. The MCP combination of DMAT and fire department resources allowed each group to focus on areas of strength and should be considered a "best practice."

Recommendation - Consider partnering DMAT teams (or equivalent) with fire department resources during next revision of MCP plans. Conduct joint planning and training when possible.

PH 11 – Triage of Patients (E3)

Observation and Analysis - Fire Department personnel performing triage marked their patients with colored surveyor's tape that matched the color of their triage category. This innovative use of tape contributed to rapid transit of patients to and the triage area. Historically, commercially available triage tags have served this function, but with such large numbers of patients, the use of the commercial tags would have slowed patient flow.

Recommendation – Recognize the use of colored tape as a time saving measure when reviewing Mass Casualties Incident and other similar plans.

PH 12 – Special Needs Patients (A4, B2, B3, C1)

Observation and Analysis - A female patient who was hearing-impaired entered the flow of patients at an MCP entry portal and proceeded through the screening and triage process (triaged as a "red"). The patient was escorted to the Chiles Center and was transferred to the DMAT team where she was placed into the "red" treatment tent. At the transition point between fire and DMAT operations, the patient was contacted by a fire officer who spoke American Sign Language and was able to understand the patient's needs. After transferring the patient to the DMAT team, the fire officer returned to his post. Personnel in the DMAT treatment area were unable to communicate with the patient and did not appear to have a plan in place for working with patients with this or other special needs.

Recommendation – Factor the need to effectively communicate with special needs patients into emergency plans and procedures. This need perhaps offers the best validations of a new requirement to credential and track emergency response personnel, especially with respect to individual qualifications.

PH 13 – Security Planning (D4)

Observation and Analysis - Site security should be an integral part of the planning, management, and operation of an emergency management facility. In the case of the MCP, Portland Police and University of Portland security were requested to provide security. Security was needed to control the movement of large numbers of people who, depending on their condition, may be unwilling to follow directions or wait for their turn to be seen by medical care providers. Any large scale gathering of people who have been adversely affected by an incident has the potential to evolve, if management unsuccessfully, into a civil disturbance.

Recommendation - Include law enforcement and security forces (possibly even National Guard assets) in the planning and execution of response plans that may require security. At least two critical security issues need to be considered during the development of these plans. First, the prevention and response to risks inherent in large gatherings needs to be considered. Second, the ability to quickly manage a dynamic security response is also a necessary consideration. A standard security team may also be considered for certain types of deployments subject to larger gatherings (i.e. a DMAT security detail).

PH 14 – DMAT Operational Policy on Integration with Others (D1, E1, E2)

Observation and Analysis - During the set-up of the MCP, in became apparent that Health and Human Services policy does not currently allow the integration of non-DMAT medical personnel into a DMAT, or vise versa. It seems that some discretion should be given to a DMAT Incident Commander that would allow him or her to incorporate other available resources, so long as the mission effectiveness of the overall DMAT mission is not compromised.

Recommendation – The County should encourage Federal Health and Human Services to review its policy of prohibiting DMATs from augmenting operations with local, available resources in a manner consistent with the role and operation of a DMAT. The County should also engage the State Office of Health and Human Services and explore the possibility of incorporating non-traditional DMAT models into State and local planning.

PH 15 – Patient Tracking (E3)

Observation and Analysis – Little information about critical patients was transferred from the initial MCP triage area to the medial care portion of the MCP during the exercise. For example, marking a "D" on the wrists of patients who had been decontaminated would inform the DMAT personnel that patients no longer pose contamination threats. Tracking exposed patients could be important for long term health issues as well as reconstructing the initial incident events and management.

Recommendation – Review MCP intake and patient transfer protocols for opportunities to increase information flow between discreet operations while continuing to balance the dichotomy of maximizing patient throughput and quality of care.

PH 16 – Use of Medical Masks (E2, E6)

Observation and Analysis - Well into the exercise, when masks were donned inside the MCP, it was noted by behavioral health responders that this situation immediately increased the sense of fear in the room. Victims with no masks began to ask questions regarding the safety of MCP. It was further observed that hearing-impaired patients had difficulty communicating with people who had put on medical masks.

Recommendation – Review plans and procedures related to medical patient care for opportunities to address risk communication and quality of care for patients with special needs. Consider using a public address system or messengers to better convey information to patients. Incorporation of responders with knowledge and skills for better meeting the needs of special populations is also recommended.

PH 17 – Incident Facilities

Observation and Analysis - Schools, particularly high schools and university gyms offer tremendous support for emergency operations. They are often publicly-controlled and have staff accustomed to managing large events. School availability is also usually proportionate to neighborhood density, making schools an ideal location and facility for supporting neighborhood facilities.

Recommendation - Survey school facilities for availability and utility for an emergency support mission and establish basic agreements with facility owners to use these properties when needed.

PH 18 – Use of Volunteers

Observation and Analysis – Exercise controllers noted exceptional support provided by high school and college students during the exercise. They served extremely helpful roles in greeting people, helping with low-intensity tasks and with relaying general observations. These volunteers also served as interpreters, assisted clients with intake forms, interpreting completed forms, and conducting mental health surveys.

Recommendation - Develop methods to rapidly recruit emergent and make use of volunteers able to perform general duties after receiving just-in-time or on-the-job training.

HUMAN SERVICES

HS 1 – DCHS Emergency Operations Staff

Observation and Analysis - DCHS currently does not have the funding for an emergency management planner or trainer to support its four core missions of care and shelter, disaster mental health, information and referral and support for vulnerable populations. Consequently, DCHS has not developed emergency operations or business continuity plans and has not been able to secure necessary resource support. Examples of needed support include: radios, first-aid kits, an alternate call center, staff disaster kits, extra cell phone batteries, laptop computers, etc.

Recommendation – Develop support for the hire of a full-time disaster planner/trainer and the procurement of necessary disaster resources.

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CHAPTER 6: CONCLUSION

Insofar as many other jurisdictions participated in TOPOFF 4, different observations and interpretations of exercise activity are likely to unfold. The County looks forward to reviewing these observations to improve both our county and regional system of response. For our part, Multnomah County appreciates the opportunity to participate in TOPOFF in support of the City of Portland. From this tremendous learning and demonstration experience, the County now clearly recognizes:

- a need to continue coordinated, county-wide planning, training and exercising;
- a regional need for better communication between jurisdictions;
- a need to better share jurisdictional priorities, strategies, tactics and timelines during disaster;
- a critical need to improve coordination among public information providers; and
- a need to bring county technical expertise and leadership together better to support timely, accurate information sharing and decision-making.

Overall, the County has come a long way toward improving its emergency management program capability in a very short time. The overwhelming sentiment of County exercise participants is a feeling of great satisfaction with the work accomplished thus far and an eagerness to continue our aggressive program development path. Indeed, Multnomah County is already aggressively pursuing several improvement initiatives, including one aimed at co-locating the Multnomah County and City of Portland EOCs in a way that will provide a place for all jurisdictions in the County to work in close proximity to each other to support better communication and coordination during the next disaster.

APPENDIX A: ACRONYMS

Acronym	Meaning
AAR	After Action Report
COML	Communication Unit Leader
CP	Command Post
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team, a federal HHS resource
EMS	Emergency Medical Services
EOC	Emergency Operations Center (for support and coordination)
FBI	Federal Bureau of Investigation
FD	Fire Department
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HD	Health Department
HHS	Health and Human Services
IC	Incident Commander
ICP	Incident Command Post (home of IC/UC and support of tactical operations)
ICS	Incident Command System
JIC	Joint Information Center
JIS	Joint Information System
LSC	Logistics Section Chief
LE	Law Enforcement
LO	Liaison Officer
MC	Multnomah County
MCHD	Multnomah County Health Department
NIMS	National Incident Management System
OSC	Operation Section Chief
ORHAN	Oregon Health Alert Network
ORDHS-PH	Oregon Department of Human Services, Public Health Division
PD	Police Department
PH	Public Health
PIO	Public Information Officer
PPE	Personal Protective Equipment
PSC	Planning Section Chief

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MEMORANDUM

TO:	Chair Wheeler
	Commissioner Rojo de Steffey
	Commissioner Cogen
	Commissioner Naito
	Commissioner Roberts
	Budget Director Karyne Dargan
FROM:	Sheriff Giusto
DATE:	February 5, 2008
RE:	FY 08/09 Program Offers – Jail Capacity and Wapato

As part of the FY 08/09 budget process and my commitment to provide assistance in opening Wapato, MCSO will submit two categories of program offers relating to Wapato. The first proposal also serves as basis for the discussion for potential system realignment should Wapato be opened as a treatment only facility with 150 SB 1145 inmates accompanied by an reduction of sanctioned offenders in jail by 75.

1. Open 225 Jail Beds at Wapato within the Current Capacity (no net increase of system beds)

Proposal - Move inmate population from existing facilities to Wapato. Open 3-75 person dorms at Wapato – 225 Inmates
- Un Double Bunk MCDC – 146 Inmates
- Close one floor of MCDC – 96 Inmates (Based on budgeted capacity on July 1, 2007)

Reason for and Considerations of Proposal –
- MCDC un double bunked, eliminates risk-management issues surrounding two inmates being housed in one cell.
  - o Eliminates ongoing staffing requirement to staff all doubled housing areas on graveyard as recommended in the Post Factor Study ($1.8m cost avoidance).
- Allows for MCDC to return to direct supervision aiding in compliance with Post Factor Study and other reports (Risk and Best Practices).
- Reduces stress/wear and tear on MCDC.
- Reduces capacity/staffing in an inefficient facility design (MCDC).
- Future expansion of capacity significantly cheaper.
- Will require additional staff and therefore increased overall cost to current bed configuration.
- Loss of 17 total beds in the system.

- The ability to find up to 225 inmates from the existing system and move them from MCDC to Wapato/Inverness type housing and if they can be safely housed based on their behavior and classification in a Wapato/MCIJ environment will require further assessment. (Pending outcome of "Objective Classification Model" and further refinement of what populations are being referred to in scenarios will aid in answering these questions).

This proposal also serves as the foundation for discussions of what the County Jail system would look like if 225 beds were eliminated from our jail system and the County moved to implement portions of the Post Factor Study relating to staffing needs, risk and direct supervision. (Treatment only at Wapato assumption - SB 1145 and Sanction Population decreased by 225 and funding for 225 beds moved to other County services where the population would be served).

2. Increase Jail Beds in the System

The Public Safety Plan recommended utilizing 225 beds at Wapato to increase the current jail capacity available in Multnomah County.

Each year MCSO submits a proposal to add the potential jail capacity at Wapato to the jail system. MCSO will again submit proposals from an additional 225 beds at Wapato to 525 beds. It is important to complete this process annually for a variety of reasons:

- To have current (next fiscal year) costs available. Having a current cost for Wapato is needed and useful as we have looked and continue to look at scenarios for opening Wapato.
- To update our staffing assumptions based on current or desired practices. For example, the Post Factor Study did allocate a slightly different staffing pattern than used previously. FY 08/09 proposals will include the staffing recommendations in the Post Factor Study.
- As these proposals treat Wapato as new beds to the system, the proposals are in addition to the proposals for MCDC and MCIJ.

MCSO will submit proposals to use from 225 to 525 beds at Wapato due to the above mentioned reasons.

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Wapato Secure Treatment Facility:

Enhanced Interventions and Sanctions for

Community Corrections Offenders

**Submitted to the
Multnomah County Board of County Commissioners**

February 5, 2008

Executive Summary

The Department of Community Justice (DCJ) supervises 9,000 adult offenders in the community who are on probation, parole and post-prison supervision. DCJ employs two primary strategies to reduce the risk that these offenders will re-offend: 1) enforce law abiding behavior and 2) address factors that contribute to criminal activity, such as drug and alcohol abuse, mental illness, anti-social attitudes and instability in housing and employment.

To enhance our ability to accomplish this mission, DCJ proposes a two-pronged strategy to further reduce re-offense rates among adult felons on community supervision:

- Open and operate a 150 bed secure residential treatment program at the Wapato facility for community corrections offenders who are currently serving a jail sanction (probationers or parolees serving a technical violation, and those revoked or sentenced to less than one year) – beginning in September, 2008.

  The annualized estimated cost of these beds would be $8.6M.

- Align sanctions with evidence-based practice by enhancing sanction options for technical parole violations by up to 75 jail beds per day. This shift can be achieved by small revisions in jail days administratively imposed by parole officers for technical violations and increasing the use of jail alternatives (e.g., community service, electronic monitoring and other community-based sanctions). The estimate cost of expanded alternative sanctions is approximately $400K.

This proposal would benefit Multnomah County's justice system by:

- Enabling the county to open residential treatment at the Wapato facility, a use which is consistent with voter intent.

- Using the Wapato facility to increase the availability of treatment interventions – which data show reduce the rate of recidivism among felony offenders – as called for in the Public Safety Plan.

- Enabling MCSO to reduce the use of 225 jail beds and redeploy staff resources, which creates the potential to alleviate overtime and increase staffing levels as described in the Post Factor Study.

Additional considerations:

- Board of County Commissioners would be required to extend DCJ Supervisory Authority to SB 1145 offenders serving local control sentences in jail and review the local allocation of SB 1145 funds.

- The incremental reduction of 225 jail beds requires further budget analysis on the net fiscal impact to MCSO.

Proposal Overview

1. How Would the Wapato Facility be used to deliver Secure Residential Treatment to SB 1145 Offenders?

Recently, Multnomah County's public safety plan identified recent cuts in drug abuse treatment (including the elimination of the River Rock secure residential facility in 2005) as a potential factor that could result in increased local crime rates.

- Each day, approximately 40 offenders in county jail beds are waiting for treatment beds to open, while up to 500 drug dependent offenders are in the community on treatment waiting lists.

Under this initiative, DCJ would open the Wapato Facility as a secure treatment environment for 150 state-financed SB 1145 community corrections offenders in jail whose behavior could be more effectively addressed through a secure treatment intervention.

- Opening 150 beds of secure treatment at Wapato will address a major recommendation of the public safety plan and increase residential treatment capacity.

The population of SB 1145 inmates in treatment at Wapato would be comprised of local control offenders (felony sentences and technical violations of 12 months or less) and other SB 1145 offenders (probationers, parolees and offenders on post-prison supervision) serving a jail sanction for a technical violation, *not new crimes*.

The Wapato facility will provide evidence-based interventions that address and respond to a variety of crime-related factors, such as drug and alcohol abuse.

- Length of treatment or treatment readiness would be between 30-180 days, based on sentence and progress.

- Offenders will be engaged in treatment for an average of 45 hours per week.

The Wapato facility would also provide capacity to stabilize and intervene with offenders who are dually diagnosed and those engaged in domestic violence and other offenses. Wapato's stable, controlled environment would provide DCJ the capacity to deploy cognitive-based behavior change interventions that have proven to be successful with these populations.

- Treatment would also include family/ parenting training, community networking for housing, employment and continued treatment.

- Funding for the facility includes resources to support offender transition to the community, with wrap-around services such as housing, aftercare, mentor services and employment.

The Wapato secure treatment facility will be licensed by the State Office of Addiction and Mental Health Services to operate a Level III and III.5 residential treatment program. Staff will be licensed and credentialed.

2. How would Multnomah County Fund Secure Residential Treatment at Wapato?

The annualized operational cost of providing 150 beds of secure residential treatment at Wapato would be **$8.6 million**[1] (current cost estimates assume DCJ operation inside the Wapato facility with MCSO providing perimeter security and transport).

The daily bed cost at the Wapato secure treatment facility is currently estimated at **$157 per day** (based on a start-up capacity of 150 beds – this cost would be lower if more secure treatment beds are brought on-line).

This proposal includes approximately $400K funds to support jail sanction alternatives (community service, electronic monitoring, day reporting and other community-based sanctions) for 75 sanctioned offenders per day.

Funding to open secure residential treatment would be leveraged using existing and sustainable state SB 1145 community corrections dollars for the local control and sanctioned community corrections population.

- The costs of operating secure residential treatment at Wapato would be offset by leveraging state SB 1145 community corrections funds, and changing the amount of jail bed utilization for the state-financed SB 1145 offenders.

Under SB 1145, the state Department of Corrections funds counties to supervise adult community corrections offenders – felony probationers, parolees and inmates serving sentences of less than one year (the local control population).

This revenue is divided by local formula between the Multnomah County Sheriff's Office (MCSO) and DCJ to manage the community corrections population.

By opening treatment beds at Wapato, this proposal would offset the use of approximately 225 beds per day in county jails (and a significant portion of their costs) that are currently used by these state-financed offenders.

- This change in jail bed usage will enable the county's SB 1145 dollars to follow these state-financed offenders to support secure treatment at Wapato.

We currently estimate that there would be start up costs in currently budgeted, one-time-only expenses. Some of these expenses can be funded out of remaining public safety bond funds.

3. Why does this proposal target the SB 1145 population?

On any given day, SB 1145 offenders occupy between 500- 600 beds in county jails (approximately 34% of jail inmates). Of these beds:

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[1] Projected costs for healthcare, MCSO staff and retrofitting of kitchen have been included but may need to be adjusted.

Food Services (currently budgeted at $10 per day per offender) could be revised lower as more information becomes available.

- 100-200 are occupied by Local Control offenders -- felony offenders who have been sentenced on a new crime to serve less than a year in jail (instead of prison). Local Control offenders also include those who have been revoked by the Courts or the Parole Board for a technical violation of probation or parole and will serve on average 3-7 months before being released again on supervision.

- Approximately 400 beds are for offenders on post-prison supervision or probation who have violated technical conditions of supervision (e.g., failed a drug test) and are serving a sanction of between 1-90 days.

On an aggregate basis, jailing these state-financed Local Control offenders on technical revocations has not produced intended public safety outcomes. In fact, the Local Control population re-offends at a higher rate than parolees on post-prison release.

- Multnomah County has substantially reduced re-offense rates among probationers and inmates leaving state prison – but Local Control offenders re-offend at much higher rates (37% felony reconviction rate within three years for Local Control offenders v. 21% 3-year felony reconviction rate for parolees).

A close look at the Local Control population shows that it is made up of a high percentage of persons with drug and alcohol dependence, whose crimes are related to supporting their addiction.

Data show that treatment and community-based sanctions (community service, electronic monitoring, etc.) are more effective in holding offenders accountable than a jail sanction alone, which in some cases may actually increase the risk of recidivism.

- A 2007 VERA Institute study on parole and probation sanctioning practices in Multnomah County found that jail sanctions were associated with higher rates of re-conviction (30% re-conviction rates for offenders who received a jail sanction versus 9% for a matched sample of offenders who did not).

- An outcome study of over 400 offenders in Multnomah County reported that 60% of offenders who completed residential treatment were not re-arrested in the year following treatment.

- A 2002 Oregon Department of Corrections study reported that community service sanctions have the lowest rate of re-conviction for high and medium risk offenders and are less expensive than residential or custody sanctions.

These data suggest that more treatment and more sanctioning options (as alternatives to jail) can help Multnomah County further reduce re-offense rates among SB 1145 offenders (which are already below state-wide averages), freeing additional law enforcement and correctional resources to respond to other offenders.

4. What would be the Impact on County Jails?

Under this proposal, DCJ will remove approximately 225 offenders from local jails per day by transferring 150 SB 1145 offenders to treatment at the Wapato facility and by reducing the length of parole and probation sanctions administratively imposed by parole officers on SB 1145 offenders.

- Research shows that the effectiveness of parole sanctions is correlated to the swift and sure application of the sanction, rather than its duration.

- DCJ has implemented similar reductions in length of jail sanctions in the past – without any measured increase in re-offending among parolees and probationers.

A reduction in the use of 225 jail beds occupied by SB 1145 offenders may enable MCSO to close beds, redeploy staff at the Inverness and MCDC jails and reduce operational expenses, including overtime costs with the redeployment of staff.

It may also enable MCSO to address double-bunking at MCDC and meet requirements of the federal Prison Rape Elimination Act.

However, fixed costs at these facilities will mitigate the full scope of savings. County budget staff are currently assessing these potential net impacts.

5. How will Security Issues be addressed at the Wapato Secure Treatment Facility?

Primary security would be provided by DCJ staff (DCJ currently operates a secure detention facility for juveniles). All DCJ Wapato staff would be trained in basic security procedures, personal safety and behavioral interventions.

Wapato will be staffed 24 hours per day, seven days per week with dedicated DCJ security staff in the building at all times, in addition to treatment staff.

- On-site staffing will include Probation and Parole Officers – these officers and their supervisors are DPSST-certified, are trained and annually certified in defensive tactics and have legal authority to manage and detain this supervised population.

- Management and treatment staff in the building will be proficient in security procedures, personal safety and behavioral interventions.

MCSO will provide perimeter security and transport to and from the facility, in accordance with the facility's conditional use permit.

6. What Action is required by the Board of County Commissioners?

By statute, supervisory authority for the SB 1145 population is designated by the Board of County Commissioners and is currently jointly shared by DCJ and MCSO – DCJ has supervisory authority for offenders living in the community and MCSO has supervisory authority for SB 1145 offenders in jail. The supervisory authority has the authority to determine where custody for the local control offenders will be served.

Under this proposal, the Board would designate both DCJ and MCSO as having supervisory authority for SB 1145 offenders serving local control jail sentences (the Board would also re-allocate the local formula distribution of SB 1145 funds to enable state community corrections funds to follow these offenders and leverage the operation of Wapato).

Joint supervisory authority for SB 1145 offenders serving local control jail sentences would empower DCJ to move SB 1145 offenders to the Wapato treatment facility, in cooperation with the Sheriff. Thus community corrections offenders who are moved to treatment would not be inmates of the jail. However, failure to participate in treatment could result in a return to the jail and inmate status.

7. When would the Secure Treatment Facility at Wapato Open?

The secure treatment facility at Wapato would begin operation on September 15, 2008. DCJ, MCSO and county budget staff are currently completing operational and fiscal planning necessary to implement this proposal. County facilities staff would take steps to make the facility fully operational and staff hiring and training will be begin as soon as this proposal is authorized.