

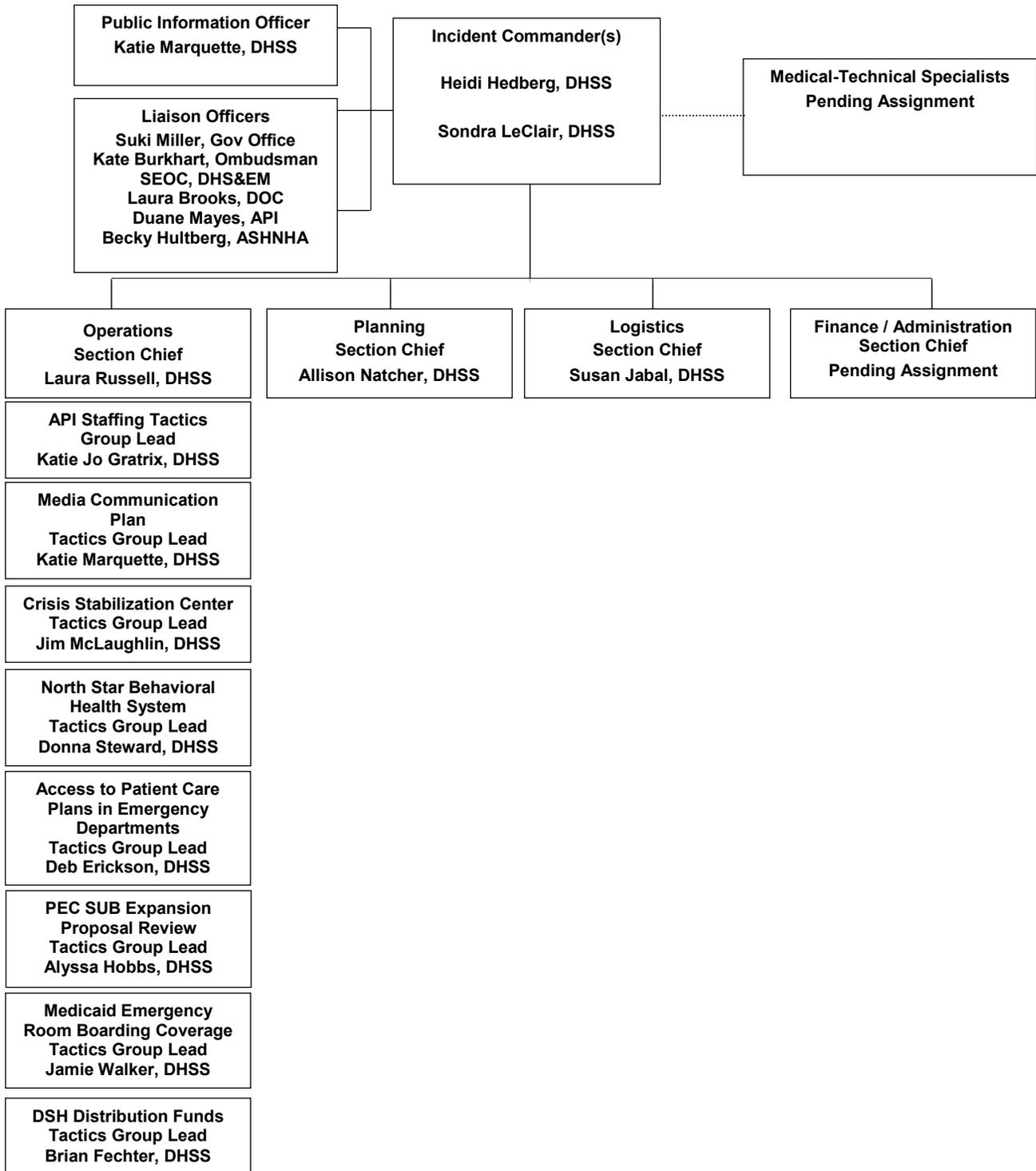
# HICS 201 - INCIDENT BRIEFING

<p><b>1. Incident Name</b></p> <p><b>Psychiatric Care Capacity Response</b></p>	<p><b>2. Operational Period</b> (Weekly)</p> <p><b>Monday. Command Staff Meeting 3-4 pm</b></p> <p><b>Tuesday. Tactics Meetings</b></p> <p><b>Wednesday. Tactics Leads compile information and submit to <a href="mailto:laura.russell1@alaska.gov">laura.russell1@alaska.gov</a> for review by Operations Section Chief by Noon. Operations Section Chief will forward to <a href="mailto:allison.natcher@alaska.gov">allison.natcher@alaska.gov</a>, Plans Section Chief for integration into revised IAP prior to COB.</b></p> <p><b>Thursday. Revised IAP disseminated by 3 pm.</b></p> <p><b>Friday. Quick operational brief 10-10:30 am.</b></p>
<p><b>3. Initial Situation Summary</b> (for briefings or transfer of command)</p> <p>On October 6, 2018, the Alaska Psychiatric Institute (API) utilized the Capacity and External Notification Policy to notify external partners that they were at capacity and could no longer accepting psychiatric patients due to high patient acuity, workforce shortage and increased staff injury rates.</p> <p>In response to API capacity issues, hospital emergency rooms holding psychiatric patients, and public safety concerns, DHSS Commissioner Davidson activated the DHSS Emergency Operations Center on October 13, 2018. The DHSS EOC contacted hospitals statewide to compile and assess the current number of patients admitted to the hospitals for psychiatric care and the number of patients awaiting transfer.</p> <p>Governor Bill Walker and staff were briefed on October 14, 2018 by the DHSS Commissioner, Dr. Jay Butler, and Incident Management Team. Incident Management Team contacted stakeholders and briefed EOC activation.</p>	
<p><b>4. Updated Situation Summary</b> (for briefings or transfer of command)</p> <p>The Incident Commander and Operations meet this week to address response actions and tactics.</p> <p>The following Tactics Groups were created to develop and implement strategies, tactics, and plans to address high patient acuity, API workforce shortages, and a recent increase in API staff injury rates:</p> <ul style="list-style-type: none"><li>Alaska Psychiatric Institute (API) Staffing</li><li>Media Communications Plan</li><li>Crisis Stabilization Center</li><li>North Star Behavioral Health System</li><li>Access to Patient Care Plans in Emergency Departments</li><li>Substance Use Disorder (SUD) Services Expansion Proposal</li><li>Medicaid Emergency Room Boarding Coverage</li><li>Disproportionate Share Hospitals (DSH) Funds Distribution</li></ul> <p>Tactics Groups will continue to meet each operational period during the response.</p>	



# HICS 201 - INCIDENT BRIEFING

## 5. Incident Management Team (fill in additional positions as appropriate)



## HICS 201 - INCIDENT BRIEFING

6. Tactics Groups Objectives			
TACTICS GROUP	OBJECTIVES	STRATEGIES, TACTICS, AND ACTIONS	RESOURCES/ ASSISTANCE REQUIRED
Alaska Psychiatric Institute (API) Staffing	Classify, recruit, and onboard 102 additional positions allocated to API including: 25 qualified Nurses, 2 qualified Occupational Therapists, and 4 qualified Recreational Therapists.	Increase availability of resources/positions to API HR, Recruitment, and Classification.	<p>Additional resources/ positions to Payroll, Classification, Recruitment.</p> <p>Increase recruiting at jobs fairs and outreach across the nation.</p> <p>Offer tuition and loan reimbursement program.</p> <p>Offer relocation packages.</p> <p>Develop education payment incentive for PNA's working toward RN degree.</p> <p>Meet with UAA College of Health Dean and School of Nursing Director.</p>
Alaska Psychiatric Institute (API) Staffing	Provide additional direct patient care services to allow for safe staff/patient ratios by increasing staff.	<p>Utilize National Guard members as desk support, which will free up 8 Psychiatric Nursing Assistant positions to provide direct patient care. Request 2 nurses from National Guard.</p> <p>Contact services for immediate client needs at API.</p>	Request National Guard support and contract services to address immediate needs and bridge gaps.
Alaska Psychiatric Institute (API) Staffing	Create a more competitive benefits package for Nurses, Psychiatric Nursing Assistants, Health Practitioners, Mental Health Clinicians (Psychologist, Forensic Psychologist, and Social Worker), and Occupational Therapists to recruit and retain staff.	Conduct up-to-date Salary Survey and hospital wide market value total compensation analysis; increase salaries based on assessment.	Conduct up-to-date Salary Survey and hospital wide market value total compensation analysis; increase salaries based on assessment.



## HICS 201 - INCIDENT BRIEFING

TACTICS GROUP	OBJECTIVES	STRATEGIES, TACTICS, AND ACTIONS	RESOURCES/ ASSISTANCE REQUIRED
Media Communications Plan	Explain the challenges facing Alaska's behavioral health system and historical context (i.e., how we got here); the role DOC plays in Alaska's behavioral health system and their response to challenges.	<p>Outreach to social media, reporters, radio programs, and editorial boards.</p> <p>Create document addressing the current issue, how we got here, and next steps including regular status updates from DHSS EOC.</p>	Staff time to coordinate the interviews/ communicate with reporters, to develop videos for web; and to produce social media posts.
Media Communications Plan	Communicate recruitment efforts/ opportunities for API.	Utilize videographer to develop stories for social media presenting patient stories, recruitment videos, and video of the inside of the API facility.	Staff time to coordinate the interviews/ communicate with reporters, to develop videos for web; and to produce social media posts.
Media Communications Plan	Create and maintain internal communications schedule to update DHSS staff on response efforts.	Regularly send out internal emails to DHSS employees to keep them informed of the response efforts.	Staff time to create and disseminate the email.
Crisis Stabilization Center	Determine scope of contracts with input from tactic group members, identify potential vendors, and solicit contract proposals.	Solicit inputs from tactic group members and other groups to define program components.	<p>Review related proposals on Friday, October 19<sup>th</sup> from the Substance Use Disorder (SUD) Services Expansion Proposal Group to determine whether proposals have a Crisis Stabilization component.</p> <p>Work with DHSS Contracts Unit.</p>
Crisis Stabilization Center	Assess sole source contract with a vendor to set up a Crisis Stabilization Center.	Execute sole source contract.	Procurement and Finance Sections.
North Star Behavioral Health System	Collaborate with North Star Behavioral Health on a means to alleviate pressure on API and hospitals due to lack of beds.	If North Star is able and willing, develop transition and funding plans to expeditiously move forward with a seamless transition of individuals on the API waitlist to North Star Behavioral Health.	<p>Determine and finalize full details of the services North Star Behavioral Health may be able to provide.</p> <p>Determine funding source to support placements at North Star Behavioral Health as the facility is not yet eligible for certain types of funding.</p> <p>Engage with the Alaska Department of Law to draft contract if a proposal for services is accepted.</p>



## HICS 201 - INCIDENT BRIEFING

TACTICS GROUP	OBJECTIVES	STRATEGIES, TACTICS, AND ACTIONS	RESOURCES/ ASSISTANCE REQUIRED
Access to Patient Care Plans in Emergency Departments	API has the capability to share patient care plans with all acute care hospitals' emergency departments (EDs).	Utilize the Emergency Department Information Exchange (EDIE) to connect API with acute care hospital EDs to share API patient care plans.	<p>Identify hospitals not currently on EDIE, and estimated timeline for connections.</p> <p>Legal guidance on federal patient privacy law requirements.</p> <p>Financial and Staffing resources associated with connecting API to EDIE.</p> <p>Determine implementation costs.</p>
Substance Use Disorder(SUD) Services Expansion Proposal	Expedite review of the Substance Use Disorder Expansion proposals.	SUD proposals are due Friday, October 19, 2018. The proposal evaluation committee (PEC) was previously scheduled to start on November 13th. Due to the current response, the PEC will meet earlier, review between 12-14 grant requests, and then issue grants by the first week of November.	After evaluations have been completed a Grant Award Recommendations and Approvals (GARA) document will be drafted and routed for approval.
Medicaid Emergency Room Boarding Coverage	Provide system changes to allow for billing over 23 hours for behavioral health holds within the hospitals' emergency departments (EDs).	<p>Medicaid Management Information System (MMIS) changes to allow for billing over 23 hours within the hospitals' emergency departments (EDs).</p> <p>Target implementation date: October 20, 2018.</p>	<p>Testing completed October 17, 2018.</p> <p>Deployment scheduled October 20, 2018.</p> <p>IT staff resources to conduct testing for behavioral health holds.</p>
Disproportionate Share Hospitals (DSH) Funds Distribution	Determine the viability and effectiveness of utilizing emergency regulations under AS 44.62.250.	No emergency regulations required.	DOL send out letters of agreement to hospitals.
Disproportionate Share Hospitals (DSH) Funds Distribution	Determine strategies for and mechanics of distribution of DSH funding in support of Psychiatric Care Capacity Response in the most impactful way possible.	Produce a recommendation for distribution of funding beyond what can be distributed through the DSH funding.	<p>Legal guidance on the scope of the appropriation.</p> <p>Leadership decisions out of other tactics groups for the usage of funding.</p>



## HICS 201 - INCIDENT BRIEFING

PRINT NAME: Heidi Hedberg

SIGNATURE:

\_\_\_\_\_

**7. Approved by**

DATE/TIME: 10/18/2018

POSITION: Incident Commander



**Purpose:** Basic information regarding the incident situation and resources allocated  
**Origination:** Incident Commander  
**Copies to:** Command Staff, Section Chiefs, and Documentation Unit Leader

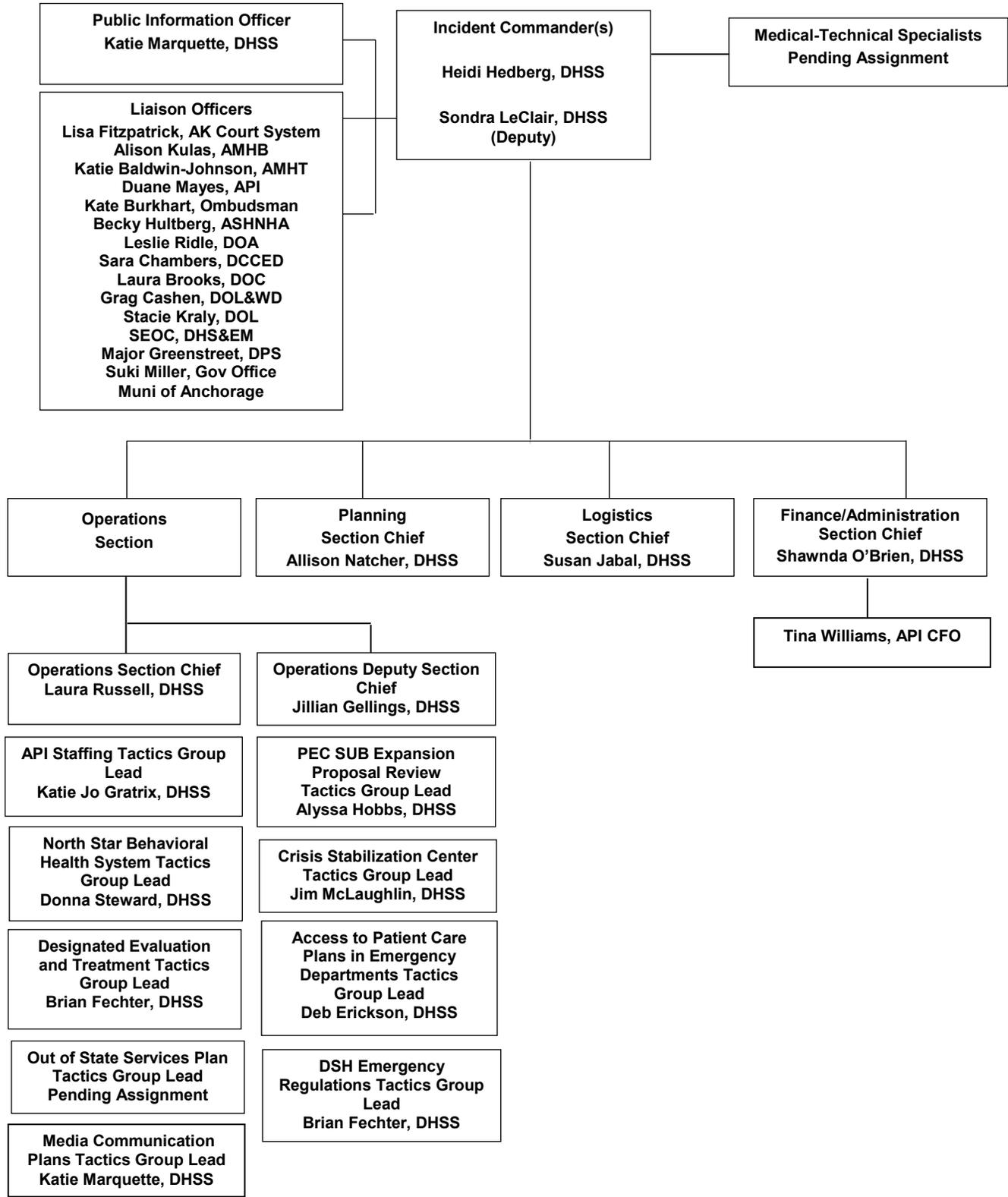
## HICS 201 - INCIDENT BRIEFING

- PURPOSE:** The HICS 201 – Incident Briefing provides the Incident Commander and the Hospital Incident Management Team (HIMT) with basic information regarding the incident, current situation, and the resources allocated to the response.
- ORIGINATION:** Prepared by the Incident Commander for presentation to the staff or later to the incoming Incident Commander along with a detailed oral briefing.
- COPIES TO:** Duplicate and distribute before the initial briefing of the Command and General Staff or Other responders as appropriate. All completed original forms must be given to the Documentation Unit Leader.
- NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Situation Summary</b>	Concise statement of the status and information regarding the historical response situation.
4	<b>Updated Situation Summary</b>	Concise statement of the status and information regarding the updated response situation.
5	<b>Current Incident Management Team</b>	Enter the names of the individuals assigned to each position directly onto the Current Incident Management Team chart.
6	<b>Incident Objectives</b>	Enter the objectives used for the incident.
7	<b>Approved by Incident Commander</b>	Enter the name and signature of the person preparing the form.

<p><b>1. Incident Name</b></p> <p><b>Psychiatric Care Capacity Response</b></p>	<p><b>2. Operational Period</b> October 22-28, 2018</p> <p><b>Monday. Command Staff Meeting 3-4 pm</b></p> <p><b>Tuesday. Tactics Meetings</b></p> <p><b>Wednesday. Tactics Leads compile information and submit to <a href="mailto:laura.russell1@alaska.gov">laura.russell1@alaska.gov</a> for review by Operations Section Chief and Deputy Chief by Noon. Operations Section Chief will forward to <a href="mailto:allison.natcher@alaska.gov">allison.natcher@alaska.gov</a>, Plans Section Chief for integration into revised IAP prior to COB.</b></p> <p><b>Thursday. Revised IAP disseminated to C&amp;GS by 5pm.</b></p> <p><b>Friday. Quick operational brief 10-10:30 am.</b></p>
<p><b>3. Initial Situation Summary</b> (for briefings or transfer of command)</p> <p>On October 6, 2018, the Alaska Psychiatric Institute (API) notified external partners that it was at capacity and could not accept psychiatric patients at that time due to high patient acuity, workforce shortage and increased staff injury rates. In response to API capacity issues and public safety concerns, DHSS Commissioner Davidson activated the DHSS Emergency Operations Center (EOC) on October 13, 2018 and briefed Governor Walker on the response the following day. The DHSS Incident Management Team then contacted and briefed stakeholders on EOC activation.</p>	
<p><b>4. Updated Situation Summary for Thursday, October 25<sup>th</sup></b> (for briefings or transfer of command).</p> <p>Tactics Groups continue to develop and implement strategies, tactics, and plans to address high patient acuity, workforce shortages, and increased staff injury rates. Tactics Groups meet each operational period.</p> <p>Existing Tactic Groups:</p> <ul style="list-style-type: none"> <li>• Access to Patient Care Plans in Emergency Departments</li> <li>• Alaska Psychiatric Institute (API) Staffing</li> <li>• Crisis Stabilization Center</li> <li>• Disproportionate Share Hospitals (DSH) Fund Distribution</li> <li>• Media Communications Plans</li> <li>• North Star Behavioral Health System</li> <li>• Substance Use Disorder(SUD) Services Expansion Proposal</li> </ul> <p>New Tactic Groups formed this operational period:</p> <ul style="list-style-type: none"> <li>• Out of State Services Plan</li> <li>• Designated Evaluation and Treatment</li> </ul> <p>The following Tactics Groups have completed their objectives and were closed:</p> <ul style="list-style-type: none"> <li>• Medicaid Emergency Room Boarding Regulations</li> </ul>	

**5. Incident Management Team (fill in additional positions as appropriate)**



**6. Tactics Groups Objectives**

<b>TACTICS GROUP</b>	<b>OBJECTIVES</b>	<b>STRATEGIES, TACTICS, AND ACTIONS</b>	<b>RESOURCES/ ASSISTANCE REQUIRED</b>
<p>Access to Patient Care Plans in Emergency Departments</p>	<p>API has the capability to share patient care plans with all acute care hospitals' emergency departments (EDs) by January 15, 2019.</p>	<p>Utilize the Emergency Department Information Exchange (EDIE) to connect API with acute care hospital EDs to share API patient care plans Target implementation date: No later than January 15, 2019.</p> <p>Conduct a demonstration of EDIE's capabilities and requirements for API leadership and DHSS IT staff.</p> <p>Determine costs associated with implementing EDIE, including technology costs, staffing, and training.</p> <p>Identify data/information that ED physicians need to see in the API patient care plan.</p> <p>Identify federal patient privacy law requirements and the best approach to compliance.</p> <p>Develop work plan for implementing the API-EDIE connection.</p> <p>Research the statewide Health Information Exchange as another possible option for sharing API patient care plans with hospital EDs within the objective timeframe.</p> <p>API executive leaders to determine the most efficient and effective approach to integrating</p>	<p>Identify hospitals not currently on EDIE, and estimated timeline for connections.</p> <ul style="list-style-type: none"> <li>• Not all hospitals are connected to and using EDIE. Currently 11 hospitals are connected.</li> <li>• Alaska Regional, Alaska Native Medical Center, and Fairbanks Memorial are not yet, but are expected to be live no later than March 31, 2019.</li> <li>• Regional tribal system hospitals are not connected to the system. Implementation to be determined.</li> </ul> <p>Legal guidance on federal patient privacy law requirements.</p> <p>Financial and Staffing resources associated with connecting API to EDIE still being determined.</p> <p>Determine implementation costs.</p>

		<p>use of EDIE into workflow, as well as accommodating staff training.</p> <p>Long Term Strategies for connecting all behavioral health providers through electronic statewide health information exchange continues; there is a role for both the specific EDIE solution and for broader record sharing mechanisms.</p>	
Alaska Psychiatric Institute (API) Staffing	Classify, recruit, and onboard 102 additional positions allocated to API including: 25 qualified Nurses, 2 qualified Occupational Therapists, and 4 qualified Recreational Therapists.	<p>Increase availability of resources/positions to API HR, Recruitment, and Classification.</p> <p>Establish 3 additional Classification positions to support position requests.</p> <p>Submit PNA IV-Behavioral Health Technician positions to Classification and request Classification study.</p> <p>Short-Term Non-Perm for Nursing Department scheduling support.</p> <p>Determine Pharmacy on-call pay with HR.</p>	<p>Additional resources/positions to Payroll, Classification, Recruitment</p> <p>Increase recruiting at jobs fairs and outreach across the nation.</p> <p>Identify tuition and loan reimbursement programs available.</p> <p>Develop education payment incentive for PNA's working toward RN degree.</p> <p>Meet with UAA College of Health Dean and School of Nursing Director.</p> <p>Determine Pharmacy on-call pay with HR. Follow up with HR; stress the urgency of pay for exempt staff.</p>
Alaska Psychiatric Institute (API) Staffing	Increase salaries for Nurses, Psychiatric Nursing Assistants, Health Practitioners, Mental Health Clinicians (Psychologist, Forensic Psychologist, and Social Worker), and Occupational Therapists in order offer competitive salaries and retain staff.	<p>Conduct up-to-date Salary Survey and hospital wide market value total compensation analysis; increase salaries based on assessment.</p> <p>Expedite Occupational Therapist salary survey; Classification timeline is due next week.</p>	Conduct up-to-date Salary Survey and hospital wide market value total compensation analysis; increase salaries based on assessment.

TACTICS GROUP	OBJECTIVES	STRATEGIES, TACTICS, AND ACTIONS	RESOURCES/ assistance REQUIRED
Alaska Psychiatric Institute (API) Staffing	Provide additional training to increase safety for patients and staff.	Amend Meditech contract to have Meditech send qualified trainers to API to assist in training needs.	Complete contract amendment.
Substance Use Disorder (SUD) Services Expansion Proposal	Expedite review and approval on the following the following proposals: Crisis Stabilization Center and a Medically Monitored Withdrawal Management Facility.	<p>SUD proposals were due on Friday, October 19th.</p> <p>Teleconference held October 24th determined progress of evaluations is on schedule with an anticipated completion date of October 28th.</p> <p>The next Proposal evaluation committee (PEC) meeting is Monday October 29th from 9am-4pm.</p> <p>Proposals and recommendations for award, modifications to proposed projects, and for special conditions will be discussed.</p>	<p>After evaluations have been completed a Grant Award Recommendations and Approvals (GARA) document will be drafted and routed for approval by November 1st. Issue notification of award / denial on Nov. 2.</p> <p>Anticipated evaluations to be completed by October 28th.</p>
Crisis Stabilization Center	Stand up a Crisis Stabilization Center in Anchorage to meet the immediate needs of the community. Determine scope of contracts with input from tactic group members, identify potential vendors, and solicit contract proposals.	Create a Crisis Stabilization work plan as a basis for bids.	Utilize work plan and delineated goals to identify potential vendors who can properly fulfill response needs by October 29 <sup>th</sup> with input from Tactics Group.
Disproportionate Share Hospitals (DSH) Distribution	Determine the viability and effectiveness of utilizing emergency regulations under AS 44.62.250.— This objective will be removed from future IAPs. Emergency Regulations were determined not to be a viable option.	N/A	N/A

<b>TACTICS GROUP</b>	<b>OBJECTIVES</b>	<b>STRATEGIES, TACTICS, AND ACTIONS</b>	<b>RESOURCES/ ASSISTANCE REQUIRED</b>
Disproportionate Share Hospitals (DSH) Distribution	Determine strategies for, and mechanics of, distribution of DSH funding in support of Psychiatric Care Capacity Response in the most impactful way possible.	<p>Utilize department expertise at Law, and internal Grants and Contracts staff to finalize current DSH agreements.</p> <p>Produce a recommendation for distribution of funding beyond what can be distributed through the DSH funding.</p> <p>Determine other funding strategies that can be distributed to hospitals through DSH restrictions within current legal framework for optimal impact.</p>	<p>Legal guidance on the scope of the appropriation.</p> <p>Leadership decisions out of other tactics groups for the usage of funding.</p> <p>Continue to engage with hospitals who do qualify for DSH payments in order to maximize financial impact and federal participation, expedite DSH agreements.</p> <p>Collaborate with the Department of Law (ongoing) to finalize DSH agreements for Hospital negotiation and signature. DSH Agreement 1, 2 and 3 of 6 nearing final stages of legal review. Anticipated receipt of all final agreements October 26, 2018.</p>
Disproportionate Share Hospitals (DSH) Distribution	Determine whether the Alaska Comprehensive Health Insurance (ACHI) Fund can be utilized in support of Psychiatric Care Capacity Response in the most impactful way possible.	<p>The legislative appropriation (Sec. 13, Ch. 17, SLA 2018, Page 74, Lines 5-12) provided \$7.0 million from the ACHI fund and \$7.0 million in federal receipt authority in support of "Hospital Based Mental Health Care."</p> <p>Research into the legislative record is necessary. Utilization of ACHI funds may be more flexible than DSH should the decision be made to not utilize the full federal funds available due to the restrictive nature of the DSH program. Hospitals expressed a desire for construction-related funding in order to get more beds online faster which cannot be funded through DSH.</p>	<p>Leadership decisions out of other tactics groups for the usage of funding.</p> <p>Legal guidance on the scope of the appropriation in Sec. 13, Ch. 17, SLA 2018, Page 74, Lines 5-12.</p> <p>Determine mechanics and required elements of a procurement process. This process is ongoing throughout the response.</p>

TACTICS GROUP	OBJECTIVES	STRATEGIES, TACTICS, AND ACTIONS	RESOURCES/ ASSISTANCE REQUIRED
Media Communications Plans	Explain the challenges facing Alaska's behavioral health system and historical context (i.e., how we got here); the role DOC plays in Alaska's behavioral health system and their response to challenges.	<p>Outreach to social media, reporters, radio programs, and editorial boards.</p> <p>Share EOC progress report with media.</p> <p>Draft public FAQ/ One pager to post on DHSS website.</p> <p>Create document addressing the current issue, how we got here, and next steps including regular status update from DHSS/ DOC on patient numbers.</p> <p>Completed Tasks: Interview with Daniella Rivera completed, <a href="#">link to story</a>.</p> <p>Created talking points document addressing the current issue, how we got here, and next steps including regular status update from DHSS/ DOC on patient numbers.</p>	Staff time to coordinate the interviews/ communicate with reporters, to develop videos for web; and to produce social media posts.
Media Communications Plans	<p>Communicate recruitment efforts/ opportunities for API.</p> <p>Record API Recruitment video.</p>	<p>Utilize videographer to develop stories for social media presenting patient stories, recruitment videos, and video of the inside of the API facility.</p> <p>Completed Tasks: API HR has identified two employees to feature in recruitment video for social media.</p>	Staff time to coordinate the interviews/ communicate with reporters, to develop videos for web; and to produce social media posts.

<b>TACTICS GROUP</b>	<b>OBJECTIVES</b>	<b>STRATEGIES, TACTICS, AND ACTIONS</b>	<b>RESOURCES/ ASSISTANCE REQUIRED</b>
Media Communications Plans	Provide information on EOC progress internally to DHSS personnel and externally through the DHSS Commissioner Office webpage on a weekly basis.	<p>Utilize staff to develop information on current and future response actions.</p> <p>Provide information on EOC progress internally to DHSS personnel and externally through the DHSS Commissioner's Office webpage on a weekly basis.</p> <p>Completed Tasks: Posted first EOC progress report on the DHSS Commissioner Office webpage and sent to all DHSS staff.</p>	Staff time to coordinate release of information.
North Star Behavioral Health System	Collaborate with North Star Behavioral Health on a means to alleviate pressure on hospitals due to lack of beds for API "waitlist" patients.	If North Star is able and willing, develop transition and funding plans to expeditiously move forward with a seamless transition of individuals on the API waitlist to North Star Behavioral Health.	<p>Determine and finalize full details of the services North Star Behavioral Health may be able to provide. North Star meeting occurred on Monday, October 22nd. The facility submitted a revised proposal for services.</p> <p>Determine funding source to support placements at North Star Behavioral Health as the facility is not yet eligible for certain types of funding.</p> <p>Engage with the Alaska Department of Law to draft contract if a proposal for services is accepted.</p> <p>Negotiations on services begin next week including determining how North Star will receive payment if they take behavioral patients.</p>
Out of State Services Plan	Create a plan that addresses how and when to move a patient out of state for treatment.	Identify tactic branch members	
Designated Evaluation and Treatment	Increase the number of designated evaluation and treatment centers in Alaska.	Identify tactic branch members	

<b>7. Approved by</b>	PRINT NAME: <u>Heidi Hedberg</u>	SIGNATURE: _____
	DATE/TIME: <u>10/26/18/ 9:35am</u>	
		POSITION: <u>INCIDENT COMMANDER</u>

**PURPOSE:** The HICS 201 – Incident Action Plan provides the Incident Commander and the Incident Management Team (IMT) with basic information regarding the incident, current situation, and the resources allocated to the response.

**ORIGINATION:** Prepared by the Section Planning Chief for presentation prior to the Friday quick operational brief.

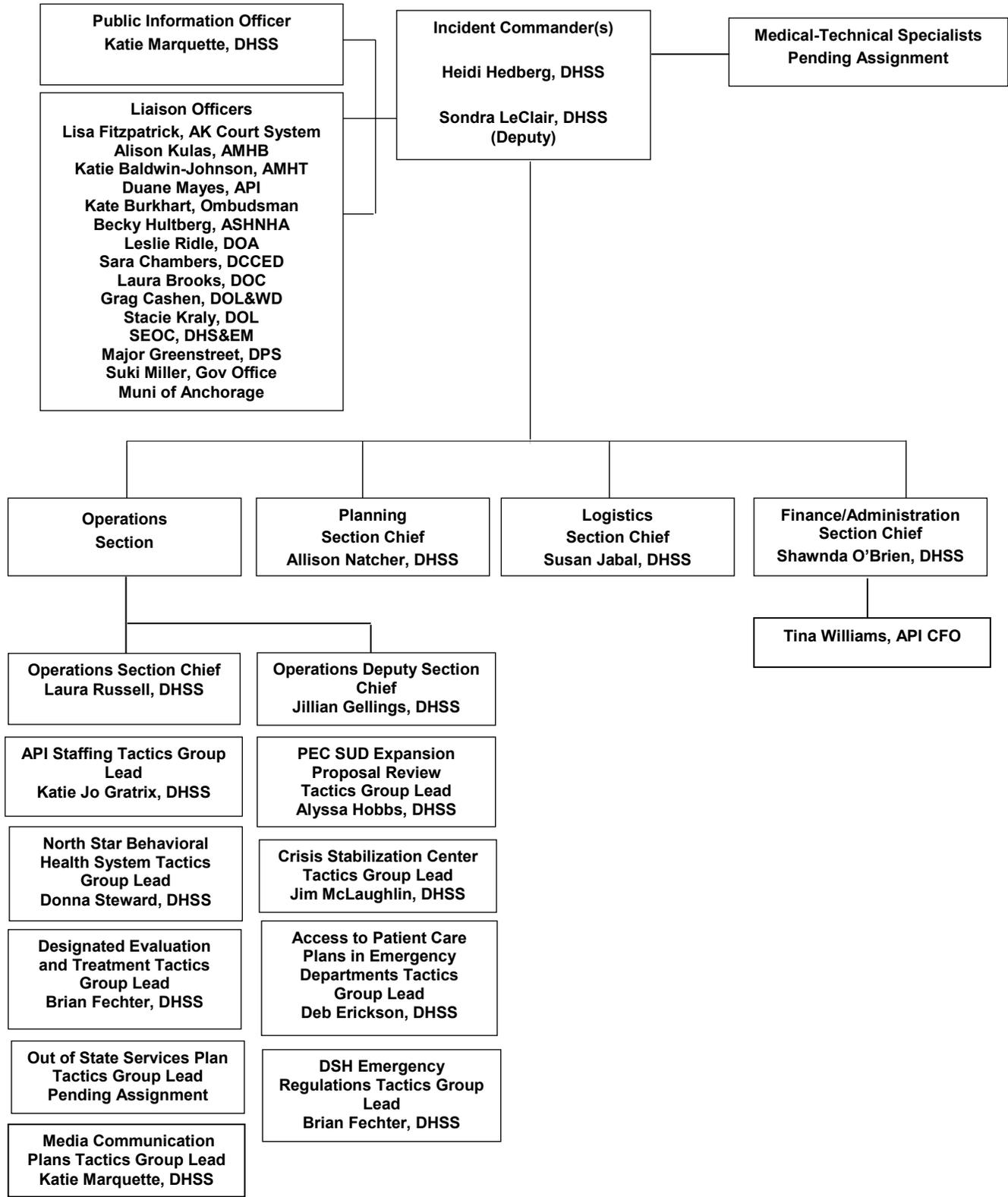
**COPIES TO:** Duplicate and distribute before the Friday quick operational brief initial briefing.

**NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the operational period to which the form applies.
3	<b>Situation Summary</b>	Concise statement of the status and information regarding the historical response situation.
4	<b>Updated Situation Summary</b>	Concise statement of the status and information regarding the updated response situation.
5	<b>Current Incident Management Team</b>	Enter the names of the individuals assigned to each position directly onto the Current Incident Management Team chart.
6	<b>Incident Objectives</b>	Enter the objectives used for the incident.
7	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form.

<p><b>1. Incident Name</b></p> <p><b>Psychiatric Care Capacity Response</b></p>	<p><b>2. Operational Period</b> October 29-November 4, 2018</p> <p><b>Monday. Command Staff Meeting 3-4 pm</b></p> <p><b>Tuesday. Tactics Meetings</b></p> <p><b>Wednesday. Tactics Leads compile information and submit to <a href="mailto:laura.russell1@alaska.gov">laura.russell1@alaska.gov</a> for review by Operations Section Chief and Deputy Chief by Noon. Operations Section Chief will forward to <a href="mailto:allison.natcher@alaska.gov">allison.natcher@alaska.gov</a>, Plans Section Chief for integration into revised IAP prior to COB.</b></p> <p><b>Thursday. Revised IAP disseminated to C&amp;GS by 5pm.</b></p> <p><b>Friday. Quick operational brief 10-10:30 am.</b></p>
<p><b>3. Initial Situation Summary</b> (for briefings or transfer of command)</p> <p>On October 6, 2018, the Alaska Psychiatric Institute (API) notified external partners that it was at capacity and could not accept psychiatric patients at that time due to high patient acuity, workforce shortage and increased staff injury rates. In response to API capacity issues and public safety concerns, DHSS Commissioner Davidson activated the DHSS Emergency Operations Center (EOC) on October 13, 2018 and briefed Governor Walker on the response the following day. The DHSS Incident Management Team then contacted and briefed stakeholders on EOC activation.</p>	
<p><b>4. Updated Situation Summary for Thursday, October 25<sup>th</sup></b> (for briefings or transfer of command).</p> <p>Tactics Groups continue to develop and implement strategies, tactics, and plans to address high patient acuity, workforce shortages, and increased staff injury rates. Tactics Groups meet each operational period.</p> <p>Existing Tactic Groups:</p> <ul style="list-style-type: none"> <li>• Access to Patient Care Plans in Emergency Departments</li> <li>• Alaska Psychiatric Institute (API) Staffing</li> <li>• Crisis Stabilization Center</li> <li>• Disproportionate Share Hospitals (DSH) Fund Distribution</li> <li>• Media Communications Plans</li> <li>• North Star Behavioral Health System</li> <li>• Substance Use Disorder(SUD) Services Expansion Proposal</li> </ul> <p>New Tactic Groups formed this operational period:</p> <ul style="list-style-type: none"> <li>• Out of State Services Plan</li> <li>• Designated Evaluation and Treatment</li> </ul> <p>The following Tactics Groups have completed their objectives and were closed:</p> <ul style="list-style-type: none"> <li>• Medicaid Emergency Room Boarding Regulations</li> </ul>	

**5. Incident Management Team (fill in additional positions as appropriate)**



**6. Tactics Groups Objectives**

<b>TACTICS GROUP</b>	<b>OBJECTIVES</b>	<b>STRATEGIES, TACTICS, AND ACTIONS</b>	<b>RESOURCES/ ASSISTANCE REQUIRED</b>
<p>Access to Patient Care Plans in Emergency Departments</p>	<p>API has the capability to share patient care plans with all acute care hospitals' emergency departments (EDs) by January 15, 2019.</p>	<p>Utilize the Emergency Department Information Exchange (EDIE) to connect API with acute care hospital EDs to share API patient care plans Target implementation date: No later than January 15, 2019.</p> <p>Conduct a demonstration of EDIE's capabilities and requirements for API leadership and DHSS IT staff.</p> <p>Determine costs associated with implementing EDIE, including technology costs, staffing, and training.</p> <p>Identify data/information that ED physicians need to see in the API patient care plan.</p> <p>Identify federal patient privacy law requirements and the best approach to compliance.</p> <p>Develop work plan for implementing the API-EDIE connection.</p> <p>Research the statewide Health Information Exchange as another possible option for sharing API patient care plans with hospital EDs within the objective timeframe.</p> <p>API executive leaders to determine the most efficient and effective approach to integrating</p>	<p>Identify hospitals not currently on EDIE, and estimated timeline for connections.</p> <ul style="list-style-type: none"> <li>• Not all hospitals are connected to and using EDIE. Currently 11 hospitals are connected.</li> <li>• Alaska Regional, Alaska Native Medical Center, and Fairbanks Memorial are not yet, but are expected to be live no later than March 31, 2019.</li> <li>• Regional tribal system hospitals are not connected to the system. Implementation to be determined.</li> </ul> <p>Legal guidance on federal patient privacy law requirements.</p> <p>Financial and Staffing resources associated with connecting API to EDIE still being determined.</p> <p>Determine implementation costs.</p>

		<p>use of EDIE into workflow, as well as accommodating staff training.</p> <p>Long Term Strategies for connecting all behavioral health providers through electronic statewide health information exchange continues; there is a role for both the specific EDIE solution and for broader record sharing mechanisms.</p>	
Alaska Psychiatric Institute (API) Staffing	Classify, recruit, and onboard 102 additional positions allocated to API including: 25 qualified Nurses, 2 qualified Occupational Therapists, and 4 qualified Recreational Therapists.	<p>Increase availability of resources/positions to API HR, Recruitment, and Classification.</p> <p>Establish 3 additional Classification positions to support position requests.</p> <p>Submit PNA IV-Behavioral Health Technician positions to Classification and request Classification study.</p> <p>Short-Term Non-Perm for Nursing Department scheduling support.</p> <p>Determine Pharmacy on-call pay with HR.</p>	<p>Additional resources/positions to Payroll, Classification, Recruitment</p> <p>Increase recruiting at jobs fairs and outreach across the nation.</p> <p>Identify tuition and loan reimbursement programs available.</p> <p>Develop education payment incentive for PNA's working toward RN degree.</p> <p>Meet with UAA College of Health Dean and School of Nursing Director.</p> <p>Determine Pharmacy on-call pay with HR. Follow up with HR; stress the urgency of pay for exempt staff.</p>
Alaska Psychiatric Institute (API) Staffing	Increase salaries for Nurses, Psychiatric Nursing Assistants, Health Practitioners, Mental Health Clinicians (Psychologist, Forensic Psychologist, and Social Worker), and Occupational Therapists in order offer competitive salaries and retain staff.	<p>Conduct up-to-date Salary Survey and hospital wide market value total compensation analysis; increase salaries based on assessment.</p> <p>Expedite Occupational Therapist salary survey; Classification timeline is due next week.</p>	Conduct up-to-date Salary Survey and hospital wide market value total compensation analysis; increase salaries based on assessment.

<b>TACTICS GROUP</b>	<b>OBJECTIVES</b>	<b>STRATEGIES, TACTICS, AND ACTIONS</b>	<b>RESOURCES/ assistance REQUIRED</b>
Alaska Psychiatric Institute (API) Staffing	Provide additional training to increase safety for patients and staff.	Amend Meditech contract to have Meditech send qualified trainers to API to assist in training needs.	Complete contract amendment.
Substance Use Disorder (SUD) Services Expansion Proposal	Expedite review and approval on the following the following proposals: Crisis Stabilization Center and a Medically Monitored Withdrawal Management Facility.	<p>SUD proposals were due on Friday, October 19th.</p> <p>Teleconference held October 24th determined progress of evaluations is on schedule with an anticipated completion date of October 28th.</p> <p>The next Proposal evaluation committee (PEC) meeting is Monday October 29th from 9am-4pm.</p> <p>Proposals and recommendations for award, modifications to proposed projects, and for special conditions will be discussed.</p>	<p>After evaluations have been completed a Grant Award Recommendations and Approvals (GARA) document will be drafted and routed for approval by November 1st. Issue notification of award / denial on Nov. 2.</p> <p>Anticipated evaluations to be completed by October 28th.</p>
Crisis Stabilization Center	Stand up a Crisis Stabilization Center in Anchorage to meet the immediate needs of the community. Determine scope of contracts with input from tactic group members, identify potential vendors, and solicit contract proposals.	Create a Crisis Stabilization work plan as a basis for bids.	Utilize work plan and delineated goals to identify potential vendors who can properly fulfill response needs by October 29 <sup>th</sup> with input from Tactics Group.
Disproportionate Share Hospitals (DSH) Distribution	Determine the viability and effectiveness of utilizing emergency regulations under AS 44.62.250.— This objective will be removed from future IAPs. Emergency Regulations were determined not to be a viable option.	N/A	N/A

<b>TACTICS GROUP</b>	<b>OBJECTIVES</b>	<b>STRATEGIES, TACTICS, AND ACTIONS</b>	<b>RESOURCES/ ASSISTANCE REQUIRED</b>
Disproportionate Share Hospitals (DSH) Distribution	Determine strategies for, and mechanics of, distribution of DSH funding in support of Psychiatric Care Capacity Response in the most impactful way possible.	<p>Utilize department expertise at Law, and internal Grants and Contracts staff to finalize current DSH agreements.</p> <p>Produce a recommendation for distribution of funding beyond what can be distributed through the DSH funding.</p> <p>Determine other funding strategies that can be distributed to hospitals through DSH restrictions within current legal framework for optimal impact.</p>	<p>Legal guidance on the scope of the appropriation.</p> <p>Leadership decisions out of other tactics groups for the usage of funding.</p> <p>Continue to engage with hospitals who do qualify for DSH payments in order to maximize financial impact and federal participation, expedite DSH agreements.</p> <p>Collaborate with the Department of Law (ongoing) to finalize DSH agreements for Hospital negotiation and signature. DSH Agreement 1, 2 and 3 of 6 nearing final stages of legal review. Anticipated receipt of all final agreements October 26, 2018.</p>
Disproportionate Share Hospitals (DSH) Distribution	Determine whether the Alaska Comprehensive Health Insurance (ACHI) Fund can be utilized in support of Psychiatric Care Capacity Response in the most impactful way possible.	<p>The legislative appropriation (Sec. 13, Ch. 17, SLA 2018, Page 74, Lines 5-12) provided \$7.0 million from the ACHI fund and \$7.0 million in federal receipt authority in support of "Hospital Based Mental Health Care."</p> <p>Research into the legislative record is necessary. Utilization of ACHI funds may be more flexible than DSH should the decision be made to not utilize the full federal funds available due to the restrictive nature of the DSH program. Hospitals expressed a desire for construction-related funding in order to get more beds online faster which cannot be funded through DSH.</p>	<p>Leadership decisions out of other tactics groups for the usage of funding.</p> <p>Legal guidance on the scope of the appropriation in Sec. 13, Ch. 17, SLA 2018, Page 74, Lines 5-12.</p> <p>Determine mechanics and required elements of a procurement process. This process is ongoing throughout the response.</p>

TACTICS GROUP	OBJECTIVES	STRATEGIES, TACTICS, AND ACTIONS	RESOURCES/ ASSISTANCE REQUIRED
Media Communications Plans	Explain the challenges facing Alaska's behavioral health system and historical context (i.e., how we got here); the role DOC plays in Alaska's behavioral health system and their response to challenges.	<p>Outreach to social media, reporters, radio programs, and editorial boards.</p> <p>Share EOC progress report with media.</p> <p>Draft public FAQ/ One pager to post on DHSS website.</p> <p>Create document addressing the current issue, how we got here, and next steps including regular status update from DHSS/ DOC on patient numbers.</p> <p>Completed Tasks: Interview with Daniella Rivera completed, <a href="#">link to story</a>.</p> <p>Created talking points document addressing the current issue, how we got here, and next steps including regular status update from DHSS/ DOC on patient numbers.</p>	Staff time to coordinate the interviews/ communicate with reporters, to develop videos for web; and to produce social media posts.
Media Communications Plans	<p>Communicate recruitment efforts/ opportunities for API.</p> <p>Record API Recruitment video.</p>	<p>Utilize videographer to develop stories for social media presenting patient stories, recruitment videos, and video of the inside of the API facility.</p> <p>Completed Tasks: API HR has identified two employees to feature in recruitment video for social media.</p>	Staff time to coordinate the interviews/ communicate with reporters, to develop videos for web; and to produce social media posts.

<b>TACTICS GROUP</b>	<b>OBJECTIVES</b>	<b>STRATEGIES, TACTICS, AND ACTIONS</b>	<b>RESOURCES/ ASSISTANCE REQUIRED</b>
Media Communications Plans	Provide information on EOC progress internally to DHSS personnel and externally through the DHSS Commissioner Office webpage on a weekly basis.	<p>Utilize staff to develop information on current and future response actions.</p> <p>Provide information on EOC progress internally to DHSS personnel and externally through the DHSS Commissioner's Office webpage on a weekly basis.</p> <p>Completed Tasks: Posted first EOC progress report on the DHSS Commissioner Office webpage and sent to all DHSS staff.</p>	Staff time to coordinate release of information.
North Star Behavioral Health System	Collaborate with North Star Behavioral Health on a means to alleviate pressure on hospitals due to lack of beds for API "waitlist" patients.	If North Star is able and willing, develop transition and funding plans to expeditiously move forward with a seamless transition of individuals on the API waitlist to North Star Behavioral Health.	<p>Determine and finalize full details of the services North Star Behavioral Health may be able to provide. North Star meeting occurred on Monday, October 22nd. The facility submitted a revised proposal for services.</p> <p>Determine funding source to support placements at North Star Behavioral Health as the facility is not yet eligible for certain types of funding.</p> <p>Engage with the Alaska Department of Law to draft contract if a proposal for services is accepted.</p> <p>Negotiations on services begin next week including determining how North Star will receive payment if they take behavioral patients.</p>
Out of State Services Plan	Create a plan that addresses how and when to move a patient out of state for treatment.	Identify tactic branch members	
Designated Evaluation and Treatment	Increase the number of designated evaluation and treatment centers in Alaska.	Identify tactic branch members	

<b>7. Approved by</b>	PRINT NAME: <u>Heidi Hedberg</u>	SIGNATURE: _____
	DATE/TIME: <u>10/29/18/ 9:35am</u>	
		POSITION: <u>INCIDENT COMMANDER</u>

**PURPOSE:** The HICS 201 – Incident Action Plan provides the Incident Commander and the Incident Management Team (IMT) with basic information regarding the incident, current situation, and the resources allocated to the response.

**ORIGINATION:** Prepared by the Section Planning Chief for presentation prior to the Friday quick operational brief.

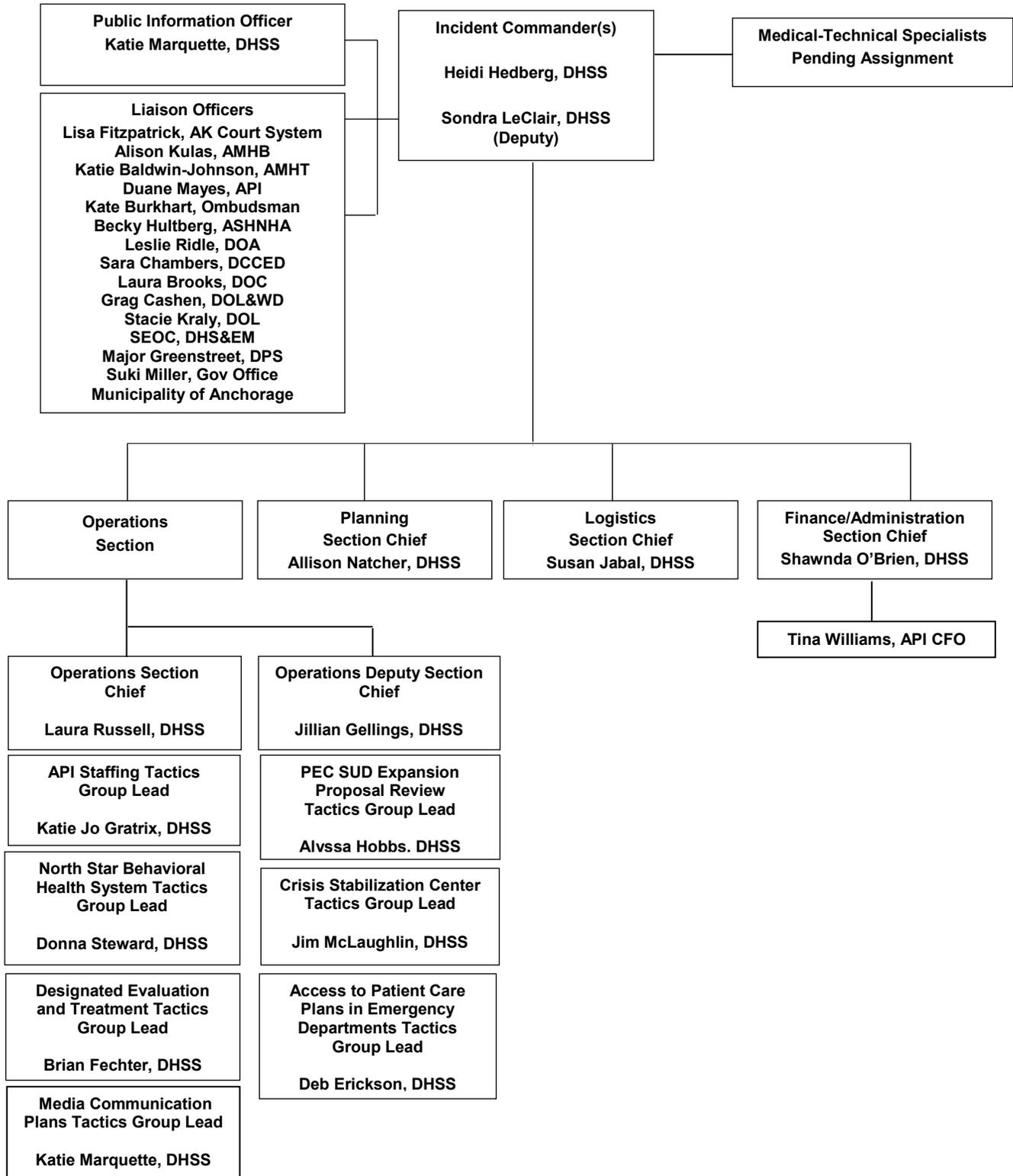
**COPIES TO:** Duplicate and distribute before the Friday quick operational brief initial briefing.

**NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the operational period to which the form applies.
3	<b>Situation Summary</b>	Concise statement of the status and information regarding the historical response situation.
4	<b>Updated Situation Summary</b>	Concise statement of the status and information regarding the updated response situation.
5	<b>Current Incident Management Team</b>	Enter the names of the individuals assigned to each position directly onto the Current Incident Management Team chart.
6	<b>Incident Objectives</b>	Enter the objectives used for the incident.
7	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form.

<p><b>1. Incident Name</b></p> <p><b>Psychiatric Care Capacity Response</b></p>	<p><b>2. Operational Period</b> November 5 -12, 2018</p> <p><b>Monday. Command Staff Meeting 3-4 pm</b></p> <p><b>Tuesday. Tactics Meetings</b></p> <p><b>Wednesday. Tactics Leads compile information and submit to <a href="mailto:laura.russell1@alaska.gov">laura.russell1@alaska.gov</a> for review by Operations Section Chief and Deputy Chief by Noon. Operations Section Chief will forward to <a href="mailto:allison.natcher@alaska.gov">allison.natcher@alaska.gov</a>, Plans Section Chief for integration into revised IAP prior to COB.</b></p> <p><b>Thursday. Revised IAP disseminated to C&amp;GS by 5pm.</b></p> <p><b>Friday. Quick operational brief 10-10:30 am.</b></p>
<p><b>3. Initial Situation Summary</b> (for briefings or transfer of command)</p> <p>On October 6, 2018, the Alaska Psychiatric Institute (API) notified external partners that it was at capacity and could not accept psychiatric patients at that time due to high patient acuity, workforce shortage and increased staff injury rates. In response to API capacity issues and public safety concerns, DHSS Commissioner Davidson activated the DHSS Emergency Operations Center (EOC) on October 13, 2018 and briefed Governor Walker on the response the following day. The DHSS Incident Management Team then contacted and briefed stakeholders on EOC activation.</p>	
<p><b>4. Updated Situation Summary for Thursday, November 1<sup>st</sup></b> (for briefings or transfer of command).</p> <p>Tactics Groups continue to develop and implement strategies, tactics, and plans to address high patient acuity, workforce shortages, and staff injury rates. Tactics Groups meet each operational period.</p> <p>Existing Tactic Groups:</p> <ul style="list-style-type: none"> <li>• Access to Patient Care Plans in Emergency Departments</li> <li>• Alaska Psychiatric Institute (API) Staffing</li> <li>• Crisis Stabilization Center</li> <li>• Designated Evaluation and Treatment</li> <li>• Media Communications Plans</li> <li>• North Star Behavioral Health System</li> <li>• Substance Use Disorder(SUD) Services Expansion Proposal</li> </ul> <p>The following Tactics Groups have completed their objectives and were closed:</p> <ul style="list-style-type: none"> <li>• Disproportionate Share Hospitals (DSH) Fund Distribution</li> </ul>	

**5. Incident Management Team (fill in additional positions as appropriate)**



## 6. Tactics Groups Objectives

### Access to Patient Care Plans in Emergency Departments Tactics Group

<p><b>Tactic(s):</b> API will develop the capability to share patient care plans with all acute care hospitals' emergency departments (EDs) by January 15, 2019.</p> <p>Long Term Strategies for connecting all behavioral health providers through electronic statewide health information exchange continues; there is a role for both the specific EDIE solution and for broader record sharing mechanisms.</p>
<p><b>Current Activities:</b></p>
<p>Explore the utilization of the Emergency Department Information Exchange (EDie) to connect API with acute care hospital EDs to share API patient care plans</p>
<p>Determine costs associated with implementing EDie, including technology costs, staffing, and training.</p>
<p>Identify which data and information to include in API patient care plans for ED physicians.</p>
<p>Identify federal patient privacy law requirements and the best approach for compliance.</p>
<p>Develop work plan for implementing the API-EDie connection.</p>
<p>Research whether the statewide Health Information Exchange can be utilized to share API patient care plans with hospital EDs prior to the targeted implementation date.</p>
<p>API executive leaders will determine the most efficient and effective approach to integrating use of EDie into workflow, as well as accommodating staff training.</p>
<p><b>Future Activities:</b></p>
<p>Determine API resource needs, including staff training, associated with adopting EDie into workflow by November 12, 2018.</p>
<p>Receive legal guidance on federal patient privacy law requirements.</p>
<p>Determine Financial and Staffing resources associated with connecting API to EDie by November 12, 2018.</p>
<p>Develop and process IT Change Request for API EDie connection for DHSS IT Governance approval.</p>
<p><b>Completed Activities:</b></p>
<p>Conducted and participated in a demonstration of EDie's capabilities and requirements for API leadership and DHSS IT staff on October 29, 2018.</p>
<p>Created list of acute care hospitals currently connected and not connected to EDie; identified projected timeline for connection of unconnected hospitals. These items completed on October 23, 2018.</p>

## Alaska Psychiatric Institute (API) Staffing Tactics Group

<b>Tactic(s):</b> Classify, recruit, and onboard 102 additional positions allocated to API including: 25 qualified Nurses, 2 qualified Occupational Therapists, and 4 qualified Recreational Therapists.
<b>Current Activities:</b>
Occupational Therapists: <ol style="list-style-type: none"> <li>Salary Survey/Classification study has been requested.</li> <li>Consider contract services for immediate needs.</li> </ol>
Recreational Therapists: <ol style="list-style-type: none"> <li>Will post recruitment for 10 days</li> </ol>
Nurses: <ol style="list-style-type: none"> <li>Increase recruiting at jobs fairs and outreach across the nation.</li> <li>Identify tuition and loan reimbursement programs available.</li> <li>Determine relocation packages.</li> </ol>
Promote recruitment through positive media. <ol style="list-style-type: none"> <li>Katie Marquette and team tentatively scheduled to come to API 11/2/18 to shoot recruitment video with API Nursing Dept. staff.</li> </ol>
<b>Future Activities:</b>
Develop education payment incentive for PNA's working toward RN degree.
Check status of Classification Survey for API Clinical positions and On-Call Pharmacy pay with HR.
Determine needs and available Nurse positions/resources to be reallocated to API Admissions Screening Office (ASO).
Establish Short-Term Non-Perm for Nursing Department scheduling support.
Establish Exempt Pharmacist On-Call Rate.
Establish Qualified Clinical hiring teams.
<b>Completed Activities:</b>
Additional personnel from DBH assigned to API HR starting Monday, November 5, 2018 for 15 hours a week to provide support for hiring activities. Reassessment of arrangement to occur on November 30, 2018.

<b>Tactic(s):</b> Provide additional direct patient care services to allow for safe staff/patient ratios.
<b>Current Activities:</b>
Submit (14) Psychiatric Nursing Assistant IV - Behavioral Health Technician position descriptions to Classification to include Unique and Unusual Circumstances request.
Continue to recruit for and fill (33) new PNA I/II/III positions.
Extend WEKA contract past October 31, 2018 for 1 to 2 years, pending approval.
<b>Future Activities:</b>
Continue to recruit and fill vacancies.
Determine whether extension of WEKA contract for 1 to 2 years is approved.
<b>Completed Activities:</b>
The following personnel have been retained: <ol style="list-style-type: none"> <li>(9) on-call PNAs have promoted to full-time.</li> <li>(8) New full-time PNAs start Employee Orientation on Monday, 11/5.</li> <li>(2) Full-time PNAs confirmed for 12/10 Orientation.</li> <li>(3) Full-time PNA hire requests in process.</li> </ol>

**Alaska Psychiatric Institute (API) Staffing Tactics Group, Continued**

<b>Tactic(s):</b> Increase salaries for Nurses, Psychiatric Nursing Assistants, Health Practitioners, Mental Health Clinicians (Psychologist, Forensic Psychologist, and Social Worker), and Occupational Therapists.
<b>Current Activities:</b>
Up-to-date Salary/Classification Survey to increase salary for Nurses, Health Practitioner, Mental Health Clinician (Psychologist, Forensic Psychologist, Social Workers), Occupational Therapist, and Psychiatric Nursing Assistants. Hospital wide market value total compensation analysis needed.
Expedite Occupational Therapist salary survey.
<b>Future Activities:</b>
Conduct up-to-date Salary Survey and hospital wide market value total compensation analysis; increase salaries based on assessment.
<b>Completed Activities:</b>
Nothing to report at this time.

<b>Tactic(s):</b> Provide additional training to increase safety for patients and staff.
<b>Current Activities:</b>
Identify trainers within the Department to assist with Hospital Orientation.
Determine which Hospital Education support staff (Nurses) have experience, training, and qualification to teach proper use of restraints.
<b>Future Activities:</b>
Continue to identify and work with trainers and support staff to assist with Hospital Orientation and Hospital Education.
<b>Completed Activities:</b>
Nothing to report at this time.

## Substance Use Disorder (SUD) Services Expansion Proposal Tactics Group

<b>Tactic(s):</b> Expedite review and approval of proposals submitted in response to the Substance Use Disorder Services Expansion RFP to create and operate either a Medically Monitored Withdrawal Management Facility or a Crisis Stabilization Center.
<b>Current Activities:</b> The Grant Award and Recommendation for Approval (GARA) is being drafted and reviewed. This document includes a summary of the services each applicant proposed to provide, their Proposal Evaluation Committee (PEC) score, and special conditions of award.
<b>Future Activities:</b> Grant Award Recommendations and Approvals (GARA) document will be drafted and routed for approval by Close of Business on October 31, 2018.
<b>Completed Activities:</b> The PEC completed the following: Evaluations, evaluation meeting, recommendations for award, and list of special conditions.

## Crisis Stabilization Center Tactics Group

<b>Tactic(s):</b> Secure sole source contract for development of a Crisis Stabilization facility in Anchorage, Alaska by November 30, 2018.
<b>Current Activities:</b>
Determine potential length of contract.
Determine available financial resources to support project.
Determine feasibility of sole source contract.
<b>Future Activities:</b>
If a sole source contract is feasible, then the Tactics Group will focus on developing and completing the sole source contract within 30 days.
<b>Completed Activities:</b>
During discussion with potential contractors, the Crisis Stabilization Center Tactics Group identified a potential vendor. The organization has extensive experience with developing crisis stabilization facilities in a number of states and is currently available to address the project.

## Designated Evaluation and Treatment (DET) Tactics Group

<b>Tactic(s):</b> Investigate strategies to designate new hospitals as Designated Evaluation and Treatment (DET) Facilities (those that may take Title 47 patients by statute).
<b>Current Activities:</b>
Utilize Department of Law expertise.
Produce DET documentation and work with hospitals to gauge interest in DET designation.
<b>Future Activities:</b>
Prepare a background paper on the DET designation process by November 2, 2018. 1. Discuss paper with ASHNSA by November 6, 2018.
Reach out to current DET hospitals for their opinions about the DET program and the process by November 6, 2018.
<b>Completed Activities:</b>
Initial meeting for the new DET Tactics Group occurred this week.

## Media Communications Plans Tactics Group

<p><b>Tactic(s):</b> Explain the challenges facing Alaska’s behavioral health system and historical context (i.e., how we got here); the role DOC plays in Alaska’s behavioral health system and their response to challenges. Communicate both short-term and long-term goals to address behavioral health challenges.</p>
<p><b>Current Activities:</b></p> <p>Working on updated talking points to distribute to staff and stakeholders regarding EOC progress.</p> <p>Working with Department of Law to answer media inquiries.</p>
<p><b>Future Activities:</b></p> <p>Disseminate updated talking points to distribute to staff and stakeholders during the week of November 5, 2018.</p> <p>Work with Department of Law to update talking points.</p> <p>Post update from the DHSS EOC on the DHSS website and via e-mail to DHSS staff members.</p>
<p><b>Completed Activities:</b></p> <p>Completed API talking points; addressed the challenges facing Alaska’s behavioral health system, DOC involvement in the behavioral health system, and provided historical context.</p> <p>Conducted the following interviews: KTVA Interview (<a href="#">link</a>) and ADN Interview (<a href="#">link</a>).</p> <p>Psychiatric Care Capacity Response website went live and is being updated every two weeks <a href="#">Psychiatric Care Capacity Response</a>.</p> <p>Initial information on EOC progress disseminated internally to DHSS personnel from Commissioner’s Office.</p>

<p><b>Tactic(s):</b> Communicate recruitment efforts/ opportunities for API.</p>
<p><b>Current Activities:</b></p> <p>Utilize videographer to develop stories for social media presenting patient stories, recruitment videos, and video of the inside of the API facility.</p>
<p><b>Future Activities:</b></p> <p>Social media recruitment video will be recorded on Friday, November 2, 2018 and distributed the week of November 5, 2018.</p> <p>Work with API to boost recruitment video on social media.</p>
<p><b>Completed Activities:</b></p> <p>API HR has identified two employees to feature in recruitment video for social media.</p>

**North Star Behavioral Health System Tactics Group**

<b>Tactic(s):</b> Collaborate with North Star Behavioral Health on a means to alleviate pressure on hospitals due to lack of beds for API “waitlist” patients.
<b>Current Activities:</b>
If North Star is able and willing, develop transition and funding plans to expeditiously move forward with a seamless transition of individuals on the API waitlist to North Star Behavioral Health.
DHSS response to North Star’s proposal for services is currently under review by North Star.
<b>Future Activities:</b>
Identify funding available to support the project.
Engage with the Alaska Department of Law to draft contract if a proposal for services is accepted.
<b>Completed Activities:</b>
Meetings with North Star to determine services North Star Behavioral Health may be able to provide.
Proposal received from North Star. Reviewed by DHSS and returned for further review by North Star.

<b>7. APPROVED BY</b>	<b>PRINT NAME:</b> _____	<b>SIGNATURE:</b> _____
	<b>DATE/TIME:</b> _____	<b>POSITION:</b> _____

**PURPOSE:** The HICS 201 – Incident Action Plan provides the Incident Commander and the Incident Management Team (IMT) with basic information regarding the incident, current situation, and the resources allocated to the response.

**ORIGINATION:** Prepared by the Section Planning Chief for presentation prior to the Friday quick operational brief.

**COPIES TO:** Duplicate and distribute before the Friday quick operational brief initial briefing.

**NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

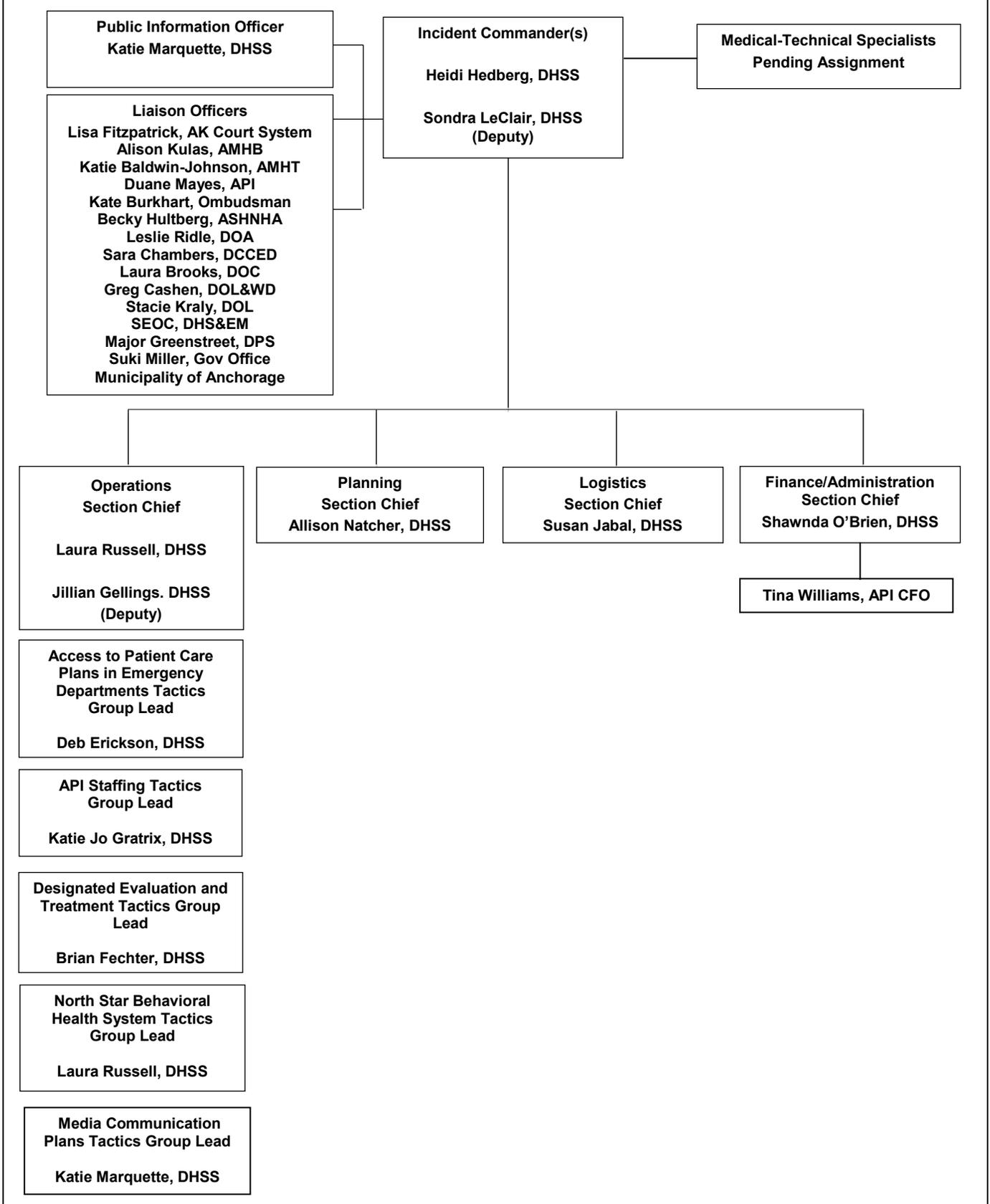
NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the operational period to which the form applies.
3	<b>Situation Summary</b>	Concise statement of the status and information regarding the historical response situation.
4	<b>Updated Situation Summary</b>	Concise statement of the status and information regarding the updated response situation.
5	<b>Current Incident Management Team</b>	Enter the names of the individuals assigned to each position directly onto the Current Incident Management Team chart.
6	<b>Incident Objectives</b>	Enter the objectives used for the incident for each Tactics Group.
7	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form.

## DHSS Incident Action Plan

<b>1. Incident Name:</b>  <b>Psychiatric Care Capacity Response</b>	<b>2. Operational Period:</b> November 5 -12, 2018 <b>Monday: Command Staff Meeting 3-4 pm</b> <b>Tuesday: Tactics Meetings</b> <b>Wednesday: Tactics Leads compile information and submit to <a href="mailto:laura.russell1@alaska.gov">laura.russell1@alaska.gov</a> for review by Operations Section Chief and Deputy Chief by Noon. Operations Section Chief will forward to <a href="mailto:allison.natcher@alaska.gov">allison.natcher@alaska.gov</a>, Plans Section Chief for integration into revised IAP prior to COB.</b> <b>Thursday: Revised IAP disseminated to C&amp;GS by 5pm.</b> <b>Friday: Quick operational brief 10-10:30 am.</b>
<b>3. Initial Situation Summary</b> (for briefings or transfer of command) On October 6, 2018, the Alaska Psychiatric Institute (API) notified external partners that it was at capacity and could not accept psychiatric patients at that time due to high patient acuity, workforce shortage and increased staff injury rates. In response to API capacity issues and public safety concerns, DHSS Commissioner Davidson activated the DHSS Emergency Operations Center (EOC) on October 13, 2018 and briefed Governor Walker on the response the following day. The DHSS Incident Management Team then contacted and briefed stakeholders on EOC activation.	
<b>4. Incident Objectives</b> <ul style="list-style-type: none"><li>• Maintain health and safety of staff, patients and public</li><li>• Reduce the pressure on the point of entry system</li><li>• Provide timely and accurate information to the public regarding State response</li></ul>	
<b>5. Updated Situation Summary for Thursday, November 1<sup>st</sup></b> (for briefings or transfer of command). Tactics Groups continue to develop and implement strategies, tactics, and plans to address high patient acuity, workforce shortages, and staff injury rates. Tactics Groups meet each operational period.  Existing Tactic Groups: <ul style="list-style-type: none"><li>• Access to Patient Care Plans in Emergency Departments</li><li>• Alaska Psychiatric Institute (API) Staffing</li><li>• Designated Evaluation and Treatment</li><li>• Media Communications Plans</li><li>• North Star Behavioral Health System</li></ul> The following Tactics Groups have completed their objectives and were closed: <ul style="list-style-type: none"><li>• Disproportionate Share Hospitals (DSH) Fund Distribution</li><li>• Substance Use Disorder(SUD) Services Expansion Proposal</li><li>• Crisis Stabilization Center</li></ul>	

# DHSS Incident Action Plan

## 6. Incident Management Team (fill in additional positions as appropriate)



## DHSS Incident Action Plan

### 7. Tactics Groups Objectives

#### Access to Patient Care Plans in Emergency Departments Tactics Group

<p><b>Tactic(s):</b> API will develop the capability to share patient care plans with all acute care hospitals' emergency departments (EDs) by January 15, 2019.</p> <p>Long Term Strategies for connecting all behavioral health providers through electronic statewide health information exchange continues; there is a role for both the specific EDIE solution and for broader record sharing mechanisms.</p>
<p><b>Current Activities:</b></p>
<p>Explore the utilization of the Emergency Department Information Exchange (EDie) to connect API with acute care hospital EDs to share API patient care plans.</p>
<p>Determine costs associated with implementing EDie, including technology costs, staffing, and training.</p>
<p>Identify which data and information to include in API patient care plans for ED physicians.</p>
<p>Identify federal patient privacy law requirements and the best approach for compliance.</p>
<p>Develop work plan for implementing the API-EDie connection.</p>
<p>Research whether the statewide Health Information Exchange can be utilized to share API patient care plans with hospital EDs prior to the targeted implementation date.</p>
<p>API executive leaders will determine the most efficient and effective approach to integrating use of EDie into workflow, as well as accommodating staff training.</p>
<p><b>Future Activities:</b></p>
<p>Determine API resource needs, including staff training, associated with adopting EDie into workflow by November 12, 2018.</p>
<p>Receive legal guidance on federal patient privacy law requirements.</p>
<p>Determine Financial and Staffing resources associated with connecting API to EDie by November 12, 2018.</p>
<p>Develop and process IT Change Request for API EDie connection for DHSS IT Governance approval.</p>
<p><b>Completed Activities:</b></p>
<p>Conducted and participated in a demonstration of EDie's capabilities and requirements for API leadership and DHSS IT staff on October 29, 2018.</p>
<p>Created list of acute care hospitals currently connected and not connected to EDie; identified projected timeline for connection of unconnected hospitals. These items completed on October 23, 2018.</p>

## DHSS Incident Action Plan

### Alaska Psychiatric Institute (API) Staffing Tactics Group

<b>Tactic(s):</b> Classify, recruit, and onboard 102 additional positions allocated to API including: 25 qualified Nurses, 2 qualified Occupational Therapists, and 4 qualified Recreational Therapists.
<b>Current Activities:</b>
Occupational Therapists: <ol style="list-style-type: none"> <li>1. Salary Survey/Classification study has been requested.</li> <li>2. Consider contract services for immediate needs.</li> </ol>
Recreational Therapists: <ol style="list-style-type: none"> <li>1. Will post recruitment for 10 days</li> </ol>
Nurses: <ol style="list-style-type: none"> <li>1. Increase recruiting at jobs fairs and outreach across the nation.</li> <li>2. Identify tuition and loan reimbursement programs available.</li> <li>3. Determine relocation packages.</li> </ol>
Promote recruitment through positive media. <ol style="list-style-type: none"> <li>1. Katie Marquette and team tentatively scheduled to come to API 11/2/18 to shoot recruitment video with API Nursing Dept. staff.</li> </ol>
<b>Future Activities:</b>
Develop education payment incentive for PNA's working toward RN degree.
Check status of Classification Survey for API Clinical positions and On-Call Pharmacy pay with HR.
Determine needs and available Nurse positions/resources to be reallocated to API Admissions Screening Office (ASO).
Establish Short-Term Non-Perm for Nursing Department scheduling support.
Establish Exempt Pharmacist On-Call Rate.
Establish Qualified Clinical hiring teams.
<b>Completed Activities:</b>
Additional personnel from DBH assigned to API HR starting Monday, November 5, 2018 for 15 hours a week to provide support for hiring activities. Reassessment of arrangement to occur on November 30, 2018.

<b>Tactic(s):</b> Provide additional direct patient care services to allow for safe staff/patient ratios.
<b>Current Activities:</b>
Submit (14) Psychiatric Nursing Assistant IV - Behavioral Health Technician position descriptions to Classification to include Unique and Unusual Circumstances request.
Continue to recruit for and fill (33) new PNA I/II/III positions.
Extend WEKA contract past October 31, 2018 for 1 to 2 years, pending approval.
<b>Future Activities:</b>
Continue to recruit and fill vacancies.
Determine whether extension of WEKA contract for 1 to 2 years is approved.
<b>Completed Activities:</b>
The following personnel have been retained: <ol style="list-style-type: none"> <li>a. (9) on-call PNAs have promoted to full-time.</li> <li>b. (8) New full-time PNAs start Employee Orientation on Monday, 11/5.</li> <li>c. (2) Full-time PNAs confirmed for 12/10 Orientation.</li> <li>d. (3) Full-time PNA hire requests in process.</li> </ol>

## DHSS Incident Action Plan

### Alaska Psychiatric Institute (API) Staffing Tactics Group, Continued

<b>Tactic(s):</b> Increase salaries for Nurses, Psychiatric Nursing Assistants, Health Practitioners, Mental Health Clinicians (Psychologist, Forensic Psychologist, and Social Worker), and Occupational Therapists.
<b>Current Activities:</b>
Up-to-date Salary/Classification Survey to increase salary for Nurses, Health Practitioner, Mental Health Clinician (Psychologist, Forensic Psychologist, Social Workers), Occupational Therapist, and Psychiatric Nursing Assistants. Hospital wide market value total compensation analysis needed.
Expedite Occupational Therapist salary survey.
<b>Future Activities:</b>
Conduct up-to-date Salary Survey and hospital wide market value total compensation analysis; increase salaries based on assessment.
<b>Completed Activities:</b>
Nothing to report at this time.

<b>Tactic(s):</b> Provide additional training to increase safety for patients and staff.
<b>Current Activities:</b>
Identify trainers within the Department to assist with Hospital Orientation.
Determine which Hospital Education support staff (Nurses) have experience, training, and qualification to teach proper use of restraints.
<b>Future Activities:</b>
Continue to identify and work with trainers and support staff to assist with Hospital Orientation and Hospital Education.
<b>Completed Activities:</b>
Nothing to report at this time.

## DHSS Incident Action Plan

### Substance Use Disorder (SUD) Services Expansion Proposal Tactics Group

<b>Tactic(s):</b> Expedite review and approval of proposals submitted in response to the Substance Use Disorder Services Expansion RFP to create and operate either a Medically Monitored Withdrawal Management Facility or a Crisis Stabilization Center.
<b>Current Activities:</b> The Grant Award and Recommendation for Approval (GARA) is being drafted and reviewed. This document includes a summary of the services each applicant proposed to provide, their Proposal Evaluation Committee (PEC) score, and special conditions of award.
<b>Future Activities:</b> This tactic group has been closed.
<b>Completed Activities:</b> The objective of this tactics group has been completed. The PEC completed the following: evaluations, evaluation meeting, recommendations for award, and list of special conditions. November 5, 2018 Notice of Grant Awards were issued.

## DHSS Incident Action Plan

### Crisis Stabilization Center Tactics Group

<b>Tactic(s):</b> Secure sole source contract for development of a Crisis Stabilization facility in Anchorage, Alaska by November 30, 2018.
<b>Current Activities:</b>
Determine potential length of contract.
Determine available financial resources to support project.
Determine feasibility of sole source contract.
<b>Future Activities:</b>
This tactic group has been closed.
<b>Completed Activities:</b>
The objective of this tactics group was completed. The feasibility of a sole source contract for a Crisis Stabilization Center in Anchorage is not achievable at this time due to vendor timelines. As a result, the Crisis Stabilization Center work will be transitioned to the 1115 workgroup to be completed.

## DHSS Incident Action Plan

### Designated Evaluation and Treatment (DET) Tactics Group

<b>Tactic(s):</b> Investigate strategies to designate new hospitals as Designated Evaluation and Treatment (DET) Facilities (those that may take Title 47 patients by statute).
<b>Current Activities:</b>
Utilize Department of Law expertise.
Produce DET documentation and work with hospitals to gauge interest in DET designation.
<b>Future Activities:</b>
Prepare a background paper on the DET designation process by November 2, 2018. 1. Discuss paper with ASHNHA by November 6, 2018.
Reach out to current DET hospitals for their opinions about the DET program and the process by November 6, 2018.
<b>Completed Activities:</b>
Initial meeting for the new DET Tactics Group occurred this week.

## DHSS Incident Action Plan

### Media Communications Plans Tactics Group

<p><b>Tactic(s):</b> Explain the challenges facing Alaska’s behavioral health system and historical context (i.e., how we got here); the role DOC plays in Alaska’s behavioral health system and their response to challenges. Communicate both short-term and long-term goals to address behavioral health challenges.</p>
<p><b>Current Activities:</b></p> <p>Working on updated talking points to distribute to staff and stakeholders regarding EOC progress.</p> <p>Working with Department of Law to answer media inquiries.</p>
<p><b>Future Activities:</b></p> <p>Disseminate updated talking points to distribute to staff and stakeholders during the week of November 5, 2018.</p> <p>Work with Department of Law to update talking points.</p> <p>Post update from the DHSS EOC on the DHSS website and via e-mail to DHSS staff members.</p>
<p><b>Completed Activities:</b></p> <p>Completed API talking points; addressed the challenges facing Alaska’s behavioral health system, DOC involvement in the behavioral health system, and provided historical context.</p> <p>Conducted the following interviews: KTVA Interview (<a href="#">link</a>) and ADN Interview (<a href="#">link</a>).</p> <p>Psychiatric Care Capacity Response website went live and is being updated every two weeks <a href="#">Psychiatric Care Capacity Response</a>.</p> <p>Initial information on EOC progress disseminated internally to DHSS personnel from Commissioner’s Office.</p>

<p><b>Tactic(s):</b> Communicate recruitment efforts/ opportunities for API.</p>
<p><b>Current Activities:</b></p> <p>Utilize videographer to develop stories for social media presenting patient stories, recruitment videos, and video of the inside of the API facility.</p>
<p><b>Future Activities:</b></p> <p>Social media recruitment video will be recorded on Friday, November 2, 2018 and distributed the week of November 5, 2018.</p> <p>Work with API to boost recruitment video on social media.</p>
<p><b>Completed Activities:</b></p> <p>API HR has identified two employees to feature in recruitment video for social media.</p>

## DHSS Incident Action Plan

### North Star Behavioral Health System Tactics Group

<b>Tactic(s):</b> Collaborate with North Star Behavioral Health on a means to alleviate pressure on hospitals due to lack of beds for API “waitlist” patients.
<b>Current Activities:</b>
If North Star is able and willing, develop transition and funding plans to expeditiously move forward with a seamless transition of individuals on the API waitlist to North Star Behavioral Health.
DHSS response to North Star’s proposal for services is currently under review by North Star.
<b>Future Activities:</b>
Identify funding available to support the project.
Engage with the Alaska Department of Law to draft contract if a proposal for services is accepted.
<b>Completed Activities:</b>
Meetings with North Star to determine services North Star Behavioral Health may be able to provide.
Proposal received from North Star. Reviewed by DHSS and returned for further review by North Star.

	<b>PRINT NAME:</b>	<b>SIGNATURE:</b>
<b>7. APPROVED BY</b>	_____ <b>DATE/TIME:</b> _____	_____ <b>POSITION:</b> _____

## DHSS Incident Action Plan

**PURPOSE:** The HICS 201 – Incident Action Plan provides the Incident Commander and the Incident Management Team (IMT) with basic information regarding the incident, current situation, and the resources allocated to the response.

**ORIGINATION:** Prepared by the Section Planning Chief for presentation prior to the Friday quick operational brief.

**COPIES TO:** Duplicate and distribute before the Friday quick operational brief initial briefing.

**NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the operational period to which the form applies.
3	<b>Situation Summary</b>	Concise statement of the status and information regarding the historical response situation.
4	<b>Updated Situation Summary</b>	Concise statement of the status and information regarding the updated response situation.
5	<b>Current Incident Management Team</b>	Enter the names of the individuals assigned to each position directly onto the Current Incident Management Team chart.
6	<b>Incident Objectives</b>	Enter the objectives used for the incident for each Tactics Group.
7	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form.

## DHSS Incident Action Plan

<b>1. Incident Name:</b>  <b>Psychiatric Care Capacity Response</b>	<b>2. Operational Period:</b> November 12 -18, 2018 <b>Monday: Command Staff Meeting: Canceled</b> <b>Tuesday: Tactics Meetings</b> <b>Wednesday: Tactics Leads compile information and submit to <a href="mailto:laura.russell1@alaska.gov">laura.russell1@alaska.gov</a> for review by Operations Section Chief and Deputy Chief by Noon. Operations Section Chief will forward to <a href="mailto:allison.natcher@alaska.gov">allison.natcher@alaska.gov</a>, Plans Section Chief for integration into revised IAP prior to COB.</b> <b>Thursday: Revised IAP disseminated to C&amp;GS by 5pm.</b> <b>Friday: Quick operational brief 10-10:30 am.</b>
<b>3. Initial Situation Summary</b> (for briefings or transfer of command) On October 6, 2018, the Alaska Psychiatric Institute (API) notified external partners that it was at capacity and could not accept psychiatric patients at that time due to high patient acuity, workforce shortage and increased staff injury rates. In response to API capacity issues and public safety concerns, DHSS Commissioner Davidson activated the DHSS Emergency Operations Center (EOC) on October 13, 2018 and briefed Governor Walker on the response the following day. The DHSS Incident Management Team then contacted and briefed stakeholders on EOC activation.	
<b>4. Incident Objectives</b> <ul style="list-style-type: none"><li>• Maintain health and safety of staff, patients and public</li><li>• Reduce the pressure on the point of entry system</li><li>• Provide timely and accurate information to the public regarding State response</li></ul>	
<b>5. Updated Situation Summary</b> (for briefings or transfer of command).  Remaining Tactics Groups continue to develop and implement strategies, tactics, and plans to address high patient acuity, workforce shortages, and staff injury rates. Tactics Groups meet each operational period.  Existing Tactic Groups: <ul style="list-style-type: none"><li>• Access to Patient Care Plans in Emergency Departments</li><li>• Designated Evaluation and Treatment</li><li>• Media Communications Plans</li><li>• North Star Behavioral Health System</li></ul> The following Tactics Groups have completed their objectives and were closed: <ul style="list-style-type: none"><li>• Alaska Psychiatric Institute (API) Staffing</li><li>• Crisis Stabilization Center</li><li>• Disproportionate Share Hospitals (DSH) Fund Distribution</li><li>• Substance Use Disorder(SUD) Services Expansion Proposal</li></ul>	

# DHSS Incident Action Plan

## 6. Incident Management Team (fill in additional positions as appropriate)

**Public Information Officer**  
Katie Marquette, DHSS

**Incident Commander(s)**  
Heidi Hedberg, DHSS  
Sondra LeClair, DHSS (Deputy)

**Medical-Technical Specialists**  
Pending Assignment

**Liaison Officers**  
Lisa Fitzpatrick, AK Court System  
Alison Kulas, AMHB  
Katie Baldwin-Johnson, AMHT  
Duane Mayes, API  
Kate Burkhart, Ombudsman  
Becky Hultberg, ASHNHA  
Leslie Ridle, DOA  
Sara Chambers, DCCED  
Laura Brooks, DOC  
Greg Cashen, DOL&WD  
Stacie Kraly, DOL  
SEOC, DHS&EM  
Major Greenstreet, DPS  
Suki Miller, Gov Office  
Municipality of Anchorage

**Operations Section Chief**  
Laura Russell, DHSS  
Jillian Gellings, DHSS (Deputy)

**Planning Section Chief**  
Allison Natcher, DHSS

**Logistics Section Chief**  
Susan Jabal, DHSS

**Finance/Administration Section Chief**  
Shawnda O'Brien, DHSS

Tina Williams, API CFO

**Access to Patient Care Plans in Emergency Departments Tactics Group Lead**  
Deb Erickson, DHSS

**Designated Evaluation and Treatment Tactics Group Lead**  
Brian Fechter, DHSS

**Media Communication Plans Tactics Group Lead**  
Katie Marquette, DHSS

**North Star Behavioral Health System Tactics Group Lead**  
Laura Russell, DHSS

## DHSS Incident Action Plan

### 7. Tactics Groups Objectives

#### Access to Patient Care Plans in Emergency Departments Tactics Group

<p><b>Tactic(s):</b> API will develop the capability to share patient care plans with all acute care hospitals' emergency departments (EDs) by January 15, 2019.</p> <p>Long Term Strategies for connecting all behavioral health providers through electronic statewide health information exchange continues; there is a role for both the specific EDie solution and for broader record sharing mechanisms.</p>
<p><b>Current Activities:</b></p> <p>Explore the utilization of the Emergency Department Information Exchange (EDie) to connect API with acute care hospital EDs to share API patient care plans.</p> <ol style="list-style-type: none"><li>1. Identify data/information that ED physicians need to see in the API patient care plan.</li><li>2. Identify DHSS questions regarding the EDie solution to inform the business decision-making process and to support work plan development if EDie is the chosen solution.</li><li>3. Identify federal patient privacy law requirements and the best approach for compliance.</li><li>4. Determine costs associated with implementing EDie, including technology costs, staffing, and training.</li><li>5. Determine activities and timeline associated with implementing Edie.</li></ol>
<p>Research whether the statewide Health Information Exchange can be utilized to share API patient care plans with hospital EDs prior to the targeted implementation date.</p>
<p>Research and identify additional short-term, immediate solution to provide patient care information to emergency physicians.</p>
<p><b>Future Activities:</b></p> <p>Develop recommendation for API – ED connection solution for business decision by DHSS Leadership.</p> <ol style="list-style-type: none"><li>1. Draft recommendation at November 20<sup>th</sup> Tactics Group meeting.</li><li>2. Finalize and submit recommendation to DHSS Leadership by Friday, November 23.</li><li>3. Request that DHSS Leadership make business decision by Friday, November 30.</li></ol>
<p><b>Completed Activities:</b></p> <p>Identified hospitals not currently on EDie, and estimated timeline for connections.</p>
<p>Conducted a demonstration of EDie's capabilities and requirements for API leadership and DHSS IT staff.</p>
<p>Obtained guidance on federal patient privacy law requirements from the Department of Law.</p>

## DHSS Incident Action Plan

### Alaska Psychiatric Institute (API) Staffing Tactics Group

API has developed plans to address the staffing shortage.

<b>Tactic(s):</b> <ol style="list-style-type: none"><li>1. Classify, recruit, and onboard 102 additional positions allocated to API including: 25 qualified Nurses, 2 qualified Occupational Therapists, and 4 qualified Recreational Therapists.</li><li>2. Provide additional direct patient care services to allow for safe staff/patient ratios.</li><li>3. Increase salaries for Nurses, Psychiatric Nursing Assistants, Health Practitioners, Mental Health Clinicians (Psychologist, Forensic Psychologist, and Social Worker), and Occupational Therapists.</li><li>4. Provide additional training to increase safety for patients and staff.</li></ol>
<b>Current Activities:</b> <p>Recruitment activities, position classification studies, and training activities are ongoing, in accordance with the staffing plan created by API.</p>
<b>Future Activities:</b> <p>This Tactics Group has been closed. API staffing levels remain a challenge pending finalization of the classification studies. API is implementing the action plan to increase staffing levels with the goal of increasing bed availability. The EOC structure is no longer needed to support the action plan implementation and all activities have transitioned to API leadership.</p>
<b>Completed Activities:</b> <p>Highlighted accomplishments from the previous week include:</p> <ol style="list-style-type: none"><li>1. Additional personnel from DBH assigned to API HR starting Monday, November 5, 2018 for 15 hours a week to provide support for hiring activities.</li><li>2. Interviews and video was collected for a recruitment video with API Nursing Department staff.</li><li>3. Promoted 9 on-call PNAs to full-time.</li><li>4. Hired 10 new PNAs (start dates in November and December).</li><li>5. Processing hire requests for additional 3 PNAs.</li><li>6. DOA determined the PNA class study would be completed by the end of December 2018.</li><li>7. DOA determined the nursing class study would be completed by the end of February/beginning of March 2019.</li></ol>

## DHSS Incident Action Plan

### Designated Evaluation and Treatment (DET) Tactics Group

<b>Tactic(s):</b> Investigate strategies to designate new hospitals as Designated Evaluation and Treatment (DET) Facilities (those that may take Title 47 patients by statute).
<b>Current Activities:</b>
Utilize Department of Law expertise.
Produce DET documentation and work with hospitals to gauge interest in DET designation.
Conduct Problem Solving Meetings to focus on long-range strategies to add DETs.
Develop funding strategies for DET designation.
<b>Future Activities:</b>
Work internally to develop strategies for future designation of facilities and to identify stakeholders, engage, and solicit interest.
Work with the Department of Law to determine whether statutory or regulatory changes are required to ensure that the DET program is stable and workable long-term.
Conduct additional research as needed.
<b>Completed Activities:</b>
The background paper on the DET designation process was completed on November 2, 2018.

## DHSS Incident Action Plan

### Media Communications Plans Tactics Group

<b>Tactic(s):</b> Explain the challenges facing Alaska's behavioral health system and historical context (i.e., how we got here); the role DOC plays in Alaska's behavioral health system and their response to challenges. Communicate both short-term and long-term goals to address behavioral health challenges.
<b>Current Activities:</b>
Working on updated talking points to distribute to staff and stakeholders.
Working with Department of Law to answer media inquiries.
<b>Future Activities:</b>
Work with Department of Law to update talking points.
The Department of Law will communicate with interested media about any updates with the ongoing litigation.
Post update from the DHSS EOC on the DHSS website and via e-mail to DHSS staff members.
<b>Completed Activities:</b>
Update from the DHSS EOC draft document completed.

<b>Tactic(s):</b> Communicate recruitment efforts/ opportunities for API.
<b>Current Activities:</b>
Reviewing and editing the recruitment video that will be posted on social media.
<b>Future Activities:</b>
Finish the API social media recruitment video and distribute/post the week of November 12, 2018.
<b>Completed Activities:</b>
Interviews and video recorded for the API recruitment video.

## DHSS Incident Action Plan

### North Star Behavioral Health System Tactics Group

<p><b>Tactic(s):</b> Collaborate with North Star Behavioral Health on a proposal for the facility to accept API patients. If North Star is able and willing, develop transition and funding plans to expeditiously move forward with a seamless transition of individuals on the API waitlist to North Star Behavioral Health.</p>
<b>Current Activities:</b>
Conversations and negotiations with North Star continue, including a review of the latest proposal clarifications from North Star.
Consulting with Procurement and Law.
Researching Medicaid billing factors.
<b>Future Activities:</b>
Provide response to North Star regarding their latest proposal clarification by Friday, November 9, 2018.
Reschedule meeting between DHSS and North Star to discuss latest exchanges by Friday, November 9, 2018.
Provide technical assistance to North Star.
Draft appropriate agreement between North Star and DHSS.
<b>Completed Activities:</b>
Confirmed the need for North Star to receive DET designation in order to take involuntary commitments.
Exchanged basic/fundamental agreement terms with North Star.

	<b>PRINT NAME:</b>	<b>SIGNATURE:</b>
<b>7. APPROVED BY</b>	_____	_____
	<b>DATE/TIME:</b>	<b>POSITION:</b>
	_____	_____

## DHSS Incident Action Plan

**PURPOSE:** The HICS 201 – Incident Action Plan provides the Incident Commander and the Incident Management Team (IMT) with basic information regarding the incident, current situation, and the resources allocated to the response.

**ORIGINATION:** Prepared by the Section Planning Chief for presentation prior to the Friday quick operational brief.

**COPIES TO:** Duplicate and distribute before the Friday quick operational brief initial briefing.

**NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

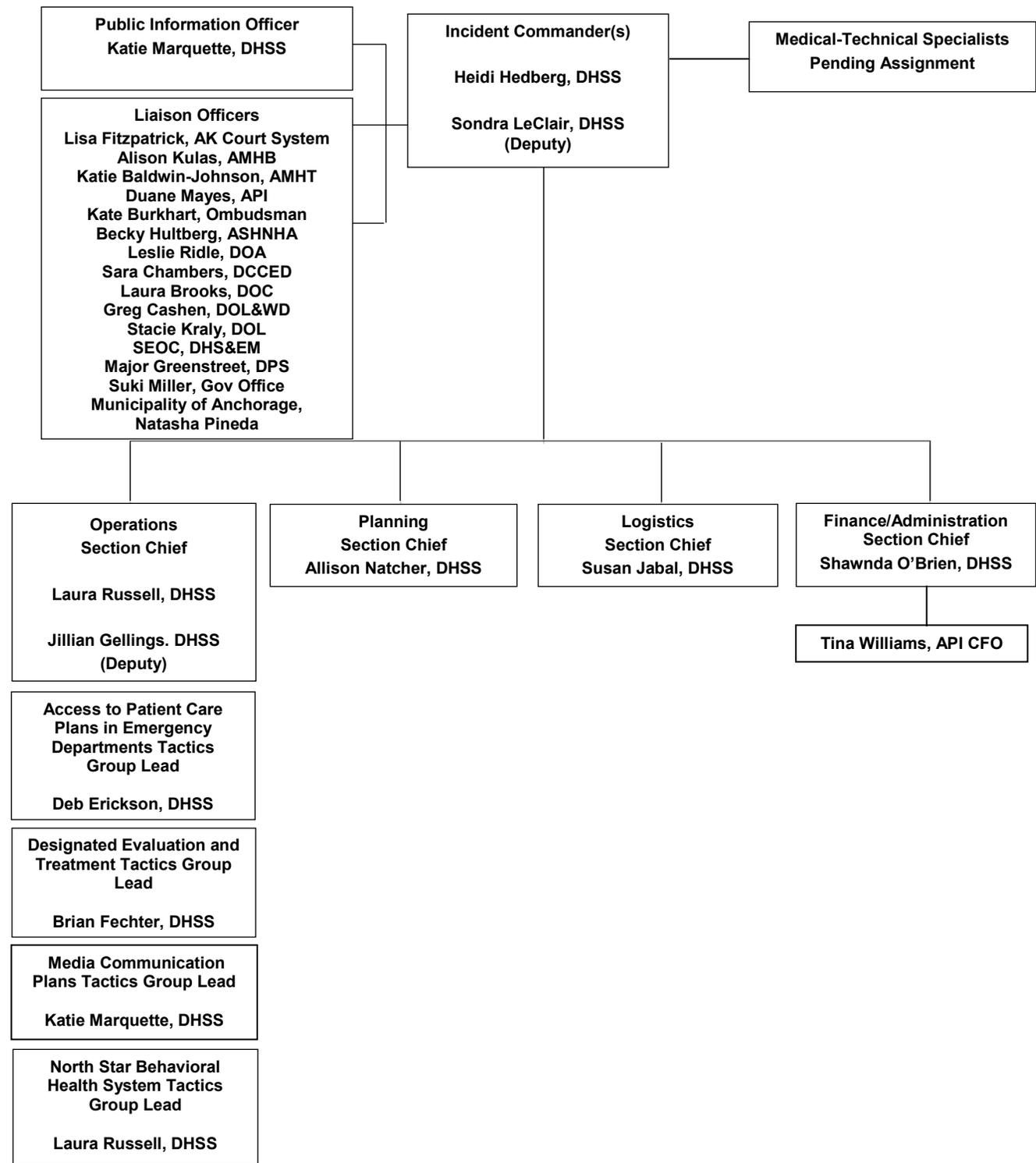
NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the operational period to which the form applies.
3	<b>Situation Summary</b>	Concise statement of the status and information regarding the historical response situation.
4	<b>Updated Situation Summary</b>	Concise statement of the status and information regarding the updated response situation.
5	<b>Current Incident Management Team</b>	Enter the names of the individuals assigned to each position directly onto the Current Incident Management Team chart.
6	<b>Incident Objectives</b>	Enter the objectives used for the incident for each Tactics Group.
7	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form.

## DHSS Incident Action Plan

<b>1. Incident Name:</b>  <b>Psychiatric Care Capacity Response</b>	<b>2. Operational Period:</b> November 19 -25, 2018 <b>Monday: Command Staff Meeting</b> <b>Tuesday: Tactics Meetings</b> <b>Wednesday: Tactics Leads compile information and submit to <a href="mailto:laura.russell1@alaska.gov">laura.russell1@alaska.gov</a> for review by Operations Section Chief and Deputy Chief by Noon. Operations Section Chief will forward to <a href="mailto:allison.natcher@alaska.gov">allison.natcher@alaska.gov</a>, Plans Section Chief for integration into revised IAP prior to COB.</b> <b>Thursday: Revised IAP disseminated to C&amp;GS by 5pm.</b> <b>Friday: Quick operational brief 10-10:30 am.</b>
<b>3. Initial Situation Summary</b> (for briefings or transfer of command) On October 6, 2018, the Alaska Psychiatric Institute (API) notified external partners that it was at capacity and could not accept psychiatric patients at that time due to high patient acuity, workforce shortage and increased staff injury rates. In response to API capacity issues and public safety concerns, DHSS Commissioner Davidson activated the DHSS Emergency Operations Center (EOC) on October 13, 2018 and briefed Governor Walker on the response the following day. The DHSS Incident Management Team then contacted and briefed stakeholders on EOC activation.	
<b>4. Incident Objectives</b> <ul style="list-style-type: none"><li>• Maintain health and safety of staff, patients and public</li><li>• Reduce the pressure on the point of entry system</li><li>• Provide timely and accurate information to the public regarding State response</li></ul>	
<b>5. Updated Situation Summary</b> (for briefings or transfer of command).  Remaining Tactics Groups continue to develop and implement strategies, tactics, and plans to address high patient acuity, workforce shortages, and staff injury rates. Tactics Groups meet each operational period.  Existing Tactic Groups: <ul style="list-style-type: none"><li>• Access to Patient Care Plans in Emergency Departments</li><li>• Designated Evaluation and Treatment</li><li>• Media Communications Plans</li><li>• North Star Behavioral Health System</li></ul> The DHSS EOC will remain operational until November 30.	

# DHSS Incident Action Plan

## 6. Incident Management Team (fill in additional positions as appropriate)



## DHSS Incident Action Plan

### 7. Tactics Groups Objectives

#### Access to Patient Care Plans in Emergency Departments Tactics Group

<p><b>Tactic(s):</b> API will develop the capability to share patient care plans with all acute care hospitals' emergency departments (EDs) by November 30, 2018.</p> <p>Long Term Strategies for connecting all behavioral health providers through electronic statewide health information exchange continues; there is a role for both the specific EDie solution and for broader record sharing mechanisms.</p>
<p><b>Current Activities:</b></p> <p>Continue to explore utilization of the Emergency Department Information Exchange (EDie) to connect API with acute care hospital EDs to share API patient care plans.</p> <ol style="list-style-type: none"> <li>1. Identify federal patient privacy law requirements and the best approach for compliance.</li> <li>2. DHSS to review CMT response to EDie questions and identify follow-up needed.</li> <li>3. ASHNHA to work with CMT on projected costs associated with API use of EDie.</li> <li>4. DHSS and API to identify workload and staffing impacts of training and incorporating Edie solution into work flow.</li> </ol>
<p>Research whether the statewide Health Information Exchange can be utilized to share API patient care plans with hospital EDs within the objective timeframe.</p>
<p>DHSS to work with HIPAA attorney at Law and Department HIPAA officer regarding privacy questions related to transfer of all patient care plans to EDs via secure e-mail or file transfer solution.</p>
<p><b>Future Activities:</b></p> <p>Develop recommendation for API – ED connection solution for business decision by DHSS Leadership.</p> <ol style="list-style-type: none"> <li>1. Identify opportunities for immediate solution to provision of API patient care plans to EDs.</li> <li>2. Draft recommendation at November 20 Tactics Group meeting and submit to EOC leadership.</li> </ol>
<p><b>Completed Activities:</b></p> <p>Identified hospitals not currently on EDie, and estimated timeline for connections.</p>
<p>Conducted a demonstration of EDie's capabilities and requirements for API leadership and DHSS IT staff.</p>
<p>Identified data/information that ED physicians need to see in the API patient care plan.</p>
<p>Identified DHSS questions regarding the EDie solution to inform the business decision-making process and to support work plan development if EDie is the chosen solution.</p>

## DHSS Incident Action Plan

### Designated Evaluation and Treatment (DET) Tactics Group

<b>Tactic(s):</b> Investigate strategies to designate new hospitals as Designated Evaluation and Treatment (DET) Facilities (those that may take Title 47 patients by statute).
<b>Current Activities:</b>
Draft document explaining the DET process, challenges, and considerations.
Obtain Department of Law review and approval.
<b>Future Activities:</b>
Conduct internal review and edits of informational DET document.
Prepare recommendations to leadership.
<b>Completed Activities:</b>
The background paper on the DET designation process was completed on November 2.

## DHSS Incident Action Plan

### Media Communications Plans Tactics Group

<p><b>Tactic(s):</b> Explain the challenges facing Alaska’s behavioral health system and historical context (i.e., how we got here); the role DOC plays in Alaska’s behavioral health system and their response to challenges. Communicate both short-term and long-term goals to address behavioral health challenges.</p>
<p><b>Current Activities:</b></p> <p>Develop updated talking points to distribute to staff and stakeholders.</p> <p>Department of Law continues to act as lead on answering all media inquiries in consultation with DHSS.</p>
<p><b>Future Activities:</b></p> <p>Post update from the DHSS EOC on the DHSS website and via e-mail to DHSS staff members.</p>
<p><b>Completed Activities:</b></p> <p>Update from the DHSS EOC draft document completed.</p> <p>Questions answered for <a href="#">OPEN MINDS</a> article (subscription needed) about DLC complaint against SOA.</p>
<p><b>Tactic(s):</b> Communicate recruitment efforts/ opportunities for API.</p>
<p><b>Current Activities:</b></p> <p>API social media recruitment video is being reviewed and edited.</p>
<p><b>Future Activities:</b></p> <p>Finish the API social media recruitment video and distribute/post.</p>
<p><b>Completed Activities:</b></p> <p>Interviews and video recorded for the API recruitment video.</p> <p>API recruitment video was uploaded to the DHSS Vimeo site for review.</p>

## DHSS Incident Action Plan

### North Star Behavioral Health System Tactics Group

<p><b>Tactic(s):</b> Collaborate with North Star Behavioral Health on a proposal for the facility to accept API patients.                  If North Star is able and willing, develop transition and funding plans to expeditiously move forward with a seamless transition of individuals on the API waitlist to North Star Behavioral Health.</p>
<b>Current Activities:</b>
Conversations and negotiations with North Star continue, including a review of the latest proposed edits from North Star dated November 13.
Consulting with Procurement and Law.
Researching Medicaid billing factors.
<b>Future Activities:</b>
Conduct research on legal transfer definition question.
Approve North Star as DET facility.
Draft appropriate agreement between North Star and DHSS.
Send proposal between North Star and DHSS to leadership for their review.
<b>Completed Activities:</b>
Confirmed the need for North Star to receive DET designation to take involuntary commitments.
Exchanged basic/fundamental agreement terms with North Star.

	<b>PRINT NAME:</b>	<b>SIGNATURE:</b>
<b>7. APPROVED BY</b>	_____ <b>DATE/TIME:</b> _____	_____ <b>POSITION:</b> _____

## DHSS Incident Action Plan

**PURPOSE:** The HICS 201 – Incident Action Plan provides the Incident Commander and the Incident Management Team (IMT) with basic information regarding the incident, current situation, and the resources allocated to the response.

**ORIGINATION:** Prepared by the Section Planning Chief for presentation prior to the Friday quick operational brief.

**COPIES TO:** Duplicate and distribute before the Friday quick operational brief initial briefing.

**NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the operational period to which the form applies.
3	<b>Situation Summary</b>	Concise statement of the status and information regarding the historical response situation.
4	<b>Updated Situation Summary</b>	Concise statement of the status and information regarding the updated response situation.
5	<b>Current Incident Management Team</b>	Enter the names of the individuals assigned to each position directly onto the Current Incident Management Team chart.
6	<b>Incident Objectives</b>	Enter the objectives used for the incident for each Tactics Group.
7	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form.

## DHSS Incident Action Plan

<b>1. Incident Name:</b>  <b>Psychiatric Care Capacity Response</b>	<b>2. Operational Period:</b> November 26 -30, 2018  <b>Final Command and General Staff meeting Monday, 3-4 pm.</b>
<b>3. Initial Situation Summary</b> (for briefings or transfer of command) On October 6, 2018, the Alaska Psychiatric Institute (API) notified external partners that it was at capacity and could not accept psychiatric patients at that time due to high patient acuity, workforce shortage and increased staff injury rates. In response to API capacity issues and public safety concerns, DHSS Commissioner Davidson activated the DHSS Emergency Operations Center (EOC) on October 13, 2018 and briefed Governor Walker on the response the following day. The DHSS Incident Management Team then contacted and briefed stakeholders on EOC activation.	
<b>4. Incident Objectives</b> <ul style="list-style-type: none"><li>• Maintain health and safety of staff, patients and public</li><li>• Reduce the pressure on the point of entry system</li><li>• Provide timely and accurate information to the public regarding State response</li></ul>	
<b>5. Updated Situation Summary</b> (for briefings or transfer of command).  Remaining Tactics Groups continue to develop and implement strategies, tactics, and plans to address high patient acuity, workforce shortages, and staff injury rates.  The following existing Tactic Groups will transition to daily operations: <ul style="list-style-type: none"><li>• Designated Evaluation and Treatment</li><li>• Media Communications Plans</li><li>• North Star Behavioral Health System</li></ul> The following Tactics Groups have completed their objectives and were closed:  Access to Patient Care Plans in Emergency Departments  The DHSS EOC will remain operational until November 30.	

# DHSS Incident Action Plan

## 6. Incident Management Team (fill in additional positions as appropriate)

**Public Information Officer**  
Katie Marquette, DHSS

**Incident Commander(s)**  
Heidi Hedberg, DHSS  
Sondra LeClair, DHSS  
(Deputy)

**Medical-Technical Specialists**  
Pending Assignment

**Liaison Officers**  
Lisa Fitzpatrick, AK Court System  
Alison Kulas, AMHB  
Katie Baldwin-Johnson, AMHT  
Duane Mayes, API  
Kate Burkhart, Ombudsman  
Becky Hultberg, ASHNHA  
Leslie Ridle, DOA  
Sara Chambers, DCCED  
Laura Brooks, DOC  
Greg Cashen, DOL&WD  
Stacie Kraly, DOL  
SEOC, DHS&EM  
Major Greenstreet, DPS  
Suki Miller, Gov Office  
Municipality of Anchorage,  
Natasha Pineda

**Operations  
Section Chief**  
  
Laura Russell, DHSS  
  
Jillian Gellings, DHSS  
(Deputy)

**Planning  
Section Chief**  
Allison Natcher, DHSS

**Logistics  
Section Chief**  
Susan Jabal, DHSS

**Finance/Administration  
Section Chief**  
Shawnda O'Brien, DHSS

Tina Williams, API CFO

**Designated Evaluation and  
Treatment Tactics Group  
Lead**  
  
Brian Fechter, DHSS

**Media Communication  
Plans Tactics Group Lead**  
  
Katie Marquette, DHSS

**North Star Behavioral  
Health System Tactics  
Group Lead**  
  
Laura Russell, DHSS

## DHSS Incident Action Plan

### 7. Tactics Groups Objectives

#### Access to Patient Care Plans in Emergency Departments Tactics Group

<b>Tactic(s):</b> API will develop the capability to share patient care plans with all acute care hospitals' emergency departments (EDs) by November 30, 2018.
<b>Current Activities:</b> Recommendations for API – ED connection solutions provided to DHSS Leadership for review and approval.
<b>Future Activities:</b> None at this time.
<b>Completed Activities:</b> Recommendations for API – ED connection solutions provided to DHSS Leadership for review and approval. The Access to Patient Care Plans in Emergency Departments Tactics Group is now closed out.

## DHSS Incident Action Plan

### Designated Evaluation and Treatment (DET) Tactics Group

<b>Tactic(s):</b> Investigate strategies to designate new hospitals as Designated Evaluation and Treatment (DET) Facilities (those that may take Title 47 patients by statute).
<b>Current Activities:</b> Edits and internal review of the informational DET document/white paper explaining the DET process, challenges, and considerations are being finalized.
<b>Future Activities:</b> DET recommendations will be sent to the Commissioner's Office and to DHSS Deputies for review and discussion.
<b>Completed Activities:</b> Created draft informational DET document/white paper.

## DHSS Incident Action Plan

### Media Communications Plans Tactics Group

<p><b>Tactic(s):</b> Explain the challenges facing Alaska’s behavioral health system and historical context (i.e., how we got here); the role DOC plays in Alaska’s behavioral health system and their response to challenges. Communicate both short-term and long-term goals to address behavioral health challenges.</p>
<p><b>Current Activities:</b></p> <p>The Media Communications Plans Tactics Group continues to answer inquires pertaining to API and news stories related to API.</p>
<p><b>Future Activities:</b></p> <p>Post final update from the DHSS EOC on the DHSS website and via e-mail to DHSS staff members.</p> <p>Engaging with Governor’s Office to announce the approval of the Substance Use Disorder (SUD) portion of the 1115 Waiver. A press release will be sent out on November 21.</p>
<p><b>Completed Activities:</b></p> <p>The Media Communications Plans Tactics Group continues to answer inquires pertaining to API and news stories related to API.</p>

<p><b>Tactic(s):</b> Communicate recruitment efforts/ opportunities for API.</p>
<p><b>Current Activities:</b></p> <p>Continue to support API by communicating recruitment efforts/opportunities when requested.</p>
<p><b>Future Activities:</b></p> <p>Continue to support API by communicating recruitment efforts/opportunities when requested.</p>
<p><b>Completed Activities:</b></p> <p>API recruitment video was uploaded to the DHSS Vimeo site and is now on the API website.</p>

## DHSS Incident Action Plan

### North Star Behavioral Health System Tactics Group

<p><b>Tactic(s):</b> Collaborate with North Star Behavioral Health on a proposal for the facility to accept API patients. If North Star is able and willing, develop transition and funding plans to expeditiously move forward with a seamless transition of individuals on the API waitlist to North Star Behavioral Health.</p>
<b>Current Activities:</b>
The North Star and DHSS contract is still under negotiation and in the final stages.
<b>Future Activities:</b>
Completion, approval, and signature of the North Star and DHSS contract.
<b>Completed Activities:</b>
None at this time.

<b>7. APPROVED BY</b>	<p><b>PRINT NAME:</b> Heidi Hedberg _____</p> <p><b>DATE/TIME:</b> 11/26/18, 2:14 PM</p>	<p><b>SIGNATURE:</b> For Heidi Hedberg, _____</p> <p><b>POSITION:</b> Incident Commander _____</p>
-----------------------	--	--

## DHSS Incident Action Plan

**PURPOSE:** The HICS 201 – Incident Action Plan provides the Incident Commander and the Incident Management Team (IMT) with basic information regarding the incident, current situation, and the resources allocated to the response.

**ORIGINATION:** Prepared by the Section Planning Chief for presentation prior to the Friday quick operational brief.

**COPIES TO:** Duplicate and distribute before the Friday quick operational brief initial briefing.

**NOTES:** If additional pages are needed for any form page, use a blank HICS 201 and repaginate as needed. Additions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the operational period to which the form applies.
3	<b>Situation Summary</b>	Concise statement of the status and information regarding the historical response situation.
4	<b>Updated Situation Summary</b>	Concise statement of the status and information regarding the updated response situation.
5	<b>Current Incident Management Team</b>	Enter the names of the individuals assigned to each position directly onto the Current Incident Management Team chart.
6	<b>Incident Objectives</b>	Enter the objectives used for the incident for each Tactics Group.
7	<b>Approved by Incident Commander</b>	Enter the name and signature of the person approving the form.