

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
		Emergency Management Program/Plan	
Department: Compliance Author: Suzanne Kapica		Local Policy Number (if used)	
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I. PURPOSE

The Washtenaw Community Health Organization (WCHO) Emergency Management Program is developed to compliment and support the Washtenaw County Community Support and Treatment Services (CSTS) Emergency Management Plan. This plan also works in coordination with Washtenaw County and Public Health. The plan uses an all-hazards approach to planning and management in case of natural disaster (e.g. convective weather), technological disaster (e.g. hazardous materials transportation incidents) or sociological and public health disasters (e.g. sabotage, terrorism, and pandemic flu). The purpose of the plan is to:

- a. Ensure a set of predictable behaviors by the majority of staff directly following an emergency
- b. Provide specific guidelines for staff to follow in an emergency
- c. Establish a team of people who can assess damage and make informed decisions about how to handle the immediate situation while arranging for experts to deal with long term consequences of the incident.

II. POLICY

The WCHO shall be prepared to respond to various forms of local or Affiliation emergencies in order to ensure the provision of needed services to the consumers we serve. The WCHO shall operate in alignment with the Washtenaw County Incident Command Structure.

III. APPLICATION

This policy applies to all WCHO staff, volunteers and contracted service providers.

IV. DEFINITIONS

All-Hazards Approach: Compiling a list of any possible hazards, emergencies or incidents as a foundation for organizational readiness that promotes flexibility by using existing processes and staff.

Emergency: Events both internal and external which can be characterized as natural, unintentional or intentional incidents that significantly disrupt the environment of care

and treatment (e.g. loss of utilities such as power, water or telephones due to accidents or disturbances within the organization or its community) or results in sudden, significantly changed or increased demand for the organization's services.

Incident Command System (ICS): A system that involves a predetermined chain of command for overseeing an emergency response in a comprehensive manner. The ICS has five major components: command, planning, operations, logistics and finance/administration.

Mitigation: Steps an organization takes to attempt to lessen the severity and impact on a potential disaster or emergency. (Phase one of emergency management)

Preparedness: Steps an organization takes to build capacity and identify resources that may be used, should an emergency occur. These activities may include: an inventory of resources, on-going planning process, staff orientation and drills. (Phase two of emergency management)

Recovery: Steps an organization takes for restoration of services following a disaster. (Phase four of emergency management)

Response: Steps an organization takes during an actual emergency. This can include treating or assisting victims, reducing secondary impact and controlling negative effects. (Phase three of emergency management)

V. STANDARDS

It is the policy of the WCHO that:

- a. In case of an emergency in Washtenaw County, the WCHO assigns authority to the Director (or designee) of CSTS to carry out and lead the Emergency Management Plan.
- b. The WCHO has defined its role in planning, responding, and managing a community emergency including processes to ensure environments where members receive services are safe and accessible. The WCHO has identified staff with responsibility to ensure that critical services and functions are performed during a disaster or emergency.
- c. The WCHO and CSTS will use fan-out communication lists to connect with staff in the event of an emergency.
- d. Staffs who are responders for the WCHO in an emergency shall carry a county issued pager at all times and respond to an emergency. These staff will each ensure that they have their Red Emergency Binders accessible to them at all times.
- e. All staff shall be trained on the Emergency Management Program. Identified Emergency Responders shall participate in periodic table top exercises at least one time per year. These exercises may be internal or in conjunction with the Washtenaw Emergency Operations Center.
- f. The WCHO will participate in concert with the Emergency Operations Center for Washtenaw County and with CSTS. The Clinical Services Team shall be responsible for the authorization of the use of any volunteers during an emergency.

WCHO shall first endeavor to staff all consumer needs with current, credentialed staff or current volunteers. Should insufficient staff be available to meet the need, volunteers shall be considered on the following basis:

- Staff members of Affiliated Counties who are credentialed by those organizations
- Staff members of other community organizations who are similarly credentialed and where employment and credentialing can be verified by at least phone contact with a known administrative or supervisory staff member
- Former staff who left the department in good standing
- Staff members of other county departments who possess degrees, licensure or registration and skills related to the needs of Affiliate consumers

Volunteers who do not meet the above criteria may be utilized in non-clinical or direct care functions as long as they work in the presence of Affiliate staff.

- g. The WCHO recognizes the Emergency Plans of each Affiliate partner and shall provide assistance or seek assistance as needed. Affiliates shall seek credentialed professionals from other affiliate partners as needed. Should demands exceed the capacity of credentialed staff (due to the large scale of an emergency), other staff within the affiliation shall be given temporary emergency credentials if they at least meet the following requirements:
 - Have at least a Masters Degree in Social Work, Psychology, Nursing or Counseling
 - Have a valid license or registration recognized by the State of Michigan
 - Clear Criminal Background checks were completed upon hire
- h. The WCHO will communicate expectations to be implemented by CSTS and the WCHO Affiliates in the event of a regional or region-wide emergency.
- i. The WCHO has established procedures to enable, to the extent possible, continuation of critical business processes for protection and security of electronic protected health information while operating in emergency mode.
- j. The WCHO, in accordance with the Washtenaw County Emergency Management Plan, addresses emergency management in terms of ranking potential emergencies, hazard vulnerability analysis for local emergencies including severe weather, bomb threats, utility failure, fire, medical emergencies, disruptive persons, chemical/hazardous material, biological and facility closings.
- k. The role of WCHO/CSTS, including the diversion of key operations and contracted clinical services during the community emergency, is to work within existing joint WCHO/CSTS or Affiliate committee structures (e.g. Safety, Infection Control) to develop procedures for responding to an identified potential threat.
- l. The WCHO Emergency Plan addresses the ability to continue necessary operations in the event of a disaster or emergency including:
 - Identifying roles in community wide emergencies
 - Annual training is offered to all contracted providers
 - Defining the chain of leadership command and communication to be implemented during an emergency

- Notifying staff, providers and affiliates in the event of an emergency
 - Conduct drills periodically, appropriate to the various service settings
- m. The WCHO requires that each contracted service provider shall have their own emergency preparedness/response plan including:
- A communication plan for contacting both staff and consumers/legal guardians.
 - Responsibilities and functions of staff.
 - Provisions to be provided to consumers including a designated evacuation location, equipment or supplies; such as food, water, flashlights, extra batteries and a battery operated radio.
 - Staff training and consumer drills, if applicable, including a training/drill documentation log.
 - Each Provider shall also be responsible for ensuring that the WCHO and the local contracting Affiliate has key managers and their alternates, along with emergency (24 hour) contact numbers kept up to date.
- n. Following the response to a declared emergency, WCHO management shall insure a safe and orderly restoration of services and stand down of emergency measures.

The scope of the restoration phase will be dictated by the nature of the emergency.

- Following a short term declared closure of programs and facilities, staff will be instructed via radio, television and/or the emergency fan out of the restoration of services.
- For weather or power related emergencies of less than three days duration, staff shall be informed via media on a daily basis of any continuing closure.
- If the Vulnerable Client Plan has been activated, supervisors will apprise staff of the status of activation daily so long as telephone contact is feasible.
- For all other closures the WCHO Director and the CSTS Director in consultation with County Administration, Facilities Management, the County Emergency Services Director, external authorities, and the WCHO and Affiliate Incident Command Teams will determine when it is safe to resume normal operations.
- Staff will be informed via fan out and messages may also be placed with local media. Restoration may be site specific dependent on the nature of the emergency and the effects on specific locations.
- If not, all locations can be brought back into service simultaneously; the Incident Command Staff will determine if alternate locations can be established for affected sites, or if programs can adequately share space for an interim period.

In establishing a plan for restoration of services, the following factors will be considered:

- Condition and safety of physical structures
- Condition and functioning of utilities and information systems
- Availability of adequate staff
- Ability of staff and consumers to travel safely
- Any known ongoing threat or risk

- Ongoing security needs
 - Availability of consumer records and information
 - Availability of supplies
 - Need for counseling for staff and consumers
- o. The WCHO Director, or designees, will assist risk management in assessing losses and providing any needed documentation for insurance claims, including any medical care provided to staff or consumers as a result of injuries incurred during the course of employment or receiving services.
- p. The WCHO Director, the CSTS Director, and the Resources Team Leader will coordinate authorizations, purchases, assurance of appropriate security, short or long term outsourcing of services if restoration is not feasible, coordination with labor representatives, coordination of employee benefits and support needs, and communication with consumers and other stakeholders. The Procurement Policy and Procedure may be waived during an emergency as deemed necessary.

The WCHO Deputy Director will lead the WCHO Senior Management as they work closely with the local County Administration and appropriate staff, assuring that plans address the needs of both staff and the consumer population.

If a program or site has sustained damage to the extent that long term relocation or extensive repairs are required, the WCHO Director will coordinate the development of interim and long term plans for alternate locations with the Facilities Management Director.

- q. Once the immediate emergency ends, the WCHO shall ensure that Critical Incident Stress Debriefing occurs for all consumers, community members, providers and staff as needed.
- r. After any emergency response, the mandatory responder staff will meet to debrief the situation and to complete a full analysis and report of the event. (See Exhibit B: WCHO Emergency Response Report)

VI. EXHIBITS

- A. Checklist of Considerations: Community Crisis Intervention Checklist
- B. WCHO Emergency Response Report

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	330.1708 (2)
JCAHO- Behavioral Health Standards	X	EC 1.20, 2.10, 4.10, 4.20
MDCH Medicaid Contract	X	D. 6.3.3, Attachment P 3.4.1.1
Washtenaw County Emergency Operations Plan	X	
Emergency Facility Closing Procedures	X	

Emergency Response for Vulnerable Clients Plan	X	
Washtenaw County-Hazard Ranking	X	
Guide to Emergency Management Planning in Health Care	X	
WCHO Emergency Communication Plan	X	
CSTS/WCHO Incident Command Structure Team Leaders and Team Members	X	
IM Emergency Phone Chain	X	
Emergency Purchase Form	X	
WCHO All Staff Coordination Log	X	
HSA Emergency Fan Out	X	
Emergency Response Plan for Towner Building	X	
WCHO Emergency Fan Out	X	

VIII. PROCEDURES

A. WCHO INCIDENT COMMAND STRUCTURE

To assure a coordinated and effective response to emergencies, the Incident Command Structure is activated during any significant or prolonged emergency affecting the community.

The WCHO Director and/or the CSTS Director shall determine the need for activation of the Incident Command Structure in consultation with the Washtenaw County Administration and/or the County Emergency Operations Center Director. The WCHO Director or designee and the CSTS Director are available by telephone or pager 24/7 for emergency contact by County Administration or the Emergency Operations Center. A designee shall be available during any absences of the Director.

The CSTS Director, or alternate, shall sit on the Washtenaw County Emergency Operations Team and will be active during any full County Emergency Operations Center (EOC) activation. The CSTS Director will determine the need for activation of the WCHO/CSTS Internal Incident Command Structure for community emergencies that do not result in full EOC activation when there is significant disruption of consumer services due to either an internal or external event (such as a power outage or prolonged severe weather or damage to provider service site).

Whenever the Incident Command Structure (ICS) is activated, the Checklist of Considerations (Exhibit A) shall be used to guide decision making and actions.

Upon activation of the ICS, the CSTS Deputy Director and team members, including CSTS Senior Management Team Members (Exhibit B and C) shall report at the Towner Administrative Offices if the building is open and accessible or the Washtenaw County facility located at 2201 Hogback Road if other county sites are closed. The ICS teams will convene twice daily at 9:00am and 2:00pm for the duration of the emergency. If travel is unsafe, the team will conduct its activities through the phone chain.

In the absence of the CSTS Director, any available Deputy Director or member of the CSTS Senior Management Team may convene the ICS teams.

If communication is disrupted, communications will be attempted through text pages, the internet and local media. Team members will convene at the Hogback facility the next time (9:00 am or 2:00 pm) if it is safe to travel.

The CSTS/WCHO Internal Command Structure includes three teams:

- Information Officer - inform and communicate emergency plan operations with staff and providers
- Resources - Manage resources including contracting and special payment arrangements
- Clinical Services - Assess and ensure clinical services are prioritized and coordinated with Affiliates, providers and other community organizations

Each team is led by a member of the CSTS Senior Management Team and the teams will work in close collaboration. Teams are cross functional and are designed to address the needs of all persons served and to coordinate activities closely with both the EOC and other external resources. The team will coordinate activities with public agencies and officials either directly or via the EOC dependent on the nature of the event and the level of community activation. At no time shall the teams give direction or act in a manner that is contradictory to directions from any authorized public official.

Unless otherwise requested, the ICS teams operate from either the Towner Administrative offices or the Hogback facility. The CSTS ICS is responsible for evaluation, directing, and planning continuity or restoration of critical mental health, physical health and substance abuse services. WCHO is responsible for coordination with the Affiliation, providers and for approving any emergency expense during a declared emergency. In each area of responsibility, the CSTS/WCHO ICS teams shall assist in the supporting of Affiliates and providers to access available community resources, including aid that may be specific to the disaster or emergency.

B. TEAM ROLES

In the Event of an Emergency which necessitates that staff work from home or should not report to work, the WCHO Director (or designee) shall make the determination and the fan-out process shall be utilized. Critical responders and certain critical functions may require some staff to report.

Responders and critical staff should report to 555 Towner, Ypsilanti. If Towner is non operational, 2201 Hogback, Ann Arbor becomes the meeting location. Meeting times are 9:00 am and 2:00 pm.

Key WCHO critical department responders shall be identified to report and respond within the three key roles identified by CSTS, including:

1. Communication/Information
 2. Resources
 3. Clinical Services
- Provider relations, Finance and Information Management shall all be connected into the joint CSTS/WCHO response structure via the Resources team role.
 - Health Services Access shall connect into the joint CSTS/WCHO response structure via the Clinical Services Team role.
 - The Administrative Deputy Director or designee/back up shall connect into the joint CSTS/WCHO response structure via the Information Officer Team role.

C. COMMUNICATION TEAM/INFORMATION OFFICER

The Communications team has overall responsibility for assuring accurate and timely information during an emergency. The team supports the flow of information within the Incident Command Structure and with consumers, families, the public and other stakeholders.

Pre-event

- Maintaining current contact information and fan outs
- Assuring all ICS team members have an Emergency Operations Plan Notebook
- Assisting in the coordination of training regarding emergency preparedness and response with the Safety Committee and the Professional Development Committee

During event:

- Initiating the plan
- Notifying external authorities of status of CSTS programs and consumers
- Coordinating with EOC public information officer (Sheriff's Department liaison)
- Notifying staff of activation; including any available information about supplies to bring, anticipated duration, and location
- Coordinating and consolidating information
- Preparing and releasing status reports both through media and fan out
- Assisting with ongoing communication between teams and staff during activation
- Communicating with consumers and families

- Communicating with alternate care sites
- Facilitating communication between ICS teams
- Making decisions regarding any need to release information that would normally be held confidential to secure care or protect health and safety
- Assisting in provision of information to non-English speaking consumers/families or other stakeholders through translation services
- Recruiting and/or acting as couriers to assist in communication if phone and internet service is disrupted, but it is safe to travel

Post event:

- Participating in the development of a restoration plan and taking the lead role in communicating restoration of services to staff, consumers, families and other stakeholders
- Coordinating debriefing exercises related to functioning of emergency plans

D. RESOURCE TEAM

The resource team has overall responsibility for assuring that consumers' basic needs are met during an emergency. This may include housing and shelter, food, transportation, personal care and basic financial needs. The team coordinates with the WCHO provider network and with other community agencies that have a community responsibility for basic needs.

Pre-Event:

- Developing and maintaining relationships with community agencies that have basic needs responsibilities during an emergency (such as FIA and Red Cross)
- Assuring that provider agencies responsible for basic needs and personal care have emergency plans in place to support consumers for a minimum of 72 hours
- Coordinating with CSTS and WCHO to assure that team members have current fan out information on all network providers
- Assisting in training network providers regarding their role and responsibility for consumer care during an emergency

During an event:

- Identifying shelter/relocation needs of consumers: assuring adequate personal supports will be available through provider network; coordinate shelter needs with Red Cross
- Coordinating with provider network and Red Cross to assure that consumers have adequate food supplies including any special diets/supplements
- Coordinating transportation needs of consumers and staff, using county vehicles, public transportation and other emergency resources. Assisting in identifying consumers who need accessible transportation in the event of an evacuation or medical emergency
- Coordinating activation of vulnerable client plan with Clinical Services team, assuring that activation addresses basic needs of consumers living independently

Post Event:

- Participating in the development of a plan for restoration of services, assuring that consumers basic needs are addressed during the phase down of emergency services and supports

E. CLINICAL SERVICES TEAM

Pre-Event:

- Coordinate training of Affiliate clinical staff in Traumatic Incident Debriefing and/or training as Red Cross Mental Health Volunteers
- Maintain agreement with Psychiatric Emergency Services for provision of critical psychiatric services during an emergency if Affiliate Medication Clinics cannot operate
- Coordinate access to needed clinical information from offsite locations with Encompass vendor
- Support the development of consumer crisis plans, including the Vulnerable Adult Plan
- Maintaining current lists of consumers according to the Vulnerable Client Plan

During an event:

- Determine availability of clinical services at Affiliate sites, and developing alternative sites for critical services if sites cannot be opened.
- Communicate status of Affiliate clinical services to Communications team
- Activating Vulnerable Client plan and deploy clinical staff as needed to check on and support consumers either by phone or in person
- Coordinating medical needs of consumers with Public Health and Emergency Medical Professionals to assure additional assistance is provided to vulnerable individuals as needed
- Assisting in providing needed emergency medical information to health care providers whenever feasible
- Coordinating with TERN to provide consumers, families and staff access to traumatic incident debriefing and supportive counseling
- Coordinating any use of volunteers
- During Sheltering in place, activate calling tree to provide supportive counseling to consumers via telephone and provide first responders with identifying information regarding vulnerable adults who might be at risk or unable to follow instructions

F. HEALTH SERVICES ACCESS (HSA) TEAM (CLINICAL SERVICES)

Pre-Event:

- Maintain agreement with Psychiatric Emergency Services for provision of critical psychiatric services and inpatient authorizations during an emergency.
- Coordinate access to needed clinical information from offsite locations with Encompass vendor.

- Identify and develop agreements with regional partners and Psychiatric Emergency Services for alternative temporary office and telephone use by HSA Intake and Washtenaw Health Plan staff.
- Develop plan to ensure transfer of telephone line to alternative site if required by event.
- Maintain hard copy HSA intake, screening, utilization review forms and Washtenaw Health Plan applications as part of the emergency preparedness tools.

During an event:

- Coordinate transfer of telephone lines to emergency location if other than Towner location in Ypsilanti.
- Coordinate available HSA staff to answer telephone calls to triage and authorize care for consumers.
- Determine availability of WCHO providers within network to receive referrals and provide direct mental health, substance abuse services and medical care for Access eligible consumers and Washtenaw Health Plan members
- Determine necessity for and assist in transferring and/or discharging of WCHO sponsored consumers from any inpatient level of care impacted by the event
- Provide telephone screening, referral, authorization for mental health and substance abuse eligible consumers.
- Triage crisis calls to crisis management team.
- Triage information and field calls from CSTS consumer family members to CSTS crisis management team.
- Provide eligibility determination, verbal confirmation of enrollment, and referrals for consumers eligible for the Washtenaw Health Plan.
- Verbally notify Washtenaw Health Plan Pharmacy Vendor of all new Washtenaw Health Plan enrollees.

Post event:

- Ensure all hard copy referrals, authorizations, and applications are entered into the Encompass system.
- Send all new Washtenaw Health Plan enrollees orientation packets and cards.

G. WCHO INFORMATION MANAGEMENT (IM) TEAM

Pre-Event

- Develop an “emergency fan-out” in the event of an emergency.
- Develop a plan in the event of a power loss for accessibility of data.
- Develop a plan in the event the Internet is not available.
- Maintain a hard copy of key staff that needs access to Encompass during the event of an emergency.
- Provide a copy of our plan to key staff and security committee

During Event

- Assist in the availability of Encompass for key staff.
- Coordinate the availability of at least one IM staff to be on-site where deemed necessary.
- Coordinate the availability of one IM staff to be on location at PCE.
- Coordinate the availability of one IM staff or PCE staff to be able to run ADHOC reports.
- Notify other affiliates that an emergency has been declared
- **If available**, loan IM staff laptops to the appropriate staff.

Post-Event

- Review and assess IM emergency plan
- Review data needs of staff
- Provide planning support for data entry of offline data.

H. FINANCE TEAM

Pre-Event:

- Process for manual voucher processing
- Form to be used to track expenses during crisis -- to be used for documentation if state or federal disaster funds become available.
- Policy on flexible worksite -- what work can be performed from home
- Policy on having non-punitive leave time for employees where necessary
- Identify and assign specific tasks to employees with specific backups for each.
- Identify contacts at Washtenaw County Finance
- Maintain up to date fan out list
- Prioritize funding for resource development; infection control supplies, emergency supplies, etc.

During Event:

- Communicate with Finance staff; ascertain who is available in what capacity. Take twenty minutes to preplan response.
- Coordinate with provider agencies and internal staff; immediate financials needs; projected needs.
- Contact downtown finance staff to coordinate any accounts payable/payroll needs.
- Assess availability of having finance staff work at alternate site if Towner is unavailable.
- Continue to coordinate with all care providers (providers, access, etc) to assess needs and provider support during crisis.

Post Event:

- Debrief.

- Establish team to coordinate processing all financial documentation and entering into financial system.
- Assess short term and long term costs of returning to normal operations and develop work plan based on needs.
- Explore possibility of recouping any dollars spent due to emergency (disaster relief)
- Analyze Loss -- data and monetary, organize recovery plan

J. PROVIDER RELATIONS UNIT (PRU)

Pre-Event:

- Maintain current written agreements with all contracted providers
- Ensure that Encompass information is accurate (provider contact information, provider profile information, contract information)
- Maintain a regional provider list that includes addresses and phone numbers of contracted providers; ensure that a hard copy of this information is available for the WCHO Emergency Operations Management Notebooks.
- Provide oversight and technical assistance to providers, ensuring that they have emergency plans in place.

During an Event:

- Report to the incident command center at designated times, if possible
- Be available by phone and/or pager, if possible
- Coordinate with the team leader of the CSTS Resources Team
- Communicate with providers as needed
- Document communications, decisions made, and any other pertinent information

Post-Event:

- Participate as needed in the development of a plan for restoration of services to consumers, assuring that consumers' basic needs are addressed during the phase-down of emergency services and supports
- Communicate with providers as needed
- Ensure all documentation compiled during the event is filed and/or entered into the Encompass system

K. WCHO STAFF AND FAMILY SUPPORT COORDINATION

Pre-Event:

- Maintain an up to date staff listing with emergency/home contact numbers.
- Ensure that all staff/supervisor know and use the reporting system.
- Ensure that the receptionist knows to transfer calls to the Staff Coordinator in the event of an emergency.
- Ensure that there are necessary food/water, radio with batteries, first aid kit, blankets and other needed emergency supplies.

- Ensure that we have activities for kids such as coloring books and crayons, books to read and books for adults, etc.

During an event:

- Coordinate staff calling in and arrivals using the log system.
- If an event happens during working hours, assist staff with knowing what to do.
- If after hours and staff come in, coordinate and communicate plans to staff and family members who they may bring in.
- Ensure that staff working receives breaks, needed support and any crisis assistance.
- Communicate with Management and command structure to ensure that staff status is known.
- Document gaps and work with command structure to support staff and families as best as possible.

Post event:

- Ensure that notes on staff are entered into Illness tracking log.
- Document notes of the emergency as feedback for further evaluation and planning when for future.

Exhibit A

CHECKLIST OF CONSIDERATIONS: COMMUNITY CRISIS INTERVENTION CHECKLIST

- I. Factual Assessment: Identify consumers who may be affected by a particular event by:
 - a. Nature of event
 - b. Location of major impact
 - c. Impact on communications
 - d. Individual consumer characteristics/needs

- II. Response Factors
 - a. Activate internal incident command structure.
 - b. Identify shelter/relocation needs of consumers:
 - 1. Assure adequate personal supports will be available
 - 2. Coordinate shelter needs with Red Cross
 - 3. Coordinate needed personal assistance through provider network
 - 4. Coordinate needed specialized mental health services through Client Services Management and Nursing services
 - c. Coordinate medical needs of consumers with Public Health and Emergency Medical to assure additional assistance is provided to vulnerable individuals as needed.
 - d. Coordinate communication with families/guardians of affected consumers. Provide liaison to missing person and relocation activities to assist in identifying and/or locating consumers, particularly individuals who may not be able to self identify.
 - e. Coordinate with provider network and Red Cross to assure that consumers with special dietary needs have an adequate supply of special diets/supplements.
 - f. Coordinate communication between Red Cross, Shelters, TERN, and CISM teams to provide consumers access to services and specific staff whenever requested and feasible.
 - g. Provide assistance on site or in shelters to individuals with mental illness or developmental disabilities if requested, and under the direction of Shelter or onsite command structure.
 - h. Notify Public Information Officer of pertinent details related to availability of services of individuals with mental illness, developmental disabilities or children with serious emotional disturbance, including alternate locations for services.
 - i. Coordinate transportation needs of consumers and staff through provider network and internal transportation resources.
 - j. Coordinate any volunteer needs and resources with Human Services Representative, ensuring volunteers are appropriately credentialed for any clinical services provided.
 - k. Coordinate any needed assistance specific to type of emergency (e.g. vaccine, medical treatment,) determining if CSTS staff are needed to support consumer compliance with and access to services.
 - l. Sheltering in place:
 - 1. Activate call tree instructing staff to provide supportive counseling via

telephone if possible

2. Provide emergency responders with locations and basic identifying information regarding vulnerable clients who might be at risk or unable to follow instructions and locations of congregate settings potentially requiring additional support.

III. Resources needed at Emergency Operations Center

- a. CSTS/WCHO Internal Incident Command Structure
- b. Contact lists for CSTS, WCHO, PES, WCHO Provider Network
- c. Maps indicating location of congregate facilities
- d. Plan for vulnerable clients

Washtenaw Community Health Organization

EMERGENCY RESPONSE REPORT

Directions: Complete this form in response to an actual or planned emergency procedure. This includes power failures, severe weather as determined by the Hazard Vulnerability Analysis conducted by Washtenaw County Emergency Management.

Date:

Location:

Type of Emergency:

Staff Involved in responding to the emergency:

Effectiveness of Staff Responses:

Adequacy of functioning of equipment and alarm systems:

Strengths:

Opportunities for Improvements:

Need for training to correct identified issues: