

**Woodland Centers, Inc.**

**DISASTER CONTINGENCY  
&  
RECOVERY PLAN**

**February 2005**

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**Woodland Centers, Inc.**  
**DISASTER CONTINGENCY/RECOVERY PLAN**  
**FY 2005**

**Purpose Statement**

To ensure business continuity in the event that offices and resources necessary for day-to-day operations are no longer available due to a disaster or emergency situation.

**Risk Assessment**

Types of disasters most likely to occur that could disrupt agency operations include:

- Weather-related emergencies (snow/ice, floods, tornadoes) were considered the most likely events usually accompanied by power outages. This type of disaster could also involve a disruption in water service.
- Chemical disasters were considered possible due to the agency's proximity to highways, railways, and power companies.
- Fires and terrorist activities were considered unlikely.
- Since the Gallia site is occupied 24 hours a day (CSU), in the event of any disaster, medical emergencies are possible.
- A disaster involving the Gallia site carries the highest risk of disruption to the agency's MIS.

**Three Stages of Planning**

This plan is based on three stages of disaster planning: Immediate, Short Term (Contingency), and Long Term (Recovery) as follows:

- Immediate means at the time the event occurs. This is what our disaster drills are for and what CERT training is designed to address. This includes actions such as evacuation or shelter in place, first aid, etc.
- Contingency means in the days and weeks immediately following the event. This includes determining how to set up temporary operations.
- Recovery means what actions are necessary to return to normal operations.

**Business Continuity Group**

- The agency directors form the core Business Continuity Group with responsibilities delegated to the management team after the initial assessment and planning.
  - The Clinical Director will be responsible for clinical issues and the agency's response to immediate community/client needs.
  - The Fiscal Director will be responsible for fiscal and MIS issues.
  - The Compliance Director will be responsible for facilities and staff issues.
  - All media and other external inquiries should be directed to the Executive Director.
- The command center will be the Gallia clinic. If Gallia is compromised, then the Jackson site will serve as the command center.
- In a disaster, the Call List will be utilized and directors will meet at the designated command center.

- If the disaster requires evacuation of the CSU, clients will be transported to the Red Roof Inn in Jackson.
- If the disaster causes Crisisline in Gallia to be inoperable, the Crisisline number will be rolled over to the Jackson clinic.
- If the MIS system in Gallia is compromised, we have back-up capability at the CMHC office in Dublin. We also have a reciprocal agreement with Scioto-Paint Valley Mental Health Center in Chillicothe.

### **Facilities**

- If Meigs is affected, move staff to Gallia and Jackson.
- If Jackson is affected, move staff to Gallia and Meigs.
- If Gallia is affected, move staff to Jackson and Meigs.
- Develop alternate schedules (evenings, weekends, sharing offices, etc.)
- Support Services can contact clients from any site to reschedule appointments.
- CMHC can be accessed via modem from other sites, or from Dublin.

### **Issues to be Considered During a Disaster Situation**

The following major categories of issues would need to be taken into consideration during a disaster:

- Communication
  - Notifying insurance companies, banks, mail, UPS, deliveries
  - Media spokesperson, public announcements
  - Referral sources
- Issues relating to Clients
  - Meds
  - Crisisline
  - Canceling/rescheduling appointments
- Issues relating to Staff
  - Chain of command/command center
  - Pay issues, mileage for working at other sites
  - Training
  - Use of telephone tree
  - Where to call if Gallia phones are not in service
- Issues relating to Facilities
  - Security of building
  - Temporary shelter, offices
  - Security of client and financial records
- Other issues
  - Agency needs vs. immediate community needs – Prioritizing – Ceasing normal operations temporarily to handle crisis
  - Liaison with available community resources, i.e. LEPC, Red Cross, FEMA
  - In order to continue operations, need master of all forms in the safe (if not available at one of the other sites that may not have been affected by the disaster)
  - Fiscal issues:

- Payee accounts (in CMHC)
- Payroll (SALs that had not been entered and backed up would have to be reconstructed)
- Checks for payroll, client bills and rent (HAP, HTF)
- Food from the CSU

**Disaster Planning Worksheet**

OPERATIONAL ISSUES	ACTION PLAN
<p><b><u>Clinical Issues</u></b></p> <ul style="list-style-type: none"> <li>• Meds               <ul style="list-style-type: none"> <li>○ Some meds may be available at other sites (if Gallia affected by disaster, Jackson and Meigs have some supplies, etc.)</li> <li>○ Local pharmacies, Central Pharmacy would have med histories for some clients</li> <li>○ Need lists of clients with injectables, indigent patient assistance, and Central Pharmacy meds in safe or otherwise accessible</li> <li>○ Do clients have med bottles? Check with family.</li> <li>○ Red Cross helps people get meds – payment for lost meds – Health Departments (?)</li> <li>○ Transportation to get meds/injections</li> <li>○ Meds are not in CMHC; Dr’s notes are not backed up from typing pool</li> <li>○ Medicaid question about filling meds early (prior to refill date) if meds are lost in disaster</li> </ul> </li> <li>• Emergencies (hospital pre-screening)               <ul style="list-style-type: none"> <li>○ Need temporary space to evaluate for hospital admission. How do we get them there?</li> <li>○ Call routing system to</li> </ul> </li> </ul>	

<p style="text-align: center;">dispatch emergency workers</p> <ul style="list-style-type: none"> <li>• Responding to community needs <ul style="list-style-type: none"> <li>○ Staff out to designated shelters</li> <li>○ Mileage</li> <li>○ Names and times when possible (HIPAA – crisis provision, but how far can we go without releases?)</li> <li>○ Transportation – getting to people who can't get to us</li> <li>○ Trained staff to provide crisis counseling and follow up</li> </ul> </li> </ul>	
<p><b><u>Front Desk Issues</u></b></p> <ul style="list-style-type: none"> <li>• Client contact <ul style="list-style-type: none"> <li>○ If Gallia phones are out, calls can be made from Meigs and Jackson or initial notification through public service announcements, TV stations</li> <li>○ Rescheduling can be done from satellite clinics. Front desk staff can go to whichever sites are not affected. If support staff is not available, who can help?</li> <li>○ Records not destroyed by disaster can be moved/secured at other clinic locations.</li> </ul> </li> </ul>	
<p><b><u>Administrative/Fiscal Issues</u></b></p> <ul style="list-style-type: none"> <li>• Payroll – blank checks are available from the bank for processing. Could mail checks to homes if staff unavailable to pick up and cannot be notified. There are 4 signers available for checks. All changes may not have been keyed. Would</li> </ul>	

<p>have to reconcile later.</p> <ul style="list-style-type: none"> <li>• Payee and general checks – Checks available from check provider. Can use bank reconciliations for missing info.</li> <li>• Emergency funds/credit card – Should be available for emergency purchases such as food, transportation, postage, etc. Executive Director will carry an agency credit card for emergencies.</li> <li>• Notification of staff and emergency contacts – Telephone tree – Could have emergency #'s in rolodex (portable and quicker to get to than CMHC might be in actual emergency).</li> <li>• Notification of 317 Board/ODMH/Referral sources – Dave/Julie – Press Release. OBRs if testing is scheduled.</li> <li>• Need BWC Risk # and Phone # for reporting.</li> <li>• Keep a list of who has been contacted, what info given, when called (tracking system).</li> <li>• Postage – need supply of stamps.</li> <li>• Access to dictation – use cassettes temporarily.</li> <li>• Notification of Insurance – Finance - #'s in computer</li> <li>• Billing – info in CMHC – Method for gathering billable data if SALs lost in disaster.</li> <li>• CMHC back-up by modem at Meigs and Jackson. CMHC Dublin office.</li> </ul>	
<p><b><u>Building Issues</u></b></p> <ul style="list-style-type: none"> <li>• “Disaster Kit” at each site – Essential forms, phone lists, releases of information.</li> <li>• Move/secure client records and fiscal records (active and closed)</li> </ul>	

<ul style="list-style-type: none"> <li>• Account for/move/secure computer equipment.</li> <li>• Food supplies – Second Harvest (refrigerator truck) or Foodland</li> <li>• Assessment of damages and necessary repairs</li> <li>• Vans – transport CSU clients to Red Roof Inn – shuttle staff as needed – Where to park vans safely if Gallia parking lot not available?</li> <li>• Phone system – can set up crisisline (800 number) in Jackson – Mike Blankenship</li> <li>• Liaison to LEPC – Stan</li> <li>• Utilities/generator – water</li> <li>• Cleaning supplies – both routine and extra for disaster clean-up</li> <li>• Keys – if a building is damaged and cannot be used, collect all keys to that building.</li> </ul>	
<p><b><u>Temporary Offices</u></b></p> <ul style="list-style-type: none"> <li>• If Meigs can't operate, move staff to Gallia and Jackson. If Jackson can't operate, move staff to Gallia and Meigs. If Gallia can't operate, move staff to Meigs and Jackson. If CSU can't be occupied, move clients to Red Roof Inn (staffing, food)</li> <li>• Need to work out alternate schedules (evenings, weekends), sharing offices, etc.</li> <li>• Need written agreement for Red Roof Inn.</li> </ul>	