Recovery Support Function 3 – Health Services

Record of Annex Changes

All updates and revisions to this plan will be tracked and recorded in the following table. This process will ensure that the most recent version of the plan is disseminated and implemented by members of the appropriate state agencies.

Date	Change No.	Department	Summary of Change

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1 Introduction

1.1 Mission Statement

The mission of Recovery Support Function (RSF) 3 Health Services is to support locally led recovery efforts to prepare and restore public health, health care, human services and behavioral health networks to promote the resilience, health and well-being of affected individuals and communities in accordance with state and federal laws.

1.2 Purpose

The purpose of this annex is to define the structure, roles, responsibilities, operations and activities of RSF 3 Health Services to guide and coordinate disaster recovery efforts across the State of Oregon.

This annex supports the implementation of the Oregon Disaster Recovery Plan (ODRP) by providing a framework for how state agencies, federal agencies, and community partners such as local governments, Tribal Nations, and non-governmental organizations collaborate to restore, redevelop, and revitalize communities affected by disasters.

RSF 3 Health Services Annex is intended to accomplish the following objectives:

- Support the restoration of regular health services.
- Identify critical areas of need for disaster-related health care needs, including services for populations with access and functional needs.
- Build partnerships with federal, state, local, Tribal and nongovernmental partners prior to emergencies to increase the level of recovery support to communities and Tribal governments.

1.3 Scope

This Annex is intended to be an all-hazards document for large and catastrophic disasters but can be used in varying levels of scalability and is designed to provide guidance to state agencies in coordinating recovery efforts. When a disaster results in the loss of human and agricultural life, property and/or ongoing disruptions of community medical services, RSF 3 Health Services will be activated at the direction of the State Disaster Recovery Manager (SDRM) and the State Emergency Coordination Center (ECC) Manager. Such occurrences may include natural, technological, or human-caused disasters and may impact one or more counties or regions.

The following activities fall within scope of RSF 3 Health Services:

- Support restoration of healthcare systems and services.
- Conduct assessments of a disaster's impacts on local, Tribal, and statewide public health and on local and Tribal health care delivery systems.
- Provide post-disaster behavioral health guidance to impacted communities.
- Monitor and regulate drinking water quality.

- Conduct, facilitate, and coordinate ongoing public health and health care system recovery activities.

RSF 3 Health Services aligns with the Federal US Health and Human Services disaster recovery core mission areas:

Table 1: RSF 3 Core Mission Areas

Core Mission Area	Issues Related to:
Public Health	Public health capabilities like laboratory capacity, disease surveillance, and health risk communication
Healthcare Services	Damages to hospitals, clinics, nursing homes, dialysis centers, and other service providers; in addition to the impacts to their workforce and capacity to provide healthcare services
Behavioral Health	Disaster-related impacts to behavioral health facilities, programs, and survivors
Environmental Health	Post-disaster conditions impacting the health and safety of the air, water, soil, and built environment
Food Safety and Regulated Medical Products	Disaster-related needs for protecting critical, regulated medical products and the safety of the food supply
Long-term Responder Health Issues	Addressing the physical and emotional health of first responders in the impacted community
Social Services	Disaster impacts to community support services, senior centers, homeless shelters, services for the disability community, and services for at-risk populations
Disaster Case Management/ Referral to Social Services	Helping individuals and families with their specific disaster-related unmet needs
Children and Youth in Disasters/Schools	Coordination of health and social services needed for children and youth

This document outlines recovery operations while complementing and supporting the response and recovery plans and procedures of responding agencies, local and Tribal governments, special districts and other public, nonprofit/volunteer and private sector entities.

1.4 Equity Vision and Health Services Considerations

When assessing the health impacts of a disaster, the Health Services RSF must apply a Whole Community lens that recognizes how disasters exacerbate existing health inequities and disrupt access to essential medical, behavioral health and public health services. Recovery planning should prioritize continuity of care, equitable access to services, and coordination across health systems, public health agencies, and community-based partners. Key considerations include:

Continuity of care for pre-existing health needs: Individuals with chronic conditions, disabilities, or ongoing medical, behavioral health, or substance use treatment needs may experience worsening health outcomes due to disaster-related disruptions. The RSF should coordinate with healthcare providers, public health agencies, and community partners to identify gaps, support care continuity, and address barriers to treatment, medication access, and medical equipment.

Behavioral health and trauma impacts: A disaster may result in acute and long-term psychological trauma, grief, and stress, while simultaneously straining or displacing behavioral health services. The RSF should coordinate with behavioral health authorities, crisis response providers, and community-based organizations to expand access to trauma-informed, culturally responsive mental and behavioral health supports during recovery.

Equitable access to healthcare services: Displacement, transportation disruptions, and facility damage may limit access to clinics, hospitals, and pharmacies, particularly in rural or isolated communities. Individuals who rely on local or rural healthcare providers may face increased travel distances or loss of trusted care relationships. The RSF should work with healthcare systems, public health agencies, and community-based partners to identify access gaps and support alternative service delivery models, such as mobile clinics, telehealth, medication delivery, and community-based care.

2 Roles and Responsibilities

2.1 Coordinating Agency

The Coordinating Agency works with state recovery leadership, participating agencies and organizations, and local and Tribal partners to address the specific needs of a community following an incident. It has statutory authority, technical expertise and resources to address recovery operations for Health Services and is responsible for ensuring that the RSF serves its purpose during activation.

The coordinating agency for RSF 3 Health Services is Oregon Health Authority (OHA).

As the coordinating agency, the Oregon Health Authority is responsible for the following:

- Represent RSF 3 at the Governor's Disaster Cabinet (GDC) [1] and during State Recovery Coordination Meetings.
- Conduct assessment of long-term recovery needs in support of local and/or Tribal recovery.
- Assist with the organization of meetings and trainings with key departments and participating agencies to understand operational capability and resources for activation readiness and supporting resiliency.
- Convene with representatives of participating agencies to ensure necessary plans and procedures are in place for providing prompt action upon activation.
- Conduct community outreach in collaboration with participating agencies through normal day-to-day education/training opportunities and operations to build community preparedness.
- Collaborate and coordinate efforts with other participating agencies, local jurisdictions, and the Policy Group to ensure all recovery needs and gaps have been addressed to the extent possible before, during and after disasters.
- When RSF 3 is activated, OHA will lead Health Services and agencies assigned to develop a unified approach to recovery operations.

[1] Effective January 1, 2027, 2026 HB 4121 will replace the GDC with the Disaster Recovery Authority that may be established by the Governor as an advisory group within the Office of the Governor to direct emergency recovery in Oregon.

2.2 Participating Agencies

Participating Agencies work with the Coordinating Agency to fulfill the objectives of RSF 3 Health Services. While each agency may not support operations for every incident, they play a critical role in accomplishing RSF 3 Health Services' mission. State recovery coordination may also include organizations outside of state agencies.

State agencies that contribute to RSF 3 Health Services' mission include:

- Department of Administrative Services (DAS)
- Department of Environmental Quality (DEQ)
- Oregon Department of Agriculture (ODA)
- Oregon Department of Human Services (ODHS)
- Oregon Department of State Fire Marshal (OSFM)
- Oregon State Police (OSP)
- Oregon State University Extension (OSU Extension)

2.3 Boards and Commissions

While boards and commissions may not participate directly within RSF 3, they have the authority to establish laws and regulations for local implementation and indirectly impact resources available within the state and for local and/or Tribal governments. Boards and commissions play a key role in shaping the effectiveness and efficiency of long-term recovery efforts through policy, permitting, technical assistance, and other governmental changes.

This group of boards includes but is not necessarily limited to the boards listed in ORS 676.160:

- State Board of Examiners for Speech-Language Pathology and Audiology
- State Board of Chiropractic Examiners
- State Board of Licensed Social Workers
- Oregon Board of Licensed Professional Counselors and Therapists
- Oregon Board of Dentistry
- State Board of Massage Therapists
- State Mortuary and Cemetery Board
- Oregon Board of Naturopathic Medicine
- Oregon State Board of Nursing
- Oregon Board of Optometry

- State Board of Pharmacy
- Oregon Medical Board
- Occupational Therapy Licensing Board
- Oregon Board of Physical Therapy
- Oregon Board of Psychology
- Board of Medical Imaging
- Oregon State Veterinary Medical Examining Board
- Oregon Health Authority, to the extent that the authority licenses emergency medical services providers.

2.4 Federal Coordination

Oregon regularly partners with federal agencies and their corresponding federal RSFs to coordinate and implement disaster recovery operations. These partnerships ensure alignment with federal recovery programs, facilitate access to technical and financial assistance, and support the delivery of integrated recovery solutions that meet the needs of Oregon's communities.

Federal Coordinating Agency

U.S. Department of Health and Human Services (HHS)

Federal Participating Agencies

Administration for Children and Families | Administration for Community Living | Agency for Healthcare Research and Quality | Agency for Toxic Substances and Disease Registry | Centers for Disease Control and Prevention | Centers for Medicare & Medicaid Services | Commissioned Corps of the U.S. Public Health Service | Department of Agriculture | Department of Education | Department of Veteran Affairs | Environmental Protection Agency | Food and Drug Administration | Health Resources and Services Administration | HHS Office of the Secretary | Indian Health Service | National Institutes of Health | National Voluntary Organizations Active in Disaster | Substance Abuse and Mental Health Services Administration

Federal Community Assistance guidance can be found within the National Disaster Recovery Framework (2024).

2.5 Community Partners

Community partners, including local and Tribal governments, play a critical role in the RSF structure by providing on-the-ground knowledge, identifying priority needs, and shaping recovery strategies that reflect the unique context of their communities. Their leadership, expertise, and long-standing relationships help ensure that recovery efforts are locally driven,

culturally appropriate, and responsive to the people most affected. RSF operations depend on sustained coordination with these partners to align resources, reduce duplication, and build long-term resilience.

The following is a (non-exclusive) list of organizations and types of entities identified as partners that may directly or indirectly support RSF 3 Health Services:

- American Red Cross
- AmeriCorps
- Community Action Agencies
- Coordinated Care Organizations
- Hospitals and health systems
- Local Public Health Authorities
- Oregon Disaster Medical Team (ODMT)
- Oregon Food Bank
- Oregon Voluntary Organizations Active in Disasters (ORVOAD)
- Other non-profit disaster medical teams

Coordinating and Participating agencies for RSF 3 Health Services are responsible for identifying relevant partner organizations in the plans and procedures developed during steady state operations, and for having the tools necessary to activate these partnerships upon RSF activation.

3 Concept of Recovery Operations

3.1 Recovery Continuum

The Oregon Disaster Recovery Continuum is a structured framework that guides disaster recovery efforts across the state. The recovery continuum includes pre-disaster recovery planning and preparedness efforts and three key post-disaster recovery phases described in further detail within this section.

Figure 1: Recovery Continuum

Preparedness/Steady State: Focuses on recovery planning and capacity-building before a disaster occurs. This stage ensures communities and agencies are ready to respond and recover effectively.

Phase One: Stabilization, achieved through immediate actions taken to stabilize the situation by coordinating incident response and initial recovery efforts. The State ECC is activated, and response and recovery activities are occurring concurrently.

Phase Two: Recovery Operations, where coordination of state resources to support recovery operations take place, including working with local and Tribal jurisdictions on confirming recovery priorities, the community lifelines have stabilized, and the recovery operational structure has adjusted accordingly.

Phase Three: Long-term Recovery, which emphasizes rebuilding, economic restoration and strengthening resilience for future disasters. RSFs have been deactivated, and recovery activities are complete or have been transitioned to individual state agency responsibilities.

The sections below go into detail about the various considerations, activities, and coordination efforts for RSF 3 Health Services during each of the recovery phases.

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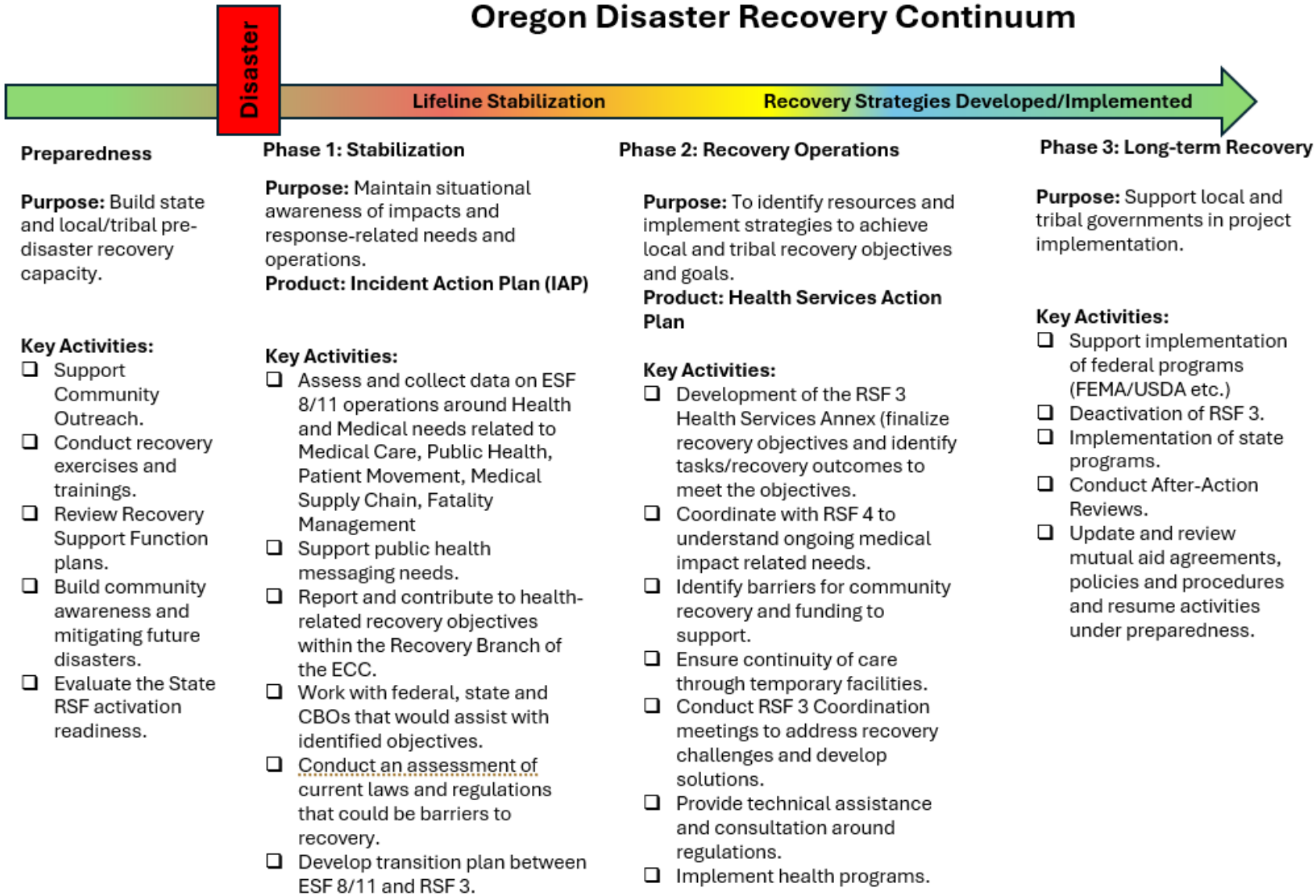

Figure 2: Oregon Disaster Recovery Continuum - Health Services

3.2 Preparedness/Steady State

3.2.1 Purpose

RSF 3 Health Services draw on existing programs which operate year-round to support Oregon's public health and health care needs. They are developed through a combination of coordinated planning, collaboration, and strategic preparedness activities. Listed below are the various objectives of RSF 3 Health Services during this phase.

In coordination with the Oregon Department of Emergency Management (OEM), OHA will assist with the organization of meetings and trainings with key departments and Participating agencies to ensure activated readiness.

- Support the development and implementation of public health emergency preparedness plans.
- Conduct community outreach through normal day-to-day operations to build community preparedness.
- Participate in training and exercises as requested by the local jurisdictions or OEM.
- Maintain specific plans, procedures, and capabilities to effectively carry out their designated roles as outlined in the document.

3.2.2 Key Activities

Readiness is sustained through preparedness activities that enhance community resilience and support the implementation of recovery operations. These activities, led by OHA include—but are not limited to—the following:

- The coordinating agency will hold quarterly meetings with participating agencies to provide program updates, changes to legislation and provide training around subject matter expertise and capability.
- Pre-disaster recovery planning, including regular review and updating of coordinating and participating agency plans and procedures related to health services support of local and Tribal governments and impacted communities during disaster recovery.
- Conduct and/or coordinate ongoing and post-disaster public health surveillance and monitoring activities.
- Develop plans to ensure continuity of operations for public health, healthcare, and behavioral health facilities during relocation, structural repairs or replacements, or facility closure.
- Ensure that mechanisms for public communication are interoperable for diverse communities to empower individuals and families.
- Support crisis hotlines, such as 988, throughout all phases of recovery.

- Identify and maintain relevant contact information for RSF 3 representatives.
- Monitor the resources and authorities required to implement health services recovery plans and procedures which are available and coordinated within each primary and supporting agency. Activities may include:
- Provide training for public health officials on post-disaster hazards.
- Develop strategies for long-term augmentation of local healthcare, behavioral health, and public health workforces.
- Promote establishment of mutual aid agreements and standby contracts to augment system capacity and redundancy.
- Coordinate with RSF 6 – Infrastructure Services to plan for the provision of utilities and public works resources to support health services during all phases of recovery.

3.3 Phase One: Stabilization

3.3.1 Purpose

During Phase One: Stabilization, the State ECC is activated and ESFs are coordinating resources to support stabilization efforts of the Community Lifelines. See *Volume III – State EOP of the Oregon Comprehensive Emergency Management Plan for additional details.*

The recovery staff in Phase One are focused on gaining situational awareness, documenting disaster impacts, identifying recovery needs and defining the necessary recovery structure to support those needs. Recovery operations are initiated within the Recovery Branch of the Operations Coordination Section and coordinated through RSF 1 – Community Assistance.

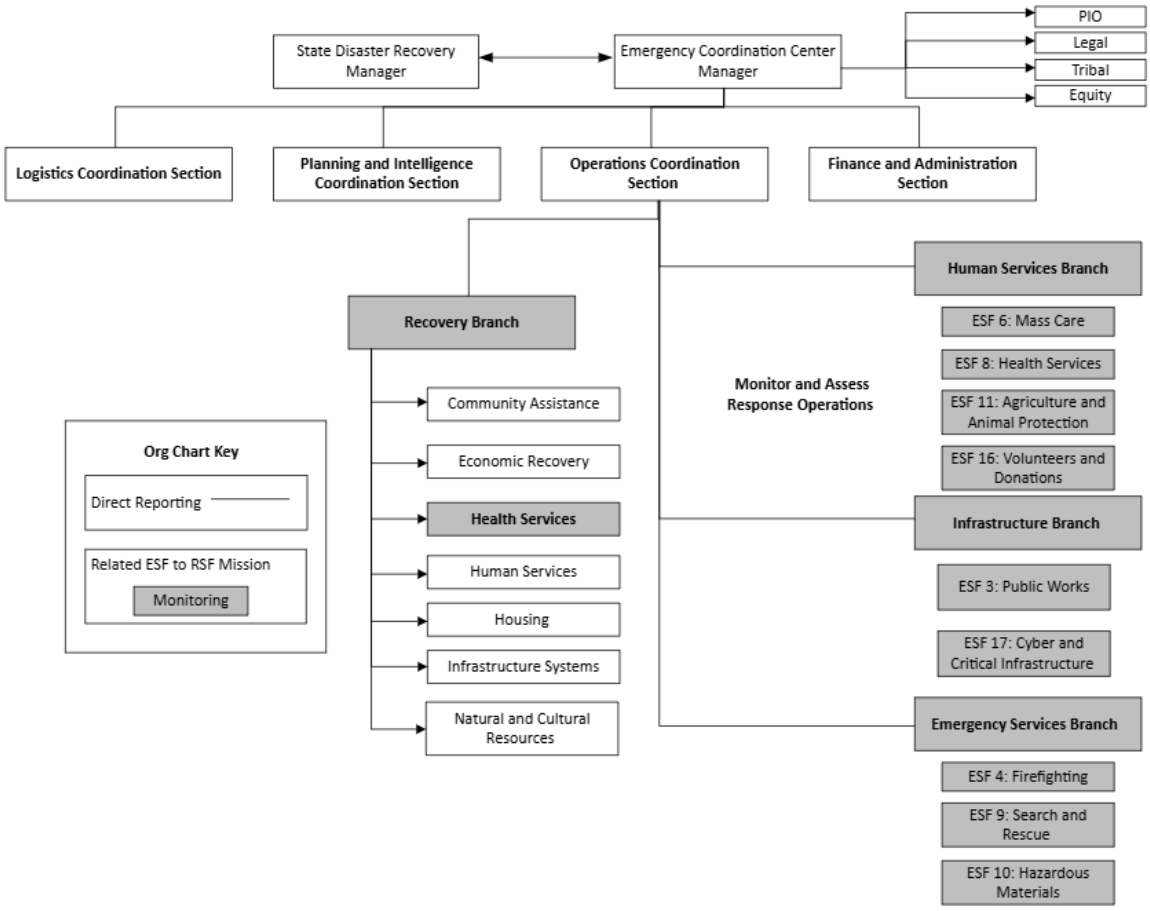

Figure 3: Stabilization - Recovery Branch Organizational Chart

3.3.2 Key Activities

Community Assistance Activation

Depending on the scale and scope of the disaster, the ECC Manager might request the state-level activation of the Emergency Coordination Center. If the State ECC activates ESF 8 – Health Services, the Oregon Health Authority (Coordinating Agency) may monitor and respond to impacts related to hospitals/clinics, medical supply chain, public health emergencies and community health resources. At the same time, RSF 1 – Community Assistance may review ESF 8 health assessment data and determine if the impacted county and/or Tribal Governments are going to need long-term recovery support through RSF 3. The Recovery Continuum (Figure 1) illustrates that while life, safety and property is prioritized, initiating recovery at the onset of a disaster could support resilient long-term recovery.

Community Lifeline Approach to Disasters

The ECC Manager will oversee coordination of response efforts to stabilize the Community Lifelines listed below that are related to RSF 3.

- Health and Medical
- Water Systems
- Food, Hydration and Shelter

Figure 4: Community Lifelines

Recovery Branch – Oregon Health Authority Role

Prior to activating RSF 3 Health Services, Health Services will be under the Recovery Branch and will report to the Recovery Branch Director. The Oregon Health Authority will monitor response activities and community needs to determine initial recovery objectives. During this response phase, OHA may be directed to:

- Attend State ECC meetings and monitor activities conducted by ESF 8 Health and Medical.
- Coordinate with the State ECC (including the Recovery Branch) to assess damage and impacts to community health services including pharmaceuticals and essential medical equipment that will need long-term recovery support.

Based on OHA's specific programs and authorities that support disaster recovery efforts, OHA will monitor community lifeline conditions to determine if any of the below programs are needed:

- The Health Care Regulations and Quality Improvement (HCRQI) which provides regulatory oversight, relief and options for disaster-affected health care facilities that are licensed by OHA (hospital, rural health clinics, and others).
- The Oregon Health Plan (OHP) which provides health care coverage for low-income Oregonians, which may include persons whose income decreases after a disaster.
- The Behavioral Health Division which funds, coordinates and regulates behavioral health facilities and community mental health programs. May apply for and coordinate funding and services under the Crisis Counseling Assistance and Training Program (CCP) from SAMSHA in a federally declared major disaster. CCP is a short-term disaster relief grant program to address the behavioral health needs of individuals impacted by natural and human-caused disasters through community-based outreach, crisis counseling, public education, resource and referral linkages, and other supportive behavioral health services.

- The Drinking Water Services (DWS) program which regulates public drinking water providers and may support drinking water evaluation and access after disaster, such as testing wells for contaminants.

In the aftermath of the 2020 Wildfires, SRF 3, SRF 6 and SRF 7 (now referred to as RSF) were conducting multiple operations centered around potable water. While Oregon Health Authority has statutory authorities, Business Oregon, Water Resources Department (WRD) and Department of Environmental Quality (DEQ) may evaluate potable water systems and offered technical assistance and resources. To ensure that this work was coordinated, OEM activated the Potable Water Task Force. The Task Force addressed topics around Public Water Systems impact reporting and funding, drinking water risks (ETART Water Quality), domestic well testing and assisted with community outreach.

Case Study 1: 2020 Wildfires and the Potable Water Task Force

3.3.3 Participating Agency Responsibilities

RSF Participating Agencies may already be attending the State ECC meetings through an activated ESF. During this time, the below state agencies could be engaged with response, and depending on the scale of the emergency, there may be a need for the state agency to designate a liaison to focus on initial recovery under RSF 1 Community Assistance. The state agencies below could support the initial Mission of RSF 3 without formal activation:

Oregon Department of Agriculture (ODA)

- Continue to monitor and document impacts related to ESF 11.
- Assess the agricultural component of human health by monitoring disaster impacts to plants, pest infestation and/or zoonotic disease.

Department of Administrative Services (DAS)

- Continue to monitor the need for state contracting support.

Oregon Department of Human Services (ODHS)

- Coordinate with Oregon Health Authority with potential areas of behavioral health needs, long-term medical support and identify areas of support for those with access and functional needs who need to seek health services.

Department of Environmental Quality

- Operate within RSF 1 Community Assistance and monitor environmental hazards and potential health related concerns.
- Provide environmental monitoring (e.g., air and water quality) in areas of special concern during disasters.

Oregon State Police

- Monitor the 36 county medical examiner offices and report on the number of fatalities reported by the counties.
- Provide technical assistance and/or resources to county medical examiners.

Oregon Department of State Fire Marshal

- Operate within RSF 1 Community Assistance and report any health facility structural damage.

3.3.4 Health Services Activation

The SDRM (in coordination with OHA) will determine the RSF 3 activation based on the following considerations:

- A disaster has occurred, and medical support has overwhelmed the local and/or Tribal jurisdiction(s).
- ESF 8 and ESF 11 have established a transition plan to RSF 3 with established recovery objectives that will ensure continued support to the impacted community.
- A Local or State Public Health Emergency was declared.
- The socioeconomic status of the community and/or the county or Tribal jurisdiction is requesting medical resources.
- There are a significant number of casualties and fatalities from the disaster that will necessitate the state coordination of health, medical, and behavioral health services and programs.

Prior to activating RSF 3 – Health Services, OHA typically is responding to the disaster in the role of lead agency for ESF 8 Health and Medical.

3.4 Phase Two: Recovery Operations

3.4.1 Purpose

This phase focuses on coordinating and delivering targeted recovery support to address immediate and mid-term recovery needs across impacted communities. Within this phase, RSF 3 Health Services is activated and will work with partners to implement recovery strategies, restore critical functions, and begin laying the foundation for long-term recovery.

During this phase, the various RSFs contribute to development of the Health Services Section of the State Recovery Action Plan (SRAP) based on continued findings from the impact of the disaster. Listed below are areas for RSF 3 Health Services partners to coordinate and collaborate on when contributing to the overall recovery operation:

- Infrastructure supporting public health

- Hospitals, assisted living facilities and medical clinics, including regulatory aspects and relief which may support reconstruction or recovery
- Public water systems
- Agricultural and food
- Post-disaster behavioral health/mental health
- Other types of community health needs

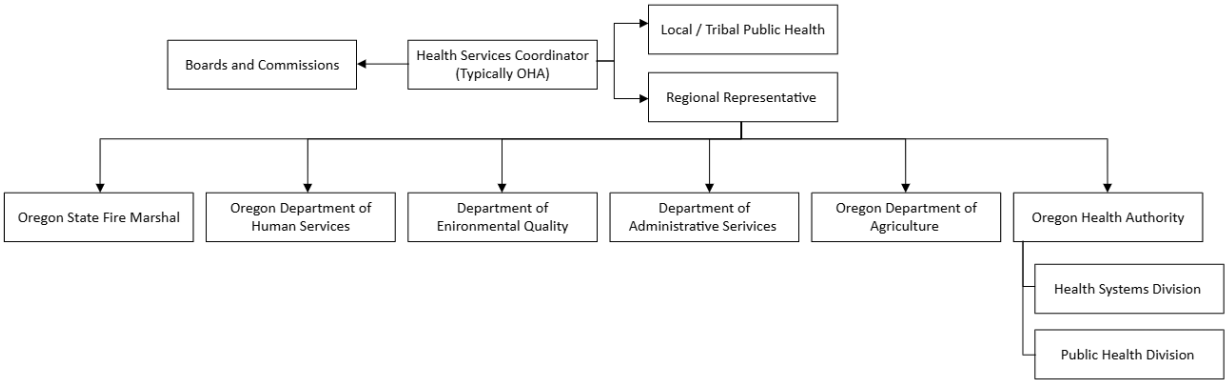

Figure 5: Phase 2 - Health Services Recovery Organizational Chart

3.4.2 Key Activities

Agencies supporting RSF 3 Health Services must be ready to provide ongoing recovery support for local and Tribal recovery activities. This support may be delivered as part of the RSF activation or integrated into ongoing departmental functions as recovery needs evolve. Figure 5 illustrates that while OHA has multiple divisions that can support different aspects of the Health Services RSF, OHA will generally designate a Health Services Coordinator to facilitate communications within the department and across state agencies.

Key activities of RSF 3 Health Services during Phase 2 Recovery Operations include:

- Collaborate with local governments, Tribal governments, and impacted communities to assess and address health services capacity gaps.
- Identify and support continued health facility operation while facility repairs are carried out, often involving regulatory relief through licensure programs, in coordination with US HHS regulatory bodies.
- Support or coordinate implementation of preventative care services and chronic disease prevention programs.
- Support the stabilization of public health and health care infrastructure.

- Communicate with health organizations and practitioners to identify resource needs.
- Augment local health services workforces, laboratory capacity, and technical expertise.
- Coordinate with RSF 6 – Infrastructure Services to provide utilities and public works resources to support health services.
- Develop and implement an approach for evaluating and prioritizing the recovery of health services assets.

State Recovery Action Plan – Health Services RSF Section *development may occur in Health Services Recovery Coordination meetings. Based on the scale of the disaster, the agencies below may have the following capabilities and/or may assist in the following ways:*

3.4.3 Key Activities by Department

Oregon Health Authority

As a coordinating agency, the Oregon Health Authority will lead the RSF coordination by:

- Facilitate internal communication between OHA and participating agencies.
- Based on objectives and tasks, OHA will inform the State Recovery Action Plan.
- Depending on the scale and scope of the disaster, OHA may designate program-specific, regional or field coordinators and might also work with the Governor's Office Regional Solutions Team.
- Coordinate with other RSFs and/or state agencies to identify current resources that could support the mission of RSF 3.

As a state agency, OHA has the statutory and regulatory authorities to:

- Conduct and support public health assessments in areas impacted by disaster, in cooperation with relevant local, Tribal, and federal partners, including specific assessments of conditions for access and functional needs populations.
- Coordinate provision of environmental public health support.
- Provide support for mass care services around health and medical needs.
- Coordinate and provide support for the health and safety of populations and communities, including response and recovery personnel.
- Gather reports on disaster impacts on healthcare-related facilities and resources and assist in restoring their ability to provide care.
- Coordinate the provision of health services for disaster survivors living within temporary housing.

- Coordinate emergency needs for clinical, veterinary and environmental laboratory services.
- Inspect and certify medical facilities, laboratories, and drinking water systems.
- Propose and develop state health policy to address disaster impacts and mitigate impacts of future disasters.
- Coordinate technical assistance with Oregon Department of Human Services regarding program eligibility, application processes, and project requirements for state and federal health-related programs.

Oregon Department of Agriculture (ODA)

Depending on the scope and impacts, ODA may be partnered with OHA during recovery operations if there are catastrophic impacts to agriculture.

- Monitor all facets of Oregon's food distribution system (except restaurants) to ensure that food is sanitary and safe for consumption.
- Protect livestock health and ensure that animal feeds meet nutritional and labeling standards.
- Provide technical advice on health impacts associated with the sanitary handling of food, animal/zoonotic disease or plant pest infestation, carcass disposal, and animal disease management to safeguard public health.
- Assess and mitigate biosecurity issues in areas where livestock populations are impacted by infectious disease agents.

Department of Administrative Services (DAS)

- Provide administrative and contracting support to state health services recovery activities.

Oregon Department of Human Services (ODHS)

- Support access and functional needs populations in accessing health services.
- Deliver services through a trauma informed approach.

Department of Environmental Quality

- Support the restoration of services provided by facilities that require an Oregon Department of Environmental Quality permit to function legally, including waste and hazardous waste facilities, as well as facilities subject to air and water quality permits.

- Continue to provide environmental monitoring (e.g., air and water quality) in areas of special concern after disasters. This may include testing community wells and providing county public health departments with technical assistance and/or resources.

Oregon Department of State Fire Marshal

Support assessments of disaster impacts on fire agency facilities and assist in restoring their ability to respond.

- Provide environmental monitoring (e.g., air and water quality) in areas of special concern following a disaster.

Oregon State Police

- Monitor the 36 county medical examiner offices and report on the number of fatalities reported by the counties.
- Provide technical assistance and/or resources to county medical examiners.

Oregon State University Extension

- OSU Extension (36 offices across Oregon) may provide public outreach and guidance on behavioral health support, food viability, and private well testing.
- Clean boating (i.e., safe disposal of boat waste)
- Mental health crisis helpline to Oregon's agriculture, fishing and forestry communities (i.e., AgriStress Helpline)
- Extension Family and Community Health (FCH) can also train (and has trained) faculty, staff, and community partners in Question, Persuade, Refer (QPR) and eCPR to support people experiencing mental health crisis.
- Family and community emergency and disaster preparedness.

Depending on the scale and scope of damages, there may be times that some agencies listed above will not be required to participate, or there could be additional agencies assigned.

3.4.4 Transition to Long-Term Recovery

For Phase 2 Recovery Operations to conclude, the State Recovery Action Plan (SRAP) will show how state agencies will or will not continue supporting long-term recovery efforts in Phase 3. Although recovery actions may transition into Long-Term Recovery, the scale and complexity of the disaster may result in recovery efforts continuing for many years. Listed below are some of the Long-term Recovery transition considerations:

- Local and/or Tribal Government medical requests have been addressed through new or existing programs.

- Recovery plans and Scope of Work (SOWs) are being implemented to address public health concerns.
- Hospitals and clinics are no longer reporting a surge in capacity and lack of medical resources.
- Health systems, clinics and other health-related facilities are developing recovery plans with their communities, insurers, contractors, and regulators.

3.5 Phase Three: Long-term Recovery

3.5.1 Purpose

Long term recovery focuses on supporting local and Tribal governments as they implement recovery projects and move toward a "new normal" post-disaster operating environment. During this phase, RSFs are deactivated, and recovery responsibilities transition back to individual state agencies operating under their own authorities and programs. Agencies continue to implement and monitor recovery activities within their respective missions, ensuring progress toward sustainable and resilient long-term outcomes.

3.5.2 Key Activities

Long-term Recovery is centered on supporting local and Tribal governments as they implement recovery projects and return to pre-disaster operations. This phase emphasizes both execution and accountability, with a strong focus on implementing and tracking recovery efforts. Designated RSFs play a key role by using tracking tools to monitor project progress and ensure alignment with recovery objectives that may include the following:

- Continued engagement in joint information system coordination to educate the public, leadership, and policy makers.
- Support local and community based public outreach activities to educate the public on recovery success stories.
- Propose legislative concepts and rules for future disaster risk reduction.
- Provide public health and medical consultation, technical assistance, support and guidance for long-term recovery issues as they arise (e.g., cyanotoxins, paralytic shellfish).
- Monitor activities, respond to resource requests, and monitor progress on tasks and projects.

The Oregon Department of Emergency Management (OEM), alongside RSF partners will conduct an After-Action Report (AAR) to evaluate the effectiveness of the response to recovery and identify areas for improvement. Additionally, this phase includes updating relevant policies and procedures to reflect lessons learned, while resuming the standard operations and responsibilities defined under steady-state operations.

4 RSF Development and Maintenance

4.1 Annex Updates and Maintenance

OEM and Oregon Health Authority are responsible for collaborating with partners to update this RSF Annex and any additional annexes. At a minimum, this annex will be reviewed every two years and revised when changes are needed due to updated legislation and lessons learned from exercises or real-world emergencies. This updated process will take place in coordination with identified RSF coordinating and participating agencies and with engagement from local and Tribal governments. To support plan improvements, OEM will track the implementation of corrective action items identified in after-action reports and from information gathered through OEM's Maturity Model Program, a grading rubric used to ensure that state agencies meet the necessary standards to prepare for disasters.

4.2 Training

OEM and OHA will ensure that participating agency liaisons are familiar with this annex and are trained as part of ongoing preparedness. Participating agencies should offer technical expertise, regulatory requirements and resources related to this annex. Training records must be kept and made available.

4.3 Exercises

The state will conduct exercises every two years to test and evaluate its recovery capabilities. The exercises will consist of a variety of tabletop exercises, drills, functional exercises and full-scale exercises. Whenever possible, RSF 3 Health Services Coordinating and Participating Agencies should participate in these exercises. AAR findings and improvement recommendations will be used to update the RSF Annex as appropriate.

Local government organizations are encouraged to exercise their relevant RSF roles every two years with their community recovery partners, including local agencies and private and nonprofit sectors such as businesses, faith-based and social service organizations and the public. The exercises may consist of a variety of discussion- and operations-based exercises.

Homeland Security Exercise and Evaluation Program (HSEEP) procedures and tools should be used to develop, conduct and evaluate these exercises. Recovery AARs should be transmitted to appropriate RSF organizations as outcomes of these exercises.

4.4 Plan Administration and Distribution

Each state department or agency is expected to develop and maintain policies and procedures (e.g., department or agency emergency plans, standard operating procedures, continuity of operations plans, business continuity plans) in support of the State ODRP and disaster recovery operations.

4.4.1 Plan Distribution List

Coordinating and participating agencies will receive a copy of this annex upon each completed update and revision.

Table 2: Annex Receiving Entities

Coordinating Agency: Oregon Health Authority
Oregon Department of Emergency Management
Participating Agency: Business Oregon
Participating Agency: Oregon Department of Agriculture
Participating Agency: Oregon Department of Administrative Services
Participating Agency: Oregon Department of Environmental Quality
Participating Agency: Oregon Department of Human Services
Participating Agency: Oregon State Fire Marshal

5 Appendices

Appendix A: Acronyms and Abbreviations

AAR – After-Action Report

CDC – Centers for Disease Control and Prevention

CCO – Coordinated Care Organization

DAS – Department of Administrative Services

DEQ – Department of Environmental Quality

DMORT – Disaster Mortuary Operations Response Team

ECC – Emergency Coordination Center

EPA – Environmental Protection Agency

ESF – Emergency Support Function

ETART – Environmental Technical Assistance Response Team

FCH – Family and Community Health (OSU Extension)

HHS – U.S. Department of Health and Human Services

HSEEP – Homeland Security Exercise and Evaluation Program

JIC – Joint Information Center

NDMS – National Disaster Medical System

ODA – Oregon Department of Agriculture

ODRP – Oregon Disaster Recovery Plan

OHA – Oregon Health Authority

OEM – Oregon Department of Emergency Management

ODHS – Oregon Department of Human Services

OMCC – Oregon Medical Coordination Center

OSFM – Oregon State Fire Marshal

OSU – Oregon State University

PHEP – Public Health Emergency Preparedness

PHMAC-G – Public Health Multi-Agency Coordination Group

QPR – Question, Persuade, Refer (suicide prevention training)

RSF – Recovery Support Function

RRHC – Regional Resource Hospital Collaboration

SDRM – State Disaster Recovery Manager

SRAP – State Recovery Action Plan

SOW – Scope of Work

WRD – Water Resources Department

Appendix B: Supporting Documents and Resources

Other important documents that provide guidance for Health Services recovery include:

Mass Fatality Management is part of the State of Oregon Emergency Operations Plan under ESF-8 (Public Health & Medical Services). It outlines structured guidance for handling incidents involving multiple fatalities.

Appendix C: RSF 3 Federal Programs

Table 3: Relevant Federal Programs

Funding Source	Agency	Assistance Provided	Eligibility	Cost-Sharing Requirements
Office of Research and Development Consolidated Research/Training/Fellowships	Environmental Protection Agency – Office of Research and Development	Project grants and cooperative agreements support research designed to address the issue of advancing prevention and sustainable approaches to health and environmental problems. Funds may be available to support activities in both science and engineering disciplines that include, but are not limited to, experiments, surveys, studies, investigations, public education programs, and monitoring.	Eligible applicants include public and private state universities and colleges, hospitals, laboratories, state and local government departments, and other public or private nonprofit institutions.	None
Public Health Emergency Preparedness Cooperative Agreements	U.S. Department of Health and Human Service (HHS) – Centers for Disease Control and Prevention (CDC)	The Public Health Emergency Preparedness (PHEP) cooperative agreement is a vital funding source aimed at enhancing the capabilities of public health departments to prepare for and respond to public health emergencies.		

Appendix D: RSF 3 Task Forces or Coordinating Groups

The following section outlines the RSF-related task forces that may be activated to support specific recovery needs. These task forces bring together subject matter experts and key stakeholders to address targeted issues and advance recovery objectives within their assigned focus areas.

- Public Health Multi-Agency Coordination Group (PHMAC-G)
- Disaster Mortuary Operations Response Team (DMORT)
- ESF 8 Joint Information Center (JIC)
- Regional Resource Hospital Collaboration (RRHC)
- Oregon Medical Coordination Center (OMCC)
- Laboratory Response Network
- Vaccine Advisory Committee
- Regional Health Care Coalitions
- Medical Reserve Corps
- National Disaster Medical System (NDMS)