

MONTANA DEPARTMENT OF PUBLIC HEALTH &  
HUMAN SERVICES



Version 15  
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# DPHHS Emergency Support Function 6



## Promulgation of Responsibility

The Department of Public Health and Human Services (DPHHS) has accepted responsibility for the elements of the State’s Emergency Support Function 6 – Mass Care and Human Services (ESF6) during a crisis or disaster. This acceptance is in accordance with the Montana Emergency Response Framework (MERF), maintained by the Montana Disaster and Emergency Services (DES).

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. DPHHS management is responsible for the preparation and maintenance of emergency preparedness documents and the commitment to the training and exercises required to support this plan.

All partners with roles identified in this plan have participated in its development and are responsible for advising the Public Health Emergency Preparedness Section of any changes in their procedures or operations that could affect the implementation of emergency responses undertaken by DPHHS.

DPHHS welcomes any comments for this plan’s improvement from all partners as well as the general public. These comments or questions should be directed to the Public Health Emergency Program at (406)449-0919.

This plan is hereby approved for implementation. It supersedes all previous editions.

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*Sheila Hogan, Director, DPHHS*

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*Date*







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The Department of Public Health and Human Services schedules a regular review of all Department Emergency Operations Plans, Supporting Annexes, Standard Operating Procedures, and other guidance documents used to respond to public health emergencies. DPHHS welcomes comment and feedback from the public. To provide suggestions for future revisions, email [MTPHEP@mt.gov](mailto:MTPHEP@mt.gov) or call 406-444-0919.

The following individuals assisted in the review of this document:

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## ***Acknowledgement of Participation***

The representatives signed below acknowledge that DPHHS might ask their organization to conditionally volunteer to fulfill their coordinating roles described in this plan. This collaboration between DPHHS and its response partners does not limit nor supplant any agency's operation. DPHHS understands that in emergency situations, an organization might not be able to fully achieve all the roles designated.

Montana Disaster & Emergency Services      *(date)*

American Red Cross – MT/ID      *(date)*

Central Regional Healthcare Coalition      *(date)*

Eastern Regional Healthcare Coalition      *(date)*

Southern Regional Healthcare Coalition      *(date)*

Western Regional Healthcare Coalition      *(date)*

## **Section I: Purpose, Scope, and Assumptions**

### **Purpose**

This Montana Department of Public Health and Human Services' (DPHHS) Emergency Support Function 6 *Mass Care and Human Services* (ESF6) Plan is written as a provisional planning document for the DPHHS Emergency Operations Plan (EOP) to meet the emergency response requirements assigned by the State through the *Montana Emergency Response Framework (MERF)*, maintained by the Montana Disaster Emergency Services (DES).

### **Scope**

This framework provides guidance and information to coordinate support for local, tribal, state, and volunteer organizations to address the delivery of non-medical services and programs to assist Montanans threatened by potential or actual disasters. Although DPHHS is the primary coordinating agency for ESF6, its activities are heavily dependent on the resources and services offered by other emergency response partners.

This framework does not define or supplant any emergency operating procedures or responsibilities for any other agency or organization included here-in. It is not a tactical plan or field manual, nor does it provide operational procedures. Rather, it is a flexible and scalable framework for organization and provides decision-making parameters that DPHHS can use against unknown and unpredictable threats in an all-hazards planning approach. This plan intentionally does not provide specific or qualitative thresholds for activation or demobilization of organizational structures or processes described herein. Such determinations are situation dependent and left to incident management.

The development of this plan is governed by the principle of all-hazards planning, pertains only to DPHHS, and is not limited by the nature of any particular emergency or disaster event. This approach allows the flexibility for DPHHS to respond with equal effectiveness to all events, hazards, emergencies, and disasters or other events that affect public health and the recovery of essential human services in Montana.

The ultimate responsibility for provision of ESF6 services rests with the local government. This plan can be used to support ESF8 Public Health and Medical Services operations. Other agencies with State assigned ESF duties might also need ESF6 assistance. The DES State Emergency Coordination Center (SECC) coordinates such situations.

### **Situation**

Montana is vulnerable to several hazards that could result in the need for state government agencies to assist local and tribal government responders. These hazards include, but are not limited to, wildfires, earthquakes, floods, HazMat incidents, communicable disease outbreak and other public health events, and severe weather. The MERF outlines the breadth of vulnerability to hazards endemic to Montana.

People affected by disasters or emergencies might be forced from their homes depending on such factors as time and extent of the occurrence, area demographics, economic conditions, building construction, and existing environmental conditions. Family members might be separated immediately following an emergency or disaster. Transient individuals, such as tourists, travelers, students, and the pre-disaster homeless, could be involved. Food and relief items could become scarce or compromised. A disaster could also adversely affect persons considered at-risk or having functional needs, including those with pre-existing disabilities, creating a need for medical supplies, medicines, human services, or economic support to survive.



## Assumptions

DPHHS considers the following assumptions for designing responses in an all hazard environment.

- Private and volunteer organizations will respond at the local level to provide ESF#6 support until their resources are exhausted, including pre-arranged mutual aid and assistance from their next highest level of support
- Not all disaster survivors will request or require ESF#6 services
- If evacuated, some disaster survivors will go to congregate shelters or find shelter with friends and relatives
- Some survivors will refuse evacuation and remain with or near their damaged homes during or after a disaster
- Survivors and responders will need mental or behavioral health support services
- A disaster or emergency could attract family and friends of casualties from out of the affected area and find themselves in need of mass care services
- A disaster or emergency could attract affiliated and unaffiliated volunteers from outside of the impacted area and find themselves in need of ESF6 services
- Survivors of emergencies and disasters might include people defined as at-risk, vulnerable, or as having functional needs
- Local response plans include the unique notification, assistance, and support needs of their community's vulnerable populations
- Services and organizations coordinated by DPHHS will be compliant within the rules of the Americans with Disabilities Act (ADA)

## Section II: Concept of Operations

Tribal and local emergency managers, supported by NGO and volunteer relief agencies, coordinate initial responses to the needs of emergency and disaster victims. When local resources and disaster coordination needs are exhausted, emergency managers will request assistance from the State. Local authorities retain responsibility for all response and recovery operations.

DPHHS will conduct ESF6 coordination activities according to the current policies, rules, and laws of Montana. It can do so proactively in response to incidents that could require coordination or resource assistance to tribal, local, or other State agencies. Also, the SECC can request ESF#6 activation as it coordinates broad responses to disasters and emergencies. DPHHS maintains situational awareness and can elevate its level of response when necessary.

This framework is supported by several standard operating procedures, guides, and other EOP annexes to develop incident action plans.

### Access and Functional Need Populations

Emergency response operations for DPHHS includes coordinating reasonable modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods for Montana's access and functional needs population. For the purpose of public health emergency preparedness in Montana, this population is defined as people having access or functional health (i.e., mental or medical) or physical (i.e., motor ability) needs beyond their capability to maintain on their own during an emergency. It also refers to the "at risk" or "special needs" populations described in the Pandemic and All-Hazards

Preparedness Act, also known as PAHPA (PUBLIC LAW 109–417—DEC. 19, 2006) and in the *National Response Framework (NRF)*(2013). It includes individuals who have medical and other functional needs before, during, and after an incident.

DPHHS conducts disaster response activities in consideration of the urgent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the needs of individuals who have disabilities as defined by the Americans with Disabilities Act Amendments Act of 2008, P.L. 110-325, and those associated with them.

DPHHS coordinates with its local, tribal, non-governmental organizations, and State agency partners to ensure the physical, programmatic, and communication access will encompass the and address the requirements for access and functional need populations.

## Activation

The implementation of any EOP annex that has ESF6 components is an activation of this plan. However, in cases of emergency or crisis outside of daily functions, specific activation could be made by the DPHHS Director, the appropriate division administrator, or any of their designees. The DPHHS Incident Command Advisory Group may also recommend implementation of ESF6 services.

The following circumstances could result in activation of ESF6 coordinating operations.

- Request for activation from the State Emergency Coordination Center operated by DES
- Anticipation of ESF6 services because of a disaster or catastrophe in the State of Montana
- Response to a direct request for assistance from local, tribal, or another emergency response partner

## Operational Functions

The advisory and coordinating operational functions of ESF6 are Mass Care and Human Services. DPHHS coordinates or assists ESF6 partners to fulfill these response operations areas (see Section III: Roles & Responsibilities).

### Mass Care

Mass Care involves the coordination of non-medical mass care services, to include

- Disaster shelter information and coordination
- Feeding operations coordination
- Emergency first aid coordination
- Information exchange about victims to family members and coordinating family reunification
- Aid and services to access and functional needs populations
- Coordination of medical and nonconventional shelters
- Coordinating aid for alternative care and assisted living services

### Human Services

Human Services includes coordinating disaster response efforts such as

- Coordination of counseling services
- Referral to assistance for non-housing losses and destroyed personal property
- Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF)
- Expediting process of new benefits claims such as unemployment and legal services
- Services for persons with access and functional needs

- Referrals to housing support or assistance needs

### **Section III: Roles & Responsibilities**

In its response to any emergency, crisis, or public health event, DPHHS might ask for assistance from other ESF departments through the SECC to either directly or peripherally support ESF6 operations, dependent upon the nature and extent of an emergency event. Each department is responsible for developing their own operating procedures and is *not* directed by DPHHS. Department capabilities are affected by available resources and the size and scope of the incident. As such, support is “as able,” depending upon the given situation at the time.

Organization	Roles & Responsibilities
<p><b>Department of Public Health &amp; Human Services</b></p>	<p><b>DPHHS is lead coordinating agency in Montana for ESF #6</b></p> <p><b>Public Health Emergency Preparedness Office (PHEP)</b>  PHEP is the <b>primary office</b> responsible for <b>coordinating all DPHHS responses</b> to disasters and emergencies with health care implications in Montana. In such events, PHEP establishes and maintains an Incident Command System to coordinate and support response operations to implement emergency plans when appropriate.</p> <ul style="list-style-type: none"> <li>• Coordinate and facilitate the State’s response and support to incidents affecting the public’s health and medical requirements</li> <li>• Coordinate risk communication and public information with DPHHS Public Information Office staff</li> <li>• Maintain a 24-hour duty officer program to facilitate processing and responding to incoming incidents, emergencies, or disasters</li> <li>• Activate, operate, and maintain the Emergency Operations Center (EOC) to support response operations through planning, logistics, and other incident management functions</li> <li>• Provide emergency management expertise regarding public health and healthcare infrastructures</li> <li>• Liaison with other state and local agencies with overlapping areas of response</li> <li>• Coordinate procurement and distribution of health and medical equipment, medicine, and supplies</li> <li>• Manage DPHHS resources for emergency response (e.g., communications equipment or personnel)</li> <li>• Arrange for healthcare personnel surge activities</li> </ul> <p><b>Medicaid and Health Services Branch</b></p> <p><b>Addictive &amp; Mental Disorders Division</b></p> <ul style="list-style-type: none"> <li>• Coordinate program delivery to implement the heightened level of service required to assist those affected by the incident, emergency or disaster</li> <li>• Facilitates and ensures access to services for persons with mental illness and or substance abuse issues</li> </ul>

### **Disability Services Division**

- Coordinate support and care for abandoned, abused or neglected people with disabilities as well as provide for their safety and health.
- Coordinate with partners and service organizations to ensure assistance for shelter operations to accommodate persons with disabilities.
- Provides and/or assists contract providers with the immediate care needs of citizens with developmental disabilities from group homes, day programs and other facilities
- Provides mental health services

### **Health Resources Division**

- Provide the necessary processes to reimburse the primary and acute care portions of the Medicaid program.

### **Senior & Long Term Care Division**

- Provide information to federal, State and local jurisdictions regarding nursing homes, senior centers, homebound or displaced seniors and seniors with disabilities
- Coordinate with partner agencies and service organizations to support and care for abandoned, abused or neglected seniors as well as provide for their safety and health

### **Economic Security Services Branch**

#### **Child & Family Services Division**

- Coordinate support and care for displaced, abandoned, orphaned, abused or neglected children as well as provide for their safety and health
- Ensure the protection and care of residents, staff and others from group home settings
- Coordinate with partner agencies and service organizations to utilize, and facilitate access to, the National Emergency Family Registry Locator System (NEFRLS) and the National Emergency Child Locator Center (NECLC)

#### **Child Support Enforcement Division**

- Provides federal and State mandated child support enforcement services.

#### **Human & Community Services Division**

- Provides for cash assistance, employment training, food stamps, Medicaid, child care, meal reimbursement, nutrition training, energy assistance, weatherization, and other services to assist individuals
- Organizes, coordinates and ensures the distribution of food during the State's response to an emergency

#### **Public Health and Safety Division**

- Coordinates Emergency Medical Services (EMS) entities for large scale local response
- Manages vital records and statistics
- Maintains coordinating special health services for children
- Ensures continuance of the Women, Infants, and Children (WIC) Nutrition Program

<p><b>Disaster &amp; Emergency Services (DES)</b></p>	<p><b>DES is the primary coordinating agency for all State disasters and emergencies.</b> It manages resources and support to local, State, and non-governmental organizations (NGO).</p> <ul style="list-style-type: none"> <li>• Activate and manage the State Emergency Coordination Center (SECC)</li> <li>• Coordinate other State ESF resources in response and recovery operations</li> <li>• Coordinate mutual aid and federal assistance, including Mutual Aid Agreements (MAA), Emergency Management Assistance Compact (EMAC), and federal assistance</li> </ul>
<p><b>Local &amp; Tribal Health Jurisdictions</b></p>	<p>All emergency or crisis incidents begin and end locally. Local and tribal authorities bear initial and continuing responsibility for incident response.</p> <p>DPHHS supports local authorities during local public health events when their resources are overwhelmed, or anticipated to be overwhelmed, while maintaining their statutory role to protect and promote public health and provide public assistance.</p> <p>Local and Tribal Jurisdictions</p> <ul style="list-style-type: none"> <li>• Maintain and update their EOPs to include coordination with DPPHS during an emergency or disaster response</li> <li>• Maintain open communication with DPHHS to sustain situational awareness</li> <li>• Comply with PHEP grant requirements that build or sustain their jurisdictional capacities to meet or surpass the National Standards for Public Health Preparedness Capabilities (2018)</li> </ul>
<p><b>Montana Healthcare Coalitions (HCC)</b></p>	<p>Healthcare coalitions in Montana coordinate within their geographical boundaries for preparedness, response, and recovery issues. Although not response organizations themselves, the agreements amongst their member entities provide the framework for disaster and emergency response.</p> <ul style="list-style-type: none"> <li>• Serve as a reference point for healthcare related resources</li> <li>• Advises local emergency managers regarding healthcare needs during disaster response operations</li> <li>• Maintains healthcare situational awareness during disaster and emergency responses</li> <li>• Coordinates information sharing with DPHHS</li> </ul> <p><b>Local Health Care Facilities</b></p> <ul style="list-style-type: none"> <li>• Maintain emergency operations plans as required of organizations that receive Medicaid funding</li> <li>• Coordinate the plans with their local disaster and emergency services representative</li> </ul> <p>Maintain communication with State agencies and their Healthcare Coalition</p>
<p><b>Non-Governmental Agencies, Local Volunteer and Civic Organizations</b></p>	<p>Some volunteer and civic organizations, whether independent or chartered with national or state affiliations, may choose to provide aid in response to disasters and emergencies. Local public health agencies or emergency managers may request their help as well. Some of these organizations have actively participated in community emergency planning and have agreed to certain roles such as donations management or volunteer management.</p>

## **Section IV: Maintenance**

This framework must be reviewed annually to remain accurate and current. The DPHHS Public Health Emergency Preparedness Section will perform this review to determine whether the response capabilities of the agency are sufficient and if it meets all essential factors identified in applicable State and Federal guidelines. A preparedness planning review group could be convened by PHEP to conduct this review. A review cycle is established to update and review internal directives and external rules and regulations for information that may impact this framework and the DPHHS EOP.

The review will:

- Evaluate relevant procedures, equipment, systems, and training
- Verify or validate roles and responsibilities
- Ensure compatibility and coordination with related emergency preparedness documents

Minor corrections, edits, updates, or adjustments in this document do not need vetting by a review group. Changes are tracked in a versioning method or in the Record of Change log.

### **Exercises**

This framework or any of its components could be exercised separately or in conjunction with other exercises. Exercises will be used under simulated, but realistic, conditions to validate policies and procedures for responding to specific emergency situations and to identify deficiencies that need to be corrected. Personnel participating in these exercises should be those who will make policy decisions or perform the operational procedures during an actual event (i.e. critical personnel).