ANNEX O

HUMAN SERVICES

Revision 4

Brazoria County
and
Joint Resolution Cities

APPROVAL AND IMPLEMENTATION

Annex 0

Human Services

Revision 4

This Annex is hereby approved for implementation and supersedes all previous editions.

Approved: _____ **Date:** 05/26/26

L.M. "Matt" Sebesta, Jr.
Brazoria County Judge

Concurred: _____ **Date:** 05/11/2026

Felicia Jeffery
Gulf Coast Center

_____ **Date:** 5.6.2026

Breah Knape
Actions, Inc.

_____ **Date:** 5.7.2026

Pella Branch
United Way of Brazoria County

RECORD OF CHANGES

Annex 0

Human Services

Revision 4

Change#	Date of Change	Entered By	Date Entered

ANNEX O

HUMAN SERVICES

I. AUTHORITY

See Basic Plan, Section I

II. PURPOSE

The purpose of this annex is to make provisions for providing human services support to people who require food, clothing, mental health services, and victims' compensation in the aftermath of an emergency. The services described in this annex may be needed in the aftermath of incidents of limited scale as well as major emergencies and disasters.

III. EXPLANATION OFTERMS

A. Acronyms

ARC	American Red Cross
ASI	Actions, Inc.
BCCIL	Brazoria County Center for Independent Living
CCP	Crisis Counseling/Crisis Counseling Program
CISM	Critical Incident Stress Management
CMOC	Catastrophic Medical Operations Center
CVC	Crime Victim's Compensation
DADS	Department of Aging and Disabilities
DDC	Disaster District Committee
DPS	Texas Department of Public Safety
DRC	Disaster Recovery Center
DSHS	Texas Department of State Health Services
EMS	Emergency Medical Services
EOC	Emergency Operations Center
ESF	Emergency Support Functions
FEMA	Federal Emergency Management Agency
GCC	Gulf Coast Center
HSO	Human Services Officer
JIC	Joint Information Center
MACC	Multi Agency Coordination Center
NIMS	National Incident Management System
OAG	Office of Attorney General
PFA	Psychological First Aid
POD	Points of Distribution
SOP	Standard Operating Procedure
HHSC	Texas Health and Human Services Commission
TSA	The Salvation Army
UWBC	United Way of Brazoria County

B. Definitions:

1. Crime Victim's Compensation. A state program that provides monetary assistance to survivors of crime. Assistance may include paying for hospital care, traditional counseling, burial, and/or other appropriate expenses that are incurred as a result of a crime. The Crime Victim's Compensation Division of the Office of the Attorney General (OAG) coordinates this program.

2. Crisis Counseling Program. The programs utilize traditional and non-traditional mental health practices with the disaster-impacted area. Department of Aging and Disabilities Services (DADS) coordinates these programs through the local mental health authority. DADS facilitates intellectual and developmental disabilities services and state school programs, community care, nursing facilities, long-term care regulatory services, and aging services and programs. For more information, please visit the DADS website: www.dads.state.tx.us.

3. Critical Incident Stress Management. CISM is a comprehensive, integrated, and multi-component crisis intervention system for the reduction and control of the harmful effects of stress. This process is primarily intended and usually designed for first responders such as law enforcement, fire and EMS personnel. Peers with guidance and oversight by mental health professionals, normally conduct CISM. Department of State Health Services (DSHS) is responsible for coordination.

4. Disaster Case Management. A method used to assess the status of individuals and families affected by a disaster and to assist them in the development of recovery plans that return them to pre-disaster conditions. In the short term, disaster case management involves social service triage to meet immediate and basic needs. In the long term, case managers assist clients with the development and implementation of their recovery plans.

5. Disaster Mental Health Services. Disaster mental health services include psychological first aid, counseling, CISM, and victim's services. This includes assessing short and long-term mental health needs, assessing the need for additional health services, tracking on-going support needs, providing disaster mental health training programs, and identifying disaster worker stress issues and needs. It is the responsibility of DSHS to coordinate this assessment for state and/or federal emergencies.

6. Disaster Recovery Center. (DRC) A location established in a centralized area within or near the disaster area at which individuals, families, and/or businesses apply for disaster aid. In general, a DRC is established after a major disaster or state of emergency declaration by the President.

7. Human Services. Includes assisting survivors of a disaster with basic needs such as food, clothing, temporary shelter, medications, and mental health services.

8. Points of Distribution (PODS). PODs are continuous drive-through sites, where volunteers load life sustaining emergency relief supplies into the trunks of cars, and survivors of the disaster receive information on other services available to them.

9. Psychological First Aid (PFA). A short-term therapeutic intervention process that utilizes established mental health techniques to lessen adverse emotional conditions that can be caused by sudden and/or prolonged stress. PFA is designed for "normal individuals who have experienced an abnormal event." PFA is not traditional therapy and is often delivered within the victim's home environment. PFA is normally set up for survivors and secondary responders who have been involved in an emergency situation, while Critical Incident Stress Management (CISM) is designed for first responders. PFA may be provided by volunteers who are trained in crisis response, but who may not have formal training and education in counseling or psychology.

10. Functional Needs Individuals/Groups. Includes individuals who are elderly, who are medically fragile, and/or individuals who have mental, physical, sensory, or developmental disabilities. These individuals may need specially trained health care providers to care for them, special facilities equipped to care for their needs, and specialized vehicles and equipment for transport in order to meet their daily needs and maintain their health and safety during emergency situations.

11. Triage. Sorting and allocating aid on the basis of need for or likely benefit from medical treatment, food, or other aid.

IV. SITUATION & ASSUMPTIONS

A. Situation

1. As outlined in the Basic Plan, our area is vulnerable to a number of hazards. These hazards could result in the evacuation, destruction of or damage to homes and businesses, loss of personal property, disruption of food distribution and utility services, and other situations that adversely affect the daily life of our residents.

2. In the aftermath of emergency situations, survivors may need assistance in obtaining food, clothing, mental health services, medication, and other essential life support needs.

3. Requests for resources such as water, food, etc. or services will be submitted through Brazoria County MACC.

4. Emergency responders, survivors, and others who were affected by the emergency may experience stress, anxiety, and other physical and psychological effects that adversely impinge on their daily lives. See paragraph III-B-3.

B. Assumptions

1. Disaster survivors evacuated from their homes and housed in temporary shelters, those that remain in their homes under adverse conditions, and emergency responders may need human services support in the aftermath of a disaster.

2. In the aftermath of an emergency situation, survivors and emergency responders who would not normally be clients of local and state human service agencies may require some form of human service assistance, including food, clothing, and disaster mental health services. Hence, abnormal demands may be placed upon the delivery of human services, including disaster mental health services, emergency assistance, and the care of functional needs groups. As a consequence, the clientele of both local and state human service organizations may increase.

3. Disaster case management for many individuals and families is a long-term process that should begin immediately following a disaster. The sooner case management begins the sooner people and the community will recover.

4. In some cases, it is assumed that disaster mental health services in the form of psychological first aid may be needed during emergency/disaster response operations.

5. The American Red Cross, The Salvation Army, and other non-governmental organizations will provide assistance to disaster survivors.

6. Local professional and volunteer organizations and charitable groups, including religious groups, normally responding to emergency situations will do so, if requested.

7. State assistance will be available to supplement local human services resources when requested.

8. After any major event, PODs will most likely be needed to meet the immediate needs of our residents.

V. CONCEPT OF OPERATIONS

A. General

1. We have the general responsibility for ensuring the welfare of our residents and will develop a capability to provide appropriate human services assistance during and immediately following emergency situations.

2. A Human Services Officer will be appointed to coordinate with local human services organizations and organize volunteer disaster assistance organizations to ensure basic human services are provided in the aftermath of an emergency.

3. Brazoria County has established working relationships with and will call on the ARC, TSA, UWBC, GCC and other non-governmental organizations to provide support for disaster survivors.

4. Some emergency situations will not require implementation of large-scale mass care operations but instead generate a need for a limited amount of emergency food, shelter, and clothing. For these situations, the Human Services Officer will coordinate with the county staff, volunteer organizations, and church groups to identify sources for this assistance.

5. Like other disaster survivors, functional needs groups may require assistance to meet their needs for food, clothing, housing, and medical care. Local human service organizations are expected to identify any functional needs groups that need assistance in the aftermath of an emergency.

6. State support will be requested if local resources prove inadequate.

7. Brazoria County has adopted the National Incident Management System (NIMS) in accordance with the President's Homeland Security Directive (HSPD-5). Our adoption of NIMS will provide a consistent approach to the effective management of situations involving natural or man-made disasters, or terrorism. NIMS allows us to integrate our response activities using a set of standardized organizational structures designed to improve operations between all levels of government, private sector, and non-governmental organizations.

8. This plan, in accordance with the National Response Framework (NRF), is an integral part of the national effort to prevent and reduce America's vulnerability to terrorism, major disasters, and other emergencies, minimize the damage and recover from attacks, major disasters and other emergencies that occur. In the event of an Incident of National Significance, as defined in HSPD-5, we will integrate all operations with all levels of government, private sector, and non-governmental organizations through the use of NRF coordinating structures, processes and protocols.

B. Case Management

Case Management should be implemented in an effort to help individuals with the most extensive needs rebuild their lives after a disaster. Case managers dedicated to assisting disaster survivors with unmet needs, from longer term housing to social services must be assigned immediately. Voluntary and non-profit organizations work together within a community to form long-term recovery committees, which use a case management process to identify and address survivors' unmet needs. This annex provides a smooth transition from the initial triage phases of case management to the initiation of the long-term recovery phase of case management.

As much as possible all reasonable efforts will be made to coordinate disaster response with the Texas Department of Health and Human Resources, Department of Health Services (DSHS), other state agencies and designating state representatives as appropriate, and any local responsible agencies.

1. Steps in Case Management

   a. Agency "Triage" - After the initial occurrence of a disaster and if possible, within the first 24 hours, the Human Services Officer, or a representative for the HSO, will meet with local area agencies to proceed with a plan to roll out case management services to the area affected by the disaster. The goal will be to implement an incident area case management response no later than 72 hours after the event. If the 72-hour goal is not met, then this service will begin as soon as possible. One central command with as many sites for case management roll out around Brazoria County as necessary or possible.

   b. Social Service "Triage" - During the first interaction, basic identifying information is gathered, and assessment is conducted regarding immediate needs for food, clothing, shelter, and medical attention. Connections to meet those needs are made. Workers ensure that each client has contact information to stay connected for follow-up. At this stage database tracking for clients begins. It is recommended that each agency use their existing database.

c. POD "Triage" -As a part of the initial assessment phase, teams of responders will visit selected POD sites where life sustaining items (supplies or services) are being distributed. Responders will not complete the Triage Assessment form but will complete a POD assessment form to determine the mood of the general population. Questions asked will include whether or not the PODS provide adequate services in distributing basic needs and if PODS are operating in a smooth and efficient manner.

d. Immediate "Triage" Assistance - Some clients may only need triage assessment with immediate (one day to 2 weeks) assistance with community referrals. After this assistance is completed, the case will be closed, and the client will be given appropriate contact information if further assistance is required in the future.

e. Beyond "Triage" - If, during the triage assessment, it is determined that the client will need more than immediate assistance then the client will receive a more thorough assessment which will include development of a service plan with goals and action steps.

f. Assessment-This step involves more thorough review of the client's situation to determine not only what a household needs, but also its assets (sources of income, employment, network of family/friends, etc.). This allows the client and the case manager to discern the areas of focus that are necessary for recovery.

g. Service Plans - With assessment information gathered, the client and the case manager together develop a service plan that outlines specific goals, action steps that clients need to take, and timelines for their completion. These action steps are tasks that must be accomplished in order for the client to make progress toward recovery.

h. Ongoing Case Management - Case Managers establish regular contact with the clients to check progress on action steps, offer assistance, information, and referrals when an obstacle is encountered, and renegotiate service plans or timelines as needed.

i. Case Transfer - At any time during either the triage phase or long-term phase of case management, it is determined that the needs of the client exceed the abilities to the agency the client is working with, then the agency will arrange to transfer the client to another more appropriate agency. The case with the first agency will not be closed until the transfer to the next agency is completed.

j. Case Closure - Cases are closed when triage service plans are transitioning into long term or are completed. Completion is usually defined by permanent housing, stable income, and appropriate links to

community services. Cases may also be closed if clients voluntarily withdraw from the program.

k. Case Referrals - As a part of the triage assessment and a part of long-term case management, clients will need to be referred to various community resources for assistance. After a disaster, all efforts will be made to update case managers as often as possible and/or necessary with the information needed to keep referral information current.

2. Tiered Case Management- Subsets of the evacuee population may need more assistance than others, and case management standards should be tailored to the level of need, in terms of intensity and duration of service. The goal is to move all cases to closure as rapidly as possible.

a. Tier 1 - Employed, stable - may need help with household budgeting and possible transition planning for affordable long-term housing; will need case management for a short term and for very limited issues; may need only monthly contact.

b. Tier 2 - Needs motivation- can work but has delayed gainful employment while still receiving FEMA assistance; needs employment assistance to move to Tier 1; weekly contact advised until employment is obtained.

c. Tier 3 - Needs skills - little or no employment history, low literacy, history of dependence on public assistance; needs intensive intervention to become employable. This is the group in need of most intensive case management service.

d. Tier 4 - Lack capacity - highly dependent on public assistance and social services, not employable due to age, disability, or other limiting factors and will remain so - need quick transition to existing community resources and systems that sustain this population.

C. Mental Health Services

1. Crisis Counseling for Disaster Survivors

a. Some disaster survivors and emergency responders may need mental health services in the aftermath of a disaster. Many seeking such help can obtain aid from existing local mental health programs and religious groups. As the demand for such services may increase significantly after a disaster and some local providers may become disaster survivors, there may be a need for additional psychological first aid volunteers.

b. The Gulf Coast Center (GCC) of Brazoria and Galveston Counties serves as the coordinating agent for providing psychological first aid in Brazoria County in the event of a disaster. GCC shall utilize volunteers, and other local support groups, as well as its own resources as available in responding to a local emergency. All mental health volunteer responders are to be trained in Psychological First Aid.

(1) If existing local resources are inadequate to meet the need for disaster mental health services, GCC may, through the Brazoria County Office of Emergency Management, request that additional mental health service resources be made available. For a description of the services that can be provided by various organizations, see Appendix I.

(2) Mental Health Services, which go beyond Psychological First Aid may be referred to existing community resources for longer term care and/or may be served in mental health programs established by DSHS or FEMA in response to a disaster. Psychiatric care in response to a disaster may be provided through existing community resources or as otherwise coordinated through Annex H (Medical Services).

c. If existing local resources are inadequate to meet the need for disaster mental health services, HHSC and DSHS will coordinate in providing disaster survivors emergency counseling services.

d. The American Red Cross will provide and be responsible for Disaster Mental Health support to Red Cross staff and disaster clients located at Red Cross shelters and those located at other Red Cross service delivery sites.

a) Track the need for referrals and on-going support needs.
b) Coordinate private, federal, and voluntary resources.

e. In addition to local and state mental health providers, some volunteer organizations active in disasters can provide crisis counseling to disaster survivors. For a description of the services that can be provided by various organizations, see Appendix I.

2. Mental Health Support for Emergency Responders

The CISM Network was established to assist emergency service personnel who have experienced critical incidents such as line of duty deaths, mass casualties, multiple fatalities, and local disasters. CISM teams are available upon request on a 24-hour basis regardless of whether a state or federal disaster has been declared.

3. Requesting State Disaster Mental Health Services

Requests for state crisis counseling, CISM, and victim's services assistance should be made by the County Judge or applicable Mayor to the DDC Chairperson in Houston.

D. Emergency Water Supplies

Water is essential to maintain life and preserve public health. During an emergency however; water is often not available in adequate quantity and quality, thus creating a major health hazard. Therefore, timely provisions must be made to provide water for local residents whose normal supply has been disrupted. Appendix 9 to this annex outlines a number of options for providing emergency water supplies. See also Annex H-Health and Medical for more information on water supply.

E. Emergency Food

In the aftermath of an emergency, local residents may be unable to obtain food from normal sources, preserve perishable food, or prepare meals due to damage to their homes and food stores or the loss of electrical or gas service. In an emergency, displaced populations will need partial or complete food support in a variety of ways, depending on the situation in the local area in the aftermath of a disaster. See Annex C, Mass Care and Sheltering and Annex T, Donations Management, for further information. Food may be provided to disaster survivors in a variety of ways, depending on the situation in the local area in the aftermath of a disaster. Among the options are:

1. Mass feeding at fixed sites, using operable kitchen facilities at schools, community centers, churches, and other community facilities.
2. Mass feeding at fixed sites using transportable kitchens operated by non-governmental groups.
3. Distribution of prepared food using mobile canteens operated by non-governmental groups.
4. Distribution of foodstuffs obtained from food banks that can be used by disaster survivors to prepare meals.
5. Restaurant or grocery store vouchers may be distributed based on the situation.

The ARC, TSA, and other volunteer organizations listed in Appendix 1 can provide many of these services.

F. Other Needs of Disaster Survivors

1. Where emergencies result in federal emergency or major disaster declarations by the President, disaster survivors may be eligible for specific human services programs as part of the recovery process. See Annex J, Recovery, for further information on long-term recovery.

2. Volunteer Organizations Active in Disasters (VOAD) may be able to assist in meeting a number of the needs of disaster survivors, including:

   a. Job Training
   b. Job-related tools
   c. Transportation, See Annex S, Transportation, for further information.
   d. Medical Transportation Needs are coordinated through CMOC

e. Home cleanup and debris removal
f. Home repairs

3. Donations Management Council (DMC) will coordinate the following: (See Annex T, Donations Management, for further information.)

a. Basic new clothing
b. Basic furnishings and household goods

See Appendix 1 to this annex for a list of volunteer organizations active in disasters that operate in many areas of the state and the services they may be able to provide during an emergency.

G. Communications

Two primary methods will be employed to communicate with the citizens of Brazoria County regarding post-disaster assistance. As Case Management rolls out into the community, information on locations and services available will be communicated to the Joint Information Center (JIC). This information will then be forwarded to the "211" system for distribution to any person contacting "211" looking for assistance. Additionally, flyers will be made available through the PODS and other locations to be determined, informing people that case management services are available and how to access these services.

Agencies must be able to communicate with the staff on site as well as the MACC. The primary communications will be by telephone. If telephones cannot be used, radios should be provided. Amateur radio operators may be able to assist with communications needs. See Annex B, Communications, for additional information.

H. Phases of Emergency Management

With the goal of saving lives, preventing injuries and protecting property and the environment; emergency management has several operational phases and they are:

1. Prevention

This phase should be considered long before an emergency occurs and should include activities aimed at eliminating or reducing the probability of occurrence of an emergency - mitigating or lessening the effects of a disaster or emergency.

Identify population groups who may require special assistance during an emergency (i.e., senior citizens, handicapped, etc.).

2. Preparedness

Since prevention cannot keep emergencies from happening, preparedness activities are undertaken to ensure that most effective, efficient response actions are taken to minimize damages. Such actions include forecasting and early warning systems, identifying needed facilities and stockpiling and pre-positioning suppliers.

a. HSO will act as a liaison with volunteer groups and local area agencies that can provide emergency assistance and services to disaster victims including; emergency food and clothing in the aftermath of emergency situations as well as other assistance needs that may be identified.

b. GCC is to identify and maintain a list of agencies or groups that can provide psychological first aid services during and in the immediate aftermath of emergency situations.

c. All responders will be trained in NIMS/ICS, Psychological First Aid and have community resources lists available to them for the distribution to victims.

d. Brazoria County Emergency Management will identify and train human services representatives who will staff the Brazoria County MACC.

e. Brazoria County Emergency Management and HSO will conduct bi-annual emergency planning meetings with human service agencies and organize volunteer groups active in disasters and develop appropriate Emergency Support Functions (ESFs) and executive agreements where appropriate.

f. Each human services agency will determine tentative emergency assignments for available personnel and volunteers.

g. Brazoria County Emergency Management will encourage volunteer groups active in disasters to participate in emergency exercises and provide personnel to support that staffing needs of Brazoria County Emergency Management.

h. Each human services agency will help review and update this annex.

3. Response

This is the first phase that occurs after the onset of a disaster and is intended to provide emergency assistance to victims of the situation, reduce probability ofsecondary damage and enhance future recovery operations.

A. Human Services agencies will:

a. Document evacuees and/or survivors or assist volunteer groups in documenting clients served.

b. Provide social services agency contact information to survivors who need human services assistance.

c. Register evacuees at the shelters, and survivors or assist volunteer groups in performing this task.

d. Provide food, shelter, and clothing to disaster survivors as needed.

B. The Adventist Community Services will assist in providing emergency assistance through donations management to disaster survivors. (See Appendix 1.)

1. Provide food, clothing and other necessary assistance to disaster survivors from donations, as needed. (See Annex T, Donations Management)

2. Provide social services agency contact information to survivors who need human services assistance.

4. Provide human services staff support for the MACC.

C. Recovery

This phase is designed to return all systems and situations back to normal. This phase can be broken down into short-term and long-term activities. Short-term activities attempt to return vital human systems to minimum operating standards usually within a several week time span. Long-term activities are established to stabilize infrastructure and all other systems and can last years beyond the actual disaster.

a. Support agencies such as TSA will assess the needs of survivors and provide assistance, including, but not limited to, temporary housing, food, clothing, clean-up services, minor home repairs, and other support.

b. Coordinate with the Public Information Officer to inform the public of the availability of human services programs.

c. GCC with assistance from the Brazoria County Health Department will assess the need for disaster mental health services for emergency responders and disaster survivors. GCC will coordinate and arrange for such support if required.

d. Provide human services personnel to staff the Disaster Recovery Center (DRC), if one is activated.

VI. ORGANIZATION & ASSIGNMENT OF RESPONSBILITIES

A. Organization

1. Our emergency organization as described in Section VI.A of the Basic Plan shall carry out the function of providing human services in emergency situations

2. The County Judge shall provide policy guidance with respect to emergency human services operations. The Human Services Officer will manage the human services function during emergency operations.

3. Human services will be provided through the coordinated efforts of local human services professionals, human service agencies, local volunteer groups, the ARC, TSA, and other non-governmental organizations.

4. State and federal agencies may be requested to assist in human services activities conducted in the aftermath of a major emergency or disaster.

8. Tasks Assignments

1. The County Judge will:

   a. Ensure that a human services program for emergency situations is developed.

   b. Provide general guidance and direction for human services operations during emergencies.

2. The President / CEO of the United Way of Brazoria County will serve as, or designate an appointee, the Human Services Officer and will:

   a. Identify volunteer groups and agencies that can provide goods and services to satisfy human services needs and develop agreements with them.

   b. In the aftermath of emergencies, solicit and coordinate distribution of clothing, food, and services by various agencies and organizations. (See Appendix 1 to Annex M (Resource Management) for a list of food, clothing, and water resources.)

   c. Coordinate the registration of evacuees/survivors.

   d. Coordinate with the Shelter and Mass Care Officer to provide for human services needs of evacuees in shelters.

   e. Coordinate human services support for functional needs support groups.

   f. Coordinate the provision of disaster mental health services for disaster survivors, emergency workers, and others suffering trauma due to the emergency situation.

g. Coordinate local staffing at DRCs, if needed.

h. Work with the Transportation Officer to coordinate transportation assistance for those who need it.

3. Gulf Coast Center will:

   Coordinate the provision of and provide disaster mental health services to disaster survivors, emergency workers, and others suffering trauma due to an emergency situation.

4. The Transportation Officer will:

   a. Coordinate transportation support for human services operations.

   b. Coordinate transportation for food, clothing, drinking water, and other supplies, if the agency providing these materials is unable to do so.

   c. When requested by the Human Services Officer, coordinate transportation for those who need transportation assistance such as those without vehicles, access and functional needs, etc.

5. The Shelter & Mass Care Officer will:

   Identify the requirements for human services assistance to those housed in shelters.

6. The Public Information Officer will:

   Coordinate the release of information to the media and public about assistance programs available for disaster survivors.

7. Volunteer Groups and Charitable Organizations will:

   Provide human services assistance identified by the Human Services Officer upon request. See Appendix 1 to this annex for a list of groups and organizations that may be able to assist and the types of services they provide.

8. Support agencies such as, Salvation Army, Red Cross, etc., will assess the needs of survivors and provide assistance, including, but not limited to, temporary housing, food, new clothing, clean-up services, and other support.

   a. Coordinate with the Public Information Officer to inform the public of the availability of human services programs.

   b. Provide human service personnel to staff the Disaster Recovery Center (DRC), if requested by FEMA.

VII. DIRECTION AND CONTROL

A. General

1. The County Judge shall establish priorities for and provide policy guidance for human services programs conducted after a disaster.

2. The Executive Assistant to the County Judge or EMC will provide direction to the Human Service Officer regarding human services operations in the aftermath of an emergency.

3. The Human Services Officer and staff will plan, coordinate, and carry out human services program activities.

4. All human services activities will be coordinated through the Human Services Officer in the MACC.

8. Line of Succession

The line of succession for the Human Services Officer is:

1. CEO, United Way of Brazoria County
2. Executive Director, Gulf Coast Center
3. Executive Director, Gulf Coast Branch of the American Red Cross

VIII. READINESS LEVELS

A. Level IV: Normal Conditions

See the mitigation and preparedness activities in sections V.F.1 and V.F.2.

B. Level III: Increased Readiness

1. Review plans and procedures and update them if needed.

2. Meet with local human service agencies to determine possible human services requirements based on the threat and assess resources on hand.

3. Determine the availability of human services personnel and equipment duty.

C. Level II: High Readiness

1. Alert and brief human services personnel for possible emergency operations.

2. Identify personnel that will staff the MACC.

3. Identify and alert external resource sources.

D. Level I: Maximum Readiness

1. Put human services staff on call.

2. Consider precautionary staging of personnel, equipment, and supplies.

3. Provide trained staff to the MACC if it is activated.

IX. ADMINISTRATION AND SUPPORT

A. Records Maintenance

All records generated during an emergency will be collected and filed in an orderly manner, so a record of events is preserved for use in determining response costs, settling claims, and updating emergency plans and procedures.

The American Red Cross will maintain all American Red Cross client information.

B. Preservation of Records

Vital human services records should be protected from the effects of a disaster to the maximum extent possible. Should records be damaged during an emergency situation, professional assistance preserving and restoring those records should be obtained as soon as possible.

C. Training & Exercises

1. Human services personnel who will participate in EOC operations will receive training on ICS and the operation of facility. The HSO and representatives will take a variety of disaster recovery training courses as appropriate to their duties that are offered by both local and governmental jurisdictions. These training courses will include but not limited to NIMS training courses. NIMS courses required will be ICS-100. ICS-200, IS-700, and IS-800. These are currently available online.

2. Non-governmental groups that could be providing human services support during emergency situations shall be invited and encouraged to participate in emergency drills and exercises where appropriate.

D. State and Federal Assistance

If state or federal assistance is required, The Human Services Officer will brief the County Judge or applicable Mayor on the assistance required. The County Judge or his/her designee will make the request for assistance to the Disaster District Committee Chairperson in Texas City. For more details on requesting assistance, see section V.E.4.a.2 of the Basic Plan.

E. Reporting

Case Management will deliver reports to the EOC as long as the EOC remains stood up after the disaster. All local agencies working with the case management disaster effort will complete the "Case Management Disaster Daily Tally" and tum this into the HSO or representative. Once the EOC stands down, the daily reporting will cease.

X. ANNEX DEVELOPMENT & MAINTENANCE

A. Development

The Office of Emergency Management is responsible for developing and maintaining this annex.

8. Maintenance

This annex will be reviewed annually and updated in accordance with the schedule outlined in Section X of the Basic Plan.

XI. REFERENCES

A. ARC/FEMA brochure: *Food & Water in an Emergency,* ARC-5055 & FEMA L-210.

B. ARC Fact Sheet: Water *Storage Before Disaster Strikes.*

C. ARC Fact Sheet: Water *Treatment After Disaster Strikes.*

D. FEMA brochure, *Emergency Food & Water Supplies,* FEMA-215.

E. Texas American Red Cross website: www.redcrosstexas.org. This site provides information on the service areas for the Texas ARC chapters and addresses and phone numbers for those chapters.

F. Annex C (Shelter & Mass Care) to the *State of Texas Emergency Management Plan*

G. Annex V (Food & Water) to the *State of Texas Emergency Management Plan*

APPENDICES:

Appendix 1 ..... Volunteer Groups
Appendix 2 ..... Senior and Functional Needs Plan
Appendix 3..... Senior Housing Communities
Appendix 4..... Case Management Form
Appendix 5..... Home Healthcare Providers in Brazoria County
Appendix 6..... POD Assessment Form
Appendix 7..... PFA Volunteer ResponseForm
Appendix 8..... PFAVolunteer Application
Appendix 9.....Emergency Water Supplies

Appendix 1 to Annex 0 **VOLUNTEER GROUPS**

1. Local Organizations and Volunteer Groups

The following is a list of local groups and organizations that have indicated they may be able to provide human services support during emergency situations. Contact information for these organizations is maintained by the Brazoria County Office of Emergency Management with support from the United Way of Brazoria County.

GROUP/ORGANIZATION	*SERVICES PROVIDED*
Veterans of Foreign Wars Phone: 979-849-3102	• Commercial kitchen facilities
Gulf Coast Center Phone: 800-643-0967	• mental health and crisis services
Actions, Inc. Community Center Phone: 979-849-6132	• Food, if needed • Transportation
Salvation Army Phone: 979-233-5420	• Used clothing • Used furniture & household goods • Commercial kitchen facilities
Brazoria County Dream Center Phone: 979-388-0280	• Used clothing • Used furniture & household goods
Saint Thomas Center Phone: 979-849-9458	• Used clothing and furniture (Thrift Shop) • Food bank
American Red Cross Phone: 281-342-9480	• Provide shelter and mass care
Arc of the Gulf Coast Phone: 281-388-1161	• Case management • Direct assistance

2. Local Organizations and Groups

The following state and national organizations and groups may be able to provide human services support during emergency situations:

GROUP/ORGANIZATION	*SERVICES PROVIDED*
Adventist Community Services 301-680-6438	• Donations Management; Mobile distribution units for clothing and bedding; Emergency food; Counseling
American Red Cross Houston Chapter (ARC) Phone: (713) 526-8300	• Shelter & mass feeding operations • Provision of first aid in shelters • Damage assessment • Cleaning supplies, comfort kits, food, & clothing • Funds for emergency transportation, rent • Operates disaster welfare inquiry system

Texas on Mission (Baptist Convention of Texas) 972-322-9050	• Fixed site and mobile feeding, • Shelter and mass care facility operation • Damage assessment • Childcare & medical assistance • Home clean up and rebuilding assistance
Houston Food Bank Phone:713-223-3700	• Set up HUBs; provides Disaster Pallets
Brazoria County Independent Living (BCCIL) (979) 849-7060	• Case management for those with disabilities; Operate phone bank for the disabled population • Emergency preparedness training for individuals with disabilities. Training emergency management in comms. and access issues. • Coordinate with other agencies and offer I & R as needed.
Greater Coastal Community Action Council Phone: (409) 765-7878	• Assists with rent and utilities
Interfaith Ministries Phone: (713) 533-4900	• Coordinate among Faith based organizations; Support the EOC
Mennonite Disaster Service Phone: (717) 859-2210	• Volunteers for clean up and debris removal from damaged homes. • Volunteers to repair or rebuild homes
Meals on Wheels - Actions Inc. Phone: (979) 849-6132	• Disseminate meals during disasters
Salvation Army (SA) Phone: (979) 233-5420	• Fixed & mobile feeding • Temporary shelter • Counseling and moral building services • Medical assistance • Warehousing and distribution of donated goods including food, clothing and household items
Feeding America Phone: 713-223-3700 Same as Houston Food Bank	• Collects, sorts, warehouses, transports, and distributes donated food and grocery products to agencies involved m feeding operations and distribution of relief supplies. Does not provide food to individuals.
St. Vincent De Paul Society Phone: 314-576-3993	• Provides assistance in paying for utilities, rent, disaster-related travel as well as clothing and blankets. • Provides social services to individuals and families • Collects and distributes donated goods. Operates retail stores; merchandise from those stores can be made available to disaster survivors

United Methodist Committee on Relief Phone:251-344-0124	• Assistance in paying disaster-related transportation, rent, utilities, and other needs • Material resources, such as food, water, blankets, building supplies, and tools.
United Way of Brazoria County Phone: 979-849-9402	• Coordinate with Regional United Ways; assist with utility bills, childcare, 2-1-1, etc.
Pearland Neighborhood Center Phone: 281-485-1987	• Disaster relief • Medical and prescription assistance
Gulf Coast NAMI Phone: (281) 585-3100	• Mental health counseling

Appendix 2

Brazoria County Annex0
Case Management
Seniors and Functional Needs Populations

Overview

Special consideration must be given to the unique needs of older adults and other functional needs populations when planning for an effective disaster response. Health concerns must be addressed, immediate needs must be met, and linkages to the formal disaster response case management system for those with on-going recovery needs must be ensured. Any disaster response targeting functional needs populations is further complicated if these individuals are evacuated and consequently need assistance with returning to day-to-day life post-disaster. Utilization of already trained case managers from organizations that routinely serve these populations is recommended.

While there are several agencies in Brazoria County who will take the lead in providing case management services, a sub-group of agencies that specialize in providing services to vulnerable populations has come together in support of disaster relief efforts that specifically target older adults, people with physical disabilities and persons with developmental disabilities. This sub-group will operate under the guidance and direction of the designated case management lead agency.

Organizations committed to being a part of this process include any organizational partner in Actions, Inc., as well as the Brazoria County Center for Independent Living.

The case management process will be the same as outlined in Annex O with special attention being given to health issues and physical limitations of individuals. The priorities for the Functional Needs Populations Sub-Group are to:

- Ensure that organizations supporting functional needs populations are working in concert with and have a direct link to the formal disaster response network
- Mobilize organizations in the aging network to assume defined responsibilities in disaster response
- Work with the formal disaster response effort to ensure that all seniors and individuals with access or functional needs are checked on post-disaster and their immediate needs are addressed.

In addition, the Sub-Group will:

- Work with management staff and/or owners of senior housing communities to establish and implement a plan for disaster response to their residents
- Give special attention to checking on older adults with no existing ties to the formal aging network, i.e. are not clients of an existing agency

- Support efforts to ensure that Functional Needs Populations are monitored periodically throughout the disaster response and recovery efforts.

Planning Efforts Targeting Functional Needs Populations

Planning efforts specific to Functional Needs Populations have been in response to the following concerns expressed and recommendations made after Hurricane Ike:

- The aging network should come together and develop a coordinated emergency preparedness and response plan for older adults
- A system should be established to ensure ALL older adults and individuals with functional needs are checked on immediately following a disaster, and periodically until utilities are restored and urgent needs are addressed
- Organizations or groups should be assigned to senior housing complexes/facilities and responsible for monitoring residents and addressing urgent needs
- Lead organizations should be established and clearly communicated for:
    - Organizing and coordinating the aging network response
    - Distributing food and supplies to older adults
    - Case Management
    - Communication among Functional Needs response groups

To date, Actions, Inc. has reached out to its partners and other interested organizations to request their participation in one of two specific disaster response efforts designed to target Functional Needs Populations. Descriptions of each are below, and Actions, Inc. is currently in the process of recruiting organizations to participate in these efforts.

Adopt-A-SeniorHousing Community

Purpose

The Adopt-A-Senior Housing Community program has been established to promote a coordinated response after a disaster to older adults residing in senior housing communities in Brazoria County.

What is a Senior Housing Community?

For the purpose of this project, a Senior Housing Community is defined as an independent living community for people 62 years of age and older or individuals with a disability. These communities can be apartment complexes, townhouses or high-rises. There are many housing communities available to adults 55 and older; these communities can be adopted if an organization prefers.

Terms and Conditions for Participation

Businesses, non-profit organizations, faith-based groups and other associations will adopt the senior housing community(s) of their choice from a list of housing communities that have already agreed to participate. See Attachment 3 for a list of potential housing

communities. Preferably, the adoption period will be for two years, with a recommitment after the first year.

Organizations participating in the Adopt-A-Senior Housing program agree to:

- Identify at least one staff member to serve as the primary liaison(s) and contact person(s) for each housing community adopted
- Attend disaster response training once a year.
- Establish a relationship with the manager, staff and residents of the Senior Housing Community that is adopted, including contact with the manager and meeting with the residents to tour the community, review any existing plans, discuss challenges experienced in previous disasters, and create a disaster response plan that includes a phone-tree that can beutilized after a disaster and clearly defined roles and responsibilities for the Community's management and the adopting organization.
- Coordinate with the Brazoria County Office of Emergency Management and/or American Red Cross, to offer educational programs about disaster preparedness to the residents of the Senior Housing Community that is adopted.
- Communicate with a staff person at the Senior Housing Community as soon as possible following a disaster.
- Assess and address the needs of the residents at the Senior Housing Community as soon as possible following a disaster; monitor the Community until residents are stable or referred to other long-term recovery resources.

Project Coordinator
Breah Knape, Actions, Inc.
979.849.6132
Breah.Knape@actionsinc.org

Release of Professional Staff

Actions, Inc., BCCIL, and other interested organizations are being asked to provide trained, professional staff (and preferably case managers) to help with:

- *Immediate triage and screening*- estimated to be done 24 to 72 hours post-disaster and includes outreach and safety checks on vulnerable residents in affected areas, addressing immediate needs, and ensuring connections to recovery resources; and/or
- *Short-term case management* - estimated to be done for up to three months and includes assessment and direct assistance to individuals with navigating and accessing the disaster response system.

Appendix 2

Project Contact
Breah Knape, Actions, Inc.
979.849.6132
Breah.Knape@actionsinc.org

Other Responses to Recommendations

In addition to the above, the following lead agencies have been identified for the following core functions critical to a coordinated disaster response:

Key Function	Organization	Contact Person	Phone Number	Email Address
Coordination of Aging and SNP Network	Actions, Inc.	Breah Knape	979.849.6132	Breah.Knape@actionsinc.org
Communications among Aging and SNP Network organizations	United Way of Brazoria County	Pella Branch	800.971.6677	pbranch@uwbc.org
Food distribution to Network organizations	Interfaith Ministries	Jennifer Posten	713.533.4900	jposten@imgh.org
Functional Needs	Brazoria County Center for Independent Living	Chamane Barrow	979.849.7060	cbarrow@cbfl.cc
Mental Health Services	Gulf Coast Center	Amanda Grolier	800-643-0967	amandag@gulfcoastcenter.org

Appendix 3

Senior Housing Communities	Address	Zip	Phone
CENTRAL			
NORTH			
NORTHEAST			
NORTHWEST			
SOUTH			

Appendix 3

Senior Housing Communities	Address	Zip	Phone
SOUTHEAST			
SOUTHWEST			
EAST			
WEST			

Initial Case Management Assessment Form

Head of Household Information

Last Name:	First Name:	Date of Birth:	Social Security #

Current Residency Information

Address:		Apartment#:
City:	State: TX	Zip Code:
1st Contact# Home/Cell:		2nd Contact # Home/Cell:
Alternative Contact Relative/Friend Phone #:		Email Address:

If you have been displaced due to the disaster, what is the address where you are staying?

Address:		Apartment#:
City:	State: TX	Zip Code:

Family Members living in the Household

Last Name	First Name, Middle Initial	DOB	Gender	Working before disaster?	Any job interruptions?

If yes, are there any emergency needs facing them today? Please explain:_____

Do you feel your family is safe and free from harm? Yes No

If no, are there any emergency needs facing them today? Please explain:_____

Has your home received damage? Yes No

Do you have access to telephone/internet to contact FEMA? Yes No

Initial Case Management Assessment Form

Do you have someone in your home that is: ☐ a senior ☐ disabled ☐ any small children ☐ any other functional needs persons

Are you concerned about your intake of drugs or alcohol since the disaster? ☐ Yes ☐ No

Was anyone in your household seriously injured, separated from you, or missing? ☐ Yes ☐ No

Does anyone in your household need medical treatment? ☐ Yes ☐ No

Does anyone in your household need psychiatric or behavioral health treatment? ☐ Yes ☐ No

Available Resources

	Source	Monthly Amount		Source	Monthly Amount
☐	Employment		☐	Social Security	
☐	SSI		☐	TANF	
☐	Food Stamps		☐	Child Support	

Emergency Needs:

Food	☐ Yes	☐ No
Water	☐ Yes	☐ No
Ice	☐ Yes	☐ No
Shelter	☐ Yes	☐ No
Baby Formula	☐ Yes	☐ No

Food	☐ Yes	☐ No
Water	☐ Yes	☐ No
Ice	☐ Yes	☐ No
Shelter	☐ Yes	☐ No
Baby Formula	☐ Yes	☐ No

Do you have a supply of or have access to:

Housing	☐ Yes	☐ No
Medication	☐ Yes	☐ No
Baby Items	☐ Yes	☐ No
Other:	☐ Yes	☐ No

Resolution

Referrals for emergency needs

Refer for on-going case management Yes No

Case Manger (Please Print) Date

Agency Staff Signature Date

Appendix 5

Home Health Care Providers of Brazoria County

Business	Address	Phone
Angleton Visiting Nurses	1 21 2 N Velasco Suite 200 Angleton, TX77515	(979) 849 - 0219
Brazosport Regional Home Health	1 94 Abner Jackson Pkwy Lake Jackson, TX 77566	(979) 299 -3236
Coastal Staff Relief, Inc	101 Oyster Creek Dr Suite B Lake Jackson, TX 77566	(979) 299 - 3006
House Calls Home Health	218 West Coombs Alvin, TX 77511	(2 81) 3 31-1 51 6
I PH Home Health Care, Inc.	135 East Hospital Drive Angleton, TX 7751 5	(800) 574 - 5179
Twenty First Century Solution Home Health Services	61 25 B Broadway St Pearland, TX 77581	(281) 997- 2525
Ventex Home Health Agency, Inc.	3024 Richfield Ct Pearland, TX 77584	(713) 436 - 7273
My Nurse Home Care, Inc	11 302 Silver Bay Ct Pearland, TX 77584	(713) 436 - 0999
FCR Home Health Care Services	9203 Sunbonnet Dr Rosharon, TX 77583	(832) 867 - 7278
Agape Healthcare Service	13612 Barton Meadow Ct Rosharon, TX 77583	(281) 431 - 1751
Precision Healthcare Services	13508 Mooring Pointe Pearland, TX 77584	(281) 773 - 6166
Affinity Home Healthcare	Pearland, TX 77581	(281) 997 - 6507
Angels Care Home Health	11 3 Abner Jackson Pkwy Ste A Lake Jackson, TX 77566	(979) 297 - 3400
Gulf Coast Primary Home Care	135 E Hospital Dr Angleton, TX 77515-4172	(979) 848 - 8500
Home Instead Senior Care	Lake Jackson, TX 77566	(979) 297 - 0444

Appendix 5

Home Health Care Providers of Brazoria County

Pearland / Alvin area

- **Home Helpers Home Care of Southeast Houston**
  2911 Hamm Rd, Pearland, TX 77581
  (281) 559-7845
- **Homewatch CareGivers of Pearland**
  11200 W Broadway St, Suite 2743, Pearland, TX 77584
  (281) 816-4665
- **Home Care Options**
  2407 Park Ave, Pearland, TX 77581
  (832) 328-0179
- **Yes-To-Home-Care**
  2734 Sunrise Blvd, Suite 404A, Pearland, TX 77584
  (832) 674-0423
- **CASA Home Healthcare**
  1980 Country Place Pkwy, Pearland, TX 77584
  (281) 485-5775

Lake Jackson / Clute / Angleton area

- **In Home Care by Help, Inc.**
  221 Brazosport Blvd N, Clute, TX 77531
  (979) 480-0197
- **Visiting Angels (Brazoria County)**
  4005 Technology Dr, Angleton, TX 77515
  (979) 472-6435
- **Angels Care Home Health**
  113 Abner Jackson Pkwy, Suite A, Lake Jackson, TX 77566
  (979) 297-3400
- **IPH Home Health Care & Hospice**
  190 Abner Jackson Pkwy, Suite 210, Lake Jackson, TX 77566
  (979) 529-2500
- **Gulf Coast Primary Home Care**
  Lake Jackson, TX
  (979) 529-2525

Houston-based agencies (serve Brazoria County)

- **Living Hope Home Healthcare**
  12550 Fuqua St, Houston, TX 77034
  (281) 484-6500
- **Central Home Health Services of Texas**
  720 N Post Oak Rd, Suite 140, Houston, TX 77024
  (713) 461-5696
- **Elderly Home Healthcare**
  Houston, TX 77024
  (713) 956-8183

Appendix 6

P.O.D. Assessment
Brazoria County Annex 0
Case Management Workgroup

Assessment for POD volunteers:

- As a volunteer what is your opinion of the POD process?
- Average hours worked per day?
- How many days have you worked?
- How would you improve this process?

Recipient Assessment - Pre-supplies:

- How long have you been in line?
- Are you getting the supplies you need?
- What is your experience with the POD process?
- What could be done to improve this process?

Recipient Assessment - Post-supplies:

- How long were you in line?
- Are you getting the supplies you need?
- Were enough supplies given?
- What was your experience with the POD process?
- What could be done to improve this process?

Appendix 7

DISASTER AND EMERGENCY RESPONSE
PSYCHOLOGICAL FIRST AID (PFA) VOLUNTEERS

Brazoria County utilizes volunteers in providing PFA to the residents of Brazoria County in the event of a declared disaster?

What is PFA and why is it important?

PFA is designed for "normal individuals who have experienced an abnormal event." PFA is not traditional therapy and is often delivered within the victim's environment. PFA is a short-term therapeutic intervention process that utilizes established mental health techniques to lessen adverse emotional conditions that can be caused by sudden and/or prolonged stress.

Who can volunteer to provide PFA?

PFA may be provided by volunteers who are trained in crisis response, but who may have no formal training and education in counseling or psychology. These volunteers may be licensed or unlicensed. The PFA volunteers make themselves available to others in the event of a disaster and assist victims in processing the effects of a disaster on their emotional health. PFA volunteers serve in a supportive role to victims and may also serve as a referral source for more extensive mental health care for victims in need. The amount of time an individual PFA volunteer makes available for services is up to the volunteer.

What does Brazoria County provide for its PFA volunteers?

All volunteers will have PFA training. This training is free of charge and has been developed by experts in the mental health field. All PFA volunteer services are coordinated through the_____. This coordination supports field operations, volunteer assignments, volunteer support and oversight.

How does being a PFA volunteer benefit me?

The main benefit of PFA Volunteership is the community service provided to those who have experienced a major disaster and who are in need of the understanding and compassionate ear of another person. Becoming a PFA volunteers is knowing you have provided support and encouragement to individuals in your community who have experienced a devastating loss during a major disaster and need help understanding their feelings and making plans for the future. The training associated with becoming a PFA Volunteer can often be used for professional CEU's and other certification/licensure requirements.

When are PFA volunteers used?

PFA volunteers are deployed to augment Brazoria County resources as necessary.

Appendix 8

PSYCHOLOGICAL FIRST AID AND VOLUNTEER RESPONSE TEAM

-Please Print -

VOLUNTEER REGISTRATION INFORMATION

Name: .....

Are you 18 or older: Yes_____ No_____Driver's License:_____

Home Address:

_____

_____

Language Proficiency: .....

Do you require physical or language accommodation? _____

CONTACT INFORMATION

Indicate below the order in which you are to be contacted for emergency activation (rank 1-6)

Home Phone: ..... [ ]

Work Phone: ..... [ ]

Cell Phone: ..... [ ]

Personal E-Mail: ..... [ ]

Work E-Mail: ..... [ ]

Other Device: ..... [ ]

EMERGENCY CONTACT INFORMATION

Name: _____Relationship:_____

Phone/cell: .....

Alternate Name:_____Relationship:_____

Phone/cell: .....

TRAINING EXPERIENCE BACKGROUND

PLEASE CHECK OFF LISTED TRAININGS, AND YEAR COMPLETED

TRAINING	COMPLETED	YEAR
NIMS 700	[ ]	_____
ICS-100	[ ]	_____
ICS-200	[ ]	_____
Critical Incident Stress Management (CISM)	[ ]	_____
Psychological First Aid (PFA)	[ ]	_____
Basic C.P.R.	[ ]	_____
Basic First Aid	[ ]	_____
Basic Disaster Life Support (BDLS)	[ ]	_____
CERT Trained	[ ]	_____
NOVA Trained	[ ]	_____

Other Training? Specify:_____

_____

Do you have Disaster Response Experience? [ ] YES [ ] NO

If YES, list the events: .....

LICENSURE

PLEASE LESAST ALL CURRENTLY HELD PROFESSIONAL LICENSES AND EXPIRATION DATES

1. .....

_____ Exp. Date_____
License Type/Number

2. .....

_____ Exp. Date_____
License Type/Number

HIGHEST EDUCATION LEVEL: .....

IF WORKING, NAME OF YOUR EMPLOYER: _____

ARE YOU INVOLVED WITH OTHER DISASTER RELIEF VOLUNTEER ORGANIZATIONS? NO YES
If yes, specify: .....

BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS REGISTRATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

_____ DATE: .....
APPLICANT SIGNATURE

PLEASE RETURN TO:

Appendix 9

EMERGENCY WATER SUPPLIES

1. In general, emergency water supplies cannot replace normal water distribution systems. In an emergency situation, people must be provided with sufficient potable water for drinking and personal hygiene.

   a. The typical planning factor for emergency water supplies of potable water is three gallons per person per day. If it is extremely hot, that planning factor should be increased.

   b. Water is quite heavy and it is difficult for many people to carry more than two gallons of bottled water per trip.

2. If water supply outages are localized, the following options may be suitable:

   a. Establish water supply points in outage areas for distribution of bottled water. Emergency supplies of bottled water may be:

      1) Purchased from retailers, distributors, or commercial vendors.
      2) Donated by corporations, such as grocery chains.
      3) Obtained from stocks held by volunteer groups active in disasters.
      4) Requested from the State through the local Disaster District.

      Bottled water is normally distributed in one-gallon plastic jugs.

   b. Distribute bottled water from trucks in affected areas on an established route/schedule

   c. Request Points of Distribution through the Disaster District Chair (DOC) to the state.

3. If the water supply outage affects the entire community, options a, and b in paragraph. 2 above remain viable, but option c may be the best option.

4. It is generally necessary to provide attendants at temporary water distribution sites to keep operations running smoothly.

5. For slowly developing emergency situations, emergency public information announcements advising citizens to fill and store water containers in advance of the arrival of hazardous conditions may reduce later requirements for emergency water distribution.