

Mississippi Department of Mental Health



State Disaster Preparedness and Response Plan

August 2021

Mississippi Department of Mental Health
Ms. Wendy Bailey
Executive Director 1101
Robert E. Lee Building
Jackson, Mississippi
(601) 359-1288

Table of Contents

SECTION ONE - Introduction

Distribution List	4
Executive Summary	5
Purpose	6
Situation	7
Assumptions	8
Scope of Disasters	9
Interagency Planning and Communication	12

SECTION TWO – Role of State Mental Health Disaster Coordinator(s)

SECTION THREE – DMH State-Operated Programs

Scope	17
Local Program Disaster Plans	18
Concept of Operations	20
1.0 Direction and Control	20
2.0 Notification, Activation and System Response	22
3.0 Communication	23
4.0 Critical Resource Overview	27
5.0 Evacuation	28
6.0 Resource Management	29
7.0 Isolation Plan	32
8.0 Education	32
9.0 Relief Phase	33
10.0 Recovery Phase	33

SECTION FOUR – DMH Central Office

Scope	36
Situation and Assumptions	36
Concept of Operations	37
Assignment of Responsibilities	41
Administration, Logistics, Legal	44
Communication	46
Public Information	47
Warning & Mobilization of Internal Mental Health Systems	49
Evacuation of DMH Central Office	51
Resource Management	53
Other Special Planning Concerns	56
Plan Maintenance	58

Appendices

- Appendix A – On Call Schedule for DMH State Mental Health Disaster Coordinators
- Appendix B – DMH Program Disaster Response Contact Information
- Appendix C – Shelter in Place
- Appendix D – Statewide Response Team
- Appendix E – SMRC Evacuation
- Appendix F – Incident Command Structure
- Appendix G – Media/Public Information Guidelines
- Appendix H – Hazard/Vulnerability Analysis Template

Distribution List

<u>Agency</u>	<u># of Copies</u>
MS Emergency Management Agency	1
MS State Department of Health, Office of Emergency Preparedness	1
SAMHSA	1
University of Mississippi Medical Center	1
Mississippi State Hospital	1
East Mississippi State Hospital	1
North Mississippi State Hospital	1
South Mississippi State Hospital	1
Mississippi Adolescent Center	1
Specialized Treatment Program	1
North Mississippi Regional Center	1
South Mississippi Regional Center	1
Boswell Regional Center	1
Ellisville State School	1
Hudspeth Regional Center	1
Central Mississippi Residential Center	1
Each Community Mental Health Center Region	15

Executive Summary

Since its inception in 1974, the Mississippi Department of Mental Health (DMH) has endeavored to provide services of the highest quality through a statewide service delivery system. As one of the major state agencies in Mississippi, DMH provides a network of services to persons who experience mental illness, alcohol and/or drug abuse/dependency, or who have mental retardation or developmental disabilities. Services provided allow for service options through an array of programs and community based programs operated and/or funded by the DMH.

In the event of natural disasters or manmade incidents that pose threats to the safety and health of the individuals served, the DMH will coordinate the collective responses of all programs to meet the needs of any program directly involved in the disaster. The State Disaster Preparedness and Response Plan shall address preplanning, response, evacuation, relief, and recovery. The DMH's planned actions will ensure that clients and staff are maintained in a safe environment under modified conditions and that full, optimum operations are restored as soon as feasible.

Purpose

The Mississippi Department of Mental Health State Disaster Preparedness and Response Plan has five primary purposes:

1. The plan outlines a standardized method of approach to preplanning including response and recovery efforts that will be incorporated into all DMH programs' local disaster plans. Responses are required for both natural disasters and manmade incidents. Natural disasters include hurricane, earthquake, flood, tornado, and severe weather. Manmade incidents consist of acts of terrorism, train derailment, chemical spill, oil spill, and incidents requiring response from several agencies to protect clients and staff.
2. This plan establishes the roles and responsibilities for the utilization of the State Mental Health Disaster Coordinator(s) in the event of a natural disaster or manmade incidents.
3. This plan outlines the roles and responsibilities of DMH's Central Office during disasters.
4. This plan outlines the preparedness and response for the DMH Central Office in the event that an event occurs affecting its location
5. Through each appendix, this document provides specific information and processes needed for responding and assisting a DMH program in need at a state wide level.

Situations

Due to Mississippi's location in the southern United States, its proximity to the Gulf of Mexico, and its unique geological and topographical features, Mississippi is at risk of experiencing any number of natural disasters such as flood, hurricanes, tornados or earthquakes. (Mississippi Comprehensive Emergency Management Plan, 2015).

The vulnerability of the Mississippi Department of Mental Health's twelve state-operated programs and their respective community programs to natural and manmade hazards is a particular concern for the agency. The Mississippi Department of Mental Health has twelve programs, four comprehensive behavioral health programs, five IDD regional programs, a mental health community living program and two specialized programs for adolescents. The DMH serves the entire state of Mississippi and is the largest state agency. A workforce of nearly 8500 staff is employed throughout the state. (Mississippi State Department of Mental Health Annual Report, 2014) It is our intent to operate as independently as possible through our network of programs to provide assistance to any DMH programs when they are in need. Each DMH program will have a local disaster plan. These disaster plans will be forwarded to the DMH's Central Office to the State Mental Health Disaster Coordinator(s) on an annual basis. It will be the responsibility of the State Mental Health Disaster Coordinator(s) to update the DMH State Disaster Preparedness and Response Plan annually or more often if indicated. Each Program Director will sign and have a copy of the State Disaster Preparedness and Response Plan. The DMH State Disaster Preparedness and Response Plan will be submitted to the Mississippi Department of Health, and the Mississippi Emergency Management Agency.

Assumptions

Regarding Emergency Management (Adapted from Mississippi's Comprehensive Emergency Management Plan)

1. Incidents may occur at any time with little or no warning.
2. Multiple areas/ geographical locations may be affected.
3. Incidents are typically managed at the lowest geographical, organizational and jurisdictional level.
4. Incidents may result in numerous casualties and fatalities; displaced people; property loss; disruption of normal life support systems; essential public services, and basic infrastructure; and cause significant damage to the environment.
5. If an incident exceeds the capabilities of the State and other states providing assistance, the State will request federal assistance. Federal assistance is provided by the Robert T. Stafford Disaster Relief and Emergency Assistance Act [Public Law (PL) 93-288, as amended by PL 100-707] through (1) the implementation of the National Response Plan, or (2) by Presidential Declaration of either an "Emergency" or "Major Disaster".

Regarding Provision of Mental Health Services During a Disaster

1. Everyone who experiences a disaster is affected by it.
2. Each individual's reaction is unique to the individual and the event.
3. Disaster stress and grief reactions are normal responses to an abnormal event/ situation.
4. Most people do not believe they need mental health services after a disaster and do not seek mental health services.
5. Disaster mental health assistance is more practical than psychological in nature.
6. An active outreach approach is needed in a disaster.
7. People's natural resiliency will support recovery.

Scope of Disasters

A. Local Disasters

Definition:

Any event, real and/or perceived, which threatens the well-being (life or property) of citizens in one municipality. Local disasters are manageable by local officials without a need for outside resources.

Ownership:

Response is by local officials, such as police or fire chief, mayor, or county judge and/or other legal authorities of local government.

Mental Health Response:

The local Community Mental Health Center may be called upon to respond if a request is made by local officials and/ or a need is evident. As outlined in the Mississippi Department of Mental Health's Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers, Community Mental Health Providers must have policies and procedures in place for responding to natural and manmade disasters and other traumatic events. These plans should include how the mental health response will be coordinated with the local emergency management response.

Duration of Response:

There is no set time duration for response to a local disaster.

Reimbursement:

At this time, the local mental health response is not eligible for reimbursement from the State Mental Health Authority. Options for reimbursement may be explored by the Community Mental Health provider at the local level.

Scope of Disasters

B. State Declared Disasters

Definition:

Any event, real and/or perceived, which threatens the well-being of citizens in multiple cities, counties, regions, and/or overwhelms a local jurisdiction's ability to respond, or affects a State-owned property or interest.

Ownership:

State-declared emergencies can only be declared by the Governor or his/her designee. Response and recovery is directed by the Mississippi Emergency Management Agency (MEMA).

Mental Health Response:

A state mental health response may be required depending on the magnitude, nature and duration of the disaster. As requested by MEMA, the Department of Mental Health will participate in the state response. This may include providing staff to the State Emergency Operations Center and providing support to DMH state-operated programs that may be affected by the disaster. As outlined in the Mississippi Department of Mental Health's Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers, Community Mental Health Providers must have policies and procedures in place for responding to natural and manmade disasters and other traumatic events. These plans should include how the mental health response will be coordinated with the State emergency management response as well as local EMR.

In the event that a local mental health response has been employed and those resources do not meet the identified need, the Department of Mental Health may provide assistance to the local Community Mental Health Center. Requests for state assistance should be made to the State Mental Health Disaster Coordinator. The Executive Director of the DMH will review requests for assistance and determine necessary state support.

Duration of Response:

The duration for this level of response is for the duration of the event or until MEMA and the Department of Mental Health jointly determine that mental health response is no longer necessary.

Reimbursement:

At this time, the mental health response is not reimbursable from the State Mental Health Authority. Options for reimbursement may be explored at the State level.

Scope of Disasters

C. Federally Declared Disasters

Definition:

Any event, real and/or perceived, which threatens the well-being of citizens, overwhelms the local and State ability to respond and/or recover, or affects Federally owned property or interests.

Ownership:

Federally declared disasters can only be designated by the President of the United States. The Governor of a State must request a Presidential declaration of disaster.

Mental Health Response:

A response will be required and the level of response will be according to actual or perceived need. Due to the probable magnitude of a federally declared disaster, the Department of Mental Health will call upon local community mental health providers to assist in response. As stated in Mississippi's Comprehensive Emergency Management Plan, the CMHC serving the region where the disaster has occurred will have the primary mental health role in response. DMH may provide support to that CMHC. The Federal Crisis Counseling Program may be applied for by the State Mental Health Authority.

Duration of Response:

The duration of response will be for the duration of the event or until MEMA and DMH jointly determine that the mental health response is no longer necessary or appropriate; or for the duration of the grant period if a Federal Crisis Counseling Program is established.

Reimbursement:

Reimbursement must be approved by State and Federal authorities. Reimbursement may be made available through the Federal Crisis Counseling Program. DMH will seek other emergency funding mechanisms as available.

SUMMARY OF INTERAGENCY PLANNING AND COMMUNICATION

This section contains a brief description of the interrelationship of designated agencies/entities with DMH and methods used to notify and educate them concerning their role in successful plan implementation in the event of an emergency. The Department of Mental Health, with its large network, has a primary goal to plan, to respond and to recover from most emergencies and disasters with minimal assistance from other state level agencies. Local assistance will be coordinated through the DMH Program Directors as needed.

Mississippi Department of Health

As a part of Mississippi's Comprehensive Emergency Management Plan maintained by the Mississippi Emergency Management Agency, the Mississippi Department of Mental Health serves as a Support Agency for Emergency Support Function #6 (Mass Care, Housing and Human Services) and also as a Support Agency for Emergency Support Function #8 (Public Health and Medical Services). To ensure coordination and cooperation with the coordinating agencies for these Emergency Support Functions the Mississippi Department of Mental Health will submit its State Disaster Preparedness and Response Plan to the Mississippi Department of Health (coordinating agency for ESF 8) and to the Mississippi Department of Human Services (coordinating agency for ESF 6). Additionally, DMH will maintain regular, periodic contact with the MDH and MDHS to ensure coordinated, collaborative action.

Emergency Management Agencies

The Department of Mental Health will provide its State Disaster Preparedness and Response Plan to the Mississippi Emergency Management Agency (MEMA) as prescribed. As natural disasters or manmade events emerge, DMH State Mental Health Disaster Coordinator(s) will maintain contact with MEMA as needed to ensure coordinated, collaborative action. The DMH State Mental Health Disaster Coordinator(s) will attend periodic state level planning meetings convened by MEMA and other state agencies. Each DMH program will maintain a collaborative relationship with their local emergency agencies and provide a copy of their Local Disaster Plan as required.

University of Mississippi Medical Center

As a part of Mississippi's Comprehensive Emergency Management Plan maintained by the Mississippi Emergency Management Agency, the University of Mississippi Medical Center serves as one of the co-lead agencies for Emergency Support Function 8. As part of DMH's statewide emergency response responsibilities, the agency serves as support agency to State's Medical Response Teams known as Med-1, Med-2, and Med-3. DMH provides psychological support to these entities when they are deployed to ensure the well-being of the staff providing relief. As a part of this assistance DMH is provided response equipment to assist those staff and the general public in an event.

Hospitals

Each DMH program is responsible for securing, at a minimum, one transfer agreement with a local hospital for the individuals served in that program. The hospital should be in the immediate area and hospital administration should be provided a copy of the program Local Disaster Plan. Hospitals will be used as warranted to ensure that clients and staff receive necessary healthcare intervention. Each program will coordinate hospital use with the local EMS lead agency and the Civil Defense (EMA) during emergencies. These primary hospitals are listed in the State Disaster Preparedness and Response Plan in Section 4.1 Hospital Information/Agreements.

Native American Tribes

The Department of Mental Health's service mission does not necessitate contact with any Native American tribes which are in the state. If it becomes necessary to establish communication with a Native American Tribe, contact will be made by the DMH Executive Director or his designee.

Community Health Clinics and Physicians

The Department of Mental Health's service mission does not necessitate direct contact with community health clinics or physicians' offices. Healthcare services are rendered by physician employees or physicians under contract for comprehensive care needs. Community based residential programs should be evaluated for medical response needs in disaster like conditions. However, the Department of Mental Health values its working relationships with community health partners across the state, and will continue to strengthen these, and to build new ones.

Federal Health/Military Programs

The Department of Mental Health's service mission does not necessitate contact with federal health programs. However, with EMSH, SMRC, and STF within close proximity of federal military programs, this option may need further consideration if necessary inclusion of federal health/military programs will be detailed in the affected program's local disaster plan. Additionally, further consideration will be given to the coordination of disaster response efforts with the federally funded health clinics throughout the State.

Local and Regional Emergency Medical Services

Each Department of Mental Health program will provide its Local Disaster Plan to local and regional emergency medical services for their information and use. As warranted, DMH programs may seek ambulance transportation support via local or regional emergency medical services should an evacuation become necessary. This effort will be coordinated between the local program and the local Emergency Medical Services (EMS) lead agency and Civil Defense (EMA) as early as possible particularly for clients who require ambulance evacuation. All programs should attend mitigation meetings convened by Civil Defense (EMA.) DMH will also explore the use of ambulance services through contracts that have already been established by the Mississippi Department of Health for those services during a disaster.

Law Enforcement and Fire Response Agencies

Each DMH program will provide its Local Disaster Plan to local, county, and state law enforcement agencies as warranted. Working in concert with these entities, the programs will maintain regular communication before, during, and after a natural disaster or manmade incident as dictated by the nature of such events.

Section Two

Role of the State Mental Health Disaster Coordinator(s)

STATE MENTAL HEALTH DISASTER COORDINATOR(S)

Roles and Responsibilities:

1. The Department of Mental Health has designated specific personnel to serve as State Mental Health Disaster Coordinator(s). The Director of the Office of Consumer Support will serve as the State Mental Health Coordinator, with the assistance of four other identified DMH Disaster Team members who will serve as Assistant Disaster Coordinators. These individuals will be knowledgeable of their role, responsibilities and duties as Assistant Disaster Coordinators to ensure each will respond appropriately in the event of a disaster. Further duties of DMH Disaster Coordinators include:
 - Serve as the DMH's Emergency Coordinating Officers for the Mississippi Emergency Management Agency.
 - Serve as a single point of contact for DMH programs in the time of emergencies or disasters.
 - Maintain current copies of the Local Disaster Plan from each DMH program.
 - Maintain current information on essential staff designated in each Local Disaster Plan.
 - Assist requesting DMH programs in developing/writing their Local Disaster Plan.
 - Rotate the responsibility of being on call with designated individuals.
 - Maintain contact with the Program Director or designee upon activation of any incident command center at a DMH Program.
 - Provide information to DMH management in a timely manner throughout the entire disaster.
 - Provide assistance to the affected program through coordinating supplies, manpower, fuel, and evacuation assistance as needed.
 - Coordinate relief staff by activating the DMH Statewide Response Team. (see Appendix D)
 - Provide information to update the DMH website in a timely manner.
 - Maintain and practice the DMH Central Office notification system.
2. The State Mental Health Disaster Coordinator(s) will be available at all times during the months of June – November (hurricane season). Special arrangements will be made for early notification and response to potential hurricane producing events. The on-call duty roster will be communicated via e-mail to all Program Directors, MEMA/EMA and Central Office staff. The contact information will include all telephone numbers (office, cell and satellite) and e-mail addresses. (see Appendix A)

Section Three

DMH State-Operated Programs

SCOPE

DMH state-operated programs have primary responsibility in an emergency event to care for their patients or residents, employees and any visitors to their campuses at that time. The Department of Mental Health, with its large network, has a primary goal to plan, to respond and to recover from most emergencies and disasters with minimal assistance from other state level agencies. Local assistance will be coordinated by the State Mental Health Disaster Coordinator(s) through the Program Directors as needed.

The Department of Mental Health State Disaster Preparedness and Response Plan encompasses both natural disasters and manmade incidents. The required response shall depend on the type of disaster.

- **Natural disaster response:** Under such conditions, each program and the DMH are responsible for the primary protection of its clients. Clients of all day programs will be dismissed for the duration of the disaster event as these citizens reside in family homes, as deemed by the Program Directors. Residential programs will be evaluated and assessed for immediate needs by designated program staff named in each program's Local Disaster Plan. If the Program Director determines the need to set up the Incident Command Center, the State Mental Health Disaster Coordinator(s) at Central Office will be notified and become the point of contact. As needed, local assistance will be coordinated through the Program Director. Assistance from any available local emergency and law enforcement authorities will be requested to ensure that the program maintains a safe environment for affected clients and personnel. All mitigation efforts will be coordinated through Civil Defense (EMA). Any additional assistance will be coordinated through the State Mental Health Disaster Coordinator(s) in the Central Office as required or requested by the program.
- **Manmade incident response:** Each program under DMH may be affected at some time by an incident of this type. As warranted and as outlined in Local Disaster Plans, the program will contact appropriate State and local emergency and law enforcement authorities. If the incident involves more response than the local agency can supply, the Program Director will notify the State Mental Health Disaster Coordinator(s) in the Central Office who will coordinate additional efforts from DMH Programs and other agencies as requested.

Local Program Disaster Plans

All DMH Programs will have a Local Disaster Plan that meets the requirements of other regulatory agencies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and/or the Department of Health. This suggested outline is the minimum content expectation of each Local Disaster Plan.

All Local Disaster Plans will include a clear **Line of Authority** including lists of primary staff contacts and their telephone numbers and e-mail addresses by which those staff members may be reached. The list will also include back up personnel who may be contacted in the absence of the primary contact persons (See Appendix B). At a minimum, each DMH program is responsible for updating this information annually. This information should be forwarded to the State Mental Health Disaster Coordinator(s) annually on or before the beginning of the new state fiscal year (July 1).

The Local Disaster Plans will include, at a minimum, information on the following topics:

Direction and Control

- Incident Command
- Line of Authority
- Local Health Jurisdictions
- Emergency Management

Notification, Activation, and System Response

- Program Notification
- Plan Activation
- Minimal Staffing Requirements
- Staff/Departmental Responsibilities
- System Response

Communication

- Communication Process with Local Emergency Management System
- Communication with DMH and State Mental Health Disaster Coordinator(s)
- Media/Public Communications
- Communication with Family Members and Employees

Critical Response Overview

- Hospital Information/Agreements
- Providing Response to Another Program

Evacuation

- Partial Evacuation within the Program
- Complete Evacuation to Another Program
- Primary Shelter Information
- Secondary Shelter Information
- Housing Evacuees from Community Programs or Another Institution

Resource Management

- Equipment Movement
- Food and Water for Emergency Situations
- General Supply Resources
- Emergency Medical Supplies
- Pharmaceuticals

Isolation Plan

Education

- Local Disaster Plans
- DMH State Disaster Plan
- Annual Disaster Preparedness Training
- Recovery
 - Communication
 - Program
 - Inspection
 - Program Re-entry Authorization
 - Patient/Client Retransfer
- Plan Maintenance
 - Security and Control of the Local and State Plans
 - Drills and Exercises of Local and State Plans
 - Recommending Changes for Local and State Plans
 - Annual Reviews and Updates

Within these Local Disaster Plans, each program is to cover all known possible disasters. In regard to natural disasters, programs in the southern part of the state would extensively address preparation for and response to hurricanes; while programs in the northern part of the state would address preparation for and response to ice storms and earthquakes. All DMH programs will address preparation for and response to tornados.

Man-made disasters should include workplace violence and other biohazard possibilities that may be a threat to DMH programs.

It is suggested that each program conduct a Hazard Vulnerability Assessment (HVA) to identify those events that have the potential to occur most frequently and the program's ability to respond to them. A sample HVA template is enclosed in this document (Appendix H)

CONCEPT OF OPERATIONS

1.0 DIRECTION AND CONTROL

1.1 Incident Command

Each Program Director is designated to direct all local Incident Command Center actions. The Program Director or designee will activate the local incident command center, as circumstances warrant. Upon activation of the local Incident Command Center, the Program Director or designee will notify the State Mental Health Disaster Coordinator(s) in Central Office by phone or in person.

The primary command center for each program is listed below. In the event that the primary local Incident Command Center is deemed unsafe, the operations will be moved to a secondary location and that information will be provided to the State Mental Health Disaster Coordinator(s) by the Program Director or designee.

Each Program Director, or designee, will serve as the Incident Commander and be on location throughout the emergency. Command Staff at each DMH program should be identified in the program's Local Disaster Plan. Identified roles and responsibilities should be outlined in each program's Local Disaster plan. In addition, the local plan should include 24 hour contact information for these individuals.

DMH will assist each program as requested and coordinate additional state wide assistance through the State Mental Health Disaster Coordinator(s). As requested and available, DMH will send a qualified command staff person to represent DMH at any state level command post as established by public safety officials and promote on-site assistance when able.

Primary Incident Command Center Locations:

Boswell Regional Center -	Adm. Conf. Room Lakeview Building
Central MS Residential Center –	Stringer Adm. Building, Rm. 111
Ellisville State School –	Clyde Woodruff Adm. Building, Room 1
East MS State Hospital –	Administrative Building, Exec. Conf. Room E-007
Hudspeth Regional Center -	Chastain Building Boardroom
Mississippi Adolescent Center –	William Buford Adm. Conf. Room
MS State Hospital –	Adm. Building #21, Conf. Room
North MS Regional Center –	Hendrix Adm. Building
North MS State Hospital –	Steve Holland Adm. Conf. Room
South MS Regional Center –	Burgess Building, Conf. Room South
MS State Hospital -	Information Systems Department
Specialized Treatment Program –	Woodfield Adm. Bldg, Security Area

1.2 Line of Authority

Each Local Disaster Plan will establish a line of authority for actions during an emergency or disaster. On the state level, the Program Director or designee should make the initial contact with the on-call State Mental Health Disaster Coordinator. The on-call State Mental Health Disaster Coordinator will then contact the other State Mental Health Disaster Coordinators. To minimize confusion and maximize efficiency, all communications should be made through the State Mental Health Disaster Coordinator(s) during the time of emergencies. The State Mental Health Disaster Coordinator(s) serve as the single point of contact for requests and support to the affected program, distribution of information among program directors and the coordination of resources to meet needs requested.

1.3 Local Health Jurisdictions

The Mississippi Department of Health (MDH) aids with guidance during the emergency. The MDH does not conduct operations but assists with meeting needs to accomplish the goal of safety for communities/residence.

Each program should identify its local Department of Health Emergency Response Coordinator (ERC). This is a resource person who will assist during the planning and recovery phases. The ERC provides assistance during emergencies to secure assets that may not be obtainable under changing or unforeseen circumstances. This information can be obtained from the Department of Health web site.

PUBLIC HEALTH DISTRICTS

Northwest Public Health
District I
662-563-5603

Northeast Public Health
District II
662-841-9015

Delta/Hills Public Health
District III
662-453-4563

Tombigbee Public Health
District IV
662-323-7313

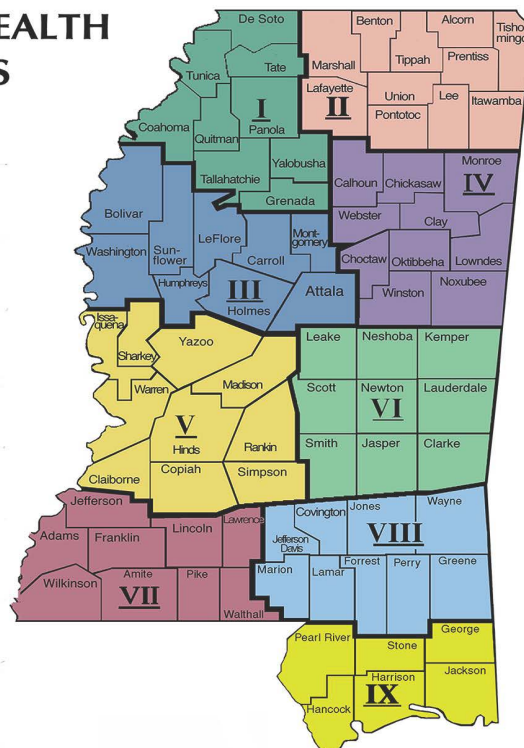
West Central Public Health
District V
601-978-7864

East Central Public Health
District VI
601-482-3171

Southwest Public Health
District VII
601-684-9411

Southeast Public Health
District VIII
601-271-6099

Coastal Plains Public Health
District IX
228-436-6770



On a state level, the State Mental Health Disaster Coordinator(s) will become familiar with each ERC from the Department of Health and what district they represent. The State Mental Health Disaster Coordinator(s) will also establish communication with an appropriate person from the Department of Health to assist during a state wide emergency if needed.

1.4 Emergency Management

All programs will respond to natural disasters and manmade incidents based on the nature of the event.

The decision to evacuate or shelter in place is made by the Program Director based on the analysis of the hazard. This decision may be overridden by the Executive Director of the Department of Mental Health. During emergencies, each Program Director will communicate this decision to the State Mental Health Disaster Coordinator(s) in Central Office and appropriate local agencies such as the EMS lead agency and the Civil Defense (EMA). With certain hazards, such as the presence of short-term airborne chemical, radiation hazards or line-of-sight exposure to explosives, the best decision may be to shelter in place (WMD Incident Response Model, Sept. 2003). Information regarding the best practice for sheltering in place is contained in Appendix C.

The ability to communicate with local and state emergency management agencies is essential in obtaining disaster information. Communication between local emergency management agencies will be coordinated through each Program Director or designee. Communication with MEMA should be coordinated through the State Mental Health Disaster Coordinator(s). It is imperative that the Program Director and the State Mental Health Disaster Coordinator(s) maintain frequent and regular communication throughout any emergency. Each program's Local Disaster Plan identifies communication equipment which allows for communication with local agencies. Each program must have this communication equipment at its program, and test it regularly.

2.0 NOTIFICATION, ACTIVATION AND SYSTEM RESPONSE

This section provides a description of how the Local and State wide disaster response system will be activated and coordinated with DMH programs and other public health and emergency management response activities. General procedures for activation, management, and staffing during an emergency will also be included.

2.1 Program Notification

Each program has differing modes of receiving external notification of an emergency. These notification methods are outlined in each program's Local Disaster Plan. Some of the most common notification methods are:

- A telephone call or other communication from the local Civil Defense Office;
- A telephone call or visit from the local Police Department, Fire Department, Sheriff's Department or the EMS lead agency;
- National Weather Service Announcements over Weather Alert radios located at various locations throughout each program. These locations will be included in each Local Disaster Plan;
- Radio or television; or,
- Personal observation of incidents such as fire, tornado or train derailment.

Each program has differing internal notification systems as well, which should be outlined in its Emergency Operations Plan. The overhead paging system is used to announce program-wide emergencies such as weather alerts. If the emergency is such that all staff do not need to be informed then another appropriate method will be used such as telephones or two-way radios.

2.2 Plan Activation

The Program Director, or designee identified in each Local Disaster Plan, makes the decision to activate the program's Local Disaster Plan. This could be in response to either a natural disaster or a manmade emergency. The Local Disaster Plan will be activated to the extent necessary to respond to the event. If an Incident Command Center is established, the State Mental Health Disaster Coordinator(s) in Central Office will be notified. The State Mental Health Disaster Coordinator(s) will assess the need for assistance and additional response.

2.3 System Response

2.3.1 Internal Program Response

Each program has pre-determined duties that each department is responsible for before, during and after an emergency or disaster. These duties are outlined in each Local Disaster Plan.

2.3.2 State DMH Response

The State Mental Health Disaster Coordinator(s) will respond to any emergency upon the request or notification from a Program Director, Bureau Director, or Executive Director of the Department of Mental Health. The coordinated response will be based on the disaster and the safety/well-being of clients and staff. This may include providing supplies, staff or coordinating evacuation prior to an anticipated event or after an event. The State Mental Health Disaster Coordinator(s) will notify DMH management of response and actions taken at the earliest convenience.

2.3.3 Client Care during Emergencies

Client care and safety is the primary focus during any emergency. Each Local Disaster Plan will address the procedures to ensure client care at their program. This includes departmental and staff assignments, closing buildings or sections of buildings, and/or evacuation. Clients who shelter in place or evacuate will receive care during the disaster as well as during extended sheltering operations.

Clients who evacuate from the main campus and clients from the community will be provided some type of identification to allow ready recognition during an emergency. This identification should include client name, program, allergies, and any known medical condition; as well as guardian and contact information if space allows.

2.3.4 Employee Compensation

It is at the discretion of the Executive Director and the Program Director involved in the emergency to determine Special Duty Pay. Standard policy states that Special Duty Pay starts at the beginning of the emergency and ends as soon as possible after the emergency. It states time and one half for all employees required to work.

3.0 COMMUNICATIONS

3.1 Communication Process with Local Emergency Management System

Each program has determined the equipment used by their local EMS agencies/units and has it documented in their Local Disaster Plan. Each program will have this equipment to communicate with local emergency agencies directly in the event of an emergency. The local

EMS and the State Mental Health Disaster Coordinator(s) in Central Office will be notified by the Program Director or designee when an impending evacuation may be needed and the destination of clients involved.

All programs maintain a recall list of critical command staff. Each department also maintains a recall list with each employee's home telephone number and physical street address. Recall procedures will be initiated if needed as outlined in Local Disaster Plans.

Programs will use the local telephone system and/or cellular phone as the primary communication systems in the event of a natural disaster or manmade incident. When these systems fail, the program will use satellite phones or other approved means of communication.

3.2 Communication with Department of Mental Health and State Mental Health Disaster Coordinator(s)

Contact will be maintained between DMH through the State Mental Health Disaster Coordinator(s) and the director of the program experiencing the emergency or disaster. Coordination of additional supplies, staffing or information will be handled through the State Mental Health Disaster Coordinator(s) in Central Office and the Program Director. The primary communication system will be land line telephones, and the second mode of communication is cellular phones. These numbers are provided to Program Directors and updated as needed by Central Office Staff. If both of those systems fail, satellite phones or other approved methods will be activated. It is important to remember that if cellular phones fail, you cannot call a cellular phone from a satellite phone.

Satellite phones or other approved means of communication will be acquired by each program.

Each Program is required to test its satellite phones or other approved method of communication quarterly. The testing procedure should be included in the Local Disaster Plan. This may be done independently or in conjunction with a request from the State Mental Health Disaster Coordinator(s).

Fixed Access units are phones that can be utilized in a building. These phones will be implemented as soon after a storm as possible if needed. An antenna will be installed on the building and the phone will then be monitored and utilized until phone service is restored.

Phone Numbers:

Central Office

Main Number	601-359-1288
Disaster Coordinator	601-359-6652 or 601-905-5583

Boswell

Secondary Phone	877-796-3702 x
Fixed Asset Unit	500-180-1554 x

Central MS Residential Center

Ellisville State School

Satellite Phone	011-8816-414-46173 * International call
-----------------	--

East MS State Hospital

No Satellite Phone at this time

Hudspeth

No Satellite Phones at this time

MS Adolescent Center

Main Number	601-823-5700
-------------	--------------

MS State Hospital

Program Director	254-219-3206
Secondary Phone	254-219-3207
Fixed Access Unit	254-543-9845
Building 20	877-715-0571 - dish 0797

Building 21	877-668-3225 - dish 0796
Building 60	877-278-6970 - dish 0811
North MS Regional Center	
Program Director	863-203-5074
Secondary Phone	863-200-8637
Engineering	254-201-2298
North MS State Hospital	
Program Director	863-203-5400
Program Phone	863-203-5404
South MS Regional Center	
Facility Director	254-219-1286
Secondary Phone	254-219-1287
Third Phone	254-219-1288
Fourth Phone	254-219-1289
Fixed Access	254-543-9945
South MS State Hospital	
Fixed Access/Director	877-496-9367
Specialized Treatment Program	
Landline or Satellite	877-736-3529
Satellite only	500-180-1095
(Network Innovations)	
Main Number	228-328-6000

3.3 Media/Public Communications

The flow of information will be coordinated locally by the Program Director and by the State Mental Health Disaster Coordinator(s) through the office of Public Information at the state level. The Director of Public Information at DMH will be responsible for communicating and coordinating with public relations directors at the affected program. DMH has created guidelines that will be used by program or program public relations representatives to ensure procedural consistency. (See Appendix G). Press Releases and general information will be distributed to the local print and electronic media identified in each program's Local Disaster Plan.

When possible, meetings will be arranged prior to an actual event to apprise the media of issues. Distribution of information will be specific to the site involved and the nature of the disaster.

The DMH web site will be utilized to keep the public up to date on what is happening at the disaster affected program. This information will include status of clients and staff, evacuation location if applicable, and any pertinent information necessary to curtail misinformation and rumors. It will be the responsibility of the DMH's Office of Public Information to update the information on the DMH web site as it comes available. As needed, situation reports will be provided initially with daily situation reports immediately following the disaster. Less frequent situation reports will be utilized as the conditions warrant to be determined by the State Mental Health Disaster Coordinator(s) or DMH Executive Director

3.4 Communication with Family Members and Employees

Each Program Director or designee is responsible for ensuring that evacuation information (which programs are evacuating and to where) and employee information is supplied to the State mental health disaster coordinator(s). The DMH website will contain up to date program information regarding disasters and evacuation of clients for access by families and staff. When possible, the DMH website will provide a direct link to the website of the program or programs affected by the disaster. The program is also responsible for providing evacuation information on its website. The receiving program address and telephone number will be supplied on the web site. Each program will communicate information about the websites and the information available there to families and staff.

As an additional means of communication, the DMH Helpline will be provided through the Office of Consumer Support for families to call for more information regarding their family members. Families will be informed of how to obtain information during and immediately after the disaster. When possible, the program will field questions from families as long as the communication does not interfere with client care and safety.

Employee information provided will include when and where to report to work, the status of the program and emergency contacts at the program.

4.1 CRITICAL RESOURCE OVERVIEW

The Mississippi Department of Mental Health is a statewide entity with many programs located in different areas of the state. As such, DMH has access to critical response staffing and material resources (food, transportation, personal care items) from other programs not directly involved should disaster conditions ever warrant transfer of such resources among programs. In the event of a disaster, the need to share resources (both human and material) among DMH state- operated programs may arise. When the sharing of resources does not impede a program's mission to provide care to its own patients, a program may be asked to share its resources. The request will be made with the approval of the Executive Director of the Department of Mental Health or his designee.

Each program should identify the lead EMS agency in their local jurisdiction, become familiar with the agency, and establish a contact person. Other vital support agencies are located within individual service areas and each program will share its Local Disaster Plan with these agencies as warranted. Such agencies may include but are not limited to:

- Civil Defense
- County Health Department
- County Coroner
- Fire Departments
- Law Enforcement Authorities

4.1 Hospital Information/Agreements

Each program must establish a working relationship and have a signed transfer agreement for routine and emergency care for clients or staff with local hospitals and health care providers. A copy of the signed agreement(s) should be readily accessible at each program. Each program will evaluate their individual hospital agreement(s) annually to determine if the current agreement meets the needs of the program during a disaster.

As all main programs maintain 24/7 nursing services, most needs can be treated at the program during natural disaster events in absence of severe injuries affecting a large number of people. Should the injuries become more than the program nursing/medical staff can handle, physician and hospital emergency care will be obtained at the hospital(s) with which the program has a signed agreement, or emergency care clinic in closest proximity to the program. Each program will coordinate hospital use with the Emergency Medical Services (EMS) lead agency and the Civil Defense/Emergency Management Agency (EMA) during emergencies.

In the event of a manmade incident, the exact nature of that incident will govern what, if any, hospital services may be needed. Again, the incident will be handled through nursing/medical services unless the injuries become too numerous.

The main campus of each program has entered into agreements with

the corresponding hospital as listed below:

DMH Program	Hospital(s)
Boswell	Magee General Hospital Simpson General Hospital
Central MS Residential Center	Rush Foundation Hospital Newton Regional Hospital Pioneer Community Hospital
Ellisville State School	South Central Regional Medical Center Wayne General Hospital
East MS State Hospital	Rush Foundation Hospital
Hudspeth	University Medical Center River Oaks at Crossgates Central MS Medical Center River Oaks Health Systems (Flowood)
MS Adolescent Center	King's Daughter Hospital
MS State Hospital	University Medical Center River Oaks at Crossgates Central MS Medical Center
North MS Regional Center	Baptist Hospital, North Mississippi
North MS State Hospital	North Mississippi Medical Center
South MS Regional Center	Memorial Hospital at Gulfport
South MS State Hospital	Not currently designated
Specialized Treatment Program	Memorial Hospital at Gulfport

Community programs will use the hospital with the closest proximity to the program and this will be listed in each program's Local Disaster Plan.

4.2 Providing Emergency Response Staff to Another DMH Program

If it is determined that a DMH program needs emergency response assistance with staffing from other DMH programs, it will be coordinated as outlined in Appendix D.

5.0 EVACUATION

Should evacuation of any DMH program become necessary under potentially catastrophic conditions, the Program Director will contact the State Mental Health Disaster Coordinator(s) at DMH to assist in coordination of the efforts with other DMH programs.

Evacuation can be made to either primary and/or secondary shelters depending on the anticipated length of time that individuals may need to be removed from their program. The locations of primary and secondary shelters are listed for each program in their Local Disaster Plan.

5.1 Primary Shelter Information

When evacuation has been determined necessary, the Program Director or designee will contact the State Mental Health Disaster Coordinator(s) and begin evacuation procedures as outlined in the Local Disaster Plans. When evacuation involves more than one program, the State Mental Health Disaster Coordinator(s) will make the necessary calls to the assisting programs to allow the evacuating program to focus on preparing clients for evacuation. Primary evacuation will be coordinated as outlined in their Local Disaster Plan.

5.2 Secondary Shelter Information

Should it be determined that power and infrastructure will necessitate prolonged evacuation, the secondary evacuation sites will be contacted and evacuation coordinated through the State Mental Health Disaster Coordinator(s) at DMH. The State Mental Health Disaster Coordinator(s) will contact the assisting programs to allow the evacuating program to focus on preparing clients for evacuation.

6.0 RESOURCE MANAGEMENT

The purpose of resource management is to be able to obtain, allocate, and distribute resources to affected DMH programs as well as prevent the waste of resources.

Equipment Resource information (vehicle inventory, types of generators, etc.) will be located in each program's local disaster plan and will reflect annual review and/or update. Each program's designee will be responsible for compiling the requested information. In addition, each program will also maintain a current list of the Material Resources (such as water, food supply, etc.) allocated for disasters. This information should be documented in Appendix A of each DMH state- operated program's local disaster plan. If changes are made to this list, the program designee is responsible for sending the changes to the State Mental Health Disaster Coordinator(s) as soon as possible.

6.1 Transportation

Each program maintains a vehicle inventory which may not be sufficient to transport its clients during evacuation. Agreements with assisting programs will be entered into between the programs. Transportation for evacuation will be addressed in each program's Local Disaster Plan. Coordination of client transportation will be executed through the State Mental Health Disaster Coordinator(s) in Central Office upon the request of the Program Director.

6.2 Equipment Movement

Any adaptive equipment needed for clients will be identified for successful evacuation and staging if possible. If equipment is needed that is not available from the programs involved in the emergency, the request will be made to the State Mental Health Disaster Coordinator(s) in

Central Office. The State Mental Health Disaster Coordinator(s) will contact other DMH programs in an effort to locate the equipment and supply it to the program in need. If it is available from another program, then it will be obtained and transportation will be arranged. If it is not available from a DMH program, then the State Mental Health Disaster Coordinator(s) in Central Office will locate the equipment utilizing MDH or state vendors and work with the requesting program to arrange payment, transportation, and any other details involved.

6.3 Food and Water for Emergency Situations

Each Local Disaster Plan includes the emergency food supply list for their program. 72 hours of food and water are the recommended minimum. If storage allows, additional supplies will be stockpiled. Food and water will be rotated and expiration dates will be monitored. If an agreement has been reached to stage supplies at another program, the location will be included in each program's Local Disaster Plan. The State Mental Health Disaster Coordinator(s) will ensure this information is included in each Local Disaster Plan.

Each program should have a contract with a food vendor that has a disaster plan for food delivery in the event of a disaster. They will work with each program to predetermine a seven day menu plan to ship when a disaster happens. The phone number and contact person for the vendor for each program will be shared by the Program Director or designee with the State Mental Health Disaster Coordinator(s). When necessary, the State Mental Health Disaster Coordinator(s) can assist the program with this ordering process.

6.4 General Supply Resources for Emergency Situations

Each program maintains essential general supplies in various locations on the grounds of the main campus. These supplies include consumable items such as adult briefs, toiletries, and cleaning supplies. If shipments are delayed, needed supplies will be coordinated through the State Mental Health Disaster Coordinator(s) in Central Office. Supplies will be obtained from the stock of other DMH programs when available. If unavailable, delivery will be arranged with the vendor to an unaffected program and delivery will be made by DMH staff to the affected program.

6.5 Emergency Medical Supplies

During a disaster, emergency medical supplies will be limited. Each program maintains a set amount of supplies. If additional supplies are needed, they will be requested by the Program Director to the State Mental Health Disaster Coordinator(s) in Central Office. The State Mental Health Disaster Coordinator(s) will work with other DMH programs to obtain the needed supplies if possible. If the supplies are unavailable at other DMH programs, the State mental health disaster coordinator(s) will contact the Mississippi Department of Health for assistance with obtaining the needed supplies.

6.6 Pharmaceuticals

Each program has available an established amount of medication on hand for each client in the event of an emergency/disaster. These amounts differ by program and are contained in the Local Disaster Plan.

Initially, each program will use on-hand pharmaceuticals to meet client needs. Additional pharmaceuticals could potentially be accessed from the primary wholesaler for each program. Each Program Director or designee is responsible for providing wholesaler and/or vendor information to the State Mental Health Disaster Coordinator(s). If time or circumstances do not allow wholesaler involvement, each program will attempt to contact the local pharmacy identified in their Local Disaster Plan or hospitals for supply.

In a disaster the prime vendor for the program will be contacted by regular procedures. If regular procedures cannot be followed, the State Mental Health Disaster Coordinator(s) in Central Office will assist with submitting the order. If the existing procedure for delivery is not possible each program will work with the State Mental Health Disaster Coordinator(s) to coordinate delivery.

In a disaster, medicine may be obtained from another DMH program's pharmacy following standard recognized practices.

In the event of a terrorist attack or a major natural disaster, supplies of critical medical items in Mississippi will be rapidly depleted. In anticipation, the Federal Government established the Strategic National Stockpile (SNS) to augment local supplies of critical medical items. The SNS is managed by the Centers for Disease Control and Prevention (CDC) and contains large quantities of medicines, antidotes, and medical supplies needed to respond to a wide range of expected problems or scenarios. Potential scenarios include attacks using nerve, chemical, and biological agents.

DMH Programs are considered closed points of distribution (PODS). As such they will be provided predetermined necessary supplies during disasters, through MEMA. Each program will be responsible for dispensing the medication to the program clients and staff.

7.0 ISOLATION PLAN

According to the CDC regarding isolation precautions, agents of bioterrorism are generally not transmitted from person to person; re-aerosolization of these agents is unlikely. All clients including symptomatic individuals with suspected or confirmed bioterrorism-related illnesses, should be managed utilizing standard universal precautions. Standard precautions are designed to reduce transmission from both recognized and unrecognized sources of infection in healthcare programs and are recommended for all clients receiving care, regardless of their diagnosis or presumed infection status. Standard precautions prevent direct contact with all body fluids (including blood), secretions, excretions, nonintact skin (including rashes), and mucous membranes. Standard precautions routinely practiced by healthcare providers include hand washing, use of gloves, face shields, and regular cleaning of equipment used by clients.

Should isolation or quarantine become necessary, the Program Director or designee will notify the State Mental Health Disaster Coordinator(s). Programs will not house infected clients for an indefinite period. Infected individuals will be transferred to a larger healthcare program to ensure appropriate treatment. In small-scale events, routine client placement and infection control practices should be followed. However, when the number of patients presenting to a healthcare program is too large to allow routine triage and isolation strategies (if required), it will be necessary to apply practical alternatives.

These alternatives may include cohorting patients who present with similar symptoms, i.e., grouping affected patients into a designated section of a clinic or emergency department, or a designated ward or floor of a program, or even setting up a response center at a separate building. Designated cohorting sites should be chosen in advance by each program's Infection Control Committee in consultation with program engineering staff based on patterns of airflow and ventilation, availability of adequate plumbing and waste disposal, and capacity to safely hold potentially large numbers of patients. The triage or cohort site should have controlled entry to minimize the possibility for transmission to other clients and to staff members not directly involved in managing the outbreak. The sites will be designated in each program's Local Disaster Plan.

8.0 EDUCATION

8.1 Local Disaster Plans

Staff education and new employee orientation should be conducted to thoroughly cover the Local Disaster Plan. The session content must include an item-by-item review of the program's written Local Disaster Plan. Topics covered should include the following as applicable: Tornadoes, Severe Weather and Lightning, Flash Floods, Nuclear Attacks, Earthquakes, Bomb Threats, Mob Attacks, Hurricane, Train Derailment, Chemical Spills, Evacuation, Active Shooter, Fire and Disaster Drills,

Reporting and Extinguishing Fires, Fire Alarms and Manual Fire Watch, Life Safety Code, Fire/Safety Inspection, Common Environmental Fire Hazards, Fire Plans and Evacuation Routes.

8.2 DMH State Wide Disaster Response Plan

Each program will receive a copy of the DMH Statewide Disaster Preparedness and Response Plan. Updates will be provided as needed. Critical command staff should receive training on the DMH Statewide Disaster Preparedness and Response Plan and the role of the State Mental Health Disaster Coordinator(s).

8.3 Annual Disaster Preparedness Training

All staff at each program are required to participate in annual training activities addressing disaster preparedness. Training is presented in numerous ways. The use of video with a written test as well as an actual weather drill is often used. Training will be timely and as such, training for hurricane preparedness and response shall be conducted prior to June of each year in order to be completed before hurricane season begins.

8.4 National Incident Management System (NIMS)

Critical command staff at each DMH program will participate in NIMS training. At the minimum, critical command staff at each program will complete the entry level NIMS training courses (FEMA IS 100, 200, 700 and 800) to incident management. One of the main objectives of NIMS is to improve coordination and cooperation between public and private entities. Homeland Security Presidential Directive – 5 requires federal department and agencies to make NIMS compliance by States and local entities a condition for Federal preparedness assistance.

9.0 RELIEF PHASE

Relief will be provided as soon as it is safe to do so.

After the disaster has occurred, an assessment will be done to determine the need for additional staffing and/or supplies. The Program Director or designee will communicate the program needs to the State Mental Health Disaster Coordinator(s).

The State Mental Health Disaster Coordinator(s) will coordinate the needs of the program through the other DMH programs. Each program has agreed to participate in providing relief staff to a program experiencing a disaster. The exact procedure for coordinating this relief effort is outlined in Appendix D – Statewide Response Team.

10.1 RECOVERY PHASE

10.1 Communication

Radio, television and the DMH web site will be used as necessary to help notify staff when recall procedures are implemented and to make other necessary announcements to staff and the families of clients during an emergency. Each program has identified in their Local Disaster Plan

the local television and radio stations to broadcast messages for the programs.

The State Mental Health Disaster Coordinator(s) in Central Office will assist in relaying information if the affected program is unable to do so. Central Office personnel will ensure that information is posted on the DMH web site and updated daily throughout the disaster. The established 1-877 number will also have staffing information available.

10.2 Program Inspection

The Program Director or designee will direct maintenance personnel to inspect all buildings and grounds for damage. If any structural damage is found, local building inspectors will be called to inspect the program before clients are allowed to return to the buildings. The program's local power company will be contacted if electrical problems exist. All buildings and grounds will be inspected to ensure safety. If additional assistance is needed, the Program Director or designee will request that assistance through the State Mental Health Disaster Coordinator(s).

10.3 Program Re-entry Authorization

When the program involved has been inspected and cleared for reentry, the Program Director or designee will notify the State Mental Health Disaster Coordinator(s) in Central Office. The Program Director and program personnel will coordinate the re-entry of the buildings and grounds. If additional assistance is needed, it will be coordinated through the Program Director and the State Mental Health Disaster Coordinator(s).

10.4 Client/Patient Retransfer

When authorization has been given that it is safe to return, client re-transfer will be coordinated between the Program Directors involved. If additional support is needed, the State Mental Health Disaster Coordinator(s) in Central Office will assist and coordinate the re-transfer.

The DMH web site, www.dmh.ms.gov will be updated daily throughout the disaster. The established 1-877-210-8513 number will also have staffing information available.

Section Four

DMH Central Office

SCOPE

The Mississippi Department of Mental Health's Division of Disaster Preparedness and Response, housed in the Central Office, is responsible for the statewide coordination of the agency's response to natural or manmade disasters. The Division is also responsible for ensuring that the agency fulfills its responsibilities outlined in the Mississippi Comprehensive Emergency Management Plan.

SITUATION AND ASSUMPTIONS

The Central Office of the Mississippi Department of Mental Health operates under the situations and assumptions previously outlined on pages 7-8 of this document.

CONCEPT OF OPERATIONS

Overview of Approach

The Department of Mental Health's approach to disaster response efforts is based on the following:

- Response is inclusive of the State's mental health and substance abuse systems
- Although formal mental health treatment may be needed by some, most people will return to the pre-disaster level of functioning without formal mental health response
- Active outreach is essential in a mental health response
- Mental health should be addressed and included in all preparedness activities

Incident Command

During response efforts, the DMH will utilize an internal Incident Command Structure (see Appendix G). All DMH Central Office Staff working as a part of the disaster response, regardless of his/her usual position, will work within DMH's Incident Command Structure.

The Incident Command Structure will be divided into four major sections: Planning, Operations, Logistics and Finance. One of the State Mental Health Disaster Coordinators will serve as the Section Chief and be responsible for the operation of that section. Each Section will include a member of the DMH Central Office Disaster Response Team (See Appendix G for organizational chart) as well as other DMH Central Office staff members working during the disaster.

State Level Responsibility

- Mississippi's Emergency Management Agency is responsible for developing the State's Comprehensive Emergency Management Plan (CEMP). Input and assistance in developing this plan is provided by state agencies including the MS Department of Mental Health.
- As outlined in the CEMP, the MS Department of Mental Health is a support agency for Emergency Support Function (ESF) 6 – Mass Care, Housing, and Human Services, and ESF 8 – Health and Medical Services Annex.
- The MS Department of Mental Health is responsible for providing an Emergency Coordinating Officer for the agency to the State Emergency Operations Center.
- The MS Department of Mental Health is responsible for completing the FEMA Crisis Counseling Program grant application process in the event of a Presidentially Declared Disaster when deemed necessary based on needs assessment.
- The MS Department of Mental Health is responsible for providing assistance, as outlined in Sections One and Two of this plan, to DMH state-operated programs that may be affected by a disaster.
- An overview of activities are outlined below

Pre-Incident	Impact	Post-Incident
<ul style="list-style-type: none"> • Collaboration among state agencies • Training • Exercises • Response planning and preparation at the state level • Technical Assistance re: Disaster Behavioral Health, CCP and preparedness • Public Education/ Awareness 	<ul style="list-style-type: none"> • Activate mental health response • Establish communication with DMH state-operated programs & Community Mental Health Centers that may be affected • Assess need for CMHS SERG funds • Needs assessment for FEMA CCP application 	<ul style="list-style-type: none"> • Complete & submit Immediate Services Program (ISP) application for CCP, if needed • If warranted, complete & submit Regular Services Program (RSP) application • If RSP is not warranted, complete implementation of ISP. • Conduct close-out of ISP • If SERG funds were received, complete implementation and close-out activities.

General Sequence of Actions

Pre-Incident

- DMH monitors communications from MEMA regarding any potential threats, severe weather, etc.
- DMH monitors communications from DMH state-operated programs regarding any potential threats, severe weather, etc.
- DMH maintains 24/ 7 contact information for disaster response staff.
- DMH receives health alerts and messages from the Mississippi State Department of Health's Health Alert Network (HAN).
- Each DMH state-operated program maintains 24/7 contact information for designated command staff.
- Resource information for each DMH state-operated program is maintained and updated annually.
- Resource notebooks are maintained for State Mental Health Disaster Coordinators and for the DMH staff person at the State Emergency Operations Center.
- Upon receipt of threat of notification of severe weather, DMH will begin regular communication with the DMH state-operated programs that may be affected.

Impact

- DMH will provide Emergency Coordinating Officer to State Emergency Operations Center if activated.
- DMH will activate internal incident command structure as deemed appropriate by State Mental Health Disaster Coordinator and DMH Executive Director or his designee.
- DMH will provide a State Mental Health Disaster Coordinator to the Mississippi Department of Health's Support Cell upon request.
- DMH will initiate contact with Community Mental Health Center in the affected area/ region to assess need for mental health response and provide assistance with coordination of response efforts as requested by the CMHC.
- DMH will monitor MEMA situation reports for needs assessment information and incident updates (including status of declaration).
- DMH will generate internal situation reports and updates.

- DMH will begin communication with SAMHSA/ FEMA regarding status of declaration and need to apply for CCP.
- DMH will begin the needs assessment process for the Immediate Services Application for CCP.
- DMH will assess the need to apply for Supplemental Emergency Relief Grant Funds through the Center for Mental Health Services of SAMHSA.
- DMH will assess the need to activate the Statewide Response Team to provide support to a DMH state-operated program that may be affected by the incident.
- DMH will coordinate its own media responses and messaging.

Post-Incident

- If warranted, DMH will complete and submit the ISP grant application.
- DMH will implement and administer ISP as approved.
- DMH will provide Crisis Counseling Program training throughout the ISP grant period.
- DMH will assess need for the RSP.
- If warranted, DMH will complete and submit grant application for RSP.
- If approved, DMH will implement and administer RSP as approved.
- If applied for and approved, DMH will administer SERG funding.
- DMH will conduct data collection of CCP.
- DMH will conduct close-out activities as related to CCP and SERG as required.

ASSIGNMENT OF RESPONSIBILITIES

The MS Department of Mental Health has developed a tiered approach to response activities. The first tier of response includes the activation of the State Mental Health Disaster Coordinators. The second tier of response is the activation of the DMH Central Office Disaster Response Team. The team is responsible for providing assistance to support the activities of the State Mental Health Disaster Coordinators. In the event that the DMH Disaster Center is activated, the DMH Central Office Disaster Response Team will staff the center. If activated by MEMA the State Mental Health Disaster Coordinators will share responsibility of staffing the EOC.

Activation of DMH Incident Command

The activation of the sections of DMH's Incident Command will depend on the size of the disaster and the level at which DMH programs are affected by the disaster. The decision to activate each section will be made by the State Mental Health Disaster Coordinator(s) and DMH management. In the event of a statewide or federally declared disaster, DMH's Incident Command Structure will most likely be activated.

Incident Commander

The Incident Commander will be responsible for the overall management of the disaster. The Incident Commander will act under the direction of DMH management. DMH Director of Disaster Preparedness and Response or his/her designee will act as the DMH Incident Commander. In the event of a small or local disaster, the State Mental Health Disaster Coordinators will be responsible for carrying out the four functions in DMH's Incident Command Structure.

The Incident Commander will serve as the point of contact for MEMA and SAMHSA. If needed, the Incident Commander will be responsible for generating Action Request Forms (ARF) and EMAC requests through MEMA.

In the event that DMH programs are affected by the disaster, the Incident Commander will serve as the point of contact for the Program Director(s) and designee(s). The Incident Commander will work closely with the appropriate Section Chief to meet the needs of the requesting program.

In order to efficiently carry out disaster response activities, the Incident Commander will direct requests for information regarding DMH response activities to DMH's Office of Public Information.

Planning

The Planning Section is primarily responsible for providing situation reports and information regarding the disaster and documentation of response activities. DMH specific duties for this section would include, but are not limited, to the following:

- Providing updates on Community Mental Health Centers and DMH Programs

- Providing responding CMHCs with Data Collection Toolkit so that needs assessment data for the Immediate Services Program Grant can be collected
- Generating DMH Situation Reports
- Updating the DMH website and toll free numbers regarding DMH Disaster Response Activities and Client Evacuation Information (if applicable)

Operations

The Operations Section is primarily responsible for maintaining information regarding personnel resources and directing those resources. DMH specific duties for this section include, but are not limited to, the following:

- Maintaining a list of volunteers/ crisis counselors
- Maintaining a current listing of shelters and Disaster Recovery Centers (DRC)
- Assigning available volunteers/ crisis counselors to areas of identified need
- Deploying the DMH Statewide Response Team (if needed) to the affected DMH program
- Ensuring DMH is represented at the SEOC

Logistics

The Logistics Section is primarily responsible for providing and coordinating the support resources needed by the Operations Section. DMH specific duties for this section include, but are not limited to, the following:

- Coordinating resources (food, fuel, medication, staff, etc.) to the affected DMH program (if applicable)
- Assisting DMH EOC Staff with coordination of Special Needs Shelters at DMH programs (Hudspeth Regional Center)
- Making travel/ lodging arrangements for SAMHSA Teams (if applicable)

Finance

The Finance Section is responsible for the following:

- Documenting expenditures that may be reimbursable through FEMA or other funding sources
- Preparing and managing grant budget
- Generating payroll (if applicable)
- Purchasing according to state laws

- Maintaining inventory
- Accountability and compliance in all fiscal activities assuring conformity with applicable standards, policies and procedures and documentation required to safeguard state and federal funds
- As a part of the DMH Central Office Disaster Response Team, the Bureau Director of Administration (or his/her designee) will be primarily responsible for carrying out the duties of the finance section.

State Emergency Operations Center (SEOC)

Emergency Coordinating Officers

During or prior to a disaster the State Emergency Operations Center (SEOC) will be activated by the Mississippi Emergency Management Agency (MEMA). DMH is responsible for providing an Emergency Coordinating Officer (ECO), a secondary contact(s) for this person and a team of staff members who are able to work at the SEOC. DMH Director of Disaster Preparedness and Response will serve as the ECO. The State Mental Health Disaster Coordinators will be the secondary contacts.

Administration, Logistics, Legal

Recording and Reporting Program Activities

The MS Department of Mental Health will establish requirements for the recording and reporting of program activities. The established requirement will be consistent with documentation requirements for the applicable funding source. The data collection requirements for the federally funded CCP will serve as the basis for recording requirements.

In the event that a Presidential Disaster Declaration is anticipated, the MS Department of Mental Health will make the data collection tools used in the CCP available to the Community Mental Health Centers that are participating in the response in an effort to seek reimbursement under the CCP grant. Data collection tools will be made available by whatever means of distribution are available. This may include distributing materials electronically, by mail or distribution in person if necessary. Retroactive reimbursement cannot be guaranteed.

In the event of CCP, records will be kept according to the requirements of FEMA and SAMHSA. Progress reports will be submitted by the MS Department of Mental Health in accordance to the timeframes established by the Government Project Officer. Service delivery data and records of programmatic activities will be kept for three years after the close-out of the grant.

Recording and Reporting Expenditures and Obligations

The recording and reporting of expenditures and obligations will be consistent with the requirements of the funding source. In the event of receipt of federal CCP funds, service providers will follow additional recording and reporting procedures as outlined in the MS Department of Mental Health's Service Provider Manual. MS Department of Mental Health Staff is available to provide technical assistance surrounding these issues.

In the event that the MS Department of Mental Health's Statewide Response Team is activated to provide assistance to a DMH state-operated program that is affected by a disaster, team members will manually record their time worked. In the event that resources and equipment are shared between programs, the program providing the resource/ equipment will be responsible for tracking these obligations.

Expectations of Situation Reports

The Mississippi Emergency Management Agency (MEMA) generates situation reports. These situation reports serve as a means of communicating information regarding the status of the event. MEMA situation reports are sent to the Emergency Coordinating Officer for the MS Department of Mental Health. The MS Department of Mental Health also provides information regarding the status of mental health response to MEMA for the situation reports.

As an added means of communication the MS Department of Mental Health produces its own situation reports. The DMH situation reports include information regarding the status of the DMH state-operated programs, Community Mental Health Center and the mental health response being coordinated through the SEOC. These situation reports are made available to the Board of Mental Health, the Directors of the DMH state-operated programs, the Executive Directors of the Community Mental Health Centers, members of the State Legislature and the Office of the Governor. These situation reports will be provided initially with daily situation reports immediately following the disaster. Less frequent situation reports will be utilized as the conditions warrant to be determined by the State Mental Health Disaster Coordinator(s) or DMH Executive Director.

COMMUNICATIONS

Assumptions

The MS Department of Mental Health is reliant on landline telephone service, e-mail and fax as routine means of communication with its state-operated programs and the Community Mental Health Center System. Events, such as natural and manmade disasters, may disrupt this communication system. The local program disaster plans, maintained by the DMH state-operated programs, contain plans to address back-up means of communication.

Methods of Communication

As stated above, the routine means of communication between DMH, its state-operated programs and the Community Mental Health Center System are landline telephone service and e-mail. Other methods of communication include: cell phone coverage, the United States Postal Service, internet websites and limited courier service.

Alternate Means of Communication

In the event that routine means of communication are disrupted, the MS Department of Mental Health does have alternate means of communication. Alternate means of communication include:

- Each DMH Program Director, State Mental Health Disaster Coordinator and DMH leadership staff have cellular telephones.
- Websites can be utilized to post updated disaster information.
- The MS State Department of Health's Health Alert Network can be utilized to communicate with DMH state-operated programs.
- DMH programs may also utilize satellite phone service.

PUBLIC INFORMATION

Communications Strategy

The Mississippi Department of Mental Health's (DMH) goal during a disaster is to disseminate information to the public and to DMH's programs affected quickly and accurately. Updated information will be sent to the Mississippi Emergency Management Agency and the Governor's Office for Situation Reports and press conferences. DMH will work with Mississippi Public Broadcasting and other local radio stations to provide the public with information regarding their loved ones at DMH programs. DMH will also contact television stations in the affected area if possible. DMH will provide all media outlets with press releases as needed. Information will be posted to the DMH Web site in the Disaster News/Updates section of the site.

Identification of Responsibility

The Director of Public Information will be responsible for coordinating media efforts and communicating with public relations directors at DMH programs. The Director of Public Information, or designee, will also serve as the Public Information Officer for the Mississippi Emergency Management Agency when needed.

Policies for Public Information

It is the policy of DMH to cooperate with representatives of print and electronic media and local communities in an effort to provide timely, accurate information about its programs or programs after natural or manmade emergencies. DMH has created guidelines (See appendix G) that will be used by program or program public relations representatives to ensure procedural consistency.

All program and program staff will refer print or electronic media representatives to the authorized public relations representative for responses. No other individuals are authorized to make formal or informal, "off-the-record" responses or statements to print or electronic media representatives. Program and program staff will be in contact with DMH Director of Public Information to provide updates.

Existence of Public Information Materials

DMH has brochures and flyers to distribute in case of a disaster. Educational materials for the public include coping tactics and signs and symptoms of stress. Information is also posted on DMH's Web site.

Relationship with MEMA Public Information Officer

DMH's Director of Public Information is a back-up PIO for the Mississippi Emergency Management Agency and is in contact with the State Emergency Office PIO during disasters.

Information Dissemination

Information will be disseminated via the DMH Web site, radio stations, television stations, newspapers, the Mississippi Emergency Management Agency and the Governor's Office. The Director of Public Information will work with Mississippi Public Broadcasting to disseminate information statewide when needed. Program and program staff will regularly disseminate information to the Director of Public Information about specific information at their program.

Identification of Experts/ Resources

The MS Department of Mental Health will contact SAMHSA's Disaster Technical Assistance Center when needed.

Pre-event Relationships with Media

The MS Department of Mental Health has developed partnerships with television, radio and newspaper media outlets throughout the years. DMH partners with Mississippi Public Broadcasting to reach radio audiences statewide in the case of a disaster.

WARNING & MOBILIZATION OF INTERNAL MENTAL HEALTH SYSTEMS

Links with the Mississippi Emergency Management Agency – Warning & Activation

The MS Department of Mental Health provides 24/7 emergency contact information for the Emergency Coordinating Officer (ECO) and the secondary ECO contacts. In the event that the State Emergency Operations Center is activated, DMH ECO is contacted to activate by MEMA Operations. Should another DMH Staff member be contacted regarding activation of the SEOC, that individual is responsible for notifying the DMH ECO or secondary contacts.

In the event that DMH is needed to provide support for MEMA's Public Information Officer, MEMA will activate DMH's PIO. Emergency contact information has been provided for that individual.

Notification of DMH Central Office Disaster Response Team and EOC Staff

The MS Department of Mental Health maintains emergency contact information for the State Mental Health Disaster Coordinators and the Central Office Disaster Response Team. In the event that the SEOC is activated, the Emergency Coordinating Officer will activate the State Mental Health Disaster Coordinators as needed. The decision to activate the DMH Central Office Response Team and the DMH Disaster Center will be made by the State Mental Health Disaster Coordinators with the approval of the Executive Director or his designee.

The decision to activate the DMH EOC Staff will be made by the State Mental Health Disaster Coordinator(s). The decision to activate EOC Staff will be based on the following:

- If there is a DMH program that will most likely not be affected by the disaster, the State Mental Health Disaster Coordinators and the DMH Central Office Disaster Response Team members will cover the SEOC.
- If there is a DMH program that will most likely be affected by the disaster, the ECO will activate the Disaster Coordinators to begin coverage of the SEOC.

Notification of DMH Central Office Staff

DMH Bureau Directors will be responsible for contacting the Division Directors in their Bureaus to provide a situation update and provide instructions for reporting to work. Division Directors will be responsible for ensuring their staff members are updated and provided instructions for reporting to work. Information will also be updated on the DMH website and staff will be notified via email when possible.

Notification of Public Mental Health System

The MS Department of Mental Health will maintain communication with its' state-operated programs as outlined in Section Two – Part 2.0 of this plan. Early notification is also outlined in the referenced section. The MS Department of Mental Health will establish communication with the Community Mental Health Centers as outlined in this section of the plan under the general sequence of events during impact.

Notifications may also be posted on DMH's website. In addition, the DMH state-operated programs and local Community Mental Health Centers may receive notifications from their local emergency management agencies.

EVACUATION OF DMH CENTRAL OFFICE

In the event that the Robert E. Lee Building is closed due to an evacuation or inclement weather, the DMH Executive Director or his designee will choose one of the following options:

- All Central Office Staff will be released for the duration of the workday.
- DMH Central Office Disaster Response Team will carry out duties assigned under DMH's Incident Command Structure.
- Central Office Staff will have the option of reporting to Mississippi State Hospital, Building 71, to assist with disaster response activities.
- Central Office Staff, not assisting with disaster response activities, will have the option of reporting to Mississippi State Hospital to assist the hospital with carrying out its vital functions.
- Central Office Staff who do not chose to assist with the disaster response activities or the activities of MSH, will have the option of taking personal leave.

The MS Department of Mental Health's Division of Information Systems has developed a plan to maintain vital records of the Central Office and restore capabilities as soon as possible.

Alternate Sites

Mississippi State Hospital has been identified as an alternate site for the DMH Central Office to temporarily maintain operations. Essential functions of the DMH Central Office will be determined by the Executive Director.

Linkage with Emergency Management Evacuation Plans

Upon relocation to the alternate site, the Emergency Coordinating Officer for the MS Department of Mental Health will notify MEMA of the agency's location and ability to carry out disaster response activities and essential functions. Each DMH state-operated program has plans for evacuation in their local disaster plans. These plans should be made available to and coordinated with the local emergency management authorities.

Plans for Services at Shelters/ Mass Care Programs

The MS Department of Human Services and the American Red Cross are primarily responsible for sheltering and mass care. The American Red Cross, through its network of mental health volunteers, will provide services at shelter locations. The MS Department of Mental Health will assist these agencies in accordance with the MS State Comprehensive Emergency Management Plan.

The MS State Department of Health has been designated as the lead agency for special medical needs sheltering. Hudspeth Regional Center, a DMH state-operated program, will serve as the state special needs shelter. Regional special medical needs shelters will be established at already identified community college campuses. The MS State Department of Health will provide staffing to the special medical needs shelters. The MS Department of Mental Health is collaborating with the MS State Department of Health to determine mental health staffing needs for the special medical needs shelters.

RESOURCE MANAGEMENT

Purpose

The Mississippi Department of Mental Health's Division of Disaster Preparedness and Response, housed in the Central Office, is responsible for the statewide coordination of the agency's response to natural or manmade disasters. The Division is also responsible for ensuring that the agency fulfills its responsibilities outlined in the Mississippi Comprehensive Emergency Management Plan.

Personnel

The Division of Disaster Preparedness and Response currently has one full time staff position. In addition to this position, the Division is responsible for the coordination of the State Mental Health Disaster Coordinators, 5 of which have primary job responsibilities that are not disaster related.

Additionally, the MS Department of Mental Health has developed a tiered approach to response activities. The first tier of response includes the activation of the State Mental Health Disaster Coordinators. The second tier of response is the activation of the DMH Central Office Disaster Response Team. The team is responsible for providing assistance to support the activities of the State mental health disaster coordinators. In the event that the DMH Disaster Center is activated, the DMH Central Office Disaster Response Team will staff the center. If activated by MEMA the State Mental Health Disaster Coordinators will share responsibility of staffing the EOC.

Funding

In the event of a disaster, the Division of Disaster Preparedness and Response would be responsible for seeking funding for response from:

- The Federal Emergency Management Agency (FEMA) grants for the immediate services and regular services (if applicable) for the Crisis Counseling Program in a disaster that has a Presidential declaration to provide federal assistance
- Immediate and Intermediate funding through SAMHSA's Emergency Response Grants (SERG)
- Other funding sources that might be available

Transportation of Staff

Transportation of staff is usually accomplished through the use of personal vehicles with reimbursement provided to the individuals. This would be the case in disaster response. In the event that this is not possible due to the size and scope of the disaster and response warranted, other options will be explored. This may include the use of transportation from a DMH program or the inclusion of the request for transportation assistance in applicable grant applications.

Intrastate Mutual Aid

Intrastate mutual aid has only been utilized by the MS Department of Mental Health in the extreme case of Hurricane Katrina. Prior to Katrina intrastate mutual aid was not utilized. DMH is aware of intrastate mutual aid as an option in mental health response efforts. Intrastate mutual aid will be considered in the event that existing resources cannot meet the level of response that is needed at the time.

Management of Offers of Assistance and Unaffiliated Volunteers

The MS State Department of Health's Office of Emergency Planning and Response works with the MS Emergency Management Agency in using a registry system for volunteers not affiliated with established disaster response organizations/ entities. This system is an addition to the Emergency System for Advance Registration of Volunteer Health Professionals (ESARVHP). In the event that the MS Department of Mental Health utilizes volunteers, the agency will utilize the DOH registry systems to identify volunteers with the skills needed to assist in the agency's disaster response efforts.

Availability of Interstate and Federal Assistance

The MS Department of Mental Health has only utilized interstate and federal assistance in the extreme case of Hurricane Katrina. However, the assistance provided at the time was invaluable. DMH would utilize interstate and federal assistance again in order to meet the needs of the response efforts. Assistance would be sought utilizing the following mechanisms:

- Emergency Management Assistance Compact (EMAC)
- Requests for federal assistance through the MS Emergency Management Agency (ex. use of the action request form)
- Requests from SAMHSA for consultation and assistance

Resources for Initial and Ongoing Needs Assessment

Initial and ongoing needs assessments will be conducted utilizing information regarding damage assessments, numbers dead, numbers missing, numbers injured obtained from the MS Emergency Management Agency and other reputable sources. Projected mental health needs will be estimated utilizing the needs assessment framework provided by the FEMA funded Crisis Counseling Programs. The Director of the Division of Disaster Preparedness and Response, along with three of the State Mental Health Disaster Coordinators, has received training in conducting this type of needs assessment.

In addition, the MS Department of Mental Health will work through the local Community Mental Health Centers and Substance Abuse providers to obtain information on the needs they are identifying in the local communities. This type of anecdotal information will also be included in the needs assessment.

Should the MS Department of Mental Health receive funding for an immediate services Crisis Counseling Program, needs assessment information will continue to be collected in anticipation of the needs for a regular services program. Immediate services program data will also be utilized as a part of the needs assessment for the regular services program.

OTHER SPECIAL PLANNING CONCERNS

MS Department of Mental Health's Presence and Role in State Emergency Management Structure

The MS Emergency Management Agency (MEMA) is responsible for the development of the State's Comprehensive Emergency Management Plan (CEMP). The plan is developed with the input and assistance of multiple state agencies. The MS Department of Mental Health participates in this process.

As outlined in the CEMP, the MS Department of Mental Health is a support agency for Emergency Support Function (ESF) 15 – External Affairs. The Director of Public Information for the MS Department of Mental Health assists and supports MEMA's Office of Public Information during a disaster. This individual is also available to provide consultation to MEMA regarding mental health issues when needed.

The MS Department of Mental Health is also a support agency for ESF 6 – Mass Care, Housing, And Human Services Annex; and ESF 8 – Health and Medical Services Annex. The MS Department of Mental Health assists lead agency for ESF 8, the MS State Department of Health, with developing the operational plan for the ESF. Additionally, the MS Department of Mental Health participates in planning meetings for ESF 8.

The MS Department of Mental Health also supports MEMA's State Emergency Operations Center by providing an Emergency Coordinating Officer to the SEOC. Other activities of the MS Department of Mental Health in the Emergency Management Structure include:

- Presentations about crisis counseling and other mental health related topics at MEMA conferences/ meetings
- Participation in statewide drills and exercises
- Inclusion in training for MEMA's web-based EOC

Regulatory Compliance of DMH-Operated Programs with Emergency Preparedness and Response Standards

It is the goal of the MS Department of Mental Health to ensure that each of its programs is in compliance with all applicable emergency preparedness and response standards. DMH state-operated programs review their disaster planning on a regular basis to ensure that all appropriate standards are being met.

The MS Department of Mental Health's Role in Emergency Risk Communication

The MS Department of Mental Health works collaboratively with MEMA's Office of Public Information. DMH will provide support to the Joint Information Center (JIC) as needed. DMH has also provided each of the DMH state-operated programs with guidance regarding emergency risk communication.

The MS Department of Mental Health's Role in Disaster Training and Exercises

Training

The MS Department of Mental Health's State Mental Health Disaster Coordinators and Central Office Response Team have completed entry-level NIMS training. This group of individuals has received certificates of completion for IS 100, 200, 700 and 800. The identified command staff members at each of the DMH state-operated programs are required to complete these same training components. Additionally, three of the State Mental Health Disaster Coordinators have completed ICS 300 and 400.

The MS Department of Mental Health also requires its state-operated programs to provide annual training on their program-specific disaster plans.

Exercises and Drills

The MS Department of Mental Health participates in statewide exercises and drills sponsored by the MS Emergency Management Agency. DMH also participates in bioterrorism drills and exercises sponsored by the MS State Department of Health

Each DMH state-operated program is responsible for conducting disaster related drills and exercises, as outlined in their Local Disaster Plan, across all shifts in all buildings housing clients and staff. Documentation of the drills is maintained at the individual program.

A state wide disaster response drill will be conducted annually in the month of May. The State Level Drill will be coordinated by the State Mental Health Disaster Coordinator(s) and the SMRC Program Director or designee. This drill will require a total evacuation of SMRC to document the actual response time. Additional training may be conducted throughout the year.

PLAN MAINTENANCE

Security and Control of the Plan

DMH State-Operated Program Local Disaster Plans

Each DMH State-Operated Program will designate one person to be responsible for maintaining, updating and distributing the program local disaster plan. This person will also be responsible for providing a current copy of the local plan to the Division of Disaster Preparedness and Response in DMH's Central Office.

State Disaster Preparedness and Response Plan

It is the responsibility of the Division of Disaster Preparedness and Response and the State Mental Health Disaster Coordinators to maintain, update and distribute DMH's State Disaster Preparedness and Response Plan on an annual basis. This plan will be distributed to all of the Program Directors at the DMH state-operated programs and all DMH Central Office Staff. It will be presented and distributed to the MS Board of Mental Health as requested.

Recommending Changes

DMH State-Operated Program Local Disaster Plans

Changes to Local Program Disaster Plans will be recommended as warranted to maintain the plans functionality, environmental needs or client requirements. All changes will be documented and include the rationale for the modification.

All modifications will be reviewed and approved by the Program Director prior to submission to the MS State Department of Health and MS Department of Mental Health.

State Disaster Preparedness and Response Plan

A notice will be disseminated to each Program Director annually requesting recommendations to the DMH State Disaster Preparedness and Response Plan. Recommendations will be evaluated and changes to the plan will be documented, including the rationale for the modification.

Modifications to the DMH State Disaster Preparedness and Response Plan will be reviewed and approved by the Executive Director and Bureau Chiefs prior to submission to the MS Department of Health. The State Mental Health Disaster Coordinator(s) will maintain the copy in Central Office.

The State Mental Health Disaster Coordinator(s) will be responsible for distributing any additions or changes to each program.

Annual Reviews and Updates

Each Local Disaster Plan will be reviewed and updated no less than annually as outlined in each Local Disaster Plan. The DMH State Disaster Preparedness and Response Plan will also be reviewed and updated annually. All changes will be documented, including the rationale for the modification.

APPENDIX A:

ON-CALL SCHEDULE FOR DMH STATE
MENTAL HEALTH DISASTER
COORDINATOR(S)

State Mental Health Disaster Coordinators' On-Call Schedule

<u>Month</u>	<u>Name</u>	<u>Office Number/ Cell Number</u>	<u>Email Address</u>
January	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
February	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
March	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
April	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
May	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
June	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
July	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
August	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
September	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
October	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
November	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov
December	Randy Foster	601-359-6652 601-906-5583 (cell)	randy.foster@dmh.ms.gov

APPENDIX C:

SHELTER IN PLACE

RECOMMENDED PRACTICES FOR SHELTER-IN-PLACE POPULATION PROTECTION

For a shelter-in-place to be effective, each program must have three things: the material needed to isolate a building from the specific threat; staff that knows how and when to use it; and a pre-appointed Incident Commander who will decide which measures the program will take and is the point of contact with the local Incident Command Structure.

There is usually one of three reasons to issue a command to shelter-in-place: a pending weather emergency; a pending chemical, biological, or radiological emergency; or a line-of-sight proximity to a potential explosion. In extreme cases, all three conditions can be present at the same time.

Training and drills are essential for this to be implemented in a timely manner.

- Program staff should be aware and practiced on evacuation procedures and isolation procedures.
- Support staff should be aware and practiced on evacuation procedures and isolation procedures for each program.
- Patients and residents should be familiar with evacuation procedures and isolation procedures so they will know what to expect.
- Key staff should be cross-trained in different areas of evacuation, isolation, and decontamination.
- Local emergency response should be notified of the program's plans in different scenarios and be asked to participate in drills so they can become familiar with the key concerns at that program and the location of needed supplies and equipment

1.1 Initiation:

1.2 The decision to evacuate or shelter in place is based on an analysis of the hazard. With certain hazards such as the presence of short-term airborne chemical or radiation hazards or line-of-sight exposure to explosives, the best decision is probably to shelter-in-place. Local Civil Defense, Law Enforcement, Fire Department, and Homeland Security Offices can provide technical guidance on this decision.

1.3 Hazards may present themselves during a train derailment, a chemical spill, or an overturned tractor trailer truck. One distinct advantage of shelter-in-place over evacuation is the short time and ease of implementation. As long as a danger remains, hazards and risks must be evaluated continuously. When determining to shelter-in-place or not, the following situational, location and resource factors must be considered:

1.3.1 Situational Factors:

- Actual situation and conditions (leak, fire, spill)
- The products involved (physical and chemical properties)
- Hazards of the products (immediate and long-term effects on the body to exposure)
- Conditions of the containers (Can the spill or leak be stopped or contained)
- Ability of the products to migrate off site (Wind strength, wind direction, how long to dissipate, drainage, etc. . .)

1.3.2 Location factors:

- Location of the incident and containers
- Size of affected population
- Risks of moving people
- Types of population
- Ability to shelter in place non-ambulatory populations

1.3.3 Resource Factors:

- Ability to shelter evacuated populations
- Ability to notify and move the affected population
- The time available to take protective action
- Stresses to local sources of assistance

2.1 Procedure:

Once the decision has been made to shelter-in-place, the following steps represent recommended practices:

- Remain calm.
- If you are outdoors, gather clients and go inside immediately. If you are in a vehicle, close windows and vents and turn off climate control equipment.
- In the event of a chemical emergency, try to make the building as airtight as possible so that outside air cannot enter.
- Fire walls inside buildings are air tight by code. Use them to plan isolation areas.
- Close all doors to the outside and close and lock all windows.
- Set ventilation to 100% re-circulation so that no outside air is drawn into the structure. Where this is not possible, ventilation systems should be turned off.
- Turn off all heating systems.
- Turn off all air conditioners and switch inlets to the “closed” position.
- Turn off and seal all exhaust fans in the kitchens, bathrooms, and other spaces.
- Seal gaps under doorways and windows with wet towels and duct tape.
- Seal gaps around windows and air conditioning units, bathroom and kitchen exhaust fans and stove and dryer vents; use duct tape and plastic sheeting, wax paper or aluminum foil.
- Close as many internal doors as possible.

- Move to an interior room (or hallway) with no windows or doors to the outside.
- Take cooler, snacks, flashlight and radio to designated location.
- If an explosion is possible, close blinds, and shades over windows. Stay away from external windows to prevent potential harm from flying glass.
- Stay indoors until you receive official notice it is safe to go out or until you are asked to leave the area. Tune into the Emergency Broadcasting System (EBS) on the radio or television for further information and guidance.
- It is vital to maintain communication with competent persons sheltering inside buildings to advise them about changing conditions.

2.2 Maintenance, public safety, and transportation personnel can be very helpful in securing a program during an order to shelter-in-place and evacuating needed programs.

2.3 These personnel should be informed of the proper procedures and drilled to assure efficiency.

2.2.1 Most of these personnel are in a position to keep shielding materials on hand in the event of an emergency.

2.2.2 Once a program is sealed, if time remains, these personnel should stage away from the program in a safe location. They can then monitor communications and find out when it is safe to return and assist with recovery measures.

2.3 During a mass casualty event, people may be drawn to seek medical attention at your program. It will be important to seal the campus from individuals who could be contaminated and would bring their contamination into your program.

3.1 Termination:

3.2 Termination must be at the appropriate time to provide maximum protection. The clients should remain in place until the hazard is cleared and notification has been received from the designated person at the program.

3.3 Populations sheltered-in-place may need to be relocated and screened for exposure following the termination of the emergency.

3.4 Many fire departments, civil defense offices, and homeland security offices have monitoring and detection equipment and would assist in determining when it is safe to reopen programs as well as guiding decontamination efforts needed for patients, staff, equipment, and buildings.

3.5 One key to decontamination is removal of existing clothing which will remove 80% of the chemical presence. Programs should acquire old

hospital gowns from area programs to keep on hand as redress kits. Commercial redress kits are also available. Normally, additional decontamination can be accomplished with water.

- 3.5.1 Programs within a reasonable proximity to rail traffic, major truck transportation routes, and plane routes would benefit from having personnel certified in detection and decontamination. These classes are offered by homeland security offices and are usually free of charge.

Top 25 hazardous materials transported in the United States

Rank	Commodity Description	DOT Hazard Class	Total US RR Cars	%
1	Petroleum Gases, Liquefied	2.1	85,264	14.4
2	Sodium Hydroxide Solution	8	69,391	11.8
3	Elevated Temperature Liquid, N.O.S.	9	66,214	11.2
4	Alcohols, N.O.S.	3	49,663	8.4
5	Sulfuric Acid	8	37,145	6.3
6	Sulfur Molten	9	34,455	5.8
7	Ammonia, Anhydrous	2.2	30,690	5.2
8	Chlorine	2.3	30,264	5.1
9	Vinyl Chloride, Stabilized	2.1	24,020	4.1
10	Phosphoric Acid	8	21,531	3.6
11	Hydrochloric Acid	8	19,196	3.2
12	Carbon Dioxide, Refrigerated Liquid	2.2	18,825	3.2
13	Ammonium Nitrate	5.1	15,089	2.6
14	Methanol	3	13,947	2.4
15	Diesel Fuel	CL	13,716	2.3
16	Gasoline	3	12,797	2.2
17	Phenol, Molten	6.1	11,487	1.9
18	Environmentally Hazardous Substances, Liquid	9	10,271	1.7
19	Styrene Monomer, Stabilized	3	9,797	1.7
20	Gasoline	3	4,858	.82
21	Sodium Chlorate	5.1	4,696	.79
22	Butane	2.1	4,030	.68
23	Propane	2.1	2,883	.15
24	Sulfur, Molten	4.1	431	.07
5	Diesel Fuel	3	9	.001

CSX Transportation community Awareness Emergency Planning Guide-2004 Edition

UN/DOT Hazard Classes

CLASS	DIVISION	DEFINITION
EXPLOSIVES(1)	1.1 1.2 1.3 1.4-1.6	Substances and articles, which have a mass explosion, hazard. Substances and articles, which have a projection hazard but not a mass explosion hazard. Substances and articles that have a fire hazard and either minor blast hazard or both, but not a mass explosion hazard. Other materials with explosive potential
COMPRESSED GASES(2) Flammable Gas Non-Flammable Gas Poison (Toxic) Gas	2.1 2.2 2.3	Gases which ignite and burn easily Gases that may asphyxiate or can cause frostbite Gases which are poisonous by inhalation (PIH)
FLAMMABLE LIQUIDS (3) Flammable Liquid Combustible Liquid	3 3	Liquids with flash points below 141°F Liquids with flash points above 141° F
FLAMMABLE SOLIDS(4) Flammable Solids Spontaneously Combustible Dangerous When Wet	4.1 4.2 4.3	Substances which are easily ignitable or burn readily. Substances that can self-ignite on exposure to air Substance that upon contact with water can either become spontaneously combustible, or can give off flammable or toxic gas
OXIDIZERS (5) Oxidizer Organic Peroxide	5.1 5.2	Substance that will react to support combustion even in the absence of air Substance sensitive to heat, shock and friction or may decompose and self-ignite
POISONS (6) Poison (Liquid or Solid) Poison (Inhalation Hazard) Keep Away From Foodstuffs Infectious Substances	6.1 6.1 6.1 6.2	Materials toxic enough to create a health hazard Poisons liquids or solids, PIH Materials that give off dangerous or irritating fumes Infectious substances and regulated medical waste
RADIOACTIVE MATERIALS (7)	7	Substances which emit ionizing radiation

CORROSIVE MATERIALS (8)	8	Substances which corrode steel and damage tissue
MISCELLANEOUS HAZARDOUS MATERIALS (9)	9	Hazardous substances that do not meet the definition of any other hazard class

CSX Transportation community Awareness Emergency Planning Guide-2004 Edition

First Responder Strategy Using the NFPA 704 Placard

NFPA Reactivity Rating 0-1 (Rating 2-4 Defensive Only)				
	Defensive operation only.	Defensive operation only.	Defensive operation only.	Defensive operation only.
4	Defensive operation only when materials identified and deemed safe.	Defensive operation only when materials identified and deemed safe.	Defensive operation only when materials identified and deemed safe.	Defensive operation only when materials identified and deemed safe.
3	Attack from safe distance in full SCBA. Decontaminate personnel/equipment thoroughly when complete.	Attack from safe distance in full SCBA. Decontaminate personnel/equipment thoroughly when complete.	Attack from safe distance in full SCBA. Decontaminate personnel/equipment thoroughly when complete.	Attack from safe distance in full SCBA. Decontaminate personnel/equipment thoroughly when complete. Consider extra attack lines.
2	Attack with full protective clothing and SCBA. Decontaminate when finished.	Attack with full protective clothing and SCBA. Decontaminate when finished.	Attack with full protective clothing and SCBA. Decontaminate when finished.	Attack with full protective clothing and SCBA. Decontaminate when finished. Consider extra attack lines.
1	Attack with full protective clothing and SCBA.	Attack with full protective clothing and SCBA.	Attack with full protective clothing and SCBA.	Attack with full protective clothing and SCBA. Decontaminate when finished. Consider extra attack lines and master stream appliances.
0	Attack with full protective clothing and SCBA.	Attack with full protective clothing and SCBA.	Attack with full protective clothing and SCBA.	Attack with full protective clothing and SCBA. Decontaminate when finished. Consider extra attack lines and master stream appliances.
	0	1	2	3
	NFPA Flammability Rating			

N F P A H e a l t h R a t i n g

APPENDIX D:
STATEWIDE RESPONSE TEAM

STATEWIDE RESPONSE TEAM

1.1 ACTIVATION FOR HURRICANES:

- June 1 to November 30 is the designated hurricane season and the only disaster for which we can have a pre-planned response. Most major storms occur in August and early September.
- The Program Director or designee of the South Mississippi Regional Center will notify the on-call State Mental Health Disaster Coordinator when a storm has entered the Gulf of Mexico.
- The State Mental Health Disaster Coordinator will monitor MEMA communications either in person or via WebEOC remotely. All pertinent information will be relayed to affected programs. Additional information can be found via the internet at sites like the following:
www.weatherunderground.com
www.weather.com
- When it has been determined that a storm may threaten the Mississippi Gulf Coast, the State Mental Health Disaster Coordinator will notify each Program Director or designee to put their employees on alert.
- The State Mental Health Disaster Coordinator will activate the Response Team when the storm has passed if the need for additional employees has been established.
- Depending on the size and category of storm, Ellisville State School and South Mississippi State Hospital may not be able to provide staff due to their own needs.
- The South Mississippi Regional Center will make duty assignments that best suit the volunteering employee and benefit the program.

2.0 ACTIVATION FOR OTHER DISASTERS:

The State Mental Health Disaster Coordinator will activate the Response Team upon the request or receipt of knowledge of a disaster. This knowledge may come through the Program Director, Bureau Directors, or the Executive Director of the DMH.

3.1 PROGRAM RESPONSIBILITIES:

- 3.2 The state wide emergency response team will be established prior to June 1. Each program is responsible for recruiting volunteers to ensure two or more staff members per program can serve as their responders to any disaster at another program. Each program will also identify alternate staff to ensure supplying a minimum of two staff. If an evacuation is needed supplying bus drivers may be necessary. The request for drivers will

come from the State Mental Health Disaster Coordinator(s) after communicating with the Director of the program in need of assistance.

- Boswell – 2 staff – capable of performing direct care duties
- Central MS Residential Center – 1- RN or LPN, and 1- MHT who can perform direct care duties
- Ellisville State School – 2 staff – capable of performing direct care duties
- East MS State Hospital – 1 RN or LPN and one staff capable of performing direct care duties
- Hudspeth – 2 staff capable of performing direct care duties and one nurse if possible
- Juvenile Rehabilitation Program – 2 staff capable of performing direct care duties
- MS State Hospital – medical personnel – including a physician if needed
- North MS Regional Center – 2-3 staff to respond for the second phase if needed
- North MS State Hospital – 2-3 staff ready to respond for the second phase if needed
- South MS Regional Center – 2 staff, ready to respond for the second phase if needed
- South MS State Hospital – 2 staff, one being a nurse if possible
- Specialized Treatment Program – 2 staff, ready to respond for the second phase if needed

3.1.1 In the event of a disaster in the southern part of the state, the two most northern programs will be responsible for having available a second response team of staff if needed. They will be deployed after the initial response as needed.

3.1.2 In the event of a disaster in the northern part of the state, the two most southern programs will be responsible for having available a second team of staff if needed. They will be deployed after the initial disaster response as needed.

- Try to recruit staff who are flexible and willing to work any shift. They may be asked to work in Residential Services, Dietary or even Maintenance.

- Try to select staff who have a support system that allows them to respond promptly when called upon. Each Program needs to be able to provide staff for a period of 7 to 10 days following the disaster. The program can swap out staff or have staff who stay the entire period.
- If possible, one staff needs to be able to drive a bus. The program may pay for this incurred expense including, test cost, physical, and training as needed.
- Allow staff to participate in pre-scheduled training and drills associated with the response team.
- Ensure staff can complete competencies associated with direct client care.
- Each program will be responsible for any cost associated to their employees.
- The Program Director or designee is responsible for maintaining 24 hour contact information for their staff who are on the Response Team.
- The Program Director or designee will provide the State Mental Health Disaster Coordinator(s) the names of staff when the response is initiated.
- The Program Director is responsible for providing the State Mental Health Disaster Coordinator(s) an alternate contact at the program who will have the contact information of the Response Team staff in case they are not available.
- The Program Director or designee is responsible for providing manual time keeping logs for their Response Team members.
- The Program Director or designee should supply the Response Team members a method for tracking the use of vehicles or any equipment they may take to aid in the response effort.
- The program receiving the additional staff will be responsible for providing the response team a place to sleep and meals.

4.1 STAFF RESPONSIBILITIES:

- Staff will be responsible for their own clothes, a bed roll, personal toiletries and any medications.
- Staff must be able to leave during any work day or be willing to be called back with reasonable response time.
- Staff must be able to provide direct care to individuals with multiple needs, willing to work in dietary, or any department as assigned.

- If staff have a commercial license, they must maintain the license or notify their Program Director for possible replacement on the Response Team.
- Staff must attend training and participate in drills as outlined by the State Mental Health Disaster Coordinator(s) and coordinated through programs.
- Staff must demonstrate competencies associated with client care including care of individuals who use wheelchairs.

5.1 COMPENSATION:

5.2 Each program will be responsible for the payment of each individual that is sent to assist with a disaster. This will include the provision of the following:

- Time and one half from the time the individual leaves their work place, until the time they return. This includes travel time and sleep time as well.
- Exempt employees may be awarded compensatory time.
- A state vehicle will be provided for travel to and from the disaster site or reimbursement for personal vehicle.
- Reimbursement for meals on the road if needed.
- The program receiving additional staffing will be responsible for feeding and housing the staff while they are at their program.

6.1 TERMINATION:

- If a program sent an employee and is in need of that employee back then a request is made to the State Mental Health Disaster Coordinator(s) who will coordinate replacement of that staff and get the requested staff returned to their program as soon as possible.
- The Program Director or designee involved in the disaster will determine the earliest time at which the Response Team can return to their original work locations.
- The Program Director or designee will notify the State Mental Health Disaster Coordinator(s) and Response Team staff directly that they are relieved and may return to their original work locations.
- The State Mental Health Disaster Coordinator(s) will notify the other Program Directors that the Response Team has been relieved and that they can expect the

return of their staff. They will also be informed of the time at which they were relieved.

7.1 POST DISASTER RESPONSIBILITIES:

- Upon return to their program, the Program Director or designee is responsible for providing a copy of each individual time sheet to the State Mental Health Disaster Coordinator(s).
- The Program Director or designee is responsible for providing a copy of the form used for tracking the use of vehicles or any equipment used to aid in the response effort to the State Mental Health Disaster Coordinator(s).
- The programs should each maintain documentation for their members of the Response Team to provide with a FEMA claim when applicable.
- The State Mental Health Disaster Coordinator(s) is responsible for requesting the above information if not received within five (5) working days from each responding program.

APPENDIX E:

SMRC EVACUATION

Responsibilities for DMH State Mental Health Disaster Coordinators for Possible SMRC Evacuation

The State Mental Health Disaster Coordinators will begin monitoring the weather June 1 of each year for hurricane activity. This can be done through the internet at www.nch.noaa.gov and www.weather.com or on the Weather Channel. Historically, the tropical update has been at 50 past the hour.

By May 1 of each year, State Mental Health Disaster Coordinators will be responsible for the following:

- Provide SMRC Program Director or designee a copy of the DMH State Mental Health Disaster Coordinator(s) updated schedules and contact information.
- Obtain the most current copy of the SMRC local disaster plan.
- Obtain and verify through the Program Director or designee that the list of emergency contact staff at SMRC is up to date.
- Obtain and verify SMRC clients and their current locations are up to date through the Program Director or designee.
- Obtain and verify through the Program Director or designee that the evacuation point of each SMRC program is up to date.
- Verify that client identification is established and up to date.
- Discuss the pre-identified needs for response with the Program Director(s), i.e. water, fuel, staffing, supplies, needs may change with each response.
- Discuss these needs with other Program Directors to have arrangement made for staging these supplies as needed.
- Obtain from the Program Director or designee the current names and numbers, and agreements or contracts if possible, of the following service providers:
 - Nursing contract agencies for emergency response
 - Food distribution
 - Fuel source
 - Pharmacy supply
 - Generator repair
 - Water Supply
- Notify DMH Program Directors that SMRC may have to evacuate to their program and secure their agreement to assist with evacuation if needed.

- Verify the composition of the response team with the DMH Program Directors or designees.
- Verify the names of staff members that will be a part of the Statewide Response Team.

In the event that SMRC is in the strike zone, responsibilities of the DMH State Mental Health Disaster Coordinators will include:

When it has been determined that the Gulf Coast of Mississippi is in the hurricane strike zone, preparation for the possible evacuation of SMRC should begin. This includes:

- Begin frequent communication with the Program Director or designee.
- Notify other Program Directors or designee to prepare their response team for possible evacuation of SMRC.
- Request pre-identified Program Director or designee to stage the pre-requested identified needs for possible delivery.
- Notify each Program Director or designee at DMH Programs (as needed) to begin preparations to assist with evacuation.
- All communication should be documented.

In the event that SMRC is in the strike zone, SMRC will begin preparation of the clients, staff and program for evacuation.

DECISION TO EVACUATE:

The decision to evacuate is made with the input of the coastal Program Directors, DMH Management, State Mental Health Disaster Coordinator(s), and local EOCs.

- At 72 hours from estimated landfall, emergency assessment of pending storm strength will be conducted for possible evacuation of the Long Beach campus and SMRC community program sites. Key indicators for evacuation include but are not limited to:
 - National Weather Service Information,
 - Local Emergency Management Personnel,
 - National and local emergency operations reports of wind velocity, storm intensity and tidal surge,
 - Predicted geographical point of landfall,
 - Projected landfall at high tide,
 - Observed barometric pressure as storm approaches, and

- Number of staff identified for duty throughout the duration of the storm event.

The program will shelter in place for Category 1, 2, and most Category 3 Hurricanes. Category 4 Hurricanes will be closely monitored and evacuation is most possible. The program will evacuate for category 5 storms.

PARTIAL EVACUATION:

The program may elect to evacuate a community program to a predetermined site (see chart below) or pre-identified main campus clients to the Specialized Treatment Program. The Program Director or designee will notify DMH State mental health disaster coordinator(s) of the decision to partially evacuate. SMRC clients identified as requiring 24/7 pervasive, maximum physical and medical supports available via adaptive lifting equipment, bathing apparatus and/or nutritional supports via tube feeding will be transported to STF. Assistance with transportation will be provided by other DMH programs. STF will be notified of the partial evacuation by the State Mental Health Disaster Coordinator(s) and will prepare to accept the incoming clients. If assistance during a partial evacuation is needed, the Program Director or designee is responsible for making request(s) to the State Mental Health Disaster Coordinator(s). Additionally, the State Mental Health Disaster Coordinator(s) should notify DMH management staff of the decision of partial evacuation and what programs are involved.

Program Name	Destination	Transportation	Client information
Gautier Community Programs and Cheshire Group Homes	ESS	Self Sufficient	22 male – 19 female
Biloxi Community Programs	BRC	Self Sufficient	10 male – 10 female
SMRC Main Campus 24 Gulf Oaks 23 Seagull 24 Cypress 22 Dolphin 20 Mockingbird	MSH	ESS and SMRC	113 clients
SMRC Main Campus 20 Bayview 19 Seacrest 4 Mockingbird Lane 1 Seagull 1 Dolphin	STF	ESS	45 clients
Wiggins Community Programs	ESS	Self Sufficient	10 male – 10 female

Poplarville Community Homes	MSH	Self Sufficient	16 male – 12 female
--------------------------------	-----	-----------------	---------------------

EVACUATION CHECKLIST – PRIOR TO STORM

Upon receiving notification from the Program Director or designee that evacuation is necessary, the following should be completed by the State Mental Health Disaster Coordinator(s): (Note: all communication should be documented)

1. Verify contact information for Program Director, designee and command staff. This includes landline telephone numbers, cellular telephone numbers, satellite telephone numbers and fixed access lines.
2. Verify contact information for person(s) for Community Programs (Gautier Community Homes, Cheshire Group Home and Biloxi Community Homes).
3. Verify number of clients and staff from Main Campus that will evacuate
4. Verify number of clients and staff from Community Programs that will evacuate.
5. Verify that DMH has accurate client evacuation information. Provide a copy of this information to the person(s) on the 1-800 phone line. Verify that DMH website will be updated with evacuation information and that SMRC's website is updated with evacuation information. ** SMRC will be responsible for updating their own website.
6. Confirm evacuation sites for Main Campus and Community Programs
7. Confirm timeframes for evacuation with Program Director or designee and contact person(s) for Community Programs
8. If transportation assistance is needed, arrange for assistance through other DMH programs (primarily Boswell, Ellisville and Hudspeth). Notify SMRC Program Director or designee as transportation arrangements are confirmed and the estimated time of arrival of assistance.
9. Confirm with Program Director or designee if there is a need to begin evacuation of nonambulatory to STF. SMRC will begin this process if needed.
10. Notify other programs of impending evacuation – provide information on estimated time of evacuation and number of clients they will be receiving (if applicable)
11. Notify Ellisville, Boswell and SMSH that evacuation sites for staff may be needed.

12. Communicate with the programs involved in receiving the clients/staff to ensure they are preparing for their arrival.
 - Obtain the name of the building and the contact person to ask for upon arrival.
 - Fax the client information to the receiving Program Director or designee to distribute to staff as needed, including charge staff person.
 - Share departure time from the coast to give an approximate arrival time. Be sure to advise due to traffic, the arrival time will most likely be delayed.
 - Provide name of contact person and building location of receiving program to the person in charge of the evacuating program.
13. Determine, if possible, the number of staff members who will arrive with the clients.
14. Communicate to Director of SMRC when the arrangements are complete.
15. Confirm arrival of SMRC clients with designated Program Director or designee and relate that information to SMRC Program Director or designee.
16. Inquire about further needs.
17. Continue to monitor storm for landfall.

EVACUATION CHECKLIST – POST STORM

After the storm's landfall, the following should be completed by the State Mental Health Disaster Coordinator(s):

1. Communicate with Program Director or designee for updates concerning the following:
 - Clients at locations (Main Campus and Community Programs) that did not evacuate
 - Staffing – does the statewide response team need to be activated
 - Immediate needs of the program
 - Physical Plant damage
 - Assessment of the Infrastructure
2. Share updated information with the central office staff needed to update the DMH website and the 1-877 phone number.
3. If deemed necessary, activate statewide response team as outlined in Appendix D.
4. Deploy resources as needed – water, food, medical supplies, nursing staff etc.
5. Continue coordination of activities of the program involved in the emergency with other programs and Central Office staff, including further evacuation depending on infrastructure.

6. Determine the need for further evacuation of the following programs. Ensure the receiving program has utilities before the homes evacuate.

Wiggins Group Home – ESS

Poplarville Group Home – Hudspeth

APPENDIX F:
INCIDENT COMMAND STRUCTURE

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

Wendy Bailey, Executive Director

**Deputy Executive Director
State Operated Programs**

Craig Kittrell

Incident Commander

Randy Foster

Finance Officer

Kelly Breland

Public Information Officer

Adam Moore

APPENDIX G:

Media/ Public Information Guidelines

MISSISSIPPI DEPARTMENT OF MENTAL HEALTH DISASTER PUBLIC RELATIONS GUIDELINES

It is the policy of the Mississippi Department of Mental Health to cooperate with representatives of the media and the community in an effort to accurately present information about Department of Mental Health programs after a disaster. Below are guidelines for Public Relations Representatives at the programs to follow. If you have any questions, please call

- A. If there are fatalities or injuries following the disaster, please do not report these to the media without contacting the Mississippi Department of Mental Health.
- B. Do not release names of any patients to anyone other than legal guardians.
- C. If there is damage to the program, tell the media “we have sustained damage to our program.” Do not go into detail about what buildings have sustained damaged.
- D. Inform all members of the media that your program’s goal is to ensure the safety of everyone, the security of the program and the restoration of services.
- E. Remind the media you are trying to provide the most accurate information as quickly as possible and will continue to provide updates.

Mental Health Disaster First Response Media Statement

FOR IMMEDIATE RELEASE

Contact: Program:
Phone: Pager:
Fax: E-mail:

At this time we can confirm the following:

At approximately _____ this morning/afternoon/evening, we experienced:

At this point we cannot provide you with the full details because members of our team are continuing to assess the situation. Our primary goal(s) is/are to ensure:

the safety of everyone;
the security of the
program; the restoration
of services;

and to provide the most accurate information we can as quickly as possible.

Please feel free to report that any legal guardians of our patients should contact our program. If communication is interrupted, please contact the Mississippi Department of Mental Health at 1-877-210-8513 for more information. State and federal regulations, as well as HIPAA regulations, prohibit us from releasing the names of any patients to anyone other than legal guardians.

You may also help us by spreading the message that we need all employees to contact our program and/or the Mississippi Department of Mental Health for specific instructions.

We ask members of the media to stay in touch with us to confirm all facts so the public is assured of the most accurate information we can provide. Please remember our goal is the safety of everyone involved and we are striving to take care of this situation. If you need additional information, please call the Mississippi Department of Mental Health at 1-877-210-8513.

In the meantime, please bear with us.

Thank you.

APPENDIX H:

Hazard/Vulnerability Analysis Template

Mississippi Department of Mental Health
HAZARD AND VULNERABILITY ASSESSMENT TOOL

EVENT	PROBABILIT Y	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINES S IMPACT	PREPARED -NESS	INTERNAL RESPONS E	EXTERNAL RESPONS E	
	<i>Likelihood this will occur</i>	<i>Possibility of death or injury</i>	<i>Physical losses and damages</i>	<i>Interruption of services</i>	<i>Preplanning</i>	<i>Time, effectivness, resouces</i>	<i>Community/ Mutual Aid staff and supplies</i>	<i>Relative threat*</i>
	Within the next 12 Months	Think "mode" or most Common.	Think "most likely" scenario.	Think "most likely" scenario.	Knowledge from: Actual Events, Actual Drills, Table Tops	In response to an event, how self reliant are we?	Think contracts, agreements and reality	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 2 = Moderate 1 = Low 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 - 100%
Hurricane	0	0	0	0	0	0	0	0%
Tornado	0	0	0	0	0	0	0	0%
Severe Thunderstorm	0	0	0	0	0	0	0	0%
Ice Storm	0	0	0	0	0	0	0	0%
Temperature Extremes	0	0	0	0	0	0	0	0%
Epidemic/Pandemic	0	0	0	0	0	0	0	0%
Earthquake	0	0	0	0	0	0	0	0%
MRSA/VRE	0	0	0	0	0	0	0	0%
Total Nat. Events	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
Electrical Failure	0	0	0	0	0	0	0	0%
Generator Failure	0	0	0	0	0	0	0	0%
Fuel shortage	0	0	0	0	0	0	0	0%
Natural Gas Failure	0	0	0	0	0	0	0	0%
Water Failure	0	0	0	0	0	0	0	0%
Sewer Failure	0	0	0	0	0	0	0	0%

Steam Failure	0	0	0	0	0	0	0	0%
Communications Failure	0	0	0	0	0	0	0	0%
HVAC Failure	0	0	0	0	0	0	0	0%
Fire Internal	0	0	0	0	0	0	0	0%
Hazmat Exposure (train/hwy)	0	0	0	0	0	0	0	0%
Hazmat Exposure (internal)	0	0	0	0	0	0	0	0%
Explosion	0	0	0	0	0	0	0	0%
Total: Tech Events	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%
Terrorism (chemical)	0	0	0	0	0	0	0	0%
Terrorism (biological)	0	0	0	0	0	0	0	0%
VIP Situation	0	0	0	0	0	0	0	0%
Patient Abduction	0	0	0	0	0	0	0	0%
Hostage/Intruder Situation	0	0	0	0	0	0	0	0%
Bomb Threat	0	0	0	0	0	0	0	0%
Plane Crash	0	0	0	0	0	0	0	0%
Total: Human Events	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%

**Threat increases with percentage.*

Revised January 2014

	RISK = PROBABILITY * SEVERITY	
Natural	0.00	0.00
Technological	0.00	0.00
Human	0.00	0.00