

MINUTES

MI-MORT Meeting

Date: September 27, 2018

Time: 10:00 a.m. – 2:00 p.m.

Meeting called by Timothy Schramm

Attendance: Brook Babcock, Dr. Gary Berman (phone), Kesha Dixon, Rick Drummer, Dr. David Foran, Jerry Ellsworth, Dr. Todd Fenton, Jennifer Lixey Terrill, Patti Lyons, Tracee McIntosh, Allan Marshall, Anita Metho, Brian Murphy, Amber Pitts, Susan Puls, Tim Schramm, Dr. Maureen Schaefer, Roger Simpson, Brian Wilkinson, Larry Zimmerman

TOPIC	DISCUSSION	RESPONSIBILITY	ACTION
<ul style="list-style-type: none">Resource Request Process and Activation	<ul style="list-style-type: none">Jennifer Lixey Terrill, Healthcare and Public Health Emergency Management and Policy Specialist/MDHHS EMS, provided an update and explanation on how resources are mobilized within the state.Amber Pitts provided an update on the MI-MORT state activation process.<ul style="list-style-type: none">Jennifer summarized the 5 Mission Areas of the National Preparedness System: Prevent, Protect, Mitigate, Respond and RecoverNational Incident Management System (NIMS) provides a standardized system for emergency management incident response activities and utilizes the Incident command (ICS) system which allows organizations and agencies to work together in a coordinated manner required by all public/private agencies who receive federal		

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	<p>preparedness funds.</p> <ul style="list-style-type: none"> ○ Public Act 390 of 1976 gives emergency management authority and provides planning, mitigation, response and recovery. ○ Review of Michigan Emergency Management Plan (MEMP), which addresses the state response to hazards identified in the Michigan Hazard Analysis, and assigns leads and support functions to state departments bases on Emergency Support Functions established in the National Response Framework. ○ The National Response Plan Framework supports 15 Emergency Support Functions, including Mass Care. ○ The State Emergency Operations Center (SEOC) is where the state, local and federal agencies coordinate a response to a disaster, emergency or terrorist incident. The Governor, State Director of Emergency Management and Homeland Security and other agencies direct all state resources at this center when responding to and recovering from an event or incident. ○ 100 seats from all agencies public and private sector. Lead agency is Michigan State Police (MSP), Emergency Management Homeland Security Division (EMHSD), under the direction of the Governor, coordinates planning and response to support Michigan government activities, and liaison to local, nonprofit, private resources, inter-state and Federal Emergency Management Agency (FEMA). ○ ESF #6 and #8 are functions assigned and conducted 		

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	<p>by the MDHHS. Lead state agency and health issues including Mental Health (Public Health Code, PA 368 of 1978 as amended, and how activities are further defined in the MDHHS Emergency Operations Plan (EOP).</p> <ul style="list-style-type: none"> ○ Division of Emergency Preparedness and Response (DEPR) – The mission of DEPR is: “To coordinator the development and implementation of public health and medical management services, preparedness and response to acts of bioterrorism, infectious disease outbreak and other public health emergencies.” ○ Jennifer provided an update on annexes, which includes the Mass Fatality annex. ○ Emergency Preparedness Regions consist of 83 counties, 45 local health departments, 12 federally recognized tribes, 110 emergency management programs, 181 hospitals, 440 LTC facilities, 800 Life Support agencies and under 300 FQHC, MHC and RHCs. ○ The Community Health Emergency Coordination Center (CHECC), needs an entire team to respond to an incident. The CHECC is activated 24/7 and can request Subject Matter Experts (SME)s to assist with a response. The CHECC coordinates public health and medical emergency response activities and resources and is a direct link to EMCs in the State Emergency Operations Center (SEOC), when the SEOC is activated. The Director of BETP, or 		

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	<p>designee, serves as the CHECC Incident Response Coordinator.</p> <ul style="list-style-type: none"> ○ Jennifer then discussed the Michigan Emergency Management System and the necessary steps and agencies required for an activation. Please see attached slide presentation (page 14) for activation process. ○ Communication goes through the Command Staff structure. It is important for Emergency Management to be kept in the loop, since the Incident Command Structure must be followed. ○ Mutual Aid is requested for in-state and out-of-state expenses, such as EMAC (nationally). ○ The reimbursement is paid at a rate of 25% for in-state and 75% by FEMA. Jennifer made a suggestions that states should look for assistance from nearby states to save funding. ● In The role of the local ME discussion was held. During Mass Fatality situations, requests are made through the local Medical Examiner (ME), who is the lead for mass fatality incidents. MEs can appoint Medical Examiner Investigators (MEI)s, who may delegate authorities to a Deputy County ME who may establish a death review team. ● The Local Emergency Manager is the contact to the District Coordinators to the SEOC. The process must be followed. ● Dr. Fenton had concerns on contacting and engaging local MEs during an activation. 		

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	<ul style="list-style-type: none"> Jennifer is working to activate legislation and develop processes for engaging ME and MEIs. CHECC activation process discussion was held. Risk communication teams are needed for support. Since 2016 Jennifer has been working with the Michigan Medical Examiner System Project, with partners consisting of a stakeholder workgroup, Michigan Health Endowment Fund, and the Office of the State ME. A report entitled "An Analysis of the Michigan Medical Examiner's System" was developed with recommendations and proposed legislative changes to update and develop a better ME system and make it realistic for MI. Jennifer will share this document with Amber Pitts to share with the MI-MORT Command Staff. <ul style="list-style-type: none"> Funds were received from the MI Endowment Fund to complete the document and ensure someone will follow up with MEs on an annual basis. Rick Drummer questioned how MI-MORT would be activated for an incident such as a mass fatality at a shopping center in Oakland County. <ul style="list-style-type: none"> The ME would contact the SEOC who has the authority to send MI-MORT and mobilize state resources from any team. Justification needs to be made for funding prior to mobilizing MI-MORT for funding purposes. Discussion on the MI-MORT resource educational process. Local emergency management and MEs are aware of MI-MORT, but not the process on how to activate. 	Jennifer Lixey Terrill	Share ME analysis document with Command Staff

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	<ul style="list-style-type: none"> Jennifer conducts an annual update on state resources such as M-MORT, MI-TESA, and MEDDRUN. <ul style="list-style-type: none"> MSP hosts monthly calls and she will add a MI-MORT discussion to the calls. Amber asked the MI-MORT Command Staff to conduct an educational session during the Homeland Security Conference to gain more exposure. MI-MORT educational opportunities for ME and MEIs is important especially in the event of a mass casualty event such as the Kalamazoo bike incident. District Coordinators need to be educated on the MI-MORT resource. Some state incidents may only request volunteers such as the Family Assistance Center (FAC) and extra Anthropologists or DNA Specialists for smaller incidents. This agenda item will be added to the November 9, 2018, Coordinator's meeting to request that coordinators work with Local Emergency Managers to make them aware of the MI-MORT resources. Tim Schramm has conducted MI-MORT education during the annual Michigan Association of Medical Examiners' (MAME) conference, but said with turnovers, updates are needed as often as possible. On October 27, 2018, Dr. Berman will attend the MAME conference and plans to bring MI-MORT such as the brochure and one-page marketing piece on engaging new MI-MORT members created by Rick Drummer. 	<p>MI-MORT Command Staff</p> <p>Jennifer Lixey Terrill</p> <p>Rick Drummer</p> <p>Tim Schramm</p> <p>Dr. Berman</p>	<p>Conduct educational session during Homeland Security Conference</p> <p>Educate Local and District Emergency Managers</p> <p>Add to November 9, 2018, Regional Coordinators agenda</p> <p>Present at future MAME conference</p> <p>Provide MI-MORT information during 10/27/2018 MAME conference</p>

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	<ul style="list-style-type: none"> City and county managers and hospitals have questions on how to make request for the MI-MORT asset. Rick Drummer will add this topic to the Coordinator's discussion during the November 9, 2018, Regional Leadership meeting and may create a tabletop. Dr. Fenton has had concerns for years on how to access and activate the MI-MORT resources for years and says it is frustrating to see nothing happening. Mental Health professionals are also needed for the MI-MORT team. Jennifer proved an update on the Crime Victims team, which includes members necessary for the MI-MORT team support. Four Crime Victim advocates from MI were recently deployed to Nevada to assist with the mass shooting incident. 	Rick Drummer	Add MI-MORT topic to November 9, 2018 Regional Coordinators meeting agenda
<ul style="list-style-type: none"> Trailer Transportation Discussion 	<ul style="list-style-type: none"> Jerry Ellsworth updated BETP is working on plan to request state agencies assistance with the transportation of the nine MI-MORT trailers during an activation so that personal or BETP departments are not needed for deployment. 	MI-MORT Team/Jennifer Lixey Terrill	Develop transportation plan to move trailers to incident site
<ul style="list-style-type: none"> After Action Report (AAR) from the 2018 MI-MORT Full Scale Exercise Discussion 	<ul style="list-style-type: none"> Since Larry Zimmerman received no feedback after he distributed the 2018 Full Scale AAR document to the team, he will finalize the report. Tracee McIntosh did have one suggestion from the DART team, so this information will be added. 	Larry Zimmerman	Update AAR
<ul style="list-style-type: none"> MI Volunteer Registry (VRC) Structure Discussion 	<ul style="list-style-type: none"> Susan Puls has been working on updating membership of MI-MORT members in the MI Volunteer Registry (MVR). So far, there are 236 accepted and 238 rejections mostly 		

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	<p>because they didn't have completed and submitted NIMS certificates, so she removed the MI-MORT affiliation, but did not delete them from the MVR.</p> <ul style="list-style-type: none"> • There were 435 initial members registered as MI-MORT members. Initially Susan started with 11 completed profiles, but that number went up to 184. • She asked the Command Staff to review the rejection list. There were 34 members expressing interest remaining on the MI-MORT team with 12 members in research. • Susan reviewed the administrator list. Administrators can send out messages and make queries. • Susan will add members to individual groups so that administrators can contact their participants individually. • Susan will share individual team lists with Command Staff Chiefs to have them update the lists and to see if they want to remain on the team. Lists should be updated and sent back to Susan to update prior to the discussion during the October 25, 2018 or November 29, 2018, meetings. • Suggested categories to add to the MI Volunteer Registry include: Funeral Directors and "people that work with dead people" categories. Send any other suggestions to Susan Puls at PulsS@michigan.gov. Susan will also share the current category list with Command Staff Chiefs. • Rick Drummer will work with Susan, since he is administrator for MVR. • Administrators can add members to teams. Susan plans 	<p>Susan Puls</p> <p>All</p> <p>Susan Puls</p>	<p>Share team lists with Command Staff Chiefs</p> <p>Send category suggestions to Susan Puls</p> <p>Conduct administrator</p>

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	to do an administrator training session during the October 25, 2018 or November 29, 2018 meeting.		training on 10/25/2018.
<ul style="list-style-type: none"> MI-MORT Budget and Section Needs and Wants 	<ul style="list-style-type: none"> Allan Marshall attended today's meeting to discuss and get suggestions for supplies/equipment missing from MI-MORT to make it deployable and functional. What items would the team like to have that they are missing? Send supply lists with vendor information and pricing to Allan Marshall at MarshallA11@michigan.gov. A strong justification is very critical to make purchases. Rick Drummer volunteered to assist with a fund balance sheet of requested items. Send lists to Rick at Rdrummer@region2north.com by October 24, 2018. Once the list of supplies is approved, the total funds will be distributed to the Michigan Funeral Directors Association (MDFA) account or Allan Marshall will draw down the necessary funding to get items the items purchased. There was an MFDA credit card discussion. MI-MORT receives an annual budget from the state of \$10,000 to conduct Command Staff meetings and annual trainings. It is dispersed in two increments of \$8,000 and \$2,000. Annually approximately \$1,000 is returned. Theresa from MFDA will do a financial statement, if needed, but if the MI-MORT Command Staff is not getting financial information or has any questions, contact Allan Marshall. Allan Marshall suggested that purchasing might be easier if purchases could be made through MFDA, as a 	<p>All</p> <p>Patti Lyons</p> <p>All</p> <p>Allan Marshall</p>	<p>Send supply lists Rick Drummer by October 24, 2018.</p> <p>Add financial discussion to 10-25-2018, Command Staff meeting</p> <p>Contact Allan Marshall with budget questions Set up October meeting with Tim Schramm/ Theresa West to discuss funding</p>

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	<p>subrecipient through the state, to get state pricing. Brook Babcock updated there is a state program called MIDEAL that gets state pricing.</p> <ul style="list-style-type: none"> Tracee McIntosh will resend her previously requested list for the fingerprint section. The X-ray machine works fine, but the X-ray developer is obsolete. Dr. Fenton will get quotes for the new x-ray equipment including updated information and send to Allan Marshall. Section trainings are conducted every year with a full-scale exercise every two or three years. The approximate cost of the full-scale exercises is \$25,000, with meetings and trainings coming out of the \$10,000. Jennifer Lixey Terrill may need to revisit future MI-MORT Command Staff meetings to explain how equipment, such as gators, can be requested from the Emergency Management and or/other funds. 	<p>Tracee McIntosh</p> <p>Dr. Fenton</p>	<p>Send prior inventory list to Allan Marshall</p> <p>Get quote for new X-ray developer</p>
<ul style="list-style-type: none"> Improvement Plan Discussion 	<ul style="list-style-type: none"> Larry Zimmerman previously distributed the Improvement Plan from the 2018 MI-MORT Full Scale exercise document. 		
<ul style="list-style-type: none"> Recruitment Opportunities 	<ul style="list-style-type: none"> Recruitment of new MI-MORT team members for specific teams is important. Rick Drummer created a one-page flyer which may assist with this effort. Dr. Berman will pass out brochures and flyers to recruit additional team members. 	<p>Rick Drummer</p> <p>Dr. Berman/Keisha Dixon/Tim Schramm</p>	<p>Update recruitment flyer and distribute</p> <p>Recruit new members at</p>

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	<ul style="list-style-type: none"> ○ The MFDA convention will be held in June 2019 in Port Huron and has a table and display board to assist with recruitment. ○ October 12 need by to Keisha (100) to Dental Association. Jerry Ellsworth will drop off. 		conferences
<ul style="list-style-type: none"> ▪ Packing Party 	<ul style="list-style-type: none"> • Bill Funk and Bob Gilbert will be sent information regarding scheduling and logistics for the inventory repacking party. • The DPMU plans to build a weight load plan since there are concerns that some sections have more equipment than others. This reorganization plan may require a day and a half to update inventory and determine what supplies or trailer should arrive first. • There is a need to re-inventory and departmentalize trailers so that each trailer contains its own equipment. 	Bill Funk/Bob Gilbert	Develop Packing Party logistics
<ul style="list-style-type: none"> ▪ MI-MORT Standard Operations Procedure Manual 	<ul style="list-style-type: none"> • The Standard Operation Plan (SOP) was previously distributed. Amber Pitts and Jennifer Lixey Terrill will review and format as necessary. • If there are specific corrections to this document, please send them to Amber Pitts at PittsA@michigan.gov 	All	Send updates for MI-MORT SOP to Amber Pitts
<ul style="list-style-type: none"> ▪ Next Meetings 	<ul style="list-style-type: none"> • October 25, 2018 MI-MORT Command Staff Meeting at MFDA. • November 29, 2018 – MI-MORT Command Staff Meeting at MFDA 	All	Attend future meetings



Jennifer Lixey Terrill and Richard Thelen

Emergency Management Coordinators

Michigan Department of Health and Human Services



<http://www.fema.gov/national-preparedness-goal>

National Preparedness Goal, 2011

“ A secure and resilient nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk”

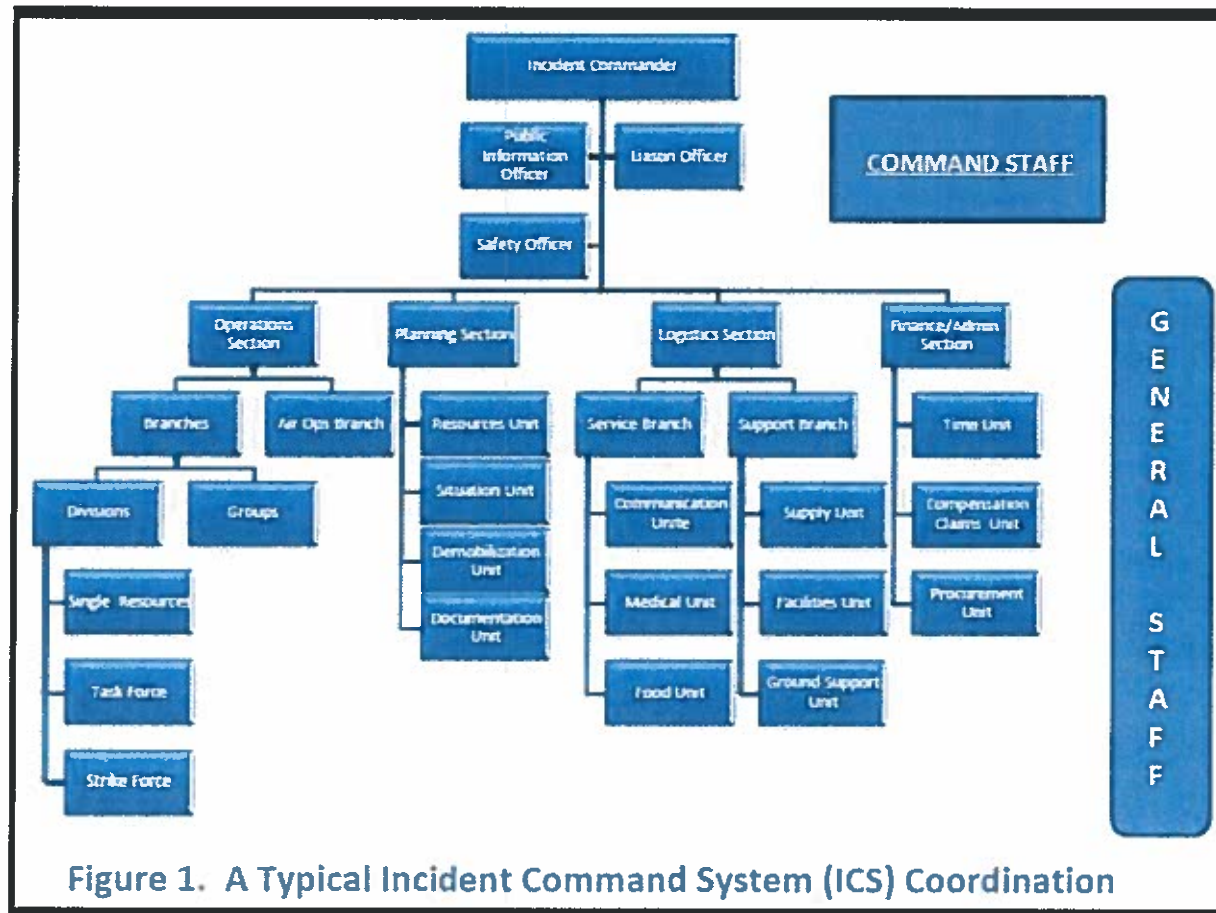
National Incident Management System (NIMS)

- A standardized system for emergency management and incident response activities
 - Utilizes the Incident Command System (ICS)
- Allows disparate organizations and agencies to work together in a predictable, coordinated manner
- Required by all public/private agencies who receive federal preparedness funds



NIMS Training

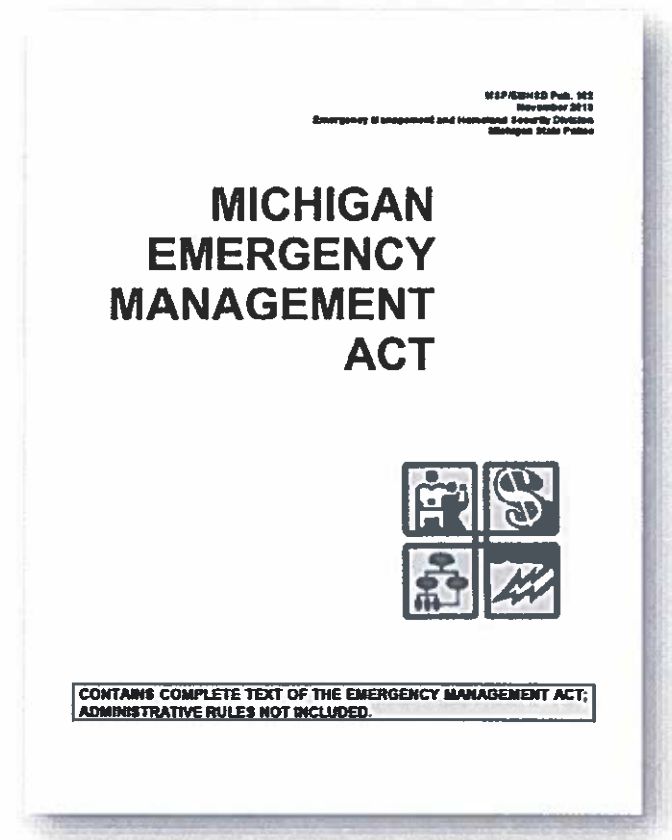
Sample Incident Command Structure



Public Act 390 of 1976

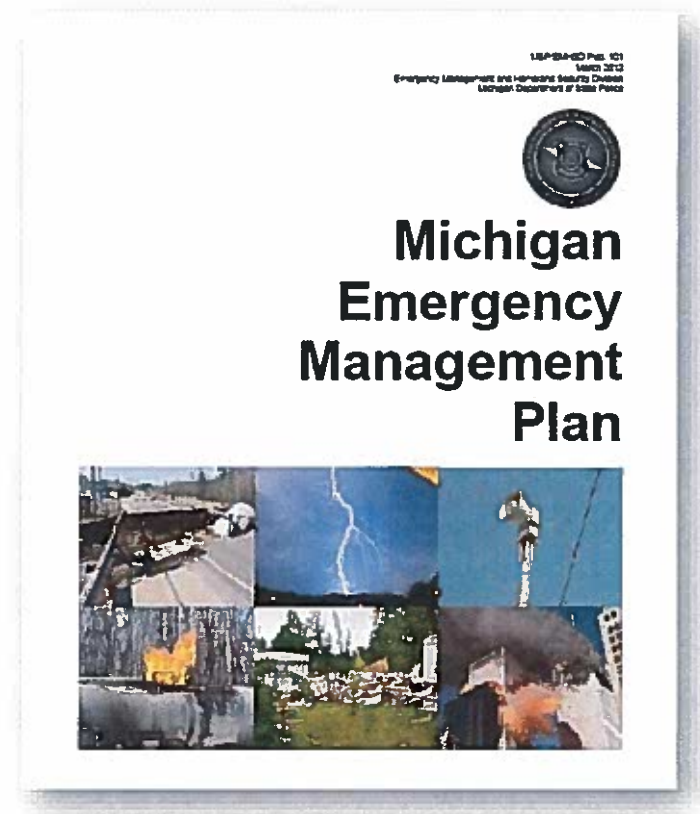
- Provides for planning, mitigation, response and recovery
- Creation of MI Emergency Management Advisory Council
- Prescribes powers and duties of:
 - State and local agencies and officials
 - Immunities and liabilities
 - Acceptance of gifts
 - Repeals acts and parts of acts

http://www.michigan.gov/documents/mspemd-Act_390_of_1976_7125_7.pdf



Michigan Emergency Management Plan (MEMP)

- Involvement of All State Agencies
- Addresses state response to hazards identified in the Michigan Hazard Analysis
- Assigns lead and support functions to state departments based on Emergency Support Functions established in the National Response Framework



Nation Response Framework: 15 Emergency Support Functions

- Transportation
- Communications
- Public Works and Engineering
- Firefighting
- Information and Planning
- **Mass Care, Emergency Assistance, Temporary Housing and Human Services**
- Logistics
- **Public Health and Medical Services**
- Search and Rescue
- Hazardous Materials
- **Agriculture and Natural Resources**
- Energy
- Public Safety and Security
- **Long Term Community Recovery**
- External Affairs

National Response
Framework

The State Emergency Operations Center (SEOC)



The SEOC is where state, local and federal agencies coordinate the response to a disaster, emergency or terrorist incident. The Governor, State Director of Emergency Management and Homeland Security and other agencies direct all state resources at this center when responding to and recovering from an event or incident.

State Emergency Operations Center (SEOC)

- Lead agency - Michigan State Police (MSP), Emergency Management Homeland Security Division (EMHSD)



- Under direction of the Governor, coordinates planning and response activities to support Michigan governmental activities

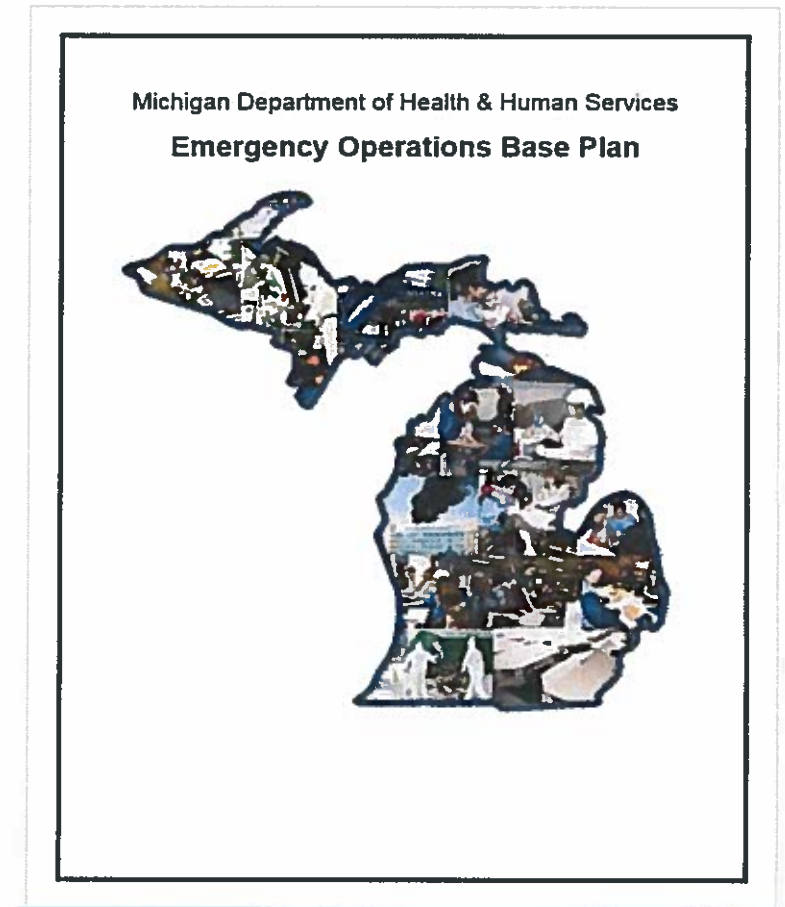


- Liaison to local, nonprofit, private resources, inter-state and Federal Emergency Management Agency (FEMA)



ESF #6 and #8 Tasks Assigned to MDHHS

- Lead state agency on human service and health issues including Mental Health (Public Health Code, PA 368 of 1978 as amended)
- Activities are further defined in the MDHHS Emergency Operations Plan (EOP)



Division of Emergency Preparedness and Response (DEPR)

The Mission of DEPR...

“To coordinate the development and implementation of public health and medical management services, preparedness and response to acts of bioterrorism, infectious disease outbreak and other public health emergencies.”



Emergency Preparedness Regions

- 83 Counties
- 45 Local Health Dept
- 12 Federally Recognized Tribes
- 110 Emergency Mgmt Programs
- 191 Hospitals
- 435 LTC facilities
- 800 Life Support Agencies
- >300 FQHC, MHC, RHC



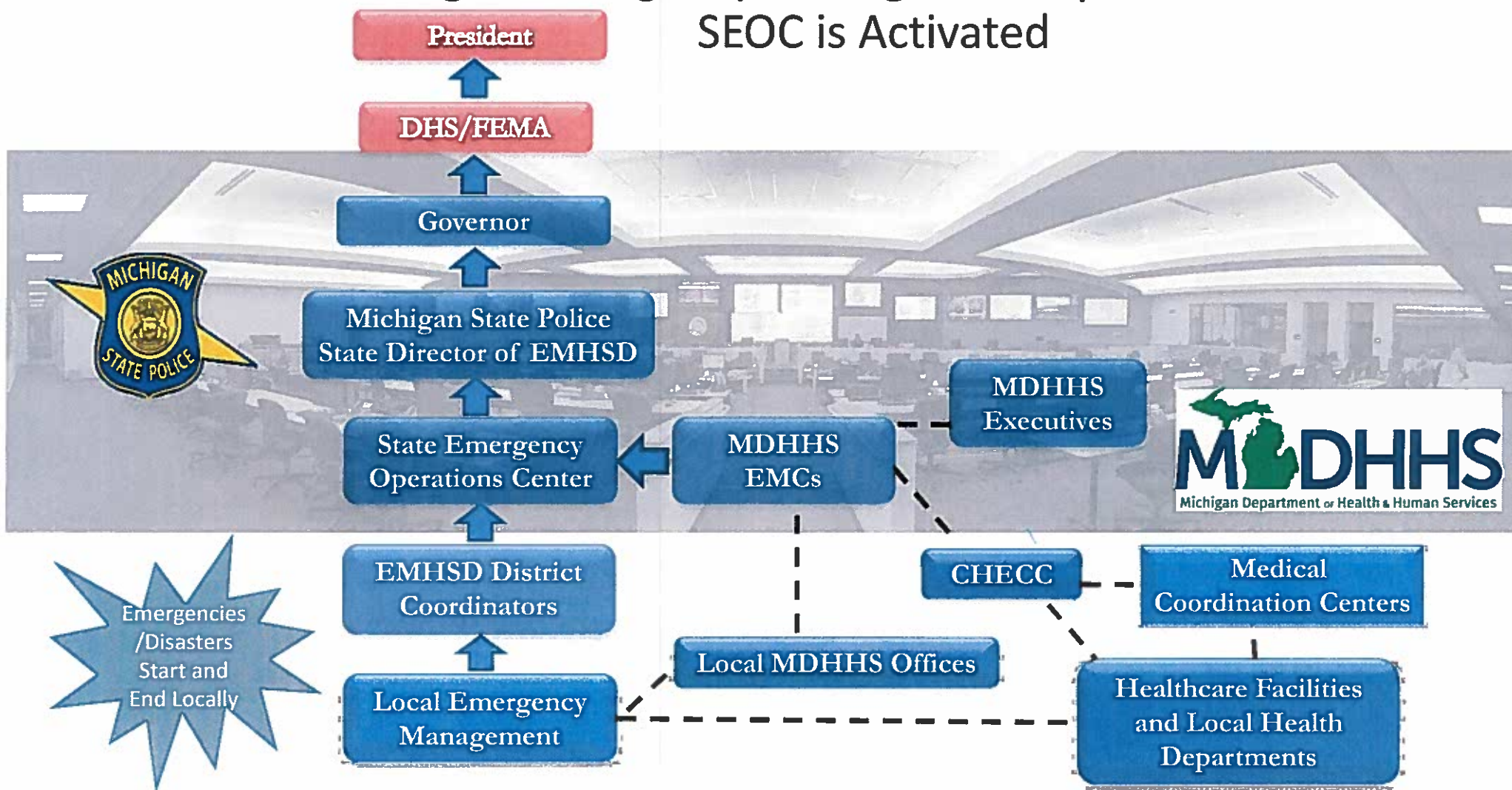
The Community Health Emergency Coordination Center (CHECC)

The CHECC coordinates public health and medical emergency response activities and resources.

- Direct Link to the EMCs in the State Emergency Operations Center (SEOC), when the SEOC is activated
- The Director of BETP, or designee, serves as the CHECC Incident Response Coordinator



Michigan Emergency Management System When The SEOC is Activated



Local Emergency Response

- Local Emergency Management – Link to MSP District Coordinators/SEOC
 - Local Emergency Operations Centers
 - Local Human Services Representation
 - Local Public Health Representation
 - Other Agencies
- Local Public Health Liaison in LEOC
 - Link to Public Health Emergency Coordination Centers
 - Coordination with CHECC

Resource Requests





CHECC Activation

- CHECC is activated 24/7
 - Duty Officer Program
- CHECC Activation Planning Considerations document
 - Contains indicators for transition between phases of activation
 - Routine, Response, Recovery
- Initiation of Incident Command
 - Different than Civil Service positions
- Financial Considerations
 - Lack of funding

Michigan Department of Health and Human Services (MDHHS) Community Health Emergency Coordination Center (CHECC) Activation Planning Considerations

The Michigan Department of Health and Human Services (MDHHS) Community Health Emergency Coordination Center (CHECC) coordinates statewide health-related emergency activities by providing real-time public health information, lending subject matter expertise (SME) to inform decision-making, and orchestrating the mobilization of health resources. In doing so, the CHECC interacts with public health and healthcare partners to render support and assistance, such as mutual aid, equipment and supplies, and risk communication information. The CHECC is staffed primarily by MDHHS personnel with appropriate SME augmentation and operates in full compliance with the National Incident Management System (NIMS).

I. Purpose: The purpose of this document is to define the activation of the CHECC through various stages, to include the return to routine operations with the understanding that routine operations may differ programmatically from operations prior to the onset of a response. Furthermore, this document identifies key activities associated with each stage of activation and provides considerations for the prioritization of activities during a long term response and recovery operations. These planning considerations aim to assist decision makers in determining the appropriate stage of CHECC activation in response to a public health or medical emergency. The identification of indicators, triggers, and activity prioritization will strengthen the CHECC's ability to transition between stages while continuing to support requests for assistance and critical coordination of activities throughout sustained long term efforts.

II. Stages of CHECC Activation: Five stages have been associated with CHECC operations, shown in Table 1. The stage of CHECC activation is critical for determining the staffing and resource needs, as well as the transition from one stage to another while ensuring the continuation of activities and the expectations of staff in response to an evolving situation.

Table 1 – Activation Stages

Activation Stages
Routine Operations
Response
Transition from Response to Recovery
Recovery
Return to Routine Operations

Emergency Preparedness and Response Programs

- The Community Health Emergency Coordination Center (CHECC)
- Medical Countermeasures
 - Strategic National Stockpile
 - MEDDRUN/CHEMPACK
- Mass Fatality
 - Deployment Unit
 - Team
- Mass Casualty
- Communications
- Medical Surge
- Burn Surge
- Risk Communications
- Great Lakes Health Partnership
- MI Volunteer Registry

Fatality Management and Victim Identification Services



Disaster Portable Morgue
Unit (DPMU)



Disaster Assistance
Recovery Team (DART)



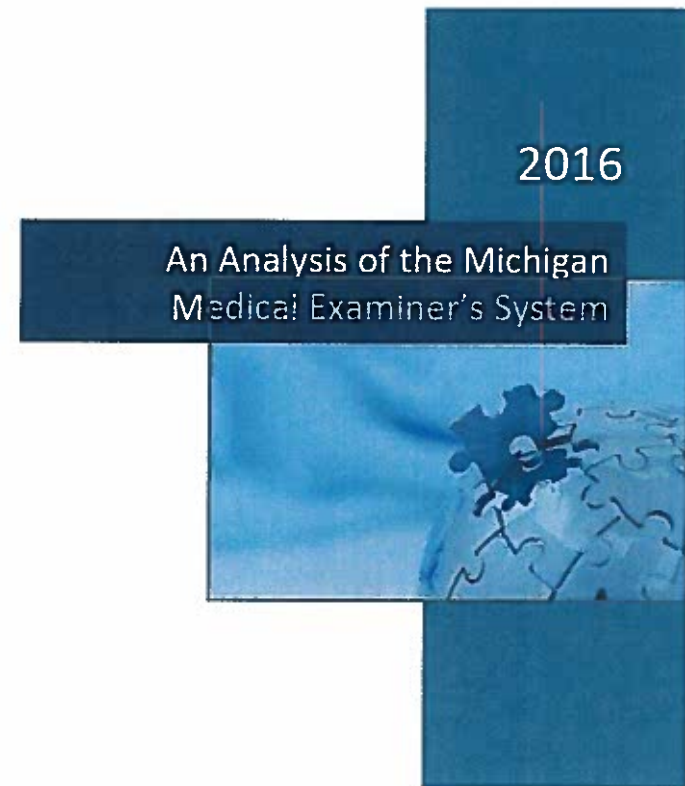
Forensic Specialists

Role of the Local Medical Examiner (ME)

- Lead for mass fatality incidents
- Appoints ME investigators (MEI)
- May delegate authorities to a deputy county ME
- May establish an death review team
 - elderly/vulnerable adult death (example)

Michigan Medical Examiner System Project

- Stakeholder Workgroup 2016-2018
- Michigan Health Endowment Fund
- Produced a Report with Recommendations
- Office of the State ME
- Proposed Legislative Changes



Questions?

Learn More!

- www.Michigan.gov/michiganprepares
- Michigan Prepares Emergency Plan Mobile App!

