
**Michigan Department of Health and Human Services (MDHHS)**

*Emergency Operations Plan*
*Base Plan*

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Annex 14 – Continuity of Operations Plan

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# Revision Tracking

| Revision Date | Person Revising | Overview of Revisions |
|---|---|---|
| December 2018 | Jennifer Lixey Terrill | Added human services elements and revised annexes based on new additions/changes. |
| October 2019 | Jennifer Lixey Terrill | Incorporated edits from DEPR Director, to include additional planning assumptions, and updating the distribution list. |
| November 2019 | Jennifer Lixey Terrill | Updated HPP Capabilities |
| July 2020 | Jennifer Lixey Terrill | Incorporated edits from BETP Director |
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# Plan Distribution List

| Plan Holders |
|---|
| MDHHS Director |
| MDHHS Chief Deputy Director for Administration |
| MDHHS Chief Deputy Director for Opportunity |
| MDHHS Chief Medical Executive and Deputy Director for Health |
| Administrative Deputy for the Public Health Administration |
| MDHHS Bureau of EMS, Trauma, and Preparedness (BETP) Director |
| MDHHS BETP Division of Emergency Preparedness and Response (DEPR) Director |
| MDHHS BETP Division of EMS and Trauma (DET) Director |
| MDHHS Emergency Management Coordinators (EMC) |
| MDHHS Bureau of Epidemiology and Population Health (BEPH) Director |
| MDHHS Bureau of Laboratory Director |
| MDHHS Behavioral Health and Developmental Disabilities Administration (BDHHA) |
| MDHHS External Relations and Communications Director |
| MDHHS Director of Communications |
| MDHHS Legislative Liaison |
| MDHHS Medical Services Administration |
| Michigan State Police (MSP) Emergency Management and Homeland Security Division (EMHSD) Director |
| Michigan State Emergency Operations Center (SEOC) |
| Michigan Department of Civil Rights |
| Michigan Department of Licensing and Regulatory Affairs |
| *Electronic versions are maintained on the Michigan Health Alert Network within the MDHHS Emergency Operations Plan (EOP)* |

## Plan Organization

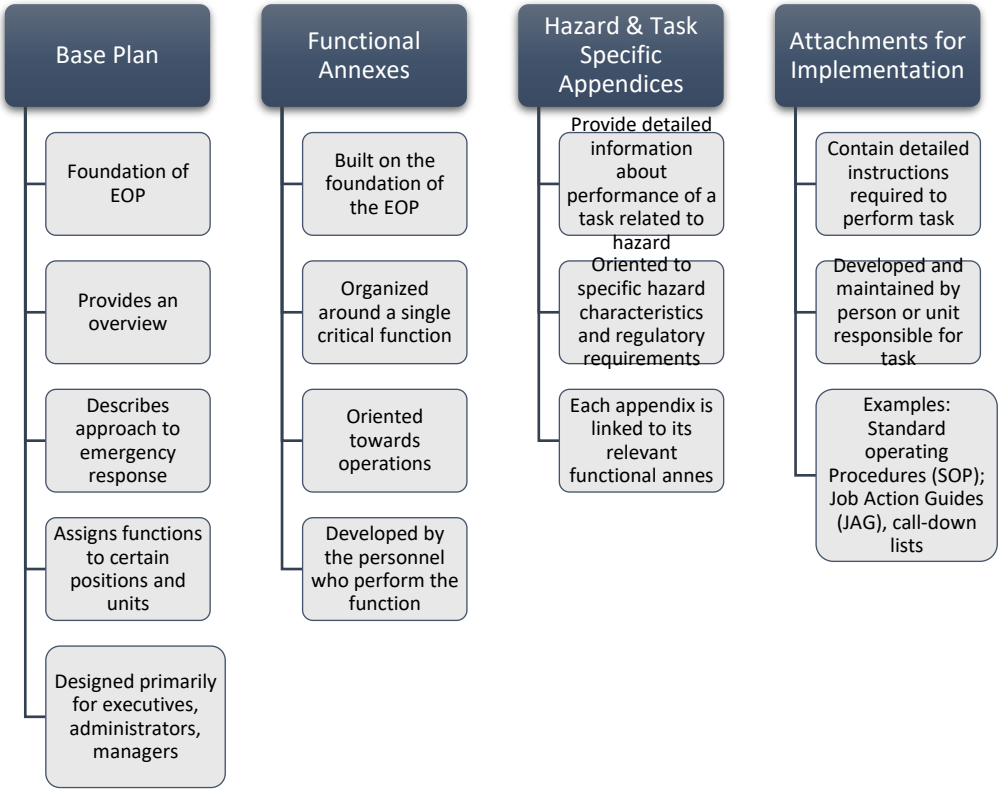
The Michigan Department of Health and Human Services Emergency Operations Plan (EOP) follows the emergency management guidelines and responsibilities set forth in the existing Michigan Emergency Management Plan (MEMP) and chain of command structure.

*See Attachment 1 for a Glossary of Terms and List of Acronyms*

## Plan Development and Maintenance

The EOP was developed using a functional approach in accordance with the Federal Emergency Management Agency (FEMA) Comprehensive Preparedness Guide (CPG) 101, Version 2.0 titled: *Developing and Maintaining Emergency Operations Plans,* published November 2010. It is organized around critical functions that the department will perform in response to an actual, imminent or potential emergency. The EOP is a collection of plans and procedures that is divided into four levels, escalating in specificity and detail.

- The EOP Base Plan
- Functional Annexes
- Hazard and Task Specific Appendices
- Attachments for Implementation



The EOP is a dynamic document. This version evolved from previous iterations and requires review and revision on an ongoing basis. In addition, the planning process requires the participation of many individuals, particularly personnel who have emergency management roles and responsibilities.

The Bureau of EMS, Trauma, and Preparedness (BETP) is responsible for coordinating the development and maintenance of the EOP. The Emergency Management Coordinators (EMC) are assigned to facilitate the planning process, which shall include:

- Ongoing review and revision of the department's information in the Michigan Hazard Analysis and the Threat and Hazard Identification Assessment (THIRA), and the Michigan Emergency Management Plan (MEMP).
- Annual review and completion of revisions to the EOP Base Plan.
- Verification that assigned annexes, appendices and attachments are updated and maintained.

Personnel who are assigned responsibility for the development and maintenance of annexes, appendices and/or attachments are expected to review and update those documents and submit revisions to the EMC. In addition, they are expected to participate in training, exercises, review of lessons learned, and other preparedness activities.

All plan holders receive revisions as they are published and are given the opportunity to review and provide comments. The authority for review and acceptance of this plan rests with MDHHS.

# Introduction

**Purpose**

The purpose of this document is to provide an organizational and operational framework to enable the Michigan Department of Health and Human Services to protect, mitigate, prepare for, respond to, and recover from emergencies, disasters, threats or incidents that pose an actual, imminent or potential threat to the public health, healthcare or human services systems of the citizens of Michigan. The MDHHS EOP describes how the department will protect citizens, property and the environment in a disaster or emergency incident. It describes actions to be taken by the department in response to all hazards. It delineates the department's roles, responsibilities, and emergency response structure.

**Scope**

The MDHHS EOP fulfills planning requirements of two federal-state cooperative agreements pursuant to the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) of 2019.[1] The Public Health Emergency Preparedness (PHEP) Cooperative Agreement is administered by the US Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC). The Hospital Preparedness Program (HPP) Cooperative Agreement is administered by the HHS Assistant Secretary for Preparedness and Response (ASPR).

MDHHS is responsible for properly safeguarding the public health and providing services to vulnerable children and adults. The department has general supervision of the interests of the health and life of the people of this state. The Public Health Code (1978 PA 368, as amended) provides the Director of MDHHS with broad authority to protect the health, safety, and welfare of the people of this state. By virtue of these authorities, the MDHHS serves as the lead state agency on human health issues, including mental health.[2]

*See Attachment 2 for a List of Authorities and References*

The MDHHS EOP utilizes an all-hazards, collaborative approach to the prevention and/or mitigation of, preparedness for, response to, and recovery from emergencies or disasters that pose potential negative consequences to the citizens of Michigan. In order to do so, MDHHS is responsible for providing coordinated assistance to the following entities, at a minimum:

- Local health departments
- Healthcare facilities, agencies and services
- Human Services Field Offices (Local MDHHS Offices)
- Regional Healthcare Coalitions
- Community Mental Health Service Programs (CMHSP)
- Other State of Michigan departments as identified in the MEMP

[1] https://www.congress.gov/116/bills/s1379/BILLS-116s1379enr.pdf
[2] Michigan Emergency Management Plan, Emergency Management Division, Michigan State Police, March 2013.

**Structure**

The EOP is organized around critical functions that the department will perform in response to an emergency and is a collection of plans and procedures that are divided into four levels, escalating in specificity and detail.

1. **Base Plan** – This core document is the foundation of the EOP. It provides an overview of the department's emergency response organization and policies. It describes the department's approach to emergency response. It assigns emergency response functions to certain positions and organizational units within the department, and is designed primarily for departmental executives, administrators, and managers.
2. **Functional Annexes** – These plans are organized around the performance of a single critical function that the department will perform in response to an incident and are oriented toward operations. Each annex is developed by and for the personnel who perform that function.
3. **Hazard and Task Specific Appendices** – These provide detailed information applicable to the performance of a particular task, or function, in the face of a particular hazard. Appendices are oriented to specific hazard characteristics and regulatory requirements. Each appendix is linked to its relevant functional annex.
4. **Attachments for Implementation** — These documents contain detailed instructions that a departmental unit or individual needs in order to fulfill responsibilities and perform tasks assigned to them. They are developed and maintained by the person or unit responsible for the performance of the task. Some examples of implementing instructions include: Standard Operating Procedures (SOPs), Job Action Guides (JAGs), call-down lists, maps, charts, tables, forms, and checklists. These addenda may be included as attachments or they may be incorporated by reference. In most cases these are internal documents that contain homeland security sensitive information that must be protected.

**Situation Overview**

The department's EOP is one component in a network of emergency operations plans that span across county, municipal, tribal, state, and federal governments. It complies with the National Incident Management System (NIMS), which is the nationwide, standardized approach to incident management and response. It is consistent with the National Response Framework, which, "describes the principles, roles and responsibilities, and coordinating structures for delivering the core capabilities required to respond to an incident and further describes how response efforts integrate with those of the other mission areas."[3] The figure on the next page depicts the five mission areas of the National Preparedness Goal. The MDHHS EOP supports the MEMP and is authorized by the Emergency Management Act.[4]

[3] U.S. Department of Homeland Security. (2013). National response framework 2nd ed. p. 5.

[4] http://www.legislature.mi.gov/(S(pqqkva55ieppaj55ksem3jj5))/documents/mcl/pdf/mcl-Act-390-of-1976.pdf

**Mission Areas of National Preparedness Goal**


The MEMP requires all state departments to:

- Appoint or employ an Emergency Management Coordinator (EMC).
- Maintain appropriate sections to the MEMP.
- Maintain a capability to carry out emergency tasks and assignments.
- Develop appropriate internal standard operating procedures (including procedures to safeguard personnel and vital records and to relocate essential resources if necessary), resource lists and alerting procedures.
- Participate in drills and exercises to test emergency plans and procedures.
- Ensure that personnel assigned to emergency tasks are properly trained.
- Ensure that the designated departmental representative promptly reports to the SEOC and/or other appropriate coordinating facility, as necessary to respond to an emergency or disaster.
- If appropriate, establish a departmental Emergency Coordination Center (ECC) to provide continuous support to the departmental representative at the SEOC and/or other state emergency coordinating facility.
- Provide for the delivery of emergency services (including personnel, equipment, materials, technical advice/assistance, facilities and funding) when incidents occur, in accordance with this plan.
- Provide damage assessment data to the MSP/EMHSD and participate on assessment teams when requested.

- Coordinate with counterpart federal departments/agencies in the implementation of appropriate mitigation, prevention, preparedness, response, and recovery activities under the NRF and other authorities
- Implement the computer security program as directed by the MDTMB to protect the State's computer network from cyber-attacks and physical harm

**Emergency Support Functions (ESF) and Emergency Recovery Functions (ERF)**
The NRF identifies 14 emergency support functional areas to classify resources and capabilities that are generally required during a disaster or emergency incident. There are two ESFs that are particularly relevant to MDHHS: ESF #6, Temporary Housing, Mass Care, Emergency Services and Human Services and ESF #8, Public Health and Medical. These support functions are aimed primarily at response and recovery efforts.

According to the US Department of Health and Human Services (2014) a "one DHHS" approach which includes public health, healthcare, behavioral health, human services, environmental health and responder health and safety missions, is the best way to manage the preparedness, response and recovery of individuals and families during disasters and emergencies. The one HHS structure contributes to the common operating picture that is necessary to meet the human needs created by an incident: thus, promoting individual and community resilience while strengthening and sustaining health and emergency response systems.

On March 30, 2011, Presidential Policy Directive/PPD-8 – National Preparedness was issued. PPD-8 outlines the President's vision for strengthening the security and resilience of the nation through the systematic preparation for threats to security, including acts of terrorism, pandemics, significant accidents, and catastrophic natural disasters. PPD-8 established three national preparedness principles:

1. An all-of-Nation approach aimed at enhancing integration of effort across federal, state, local, tribal, and territorial governments; closer collaboration with the private and non-profit sectors; and more engagement of individuals, families and communities.
2. A focus on capabilities, defined by specific and measurable objectives, as the cornerstone of preparedness. This will enable more integrated, flexible, and agile all-hazards efforts tailored to the unique circumstances of any given threat, hazard, or actual event; and
3. A focus on outcomes and rigorous assessment to measure and track progress in building and sustaining capabilities over time.[5]

The Secretary of DHHS is the lead agency for all Federal public health and medical response to incidents under the National Response Framework. The response addresses medical needs including mental/behavioral health and substance abuse considerations of incident victims and response workers. Services also cover the needs of other at-risk, to include access and functional needs, populations requiring medical care, including assistance or support in maintaining independence, communication,

[5] https://www.dhs.gov/presidential-policy-directive-8-national-preparedness

transportation, and/or requiring supervision. The Secretary of HHS through the Office of the Assistant Secretary for Preparedness and Response coordinates national ESF #8 preparedness, response, and recovery actions.[6]

**Concept of Operations**

This section explains the department's overall approach to an emergency situation. It includes:

- The roles and responsibilities for public health and emergency management among governmental jurisdictions (federal, state, local, and tribal governments).
- When elements of the EOP will be activated and de-activated.
- Alert levels and the basic actions that accompany each level.
- The general sequence of actions prior to, during, and post-incident.

**General Planning Assumptions**

- Local governments respond to incidents within their jurisdictions. A basic premise of emergency management is that response starts at the local level and adds regional, state, and federal assets as the affected jurisdiction needs more resources and capabilities. Therefore, each local health department, healthcare organization, life support agency, community mental health services program, and county MDHHS office will support local response efforts in coordination with the local emergency management program(s).
- The National Incident Management System (NIMS) is the state standard for incident management. MDHHS executives, administrators, managers, and other response personnel with emergency management roles have a basic knowledge of NIMS, Incident Command System (ICS), the NRF, the National Recovery Framework, the Emergency Management Act (1976 PA 390), and the MEMP.
- Basic knowledge of emergency management doctrine can be attained through the completion of the following online, independent study courses provided by the FEMA. These courses are available at no cost, via the following link: http://training.fema.gov/IS/
    a. ICS 100.b-Introduction to the Incident Command System
    b. ICS 200.b-ICS for Single Resources and Initial Action Incidents
    c. IS 700.a-NIMS, An Introduction
    d. IS 800.b-National Response Framework, An Introduction
- Collaboration is imperative for organized and effective emergency response and recovery activities to take place. MDHHS may require assistance from other state or federal agencies.
- Sufficient appropriations will be made to support this plan and the specialized resources required to implement the plan.

[6] Federal Emergency Management Agency. (2008). ESF #8: Public health and medical services annex. http://www.fema.gov/pdf/emergency/nrf/nrf-esf-08.pdf

- Strong coordination between behavioral health and human services stakeholders may improve effectiveness, as these needs may be closely associated.
- Certain disaster incidents with limited public health and medical implications may still have significant human services implications. Requests for federal assistance with human services may occur during incidents, without requests for federal public health and/or medical assistance.
- All partners must ensure services are culturally and linguistically appropriate to the population being served.
- All partners must ensure that racial justice is maintained in accordance with existing Executive Orders issued by the Governor's office.
- MDHHS planning and field operations addresses the specific needs of children and vulnerable adults receiving services.
- MDHHS services are an integral part of the overall preparedness and have been integrated into response and recovery activities.

**Human Services Planning Assumptions**[7]

- Private for-profit entities, faith-based, community-based organizations, Voluntary Organizations Active in Disaster (VOADs), emergency management authorities, emergent and ad-hoc community organizations, all serve a role in the provision of services during and after emergency incidents.
- During the initial stages of a response, the development of situational awareness and damage assessment may slow the provision of MDHHS services and critical infrastructure.
- Human services personnel delivering services in the impacted community may benefit from technical assistance and support from the disaster.
- In addition to disaster-related human services and grant programs, federal non-disaster related human services programs are strategically leveraged to augment state, local and tribal capabilities when appropriate and allowable within legal authorities.
- The human services grantor-grantee relationship is fundamental to supporting disaster human services.
- Coordination between the FEMA-led ESF #6 human services mission in response and the HHS led Health and Social Services Recovery Support Function Mission in recovery is critical for successful federal support to human services recovery efforts.
- Services to individuals with access and functional needs should also support independence and self-determination.

[7] FEMA ESF #6 - https://www.fema.gov/media-library-data/1470149820826-7bcf80b5dbabe158953058a6b5108e98/ESF_6_MassCare_20160705_508.pdf

- Human services assistance should be integrated in an effort to mitigate psychosocial and economic hazards that at-risk populations may experience.

**Public Health and Medical Planning Assumptions**[8]

- Public health and medical services are delivered through surge capabilities, utilizing health professionals and medical countermeasures to augment public health, medical, and behavioral health services.
- Public health activities may include the distribution and delivery of medical services, medical countermeasures, equipment, supplies, and technical assistance.
- Services provided will aim to mitigate acute and long-term threats to the health of the population and maintain the health and safety of responders.
- MDHHS will collaborate with impacted local health jurisdictions, and regional healthcare coalitions, to communicate public health information regarding protective action orders, emergency orders, executive orders, waivers, and public health advisories as they relate to human health and environmental threats.
- MDHHS may work with private industry partners and associations for information sharing, planning, response, and recovery activities.
- Nongovernmental organizations, including community-based organizations, are an important partner in recruiting and supporting health professional volunteers and may provide medical assistance and counseling services to victims and their families.
- Coordination between the FEMA-led ESF #8 is critical for successful federal support to public health and medical efforts.

## Roles and Responsibilities

### Federal

The President leads the federal government's response effort. The Secretary of Homeland Security is the principal federal official for domestic incident management. The Department of Homeland Security (DHS) is responsible for the development and maintenance of the National Incident Management System (NIMS) and the National Planning Frameworks. The Federal Emergency Management Agency (FEMA) which is part of DHS coordinates response support across the federal government through 15 emergency support functions (ESFs).

[8] FEMA ESF #8 - https://www.fema.gov/media-library-data/1470149644671-642ccad05d19449d2d13b1b0952328ed/ESF_8_Public_Health_Medical_20160705_508.pdf


The NRF designates the Department of Health and Human Services (HHS) as the federal coordinating agency for ESF #8, "Public Health and Medical Services." This is the mechanism for coordinated federal assistance to supplement state, tribal and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated federal response, and/or during a developing or potential emergency.

HHS established the Office of the Assistant Secretary for Preparedness and Response (ASPR) to lead the nation in preventing, preparing for, and responding to the adverse health effects of public health during emergencies and disasters. Other agencies within HHS are also tasked with specific assignments pertaining to ESF #8.

**State**

The Governor is responsible for addressing imminent threats and dangers to this state or the people of the state, presented by a disaster or emergency pursuant to the Emergency Management Act.[9] The governor has broad authority to declare a state of disaster or a state of emergency and to take actions necessary and appropriate under the circumstances.

Michigan State Police Emergency Management and Homeland Security Division will do the following:

- The director of the Michigan Department of State Police (MSP) or his or her designee serves as the state director of emergency management and homeland security. The director of EMHSD is responsible for maintenance and implementation of the MEMP and operate the SEOC.
- Every state agency is required to have an EMC to act as its liaison with the MSP/EMHSD in all matters of emergency management, including activation of the SEOC. When the SEOC is activated, the EMCs function at that facility and act for and at the direction of the agency director.

[9] Emergency Management Act, 1976 PA 390 (MCL 30.401 *et seq).*

The MDHHS Bureau of EMS, Trauma, and Preparedness (BETP) is the focal point for the department's comprehensive public health emergency management program. It is responsible for assuring the department's emergency management capabilities, including but not limited to planning, training, exercising, and managing operational capabilities.

The BETP maintains and directs the operations of the Community Health Emergency Coordination Center (CHECC). The CHECC is the facility where MDHHS coordinates emergency response actions. The CHECC operates under the ICS, in compliance with NIMS. The Director of the BETP or designee functions as the Incident Response Coordinator. Personnel from various bureaus of the department are assigned roles in each of the command staff positions and within the five general staff chief positions. A minimum of three people are assigned and trained in each role in the CHECC to facilitate 24/7 operations over an extended period if necessary.

## Michigan Hazards and Threats

The *Michigan Hazard Analysis is* the foundation of the Michigan Emergency Management Plan.[10] Therefore, it is also the basis of the MDHHS EOP. The Michigan Hazard Analysis includes a demographic profile of the state. It identifies and analyzes natural, technological, and human-related hazards that are present in Michigan or have the potential to occur here. According to that analysis, Michigan's hazard base is constantly changing due to shifts in population and economic activity, land usage, technological advances, and emergent threats. It is also important to consider how incidents in other states and around the globe may affect Michigan communities.

In addition, MDHHS participates in the THIRA capability assessment process conducted by the MSP/EMHSD on an annual basis. The THIRA identifies top scenarios that could threaten the health and safety of Michigan citizens. These scenarios include: winter storm, pandemic influenza, improvised explosive device, flooding, and cyber-terrorism.

The current assessment by the MSP/EMHSD, that is based on information compiled in the Michigan Hazard Mitigation Plan and the Michigan Climate and Health Adaptation Program Strategic Plan, identifies health challenges in the table on the following page, organized by their estimated potential impacts and adjusted by their probability of occurrence. Four approximate levels of significance can be identified for various types of hazards which cause public health impacts. This assessment includes a consideration of mental health within the domain of general public health but is limited to the specific hazards lead by emergency management (those that have the potential to cause a local state of disaster or emergency). From this perspective, the assessment does not consider long-term health risks from non-emergency sources, such as trends involving diet and exercise, overall cultural and political trends, economic and labor market patterns, long-term social and demographic trends, long-term trends involving non-contagious diseases, comparative crime and mental health statistics, non-point pollution sources, genetic and technological changes, long-term health risks from natural or man-made disasters, or long-term patterns involving climate and ecological change.

[10] Michigan Hazard Analysis, EMD-PUB 103, July, 2012, Emergency Management and Homeland Security Division/Michigan Department of State Police. http://www.michigan.gov/documents/msp/Doc1_394216_7.pdf (Accessed July 2, 2013).

**Michigan Hazards**


In addition to these identified hazards, the U.S. public health system and primary healthcare providers must be prepared to address a variety of biological agents, including special pathogens that are rarely detected in the United States. Therefore, the MDHHS EOP addresses bioterrorism agents and diseases that have been designated by the CDC as Category A, B, and C agents.[11]

Category A agents include high-priority agents and organisms that pose a risk to national security because they:

- Can be easily disseminated or transmitted from person to person
- Result in high mortality rates and have the potential for major public health impact
- Might cause public panic and social disruption; and
- Require special action for public health preparedness

Category B agents are the second highest priority agents and include those that:

- Are moderately easy to disseminate

[11] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Emergency Preparedness & Response, Bioterrorism Agents/Diseases (by category) https://emergency.cdc.gov/agent/agentlist-category.asp (April, 2018)

- Result in moderate morbidity rates and low mortality rates; and
- Require specific enhancements of CDC's diagnostic capacity and enhanced disease surveillance

Category C agents art the third highest priority, and include emerging pathogens that could be engineered for mass dissemination in the future because of:

- Availability
- Ease of production and dissemination; and
- Potential for high morbidity and mortality rates and major health impact

## Bioterrorism Agents/Diseases

| Category A | Category B | Category C |
|---|---|---|
| •Anthrax (Bacillus anthracis)<br>•Botulism (Clostridium botulinum toxin)<br>•Plague (Yersinia pestis)<br>•Smallpox (Variola major)<br>•Tularemia (Francisella tularensis)<br>•Viral hemorrhagic fevers (filoviruses such as Ebola and Marburg, and arenaviruses such as Lassa and Machupo) | •Brucellosis (Brucella species)<br>•Epsilon toxin of Clostridium perfrigins<br>•Food Safety Threats (Salmonella species, Escherichia coli O157:H&, Shigella)<br>•Glanders (Burkholderia mallei)<br>•Melioidosis (Burkholderia pseudomallei)<br>•Psittacosis (Chlamydia psittaci)<br>•Q fever (Coxiella burnetii)<br>•Ricin toxin from Ricinus communis (castor beans)<br>•Staphylococcal enterotoxin B<br>•Typhus fever (Rickettsia prowazekii)<br>•Viral encephalitis (alphaviruses such as Venezuelan Equine Encephalitis, Eastern Equine Encephalitis, Western Equine Encephalitis)<br>•Water safety threats (e.g., Vibrio cholerae, Cryptosporidium parvum) | •Nipah Virus<br>•Hantavirus |

## Public Health and Medical

The CDC, an agency of HHS, plays an important role in ensuring that state and local public health systems are prepared for potential emergencies that threaten the public health. CDC provides funding and technical assistance for state, local and territorial public health departments through the Public Health Emergency Preparedness (PHEP) cooperative agreement and the Healthcare Preparedness Program (HPP) cooperative agreement with the ASPR. In response to the ever-evolving public health threats and in accordance with PAHPAIA and the U.S. Department of Homeland Security, and the National Health Security Strategy, the CDC, in August 2011, revised their process for defining PHEP. These capabilities create a national standard for public health preparedness capability-based planning.[12]

The figure below illustrates the aligned PHEP and HPP Capabilities.

| PHEP Capabilities | HPP Capabilities |
|---|---|
| •Community Preparedness<br>•Community Recovery<br>•Emergency Operations Coordination<br>•Emergency Public Information and Warning<br>•Fatality Management<br>•Information Sharing<br>•Mass Care<br>•Medical Countermeasure Dispensing<br>•Medical Materiel Management and Distribution<br>•Medical Surge<br>•Non-Pharmaceutical Interventions<br>•Public Health Laboratory Testing<br>•Public Health Surveillance and Epidemiological Investigation<br>•Responder Safety and Health<br>•Volunteer Management | •Foundation for Health Care and Medical Readiness<br>•Health Care and Medical Response Coordination<br>•Continuity of Health Care Service Delivery<br>•Medical Surge |

**Inpatient Mental Health Facilities**

The Public Health Code (1978 PA 368 as amended) provides the director of MDHHS with broad authority to protect the health, safety and welfare of the people of this state. By virtue of its powers and

[12] Public Health Preparedness Capabilities, National Standards for State and Local Planning, Centers for Disease Control and Prevention, March 2011.

authorities, MDHHS will serve as the lead state agency on human health issues (including mental health).

Most mental health services are provided on an outpatient basis. However, when inpatient services are required, they are typically provided by private hospitals. MDHHS contracts with each of the 46 Community Mental Health Service Programs (CMHSP) in Michigan to provide publicly funded, locally based mental health services.

MDHHS directly operates five state psychiatric hospitals for persons who have mental illness. Admission to any of the state hospitals must be authorized by the CMHSP. The state inpatient mental health facilities are listed below.

| Name | County |
|---|---|
| Caro Regional Mental Health Center | Tuscola County |
| Center for Forensic Psychiatry | Washtenaw County |
| Hawthorn Center for Children and Adolescents | Wayne County |
| Kalamazoo Psychiatric Hospital | Kalamazoo |
| Walter P. Reuther Psychiatric Hospital | Wayne County |

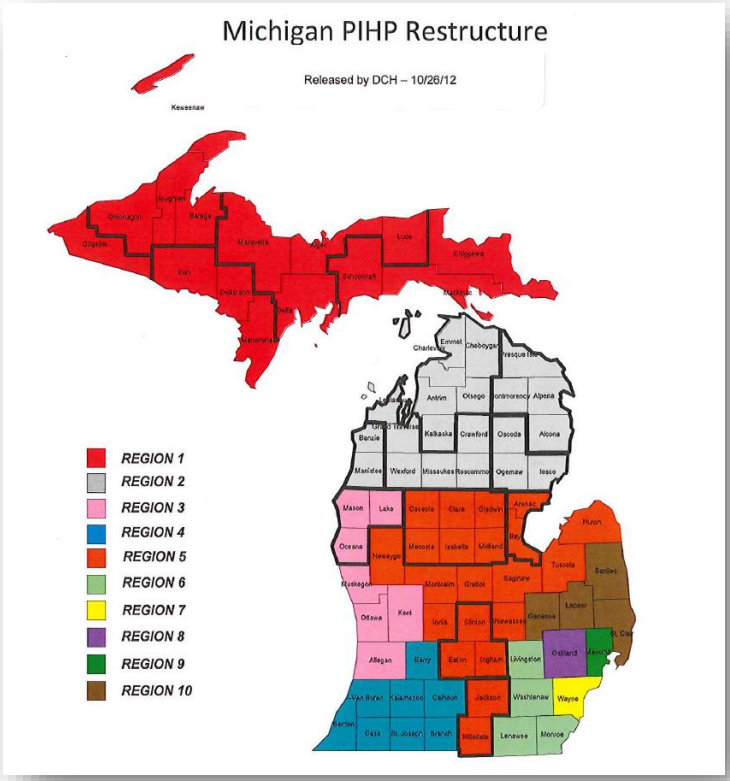
Each of the state psychiatric hospitals has a designated emergency coordinator/contact person who is responsible for maintaining a facility emergency operation plan, that is consistent with its county emergency management plan; and for testing the plan periodically to ensure plan adequacy. Each of the state hospitals and centers are also accredited by The Joint Commission and adhere to their emergency management standards.

**Community Mental Health Services Programs**

As previously described, most mental health services are provided in private sector, outpatient settings. Publicly funded mental health services are delivered through CMHSPs that have been

established by county government. Each CMHSP is located within one of 10 Pre-paid Inpatient Health Plan (PIHP) customer service districts.

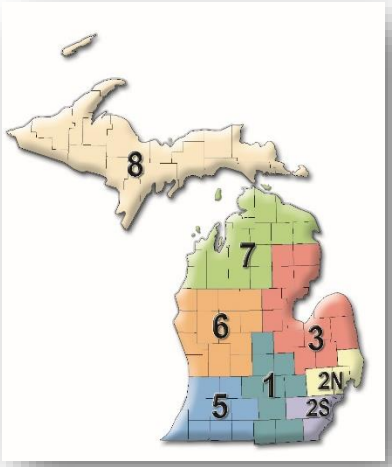
Michigan's 83 counties are served by 46 single or multi-county CMHSPs. A CMHSP may be an official county agency or it may be a public governmental entity, separate from the county or counties that established it. The purpose of a CMHSP is to provide a comprehensive array of mental health services appropriate to the conditions of individuals who are located within its geographic service area, regardless of an individual's ability to pay.




Among their variety of required services, CMHSPs provide crisis stabilization and response, including a 24 hour, 7 days per week, crisis emergency service that is prepared to respond to persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environment for treatment. In general, CMHSPs are integrated into the local emergency management programs of their jurisdiction(s). The availability of disaster mental health services varies; however, a majority of CMHSPs are able to provide or arrange for, at minimum, the following: Critical Incident Stress Management (CISM), grief/bereavement counseling, Post-Traumatic Stress Disorder (PTSD) counseling and crisis intervention. Current contact information for CMHSPs is maintained at via the following website: http://www.michigan.gov/mdch/0,4612,7-132-2941_4871_29887-151431--,00.html

**Regional Healthcare Coalitions**

There are eight regional healthcare coalitions (HCC) within the state that correspond to the emergency preparedness/management districts. The HCC were established in 2002, as a condition for states to be eligible for HPP federal funds, in accordance with the Cooperative Agreement between states and the CDC.




There is an average of 180 hospitals in the state that participate in their respective HCC, along with other healthcare organizations. Each hospital maintains its own incident command center and emergency operations plans. The goal is to maximize medical surge capacity and capability while ensuring the safety of personnel and patients, and the integrity of the facility.

Each HCC utilizes one Medical Control Authority (MCA) as the fiduciary agent to receive, coordinate, and maintain responsibility for the implementation of federal preparedness funds. An MCA is an organization designated by the MDHHS for the purpose of supervising and coordinating an emergency medical services system, as prescribed, adopted, and enforced through department approved protocols. Part 209 of the Public Health Code is the statute that provides for emergency medical services, medical control authorities, life support agencies and personnel.[13]

Each HCC is staffed with a full-time Regional Coordinator, an Assistant Coordinator, and a part-time Medical Director. These individuals coordinate emergency preparedness and response activities focusing on medical surge with all of the healthcare partners within the region, local health departments, non-governmental organizations, and emergency management. They work directly with the MDHHS BETP, who is the recipient of the HPP Cooperative Agreement.

Each HCC is responsible for the operation of a regional Medical Coordination Center (MCC) which functions as a Multiagency Coordination System (MAC), consistent with the NIMS. The purpose of the MCC is to support the healthcare system and local emergency operations centers within the region and the CHECC. They assist with the provision of a flexible, coordinated, uninterrupted health response; and they ensure optimum and efficient use of medical resources.

The MDHHS BETP is the focal point for the department's comprehensive public health emergency management program and is responsible for assuring the department's emergency management capabilities, including but not limited to: Planning, training, exercising, and managing operational capabilities.

[13] M.C.L. 333.20901 *et seq.*

**The Community Health Emergency Coordination Center**

The BETP maintains and directs the operations of the Community Health Emergency Coordination Center (CHECC), which integrates with the SEOC as previously described. The CHECC is the facility where MDHHS coordinates emergency response actions, related to ESF #6 and ESF #8. The CHECC operates under the ICS in compliance with NIMS. The Director of the BETP or designee functions as the Incident Response Coordinator. Personnel from various bureaus of the department are assigned roles in each of CHECC staff positions, and within the five general staff chief positions. A minimum of three people are assigned and trained to each role in the CHECC, in order to facilitate 24/7 operations over an extended period of time, if necessary.

**Activation of EOP Elements**

Similar to the National Response Framework and the Michigan Emergency Management Plan, the MDHHS EOP is always in effect. Elements of the EOP may be implemented as needed on a flexible, scalable, and adaptable basis. For example, if someone in Michigan is diagnosed to be infected with a Category A Agent, executive leadership may activate multiple elements of the EOP, including but not limited to: Activation of the CHECC, the applicable response plan(s), and operational appendices for implementation.

Any time the SEOC is activated, and the MDHHS is directed to respond, the CHECC may activate at the appropriate operational level. Positions within the CHECC are staffed according to need and in compliance with ICS structure. This allows for a flexible and scalable response to meet the needs of the incident. The CHECC can also be activated independently of the SEOC at the discretion of the MDHHS director, or designee, to respond to a developing emergency or emerging public health hazards.

Each bureau director is responsible for assigning personnel to staff the CHECC when it is activated. The number of personnel required to staff the CHECC depends on the needs of the incident.

Under normal routine operations, the department's organizational chart, policies and procedures are in effect. A BETP Duty Officer is assigned as the single point of contact for the CHECC 24/7, and can be reached by cell phone at 517-819-0391 or email at checcdeptcoor@michigan.gov . A Subject Matter Expert is also assigned as a resource to the duty officer. BETP monitors several emergency management and homeland security information sources and is linked to the Michigan Intelligence Operations Center (MIOC). The MIOC will contact the EMC for healthcare or public health resource requests. The department's Emergency Management Coordinators are also available 24/7 and receive immediate notifications from MSP EMHSD if an incident occurs across the state. In addition, the department maintains a 24/7 emergency telephone contact number: (517) 335-9030, for medical and/or public health professional assistance.

BETP maintains the Michigan Health Alert Network (MIHAN) which is the department's emergency alerting and notification system, that targets specific stakeholders and is not a public-based messaging system. In the event of an emergency, MDHHS personnel who are assigned roles in the CHECC will be activated through the MIHAN.

During an emergency response, the incident command system takes effect. MDHHS personnel who are assigned to the CHECC may have different roles, responsibilities and reporting relationships than they have under normal circumstances. They will transition to following the job action guidelines (JAG) and chain of command that is established in the CHECC.

**Resource Management and Financial Administration**
When the CHECC is activated and the Incident Command System is established, the Finance Section Chief is responsible for all fiscal aspects of the incident for the CHECC. The Finance Chief works closely with the MDHHS Budget Office to assure that all expenditures related to the incident are accounted for.

If the governor declares a state of disaster or state of emergency, pursuant to the Emergency Management Act, the CHECC Finance Section Chief provides certain fiscal information to the EMCs for reporting to MSP EMHSD Finance Chief in the SEOC. That division is responsible for submitting fiscal reports necessary for emergency appropriations, and potentially working federal reimbursement.

If the president declares a disaster under the Stafford Act[14] several federal assistance programs are available, depending on the submission of damage assessments and fiscal records:

- Individual Assistance – Funding for citizens and small businesses in the form of low interest loans and grants.
- Public Assistance – Grants to state, local and tribal governments to repair or replace essential service facilities.
- Hazard Mitigation Assistance – Grants to state and local programs to reduce future damage, hardship, loss or suffering.

**Public Health Emergency Declaration**
The Secretary of the Department of Health and Human Services (HHS) may, under section 319 of the Public Health Service (PHS) Act, determine that: a) a disease or disorder presents a public health emergency (PHE); or b) that a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks, otherwise exists.[15]

**Regional and Affiliate Public Health Laboratories**
In addition to the state public health laboratory in Lansing, the MDHHS Bureau of Laboratories works with four regional affiliate public health laboratories within the state as indicated below.

| Region | Laboratory |
|---|---|
| 2 North | Oakland County Health Division |
| 3 | Saginaw County Department of Public Health |
| 5 | Kalamazoo County Health & Community Services Department |
| 6 | Kent County Health Department |

[14] The Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974 (Public Law 93-288 as amended).
[15] https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx

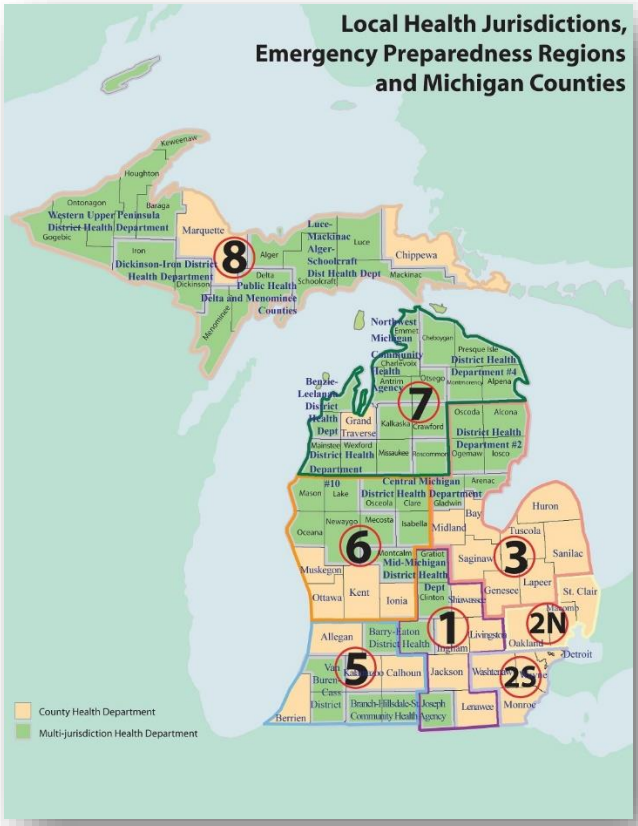
The MSU Diagnostic Center for Population and Animal Health, a special purpose affiliate laboratory provides surge capacity and animal testing laboratories.

**Regional Epidemiologists**

The Regional Epidemiologist position was developed with the intent to liaise between Local Public Health and MDHHS and to assist in epidemiologic and surveillance activities for bioterrorism, traditional communicable diseases, and other emerging threats. Regional Epidemiologists are tasked with tracking illness in the community on the local, regional, and state level. This can be achieved through the review of the Michigan Disease Surveillance System (MDSS), alert analyses within the Michigan Syndromic Surveillance System (MSSS), outbreak investigations, and communications with local health partners. Regional Epidemiologists support LHDs and MDHHS with outbreak investigations, data analyses, and guidance development. Regional epidemiologists also support preparedness efforts in communicable disease, bioterrorism and other unusual events through their participation in planning and exercises, as well as increased surveillance during large events.

**Local Health Departments**

There are 45 local health departments within the state. Their jurisdictions vary in size and may be comprised of a single city (i.e. the City of Detroit), a single county, or a district that includes multiple counties. Each local health department has a health officer, medical director, and emergency preparedness coordinator; and other specialties which integrate with the emergency operations plan of its local governing entity. When a Local Emergency Operations Center (LEOC) is activated, a local health department representative is in attendance to coordinate the health and medical response with other local governmental agencies, under the direction and control of the chief elected official and the emergency management coordinator for that jurisdiction. A multi-county district health department works with all of the local emergency management programs within its jurisdiction.




**Tribal Emergency Management**

The State of Michigan and tribal governments share a responsibility to provide for and protect the health, safety and welfare of common constituents. There are 12 federally recognized tribes in the State of Michigan (link below). Each sovereign tribe has an independent relationship with the other tribes and with the state.

State-Tribal affairs are guided by the 2002 Government-to-Government Accord between the State of Michigan and the 12 federally recognized tribes, along with Executive Directives 2001-2 and 2004-5.[16]

Tribes, like states, are sovereign entities with police power authority to enact their own disease control rules and regulations; however, the U. S. Secretary of Health and Human Services has the authority to

[16] https://www.michigan.gov/som/0,4669,7-192-29701_41909-92821--,00.html

implement disease control measures on tribal land, if necessary.[17, 18] In addition, there is significant authority for federal law enforcement action. [19, 20, 21]

States have limited authority to enter upon tribal lands, reservations, or allotments for the purpose of making health inspections and enforcing sanitation and quarantine regulations.[22]

On January 29, 2013, President Obama signed the Sandy Recovery Improvement Act of 2013.[23] This act includes an amendment to the Stafford Act that provides federally recognized tribal governments the option to make a request directly to the President for an emergency or major disaster declaration. According to FEMA, the Stafford Act now provides federally recognized tribal governments the same status as states when requesting federal assistance[24].

See the following link for more information: http://michigan.gov/dhs/0,4562,7-124-5453_7209-216627--,00.html

[17] 25 U.S.C. 198 Contagious and infectious diseases; quarantine.
[18] 42 U.S.C. 2001 Indian hospitals and health facilities transferred to Public Health Service.
[19] 18 U.S.C. 1151 Indian country defined.
[20] 18 U.S.C. 1152 "Indian Country Crimes Act."
[21] 18 U.S.C. 1153 "Major Crimes Act."
[22] 25 U.S.C. "Enforcement of State laws affecting health and education; entry of State employees on Indian lands."
[23] https://www.fema.gov/sandy-recovery-improvement-act-2013
[24] FEMA. (2013). Changing laws for the better-recognizing tribal sovereignty. Retrieved February 11, 2013, from http://www.fema.gov/blog/2013-01-31/changing-laws-better-recognizing-tribal-sovereignty.

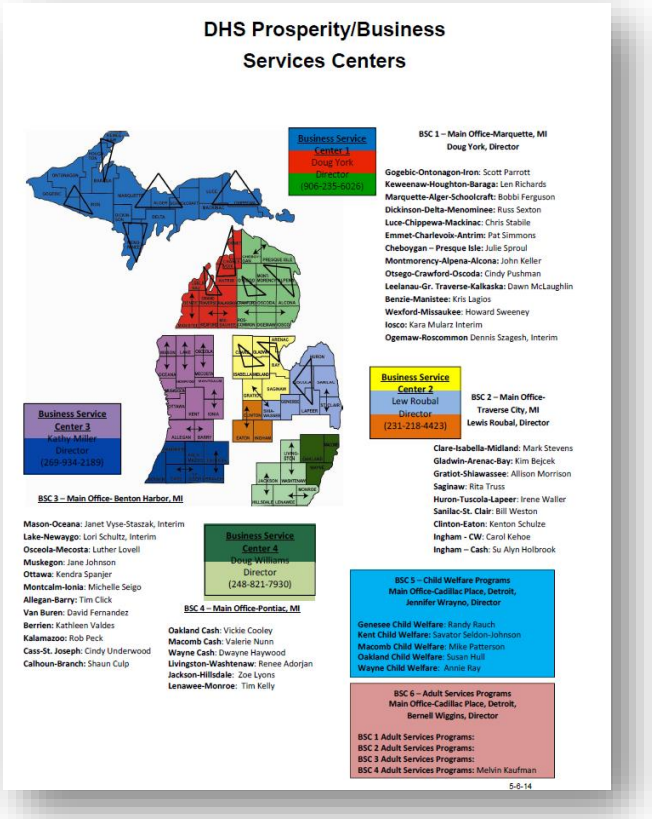
# Human Services

MDHHS local offices and programs are utilized daily throughout local communities and serve as the main source of subject matter experts (SME), and are responsible for developing preparedness priorities and guidance for their programs.

MDHHS local offices, staffed by MDHHS personnel are part of the local emergency management programs and each local office has identified emergency management personnel who are responsible for the actual implementation of human service programs for disaster victims, in coordination with the affected local governments and the departments/agencies and organizations providing assistance. The MDHHS EMC acts as a liaison with county directors to assist them in fulfilling their responsibilities in emergencies and disasters, and keeps them apprised of changes in laws, policies, procedures and resources. In addition, the EMC works with the local offices to ensure participation in state and local emergency management activities (e.g. plan development, exercises, trainings, etc.), and ensures that program implementation is consistent in all areas of the state.

**Local MDHHS Offices**

There are over 100 human services local offices throughout the state. Each of the offices is grouped into one of ten business service centers. These state offices function locally as Michigan's public assistance, child, and family welfare agency. They help individuals and families meet financial, medical, and social needs; assist people to become self-sufficient; and help protect children and adults from abuse, neglect and exploitation.




Needs are met through a variety of programs that may benefit survivors of an emergency or disaster, particularly:

- Family Independence Program (FIP): Financial assistance to eligible families with children and pregnant women who need temporary support because one or both parents are gone, unemployed or too sick to work.
- Food Assistance Program
- State Emergency Relief Program (SER): pays for certain shelter costs and other essential items in emergency situations.

- State Disability Assistance (SDA): Provides money to temporarily disabled adults without dependent children.
- Adult and Child Protective Services
- Adult and Child Foster Care

Current local offices and contact information is available, via the following pathway: http://www.michigan.gov/dhs/0,4562,7-124-5459-15908--,00.html

MDHHS local offices provide assistance to local jurisdictions upon request from the local jurisdiction. The MDHHS will absorb staff time costs; however, all other expenses incurred as a result of the emergency or disaster response must be assumed by the local jurisdiction requesting assistance. If the MDHHS responds as a result of a Governor's emergency or disaster declaration, all department/agency costs are absorbed through pre-established state disaster procedures.[25]

**Individual Assistance Needs Assessment**

Ensure that an adequate assessment is conducted to determine the individual assistance needs of disaster victims. Typically, the American Red Cross (ARC) and other Non-Governmental Organizations (NGOs), working with MDHHS county offices, will conduct the needs assessment as part of the initial disaster assessment by local government. The MDHHS local office director or a designee will forward the needs assessment information to the EMC in the SEOC for analysis and follow up with emergency management.

If the governor requests a Presidential disaster declaration under the Stafford Act, a more detailed needs assessment will be conducted as part of the Preliminary Damage Assessment (PDA) process. If a Presidential declaration is granted, a Federal Individual Assistance Officer (FIAO) from FEMA, and a State Individual Assessment Officer (SIAO), from the MSP/EMHSD is appointed to coordinate the provision of Individual Assistance (IA) to disaster victims. The FIAO and the SIAO will work closely with the MDHHS, the ARC and other NGOs to determine which IA programs must be implemented. The MDHHS EMC works in conjunction with the MDHHS local office directors to determine overall needs for the affected area and to mobilize the necessary assistance to meet those needs.

[25] Michigan State Police Emergency Management and Homeland Security Division. (2014). *Michigan emergency management plan*. Retrieved, February 27, 2015, from http://www.michigan.gov/documents/msp/MEMP_portfolio_for_web_383520_7.pdf

**Provision of Human Services to Disaster Victims**

During incidents that require only a local and state level response, the MDHHS EMC is responsible for monitoring the provision of human services to disaster victims to ensure that basic needs are being adequately met. If a Presidential disaster declaration is granted and federal individual assistance programs are activated, the primary responsibility for monitoring the provision of assistance rests with the SIAO from the MSP EMHSD. In those situations, the MDHHS EMC assumes the role of liaison to the federal individuals and Households Program (IHP) and may work out of the Joint Field Office (JFO) once it is established.

The MDHHS EMC coordinates with MDHHS local offices and other state departments/agencies. If additional resources are required to meet the needs of disaster victims, the MDHHS EMC will coordinate with the SIAO.


**Local Response Human Services Operations**

MDHHS local offices are responsible for coordinating the activities of the departments/agencies and organizations involved in the provision of human services to disaster victims. If the county/LEOC is activated, the MDHHS local office director, or their designee, will report there, per local procedure, to identify and coordinate with departments/agencies and organizations that can best accomplish identified tasks. The MDHHS local office director will keep the MDHHS EMC in the SEOC appraised of the local response activities completed, underway or planned, as well as resources used or planned for use. MDHHS local office directors must be knowledgeable of the resources and capabilities of the local departments/agencies and organizations involved and thoroughly familiar with the local procedures for mobilizing assistance.

In the absence of federal disaster relief assistance for individuals or families, or if the basic needs of disaster victims cannot be met by NGOs or by other means, the MDHHS county director may utilize the State Emergency Relief Program or other appropriate assistance programs as a last resort to help qualified low-income victims in meeting basic needs. Qualification for benefits is determined on a case-by-case basis.

**Translation Services**

Non-English-speaking clients interpreter/translator services for functional needs, or non-English speaking evacuees may be arranged through several state departments/agencies, the ARC and/or NGOs. The MDHHS can arrange for interpreters/translators through its internal staff with bilingual capabilities and/or through the use of contracted or volunteer services. The Michigan Community Service Commission (MCSC) may be able to arrange for interpreters/translators through its cadre of volunteers. The Michigan Department of Civil Rights (MDCR) Division on Deaf and Hard of Hearing (DDHH) can arrange for interpreters for deaf/hard of hearing persons. The Bureau of Services for Blind Persons within the Michigan Department of Licensing and Regulatory Affairs (MDLARA) can provide services to

assist blind/visually impaired evacuees. The MI Volunteer Registry can be searched to identify potential volunteer interpreters. The MDCR and the Hispanic/Latino Commission of Michigan and Michigan Asian Pacific American Affairs Commission may also have staff available for service or may be able to assist in identifying other appropriate individuals that can provide translation. MDHHS may also utilize state contracts, maintained by MDTMB, are also in place to assist with translations and interpretation services.

In addition, the ARC and other NGOs may also be able to provide or locate individuals with bilingual capabilities to assist in a shelter setting. During federally declared incidents under the Stafford Act, FEMA may be able to provide interpreters, translators.

**Assistance Under the State Emergency Relief (SER) Program**
The MDHHS through its county office case management work and/or incident-related outreach can assist in identifying individuals and families potentially in need of assistance under the SER program. The SER program provides immediate help to individuals and families facing conditions of extreme hardship or for emergencies that threaten health and safety. Through a combination of direct financial assistance and contracts with nonprofit organizations, the SER program helps low income households meet emergency needs such as heat and utilities, home repairs, relocation assistance, home ownership services and burial services. The SER program can be accessed in concert with other forms of assistance to meet the post-incident emergency recovery needs of individuals and families http://www.michigan.gov/dhs/0,4562,7-124-5453_5531-15407--,00.html.

**Crisis Counseling Assistance**
The MDHHS through its county office case management work and/or incident-related outreach, can assist in identifying individuals and families potentially in need of crisis counseling assistance. Referrals will be made for the provision of crisis counseling services through local CMHSPs, and/or other mental health service delivery mechanisms established for the incident.

**Family Reunification**
The MDHHS county office directors will work with the ARC and other human service organizations to reunify families temporarily separated due to incident conditions and/or response actions. The ARC Family Reunification System, Safe and Well https://safeandwell.communityos.org/cms/index.php will provide the primary means for reunification services. Reunification assistance by MDHHS county offices will commence early in the incident and continue throughout the recovery period until all reunification issues have been satisfactorily addressed.

**Volunteer Human Service Agencies**
MDHHS county office directors are responsible for maintaining liaison with the local emergency management office and with local chapters of private/voluntary human service agencies and organizations (e.g., ARC, MIVOAD, etc.) to establish lines of communication, share relevant information and resources and facilitate emergency management activities. County directors should be actively involved in local emergency management activities such as planning, training and exercises to ensure that responsibilities assigned in local emergency operations plans will be carried out in a coordinated and effective manner.

**Disaster Food Stamp Program**

In the event of a Presidential declaration, the MDHHS may be required to implement and administer the Disaster Food Stamp Program as provided under Section 412 of the Stafford Act. Under this program, disaster food stamps can be distributed to eligible low-income households in the declared area to enable them to purchase adequate amounts of food. The MDHHS Director has designated the MDHHS EMC to serve as liaison to the U.S. Department of Agriculture (USDA) Food and Nutrition Service for the purpose of implementing this program.

SNAP Supplemental Nutrition Assistance Program
Putting Healthy Food Within Reach

**Federal Individual and Households Program (IHP)**

If a Presidential declaration is granted and federal individual assistance programs are activated, the primary responsibility for monitoring the provision of individual assistance rests with the State Individual Assistance Officer (SIAO) from the MSP EMHSD. In those situations, the MDHHS EMC assumes the role of liaison to the federal Individuals and Households Program and may work out of the Joint Field Office (JFO) once it is established. Unmet needs identified by the SIAO will be given to the EMC to work with the local MDHHS office for resolution. The IHP Liaison position serves as an advocate for the State of Michigan and Michigan's disaster victims and is a source of state-specific information for federal officials responsible for implementing the program in a timely manner.


(Photos by Christopher Mardoff in Warren, MI at FEMA Recovery Support Site 10/5/14)

**Available Housing Resources**

MDHHS through its network of county offices can assist in identifying available housing resources in their respective service areas. The MDHHS staff routinely assists clients with housing-related needs as part of their normal case management work, and this expertise can be tapped during incident recovery to identify housing resources for those made homeless due to a disaster.

**Resource Support**

- **Identify/coordinate volunteer resources for recovery operations:** As required, the Michigan Community Service Commission (MCSC) will assist in identifying and coordinating volunteer resources to assist in essential governmental service recovery operations, specifically in the areas of continuity of government and disaster debris, donations and logistics management (but not necessarily limited to those functional areas.

- **Identify volunteer opportunities for emergent volunteers**
  The MCSC can assist in matching emergent volunteers who desire to assist in the incident recovery effort with volunteer opportunities through established NGOs seeking volunteers for such purposes. This need will normally occur early in the recovery when interest is greatest. The MCSC will also refer potential health volunteers to the MI Volunteer Registry as appropriate.

**Human Services Assistance to Victims of a Nuclear Incident**
A number of human service functions are required during a nuclear incident at both the state and local levels. Since local government implements protective actions (evacuation or sheltering in-place) and MDHHS county offices are considered a part of both state and local response organizations, MDHHS county office directors or their designees are expected to report to local EOCs once they are activated. MDHHS county offices are responsible for implementing the tasks assigned to them in the MEMP as well as those assigned in local EOPs. The MDHHS central office in Lansing will support the county offices in securing additional personnel, equipment or other resources through the CHECC or the SEOC as required.

- **MDHHS Human Services Functions during Decontamination and Sheltering Operations, include but are Not Limited to:**
  - **Registration:** Register the population reporting to the local community reception centers during an evacuation and during re-entry into the area. The reception enters can also serve as detection and decontamination centers.
  - **Clothing:** If decontamination is necessary, the MDHHS will coordinate with the ARC, MIVOAD and other NGOs to provide clothing at the reception and decontamination centers for evacuees and emergency workers whose clothing has been contaminated.
  - **Shelter:** At the reception centers, the MDHHS will assign evacuees to a congregate care center (shelter) if evacuation is ordered. Congregate care centers are locally designated, and their locations are listed in the appropriate local EOP. The MDOC, MDMVA and MDOE have support responsibilities in this area.
  - **Food:** MDHHS will coordinate with the ARC, MIVOAD and other NGOs to provide food at congregate care centers if evacuation is ordered. The MDARD, MDOC, MDMVA and MDOE have support responsibilities in this area.

- **Crisis Counseling:** The MDHHS will assist in identifying evacuees that may need crisis counseling services and will coordinate the provision of crisis counseling through local Community Mental Health Services Programs.
- **Functional Needs Populations:** Assist local governments in identifying and assisting persons with special functional needs. Many agencies and advocacy organizations in the local community may assist in providing service to at-risk populations as outlined in local EOPs.
- **Mass Transportation:** MDHHS will assist local governments in coordinating emergency mass transportation for those persons who do not have a means of leaving the disaster area if an evacuation is ordered. The MDOE may have support responsibilities in this area if so, directed by the Governor.
- **Public Health:** Work with LHDs on health impacts of shelter operations.

# Annexes

*(See Attachment 2 for a summary of each annex. Full versions are available upon request.)*

Annex 1 – BioWatch Response Plan

Annex 2 – Chemical Emergencies and Toxic Substances Plan

Annex 3 – Communicable Disease Response Plan

Annex 4 – Countermeasure Stockpiling and Distribution Plan

Annex 5 – Community Emergency Risk Communications (CERC) Plan

Annex 6 – Direction and Control

Annex 7 – Disaster Behavioral Health Plan

Annex 8 – Laboratory Response Plan

Annex 9 – Mass Casualty Care Plan

Annex 10 – Mass Fatality Plan

Annex 11 – Nuclear and Radiological Protection Plan

Annex 12 – Pandemic Response Plan

Annex 13 – Strategic National Stockpile Plan

Annex 14 – Continuity of Operations Plan

Annex 15 – Arbovirus Preparedness and Response Plan

Annex 16 – Responder Safety and Health Plan