Facility Name	Willow Haven
Program Type	Intensive Residential Treatment Services
City	Lake Elmo, MN

Table of Contents

Residential Facility Information 2
Possible Emergency / Risk Assessment 2
Communication 3
Essential Services 3
Record Storage / Backup 4
Emergency Contacts 4
Evacuation Plan 5
Shelter-in-Place 6
Disaster Supplies Kit 6
Drills and Exercises 6
Pandemic Influenza Planning 7
Missing Persons 7

RESIDENTIAL FACILITY INFORMATION					
Facility Name	Willow Haven				
Address	3819 Laverne Ave N				
City	Lake Elmo	**State**	MN	**Zip**	55042
Telephone #	(651) 770-2224	**Email Address**	willow.haven@thrivebehavioralnetwork.com		

Plan Approved By	Lisa Dean	**Title**	Program Administrator
Plan Annual Reviewed By	Devon Vann	**Title**	Treatment / Program Director
Date of Review	10/16/2024		

POSSIBLE EMERGENCIES / RISK ASSESSMENT
These items are rated in order from High-Risk to Low-Risk
▪ Missing Vulnerable Adult ▪ Medical- Infectious Disease/Pandemic Influenza ▪ Cold-Extreme Temperatures ▪ Electrical Failure/Power Outage ▪ Winter Storm ▪ Tornado/Straight Line Winds ▪ Thunderstorm ▪ Flooding-Internal and External ▪ Fire- Internal and External ▪ Heat- Extreme Temperatures ▪ Water Contamination ▪ Criminal Disorder ▪ Bomb Threat ▪ Mass Casualty-Trauma ▪ Supply Shortage ▪ HAZMAT-chemical spill ▪ Terrorism

COMMUNICATION	
Communication starts at the top, and moves down this list when that individual is not available	
Crisis Manager (Treatment / Program Director)	Devon Vann
Registered Nurse / Mental Health Professional	Teresa Fischer RN, Amy Sheets RN, Jennifer Conrad LICSW, Kristin (
Clinical Supervisor(s)	Jennifer Conrad, Kristin Orgill
	Kari Waldorf

ESSENTIAL SERVICES		
List each service and/or program that you regularly provide – consider which ones may be suspended in an emergency period		
Service or Program	**Suspend**	**Maintain**
Counseling		▪
Medication Management		▪
Meal Provision		▪
Recreational Outings	▪	
Group Counseling	▪	
Medical Exams	▪	

AGENCIES PROVIDING ADDITIONAL SERVICES		
List local and regional resources (i.e. housing, meals) to assist in case of an emergency period		
Name of Agency	**Contact Info**	**Service Provided**
Red Cross	612-871-7676	Shelter, Emergency Supplies, First Aid
Salvation Army	651-779-9177 or 651-739-6288	Food, Shelter
Super 8 Motel	320-247-4489	Food, Shelter
Nove House IRTS	Treatment Director 507-354-2174	Food, Shelter
Blue and White Taxi	612-333-3333	Transportation
Coratel Inn & Suites By Jasper Stillwater	651- 430-3990	Food, Shelter

RECORD STORAGE / BACKUP
Vital Records Include
▪ Blank checks ▪ Client records ▪ Contracts ▪ Emergency plan ▪ Financial statements ▪ Residential Licenses/certificates ▪ Payroll information
Record Storage
This facility currently uses an online electronic health record, payroll, and HR system that is backed up externally. Most hard copies of records contain collateral and may be obtained through the original source if lost.

EMERGENCY CONTACTS		
Organization	**Phone Number**	**Website**
American Red Cross Local Chapter	612-871-7676	https://www.redcross.org/
Center for Disease Control & Prevention	800-232-4636	www.cdc.gov
MN Department of Health	651-201-5000	www.health.state.mn.us
MN Duty Officer	800-422-0798	
MN Volunteers Responding to Disaster		www.mnvoad.org
National Weather Service	952-361-6670	www.nws.noaa.gov

EVACUATION PLAN

If there is an emergency, wherein all people in the facility need to be removed from the building they will go to:

Name of Site	Super 8 Motel	**Type of Site**	Motel		
Address	50 Park Ave South				
City	St. Cloud	**State**	MN	**Zip**	56301
Name of Contact Person	General Manager of Motel	**Telephone #**	(320) 247-4489		

If there is an emergency, wherein all people in the facility need to be removed from the building and entire local area they will go to:

Name of Site	Nove House	**Type of Site**	IRTS		
Address	1310 South German St.				
City	New Ulm	**State**	MN	**Zip**	56073
Name of Contact Person	Treatment Director	**Telephone #**	(507) 324-2174		

If there is an emergency, wherein all people in the facility need to be moved to another facility providing similar services / programs they will go to:

Name of Site	Coratel Inn & Suites By Jasper Stillwater	**Type of Site**	Hotel		
Address	2190 W Frontage Rd, Stillwater, MN 55082				
City	Stillwater	**State**	MN	**Zip**	55082
Name of Contact Person	General Manager of Hotel	**Telephone #**	(651) 430-3990		

The designated Crisis Manager will be in charge of the evacuation site. Their responsibilities include:

- Conducting attendance at site
- Bringing emergency documents and phone lists
- Bringing emergency kit
- Bring all client medications that exist on site, which may be greater than one day's supply or less than one month's supply

All staff will be expected to:

- Execute evacuation procedures to ensure client and personal safety.
- Assist all residents of the facility in the evacuation procedures, with first priority given to person's who may have difficulty physically evacuating the facility.

Transportation to an alternate location will be provided by:

- The facility's vehicle
- Transportation company

Name of Company	Blue and White Taxi	**Phone Number**	(612) 333-3333

SHELTER-IN-PLACE	
If all people in the facility should remain on-site in an emergency period, we will move to the following room:	Storage Room
Crisis Manager will ensure the following: ▪ All doors and windows are locked ▪ Disaster supplies kit is available ▪ Listen to the radio or television and follow directions given by authorities	

DISASTER SUPPLIES KIT	
Items in this kit may include, but are not limited to the following items	
▪ Batteries-extra ones for flashlights and radios ▪ Blankets ▪ Bottled Water ▪ Can opener ▪ Duct Tape ▪ First Aid kit ▪ Flashlight ▪ Food ▪ Gloves ▪ Hand Sanitizer	▪ Weather Alert Radio ▪ Office Supplies ▪ Paper plates, cups, utensils ▪ Paper towels ▪ Personal hygiene items ▪ Plastic Bags ▪ Rope ▪ Tool Kit ▪ Whistle

DRILLS AND EXERCISES	
All staff employed by Thrive Behavioral Network, LLC that work directly in any of the facilities will read, practice, and demonstrate competency in the "Emergency Procedures" policy.	
Fire Drills	Fire Drills need to be conducted quarterly at each program and documented on **Form 1043**

PANDEMIC INFLUENZA PLANNING	
Staff Protection	The Program Administrator will alert all Thrive Behavioral Network, LLC Treatment / Program Directors of a Pandemic Flu outbreak, and correct protection procedures. Protection procedures will then be monitored by the designated Crisis Manager.
Staff Education	The Program Administrator will ensure that all facilities receive updates on a Pandemic Influenza as it becomes available from the Centers for Disease Control & Prevention (CDC). The Crisis Manager will educate the staff and residents at the facilities, within 5 days, with any information they receive from the Quality Assurance Manager.
Staff Absenteeism	During a declared pandemic emergency, our vacation and sick leave policy will be adapted as follows: Refer to Thrive Behavioral Network, LLC Policies and Procedures Manual to claim vacation or sick time. If an employee needs information regarding their vacation or sick leave benefit eligibility contact: **Thrive Human Resources Department at (320) 255-9530.**

In cases where facilities need more staff on a temporary basis, the Treatment / Program Directors of the facility will notify the Program Administrator and Director of Program Management. Staff may be reassigned to other Thrive facilities pending their availability to relocate, and given permission by the above-mentioned managers.
All expenses to relocate will be paid by Thrive Behavioral Network, LLC.

Employees who are demonstrating signs or symptoms of the flu need to inform the supervisor on duty or the Crisis Manager if they are available at the facility. They will be excused from the facility with intention to verbally follow up with the supervisor on duty before their next scheduled shift. Employees that are able to work may be called, beginning with on-call, then part-time, then full-time status employees. Overtime pay will be offered if an employee works over 40 hours in one pay period to cover a sick employee's shift. The Crisis Manager should be involved in making any scheduling changes to accommodate a sick employee.

MISSING PERSONS
See **Policy 126.00 – Monitoring of Client Location and Condition**. If an individual in the program is determined to be missing from the facility or facility grounds during a routine check, staff will perform a quick search both indoors and outdoors for the individual. If they are still determined missing, staff will call the Treatment / Program Director for further direction. In the case of extreme weather, the police, case manager, or legal guardian will be notified if the individual has been missing for 30 minutes or longer.