ESF 6: MASS CARE, EMERGENCY ASSISTANCE, TEMPORARY HOUSING, & HUMAN SERVICES

Emergency Support Function (ESF) #6 – Mass Care, Emergency Assistance, Temporary Housing and Human Services addresses the regional coordination of resources in support of mass care, emergency assistance, temporary housing and human services activities. ESF #6 discusses providing appropriate services for special populations and assisting local jurisdictions with emergency animal assistance issues.

Coordinating Agencies	Emergency Management Agencies (EMAs)
	American Red Cross (ARC)
Cooperating Agencies	Government Departments and Agencies Assigned Responsibilities in Local Emergency Operations Plans (EOPs)
	The Salvation Army (TSA)
	United Way of Greater Kansas City 2-1-1
	KC-Metro Community Organizations Active in Disaster (COAD)
	School Districts
	Hospitals
	Area Agencies on Aging (AOA)
	Temporary Housing Agencies (i.e. Housing Authority)
	Other Public and Private Agencies and Organizations Serving Special Populations
	Humane Societies, Veterinarian Associations and Other Public and Private Organizations Providing Emergency Animal Assistance
	Others as Needed and Assigned in Local Emergency Operations Plans (EOPs)
State and Federal Agencies	Kansas Department for Children and Families (DCF)
	Missouri Department of Health and Senior Services (DHSS)
	Kansas Division of Emergency Management (KDEM)
	Missouri State Emergency Management Agency (SEMA)
	Federal Emergency Management Agency (FEMA)
	Others as Needed and Assigned in State and Federal Emergency Plans

Agency roles are described in Section VI – Responsibilities

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COMPLIANCE NOTE: CPG-101 version 2 indicates the following for all "support annexes" and documents: "for consistency, the recommended structure for all annexes is the same as that of the basic plan." (page 3-15 of CPG-101 vs. 2). In order to eliminate unnecessary redundancy, the ESFs include only those sections that have direct application and relevance to each respective support function. Sections that are not included in each of the ESFs (e.g. Introductory Materials; Admin, Finance, and Logistics; and Plan Development and Maintenance) are addressed in the Base Guide section of the Regional Coordination Guide.

I. PURPOSE

A. This Emergency Support Function (ESF) Annex to the Regional Coordination Guide (RCG) describes the coordination of available mass care, emergency assistance, temporary housing and human services capabilities in the Kansas City metropolitan area.

B. ESF #6 is designed to accomplish the following:

1. Facilitate the exchange of information among jurisdictions during incidents of a regional nature involving mass care, emergency assistance, temporary housing and human services activities.

2. Assist the jurisdictions in the metropolitan area in considering multi-jurisdictional issues when accomplishing local mass care, emergency assistance, temporary housing and human services activities.

3. Promote a coordinated regional approach to providing mass care, emergency assistance, temporary housing and human services assistance when the needs of the event impact, tax or overwhelm existing local capabilities.

C. For more information on overall regional coordination activities, see the **RCG Base Guide** and the summary of key regional coordination concepts included as **Attachment A**.

D. ESF #6 is intended to support the Mass Care and Sheltering Annexes of local Emergency Operations Plans (EOPs). In support of local EOPs, ESF #6 specifically addresses the following:

1. Mass care capabilities within the region to include feeding, staffing and supplies

2. Human services assistance available in the region

3. Coordination of emergency assistance and temporary housing issues

4. Activities required to coordinate the reception and care of evacuees from outside the region

5. Mass care, emergency assistance, temporary housing and human services assistance for functional and access needs populations

6. Pet and animal sheltering issues (addressed in greater detail in the Regional Evacuation Guide)

II. SCOPE

A. ESF #6 is a functional component of the RCG, which consists of a Base Guide and fifteen (15) ESFs (for more information, see the RCG Base Guide). To the extent possible, information contained in other sections of the RCG will be referenced, not repeated in ESF #6.

B. ESF #6 provides a flexible organizational structure capable of meeting the varied requirements of different emergency scenarios with the potential to require multi-jurisdictional coordination in support of mass care, emergency assistance, temporary housing and human services activities. Such emergency scenarios are described in the RCG Base Guide and summarized in **Attachment A.**

C. ESF # 6 does not supersede the plans, policies and protocols maintained by local jurisdictions in the metropolitan area. Rather, the information in ESF #6 is designed to assist local jurisdictions when local resources are inadequate or when the event has regional significance.

D. The extent of coordination activities required in support of ESF #6 activities will depend on the capabilities of the jurisdictions and organizations involved and the type and scope of the incident.

E. ESF #6 includes four (4) primary functions. Each one has its own separate concept of operations:

1. **Mass Care:** the coordination of non-medical mass care services to include sheltering, feeding, emergency first aid, providing information on displaced individuals to family members and coordinating the distribution of emergency relief items.

2. **Emergency Assistance:** Coordination of voluntary organizations and unsolicited donations and management of unaffiliated volunteers; essential community relief services; non-congregate and transitional sheltering; support to individuals with disabilities and others with access and functional needs in congregate facilities; support to children in disasters; support to mass evacuations; and support for the rescue, transportation, care, shelter, and essential needs of household pets and service animals

3. **Temporary Housing:** the provision of short-term temporary housing to those affected by the incident. Temporary housing options including rental, repair and loan assistance; replacement; factory-built housing; semi-permanent construction; referrals; identification and provision of safe, secure, functional and physically accessible housing; and access to other sources of temporary housing assistance.

4. **Human Services:** other victim related recovery efforts such as crisis counseling, ongoing support for special populations, and coordinating the provision of local, state and federal disaster assistance.

F. In addition, ESF #6 includes information on addressing the specific needs of populations with functional and access needs when providing emergency mass care, emergency assistance, temporary housing and human services assistance.

G. The provision of shelter and other emergency assistance for animals is addressed more thoroughly in the Regional Evacuation Guide.

H. ESF #6 will address or reference, where appropriate, the following Core Capabilities and desired outcomes associated with ESF #6 related activities. It incorporates the region's 2012 Threat and Hazard Identification and Risk Assessment (THIRA). The THIRA, which builds off the 2010 Regional Capabilities Assessment, re-evaluated the region's threats, hazards, and capabilities against the Core Capabilities outlined in the National Preparedness Goals.

The Regional THIRA expands on existing local and multi-state Hazard Identification and Risk Assessments (HIRAs) and other risk methodologies by broadening the factors considered in the process, incorporating the whole community throughout the entire process and by accounting for

important community-specific factors. Copies of both the 2010 Regional Capabilities Assessment Report and THIRA may be obtained from MARC.

Table 1: ESF 6 Core Capabilities

CORE CAPABILITY	ESF #6 – MASS CARE, EMERGENCY SERVICES, TEMPORARY HOUSING, AND HUMAN SERVICES	OTHER REGIONAL PLANS AND ESFs
Mass Care Services *2012 KC THIRA Desired Outcomes, as applicable:* *Within 12 hours, establish, staff and equip emergency shelters for 10 percent of impacted population and their household pets.* *By D+7, move from emergency shelters to non-congregate care alternatives and provide relocation assistance or interim housing solutions for families unable to return to their pre-disaster homes.*	The Regional Coordination System may be used to <u>coordinate</u> and augment regional capacity to meet the following activities, as needed: • Support local governments and NGOs in the coordination and provision of mass care, emergency assistance, temporary housing, and human services resources, programs, and services. • Coordinate life-sustaining services to the affected population, including hydration, feeding, and sheltering, as well as support for reunifying families. • Coordinate the establishment, management, and operation of congregate and non-congregate care facilities in the region. • Coordinate with local governments and NGOs to facilitate the return of evacuees to their pre-disaster or alternate locations. • Coordinate an initial regional temporary housing strategy to transition survivors from congregate to non-congregate care alternatives and provides relocation assistance or interim housing solutions for households unable to return to their pre-disaster residence. • Anticipate and identify current and future ESF #6 requirements in coordination with local, state, and Federal governments, NGOs, and private sector partners. • Coordinate and assist in the transport and delivery of ESF #6 resources and services to meet the needs of disaster survivors, including children and individuals with disabilities and others with access and functional needs. • Coordinate general care for separated/unaccompanied minors until they are placed in the care of appropriate authorities. • Coordinate nontraditional congregate care facilities in the region. • Provide technical assistance for the development of local, NGO, and private	

CORE CAPABILITY	ESF #6 – MASS CARE, EMERGENCY SERVICES, TEMPORARY HOUSING, AND HUMAN SERVICES	OTHER REGIONAL PLANS AND ESFs
	sector operational plans for mass care, emergency assistance, temporary housing, and human services. **Mass Care** **Sheltering:** Coordinate life-sustaining services in congregate facilities that provide a safe, sanitary, and secure environment for individuals and households displaced by disasters. Also includes support to survivors sheltering in place and in ESF #8 medical shelters. **Feeding:** Coordinate feeding services at fixed sites and distribution sites and through mobile feeding units. Feeding services may include hot or shelf-stable meals, infant formula, baby food, snacks, beverages, and food packages, as well as diverse dietary meals (e.g., low sodium, low fat, vegetarian/vegan, halal, kosher). Additional support may include the provision of technical assistance for the development of regional feeding plans. **Distribution of Emergency Supplies:** Coordinate the acquisition and delivery of life-sustaining resources, hygiene items, and clean-up items to meet the urgent needs of disaster survivors. Additional support includes transportation, warehousing, equipment, technical assistance, and other mission-critical services. **Reunification:** Coordinate facilitated assistance for children separated from their parent(s)/legal guardian(s), as well as adults from their families, due to disaster. **Emergency Assistance** ESF #6 coordinates resources and emergency assistance in support of local governments, NGOs, and the private sector. The Regional Coordination System may be used to <u>coordinate</u> and augment regional capacity to meet the following activities, as needed: **Voluntary Agency Coordination:** Facilitate the coordination of NGOs, places of worship, and the private sector to ensure that capabilities, resources, and services are integrated. **Volunteer and Donation Management:**	

CORE CAPABILITY	ESF #6 – MASS CARE, EMERGENCY SERVICES, TEMPORARY HOUSING, AND HUMAN SERVICES	OTHER REGIONAL PLANS AND ESFs
	Coordinate unaffiliated volunteers, unaffiliated organizations, and unsolicited donated goods to support all ESFs. • **Essential Community Relief Services:** Coordinate regional strategy for debris removal from disaster survivor residences; sandbagging; mud-out; tear-out; chainsaw work; warehouse management; transportation and distribution coordination; childcare services; emotional and spiritual care and counseling; financial assistance; financial counseling; disaster-related case work and case management; and other essential services. • **Mass Evacuation:** Coordinate and support affected and host jurisdiction mass evacuation activities, including provision of mass care services and tracking the movement of evacuees, their household pets, service animals, and medical equipment. Coordinates resources to support affected and host jurisdiction evacuation operations to include mass evacuation tracking system kits and staff to provide technical assistance. In coordination with ESF #8, coordinates mass care services to medical patient evacuees. (Note: Evacuees who have chronic medical conditions may be evacuated with the general population. For evacuation of patients, refer to ESF #8.) • **Disability and Other Access and Functional Needs Support:** Coordinate equipment, supplies, and services required to assist children and adults with disabilities and others with access and functional needs to maintain their independence. • **Household Pets and Service Animals:** Coordinate rescue, transportation, shelter, reunification, care, and essential needs of household pets and service animals during response operations to ensure their safety and well-being. Service animals are not pets and may not be separated from the individual with a disability or other access and functional need; service animals should be permitted anywhere the public goes. • **Nonconventional/Transitional Sheltering:** Coordinate resources and technical assistance in support of local governments and NGOs when traditional	Regional Evacuation Guide

CORE CAPABILITY	ESF #6 – MASS CARE, EMERGENCY SERVICES, TEMPORARY HOUSING, AND HUMAN SERVICES	OTHER REGIONAL PLANS AND ESFs
	sheltering is not available or feasible or when the impact of the disaster is of such magnitude that extended shelter operations are required. **Temporary Housing** The Regional Coordination System may be used to <u>coordinate</u> and augment regional capacity to meet the following activities, as needed: **Temporary Roof Repair:** Coordinate regional strategy to provide quick repairs to damaged roofs on private homes that allow residents to return to and remain in their own homes while making permanent repairs. **Repair Program:** Coordinate regional strategy to provide financial assistance to homeowners or landlords for the repair of their primary residence, utilities, and residential infrastructure. **Replacement Program:** Coordinate regional strategy to provide financial assistance to homeowners to assist with the replacement of their destroyed primary residence. **Housing Resource Databases:** Coordinate regional strategy to identify housing resources from the private sector and other Federal agencies available to disaster survivors, including physically accessible housing options. **Rental Assistance:** Coordinate regional strategy to provide financial assistance to eligible disaster survivors for the rental of a housing resource. **Hotel/Motel Program:** Coordinate temporary accommodations for eligible displaced survivors unable to return to their pre-disaster primary residence. **Direct Housing Operations:** Coordinate regional strategy to provide temporary housing units to survivors when other housing resources are not available. Ensure units provided are appropriate to the needs of the community and include units accessible to those with disabilities and others with access and functional needs. **Human Services** Human Services coordinates assistance to address	

CORE CAPABILITY	ESF #6 – MASS CARE, EMERGENCY SERVICES, TEMPORARY HOUSING, AND HUMAN SERVICES	OTHER REGIONAL PLANS AND ESFs
2012 KC THIRA Desired Outcomes, as applicable: *By D+14, complete an assessment of community health and social service needs and develop a comprehensive recovery timeline.* *By D+60, restore basic health and social services functions. Identify critical areas of need for health and social services, as well as key partners and at-risk individuals (such as children, those with disabilities and others who have access and functional needs, and populations with limited English proficiency) in short-term, intermediate, and long-term recovery.*	the non-housing needs of individuals and families. • **Crisis Counseling:** Coordinate regional strategy to augment crisis counseling, mental health services, and other similar immediate, short-term psychological assistance to disaster survivors. • **Disaster Case Management:** Coordinate regional strategy to assist eligible survivors with developing and carrying out a disaster recovery plan. • **Legal Services:** Coordinate regional strategy to assist low-income survivors with free/affordable legal advice. • **Unmet Needs:** Coordinate regional strategy to assist disaster survivors with medical, dental, funeral, personal property, transportation, moving/storage, and other expenses. • **Supplemental Nutrition Assistance:** Coordinate regional strategy to assist eligible households with supplemental nutrition assistance through established programs when income is lost due to a declared disaster. • **Unemployment Assistance:** Coordinate regional strategy to assist survivors who have lost their jobs due to a disaster with unemployment benefits.	Regional Mental Health Response System Plan
Public and Private Services and Resources *2012 KC THIRA Desired Outcomes, as applicable:* *Within 24 hours, mobilize and deliver governmental, nongovernmental, and private sector resources within and outside of the affected area to save lives, sustain lives, meet basic human needs, stabilize the incident, and transition to recovery, to include moving and delivering resources and services to meet the needs of disaster survivors.*	The Regional Coordination System may be used to <u>coordinate</u> and augment regional capacity to meet the following activities, as needed: • Assess the need for and coordinate the provision of life-sustaining ESF #6 services, resources, and supplies from government agencies, NGOs, and the private sector. • Gather, assess, prioritize (for a Level 3), coordinate, and communicate resource requirements for the region. • Provide subject matter expertise to identify resource requirements to meet the life-sustaining needs of disaster survivors and their household pets and service animals.	ESF 7 - Logistics Regional Resource Annex
Public Health and Medical Services	The Regional Coordination System may be used to <u>coordinate</u> and augment regional capacity to meet the following activities, as needed:	ESF 8 - Public Health and Medical Services

CORE CAPABILITY	ESF #6 – MASS CARE, EMERGENCY SERVICES, TEMPORARY HOUSING, AND HUMAN SERVICES	OTHER REGIONAL PLANS AND ESFs
2012 KC THIRA Desired Outcomes, as applicable: *Within 48 hours, initiate requests to acquire, maintain, transport, distribute, and track medical material.* *Conduct regional medical surge to treat 100 percent of patients from a hazard event.* *Within 30 minutes of notification of mass casualty events or an influx of infectious patients via the HEAR system or EMSystem and/or other methods, 100 percent of hospitals activate EOPs to include medical surge plans.* *2012 KC THIRA Desired Outcomes, as applicable:* *In four hours, complete triage, initial stabilization, transport and tracking of casualties and begin definitive care for those likely to survive their injuries.*	• Identify and communicate requirements for life-saving and life-sustaining needs of disaster survivors and household pets and service animals. • Gather, assess, coordinate, and communicate public health and medical requirements of survivors and their household pets and service animals in congregate care facilities to core capability providers. • Gather, assess, prioritize, and communicate relevant public health and medical needs information to survivors in facilities where mass care services are provided. • Communicate plans, requirements, and strategies to core capability service providers.	Mass Casualty Incident Plan
Critical Transportation *2012 KC THIRA Desired Outcomes, as applicable:* *Within 90 minutes of an incident, assess and initiate transportation response priority objectives to provide transportation (including accessible transportation services) for response priority objectives, including the evacuation of people and animals and the delivery of vital response personnel, equipment and services into affected areas by identifying transportation resources within the nine-county area prior to a disaster. Identify the need for and request resources from normal mutual aid partners, regional partners and state resources.*	The Regional Coordination System may be used to <u>coordinate</u> and augment regional capacity to meet the following activities, as needed: • Support the collection, analysis, dissemination, and reporting of transportation infrastructure damage from ESF #6 service delivery sites. • Identify and coordinate regional transportation resources for the delivery of life-sustaining supplies and services to the affected area(s). • Identify and coordinate critical transportation for survivors with disabilities and others with access and functional needs. • Coordinate mobilization and implementation of regional mechanisms to track the movement of evacuees, resources, household pets, individuals with disabilities or other access and functional needs with their service animals, medical equipment, and luggage.	ESF 1 - Transportation

CORE CAPABILITY	ESF #6 – MASS CARE, EMERGENCY SERVICES, TEMPORARY HOUSING, AND HUMAN SERVICES	OTHER REGIONAL PLANS AND ESFs
Establish physical access through appropriate transportation corridors within eight hours for emergency response. Within one hour, identify the need for and request resources from normal mutual aid partners, regional partners and state resources.	• Coordinate mass care support to survivors at embarkation, debarkation, and reception centers; evacuation transportation hubs; and post-decontamination areas to make sure that basic needs are met, including hydration, feeding, tracking, medical needs, and information. • Coordinate resources for the care of survivors evacuating from the affected area.	
Fatality Management Services *2012 KC THIRA Desired Outcomes, as applicable:* *Within 24 hours of fatality notifications, initiate the safe recovery, receipt, identification, decontamination, transportation, storage and disposal of large numbers of human remains to include an assessment of the need for temporary burial, procurement of public property for temporary burial and security/privacy requirements of the processing facility.*	The Regional Coordination System may be used to <u>coordinate</u> and augment regional capacity to meet the following activities, as needed: • Coordinate and utilize regional mechanisms to support notification/transportation of family members to make appropriate arrangements for deceased relatives. • Coordinate regional strategy to provide crisis counseling services to the bereaved. • Coordinate transportation and mass care services for survivors reuniting with deceased family members.	Regional Mass Fatality Plan

III. SITUATION OVERVIEW

A. All local mass care, emergency assistance, temporary housing and human services activities will be managed as described in the Mass Care Annexes of local EOPs.

B. The type and duration of mass care, emergency assistance, temporary housing and human services assistance required will vary greatly depending on the hazard and its severity. The population affected could range from very few in an isolated event (e.g., localized flooding) to large numbers if the incident impacts a densely populated area (e.g., a major power outage affecting the entire area).

C. The duration of ESF #6 operations required will depend on the specifics of the event. For example, long-term mass care operations may be needed after a catastrophic disaster causing widespread damage to local housing resources, where as a major power failure may only require limited shelter stays with no permanent housing issues.

D. The Kansas City metropolitan area is served by the American Red Cross (ARC). In the Kansas City metro, the ARC is the designated lead agency for coordinating Mass Care operations.

E. In coordination with local government, the ARC in the region has identified numerous potential mass care facilities (both public and private) and appropriate agreements with these facilities are in place. The ARC has determined it has adequate local staffing, equipment and supplies to simultaneously support a minimum of one (1) 100- person shelters per county in the eight county region or three (3) 500-person shelters.

F. The ARC has identified several large facilities in the metro-area with the capacity to shelter two hundred fifty (250) or more people and they are working with local governments to identify additional facilities with this capacity. The ARC maintains these lists of mass care facilities and their capabilities. As appropriate, mass care facility lists are included in local EOPs and their Supporting Standard Operating Guides (SOGs).

G. Other volunteer organizations such as The Salvation Army (TSA) and local churches may provide emergency mass care capabilities. To maximize efficient use of resources, where possible, these organizations' operations should be coordinated with ARC shelter activities, and should be included in pre-planning activities.

Authorities

A. Local Emergency Operations Plans (EOPs): Each political subdivision in Missouri and each County in Kansas maintains a local resolution or ordinance establishing an emergency management organization, outlining the organization's responsibilities, and providing the authority for implementing the Mass Care Annex (also called the Sheltering Annex or Reception and Care Annex) of the local EOP.

B. FEMA and the American Red Cross are designated as joint ESF Coordinators and Primary Agencies for ESF #6 in the National Response Framework (NRF).

State Role in ESF #6 Activities

A. While local governments remain responsible for ESF #6 functions in their jurisdictions, the Missouri Department of Health and Senior Services (DHSS) and the Kansas Department for Children and Families (DCF) are designated in their respective State EOPs as the primary agencies for ESF #6.

B. When appropriate, DHSS and DCF are responsible for representing the ESF #6 function in the State EOC and compiling information to assist with the commitment of available state resources to assist with mass care, emergency assistance, temporary housing and human services operations, including functional and access needs and animal assistance issues.

C. DHSS and DCF may be available to provide technical assistance and support to local governments regarding ESF #6 issues. With this in mind, local governments are encouraged to contact and work with the Kansas DCF and the Missouri DHSS to help develop and enhance local ESF #6 planning efforts.

The ADA and Title II

Emergency preparedness and response programs must be made accessible to people with disabilities and is required by the Americans with Disabilities Act of 1990 (ADA). Disabilities include, but are not limited to mobility, vision, hearing, cognitive disorders, mental illness and language barriers.

More broadly, the ADA prohibits disability-based discrimination in a variety of contexts, including employment, state and local government programs and services, transportation systems, telecommunications, commercial facilities, and the provision of goods and services to the public by for-profit and nonprofit private entities. See generally 42 U.S.C. §§ 12101 et seq. Title II of the ADA provides:

> [N]o qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity. 42 U.S.C. § 12132. A public entity under Title II includes any state or local government and any department, agency, special purpose district, or other instrumentality of a state or local government. 42 U.S.C. §§ 12131(1)(A), (B). Title II applies broadly to all of a public entity's services, programs, and activities, including emergency management, and any components, such as planning, evacuation, transportation, communications, sheltering, rebuilding, and recovering.

General Regulatory Obligations

Congress delegated to the Department of Justice the responsibility and authority to promulgate regulations under the ADA. *See* 42 U.S.C. § 12134(a); 28 C.F.R. pt. 35. The Justice Department originally promulgated the regulation implementing Title II on July 26, 1991, and the regulation was revised in 2010. Since 1991, the Title II regulation has prohibited public entities from engaging in a variety of activities with respect to individuals with disabilities, including:

- The outright denial of the benefits of programs, services, activities, and facilities, 28 C.F.R. §§ 35.130(b)(1), 35.149-151, as well as unequal, different, or separate opportunities to participate in programs, services, and activities, 28 C.F.R. § 35.130(b)(ii)-(iv), (vii);

- The use or imposition of eligibility criteria or methods of administration that screen out or tend to screen out people with disabilities from the benefits of or participation in services, programs, and activities, 28 C.F.R. § 35.130(b)(8);

- The failure to make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, 28 § C.F.R. § 35.130(b)(7);

- The failure to take appropriate steps to ensure that communication with individuals with disabilities is as effective as communications with others through the provision of appropriate auxiliary aids and services, 28 C.F.R. §§ 35.160-164;

- The failure to administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities, 28 C.F.R. § 35.130(d), and the failure to give priority to those methods that ensure program access in the most integrated setting, 28 C.F.R. § 35.150(b)(1);

- The imposition of surcharges on individuals with disabilities to cover the costs of measures that are required to provide nondiscriminatory treatment, 28 C.F.R. § 35.130(f);

- Exclusion or denial of services, programs, or activities to an individual or entity because of the known disability of an individual with whom the individual or entity is known to have a relationship or association, 28 C.F.R. § 35.130(g); and

- The imposition of illegitimate safety criteria, which are unnecessary for the safe operation of the services, programs, or activities, such as where such criteria are based on speculation, stereotypes, or generalizations about individuals with disabilities, 28 C.F.R. § 35.130(h).

The Title II regulation also specifies that a public entity cannot conduct various prohibited activities directly, or through contractual or other arrangements with other entities or organizations. *See, e.g.,* 28 C.F.R. § 35.130(b)(1), (3), (5).

Architectural Requirements

The Title II regulation sets forth certain architectural requirements for facilities used for a public entity's programs, services, and activities. *See* 28 C.F.R. §§ 35.149-151. State or local government facilities constructed after January 26, 1992 must comply with the new construction requirements of Title II. 28 C.F.R. § 35.151. Similarly, Title II sets forth requirements for alterations to facilities. *Id.*

Additionally, the Title II regulation imposes program access obligations on public entities for existing facilities, to operate each service, program, or activity, so that when viewed in its entirety, the service, program, or activity is readily accessible to and usable by individuals with disabilities. 28 C.F.R. §§ 35.149-150. A public entity must provide services, programs, and activities in accessible facilities, regardless whether the facility is owned by another entity. The Title II regulation explains that a public entity may not, in determining the site or location of a facility, make selections that discriminate against individuals with disabilities. 28 C.F.R. § 35.130(b)(4). Facilities used in emergency management can include, among others, shelters, transportation depots, evacuation staging areas, warming or cooling centers, meeting locations, and operations centers.

One method for achieving program access in existing facilities is to undertake physical construction and alterations to make a facility accessible, which must meet the same accessibility requirements for newly constructed and altered facilities. 28 C.F.R. § 35.150(b). Another method to achieve program access in existing facilities is to move the program to an accessible facility. *Id.* While the regulation does not necessarily require the public entity to alter a facility to achieve program access, sometimes such an alteration may be the only feasible way to provide program access, especially in circumstances where the facility is uniquely suited to a particular program or the program itself is unique under the circumstances, such as emergency management, where advanced planning and preparing is a critical component. *Id.* Ultimately, a public entity, in choosing among available methods for providing program access, is required to give priority to those methods that offer services, programs, and activities to qualified individuals with disabilities in the most integrated setting appropriate. 28 C.F.R. § 35.150(b)(1). The circumstances dictate which of three architectural standards apply to existing facilities, new construction, and alterations, and in some cases, a choice among sets of standards exists. On or after March 15, 2012, however, physical construction and alterations to facilities (including alterations made to provide program access) must be made according to the 2010 Standards, which includes the requirements contained in appendices B and D at 36 C.F.R. pt. 1191 and 28 C.F.R. § 35.151. More information on the architectural requirements is provided in the Title II regulation, 28 C.F.R. §§ 35.149-151.

IV. PLANNING ASSUMPTIONS

General Assumptions

A. Many people displaced by a disaster will stay with family or friends, rather than seek public shelter. Although the majority of people may initially be self sufficient, as the duration of displacement continues, more people will seek assistance. Depending on the event and area(s) affected, it is estimated that between 15 – 25% of the dislocated population may seek public shelter. Note: a citizen preparedness survey conducted by MARC in 2008 revealed 53% of residents surveyed would go to a family member's home if they were displaced by a disaster, 16% would go to a local mass care shelter, 16% would go to a friend's home, 12% would go to a motel or hotel, 9% would go somewhere else and 3% were not sure. A report on the results of the citizen preparedness survey may be found at: http://www.marc.org/emergency/2008-MEMC-Preparedness-Survey.pdf. The number of individuals in each county potentially seeking public shelter following a disaster is included in Section 3 on page 79 of the report. Additionally, dislocated citizens may bring pets, which will also require shelter. The American Veterinary Medical Association developed a formula to estimate the number of pets in a community which can be used for preplanning purposes: https://www.avma.org/KB/Resources/Statistics/Pages/Market-research-statistics-US-pet-ownership.aspx

B. It is anticipated that a portion of dislocated individuals may not have the ability, information or means to remain self-sufficient. Thus, government and volunteer agencies will be tasked with providing basic mass care and other human services assistance.

C. The ARC and other volunteer agencies will be available to assist with mass care and human services operations. In addition to the volunteer agency resources available regionally, there are other volunteer resources from outside the region that may be available, but may take a few days to mobilize and for resources to arrive.

D. ARC maintains lists of pre-identified shelters. The availability for use of these shelters depends on the facility owner and will likely be driven by the size and scope of the disaster. At least some of these pre-identified shelter facilities will be available during the initial phase of the emergency some may not. Additional available, pre-identified shelters may be made accessible quickly following the event.

E. All primary shelters utilized by the ARC are ADA compliant. In large scale events, these primary shelters may not be available. In the event a shelter is not ADA compliant, resources can be brought to bear to ensure compliance. All reasonable accommodations will be made to all programs, services, activities, and facilities to ensure full inclusion of people with disabilities or other functional and access needs.

F. Conditions may restrict the ability of suppliers to deploy mobile or fixed feeding and sheltering equipment into the affected area.

G. Local and regional resources may not be available to meet immediate temporary housing and human services needs and should these resources be exhausted, the state and federal government may be needed to provide assistance.

H. Where feasible human and pet shelters should be collocated.

I. Community feeding operations will need to be addressed and coordinated. Resources to support feeding operations will be available through voluntary agencies.

J. Dependent on the size and scope of the event, reception centers/regional assembly centers may be needed.

Regional Assumptions

A. Most mass care operations are handled by the ARC and other volunteer agencies in coordination with local Emergency Management Agencies (EMAs).

B. Among potentially impacted jurisdictions, there are mass care scenarios with the potential to exceed local volunteer agency capabilities. (For example, a large ice storm or tornado impacting multiple jurisdictions in the KC metro; hurricane evacuee reception from a major hurricane such as Katrina; or an influx of evacuees following an earthquake along the New Madrid Seismic Zone.) These mass care scenarios will require regional coordination to manage the event in the most efficient and effective manner possible. For these types of events, the American Red Cross, local jurisdiction emergency management agencies and other voluntary organizations will coordinate by establishing mechanisms for resource allocation, shelter management, information dissemination and developing a common operating picture.

C. Though both have similar functions, the mass care concepts of operations for no-notice emergency events (i.e., NMSZ event) and pre-planned events (i.e., hurricane evacuee reception) differ in scope and support. Facilities that would normally be made available following a large-scale no-notice event may not be available for a pre-planned event.

D. ARC shelters provide non-acute care only to shelterees. Higher levels of medical care will require coordination of the healthcare system as developed in ESF#8 – Public Health and Medical Services.

E. A volunteer reception center (VRC) may be established to provide volunteers to support shelter operations.

F. The States of Kansas and Missouri will cooperate in providing appropriate assistance to support regional mass care operations.

V. CONCEPT OF OPERATIONS

A. Mass care, emergency assistance, temporary housing and human services operations will be coordinated and executed by multiple organizations within the region (see **Figure 2**). Local EOCs will serve to support these operations, as appropriate. The ARC and other participating organizations may have representatives in the local EOCs to coordinate information and activities.

B. Depending on the event, the ARC may also activate a Disaster Operations Center (DOC) at another location. In this case, close coordination will be maintained between local EOCs and the ARC DOCs.

C. The extent of regional coordination activities required in support of ESF #6 will depend on the capabilities of the jurisdictions involved and the scope of the incident. At minimum, essential information regarding mass care, emergency assistance, temporary housing and human services activities at the local level will be shared with other jurisdictions through regional situational boards maintained in WebEOC or via telephone, facsimile and/or e-mail. During a major incident, a Regional Situation Report may be developed and shared with affected jurisdictions and organizations (see ESF 5 - Information and Planning), and should include ESF 6 related situational needs and priorities.

D. In most cases, the initial focus of ESF #6 activities will be to provide temporary shelter, food and other essential services to those affected by the event. As response activities transition to recovery activities, the focus of ESF #6 will shift to addressing temporary housing and longer-term human services needs. ESF #6-related activities will play an important role in ongoing recovery efforts as described in ESF #14 – Community Recovery.

Mass Care & Emergency Assistance: Local Incident

A. The majority of emergency events producing a need for mass care operations the region is likely to experience are typically house or apartments fires which may necessitate opening a single shelter for displaced persons. These events are routinely managed by the ARC with support from the impacted jurisdiction(s)'s emergency operations center (EOC) and require no extraordinary regional coordination measures. **Figure 1** below depicts the general flow of operations for these types of emergency events. The impacted jurisdiction's EOP and other SOGs will outline the actual operations of these events.

Figure 1. Local Mass Care Incident
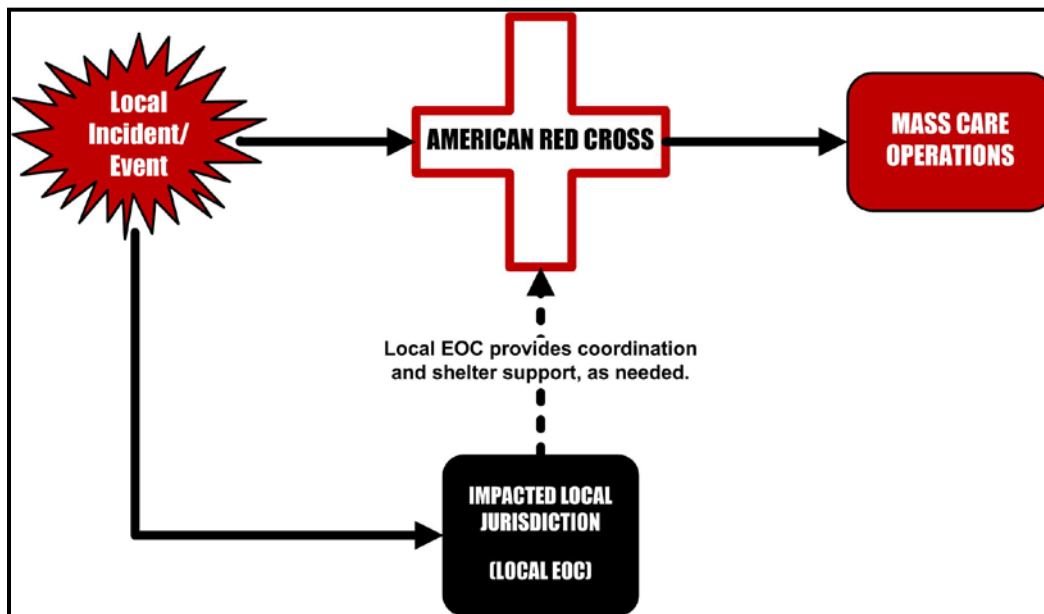
Mass Care & Emergency Assistance: Regional Incident

A. Other disaster events, such as an ice storm or widespread tornado may threaten to or exceed the mass care capabilities of one or more jurisdictions or organizations. The following CONOPS should be used to help manage the event when initial capabilities are overwhelmed and there is a regional need to share and disseminate information and distribute/manage resources. The major components of mass care and emergency assistance operations are discussed below:

1. Activating Regional Coordination & Communication
2. Information Sharing
3. Sheltering (General Population Sheltering)
4. Volunteer Management
5. Mass Feeding
6. Bulk Distribution
7. Emergency Pet Sheltering
8. Disaster Welfare Inquiries
9. Public Information

Figure 2 depicts the coordinating and cooperating agencies for each of these activities.

Figure 2. Regional Mass Care Incident
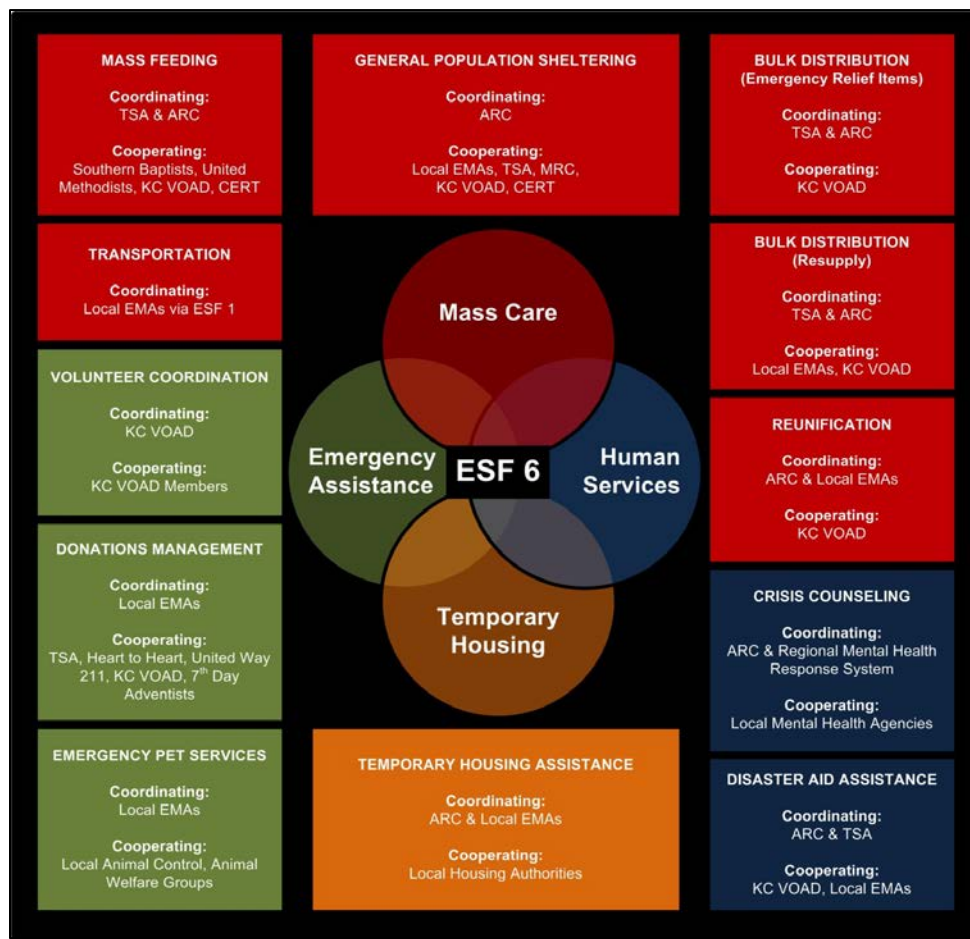
1. Activation of Regional Coordination and Communications

a. Any jurisdiction, including the ARC, in the region may determine that regional coordination is needed to accomplish ESF #6 related activities. The degree of regional coordination needed may vary greatly (e.g., from exchanging information to the sharing or consolidating of resources) and will depend on the capabilities of the jurisdictions involved, the scope of the incident and factors such as: mass care facilities needed, their locations, accessibility, transportation, infrastructure, security, staff, supplies and the populations affected. At minimum, essential information regarding mass care, emergency assistance, temporary housing and human services activities at the local level will be shared with other jurisdictions through regional situational boards maintained in WebEOC or via telephone, facsimile and/or email. For more information on initiating and maintaining regional coordination and activating the Regional Coordination System, see the RCG: Base Guide. The ARC and its partners will likely have the best picture of local mass care needs and will provide the information to the local EOCs, as appropriate. The ARC will also have the best picture of regional needs. As information becomes available, the ARC and emergency management will establish a conference call schedule to share information and verify requirements.

2. Information Sharing

a. In events with potential mass care needs, local jurisdiction emergency management will work closely with the ARC and regional partners to share damage assessment and other situational information. This information may be used to determine the location(s) and type(s) of shelter facilities to be activated. It is likely the ARC will have the best understanding of regional mass care needs and should work to assist in establishing a common operating picture. This will ensure maximization of resources, reduction in duplication of effort and the possibility of meeting multiple jurisdictional needs through consolidated shelters.

b. **Maintaining Situational Awareness**
Jurisdictions will maintain situational awareness and regional coordination through the use of teleconference calls, as available. WebEOC Regional Key Events Board may also be a useful tool to share information. In addition, the information contained in the National Shelter System (NSS) maintained by the ARC and FEMA will be used to determine potentially appropriate shelters for the event. Log-in and accessibility instructions to the NSS is available in **Attachment D**. In the future, additional WebEOC boards (i.e. regional shelter boards) may be utilized to provide information, such as number of displaced citizens, shelters, and feeding sites activated. Samples of the regional shelter boards are included as **Attachment E**.

3. Sheltering

a. Though other organizations and agencies may have some sheltering capability and may establish ad hoc shelters during emergencies, this ESF identifies the ARC as the lead agency for sheltering in the region. The ARC will provide daily, overall direction of shelter operations, including the assignment of personnel and ensuring that requests for assistance are met, documented and prioritized for Red Cross and Red Cross/Partner shelters. Additionally, the ARC will maintain a comprehensive master list of active shelters (including hours of operation), ensure registration, tracking, feeding, restocking and other related shelter activities are accomplished. Local EOCs will provide support as requested and needed. ARC has four Shelter Models that describe the level of support from Red Cross, ranging from fully Red Cross managed shelters to independently managed shelters. **Table 2** below describes Red Cross's role and responsibilities in each of these shelter models. In the event non-ARC supported shelters are established, the ARC should facilitate efforts to incorporate them into the ARC's mass care operations. **Attachment C** describes American Red Cross Disaster Relief Operations and defines each shelter model.

Table 2: American Red Cross Shelter Models - Roles and Responsibilities

SHELTER MODELS *(see Attachment C for additional information)*				
	Red Cross Shelters *Model 1*	**Red Cross/Partner Shelters** *Model 2*	**Red Cross Supported Shelters** *Model 3*	**Independently Managed Shelters** *Model 4*
Administrative Control	Red Cross	Red Cross	Community Agency	Community Agency
Shelter Operations Expenses	Red Cross	Red Cross	Red Cross Assisted	Community Agency
Adheres to Disaster Code of Conduct	Yes	Yes	Yes	No
Red Cross Branding	Red Cross Only	Co Logo: "In Cooperation with"	"Supported by Red Cross"	None
Liability	Shared	Shared	Shared	Community Agency
Reporting and Communication	Yes	Yes	Yes	No
Agreement to Use	Standard Red Cross Shelter Agreement	1. Welcome Letter of Agreement 2. Standard Red Cross Shelter Agreement	Shelter Support Services Agreement for Community Agencies	None

*The standard Red Cross shelter agreement is entitled Agreement to Permit the Use of a Facility as a Red Cross Emergency Shelter.

b. The type of shelter operations may vary based on the event. Ideally, shelters will have access to food, water, cots, blankets, first-aid supplies, etc., for occupants. However, in some scenarios (such as a major power outage), a shelter may only provide protection from the elements, and/or be used as a temporary shelter of last resort. Operation of the shelters will be in accordance with ARC standard operating procedures. Non-ARC supported shelters may operate under the protocols established by the agency or organizations managing the shelter, and local governments are responsible for ensuring they meet ADA compliance standards. Direct shelter control and management is the responsibility of the Shelter Managers. Each Shelter Manager will be responsible for managing their individual shelter while providing information back to the ARC or other agency's operational center.

c. While security and safety at shelters will be important, efforts will be made to ensure displaced individuals are treated with impartiality at ARC shelters (per ARC's policy), and that their needs are met. The issue of impartiality is especially important because the Department of Homeland Security Immigration and Customs Enforcement policy does not prevent the removal of undocumented individuals from congregate mass care facilities during the emergency phase of a disaster.

d. Direct communications with shelters and other mass care facilities under ARC operations should occur through normal ARC channels and accomplished by normal means. If dictated by the event, amateur radio operators may be deployed by local EOCs to provide communications at shelters.

e. Mass care operations will continue until those displaced by the incident obtain other temporary housing or return to their homes, or when operations are discontinued by the agency providing mass care services. In coordination with local government, the ARC will determine if and when it is appropriate to consolidate shelters, as well as when shelters should close. Shelters will be deactivated in accordance with the operating procedures of the agency managing the shelter.

f. Medical Facilities

- Medical facilities (i.e., hospitals, nursing homes, residential care facilities, hospices, etc.) are responsible for caring for their patients and residents, including maintaining adequate evacuation and sheltering plans. However, if dictated by the situation, local governments may be asked to provide assistance with logistical and other support to these facilities. In such cases, regional coordination and the pooling of resources may assist local government in supporting medical facilities.

- ARC shelters and other shelters managed by volunteer agencies may not be able to accommodate acute medical needs, especially in the beginning of a disaster. With this in mind, those responsible for acute medical needs populations should be prepared to activate their own emergency shelter plans.

- The ARC has protocols in place to provide mass care accommodations for functional and access needs populations (i.e., persons in wheelchairs, deaf/hard of hearing, blind/low vision, etc.) and maintains three trailers purchased through the Urban Areas Security Initiative program stocked with durable medical equipment (DME) caches to support approximately 25 individuals with various types of functional and access needs. Additionally, the regional Mental Health and Functional and Access Needs Committee developed a Resource Directory for functional needs support services which can be found in the Regional Resource Annex.

g. Staffing

- If a major event overwhelms ARC's existing staffing resources, some local jurisdictions may have the capability to open and operate government facilities using government employees and other volunteer agency resources to support operations. In these cases, the ARC will work closely with the local jurisdictions to provide Community Mass Care Training to those employees identified to staff the facilities. Ideally, these shelters should be a model 2 or 3 shelter to limit local government liability.

- Upon request, the Medical Reserve Corp may provide personal assistance services (PAS) to functional and access needs populations within shelter settings. These activities and services will be coordinated through local EOCs and will be implemented in accordance with the Memorandum of Understanding between the American Red Cross and Medical Reserve Corp.

h. Equipment and Supplies

- The ARC, TSA and other volunteer organizations have a limited amount of supplies on hand necessary for shelter operations (e.g., cots, blankets, water, food, etc.). The ARC has 1,000 cots in storage available for use. Additionally, the ARC maintains 12 Mass Care Trailers positioned throughout the region, each containing a cache of sheltering

supplies for 50 persons, and three (3) functional needs support trailers, equipped with durable medical equipment (DME) and 25 medical cots each. These trailers will be deployed by the ARC to the area of greatest need to support initial response operations. For full equipment listings of the trailers, see the Regional Resource Annex. An additional 18,000 cots can be attained from the American Red Cross Midland Empire Community Chapter in St. Joseph, MO.

- If there are shortages that exceed what is available at the local ARC level, the local ARC will reach out within their region first. Beyond that, the local ARC will reach out to additional surrounding regions. If there are needs beyond this point, the local ARC will contact national headquarters. The Disaster Operations Center has the authority to access national headquarters supplies or equipment throughout the country and its territories for operations which have been assigned a disaster relief number (DR #), provided the request is made in writing. The Disaster Operations Center activates the Disaster Field Supply Center (DFSC) so that supplies/equipment may be accessed.

- If supplies are needed beyond what ARC (both local and Nationally) can accommodate, ARC Headquarters would work through the ARC liaison in the local EOC. The liaison would work through Emergency Management (i.e. the local EOC) to attain these resources. A liaison at the state level will coordinate with local liaisons, as appropriate. When multiple jurisdictions are impacted and in need of resources, the resource requests and allocations should be facilitated through the Regional Coordination System in order to ensure increased efficiency, eliminate redundancy, and to ensure the needs of the entire region are met.

i. Transportation

Most persons seeking shelter will have the ability to transport themselves to shelter locations. Local jurisdictions have primary responsibility for coordinating transportation of their citizens without transportation resources or with functional and access needs. Transportation resources for functional and access needs are provided in the Regional Resource Annex. Once at shelters, ARC will coordinate with other community partners to facilitate shelter client transportation needs away from the shelter. Transportation activities will be coordinated in accordance with ESF#1 – Transportation. Additional information about transporting large groups of individuals can be found in the Regional Evacuation Plan.

j. Demobilization

The following are key considerations and actions in transitioning from shelters to temporary housing.

- Efforts should be made to relocate displaced citizens within their originating home jurisdictional boundaries to the extent feasible. This may mitigate cultural and economic burdens for displaced citizens. Specifically, certain Federal programs may have limitations for displaced citizens residing outside their home jurisdiction and/or state.
  - o Some Federal agencies currently cannot adjust their disaster assistance program benefits to align with host jurisdiction cost of living.
  - o The U.S. Department of Agriculture currently cannot adjust the Disaster Supplemental Nutrition Assistance Program allotment for temporarily displaced disaster survivors to match the rate in the host jurisdiction.

- o The U.S. Department of Labor currently cannot adjust Disaster Unemployment Assistance benefits provided to temporarily relocated disaster survivors to match the rate in a host jurisdiction.
- o Medicaid regulations currently lack portability between states for disaster-displaced populations.

- During all phases of disaster housing, involve persons with experience in housing and/or community development in the affected communities or from other communities of similar scale and demographics. Ideally, these persons should comprehensively understand the funding environment including HUD programs, USDA Rural Development programs, bank financing, volunteer resource management, and grant writing.

- Utilize regional situation reports and damage and impact assessments to help develop an estimate of temporary housing needs.

- In coordination with affected jurisdictions, develop an estimate of available temporary housing resources (in impacted communities, non-impacted communities, and out of the region, as needed) to meet the needs of individuals and families that are displaced.

    - o Collect and utilize information on housing (including vacancies, if that information is available) from data that can be provided by HUD, USDA-Rural Development, state agencies, and local chambers of commerce, property management companies, etc.

    - o Identify available rental units

    - o Identify space in licensed and certified facilities and homes (such as nursing facilities, assisted living facilities, group homes for those with developmental disabilities or mental health needs) that are capable of meeting the care and assistance needs of persons unable to function without that assistance.

    - o Identify affordable housing units located within a specified distance from the area of the disaster. These include properties that have received federal or state grant, loan or tax credit resources. Property owners or their management companies should be contacted and asked to identify the number of vacant units that would be available for interim housing.

    - o Create or identify a system to determine regional hotel and motel locations and a way to coordinate their use during disasters.

- Local jurisdictions and/or NGOs should contact individuals and families with potential disaster housing needs in order to assess and prioritize housing requirements (e.g., degree of damage, transportation issues, people with access and functional needs, proximity to work, school, etc.).

- People with access and functional needs should be given higher priority for housing, especially with regard to meeting ADA requirements.

- Advise and/or coordinate with jurisdictions to temporarily alter/suspend, as needed, land use and/or building code requirements that create unnecessary impediments to progress. For example, some local governments may not allow a travel trailer to be parked in a driveway next to a damaged residence or in the street nearby, but that may be the most cost-effective way to both provide housing for a family and allow them easy access to make repairs or work with a contractor making repairs. Another example may be allowing above ground water or sewer lines on a temporary basis to facilitate temporary housing.

4. Volunteer Management

a. Emergent volunteers may be a source of additional staffing for mass care operations. Guidelines for the management of emergent volunteers have been developed by the Metro-Kansas City Spontaneous Unaffiliated Volunteer (SUV) Task Force and are included in the Volunteer Reception Center (VRC) Implementation Plan. Emergent volunteers need to be under the supervision of ARC volunteers who have background checks. See **Attachment I - Volunteer Management**.

b. With appropriate training, local CERTs and Citizen Corps groups may be available to provide assistance with mass care operations. CERT and Citizen Corps resources may be accessed through local EOCs and may be valuable in accomplishing a variety of mass care related functions based on their level of training.

c. Volunteer Reception Centers will assign volunteers and organizations based on their level of training and/or licensure/credentialing. It should be noted, however, that the Emergency Management Assistance Compact (EMAC) does not include an enforceable licensure/credentialing reciprocity to facilitate deployment of medical, veterinary, and other professionals (e.g., plumbers, electricians) between states during disaster responses. Although EMAC includes a provision for reciprocity, currently it is not honored by state regulatory agencies. In these cases, volunteers with specific licenses and/or credentials where this is an issue may be assigned or encouraged to volunteer in their home state (Kansas or Missouri) during a regional incident.

d. Local jurisdictions will be responsible for addressing and managing any liability concerns (i.e. having volunteers sign waivers).

5. Mass Feeding

a. Both fixed and mobile feeding operations will be considered based on the needs of the situation, and there may be a need to develop and coordinate a metro wide feeding plan which may include 24 hour operations. Feeding will be based on sound nutritional standards and to the extent possible, will include provisions to meet the requirements of disaster victims with special diets, cultural sensitivities, as well as situation appropriate meals (e.g., spaghetti or meat on bones may not be ideal following mass casualty events.) First responders will also need to be included in feeding operations and will have different nutritional needs than the general population.

   I. Fixed feeding operations. Two types of fixed-feeding sites may be established: shelters and other fixed sites. The organization managing the shelter will run all feeding operations inside the shelter. Other fixed sites include areas where members of the community, not necessarily in shelters, can go to receive meals. The Salvation

Army, ARC, EOCs and other voluntary organizations active in disasters (VOAD) should coordinate to establish a comprehensive feeding plan for these sites. Roles and responsibilities should be established to ensure efforts are not duplicated. The GKC ARC could produce up to 50,000 meals per day (dependent upon what resources would be available at time of disaster). Additional mass feeding capabilities are currently being developed within the region, including the Kansas City Chiefs/Royals Mass Feeding strategy in Jackson County.

II. <u>Mobile feeding operations.</u> Mobile feeding sites support operations in the field and are capable of deploying to areas of greatest need. Mobile sites should be considered in the overall feeding plan and strategically placed to complement fixed feeding site operations. In addition, mobile feeding strategies may include establishing feeding routes, and would utilize vehicles to distribute food. The GKC ARC has four feeding vehicles. Three additional feeding vehicles are located within the region that could potentially be accessed if needed. The TSA also has mobile feeding capabilities (6 in the Kansas City metro and another 12 in the Kansas/Western Missouri division), and may support operations as needed.

b. Additional feeding resources may be available through volunteer agencies from outside the region. The ARC has agreements in place with other agencies such as TSA and Southern Baptists Mobile Kitchens which may be activated to augment existing feeding capabilities. Other disaster feeding resources available through agencies connected with the KC-Metro VOAD may be available within a few days of the event.

c. Environmental health and other food safety concerns should be coordinated with local public health or other responsible agencies. Public information messaging should stress a need to maintain appropriate food safety standards for those wishing to donate food. For example, people in a disaster can be at greater risk for getting sick from unsafe food. Foodborne illness can spread in large groups of people. Safe food donations can help avoid foodborne illness. Many people want to help during a disaster, and may want to bring food and drink prepared at home for disaster victims and workers. However, food prepared at home is not acceptable. Instead, food donations should be commercially prepared, packaged, and unopened.

Proper credentials and certifications that food has been prepared properly are required before food can be distributed. Therefore, those companies not affiliated with disaster response should either be provided a mechanism to be incorporated in the feeding plan or encouraged to volunteer their services in other ways.

6. Bulk Distribution

a. Bulk distribution is the phased system of delivery that initially supplies essential items such as food, water, baby formula, diapers, sanitizer, and clean-up kits. Several organizations provide bulk distribution services; and those services and bulk distribution operations may vary depending on the size/scale of the incident, location(s), and supplies needed for storage and distribution (i.e. warehousing versus mobile/temporary distribution sites in support of mass feeding or sheltering sites). Efforts should be made to coordinate these activities through the local and state(s) EOC(s); and during a large-scale regional incident/event, these activities should be coordinated via the Regional Coordination System. Amongst local jurisdictions, coordination should occur to ensure all impacted entities and citizens have access to goods and services. See **Attachment H**: **Donations Management Plan** for strategies to manage volunteers, goods and services.

7. Emergency Pet Sheltering

    a. Service animals will be accommodated in all ARC and ARC affiliated shelters. Under current ADA standards, service animal is defined as "any guide dog, signal dog, or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items."

> *"Service animal means any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of this definition. The work or tasks performed by a service animal must be directly related to the handler´s disability. Examples of work or tasks include, but are not limited to, assisting individuals who are blind or have low vision with navigation and other tasks, alerting individuals who are deaf or hard of hearing to the presence of people or sounds, providing non-violent protection or rescue work, pulling a wheelchair, assisting an individual during a seizure, alerting individuals to the presence of allergens, retrieving items such as medicine or the telephone, providing physical support and assistance with balance and stability to individuals with mobility disabilities, and helping persons with psychiatric and neurological disabilities by preventing or interrupting impulsive or destructive behaviors. The crime deterrent effects of an animal´s presence and the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition."*

Jurisdictions in the region encourage citizens to have a disaster plan for their animals including a portable kennel, food, current rabies tags and other supplies to facilitate the evacuation and sheltering of their pets.

**NOTE: The revision permits the use of trained miniature horses as alternatives to dogs, subject to certain limitations. To allow flexibility in situations where using a horse would not be appropriate, the final rule does not include miniature horses in the definition of "service animal."

    b. Local governments will work closely with their local animal welfare agencies and Animal Control Departments to coordinate sheltering for other pets. See the Regional Evacuation Plan for additional information on Emergency Pet Shelters.

    c. FEMA Recovery Policy 9523.19, Eligible Cost Related to Pet Evacuation and Sheltering, allows for only a limited length of time during which pet sheltering expenses will be reimbursed to affected states. Therefore, impacted jurisdictions will need to quickly transition from sheltering to more permanent housing solutions so household pet owners can resume care of their animals as quickly as possible.

8. Disaster Welfare Inquiries

The American Red Cross operates "Safe and Well," a national computer database, to assist individuals in obtaining information about friends and relatives affected by a disaster. Disaster survivors are

encouraged to include their whereabouts in the Safe and Well database allowing people concerned about their welfare to find out their status.

a. The program may be accessed through the Internet at: https:\\disastersafe.redcross.org. The American Red Cross will provide disaster survivors computer access to this program. Other organizations assisting survivors with sheltering or other services should encourage disaster survivors to use the Safe and Well program.

b. The American Red Cross will use client assistance data to track shelter residents. Under normal circumstances, absent a subpoena, the American Red Cross cannot release information about clients in shelters to third parties.

c. To the extent possible, the ARC and other volunteer agencies providing ESF #6-related services will work with local governments to provide them with demographic information on shelter residents and individuals seeking other human services assistance.

Other organizations, such as the TSA, also offer individual disaster welfare assistance (i.e. SATERN program), and will be available to support these efforts in the region.

9. Public Information

a. It is important the public receive reliable information about mass care, emergency assistance, temporary housing, and human services. For example, it will be especially important that the involved jurisdictions relay common emergency messages regarding shelter locations, availability, and accommodations. The activation of local Joint Information Centers (JICs) and the coordination of regional public information are described in ESF #15 – Emergency Public Information.

b. The regional coordination of information provided to the public regarding mass care activities may be accomplished using regional information and referral services provided by United Way 2-1-1. United Way 2-1-1 has the capability (i.e., personnel and resources) to address disaster-related questions and provide appropriate referrals. United Way 2-1-1 has agreed to work closely with local governments, and to share information and coordinate efforts with municipal help line systems (e.g., Kansas City, Missouri and Kansas City, Kansas 3-1-1 Systems) to help ensure appropriate disaster information is provided and referrals made. Local governments and the ARC provide information for United Way 2-1-1. ARC also has their own national information system (1-800-GET-INFO), which is activated during disasters. These efforts should be coordinated with local and regional JICs, as appropriate.

c. When requested, MARC may assist in compiling information from the jurisdictions involved to help provide a regional picture of the event, facilitate communication, ensure situational awareness and identify issues which may require regional coordination. For more information, see the Base Guide.

Regional Temporary Housing Activities

(See also Concept of Operations: Shelter - Demobilization)

A. Local governments will work with the ARC and other volunteer groups to help identify both short-term and permanent housing resources for those affected by the incident.

B. If short-term housing considerations are needed for disaster workers, local governments and volunteer groups will identify temporary housing resources. It should be noted that FEMA Policy does not allow for expanded use of donated temporary housing units to include the sheltering of disaster workers deployed to assist disaster survivors.

C. Short-term housing includes temporary lodging such as a hotel room or apartment, while permanent housing refers to returning dislocated individuals to their homes. When suitable, local Housing Authorities may provide assistance in identifying available Section 8 housing resources.

D. When the situation dictates, local governments will request state and federal assistance to provide housing and human services programs to individuals and families affected by the disaster. These federal programs are discussed further in ESF #14 – Community Recovery.

E. If the situation warrants activation of the National Response Framework (NRF), the local ARC chapter and other volunteer agencies will work closely with their state and federal counterparts to ensure appropriate resource coordination and support for housing operations.

F. Regional Housing Activities

    a. Regional coordination may be required to ensure displaced citizens can return to their communities, and to the extent possible, resume their normal activities. In a major event, local housing resources may be lacking in some areas and available in other nearby communities. Thus, the ability to provide disaster victims with a regional pool of housing resources may be beneficial.

    b. Such housing referrals may be accomplished by engaging the assistance of local realtors throughout the region and making referrals through existing community resources such as the region's United Way 2-1-1, as well as the 3-1-1 services provided by Kansas City, Missouri and Kansas City, Kansas.

    c. When both states are involved in an event, local EOCs will coordinate their efforts to help ensure any differences in state procedures or regulations governing the provision of emergency housing assistance are addressed, and when appropriate, provided in public information materials.

Regional Human Services Activities

A. Other essential human services assistance, such as emergency clothing, comfort, and clean-up items will be provided by the ARC, TSA and other volunteer and community organizations. If necessary, support will be requested from the private sector. Volunteer groups will work closely with local EOCs to identify individuals and families in need of assistance and appropriate methods of distribution.

B. If necessary, sites will be established within the affected area for bulk distribution of emergency relief items to meet the urgent needs of disaster victims. Working through local EOCs, the ARC, TSA and other volunteer organizations will coordinate the bulk distribution of emergency relief supplies with logistical and other support from local governments.

C. The Volunteer and Donations Management function will be closely coordinated with mass care, emergency assistance, temporary housing and human services operations to facilitate the use of

donated goods to support ESF #6 activities. For more information, see **Attachment I: Volunteer Management** and **Attachment H: Donations Management Plan**.

D. Every effort will be made to provide behavioral health (crisis-counseling) services to people affected by the disaster. To assist local jurisdictions in ensuring timely and coordinated mental health services are available to their citizens following an emergency, a Regional Mental Health Response System was established to identify mental health resources available through agencies in the region and to develop a process to access and deploy these resources. For more information, see **Attachment G: Regional Mental Health Response System Plan** and ESF #8 – Public Health and Medical Services.

E. There are many volunteer and community groups in the metro area with emergency assistance programs potentially available to meet disaster related human services needs. To help ensure timely and equitable services are provided following a major event, the Kansas City Metropolitan Area Volunteer Organizations Active in Disaster (VOAD) will coordinate the provision of these human services programs.

- The KC-Metro VOAD is comprised of volunteer and community groups with resources to provide a variety of disaster assistance. A list of KC-Metro VOAD members is included in the Regional Resource Annex.

- The VOAD will ensure that close coordination is maintained among the many volunteer agencies providing human services assistance in the region to avoid duplication of some services and a lack of others.

- The VOAD has historically served this role during major emergencies and maintains guidelines for the provision of regionally coordinated human services assistance. Based on the specifics of the event, these protocols will be used to govern the activities and organization of the regional agencies involved in the provision of ongoing human services assistance, as well as the formation of a Long-term Recovery Committee.

F. The Privacy Act and Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes barriers that inhibit sharing client data among agencies for the purpose of providing disaster recovery support and medical care. To avoid these barriers and to help ensure long-term community recovery, local governments may consider coordinating their available social services resources to provide disaster victims with regionally available housing resources, crisis counseling referrals, medical care and employment opportunities. This coordination of services could occur at a Multi-Agency Resource Center (MARC). A MARC is intended to be a consolidated, "one-stop shopping" site where a disaster survivor can meet with all agencies supporting recovery at a single location. This allows for survivors to get maximum exposure to programs and services without having to rely on agencies sharing client data they may otherwise be prohibited from doing so. Such activities may be coordinated through the KC-Metro VOAD with assistance from local governments.

G. In the event of a major federal disaster declaration, human services assistance programs may be available for individuals and families affected by the disaster, including temporary housing and essential personal property, crisis counseling, unemployment assistance and legal aid.

VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Coordinating Agencies (EMAs and ARC)

A. Local Emergency Management Agencies (EMAs) in the metro-area will coordinate overall mass care, emergency assistance, temporary housing and human services operations in their jurisdictions. The American Red Cross (ARC) in the metro area will coordinate the activation and operation of mass care facilities in their respective areas of responsibility.

B. The Coordinating Agencies are tasked with working to ensure regional coordination by:

a. Maintaining ongoing communications with other jurisdictions, such as conference calls and meetings to help ensure regional coordination.

b. Initiating communications with other jurisdictions regarding the populations affected and their mass care, emergency assistance, temporary housing, and human services needs.

c. Considering the potential pooling of local resources to meet the needs of functional and access needs populations.

d. Initiating communications with other jurisdictions regarding the availability of resources to support mass care operations.

e. Working to ensure consistent and useful emergency public information is released by all of the jurisdictions involved in ESF #6 activities.

f. Providing information to state and federal agencies regarding the need for additional resources to support ESF #6 activities.

g. Coordinating the activities of the Cooperating Agencies to ensure regional issues are considered during ESF #6 operations.

h. Encourage the Cooperating Agencies described below to participate in all regional coordination activities.

C. Additional Coordinating Agency tasks are described in **Table 3.**

Cooperating Agencies

(Government Departments and Agencies Assigned Responsibilities in Local Emergency Operations Plans [EOPs], The Salvation Army [TSA], United Way of Greater Kansas City 2-1-1, KC-Metro Volunteer Organizations Active in Disaster [VOAD], School Districts, Hospitals, Area Agencies on Aging (AOA),

Other Public and Private Agencies and Organizations, Serving Functional and Access Needs Populations, Humane Societies, Veterinarian Associations and Other Public and Private Organizations Providing Emergency Animal Assistance, Others as Needed and Assigned in Local EOPs)

A. Cooperating agencies (i.e., volunteer and community organizations, the private sector and when appropriate, state and federal government agencies) may support local governments and the ARC to accomplish mass care, emergency assistance, temporary housing and human services activities.

B. As needed, the Cooperating Agencies may provide resources, personnel and special expertise to support ESF #6 activities. The Cooperating Agencies are tasked with working to ensure regional coordination by:

a. Communicating with the Cooperating Agencies in other jurisdictions regarding ESF #6 related issues.

b. Considering the potential pooling of local resources meet a regionally identified need.

c. Participating in regional coordination activities, such as conference calls and meetings.

d. Maintaining communications with agencies in other jurisdictions regarding the availability of resources to support mass care, emergency assistance, temporary housing and human services activities.

e. Working to ensure consistent and useful emergency public information is provided regarding agency activities and coordinating the release of information with the other jurisdictions in the region.

Local Emergency Management Agencies and the American Red Cross will serve as Coordinating Agencies for ESF #6 and are responsible for ensuring that regional coordination activities are accomplished in support of ESF #6.

Table 3. Agency Tasks

Note: Agency roles and responsibilities are formally assigned and defined in local EOPs and their supporting guidelines, as well as the plans and procedures maintained by volunteer agencies and the private sector. The tasks described in the table below are not meant to be all inclusive, but rather to complement the responsibilities assigned in these plans and reinforce the regional activities described in this ESF.

COORDINATING AGENCIES	TASKS
AMERICAN RED CROSS CHAPTERS	➢ Work with local government officials to gather damage assessment information in support of mass care, emergency assistance, temporary housing and human services activities. ➢ Work with local governments and the Regional Incident Coordination Group, as needed, to identify, activate and operate mass care facilities. ➢ Provide information and advice regarding mass care activities to local

	officials and agencies. ➢ Use the National Shelter System (NSS) to manage information before, during and after events requiring the provision of mass care services. ➢ Assess staffing, equipment and supply requirements and relay resource needs to local EOCs. ➢ Work with local EOCs and other volunteer agencies to accomplish the following: ▪ Open and manage shelters. ▪ Deploy trained personnel to manage mass care operations. ▪ Inspect shelters and maintain updated shelter lists and agreements. ▪ Implement procedures for registration, tracking, feeding, and other mass care functions. ▪ Provide food, clothing, emergency medical care and other urgent disaster-related needs.
EMERGENCY MANAGEMENT AGENCIES	➢ Activate and manage the local EOC. ➢ Share damage assessment information with the Regional Incident Coordination Group, the ARC and other volunteer agencies as needed to support mass care, emergency assistance, temporary housing and human services activities. ➢ Work with the Regional Incident Coordination Group, ARC, and other volunteer agencies to identify, activate and operate mass care facilities. ➢ Ensure information on mass care, housing and human service activities is released to the public in a timely manner and coordinated with other jurisdictions in the region via the Regional Coordination System. ➢ Work with the ARC and other volunteer organizations to assess ongoing staffing, equipment and supply requirements in support of ESF #6 activities. ➢ Work with the ARC and other volunteer agencies to provide government resources and logistical support to mass care facilities. ➢ When the event is expected to exceed local resources, request appropriate regional, state and federal assistance. ➢ Serve as a liaison with state and federal agencies providing mass care, emergency assistance, temporary housing and human services assistance.
COOPERATING AGENCIES	**TASKS**
EMERGENCY MEDICAL SERVICES	➢ Assist with transportation and emergency medical care in support of ESF #6 operations. ➢ Participate in developing and executing a regional strategy to augment and coordinate EMS capabilities, as needed.
LOCAL SOCIAL SERVICES AGENCIES	➢ Work with local EOCs to provide available mass care, emergency assistance, temporary housing and human services assistance. ➢ Assist with the staffing of shelters and other mass care facilities. ➢ Provide other resources and support as requested by the EOC.
FIRE DEPARTMENTS	➢ Assist with mass care facility safety inspections. ➢ Provide communications support. ➢ Coordinate and assist with transportation and emergency medical care in support of ESF #6 operations.
POLICE DEPARTMENTS	➢ Coordinate and/or provide security at or around mass care operational facilities (shelters, supply staging areas and warehouses) in the region. ➢ Coordinate and augment capacity to provide traffic flow and parking assistance around mass care facilities. ➢ Provide assistance with communications. ➢ Coordinate assistance in maintaining shelter operations as dictated by the

PUBLIC WORKS DEPARTMENTS	event. ➢ Coordinate personnel to assist with the inspection of facilities to be used in support of mass care operations. ➢ Provide other facilities support as requested by local EOCs.
PUBLIC HEALTH DEPARTMENTS	➢ Coordinate and augment regional capacity for disease surveillance and containment. ➢ Assist in ensuring appropriate sanitation and environmental health issues are considered in mass care facilities. ➢ Coordinate and augment regional capacity to operate shelters for special populations.
METRO AREA HOSPITALS	➢ Ensure communication is maintained between the hospitals, the EOCs and mass care facilities. ➢ Provide personnel and resources to support ESF #6 operations. ➢ Provide for patient needs during emergency events.
SCHOOL DISTRICTS	➢ Provide facilities to serve as shelters, as well as equipment and personnel to support ESF #6 activities.
THE SALVATION ARMY	➢ Provide various disaster relief services including, but not limited to, fixed and mobile feeding sites, mental health services, childcare, clothing and emergency clean up. ➢ In catastrophic events, provide emergency shelter assistance. ➢ Screen, place and manage emergent (spontaneous) volunteers and establish a donations management operation.
AREA AGENCY ON AGING	➢ Assist with the provision of mass care, emergency assistance, temporary housing and human services for the elderly. ➢ Participate in developing and executing a regional strategy to assist elderly populations.
GREATER KANSAS CITY UNITED WAY 2-1-1	➢ Provide various disaster related services, including referrals to volunteer and community organizations and information about available disaster assistance services. ➢ Work closely with the 3-1-1 citizen referral systems maintained by Kansas City, Missouri and Kansas City, Kansas to ensure coordination and the release of consistent information.
KC-METRO COMMUNITY ORGANIZATIONS ACTIVE IN DISASTER (COAD)	➢ Support ESF #6 activities by providing food, comfort and hygiene items, crisis counseling services, assistance with emergency repairs and clean-up, temporary housing resources, child and elder care, assistance for special populations and other human services assistance required by the situation. ➢ Form a long-term human services recovery committee to assist with the provision of disaster assistance from the volunteer community.
LOCAL AGENCIES PROVIDING ASSISTANCE TO SPECIAL POPULATIONS	➢ Work with local governments to make accommodations for special populations when needed. ➢ Participate in developing and executing a regional strategy to assist populations with functional and access needs.
LOCAL HUMANE SOCIETIES, VETERINARIANS ASSOCIATIONS, VOLUNTEER ANIMAL GROUPS, ETC.	➢ Work with local governments to make accommodations for the pets of people requiring emergency shelter. ➢ Participate in developing and executing a regional strategy to assist affected pets and animals.

STATE AND FEDERAL AGENCIES	TASKS
MISSOURI AND KANSAS DIVISION OF EMERGENCY MANAGEMENT AGENCIES (KDEM AND SEMA)	➢ Serve as a liaison with appropriate state and federal agencies providing human services assistance. ➢ Work closely with local governments to ensure all appropriate state resources are committed to supporting ESF #6 activities.
FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)	➢ Serve as the ESF Coordinator and primary federal agency responsible for coordinating the activities of other agencies and organizations with ESF #6 support roles.
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES (DHSS) AND KANSAS DEPARTMENT FOR CHILDREN AND FAMILY (DCF) SERVICES	➢ Provide technical support and assistance to local governments regarding ESF #6 activities, including special population and animal assistance issues. ➢ Work closely with local governments and representatives in the State EOC to ensure appropriate and available state resources are committed to supporting ESF #6 activities.

C. All Coordinating and Cooperating Agencies should accomplish the following in support of ESF #6 activities:

a. Include regional coordination activities in their standard operating procedures, guidelines and/or checklists.

b. When requested, deploy representatives to local EOCs.

c. Provide ongoing status reports as requested by local EOCs.

d. Maintain up-to-date rosters for notifying personnel and 24-hour staffing capabilities.

e. Perform other emergency tasks as requested by local EOCs.

f. Work to ensure training is available for appropriate personnel in NIMS, the use of WebEOC and other training, as appropriate.

VII. ADMINISTRATION & FINANCE

1. Volunteer organizations in the region with a formal mass care mission (i.e. American Red Cross) are typically not eligible for disaster reimbursements.

• Disaster Assistance Policy 9525.2, Donated Resources, does not allow state eligibility, under the Public Assistance program, for donated hours for mass care services provided by organizations that have a mass care mission.

2. In order to assess the total impact and damage to a jurisdiction, all ESF 6 participating agencies and organizations (including NGOs and volunteers) will maintain the necessary administrative and financial documentation of costs and expenditures. See RCG: Base Guide - Admin and Finance.

VIII. ATTACHMENTS

A. Regional Coordination Guide Summary
B. First Hour Checklist for Regional Emergencies – Mass Care, Emergency Services, Temporary Housing and Human Services
C. American Red Cross Disaster Relief Operations
D. National Shelter System (NSS) Information
E. Regional WebEOC Shelter Board Samples
F. ESF #6 Related Training Opportunities
G. Regional Mental Health Response System Plan
H. Donations Management Plan
I. Volunteer Management Plan
J. Mass Care - Outside the Region Incident
Incident-Specific Plan: Hurricane Reception Center Operations Plan: Kansas City International Airport
Incident-Specific Plan: New Madrid Seismic Zone Reception Operations

Regional Resource Annex
The following ESF 6 related items are maintained in the Regional Resource Annex.

1. Shelter & Regional Assembly Center Locations in the Region
2. Functional & Access Needs Resources & Services

Attachment A. Regional Coordination Guide Summary

Overview

- The RCG provides an overall framework for regional coordination activities and may be initiated and maintained when there is a need for the jurisdictions in the metro area to provide common messages, and share information and resources.

- The protocols described in the RCG are intended to assist participating jurisdictions, agencies and organizations (whether government, volunteer or private sector) in augmenting their emergency resources and maximizing their emergency capabilities.

- The RCG is not intended to be an operational document. Operational emergency activities are coordinated through local Emergency Operations Centers (EOCs) and described in local Emergency Operations Plans (EOPs), standard operating guides, and the operating procedures maintained by local emergency response agencies.

- The RCG is flexible and scalable and was developed for use during any type or size of incident or event. Use of the principles and actions described in the RCG will be determined by the incident or event and the needs of the involved jurisdictions, agencies and organizations. Furthermore, the RCG is applicable for both planned events (i.e. MLB All-Star Game), which are scheduled nonemergency activities; and incidents (i.e. natural and manmade hazards), which are occurrences that require a response to protect life and property. Because events can sometimes turn into incidents, and because regional coordination may be needed in both instances, the application and use of these terms and their meaning throughout the RCG may be interchangeable and are not necessarily mutually exclusive.

- Local participation in the activities described in the RCG is voluntary. Therefore, the RCG represents a voluntary agreement among participating organizations, and as such, no participating organization has "control" or authority over another participating organization except where stated elsewhere in federal, state or local laws.

Key Concepts & Organizations

Some disaster events may overwhelm the resources of a single jurisdiction or impact multiple jurisdictions within the region, necessitating assistance from regional partners or collective decision-making to meet the needs of the situation. The **Regional Coordination Guide** (RCG) was developed to document and outline these protocols for regional action in order to maximize the sharing and coordination of information and resources and to improve the surveillance, early detection and mitigation of hazards and threats. These regional protocols can be best understood to comprise a **Regional Coordination System** (RCS). The RCS is a comprehensive concept to describe the mechanisms for how planning and response occur on a regional level, and to ensure the efforts of jurisdictions impacted or potentially impacted by a disaster are appropriately inter-connected and complementary, rather than duplicative. It reinforces interoperability among area jurisdictions and organizations, and makes response efforts more efficient and effective by coordinating available resources, services, and aid.

Furthermore, another foundational component of the RCS is the Regional Incident Coordination Group (RICG). This group is meant to be adaptable and scalable to any incident/event, and will serve as the primary coordinating body during a significant disaster event necessitating regional coordination. The nature of the incident/event and corresponding and evolving response and recovery needs will largely determine which participants will make up the RICG at any given time during the incident/event.

KEY CONCEPTS

Resources:
Resources are defined as personnel, vehicles, established teams, equipment, supplies and facilities available for assignment.

Impacted Jurisdiction(s):
The area defined as the "Impacted Jurisdiction" encompasses the jurisdiction and all the political subdivisions located within that jurisdiction, including special districts. The "Impacted Jurisdiction" is the jurisdiction that has or will be adversely impacted by an incident/event.

Assisting Jurisdiction(s) and/or Disciplines:
The Assisting Jurisdiction and/or discipline(s) provides timely emergency resources, services, and manpower to the Impacted Jurisdiction(s) -- and in some cases, the Host Jurisdiction -- in accordance to the provisions set forth by the RCS.

Host Jurisdiction(s) and/or Facility:
In situations where evacuation and/or mass care operations are necessary, the Host Jurisdiction serves as the jurisdiction that receives and shelters residents and animals coming from the Impacted Jurisdiction(s), and provides mass care and other needs as appropriate.

Regional Incident Coordination Group (RICG): This group is meant to be adaptable and scalable to the incident/event. The nature of the incident/event and corresponding and evolving response and recovery needs will largely determine which participants will make up the RICG at any given time during the incident/event. Specifically, the RICG may be comprised of those designated representatives from the Impacted and Assisting/Host jurisdictions' key leadership, emergency management, first responder disciplines (i.e. Law Enforcement, Fire, EMS, SAR, HAZMAT), public health/medical, other regional disciplines, nongovernmental organizations, and ESF representatives (i.e. Transportation, Mass Care, Communications, Public Works, etc.). Other groups and organizations may be included, depending on the type and scale of the incident.

Activation & Initiating Regional Coordination

Although the criteria for initiating regional coordination are subjective, the Regional Coordination System (RCS) encourages a proactive approach to enhance regional vigilance/surveillance, information sharing, and, if necessary, a coordinated approach to incident/event management.

- Activation procedures may vary depending on the nature of the incident/event. The activation of the RCS, as the Regional Coordination Levels below indicate, are only meant to provide possible courses of action that can easily be adapted to the situation.

Pre-Planned Events

For pre-planned events, the decision to utilize components of the RCS will vary. However, because the RCS is scalable and flexible, the Region can utilize the RCS as long as it is not in conflict with existing laws and/or agreements between all of the involved parties.

The RCS may be activated:

- When planning for large or high profile public gatherings that affect multiple jurisdictions.
- When similar past events have required multi-agency coordination within the Region.

Notice and No-Notice Incidents (Hazards and Threats)

The RCS may be activated:

- When an impacted local jurisdiction's chief executive OR designee initiates the activation of the RCS.
- During a Level 1, 2, or 3 Regional incident/event. (i.e. When there is the possibility or reality that more than one jurisdiction could become involved in the incident response and recovery)
- When the incident could expand rapidly and involve cascading events.

Implementing Regional Coordination: Regional Coordination Levels

The type, scope and nature of the incident/event will dictate when it has regional significance and when regional coordination activities are initiated. Regional coordination within the RCS can be understood to occur across three "levels". The levels are meant to illustrate how regional coordination activities should increase in operational function and complexity as the magnitude or severity of incidents increases. The levels are not meant to be concrete with distinct transition points from Level 1 to Level 2 to Level 3, but rather are defined by planning considerations to generally describe how regional coordination needs and activities differ with the scale of an incident. The figure below provides a summary of key actions for each level. For specific information and detail, see RCG: Base Guide.

Level 3
Significant Regional Incident

Local Jurisdictions
Impacted Jurisdictions manage incident locally, but significant regional support and coordination is needed.

The decisions, authority, and the utilization and/or deployment of resources remains with the local jurisdictions throughout the incident.

Resource management (including any agreements) between Impacted, Assisting, and Host jurisdictions are administered and managed at the local level.

Regional Coordination:
Convene Regional Incident Coordination Group (most likely via a meeting)

Establish a physical location to facilitate regional coordination activities.

Establish and maintain regional situational awareness through development of common operating picture.

Determine resource and support needs and priorities.

Regional Incident Coordination Group **facilitates** the prioritization of resource and support needs; however the authority and administration of the resources and support activities ultimately remains with the local jurisdiction.

Regional Incident Coordination Group **facilitates** the coordination of cross-jurisdictional activities throughout the region.

Impacted, Assisting, and Host Jurisdictions share information with the Region regarding the incident.

Facilitate emergency public information and warning coordination between Impacted, Assisting, and Host jurisdictions (via a virtual and/or physical JIC).

Level 2
Local Level Incident w/ Moderate Regional Coordination & Support
And/Or
Multiple Jurisdictions Impacted

Local Jurisdiction(s)
Impacted Jurisdiction(s) manages incident locally, but limited to moderate regional support is needed.

The decisions, authority, and the utilization and/or deployment of resources remains with the local jurisdictions throughout the incident.

Resource management (including any agreements) between Impacted, Assisting, and Host jurisdictions are administered and managed at the local level.

Regional Coordination:
Convene Regional Incident Coordination Group (most likely via conference call).

Establish regional situational awareness through development of common operating picture.

Determine resource and support needs, as requested by the Impacted Jurisdiction(s).

Support local jurisdictions in coordinating cross-jurisdictional activities, as needed and requested.

Impacted, Assisting, and Host Jurisdictions share information with the Region regarding the incident.

Coordinate emergency public information and warning between Impacted, Assisting, and Host jurisdictions, as needed (most likely via a virtual JIC).

Level 1
Local Level Incident

Local Jurisdiction(s)
Impacted Jurisdiction(s) manages incident locally or with normal mutual aid partners; and little to no regional support is needed.

Regional Coordination:
Impacted Jurisdiction(s) shares information with the Region regarding the incident.

Regional partners remain on standby

Local Authority & Command

Regional Coordination & Resources

Regional Coordination Levels & Actions

(Note: For specific actions for each level, see RCG: Base Guide.)

Attachment B. First Hour Checklist for Regional Emergencies – Mass Care, Emergency Assistance, Temporary Housing, and Human Services

The following actions should be carried out as needed based on the specifics of the incident by local officials tasked with responsibilities for accomplishing emergency functions. In addition to the ESF 6 checklist below, the **RCG: Base Guide** includes an initial checklist of actions for all emergency functions and discusses the immediate actions for situational awareness, gaining regional awareness, overall response status, and emergency public information (see **RCG: Base Guide**).

Gaining Mass Care, Emergency Assistance, Temporary Housing and Human Services (ESF #6) Situational Awareness
❑ Are people displaced by the event and in need of shelter?
❑ Have any mass care shelters been opened and if so, where?
❑ What are the human services needs of the affected population?
❑ What agencies/organizations are available to assist with mass care, emergency assistance, temporary housing and human services issues?
❑ Are there functional and access needs populations affected by the event?

Determining Mass Care, Emergency Assistance, Temporary Housing and Human Services Initial Response Actions
❑ Have volunteer organizations been contacted to open, staff and manage shelters?
❑ Have suitable mass care accommodations been made available for functional and access needs populations affected by the event?
❑ Has information been released to the public regarding the status of mass care, emergency assistance, temporary housing and human services operations?
❑ Have accommodations been made to assist displaced individuals with pet sheltering when needed?
❑ Have the jurisdictions in the region considered sharing resources and personnel to manage ESF #6-related activities?
❑ If appropriate, have jurisdictions considered pooling resources to open shelters or other facilities to serve more than one jurisdiction in the region?

Attachment C. American Red Cross Disaster Relief Operations

The impact on the Red Cross of a disaster response is expressed as the "level" of commitment. The level designation is an internal administrative reference used for framing and communicating several management decision-making factors:

- The scope and magnitude of the disaster relief operation
- The leadership skills, knowledge and abilities required to manage the disaster relief operation
- The amount of human and material assets to be committed for service delivery
- The demand to be placed on the Disaster Relief Fund
- The Implications for fundraising in support of the event

The level designation is made by estimating the principal cost drivers of a Red Cross disaster relief operation including:

- The nature of services and assistance needed to meet client requirements;
- The time required for completion of service delivery;
- The number of clients anticipated and the nature of client needs;
- The state of infrastructure within the disaster affected area;
- The geographic range of the event;
- The relief operation organization, staffing and service delivery strategy.

Disaster relief operation levels are designated as follows:

- Level I disaster (costs less than $10,000)
- Level II disaster ($10,000 - $50,000)
- Level III ($50,000 -$250,000)
- Level IV ($250,000 - $2.5 million)
- Level V ($2.5 million - $5 million)
- Level VI ($5 million - $10 million)

American Red Cross Chapter Services

1. The Chapter is the cornerstone of Red Cross disaster services. Chapters initiate and manage responses to disasters in their jurisdictions, including single-family disasters and larger events. Each chapter should have plans, resources and an operational structure adequate to respond to a disaster in its jurisdiction. The senior vice president for Disaster Services has established the following five priorities for chapters during the initial response to a disaster:

    a. provide initial sheltering ;
    b. conduct fixed and mobile feeding operations;
    c. staff local government emergency operations centers and contact and/or coordinate with local government and partner relief agencies;
    d. assess the impact of the disaster and
    e. conduct public affairs and disaster fundraising activities.

2. These five activities are the service delivery priorities during the earliest hours of response to large-scale disaster events, but chapters must also be ready to provide the full range of Red Cross services, including casework, health services and mental health services.

3. Regional chapter groupings are the primary organizational structure and will be the focal point for organizational resources and support. Regional groupings consist of a group of community chapters supported by a regional chapter. Field and national disaster structure is configured to support regional chapter groupings.

4. If the need for services exceeds or is anticipated to exceed the chapter's capabilities, the chapter should activate any existing mutual aid agreements and notify the regional chapter. If the regional grouping will still need additional resources, it must notify the Disaster Operations Center (DOC) at national headquarters to request support. All Level 3 disasters and above must be reported to the DOC. If a disaster exceeds the regional grouping's capability to manage a response, national headquarters may provide oversight and additional resources, but the chapters remain active participants.

5. Community chapters should be able to minimally respond to and resource Level 1 disasters in their jurisdictions. A regional grouping should be able to respond to and resource Level 2 disasters within its chapters. Level 3 and higher disasters will be nationally administered and accounted for, and the job team will report to the Disaster Operations Center.

6. Community Shelter Models:

Model 1. Red Cross Shelters – This is the traditional Red Cross shelter model where the Red Cross occupies a facility, plans, organizes, directs and controls every aspect of the Red Cross services provided at the shelter. Under this model, Red Cross and the facility owner sign the standard Red Cross shelter agreement entitled *Agreement to Permit the Use of a Facility as a Red Cross Emergency Shelter*. Only Red Cross branding (signage) is used to identify this as a Red Cross administered shelter. The Red Cross assumes responsibility for all direct, documented disaster relief-related costs associated with the operation of the shelter including facility operating costs that are over and above the normal operating costs of the facility. Liability is shared by the Red Cross and the facility owner based on their respective responsibilities regarding the facility, and will be apportioned based upon the particular circumstances surrounding an incident during a Red Cross shelter operation.

Model 2. Red Cross / Partner Shelters – Very similar to traditional Red Cross shelters, these partnerships use the standard facility agreement. The primary difference is that the majority of the volunteer staffing will come from the partner agency personnel and will not be assigned by Red Cross. Under this shelter model, Red Cross partners will sign a letter of agreement stating that the partner agency's staff will be qualified and trained by the Red Cross and will volunteer as a group under the administrative control and as a part of the Red Cross disaster relief operation, since these issues are not covered in the standard facility agreement. While partner agency personnel will be expected to operate the shelter as Red Cross volunteers, the Red Cross will plan, organize, direct and control the Red Cross services provided at the shelter. The shelter will be, therefore, under the administrative control of the Red Cross.

Partner agency personnel will register as Red Cross volunteers and will work as part of the Red Cross relief effort. The partner agency will maintain a unique brand identity to acknowledge its work and both agencies will display their logos in partnership. In this instance, direct service delivery related expenses will be provided for by the Red Cross. As is the case with Red Cross Shelter (Model 1.), liability is shared by Red Cross, the facility owner and the partner (who may or may not be the same) based on their respective responsibilities regarding the facility, and will be apportioned based upon the particular circumstances surrounding an incident during a Red Cross shelter operation.

Required documentation to support such a relationship includes 1) *Welcome Letter of Agreement* to be sent to the partner agency outlining roles and responsibilities, and 2) the standard Red Cross shelter agreement entitled *Agreement to Permit the Use of a Facility as a Red Cross Emergency*

Example: The Red Cross has a relationship with a church. Prior to a disaster event, the church agrees to operate as a Red Cross shelter and its volunteers as Red Cross volunteers, abiding by Red Cross rules, regulations and procedures, volunteer protocols and the Disaster Code of Conduct.

Model 3. Red Cross Supported Shelters – Shelters where a community agency wishes to extend their services to their community as a part of their own mission while maintaining administrative control of their facilities and the services provided (meaning the community agency assumes responsibility for planning, organizing, directing and controlling every aspect of the shelter and the relief services provided). Along with administrative control comes the assumption of some of the liability and fiduciary responsibility for their operations. In this case, negotiated levels of financial, logistical, material or technical support by each party to the shelter will be provided based on previous negotiations, or negotiations at the time of the event.

Such community agency shelters will display a "Supported by the Red Cross" designation, and abide by the Red Cross Disaster Code of Conduct of service delivery. The required documentation to support such a relationship is the *Shelter Support Services Agreement for Community Agencies*.

Model 4. Independently Managed Shelters – The Red Cross seeks to support those shelters operated in accordance with Red Cross Fundamental Principles. Independently managed shelters are run by community agencies that have determined that they (1) want to retain administrative control of the activities related to the provision of shelter, (2) do not wish to abide by the Red Cross Disaster Code of Conduct and/or 3) may not want be supported by the Red Cross. Examples of such shelters include those opened in unsafe areas, those opened for specific groups to the exclusion of others, or those in which services depend on participation in or affiliation with the group's specific guidelines, beliefs or norms.

However, on a case-by case basis, the Red Cross may decide to support independently managed shelters with the following resources: bulk distribution, casework, feeding, health services, and mental health as we would any community, provided that such support does not:

a. encourage the population to remain in unsafe areas,

b. cause the Red Cross to provide support to a shelter operated outside the Red Cross Fundamental Principles or,

c. imply such support is an endorsement by Red Cross of a specific group or organization and its activities.

Since the shelter operates independently, there typically will be no written agreement between the Red Cross and an Independently Managed Shelter.

Attachment D. National Shelter System (NSS) Information

Information on American Red Cross-managed and partner shelters is maintained in the National Shelter System (NSS) managed by FEMA in cooperation with the American Red Cross. Although it is not the responsibility of chapters to enter NSS information on non-American Red Cross shelters, chapters are encouraged to collaborate with local Emergency Management Agencies to collect and document information on community shelter activities (including facility locations and managing agencies).
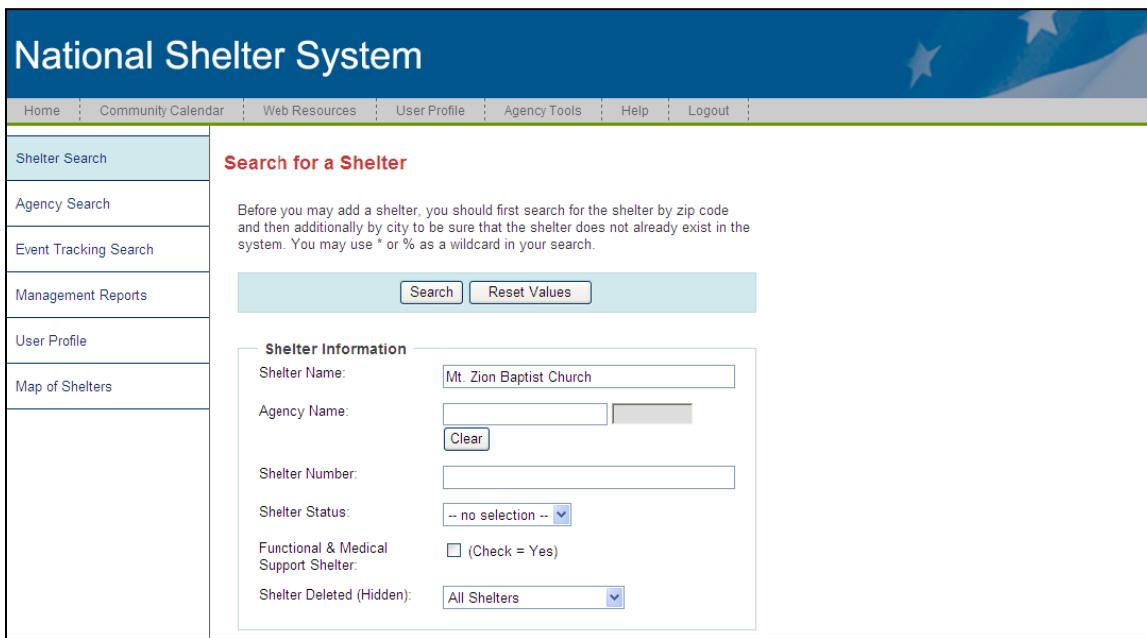
To Register for a Log-in:
To register for a login and password for the National Shelter System, follow the link below and complete the information requested.

https://nss.communityos.org/zf/auth/login

Once you have completed the registration, contact Sara Loar at: sara.loar@redcross.org to let her know you have submitted your registration. She will be able to authorize your access and you should be activated within a week or so.

Below are examples of informational screens contained in the NSS:

Shelter Search Results

Search Criteria

State: "CT"

There are **2** shelters matching the criteria you have selected.

Below are results **1** through **2**.

Be sure to search for your shelter before you click the add shelter link. Your shelter may already exist in the system.

	#	NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	STATUS	E/P CAPACITY	CURR POP	MAP
select	80	Bennie Dover Middle School	36 Waller St NEW LONDON, CT 06320				NEW LONDON	Open	200/0		📍
select	82	Senior Citizen Center	9 JEPSON DRIVE Milford, CT 06460				New Haven	Closed	300/150		📍

[+/-] Shelter Population

Date: 06/30/2008 ⌄ Period: Midnight ⌄ [Refresh]

Population [   ]

Time of Count [   ] AM ⌄

National Shelter System

Home	Community Calendar	Web Resources	User Profile	Agency Tools	Help	Logout

Shelter Search

Shelter Assistant
  Agency Affiliation
  Basic Information
  Additional Information
  Limitations of Facility Use
  Facility Information
  Utilities and Food Preparation
  Accessibility

Shelter Event Tracking
  Shelter Status
  Shelter Population
  Population History
  Shelter Events

Modify Shelter Delete Status

Agency Search

Basic Shelter Information

ALTA MESA SCHOOL (Shelter Number: 43445)

[Save]

Agency Affiliation

ARC Chapter Code: 05404

Agency System ID: 89213

Agency/Chapter Name: SHASTA AREA CHAPTER

Agency Operating Shelter: [ARC   ⌄] *

(if other):   [   ]

Agency Type: [-- no selection -- ⌄] *

Shelter Information

Shelter Name: [ALTA MESA SCHOOL   ] *

National Shelter System

| Home | Community Calendar | Web Resources | User Profile | Agency Tools | Help | Logout |

Shelter Search

Shelter Assistant
Agency Affiliation
Basic Information
Additional Information
Limitations of Facility Use
Facility Information
Utilities and Food Preparation
Accessibility

Shelter Status

ALTA MESA SCHOOL (43445)

No active Shelter Event exists for this Shelter.

Would you like to create one? [Create]

Search for Agency Record

[Search] [Reset Values]

Search for Agency Record

Agency Name: [___]
Agency ID Number: [___]
Chapter Code: [___]
City: [___]
State: [-- ▾]
Zip: [___]
County/Parish: [___]
Hub: [___]
Jurisdiction to include SSDA: [___]
Service Area: [-- no selection -- ▾]

[Search] [Reset Values]

Attachment E. Regional WebEOC Shelter Board Samples

The following is an example of the regional WebEOC Shelter Board showing shelters activated and their status.

Jackson County Shelter Board

SN = Accepts Special Needs
Pets = Accepts Pets

Shelter Name	Shelter Managed By	Status	Total Capacity	Total Occupancy	Available	Jurisdiction Located	SN	PETS	Details
Phoenix Disaster Services Shelter		FULL	100	50	50	San Antonio Bexar			View
Offices	PDS offices	OPEN	0	0	0	San Antonio Bexar			View
Test shelter 2		CLSD	0	0	0				View
			100	50	50				

The following is an example of a regional WebEOC Shelter Board showing for information for a specific shelter.

Jackson County Shelter Board

Shelter Information

Shelter Name	Phoenix Disaster Services Shelter		DataID	4	
Address	10221 Desert Sands, Suite 111		Entry Date and Time	06/15/2006 11:16:29	
	San Antonio	TX	78216	Bexar	
Status of Shelter	FULL				
Person submitting shelter report	Brian Dopp	Person authorizing shelter status change	Brian Dopp		

Resource Needs

Immediate	
Routine	

Shelter Owner Information

Shelter Contact Name		Date/Time Contacted		
Phone	Cell		Shelter Fax	

Shelter Details

Facility Type				
Facility Notes	Notes needed?			
Capacity	100	Occupancy	50	Availabity	50
Shelter Managed		Local Agency		Other	
Food Distribution Managed		Local Agency		Other	
Special Needs		Facility is ADA Compliant		
Showers Available		Number of Showers		Handicap Accessible	
Accepts pets		Pet Shelter Assigned		

Amenities

Handicap Accessible		Generator	Size: 0	
Cooking Facilities		Notes		Food Stored Onsite	
Cots		Number available	0	Bedding Available	
Water Available				

Remarks

Return To List

NOTE: These are examples only and local agencies and organizations should contact the Emergency Management Agencies in their jurisdictions for specific login information to WebEOC and access to the appropriate boards.

Attachment F. ESF #6 Related Training Opportunities

American Red Cross

The American Red Cross offers courses related to ESF #6. Because trainings and their availability may vary, contact the ARC for specific details.

- Greater Kansas City: http://www.redcross.org/mo/kansas-city

- Eastern Kansas Chapter: http://www.redcross.org/ks/kansas-city

Mid-America Regional Council Training Program

- http://www.marc.org/emergency/training/index.htm

Medical Reserve Corps of Greater Kansas City "Just-in Time" Shelter Training Videos for Functional Needs Populations

- http://www.mrckc.org/shelter-videos.html

State Emergency Management Agencies (KDEM and SEMA)

The following courses are offered through KDEM and SEMA. The course descriptions and instructions for enrollment may be found at:

Missouri: http://training.dps.mo.gov/
Kansas: https://ks.train.org

Federal Emergency Management Agency (FEMA)

A list of online courses, their descriptions and instructions for enrollment may be found at: http://training.fema.gov/IS/crslist.aspx

Additionally, the Emergency Management Institute (EMI) offers onsite training – for more information, see http://training.fema.gov/EMICourses/

Attachment G. Regional Mental Health Response System Plan

I. Purpose

A. During emergencies or disasters, the psychological first aid/disaster mental health needs of a community may overwhelm locally available resources. To assist local jurisdictions in ensuring timely and coordinated mental health services are available to their citizens following an emergency, a Regional Mental Health Response System was established. The purpose of this document is to:

1. Identify the mental health resources available through the Regional Mental Health Response System;

2. Provide information on how to activate the resources of the Regional Mental Health Response System.

II. Background

A. The Regional Homeland Security Coordinating Committee (RHSCC) Mental Health Subcommittee was established to help strengthen the region's ability to provide a coordinated emergency mental health response.

B. Toward this goal, the RHSCC Mental Health Subcommittee formed partnerships with agencies and community services organizations providing mental health services in the metro-area to form a Regional Mental Health Response System to ensure coordinated and timely mental health services are provided to those affected by an emergency event.

C. Partnering agencies have trained mental health staff to respond in emergency situations. These agencies have agreed to provide assistance to local jurisdictions in times of emergency.

D. The RHSCC Mental Health Subcommittee has developed deployment information and guidance, as well as a training presentation for potential emergency mental health care providers. These materials will be included in a future Addendum and are to be used by participating agencies to train their staff on providing emergency mental health care services.

III. Services Provided

A. Regional Mental Health Response System resources may be deployed to areas deemed necessary and safe by local officials and first responders including but not limited to:

1. Damage areas

2. Shelters

3. Temporary aid stations

4. Hospitals

5. Disaster assistance centers

6. Mortuary sites, including recovery sites and Victim Identification Center

7. Supply dispensing sites

8. Mental health offices

B. Services provided through the Regional Mental Health Response System will be based on an assessment of the affected individual's needs and may include one or more of the following:

1. **Psychological First Aid**: designed to provide disaster survivors with practical assistance to meet immediate needs and concerns, reduce distress, and foster adaptive coping – for additional information: http://www.nctsn.org/trauma-types/natural-disasters

2. **Spiritual Care**: provided by clergy or other spiritual caregivers when deemed appropriate or when requested by disaster survivors.

3. **Referrals to Other Agencies**: to meet other disaster related needs (e.g. uninsured losses and damages); to meet pre-disaster needs/conditions (e.g., long term mental health or substance abuse treatment).

4. **Others as Deemed Necessary**: to meet incident specific disaster related mental health needs (e.g., special language, age or cultural requirements).

IV. Activation

A. Local Emergency Management, the Incident Commander or other first responder agencies may request activation of the Regional Mental Health Response System by:

1. Contacting the ARC at 816-931-8400 (24-hour number answered by a receptionist during regular hours. After-hours callers are connected with an answering service and appropriate staff will be paged).

2. The American Red Cross will contact the Johnson County Mental Health Department and request activation of the Regional Mental Health Response System, and the Johnson County Mental Health Department will then contact participating agencies. If the situation warrants, CommCare Crisis Services may be requested to act as an additional central communications point to initiate the Regional Mental Health Response System by contacting participating agencies in Missouri. After completing an internal staff call-down, participating agencies will provide their available response capabilities (i.e., the number, disciplines and length of availability of their responders) to the Johnson County Mental Health Department.

Figure 1: Activation of the Regional Mental Health Response System
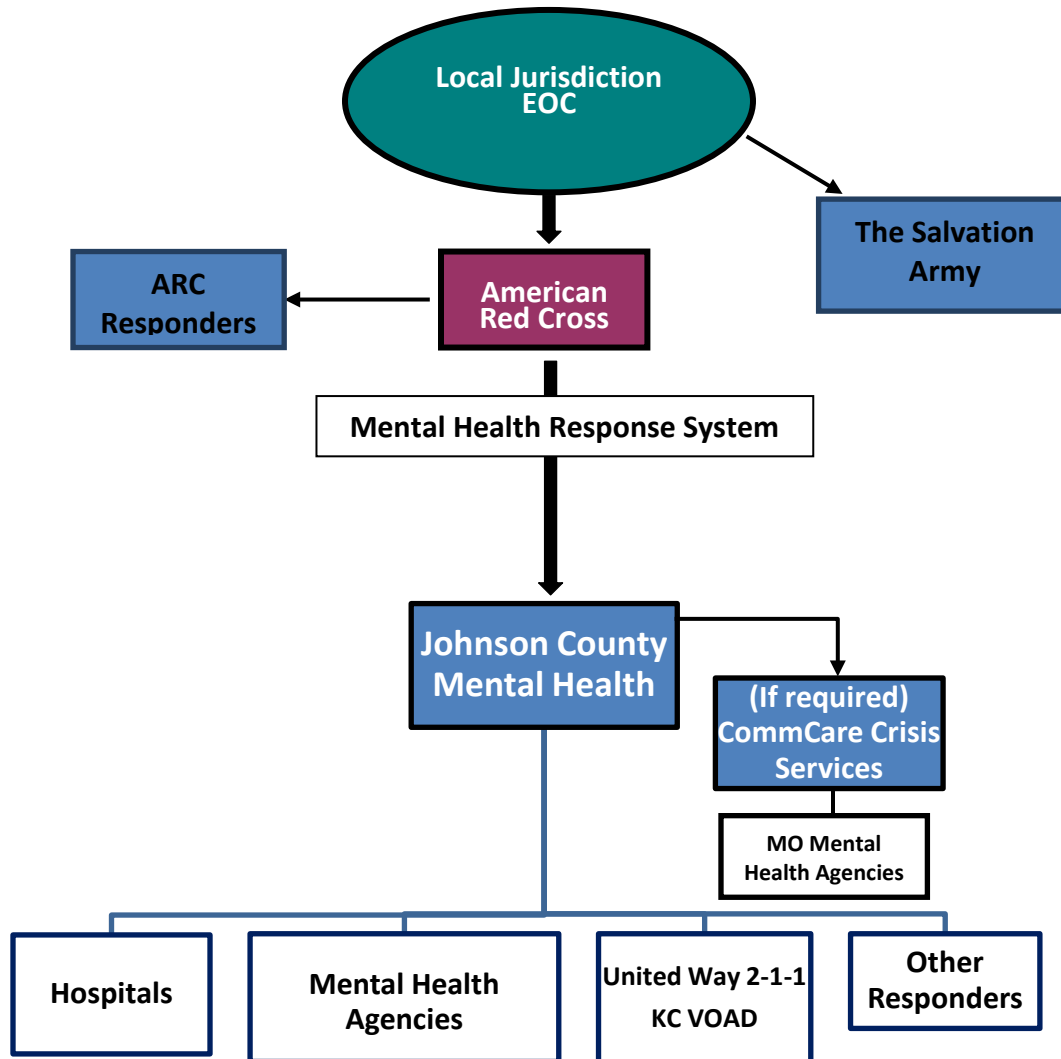
3. In coordination with Emergency Management and/or the Incident Commander, the Johnson County Mental Health Department with assistance from the American Red Cross will request agencies deploy available personnel to assist with mental health related activities such as those described under "Services Provided".

4. Mental health workers will be assigned and briefed through the American Red Cross local disaster volunteer system.

V. Documentation

A. If the incident results in the declaration of a Presidential disaster for individual assistance, federally funded crisis counseling grants may be requested to augment local mental health resources.

B. The State mental health agencies (Missouri Department of Mental Health and the Kansas Division of Aging and Disability Services) will work with local mental health agencies to determine the extent of need and if appropriate, develop an application for grant assistance.

C. Although the State is responsible for developing and submitting an application for federal funds, the local needs assessment is a critical element in documenting the need for funds to:

  1. Reimburse agencies for crisis counseling services performed during the emergency response
  o Reimbursable services are those primary and secondary services approved in the FEMA Crisis Counseling Program:
  o http://www.fema.gov/public-assistance-local-state-tribal-and-non-profit/recovery-directorate/crisis-counseling
  o http://www.samhsa.gov/dtac/proguide.asp

  2. Perform on going crisis counseling services for those affected by the incident

D. With this in mind, developing an accurate local needs assessment should be considered by mental health agencies providing services throughout the emergency. Personnel conducting crisis counseling activities should keep accurate logs and records of all client contacts made during emergency situations as required by their agencies and including:

  - Demographic information
  - Mental/behavioral health issues identified
  - Crisis Counseling provided (*note: The FEMA CCP does not allow treatment as a reimbursable expense, only crisis counseling services)
  - Referrals made

E. If local mental health services are overwhelmed, the local Emergency Operations Center may request additional assistance through the state emergency operations centers (SEOCs) in Kansas and Missouri. Additional information on federally funded crisis counseling grant programs is included as **Addendum 1**.

VI. Addenda

  1. Overview of Federally Funded Crisis Counseling Programs

Addendum 1 – Overview of Federally Funded Crisis Counseling Programs

Below are a few examples of Federal programs available to support victims of disasters mental health needs.

Responding to Victims of Terrorism and Mass Violence Crimes

Adobe Acrobat
Document

This publication acquaints ARC chapters and disaster services staff and volunteers with the needs and rights of crime victims involved in these disasters so ARC may coordinate with crime victim assistance programs at the local, state, and federal levels during nationally administered relief operations.

The Office for Victims of Crimes (OVC) has a grant program that allows providers to submit to be providers for disaster mental health services.   http://www.ovc.gov/AEAP/

In large-scale federally declared disasters, the Substance Abuse and Mental Health Services Administration (SAMHSA) has authority to provide services.   http://www.samhsa.gov/index.aspx

Attachment H. Donations Management Plan

In addition to the Coordinating and Cooperating Agencies listed in ESF #6, the following have specific responsibilities in the Donations Management Attachment

Coordinating Agencies   Local Emergency Management Agencies (EMAs)

Cooperating Agencies   The Salvation Army (TSA)

Heart to Heart International

United Way of Greater Kansas City 2-1-1 (UWGKC 2-1-1)

KC-Metro Voluntary Organizations Active in Disaster (VOAD)

Seventh Day Adventists

Other Agencies and Organizations Assigned Responsibilities in Local Plans

State and Federal Agencies   State of Kansas Division of Emergency Management (KDEM)

State of Missouri Emergency Management Agency (SEMA)

Federal Emergency Management Agency (FEMA)

Purpose

1. The Donations Management Attachment provides information intended to facilitate a coordinated regional approach to accepting, organizing and distributing unsolicited and solicited donations during a major emergency event affecting the Kansas City metropolitan area.

Scope

1. This attachment does not supersede the plans, policies and protocols maintained by local jurisdictions in the metropolitan area. Rather, the information in this attachment is intended to assist local jurisdictions when the volume of donations is anticipated to exceed the capabilities of any one jurisdiction or agency in the region.

2. Donations Management may be needed for local disasters garnering significant media attention. Donations management activities are normally needed for disasters of moderate scope and are always needed for large, catastrophic disasters. Donations Management can be divided into three phases or levels, each suited to a scope of disaster and which furnish necessary flexibility. These levels are as follows:

   a. *Donations Management Level I*: This level applies to disasters that are small, limited, or localized. Donations are few and sporadic.

b. *Donations Management Level II*: This level is for medium to large disasters. State and federal disaster declarations are likely or possible. Donations activity is significant, but may not require activation of the donations management components addressed in this attachment. In most cases, during a Level II event, a limited number of people are needed to manage donations.

c. *Donations Management Level III*: This level is for very large or catastrophic disasters, or for disasters that generate a great amount of media attention or public interest.

Situation

1. When disasters happen, those not directly affected by the event are frequently eager to provide assistance through donations of money, goods and services.

2. Local governments should be encouraged to coordinate offers of unsolicited donated goods or services with responsible agencies to help ensure an efficient relief and recovery operation. Lack of an organized system to manage the identification, receipt, organization, and distribution of donated goods and services may result in confusion and poor control of donated resources.

3. The timely release of information to the public regarding disaster related needs and appropriate points of contact is critical to the efficient management of donated goods and services. All public information releases should be coordinated through existing public information plans – for more information, see ESF #15.

4. At the national level, several organizations establish telephone numbers for disaster relief inquiries; these organizations include the Federal Emergency Management Agency (FEMA), the American Red Cross (ARC) and The Salvation Army (TSA).

5. The "National Donations Management Network" is a web-based system allowing individuals and the private sector to offer their support to the voluntary organizations actively engaged in the ongoing disaster. This system is a partnership between FEMA, the National Voluntary Organizations Active in Disaster (NVOAD), the Aidmatrix Foundation and private sector partners.

6. The National Donations Management Network may be used during Donations Management Levels I, II and III (as defined above) and may also be included as a resource when conducting planning and preparedness efforts. **Addendum 1** to this attachment provides information on the National Donations Management Network.

7. Monetary donations are the most effective way for individuals and groups to help disaster survivors. This method of donation allows flexibility to address the most urgent needs, stimulates the local economy, and eliminates the logistical problems associated with in-kind or tangible donations. Typical questions and answers regarding donations are included as **Addendum 2**.

8. Suitable facilities, equipment, and personnel are needed for the management of donated goods. In addition, the distribution of donated goods must be coordinated with identified unmet needs.

9. The Salvation Army (TSA) is the lead agency for managing and operating donations distribution centers, according to the Kansas and Missouri State Emergency Operations Plans. Many of the Emergency Operations Plans (EOPs) maintained by local jurisdictions in the region also reference

TSA as the primary agency for managing donations and local governments may request assistance from TSA with donations management activities.

10. In some cases, media attention will result in a quantity of donated goods exceeding the needs of the disaster survivors. Receiving and sorting unneeded goods can waste valuable resources and disposing of large quantities of unneeded goods may be a lengthy and costly process, as well as attract unwanted media attention.

11. Most donations are given with little expectation of return, other than the personal satisfaction of giving. However, some donations and services will not be usable and regional jurisdictions should be aware that some items are:

   a. Given with an expectation of compensation, publicity, or tax write-off.

   b. Out-of-date items (e.g., expired food and pharmaceuticals).

   c. Unusable (e.g., broken furniture, dirty or torn clothing), or unsuitable (e.g., food that requires refrigeration, winter coats during the summer, etc.).

   d. Volunteer services not necessary to meet disaster-related needs.

   e. Provided illegally in a fraudulent attempt to obtain money from survivors.

   f. Advertised at a "discount" for those affected by the disaster, but in reality offer no reduction in price.

   g. Offered in limited quantity to illustrate an association with disaster relief efforts, as a basis for future advertising or public relations.

15. Donated goods may arrive anytime (i.e., day or night) and without warning. In most cases, delivery drivers will want to know where they should off-load their cargo and who will unload it.

16. Donations frequently arrive unsorted and with minimal packaging and markings.

17. Donations may be packed in boxes, crates, barrels, garbage bags, pallets or bins.

18. There may be individuals and groups who may engage in fraudulent behavior to obtain cash and donated goods. Local law enforcement should be advised.

19. Donors will want to know:

   a. What is needed in the disaster area (e.g., cash, goods, and/or services).

   b. How they should transport their donations to the affected area, or if there is someone who can transport it for them.

   c. If they can start a "drive for donations" to help disaster victims, but have no knowledge of what to do and how to do it.

   d. How to by-pass the established donations distribution system.

e. How to designate their donation for a specific group or organization, or want to know specifically who received their donation.

f. Their donations were received by local officials or disaster survivors, and receive a letter of appreciation or public recognition.

g. Their volunteers will be fed and housed, if they are from outside the area arriving with no resources other than their labor.

h. For more information, see **Addendum 5** – Guidelines for Donors.

20. Disaster survivors will:

a. Desire immediate access to donations before they are sorted and ready to be disseminated at appropriate distribution points.

b. Believe the donations have not been or are not being distributed fairly, if they do not have adequate information on the donations management distribution process.

c. Have unmet needs, which may be satisfied by additional donations.

Assumptions

1. Suitable space and equipment may or may not be available to receive, sort and store incoming donated goods.

2. Adequate personnel for donated goods operations may or may not be available.

3. Multiple local distribution sites may or may not be able to be made convenient to the affected populations.

4. A central reception area, warehouse and distribution site may be established away from the disaster area.

5. An aggressive public information effort may expedite the distribution of goods to disaster victims and may limit an influx of unwanted goods. All public information releases should be coordinated through the PIO system.

6. Local transportation may or may not be available to ship the donated goods.

7. There may be a surplus of some donated goods requiring disposal.

8. Goods and services will be donated that are not needed by disaster survivors or responders.

9. Local government and volunteer groups and agencies may be adversely effected by the disaster and may not have the ability to cope with a sizable flow of donated goods and services.

Concept of Operations

A. General

1. The overall goal of donations management activities is to determine the needs of disaster survivors, inform potential donors of those needs and establish a mechanism to receive, process and distribute donations. Such activities will contribute to the overall disaster recovery process.

2. An important function of donations management is to establish a system whereby goods and services will be directed to a central reception center located away from the disaster area, where they may be sorted and organized for distribution.

3. Prior agreements have been made with TSA to handle the receipt and distribution of donated goods. However, local jurisdictions should have a plan for handling donated goods in the first two hours following the disaster, while TSA is organizing its response.

4. After a disaster, Emergency Management Agencies (EMAs) and other local officials must coordinate closely with local voluntary organizations to quickly assess the needs of the impacted area, begin requests for needed resources, and notify the appropriate State EMA(s). During a Level 2 or 3 incident, and if donations management is a major component of the regional response, volunteer agencies should be active participants of the Regional Incident Coordination Group.

B. Regional Coordination Actions

1. Receipt of Donated Goods

a. The Salvation Army (TSA) is designated as the lead agency for the reception and distribution of donated goods and services. The Seventh Day Adventists may be requested to coordinate with TSA regarding these activities.

b. The magnitude and severity of the disaster will dictate the amount of space and the number of personnel required for the reception, warehousing and distribution process.

c. TSA will coordinate with other relief agencies working on the disaster to ensure needs are met without duplication of efforts.

d. TSA will work with local jurisdictions to locate appropriate facilities for use as reception areas, warehousing locations, and distribution centers, as required by the event.

e. Public information regarding distribution and reception sites, needed goods, volunteers, and other pertinent information will be coordinated by the Public Information Officers (PIO) representing involved agencies and organizations in the metro area. A sample Public Service Announcement and sample News Release are included as **Addenda 3** and **4**. For more information see ESF #15 – Emergency Public Information.

f. Requests for needed goods and re-supply will be channeled through local and regional donations management coordination locations, depending on the scope and scale of the disaster.

g. To the extent possible, upon receipt, donated goods should be sorted and packaged in a manner suitable for distribution.

h. To the extent practical, surplus donated goods should be disbursed to agencies that honor the donor's intent (e.g., agencies assisting with the long-term recovery of disaster survivors).

2. **Designated Donations**

   a. A designated donation is a donation made to and accepted by an organization and specified to be used for a specific function, location or event.

   b. Inquiries concerning donations for a specified organization will be referred to that organization. The organization accepting the donation will follow its own policies and procedures for handling these donations.

   c. Once a donation has been offered and accepted, it is a designated donation and belongs to the receiving agency.

   d. The distribution of designated donations will be processed utilizing the receiving organization's procedures or under other established emergency plans and protocols (e.g., mass care, feeding, sheltering, etc.).

3. **Unsolicited/Undesignated Goods**

   a. Unsolicited/undesignated goods are donations which have arrived, but have not been requested by an agency. There may be significant quantities of items donated early after impact, while TSA is organizing its resources.

   b. Every effort will be made to designate shipments of donated goods to a specific agency.

   c. Unsolicited and undesignated shipments of donated goods will be directed to the designated donations reception center.

   d. Usable unsolicited donations not identified as items needed by disaster survivors will need to be unloaded, sorted, classified and stored, until a need arises or until an appropriate recipient is identified.

4. **Transportation**

   a. The transportation of goods from the donor to the receiving organization will be the responsibility of the donor. Exceptions may be made on a case by case basis and will apply only to the most desperately needed items.

   b. The transportation of donated goods from the reception center to distribution points will be accomplished using local, state, or in some cases, federal resources.

   c. Local, state and federal regulations still apply to all donated goods (e.g., food must be kept at appropriate temperatures, food must not be stored with hazardous or inappropriate materials, items must be palletized, shrink wrapped and sorted appropriately based on their contents, etc.).

5. **Emergency Management**

a. Local government and voluntary agency PIOs will coordinate to encourage individuals through the release of public information emphasizing the preference for cash donations; however, if donors wish to donate in-kind goods, United Way 2-1-1 will work to provide a system to connect the donor with the organization needing the particular in-kind donation.

b. Using the organizational structures prescribed by the National Incident Management System (NIMS), the EMA of the affected jurisdiction (or their designee) and the Logistics Section in the EOC will determine, in coordination with TSA, the areas and categories of greatest need for donations and services.

c. The EMA of the affected jurisdiction will work with the appropriate PIOs to communicate clearly and effectively to the public that unsolicited goods should not be shipped directly to the disaster site, as well as stress that mass quantities of unneeded items may clog already stressed transportation arteries.

d. With advice and consultation from support agencies, the PIOs of the affected jurisdiction will publicize items needed during the disaster. The United Way of Greater Kansas City's 2-1-1 System (UWGKC 2-1-1) serves as the information resource for donors seeking information.

Organization and Assignment of Responsibilities

A. **Coordinating Agencies**

1. Local government has the ultimate responsibility for managing disaster response and recovery activities.

2. Local government will coordinate with voluntary, state and federal agencies to establish transportation routes for donated goods.

3. Local government will work closely with the voluntary agencies managing receipt and distribution of donated goods and services.

4. Local government will utilize the National Donations Management Network to develop a system to connect donors of cash, goods and services to the appropriate agency.

5. Local government will determine, in coordination and communication with TSA, the areas and categories of greatest need for donations and services.

6. Local government PIOs will provide standard messages that unsolicited goods should not be shipped directly to the disaster site.

7. With advice and consultation from support agencies, local government will publicize donated items needed. The UWGKC 2-1-1 will be designated as the information resource for donations information.

B. **Cooperating Agencies**

1. TSA is one of the nation's leaders in collecting, sorting, and distributing donated goods. During a disaster, TSA may:

a. Open disaster warehouses to receive and sort donations.
b. Establish distribution centers to dispense goods directly to disaster survivors.
c. Use donations to support all disaster functions.

2. Heart to Heart International is a global humanitarian organization that works to improve health and to respond to the needs of disaster victims worldwide. Heart to Heart works with local safety-net agencies to support their outreach efforts to underserved people. Heart to Heart International is based in the Kansas City metro and will likely be called upon to assist with the donations management function.

3. United Way of Greater Kansas City's "Gifts in Kind" program secures donations of goods from individuals, as well as local and national businesses, and re-distributes them to community agencies serving individuals. United Way 2-1-1 is a central phone number connecting people with available community resources and volunteer opportunities. It is staffed 7 days a week, 24 hours a day and is free and confidential. United Way 2-1-1 spans a 23-county area (including 7 counties in Kansas and 16 in Missouri), and has access to thousands of resources.

4. The KC Metro VOAD is a body of voluntary agencies, community organizations and faith-based groups and individuals who wish to serve the community in times of disaster. These non-profit agencies and organizations work to communicate, cooperate, coordinate and collaborate in times of disasters. The KC-Metro VOAD provides an organizational structure for making service delivery more effective and with less likely duplication of services.

5. The Adventist Community Services Disaster Response provides emergency distribution centers where groceries, bottled water, baby diapers, personal comfort supplies, blankets, cleaning materials, clothing and other household goods are provided to disaster survivors. Collection centers for receiving, sorting, and repacking donated goods and a national clearinghouse for donated goods are operated when needed for larger disaster operations. Emergency relief in times of disaster. Adventist Community Services Disaster Response is a charter member of the National Voluntary Organizations Active in Disaster (NVOAD) and operates in partnership with FEMA, which recognizes the organization as an established nonprofit disaster agency.

6. For more information, the **Regional Resource Annex** includes the Website addresses and telephone numbers for the agencies described above.

A. <u>State and Federal Agencies</u>

1. The mission of the Kansas Division of Emergency Management (KDEM) is to provide 24-hour operational capabilities to help reduce loss of life and property. KDEM protects Kansans from all hazards by providing and coordinating resources, expertise, leadership and advocacy through a comprehensive, risk-based emergency management program of mitigation, preparedness, response and recovery. KDEM works directly with FEMA on donations management issues.

2. The mission of the Missouri State Emergency Management Agency (SEMA) is to protect the lives and property of all Missourians when major disasters threaten public safety in any city, county or region of Missouri. SEMA responds both natural and human caused disasters. SEMA is responsible for developing and maintaining the State Emergency Operations Plan (SEOP), which coordinates the actions of Missouri State government departments and agencies in the event of an emergency requiring use of State resources and personnel.

3. The primary mission of FEMA is to reduce the loss of life and property and protect the nation from all hazards, including natural and human caused disasters by supporting a risk-based, comprehensive emergency management system of preparedness, protection, response, recovery, and mitigation. The FEMA website includes a link to the National Response Framework (NRF) with a Support Annex addressing Donations Management.

4. For more information, the **Regional Resource Annex** includes the Web site addresses and telephone numbers for the agencies described above.

Addenda

1. National Donations Management Network Information
2. FEMA Questions and Answers about Donations Management
3. Sample Public Service Announcements
4. Sample News Release
5. Guidelines for Donors

Regional Resource Annex:
- Agency Web sites and Telephone Numbers

Addendum 1: Donations Management Network Information

DONATIONS FOR FLOOD VICTIMS MADE EASY: CONTACT NATIONAL DONATIONS MANAGEMENT NETWORK

Release Date: June 20, 2008
Release Number: HQ-08-115

WASHINGTON, D.C. – The Federal Emergency Management Agency (FEMA) is urging people who want to help flood victims in the Midwest to make financial donations through voluntary organizations that are active in the ongoing disaster operations.

"As flood waters continue to impact states along the Mississippi River, Americans across the country want to offer aid to those displaced from their homes. Monetary donations to non-profit organizations responding to the disaster are the best choice for helping those affected by the flooding in the Midwest," said Carlos J. Castillo, assistant administrator of FEMA's Disaster Assistance Directorate. "Donations of money will allow agencies to purchase items that are most needed by disaster victims."

There is a new, easy way to provide financial support, donate time and skills or donate needed products. The National Donations Management Network is a web-based system where individuals and the private sector can offer their support online to the voluntary organizations that are actively engaged in the ongoing disaster.

FEMA works in partnership with the National Voluntary Organizations Active in Disaster (NVOAD), the Aidmatrix Foundation and private sector partners to direct donation offers to voluntary agencies in need as they support the thousands of displaced victims. FEMA and Aidmatrix entered into a cooperative agreement, in 2006, to develop this donations management network. The Aidmatrix Foundation offers a

way to connect private sector or individuals wanting to offer support on-line to the leading organizations in humanitarian relief.

The National Donations Management Network is located at www.fema.gov/donations. Visitors to this site have the option to direct their donation to national level voluntary agencies or directly to the affected Midwest; states such as Iowa, Indiana, Minnesota and Missouri are managing their own state portals.

For information on the voluntary agencies that play a vital role in disaster recovery, visit the NVOAD site at www.NVOAD.org. For more information on the overall response to the Midwest floods, visit www.fema.gov.

FEMA coordinates the federal government's role in preparing for, preventing, mitigating the effects of, responding to, and recovering from all domestic disasters, whether natural or man-made, including acts of terror.

Addendum 2: Donations Management Questions and Answers

FEMA: Donations Management Questions and Answers

Why is it necessary to manage donated goods and services after a disaster?
Donations management is necessary to control the flow of goods and services into a disaster area. If trucks, trains, ships, and planes are allowed to wander into the disaster area looking for a place to drop off their donations they can easily interfere with ongoing disaster response operations. Uncontrolled shipments of donations can also put an undue burden on disaster response operations as they compete for scarce response resources such as manpower and equipment to unload, sort, store, and reship the goods. Above all, it is necessary to manage the flow of donated goods to be sure the needs of disaster victims are being met as effectively as possible.

How are donations best managed?
Donations are best managed by a team of voluntary agency representatives, State and local government officials, and if necessary, FEMA donations specialists. The key is to give the public the opportunity as early as possible after a disaster (or even before in the case of an imminent hurricane) to talk with emergency management officials and voluntary agency representatives to find out what is really needed by the disaster victims, who to send the goods to, and how to send them.

Who does the public talk to in order to find out what is needed in the disaster area?
In most major disasters, FEMA and some of the voluntary organizations will have an 800 number for donations available to the public. People can register with the 800 number operators what donation they would like to make or they can ask what is needed.

Who donates?
Donations typically come from a very wide variety of sources: individuals, families, communities, towns, and cities wanting to adopt a similar community in the disaster area; businesses; civic associations such as the Rotary Cubs, Jaycees, and Lion's Clubs; groups such as the Boy Scouts, Girl Scouts, artists, farmers, hospital workers, and union members. Many international donations are also made from all over the world.

What do they donate?

Goods such as cleaning supplies, including work gloves, boots, buckets, mops, brushes, detergents; food; bottled water; clothes; building supplies; equipment, such as water pumps, generators, tools, vehicles; and warehouse space. Depending on the disaster, volunteer services in the following areas are made such as cleanup and sandbagging volunteers; medical; environmental; clerical; legal; logistician volunteers; and animal handling, crisis counseling, and transportation services.

Why do people make donations?

Some people may have suffered a similar loss as in a flood or tornado. Others simply wish to make some kind of contribution to help especially after seeing graphic news stories of the disaster on the television.

Why is cash often said to be the preferred type of donation?

There are many advantages to making a cash contribution to a voluntary organization that is working in the disaster area. Cash helps the voluntary agencies meet the precise needs of the disaster victims in the community.

Spending money in the disaster affected community will help with the local economy whereas many free donated goods will compete with local businesses in the disaster area. Sending cash, rather than truck loads of goods, avoids the often difficult, labor-intensive logistic tasks such as offloading goods, sorting, storing, repackaging, and re-shipping the goods.

Why does FEMA plan to set up an 800 number for donations?

FEMA is prepared to activate an 800 number in a major disaster in order to serve the donor public and the disaster affected area. Early establishment of such a number is a key to success in donations management. It gives the public the opportunity to share their information about what may be available to the voluntary agencies in the disaster area and to government agencies. Communicating with the public early helps to significantly reduce the notorious unsolicited goods. The 800 number serves the disaster area by channeling valuable information about free resources to the appropriate field personnel who, in turn, process the offer and, upon acceptance, help meet disaster survivors' needs.

Why do some states set up their own 800 number services for donations?

In some states, there may be an ongoing emergency need, such as the collapse of a city's water supply or the immediate need for volunteer services such as sandbaggers, that requires a State 800 number service to provide immediate guidance to the donating public. A national number may not be able to provide as up-to-the-minute service to the public. In the Flood of '93, Iowa and Illinois had specific needs for State-based 800 number services while the FEMA national 800 number served Kansas, Missouri, and Nebraska (also shared information with Iowa and Illinois).

Who determines the need?

The needs in the disaster area are best determined by experienced voluntary agencies including local church groups who know the affected communities well.

Addendum 3: Sample Public Service Announcements

SAMPLE PUBLIC SERVICE ANNOUNCEMENT

PUBLIC SERVICE ANNOUNCEMENT
Department of Public Defense
Emergency Management Division
555 North Street
Anytown, Iowa 50319

FOR USE UNTIL _____

DONATIONS
30 SECONDS

In response to the flood relief efforts, there have been questions as to what items and services are needed. The State of Iowa encourages people to give cash donations to an organized voluntary agency of your choice.

The State of Iowa is helping to coordinate between people and businesses who wish to donate money, goods, and services with agencies that are able to receive, store, and distribute donated items.

For more information on what and where to donate, call the State of Iowa Coordination Center at phone number 1-800-555-1212 for outside Anytown and 222-3131 locally.

SAMPLE PUBLIC SERVICE ANNOUNCEMENT

PUBLIC SERVICE ANNOUNCEMENT
Department of Public Defense
Emergency Management Division
555 North Street
Anytown, Iowa 50319

FOR USE UNTIL _____

DONATIONS
15 SECONDS

Due to the recent snow emergency, the Anytown Metropolitan government is seeking individuals with four-wheel-drive vehicles to transport essential personnel to work. If you have a four-wheel-drive vehicle and are interested in helping, please call 222-3854 for more information.

Addendum 4: Sample News Releases

SAMPLE NEWS RELEASE

DATE

FOR IMMEDIATE RELEASE

FOR MORE INFORMATION CONTACT:
State Donations Coordinator
James Gibney
(555) 555-5555

Flood Relief Donations Need To Be Coordinated To Meet Public Need

There continues to be a great outpouring of people, businesses, and service organizations throughout the country collecting and donating goods and services to assist New Utopians.

Currently, food and clothing supplies are sufficient. The most useful form of assistance is donations of money. Make check and credit card donations to well-established, charitable organizations that are assisting the flood relief effort. Monetary donations allow charitable organizations the flexibility to purchase items that are needed most, and, unlike material donations, cash donations entail no transportation costs.

It is important that prior to sending any relief items into the State or local communities, donors should contact local or national relief organizations. Groups wishing to donate should contact a volunteer agency to establish the need and to make the necessary arrangements. Shipments that do not have a voluntary agency, a specified location, and a contact person will not be unloaded.

The State Donations Coordination Center can be reached by calling 1-800-555-5555, outside the New Utopia area, and 555-5555, within the New Utopia metropolitan area. The Donations Center will determine the extent of the need and coordinate with a responsible agency to receive and distribute donated items. Failure to do this will result in personnel, time, space, and money being wasted to process the uncoordinated items and will further detract from the resources being available to provide direct support to the New Utopians in need.

Addendum 5: Guidelines for Donors

Guidelines for Sending In-kind Donations to Disaster Survivors
Use these guidelines to plan your collection of in-kind donations for disaster victims.

Remember, cash contributions are always the best donation.
Cash contributions allow professional relief organizations to purchase what is most urgently needed by disaster victims, and to pay for the transportation necessary to distribute those supplies. Unlike in-kind donations, cash donations entail no transport cost. Also, cash donations given to recognized relief organizations are often tax deductible. In addition, cash donations allow relief supplies to be purchased at locations as near to the disaster site as possible. Supplies, and particularly food, when purchased locally have the advantage of stimulating local economies, and ensuring the supplies will arrive as quickly as possible.

Confirm there is a need.
Exactly what is needed can be confirmed by checking with a relief organization that has personnel working onsite at the disaster or by calling United Way 2-1-1 or special hotline number

set up specifically for a given emergency. Different disasters create different needs. Local climate and culture of the affected area must be considered.

Donate through an organization.
Before starting a collection of goods to send to a disaster site, it is essential to locate a reliable relief organization willing to receive the shipment of donated goods. When unsolicited truckloads of items arrive at a disaster site, there is often no place to unload the goods. Too often, items are left in an empty lot to be plundered or rained on and eventually become part of the garbage that must be removed during the cleanup phase of the disaster response.

Plan transportation in advance.
Never assume that unsolicited relief supplies will be transported at no charge. Local trucking firms may be willing to help in times of disaster, if funds are available to cover part of the expense. Some volunteer agencies may have trucks going to the disaster site that can take donations, or they may be able to identify another group in the area.

Be sure to have the following list of information when trying to arrange transportation:

- Point of contact at disaster area.
- Verification of storage facilities, including special storage needs such as refrigeration, and personnel for offloading at the disaster location. (Boxes should be strong and sized for a single person to carry. If goods are on pallets, make sure that the receiving warehouse has unloading equipment.)
- Inventory of goods to be transported.
- Approximate weight of total load to be transported.

Ensure donated items are packed well and clearly labeled.
It is more efficient when items sent are already sorted, labeled, and ready for distribution. Specific content lists should be taped to the side of each box sent. This allows officials to determine quickly what the box contains without opening it. Food is generally distributed in family-packs containing one or two meals per bag. To save relief workers' time, food donations in smaller packages (cans) are preferred over bulk packaging, unless donating to an agency involved with mass feeding. Clothing should be packed in separate boxes according to gender, size, and season.

Send small items and unsorted clothing to meet local needs, if necessary.
Miscellaneous, unrequested items and unsorted bags of clothing may not reach a disaster area because of handling difficulties. This type of donation may be more appropriately given to a local charity, homeless shelter, or food bank.

Attachment I. Volunteer Management

In addition to the Coordinating and Cooperating Agencies listed in ESF #6, the following have specific responsibilities in the Volunteer Management Attachment

Coordinating Agencies	Local Emergency Management Agencies (EMAs)
Cooperating Agencies	United Way of Greater Kansas City 2-1-1 (UW GKC 2-1-1)
	KC-Metro Volunteer Organizations Active in Disaster (KC-Metro VOAD)
	Medical Reserve Corps of Greater Kansas City (MRCKC)
	Local Public Health Departments (LPHAs)
	AmeriCorps – St. Louis
	Other Agencies and Organizations Assigned Responsibilities in Local Plans
State and Federal Agencies	Kansas Division of Emergency Management (KDEM)
	State of Missouri Emergency Management Agency (SEMA)
	Federal Emergency Management Agency (FEMA)

Purpose

The purpose of the Volunteer Management Attachment is two-fold as follows:

1. To describe the plans for managing the *unaffiliated volunteers* (see "Definitions") potentially available to local jurisdictions in the region.

2. To describe how coordination, communication, cooperation and collaboration should take place between the *affiliated volunteer groups* (see "Definitions") and with local jurisdictions.

Definitions

For purposes of this attachment, the following definitions are used:

1. *Volunteers* are individuals and groups willingly providing services without receiving financial compensation.

2. *Unaffiliated Volunteers* (may also be called convergent, emergent, walk-in or spontaneous volunteers) are not part of a recognized voluntary agency and often have no formal training in emergency response. They are not officially invited to become involved, but are motivated by a

sudden desire to help others in times of emergency. They come with a variety of skills and they may come from within the affected area or from outside the area.

3. *Affiliated Volunteers* are attached to a recognized voluntary, nonprofit, faith-based or public-sector organization or group and are trained for specific disaster response activities. Their relationship with the organization precedes the immediate disaster, and they are invited by that organization to become involved in a particular aspect of the emergency response.

Scope

1. This attachment is a functional component of the Regional Coordination Guide (RCG), which consists of a Base Guide and fifteen (15) Emergency Support Functions (ESFs) – for more information, see the RCG Base Guide, as well as the summary of key regional coordination concepts included as **Attachment A** to ESF #6. To the extent possible, information contained in other sections of the RCG will be referenced, not repeated in this attachment.

2. The plans and protocols described in the Volunteer Management Attachment are available for use by all of the Kansas and Missouri jurisdictions in the nine (9) county, bi-state metropolitan region. The attachment may be implemented in response to any of the hazards potentially affecting the region, as long as the volunteer safety guidelines defined by each volunteer agency are followed.

3. It is the decision of the affected jurisdiction(s) whether to request assistance with volunteer management activities. This attachment and the plans described in it are not meant to replace any existing volunteer management plans and protocols maintained by local jurisdictions.

4. Medical volunteers (i.e., those with specialized skills and abilities, such as nurses, physicians, etc.) will be managed using existing protocols established through local Medical Reserve Corps units (e.g., the MRCKC) and when appropriate, state and federal systems, such as the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), a federal program providing standards for the registration, credentialing and deployment of medical professionals in the event of a large scale emergency.

5. ESAR-VHP is a program under the Assistant Secretary for Preparedness and Response (ASPR) within the Office of Public Health Emergency Preparedness of the United States Department of Health and Human Services (HHS). The ESAR-VHP program is working to establish a network of state-based programs that manage the information needed to effectively use professional volunteers in an emergency. It provides states with standardized guidance for medical volunteer recruitment, registration, verifying credentials, as well as legal and regulatory issues. In Missouri, the ESAR-VHP Program is administered by the Department of Health and Senior Services (DHSS) and in Kansas, by the Kansas Department of Health and the Environment (KDHE)

6. The Volunteer Management Attachment may be implemented to support health and medical operations by providing volunteers to assist LPHAs and others with non-medical activities, such as administration, clerical support and other duties as needed. A large number of the personnel needed to support a health and medical event will not need specialized medical skills. With this in mind, LPHAs and others will work closely with the Volunteer Reception Center (VRC) and involved volunteer agencies regarding the types and numbers of volunteers potentially needed to support health and medical operations.

7. If volunteers with special medical skills report to an established VRC, they will be referred to the Medical Reserve Corps of Greater Kansas City (MRCKC), or other system in place specifically to manage specially trained medical volunteers. Additional information on MRCKC operations may be found in the MRCKC Operations and Management Plan maintained by MARC.

Situation

1. General

   a. Volunteers represent a potential resource to jurisdictions affected by disasters, whether of natural or human-caused origin. However, volunteers responding without appropriate training, qualifications and/or direction may overwhelm the capabilities of local governments and other agencies.

   b. With a plan in place for receiving and referring unaffiliated volunteers, as well as assigning and directing affiliated volunteers, local agencies and relief organizations can capture this valuable resource and provide more efficient and effective services to the community.

   c. This attachment is intended to support and complement the plans already in place in the region for managing and requesting unaffiliated and affiliated volunteers. These plans and their implementation are described below.

2. Unaffiliated Volunteers

   a. The two (2) existing plans for managing large numbers of *unaffiliated, spontaneous volunteers* are: 1) The Greater Kansas City Volunteer Reception Center (GKC VRC) Plan and 2) The Missouri United Methodist Disaster Response Team (MUMDRT) Plan.

   b. The GKC VRC Plan is designed to provide a volunteer reception center to process unaffiliated volunteers, as well as affiliated volunteers not already assigned. The plan is designed to provide the capability and capacity for a Volunteer Reception Center (VRC) to manage at least 10,000 volunteers over a time frame varying from 14 to 60 days.

   c. The MUMDRT Plan is a cooperative effort of the Missouri United Methodists Disaster Response Team and the AmeriCorps St. Louis Emergency Response Team (ERT). In communities where a volunteer coordination center already exists, MUMDRT and ERT may assist in the volunteer coordination effort. In areas where no volunteer center exists, MUMDRT and ERT may take the lead. Note: although "Missouri" United Methodist is the official title of the agency maintaining the MUMDRT, the services provided by MUMDRT are not restricted to Missouri jurisdictions and may be requested by Kansas jurisdictions. The State of Missouri and its volunteer and community groups support the KC-Metro VOAD and all of the jurisdictions in the region.

   d. When needed, jurisdictions may refer unaffiliated (or unassigned affiliated volunteers) to the United Way of Greater Kansas City 2-1-1 (UWGKC 2-1-1) system. During an event, UWGKC 2-1-1 will monitor the volume of calls from unaffiliated volunteers and work closely with local Emergency Management Agencies (EMAs) to determine what volunteer resources are needed and if there is a need to implement the GKC VRC and/or MUMDRT Plans.

e. If they recognize the need or potential need to activate plans for managing volunteers, local EMAs may contact the KC-Metro VOAD. EMAs will work with the KC-Metro VOAD to determine the type and scope of volunteer management plans to be implemented. Note: Implementation of the GKC VRC Plan will be based on available regional resources, but MUMDRT resources may be deployed from other areas into the metro region if needed, based on a request for assistance through the KC-Metro VOAD.

f. **Addendum 4** describes the procedures for requesting activation of the GKC VRC Plan and/or the MUMDRT Plan

3. Affiliated Volunteers

a. The *affiliated volunteer groups* in the region are represented by the KC-Metro VOAD, including the primary non-governmental disaster relief agencies, such as the American Red Cross (ARC); The Salvation Army (TSA); Citizen Corps groups (e.g., Community Emergency Response Teams [CERTs] normally managed by local Emergency Management Agencies); AmeriCorps-St. Louis; the Medical Reserve Corps of Greater Kansas City (MRCKC); the Regional Homeland Security Coordinating Committee (RHSCC) Mental Health Subcommittee; and many other volunteer and community organizations.

b. Affiliated Volunteers are activated by their agencies, when requested by a local EMA or because other emergency events require a response from their agency. The various disaster response agencies in the region work through the KC-Metro VOAD to help ensure coordination, communication, cooperation and collaboration during preparedness, response and recovery.

c. The KC-Metro VOAD maintains disaster operating procedures and protocols for assisting individuals with unmet, disaster related needs. These plans are maintained by the KC-Metro VOAD Chairs listed in **Addendum 4.**

d. When needed, the KC-Metro VOAD will initiate communication with appropriate agencies within 48 hours after a major emergency to ensure needs are met and volunteer staffing is adequate. In addition, the KC-Metro VOAD will coordinate the efforts of any affiliated volunteer groups coming into the Kansas City region from other areas.

e. For a list of the KC-Metro VOAD member organizations, see the Regional Resource Annex and for information on requesting assistance from the KC-Metro VOAD, see **Addendum 4**.

Assumptions

1. Based on history, volunteers may present at unsafe areas, therefore, all volunteer reception centers and all volunteer assignment settings must be in the "safe zone," as designated by the Incident Commander (IC) and coordinated with local EMAs.

2. If needed, volunteers may be used to assist with operations in restricted zones, as long as they are designated as safe by the IC.

3. When needed, selection of an alternate volunteer reception center site or other support sites will be coordinated through the local EMA, based on direction from the IC.

4. The agency or organization receiving spontaneous volunteers is responsible for background checks and for liability issues connected with the volunteers.

5. Incidents receiving significant media attention may result in large numbers of unaffiliated volunteers.

6. Any major or catastrophic emergency may result in low numbers of both unaffiliated and affiliated volunteers.

7. Local jurisdictions in the metro region need viable volunteer management plans enabling them to:

    a. Direct the outpouring of human resources as quickly as possible to where it is most needed.

    b. Create order out of potential or real chaos caused by a major influx of volunteers.

    c. Give individuals an opportunity to be involved in the recovery of their own communities.

8. Some individual volunteers and some volunteer groups may be considered as resources for more than one jurisdiction or for more than one job and/or function.

9. Initially, volunteer agencies may only have an estimate of the number of available personnel because individuals may have multiple volunteer affiliations. Volunteers with multiple affiliations may be asked to prioritize and work as part of the most critical functions for the specific emergency event.

Concept of Operations

A. General

1. Unaffiliated Volunteers

    a. The affected jurisdiction will activate and assign their local volunteers (e.g., CERTs, Citizen Corps and others) according to their local EOP and other supporting plans.

    b. The affected jurisdiction will determine whether their volunteer capabilities are adequate and if there is a need for volunteer management assistance. If needed, the affected jurisdiction will follow the procedures outlined in **Addendum 4** of this document to initiate a request for volunteer management support.

    c. The affected jurisdiction will assign staff to serve as the point-of-contact (POC) for volunteer management coordination. The affected jurisdiction will work to ensure coordination with law enforcement regarding unaffiliated volunteer issues, such as access, badging and other security issues.

    d. The affected jurisdiction's Public Information Officer (PIO) will coordinate with the PIO of the unaffiliated volunteer management plans implemented to help ensure consistent messages are released regarding volunteer opportunities, requirements and locations provided to the

public. When needed, volunteer agency PIOs may be requested to support local Joint Information Center (JIC) activities.

e. Unaffiliated volunteers will be tracked using the procedures described in the GKC VRC Plan, which includes a volunteer tracking system for use while volunteers are being processed. Once volunteers are assigned to agencies, the receiving agencies become responsible for volunteer tracking.

f. As volunteer management efforts scale back to management and oversight by the local jurisdiction, those involved will work to ensure ongoing coordination between EMAs and representatives of regional volunteer management agencies and organizations involved in the event (e.g., UWGKC 2-1-1, KC-Metro VOAD, etc.).

g. Efforts should be made after the event to connect new, unaffiliated volunteers with established volunteer agencies and programs (e.g., CERT, MRC, American Red Cross, The Salvation Army, etc.) helping to increase the region's affiliated volunteer base.

2. Affiliated Volunteers

a. The affected jurisdiction(s) will request affiliated volunteer assistance from established volunteer groups and agencies (e.g., CERT, MRC, American Red Cross and The Salvation Army, etc.) through their previously established local plans or by contacting the KC-Metro VOAD Chairs as described in **Addendum 4**.

b. The affected jurisdiction will arrange for appropriate liaisons from affiliated volunteer groups to coordinate with, or be present in, jurisdictional EOCs, as needed and appropriate for the event.

c. Every effort will be made to ensure coordination between affiliated volunteer groups and agencies in the region and the unaffiliated volunteer management plans implemented for the event.

3. References

a. **Addendum 5** to this attachment includes a series of general guidelines for volunteer service and in addition.

B. **Regional Coordination Actions**

1. General

a. If an issue with potential regional significance is identified, the EMAs in the region will initiate coordination activities as outlined in the Base Guide. Volunteer and private sector agencies and organizations may request initiation of regional coordination activities by contacting their local EMA.

b. Regional coordination and the exchange of regionally significant information will be accomplished to the extent practical using WebEOC, a crisis information management system allowing jurisdictions to share real-time information through the Internet. Additionally,

regional coordination will be accomplished using conference calls, group emails, faxes and when needed, physical meetings.

c. For additional information on regional coordination activities, see the summary of key regional coordination concepts included as **Attachment A** to ESF #6 and for more detailed information, see the RCG: Base Guide.

2. Unaffiliated Volunteers

   a. The extent of regional coordination activities required in support of unaffiliated volunteer management activities will depend on the capabilities of the jurisdictions involved and the scope of the incident.

   b. When the event involves more than one jurisdiction or has other regional coordination components, EMAs will work to coordinate their efforts to help ensure effectiveness and consistency in working with the volunteer management agencies, organizations and plans activated in support of the event. During a Level 2 or 3 incident, and if unaffiliated volunteers are a major component of the regional response, volunteer agencies should be active participants of the Regional Incident Coordination Group.

   c. There should be consistent information provided to the public and the media regarding unaffiliated volunteer reception center locations, volunteer opportunities, requirements, badging, communications, safety, etc. Communication with the public and the media regarding volunteer management activities should be presented in a unified manner to avoid conflicting messages and miscommunication.

   d. Volunteer agencies and EMAs will coordinate to help ensure PIOs are releasing consistent messages. Depending on the event, volunteer agency PIOs may become critical members of the local JIC. The regional coordination of public information is described further in ESF #15 – Emergency Public Information.

   e. There should be ongoing communication and coordination between United Way of Greater Kansas City 2-1-1 (UWGKC), EMAs and involved KC-Metro VOAD groups regarding unaffiliated volunteers and the implementation of plans to manage unaffiliated volunteers.

3. Affiliated Volunteers

   a. The established procedures, relationships and agreements between EMAs and the region's volunteer groups and agencies through the KC-Metro VOAD have the ability to expand to accommodate a regional volunteer management response.

   b. When the response has a regional component, representatives of the established volunteer groups and agencies should be included in regional coordination activities (i.e. Regional Incident Coordination Group), such as conference calls and meetings, as well as emergency public information activities (e.g., news releases, news conferences, etc.).

   c. CERT volunteers will be activated and deployed by local jurisdictions. At the time of the event EMAs, via the RCS, will coordinate their efforts to the extent possible on how CERT volunteers will be used or possibly shared with other jurisdictions, based on the situation and needs of the incident.

4. Other

    a. EMAs, volunteer agencies and other organizations involved in the event will make every effort to ensure volunteers performing positively are provided with recognition for their efforts.

Organization & Assignment of Responsibilities

A. **Coordinating Agencies (Local EMAs)**

1. Local EMAs are responsible for working to ensure coordination activities are maintained with the agencies and organizations providing support with volunteer management activities.

2. **Unaffiliated Volunteers**

    a. The affected jurisdictions will determine when their volunteer management system has reached capacity and when support is needed.

    b. The affected jurisdiction will request help with volunteer management by calling the KC-Metro VOAD, as described in **Addendum 4** of this document.

    c. Depending on the location and circumstances of the event, it may be the responsibility of the requesting EMA to help locate a facility for the volunteer reception center and other facilities potentially needed for volunteer management efforts.

    d. The coordinating EMAs will keep volunteer safety in mind when making any decisions and requests.

3. **Affiliated Volunteers**

    a. The established procedures, relationships and agreements between EMAs and the region's established volunteer groups and agencies will be used and expanded as needed to accommodate a regional volunteer management response operation.

B. **Cooperating Agencies**
(All Government, Volunteer and Private Sector Agencies and Organizations with Emergency Responsibilities)

1. **Unaffiliated Volunteers**

    a. The GKC VRC and MUMDRT Plans, which are briefly described in **Addenda 1** and **2** to this attachment, provide details on the policies, procedures, roles and responsibilities of these groups regarding managing unaffiliated volunteers.

    b. The agencies and organizations responsible for the GKC VRC and MUMDRT Plans will work to maintain them as appropriate and coordinate these efforts with local EMAs

2. **Affiliated Volunteers**

a. The roles and responsibilities of established volunteer groups and non-governmental agencies are in place and scalable for a regional volunteer management response effort.

b. The KC-Metro VOAD is responsible for maintaining operating procedures and protocols for assisting individuals with unmet, disaster related needs.

Addenda

1. Greater Kansas City Spontaneous Volunteer Reception Center (GKC VRC) Plan
2. Missouri United Methodist Disaster Response Team (MUMDRT) Volunteer Reception Center Plan
3. Kansas City Metro-COAD 2008 Membership Roster
4. Procedures for Requesting Support with Volunteer Management
5. Guidelines for Volunteer Service

Addendum 1: Greater Kansas City Spontaneous Volunteer Reception Center (GKC VRC) Plan

The GKC VRC Plan is designed to provide a volunteer reception center to process unaffiliated volunteers, as well as affiliated volunteers not already assigned. The plan is designed to provide the capability and capacity for a Volunteer Reception Center (VRC) to manage at least 10,000 volunteers over a time frame varying from 14 to 60 days.

- **Plan Activation**: The plan will be activated by the KC-Metro VOAD

- **Plan Maintained By**: KC-Metro VOAD member organizations

Addendum 2: Missouri United Methodist Disaster Response Team (MUMDRT) Volunteer Reception Center Plan

The MUMDRT Plan is a cooperative effort of the Missouri United Methodists Disaster Response Team and the AmeriCorps St. Louis Emergency Response Team (ERT). In communities where a volunteer coordination center already exists, MUMDRT and ERT may assist in the volunteer coordination effort. In areas where no volunteer center exists, MUMDRT and ERT may take the lead.

Note: Although "Missouri" United Methodist is the official title of the agency maintaining the MUMDRT, the services provided by MUMDRT are not restricted to Missouri jurisdictions and may be requested by Kansas jurisdictions. The State of Missouri and its volunteer and community groups support the KC-Metro VOAD and all of the jurisdictions in the Region.

- **Plan Activation**: The plan will be activated by the KC-Metro VOAD

- **Plan Maintained By**: The State of Missouri

Addendum 3: Kansas City Metro-COAD 2008 Membership Roster

- The current roster is maintained in the **Regional Resource Annex**.

Addendum 4: Procedures for Requesting Assistance with Volunteer Management

Emergency Management Agencies (EMAs), and other agencies, if necessary, may request assistance with volunteer management activities by contacting representatives of the KC-Metro VOAD as listed below.

Dee Smith
The Salvation Army
National Voluntary Agencies Active in Disaster (NVOAD)
24-hour contact – **816-898-9830**

American Red Cross - Greater Kansas City
816-931-8400

American Red Cross - Eastern Kansas
913-321-6314

The KC-Metro VOAD members will work with local EMAs to determine the volunteer management resources needed and what volunteer management plans should be activated.

Addendum 5: Guidelines for Volunteer Service

This is based on information from the course content of the "Donations Management Workshop" developed and provided by the Federal Emergency Management Agency (FEMA) Emergency Management Institute National Emergency Training Center (EMI/NETC)

Review this list of guidelines for volunteer service before volunteering after a disaster. Following these guidelines will help you—and help the disaster victims.

Affiliate before showing up.
Instead of arriving unexpectedly in a disaster-affected area, volunteers should register with a recognized volunteer agency. There are many agencies. Most are organized under the National Voluntary Organizations Active in Disaster (NVOAD); however, if a volunteer is unable to identify one, then he or she should register with the local Volunteer Center recording offers of availability from unaffiliated volunteers. Don't register with more than one agency.

Prepare for self-sufficiency.
Commonly, there are inadequate facilities for feeding, housing, personal hygiene, and health/medical needs for unaffiliated volunteers. Therefore, it is best to attach with a recognized agency as the first step in involvement.

Be patient and flexible.
Volunteers should be prepared to step into any of a variety of roles, depending on current or sudden needs. Volunteers expecting to enter a response or relief effort in a certain capacity will often be disappointed. Sometimes a volunteer's unique talents are not immediately needed.

Know the liability situation.
A volunteer should be certain that there is coverage by liability clauses in the insurance structure of the volunteer agency with which he or she is affiliated. Usually, this will be the case. A volunteer working in the response effort, but not registered with a volunteer agency, should assume that all liability is entirely with the volunteer as an individual.

Remember that the use of volunteers is a coordinated process.
The use of volunteers is an organized process by which people with abilities, skills, and/or training are assigned to special tasks. Volunteers are most useful when they are able to do the right thing at the right time. That is, they are used as part of a plan. Don't self-deploy, that is, don't report for duty unless you are called by your agency or unless you call your agency and are told what to do.

Be committed to the response effort.
Response and recovery work is most often dirty, monotonous, mundane, and not glamorous. There is little individual recognition. Volunteers should be committed to work under such conditions and fit within plans that are coordinated by the volunteer agencies.

Attachment J. Mass Care - Outside the Region Incident

(Evacuee Reception Operations From a Notice Disaster Outside the Region)

Concept of Operations for:

Outside the Region Hurricane Incident

Outside the Region New Madrid Seismic Zone Reception Operations

OUTSIDE THE REGION INCIDENT: HURRICANE EVACUEE RECEPTION & CARE – GENERAL CONCEPT OF OPERATIONS

- *See also "Sample Plan: Hurricane Reception Center Operations Plan: Kansas City International Airport"*

Purpose

The Kansas City metropolitan area is a potential host community for hurricane evacuees from other jurisdictions. This regional strategy lays the groundwork and strategy for serving as a host region in the event the reception and care of evacuees from the outside the region is necessary.

Situation

1. The Kansas City metropolitan area is a potential host community for hurricane evacuees from other jurisdictions, most likely Gulf Coast region states. The Atlantic hurricane season officially begins June 1st and ends November 30th (National Hurricane Center). While 97% of storms occur within this period, hurricanes can develop throughout the entire year. The potential for a significant storm (normally defined as a Category 3 or higher) impacting the Gulf Coast and requiring evacuation remains high for the foreseeable future. Moreover, there is a significant risk for multiple severe storms a year which, while unlikely, could lead to multiple evacuations a year.

2. The reception and care of evacuees from outside the metro-area will require coordination with the local ARC Chapters, local governments, volunteer and community organizations, and State and Federal partners. The level of coordination required will depend on the number of host jurisdictions and the types of shelters in which evacuees will be housed. This Concept of Operations outlines the general steps and considerations for local jurisdictions to support evacuee sheltering operations. Hurricane evacuee reception differs from most other types of mass care events experienced in the region in that it is a pre-planned event. Prior to execution of any reception operations, roles, responsibilities, authorities, reimbursement issues, etc. will have to be discussed and agreed upon.

Planning Assumptions & Limitations

1. The Regional Coordination System (RCS) will likely be utilized.

2. Given the complexity of managing such a major operation, and the likelihood of many nongovernmental, state, and Federal partners, the exact administrative terms, agreements, and legal mechanisms necessary to implement such an operation are not fully known. It is not the intent of this document to define those terms. For the purposes of this plan, any agreement that is made during an actual event will be between local, private/nonprofit, state and Federal entities, as applicable, with the authority and powers to do so.

3. The region's capability to serve as a host area for evacuees will largely depend on availability of shelter facilities and resources to realistically meet anticipated obligations. While most regional partners and potential shelter/reception center venues will most likely be in support of a "local" incident, it is very likely that there may be unexpected resistance to making services and facilities available for an "outside the region" incident (i.e. due to disruption of services, revenue, planned events, etc.).
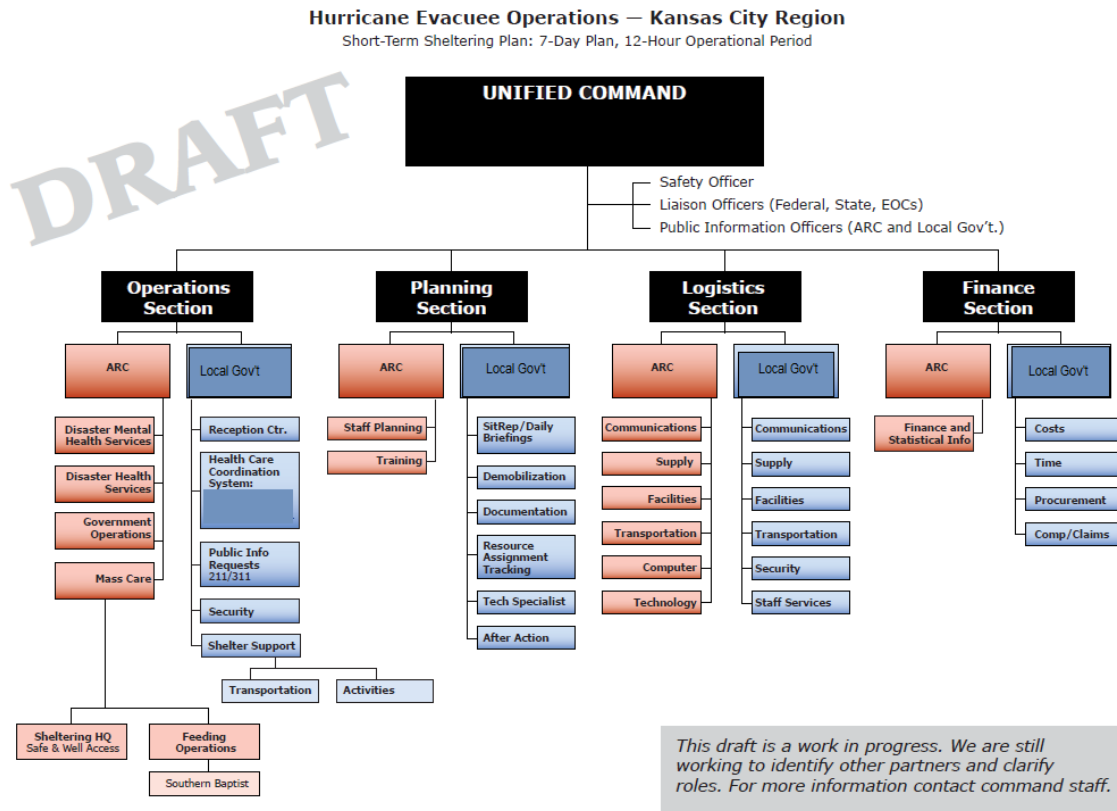
Concept of Operations

1. There are two phases to hurricane evacuation and reception: a Pre-planning Phase and an Operational Phase. The Pre-planning Phase consists of identification of primary and support agencies, development of chains of command, shelter assessment, inventory of resources, and other like activities necessary to support the event. The Operational Phase consists of the execution of the plan from reception of evacuees, to their shelter and care, and through their return to their home state. Each is discussed in greater detail below.

    a. <mark>Pre-Planning Phase.</mark> The Pre-Planning Phase begins at the state level and generally originates from a hurricane threatened state seeking a Memorandum of Understanding (MOU) or other type of compact, with either or both of the States of Kansas and Missouri, to act as a host state in the event of a significant hurricane. From there, the State(s) will seek participation of local jurisdictions (terms of agreement will be between state and local jurisdictions). Factors that may influence a jurisdiction's decision to participate as a host city include, but are not limited to: potential financial burden and expectation of reimbursement, availability of suitable shelter space, total number of evacuees, availability of resources (including staff), etc.

        i. During the pre-planning phase, one of the most critical first steps will be to determine the availability of shelter/reception center facilities and other key services. While most regional partners and potential shelter/reception center venues will most likely be in support of a local incident, it is very likely that there may be unexpected resistance to making services and facilities available for an outside the region incident (i.e. disruption of services, revenue, planned events, etc.).

        ii. In some cases, it may be desirable to house all evacuees within one jurisdiction. In these cases, the amount and extent of regional coordination is greatly reduced. The host jurisdiction, ARC and other VOAD partners will primarily coordinate all reception and mass care functions and seek support from regional partners as necessary.

        iii. In other cases, evacuees may need to be housed across multiple jurisdictions within the region. In these cases, regional coordination of activities will be essential in ensuring maximization of resources, non-duplication of effort and a successful completion of operations. Implementing the RCS and identifying Regional Incident Coordination Group (RICG) members for the operation is recommended to meet these objectives. Upon

notification that the Kansas City region may act as a host region, an informational and organizational meeting should occur. Attendees should include: State and Federal representatives, the ARC and potential regional partners. The State (Kansas or Missouri) should be encouraged to take the lead in hosting this meeting and develop an agenda based on local input. Possible discussion topics could include:

- **Situation Briefing**: Total evacuees, conditions on the ground, etc.
- **Expectations from Local Government**: Including responsibilities, liabilities, anticipated costs and authorities
- **Expectations from the State**: Including responsibilities, anticipated costs, resources available, intended support, etc.

iv. Once all participating jurisdictions have been identified and committed, each should designate a representative who has the authority to make decisions on behalf of the participating entity to serve as a member of the RICG. The RICG will serve as both an information dissemination mechanism and a policy-making body. The RICG may coordinate physically or virtually depending on the circumstances, but would likely need to establish a physical location to facilitate operations. The RICG should be organized by standard ICS positions.

    i. Several tools are available to facilitate virtual coordination including: WebEOC, Homeland Security Information Network (HSIN), conference calling, radio systems and e-mail.

v. The RICG will be tasked with developing an overall operational structure for the event. Each participating jurisdiction will retain authority and responsibility for operations within their jurisdiction and should develop their own jurisdictional command structures. The RICG will support these structures through resource coordination. A possible iteration of this RICG structure is depicted in Figure 1 below. It is important to note that the ARC has primary responsibility to carry out mass care operations with its own organizational structure. Figure 1 attempts to illustrate how the ARC is integrated into and supported by local government operations. The following list below is an example of some of the key operations/actions that will need to be integrated and supported:

- Developing/recommending reimbursement policy (i.e., State contracts, FEMA direct assistance. Consider what needs to be pre-identified for purchase since no expenses can be encumbered prior to a declaration)
- Support for Reception Center
- Coordination of transportation of evacuees (since it's likely there will be a single centralized reception center, a common transportation hub will reduce any one jurisdiction's burden to provide transportation.)
- Development of regional Incident Action Plan. Regional IAPs may include: shelter locations, what EOCs are active, their operational periods, operations supported, etc.
- Maintaining communications with the State (Kansas and/or Missouri)

vi. The ARC has primary responsibility for identifying shelters and entering into agreements as well as ensuring adequate resources and staffing are available to support the shelter operations. When resource needs are beyond the ARC's area of expertise, the ARC will submit these requests to the RICG.

Note: For shelter capacity above 500, which is considered a "mega shelter", the ARC will be the primary entity responsible for mass care functions, and local government entities will be responsible for major support functions.

Figure 1. Sample/Draft Command Structure

Hurricane Evacuee Operations — Kansas City Region
Short-Term Sheltering Plan: 7-Day Plan, 12-Hour Operational Period

b. **Operational Phase.** The Operational Phase begins when the threat of a significant hurricane requiring evacuation appears imminent. Major decision points and milestones within the Operational Phase are plotted on a timeline using the hurricane's anticipated landfall hour (H-Hour) as the reference point. The time at which these activities need to be executed is expressed in terms of hours prior to H-Hour (H minus 120, 72, etc.) An example timeline is provided below. It is important to note that while these are planned timelines, the unpredictable nature of hurricanes may necessitate flexibility in the sequence of events. Accompanying each of these decision points are recommendations for high level activities to be conducted by the RICG and the ARC:

i. *H – 120: Pre-landfall Declaration.* 120 hours prior to a significant hurricane's landfall likely to require evacuation, the threatened state will seek a pre-landfall presidential disaster declaration. At this time, warning orders to evacuee reception host states may also be issued. *Note: Reimbursement to host states for eligible costs becomes available only <u>AFTER</u> a Pre-Landfall Declaration <u>AND</u> activation of host-state agreements.*

RICG
☐ Initiate Regional Coordination System

OPS
☐ Make preparations for Reception Set-up

LOGS
☐ Notify logistics partners (i.e., bus companies)

ARC
☐ Verify shelter commitments
☐ Develop alternate shelter locations (if needed)
☐ Activate Safety Valve (other host cities outside of region) if needed
☐ Begin call down of shelter staff and operations management staff

ii. *H – 72: Issue Evacuation Orders, Begin Mass Care Pre-Operations.* This is the "drop dead" point for the home state to issue evacuation orders to meet the time requirements necessary to evacuate its citizens. Note: H - 72 is the time needed to evacuate a notional 10,000 persons by air. Depending on the total number of evacuees that a host state has agreed to receive, this may shift to the right or left, (i.e., more than 10,000 persons requires more than 72 hours advanced notice; less than 10,000, requires less.) At the issuance of evacuation orders, Mass Care Pre-operations will begin.

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RICG
☐ Activate RICG Coordination Center/Facility (Virtual or Physical)

OPS
☐ Verify number of evacuees

LOGS, PLANNING, & OPs
☐ Set up Reception Center

ARC
☐ Move resources to shelter locations (cots, A/C, supplies.)
☐ Set up shelters
☐ Set up alternate headquarters
☐ Distribute contact information to involved parties

iii. *H – 62 - 48: Begin Evacuation/Reception and Mass Care Operations*. Within the window of H – 62 and H – 48 hours pre-landfall, the first planes transporting evacuees out of danger area will go wheels up [if evacuating by air]. The Reception Center should expect to begin receiving evacuees approximately 2-3 hours after takeoff [longer if evacuating by bus]. Evacuation operations will continue until H – 18 or until all evacuees have been transported, whichever is sooner. Mass Care operations begin as soon as the first transport of evacuees is received and processed at the reception center.

OPS
☐ Begin 24 hour reception operations
☐ Coordinate transportation to shelters

ARC
☐ Explain and advise evacuees about sheltering process, begin shelter operations

iv. **_H – 18: Cessation of Evacuation Operations_.** At 18 hours pre-landfall, the last [air] transport from the danger area will go wheels up. Primary reception center operations can expect to cease shortly thereafter.

OPS, PLANNING, LOGS, & FINACE
☐ Make preps for reception center shutdown
☐ Support shelter operations
☐ Make appropriate reports/document resources used at site

ARC
☐ Mass Care Operations (continue to receive, shelter and feed evacuees)

v. **_H + 7 to 10 days: Repatriation Operations_.** Barring catastrophic damages to the impacted region, repatriation operations are expected to commence 7 – 10 days after the "all clear" is announced. The home state has primary responsibility for ensuring its citizens' safe return. However, there is the possibility that host states may have to assist with these operations.

Each of these milestones has other major activities that supporting sections should accomplish within the timeframe. The RICG/participating jurisdictions should identify these activities and develop a mechanism to assign and track these activities. Below is an example of how this may be accomplished:

PLANNING SECTION						
Event: H > 120: Pre-Planning Phase				**Comments:**		
Time Actual: 0:00						
Date Actual:						

Task	Assigned To	Date Assigned	Date Due	Resources Needed	Status	Comments
1. Develop Reception Center Plan.					In progress	
2. Develop procedures for tracking documentation.					Not started	
3. Develop procedures for tracking resource allocations.					Not started	

Event: H - 120: Pre-Landfall Declaration				**Comments:**		
Time Actual: 0:00						
Date Actual:						

Task	Assigned To	Date Assigned	Date Due	Resources Needed	Status	Comments
1. Begin developing Incident Action Plan.					Not started	

Event: H - 72: Evacuation Go/No Go				**Comments:**		
Time Actual: 0:00						
Date Actual:						

Task	Assigned To	Date Assigned	Date Due	Resources Needed	Status	Comments
1. Finalize Incident Action Plan and distribute to Command Staff.					Not started	

Event: H - 48: Begin Evacuation				**Comments:**		
Time Actual: 0:00						
Date Actual:						

Task	Assigned To	Date Assigned	Date Due	Resources Needed	Status	Comments
1.					Not started	

Event: H - 18: End Evacuation Ops				**Comments:**		
Time Actual: 0:00						
Date Actual:						

Task	Assigned To	Date Assigned	Date Due	Resources Needed	Status	Comments
1.					Not started	

2. **Major Operational Components**

There are three major operational components to this CONOPS that support the evacuation, receipt and care of evacuees: the Evacuation Site, the Reception Center and the Shelter Site(s). Each has separate and distinct functions with differing entities acting as primary and support agencies. The figure below depicts the general flow of evacuees from the impacted state into shelters, and the primary and support agencies for each facet (Note: Many of these operations will be situation dependent and may vary by incident). Operations at each of these sites are discussed in further detail below:

Figure 2. Sample Concept of Operations
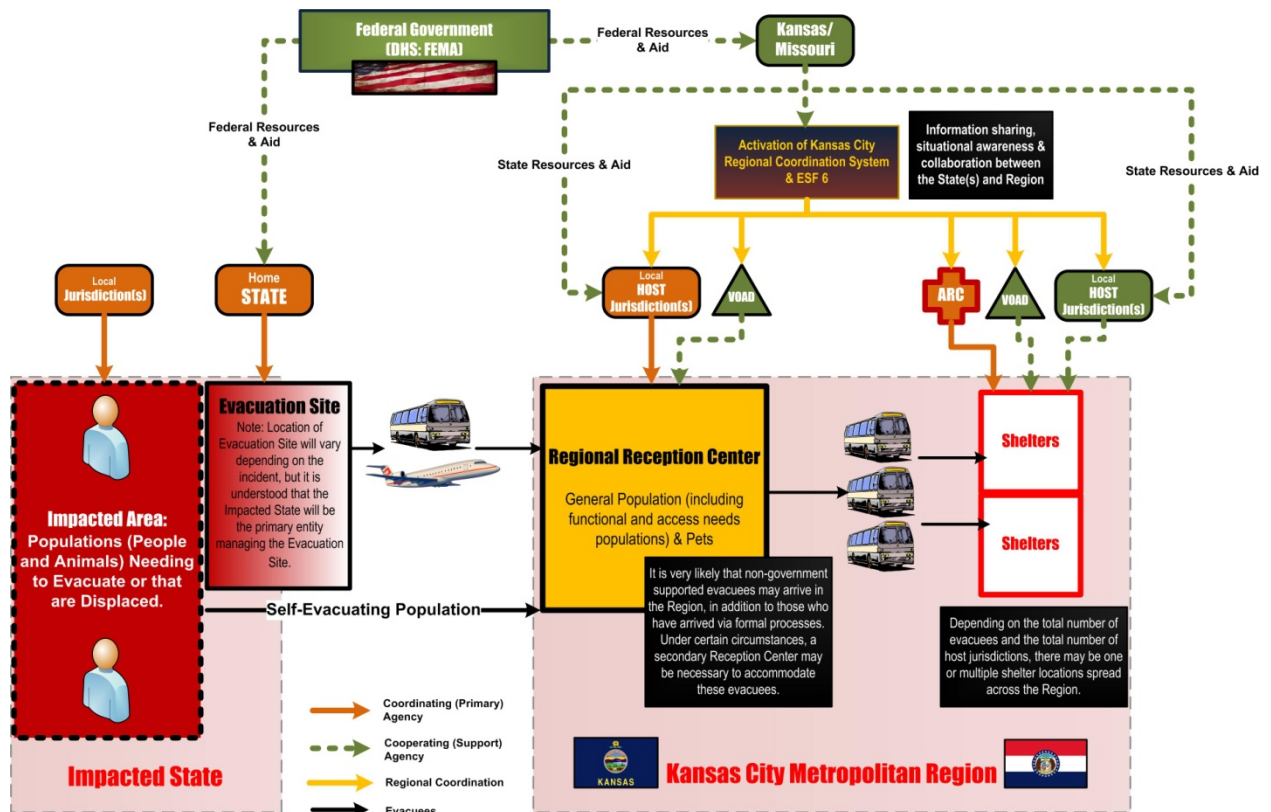
a. **Evacuation Site.** The Evacuation Site is a pre-established assembly point where evacuees are prepared for evacuation. The impacted state, supported by FEMA, has sole responsibility for the management of the Evacuation Site and will have a unique CONOPS for its operations. The RICG should engage early with the impacted state to understand its CONOPS for evacuation, as these will drive future decisions. Potential information to be gathered includes:

- o Will evacuees have identification?
- o Will background checks be conducted?
- o How many pieces of luggage are evacuees allowed?
- o How are evacuees tracked?
- o Will medical screenings occur prior to transport?
- o Will unaccompanied minors be allowed to travel?

o Who is responsible for transmitting passenger manifests?
o Will pets be transported?
o What medical needs can be expected?

Once the Evacuation Site CONOPS have been discussed, this information should be used to inform the region's CONOPS for the reception event.

b. **Reception Center Operations.** The Reception Center is the receiving point for evacuees into the Kansas City metropolitan area. When evacuees arrive at the reception center, they will be verified against passenger manifests, assigned a shelter location and made ready for transport to the shelter. Basic medical support, food, water and restroom facilities should be available at the Reception Center for evacuees. Overall command of the Reception Center will be the responsibility of the agency having jurisdictional authority over the physical location of the Reception Center. The Kansas City Voluntary Organizations Active in Disaster (KC VOAD) should be assigned lead agency to support Reception Center operations and is capable of providing volunteers to manage the processing and immediate care of evacuees. FEMA and the State may have a limited support presence and may have operations centers established at the Reception Center. Once evacuees have been received and processed for shelter assignment, the ARC should assume responsibility for their remaining care until mass care operations have ceased and the evacuees are repatriated to their home state.

Though evacuees may arrive in the metro area through various transportation nodes (train, bus, airplane), the most likely scenario is they will be transported via military and commercial airline into Kansas City International Airport (KCI) or Wheeler, or other regional airports. To support this scenario, a sample KCI Reception Center Plan is included. This sample Plan should be reviewed, modified as necessary, and approved by proper authorities prior to its use in actual operations.

c. **Shelter Site(s).** From the Reception Center, evacuees will be transported to shelter sites. Depending on the total number of evacuees and the total number of host jurisdictions, there may be one or multiple shelter locations spread across the metro. The ARC has primary responsibility for operating and maintaining these shelters. The RICG and participating host jurisdictions have responsibility for supporting these shelters with resources beyond the normal capacity of ARC (i.e., transportation, generators, HVAC systems, etc.). Prior to the receipt of evacuees, the RICG and ARC should develop and approve desired shelter locations in order to establish a common operating picture for the event. The ARC may establish a disaster operations center (DOC) to help manage the event; in this case the DOC and RICG should develop protocols for integrating operations, managing resource requests, developing common messages and disseminating information.

3. **Support Functions**

a. **Volunteer Reception/Processing Center.** Depending on the size of the event, it is possible that there will be a large influx of spontaneous, un-affiliated volunteers (SUVs) offering to donate their time. The need for these volunteers will likely be low, as most hurricane evacuations are planned events and well-managed with local affiliated volunteers. None-the-less, the possibility remains for the necessity of volunteer management. The KC VOAD maintains a Volunteer Reception Center (VRC) plan. ESF#6 should be consulted for further information.

b. **Donations Management.** Additionally, there may be a need to coordinate donated goods. ESF#6 should also be consulted for mechanisms in place to accomplish donations management.

c. **Healthcare Coordination System**. The influx of a large evacuee population into the metro area could potentially tax the resources of the existing healthcare system. The Regional Healthcare Coordination System (RHCS) should be activated to assist in managing the healthcare needs of evacuees while they are in shelters. If possible, onsite medical care could be established for basic care. This will help alleviate unnecessary 9-1-1 calls for minor incidents.

d. **All other functions.** Given the magnitude of operations, all other local and regional ESFs, plans and systems should be utilized, as appropriate.

Admin, Finance, and Logistics

For the purposes of this document, any agreement(s) that is made during an actual event will be the responsibility of and between local, private/nonprofit, state and Federal entities, as applicable, with the authority and powers to do so.

SAMPLE PLAN: HURRICANE RECEPTION CENTER OPERATIONS PLAN: KANSAS CITY INTERNATIONAL AIRPORT

Note: the following plan is not a formal plan nor has it been adopted by Kansas City in its current form. This document represents a potential strategy that could be implemented.

I. Introduction

The Governor of Missouri has signed a letter of intent to enter into a Host-State Memorandum of Understanding (MOU) with the State of Louisiana to receive 10,000 evacuees from the State of Louisiana into the State of Missouri in the event of a significant hurricane threatening or impacting the Louisiana Gulf Coast. Approximately 5,000 of these evacuees are to be routed by air to the Kansas City metropolitan area where they will be received, sheltered and cared for the duration of the event. Kansas City International airport (MCI) has been established as the initial point of entry and reception site for evacuees.

II. Purpose and Scope

A. Purpose

1. The purpose of this document is to describe the concept of operations and define the operational and organizational structure of a Hurricane Evacuee Reception Center (hereafter referred to as "Reception Center") at MCI. The goals of this effort are to: (1) ensure the dignity and care of evacuees remains the priority of reception center operations; (2) promote efficient registration and shelter assignment to evacuees; and (3) maintain security of evacuees, volunteers and airport facilities.

2. This Plan is intended to complement, but never supersede or replace existing emergency operations plans, standard operating guides or procedures or any other legal or regulatory protocols of which entities participating in this Plan are subject.

B. Scope

The scope of this Plan is limited only to reception center operations conducted at MCI. Other aspects of mass care such as sheltering, feeding and transportation are addressed elsewhere (see ESF 6). While this plan was developed specifically for hurricane evacuee reception, it was designed to be scalable and transferrable to other events requiring large-scale reception and mass care.

III. Situation and Assumptions

A. Situation

1. The Atlantic hurricane season officially begins June 1st and ends November 30th (National Hurricane Center). While 97% of storms occur within this period, hurricanes can develop throughout the entire year. The potential for a significant storm impacting Louisiana's Gulf Coast and requiring evacuation remains high for the foreseeable future. Moreover, there is a significant risk for multiple severe storms a year which, while unlikely, could lead to multiple evacuations a year.

2. The State of Louisiana has developed a timeline of events for notifications and operations based off of time before a significant hurricane's expected landfall hour (H-hour). These are defined as follows with a brief description of anticipated actions. It is important to note that while these are planned timelines, the unpredictable nature of hurricanes may necessitate flexibility in these sequence of events:

   vi. *H – 120: Pre-landfall Declaration*. 120 hours prior to a significant hurricane's landfall likely to require evacuation, the State of Louisiana will seek a pre-landfall presidential disaster declaration. At this time, Louisiana may also issue warning orders to evacuee reception host states, stating Louisiana's intention to activate host state MOUs. ***Note: Reimbursement to host states for eligible costs becomes available only AFTER a Pre-Landfall Declaration AND activation of host-state agreements.***

   vii. *H – 72: Issue Evacuation Orders.* This is the "drop dead" point for Louisiana to issue evacuation orders to meet the time requirements necessary to evacuate 10,000 persons into Missouri. Evacuation orders may still be issued after H – 72; however, this means that less than 10,000 persons will be evacuated into Missouri.

   viii. *H – 62 - 48: Begin Evacuation/Reception Operations*. Within the window of H – 62 and H – 48 hours pre-landfall, the first planes transporting evacuees out of the State of Louisiana will go wheels up. The Reception Center should expect to begin receiving evacuees approximately 2 hours after takeoff. Evacuation operations will continue for at least 30 hours or until H – 18.

   ix. *H – 18: Cessation of Evacuation Operations*. At 18 hours pre-landfall, the last transport from the danger area will go wheels up. Primary reception center operations can expect to cease shortly thereafter.

B. **Assumptions**

1. In order to ensure successful execution of Reception Center Operations, the following planning assumptions should be considered valid as indicators of areas where adjustments to the plan will have to be made as the facts of the event become known:

   a. FEMA Region VII, the State of Missouri, and all 'host-city' airports will receive sufficient warning of any potential activation of Host-State operations.

   b. The decision to evacuate will be made in a timely manner by the Louisiana Governor in order to allow execution of the evacuation plan.

   c. Approximately 66-70 flights total will be conducted from Louisiana to Missouri over a 30-hour time period. The State of Missouri, in consultation with local government, will determine the total number of aircraft bound for MCI based on available shelter capacity at the time of the incident.

   d. FEMA Region VI will issue a Mission Assignment to U.S. Marshals Service (USMS), Department of Defense (DoD), and other Federal agencies (with large passenger aircraft) no later than H – 96 hours.

e. Emergency evacuation of critical transport needs (CTN) evacuees will be on Federally-contracted or leased commercial aircraft, USMS aircraft, DoD military aircraft, and/or other Federal aircraft. Military aircraft have a capacity of 100 evacuees; civilian aircraft, 150. A maximum of 450 evacuees will arrive approximately every 3 hours.

f. MCI will remain open during reception operations.

g. State/Local transportation assets will be utilized to transport evacuees to local shelters.

h. Innovative Emergency Management Inc. (IEM, a FEMA contractor), will pre-position ground handling equipment (e.g., tow bars, aircraft tugs, baggage belts, air stairs) and activate personnel at MCI.

i. IEM will provide necessary ground support services, including baggage handlers.

j. FEMA Region VII will deploy personnel to augment the Incident Command Post.

k. The State of Louisiana will successfully assign tracking information, using their contracted Phoenix Software system, to all evacuees and provide passenger manifests to the Reception Center and State EOC.

l. Some evacuees may have service animals with them that will require food and water. Household pets are not expected.

m. All evacuees will be ambulatory and have no acute medical needs.

n. Evacuees may arrive with little or no identification, no money or access to money and few or no personal items or possessions. Some may have infants and small children, may require mental health services due to stress and anxiety, require other non-acute medical care, and/or have access or functional needs.

o. Though not anticipated, unaccompanied minors or separated families will require special care, to be closely coordinated with the Missouri Department of Social Services.

p. Prescription medications and/or other equipment to support evacuees may need to be provided for some evacuees and will be requested through the State of Missouri EOC.

q. Evacuees will be allowed to travel with one (1) luggage item. Transportation Security Administration (TSA) New Orleans will screen all evacuees' luggage prior to departure.

r. Evacuees will be screened in Louisiana pre-departure against the LA sexual offenders registry, via the Phoenix System.

s. Shelters are expected to be operational for five to 10 days.

t. FEMA Region VII will conduct oversight of operations to return evacuees to the State of Louisiana via chartered/contracted air carriers once the 'All-Clear' is signaled.

IV. Concept of Operations

This section outlines the four operational components of the Reception Center: 1) General Operations; 2) Welcome and Reception Operations; 3) Security; and 4) Transportation.

Figure 1. Concept of Operations
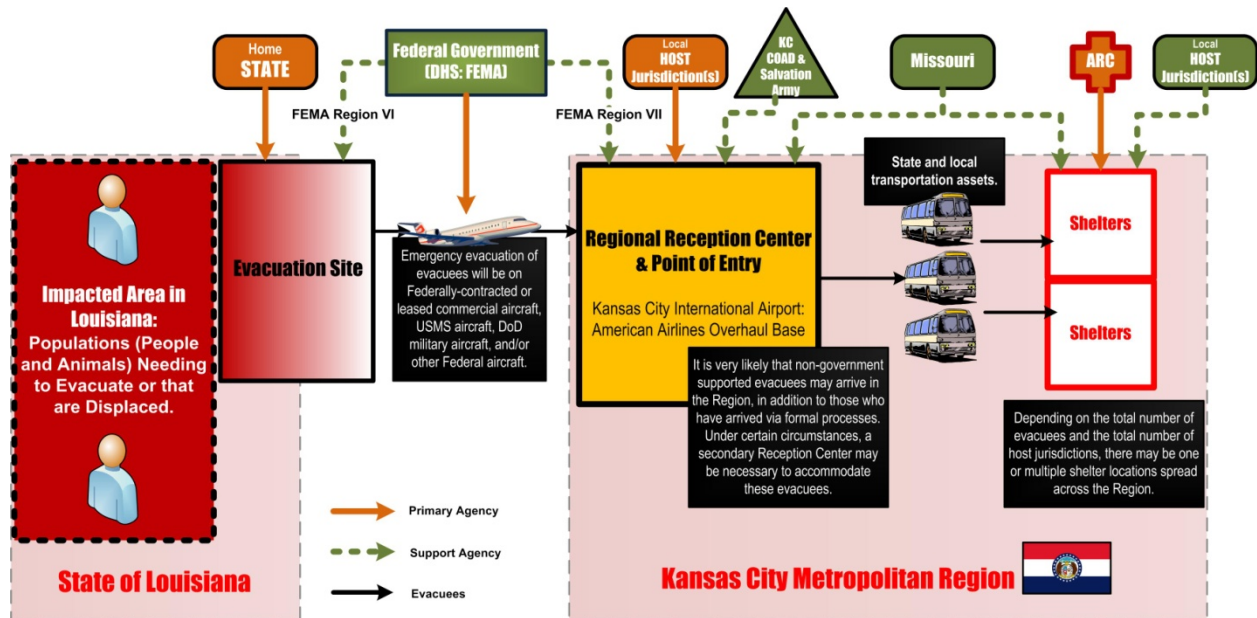
A. General Operations

The Reception Center will be housed at a determined location on or near the airport. FEMA contractor IEM will be responsible for all activities related to aircraft handling and deplaning including: fueling, ground control, evacuee deplaning and direction to Reception Center, luggage offload and transport to pick up point. Once evacuees enter the reception area, the protocols outlined in this Plan will be in effect. The facility will be divided into two sections, an In-Processing Side and an Out-Processing Side. The Salvation Army in conjunction with the Kansas City Voluntary Organizations Active in Disasters (KC VOAD) will be responsible for the welcome and reception of evacuees. Overall operation of the Reception Center will be the responsibility of the Kansas City Aviation Department. The general flow of evacuees will be as follows:

1. *In-Processing Side*

    a. *Station #1: Initial Check-In.* As evacuees enter the Reception Center, they will go through an Initial Check-in point where they will be welcomed and their armbands will be scanned and tracking information verified against passenger manifests.

    b. Station #2: *In-Processing Area.* Several services will be available in the in-processing area including: a medical station, restrooms, waiting area and food and hydration. Signage will be posted and greeters available to direct evacuees on how to proceed through the Reception Center processing.

c. *Station #3: Bus Assignment.* After any immediate needs have been met (restrooms, refreshments, medical care, reunification with family members, etc.) evacuees will be directed to proceed to Station #3 for bus assignment. Evacuees will receive a color-coded card which will correspond to a bus assignment. The cards will be numbered according to available seats on each bus. Evacuees will be directed to the out-processing side of the reception center to await their bus.

2. ***Out-Processing Side***

a. *Station #4: Waiting Area.* A waiting area with chairs will be available along with a medical station, quiet area, restrooms, etc. Evacuees will remain in this area until their "color" of bus arrives.

b. *Station #5: Exit/Bus Staging.* Evacuees will depart the Reception Center from this point. As the evacuees board each bus, their bus assignment cards will be collected while their armbands are rescanned for their shelter destination. American Red Cross personnel will be accompanying each bus to welcome evacuees and explain the sheltering process. Evacuees' luggage will be transported via a separate cargo vehicle to a central collection point at the shelter location(s). There, it will available for pickup by evacuees. Luggage will be assigned the same Phoenix System tracking number as its evacuated owner and can be verified against provided manifests.

B. Welcome and Reception Operations

Welcome and Reception Operations are designed for a continuous, 35-hour operational period divided into five (5) hour shifts per worker to support the functions outlined under **A. General Operations**.

1. ***Notification of volunteers.*** The Salvation Army in conjunction with the KC COAD, has established a roster of potential volunteers and staff to support Welcome and Shelter Assignment Operations. Upon activation of the Reception Center, volunteers will be notified using established call-down procedures. Volunteers will be identified and assigned positions based on availability, and a roster made available to the Reception Center prior to commencement of operations.

2. ***Volunteer check-in procedures***. Security will be provided with a copy of the volunteer roster in order to coordinate access to the Reception Center. Volunteers will enter the Reception Center via **Station #6**, where a check-in table will be established. Volunteers will be verified against the approved roster and assigned a position and access badge at this point.

3. ***Shelter assignment of evacuees***. American Red Cross personnel will communicate with the various shelters, determine bus routing, and use bar code scanners to scan evacuees and log shelter assignments as evacuees board buses.

C. Security

Kansas City International Airport Police Department (KCI PD) maintains a separate, internal Reception Center Security Plan. Refer to this document for operational specifics. Additionally, ESF 13 of the Regional Coordination Guide may be utilized to support public safety and security operations.

D. Transportation

Transportation operations and support will be handled as outlined in the Kansas City, MO EOP and may be supported by ESF 1 of the Regional Coordination Guide, as appropriate.

V. Organization and Assignment of Responsibilities

A. Reception Center

1. *Reception Center Coordinator:* The Kansas City Aviation Department representative will be in charge of the Reception Center facility and support operations. The representative will provide situation reports as needed to the Incident Command post, and will manage and coordinate resource requests.

B. Welcome and Reception Operations

The Salvation Army in conjunction with the KC VOAD will be responsible for Welcome and Reception Operations. The American Red Cross will support and coordinate with these entities to ensure a smooth transition from welcome and reception to mass care operations. Affiliated volunteers and staff will fill the following positions to support these operations:

1. *The Salvation Army/KC VOAD staffed positions:*

   a. *Welcome and Reception Operations Coordinator*: Provides management and oversight of Welcome and Reception Operations. Provides status reports to and coordinates resource requests with Reception Center Coordinator.

   b. *Check-In Clerk*: Greets incoming guests as they deplane and scans their wrist band, and then guides them to Reception Center.

   c. *Processing clerk*: Completes processing and provides bus assignment cards for transportation to shelters for guests when they are ready to depart the Reception Center.

   d. *Transition Processor*: Directs guests to their appropriate bus and collects their bus assignment card.

   e. *Service Assistant*: Provides support and guidance to those persons needing assistance going through the center. (Seeking to fill these positions with Emotional and Spiritual Care and Crisis Intervention trained personnel)

   f. *Hydration Station Attendant*: Serves bottled water, coffee and snacks to guests at Hydration Station, and replenishes supplies as needed.

   g. *Host(ess)/Runner*: Provides direction to guests to the reception center services; available to secure necessary items for guests and reception center staff.

2. *American Red Cross staffed positions:*

a. *Bus Attendant*: This individual will ride the bus to and from the shelter. Provides a brief orientation to guests about where they are going, giving any pertinent details about the shelter and the registration process that will occur when they arrive. Answers questions and communicates (via cell phone) with the shelter to let them know (estimated) departure and arrivals times.

b. *Shelter Liaison:* Communicates with the various shelters to determine bus routing to shelters; uses bar code scanners to scan guests and log their shelter assignments as they board buses.

3. *Estimation of personnel per five (5) hour shift:*

Welcome and Reception Operations Coordinator:	1 on duty for duration of operations
Check In Clerk:	3 per shift for a total of 21 persons
Processing Clerk:	4 per shift for a total of 28 persons
Transition Processor:	2 per shift for a total of 14 persons
Service Assistant:	10 per shift for a total of 70 persons
Hydration Station Attendant:	3 per shift for a total of 21 persons
Host(ess)/runner:	8 per shift for a total of 56 persons
Bus Attendant:	1 per bus (total TBD by number of contracted buses)
Shelter Liaison:	1 per shift

C. **Security**

Will be conducted in accordance with KCI PD Reception Center Security Plan.

D. **Transportation**

Transportation operations and support will be handled as outlined in the Kansas City, MO EOP and will be supported by ESF 1 of the Regional Coordination Guide, as appropriate.

VI. Administration, Finance, and Logistics

For the purposes of this document, any agreement(s) that is made during an actual event will be the responsibility of and between local, private/nonprofit, state and Federal entities, as applicable, with the authority and powers to do so.

OUTSIDE THE REGION INCIDENT: NEW MADRID SEISMIC ZONE RECEPTION OPERATIONS - CONCEPT OF OPERATIONS

Purpose

The Kansas City Region is a designated Reception Center under the New Madrid Seismic Zone (NMSZ) Plan (**AREA A**). While many planning efforts are currently under way on multiple levels, the following plan provides a general framework for some of the key planning considerations and operations that may be necessary if such an event were to occur. This document represents a preliminary conceptualization, and future efforts will continue to refine and integrate this plan with local, state, and federal strategies that are currently in development.

Situation & Assumptions

1. It is anticipated that over 230,000 shelter seekers are expected from a New Madrid Seismic Zone (NMSZ) event. While this number will vary by incident, a NMSZ event will likely be catastrophic and require significant coordination at all levels of government. It is also likely that both the State of Kansas and Missouri will have roles in supporting Reception Center operations and Shelter operations.

Table 1. Estimated Impacted Population

Populations (72 hours post-incident)	Number
Total Impacted (22 counties)	2,288,445
Total "At Risk"	842,002
Total Shelter Seeking	237,991

2. Per the State of Missouri, the Kansas City Region is a designated **Reception Center** under the State NMSZ Plan (**Area "A"**). Multiple shelter sites will also need to be established throughout the entire metro area. Shelters will likely need to hold a minimum of 500 cots.

Table 2. Reception Processing Center Locations

Reception Processing Center Location	Area
Kansas City Metropolitan Area	A
Springfield	D

3. It is estimated that individuals with functional/access and medical needs will require significant assistance and support. Furthermore, injuries resulting from the incident will further tax medical infrastructure and systems in the state.

Table 3. Medical Conditions at General Population Shelters

Medical Condition	Number
Cancers	7,854
Diabetes	9,520
Heart Disease	19,515
Hypertension	33,795
Stroke	2,380
Mental Disorders	24,751
Pulmonary Conditions	43,076
Total Number of People with Medical Needs	140,891

Table 4. Projected Injuries and Levels

| Injury Severity	Definition	MAE Center Total	MDHSS Data Total
Level 3	Require Medical Aid	10,177	70,240
Level 2	Require Hospital Care	2,897	19,995
Level 1	Have life-threatening injuries	360	2,485
Total Number of People with Injuries		13,434	92,719

4. It is also estimated that over 100,000 household pets will need sheltering from a NMSZ event.

Table 5. Projected Shelter-Seeking Household Pets

Type of Pet	Number
Dog	60,688
Cat	68,403
Total Pets	129,091

5. Under the current State NMSZ plan, evacuation routes from the impact area have been identified. Two major routes into the Kansas City Region have been identified. See map below.

Figure 1. Missouri Evacuation Route Map
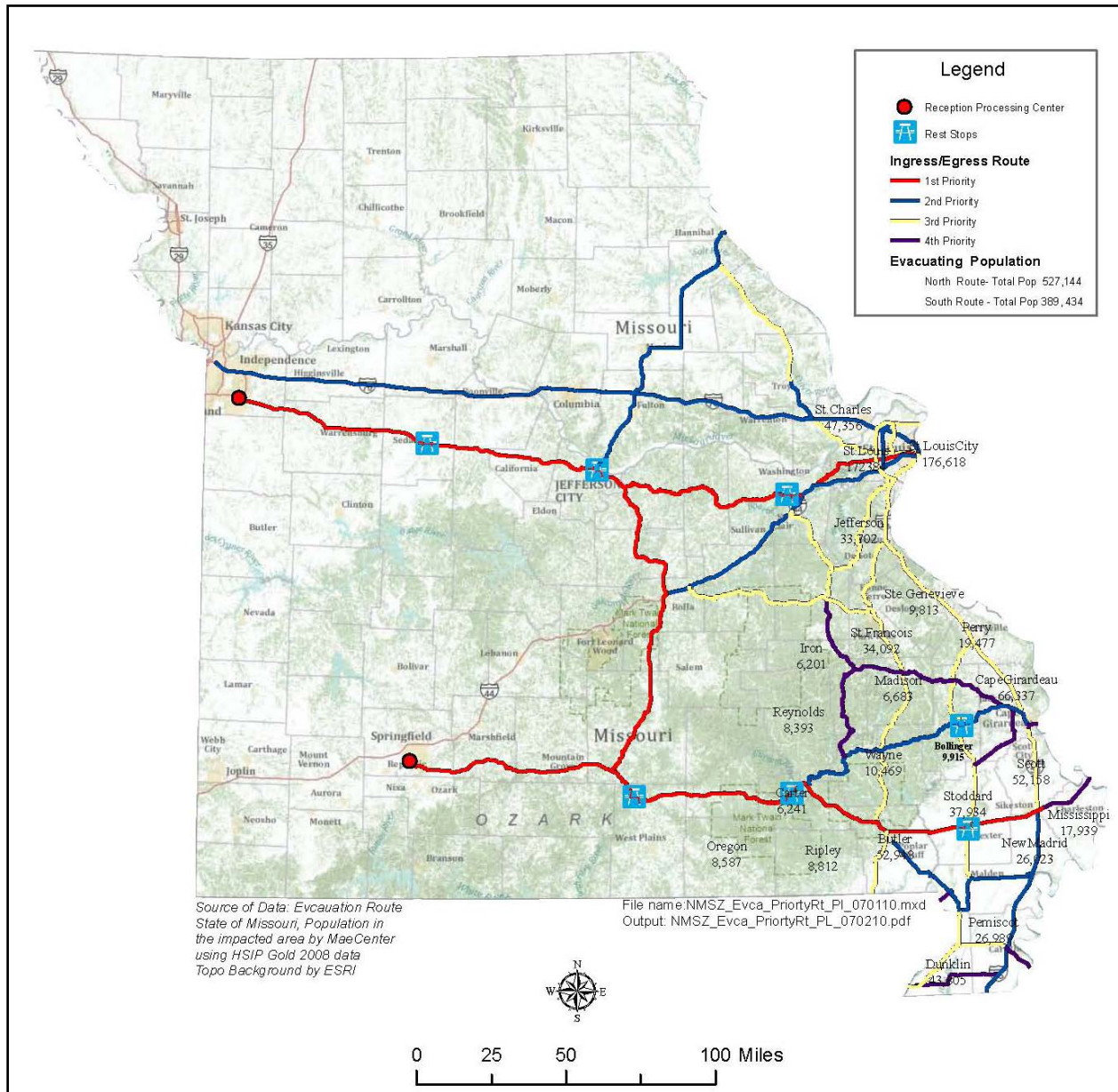
Limitations

The Region's capacity may be limited as follows:

1. While damage from a NMSZ event is estimated to be less severe than in other parts of the state (Missouri), damages may still disrupt infrastructure and services.

2. Initial information about spontaneous shelters that have been opened by churches, schools, and other community groups will be difficult to assess.

3. It is assumed that by 3 days post-incident, over 26,000 individuals will be required to support congregate care operations. This will significantly tax local and regional mass care resources.

4. Most shelters will be under-resourced for critical supplies, including medical, food, infant care items, and sanitary supplies.

5. Local sources of critical supplies will be quickly exhausted or unavailable.

6. Limited communications capability may exist at the shelters. Damage and overload conditions on the public dial phone network will limit the ability of shelter facilities to communicate with medical services, law enforcement, and other first response services. Deployment of alternate communications capability and restoration of phone services to shelters will be a priority.

7. Greater need may be evident for shelter space than what is available, prompting opening of more spontaneous shelters and mega-shelters, as well as tents near shelter sites and in open spaces such as parks and parking lots.

Concept of Operations

A. Description of Function-Specific Sites

a. Descriptions of the function-specific sites for the general evacuation operations resulting from a NMSZ event are provided below (all sites should be capable of providing functional and access needs support):

- **Evacuation Assembly Site (EAS)** – A locally operated site where evacuees will be directed to receive assistance. These sites may also serve as a local collection point for search and rescue (S&R) operations. Support should include food, water, and restrooms, as well as any available medical support. Evacuees will move from this site to a Consolidated Assistance Site (CAS).

- **Casualty Collection Site (CCS)** – A locally selected and operated location where rescued survivors are assembled by Search and Rescue (S&R).

- **Medical Support Base (MSB)** – A local, state and federally supported forward location to support medical triage, treatment, and evacuation. MSBs may be located in the impact zone if conditions warrant. Depending on injury type and severity, medical evacuees will move from this site to a CAS or directly to a hospital facility outside of the impact zone. MSBs may be formed at locations where local operations have already been initiated. Ideally, MSB sites and backup sites should be pre-identified by local jurisdictions and communicated to state and federal officials for planning purposes. MSB sites should have resources available to support triage and patient stabilization as well as a location for rotary wing operations to support medical evacuation. These sites can serve as pre-identified locations for local medical responders to report, as able, following a catastrophic incident. If possible, MSB sites should be identified in an area within the jurisdiction which is least likely to sustain damage during an earthquake.

- **Consolidated Assistance Site (CAS)** – A state and federally supported location or series of locations where evacuees will be directed and assembled prior to significant relocation. Available Disaster Medical Assistance Teams (DMAT) will be stationed at each location to support medical treatment, and medications will be available. This facility will be the

consolidation location for each locally operated EAS. Each CAS will provide the following services: (1) evacuee processing and family assistance (to include household pet operations), (2) Respite (food, water, personal hygiene and short-term rest), (3) Medical operations (DMAT operations, patient treatment, medical evacuation), and (4) Mortuary operations. Provision of these services will not necessarily occur within the same structure or proximity, but within the same jurisdiction. Formal evacuation tracking will be initiated at these locations. Evacuees will move from this site to a Reception Processing Center (RPC) for shelter placement and other shelter services.

- **Reception Processing Center (RPC)** - Location where focus will be on placement of evacuees in shelters or with family and friends.

- **Congregate Care Shelters** – These facilities will support both the general population and those individuals who require functional needs assistance. They should serve a minimum of 500 persons. They will be equipped so that individuals with access and functional needs can seek temporary lodging, food, hydration, and short-term lodging.

B.   Overall Evacuation Operations

a.   As shown on Figure 2, the overall evacuation concept of operations is as follows:

Figure 2. Overall NMSZ Evacuation ConOps
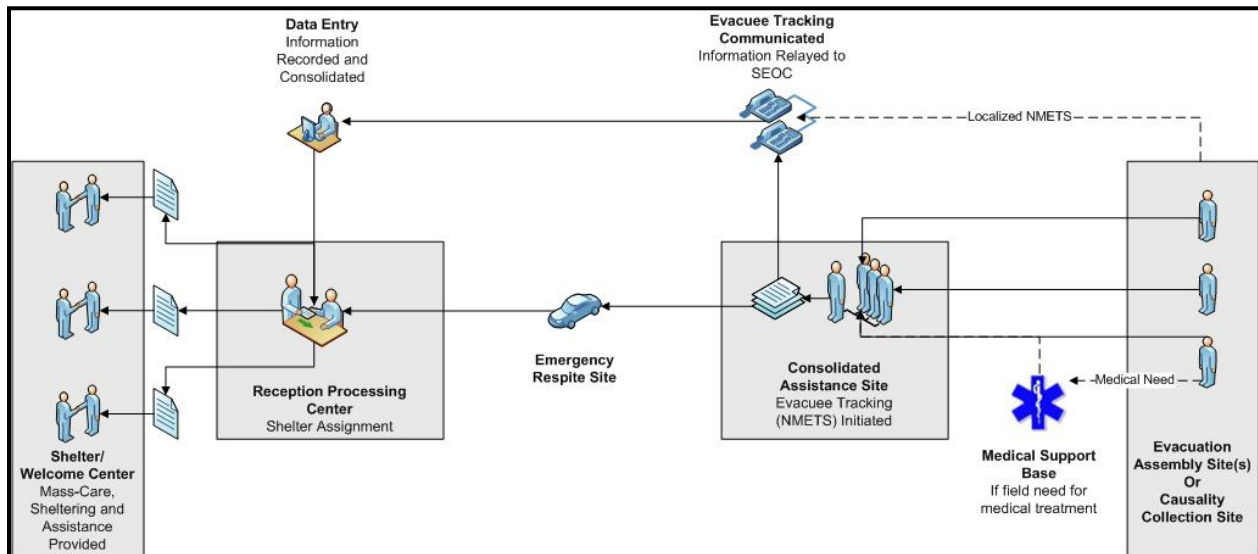
- Evacuees will embark from either an Evacuation Assembly Site (EAS) operated by a local jurisdiction or from a Causality Collection Site if rescued.

- If the evacuee has medical needs, he/she may be routed to one of several Medical Support Bases (MSB) established within the impacted area. If there are no medical needs, evacuees will be relocated to a Consolidated Assistance Site (CAS).

- Transit from an EAS to a CAS will be accomplished by ground transportation to the extent possible; however, within the impacted area this may be impossible. Therefore, Evacuation Assembly Sites should have infrastructure to receive rotor wing assets.

- At a CAS (most likely two locations in the entire State), evacuees will receive assistance from local, state, and federal agencies. Services available should include Evacuee Assistance Center, Respite Center, Medical Operations, and Mortuary Operations. These sites will be located along the two major evacuation routes designated by the State of Missouri. At these sites, evacuees will be staged for further evacuation to host cities. Formal evacuee tracking will be implemented for all transportation assisted evacuees, if not already accomplished.

- Tracking information will be relayed to the SEOC for consolidated tracking.

- The Statewide Volunteer Coordinator will ensure resources are available to input all tracking information (human, household pet, and belongings) into a central database. This information will be provided, as appropriate, to the host jurisdiction destination.

- Transportation from CASs to the Reception Processing Centers (RPC) will be accomplished using ground assets to the extent possible.

- Along the evacuation route will be at least one location designated by the State to serve as an Emergency Respite Site (ERS). These locations will be capable of providing fuel and water to both transportation-assisted evacuees and self-evacuees.

- Once relocated to the destination, evacuees will arrive at a RPC (i.e. **Kansas City Metropolitan Area**). RPCs are operated by local jurisdictions receiving evacuees, with state and federal assistance, per request. They will provide central locations for evacuee shelter assignments and provision of any individual assistance.

- The SEOC evacuation tracking system (National Mass Evacuation Tracking System) will capture the evacuee's arrival and shelter assignment for comprehensive recording.

C. Kansas City Region - Reception Processing Center Operations

Because the Kansas City Metro area is a designated Reception Processing Center (RPC), the following considerations and tasks may need to be implemented.

1. **Regional Situational Awareness:** Following a NMSZ event, jurisdictions within the Kansas City region will conduct an assessment of damages and needs. While damages may be limited, it will be critical to obtain an overall assessment and understanding of the NMSZ impact.

2. If the region is requested to prepare for evacuees:

- Activate the Regional Coordination System (RCS) and once all participating jurisdictions and organizations have been identified and committed, each should designate a representative who has the authority to make decisions on behalf of the participating entity to serve as a member of the RICG. The RICG will serve as both an information dissemination mechanism and a policy-making body.

- Due to the unique and catastrophic nature of a likely NMSZ event, the RICG should strongly consider establishing a physical location to facilitate coordination activities both within the

region (i.e. with RPCs and shelters) and with outside entities, such as with ERSs, CASs and the State EOC(s).

- o A unified regional approach will more effectively consolidate resources and capabilities to potentially address the significant influx of evacuees entering the Kansas City Metro area; and

- o ease communications and information sharing with outside entities (i.e. CASs and the State) by establishing a single point of contact for the Region.

- In coordination with State and Federal partners, determine the anticipated number of evacuees in route to the Kansas City Metro area.

- Determine and identify Receptions Processing Centers. It is likely multiple RPCs will be needed. Selection of RPCs should acknowledge accessibility and proximity to evacuation routes (see Figure 1 - Evacuation Route Map). The following facilities represent potential options that could serve as a RPC in the region:

  1. [INSERT]
  2. [INSERT]
  3. [INSERT]
  4. [INSERT]
  5. [INSERT]

3. **Implement Mission Essential Tasks:**

- **Reception Processing Center(s).** The Reception Processing Center is the receiving point for evacuees into the Kansas City metropolitan area. When evacuees arrive at the RPC, they will be verified per the State's evacuation tracking system (National Mass Evacuation Tracking System). They will then be assigned a shelter location and made ready for transport to the shelter. Basic medical support, food, water and restroom facilities should be available at the RPC for evacuees. Overall command of the RPC will be the responsibility of the agency having jurisdictional authority over the physical location of the RPC, or as determined at the time of the event.

  The Kansas City Voluntary Organizations Active in Disaster (KC VOAD) may be assigned to support RPC operations and is capable of providing volunteers to manage the processing and immediate care of evacuees. FEMA and the State may have a limited support presence. Once evacuees have been received and processed for shelter assignment, the ARC should assume responsibility for their remaining care until mass care operations have ceased.

  The Regional Assembly Center concept of operations outlined in the Regional Evacuation Plan is a transferrable, scalable model from which to base Reception Processing Center operations.

- **Shelter Site(s).** From the RPCs, evacuees will be transported to shelter sites. Depending on the total number of evacuees and the total number of host jurisdictions, there may be one or multiple shelter locations spread across the metro. The ARC has primary responsibility for operating and maintaining these shelters. The RICG and participating host jurisdictions have responsibility for supporting these shelters with resources beyond the normal capacity of

ARC (i.e., transportation, etc.). Prior to the receipt of evacuees, the RICG and ARC should develop and approve desired shelter locations in order to establish a common operating picture for the event.

4. **Additional Support Functions:** Given the magnitude of operations that will likely transpire, all other local and regional ESFs (specifically RCG: ESF 6), plans and systems should be utilized, as appropriate. Specifically, the *Kansas City Regional Evacuation Guide* and *Hurricane Evacuee Reception and Care Concept of Operations* may serve as a useful resource in guiding key support activities and functions. These plans include operations and strategies that were designed to be adaptable and scalable to any evacuation incident.