

RFP Questions and Clarifications Memorandum

To: Vendors Responding to RFP Number 3892 for the Mississippi State Department of Health (MSDH)

From: Craig P. Orgeron, Ph.D.

Date: July 22, 2016

Subject: Responses to Questions Submitted and Clarifications to Specifications

Contact Name: Donna Hamilton

Contact Phone Number: 601-432-8114

Contact E-mail Address: Donna.Hamilton@its.ms.gov

RFP Number 3892 is hereby amended as follows:

1. Section VII Technical Specifications, Item 8.6.1.2 has been removed.
2. Section VII Technical Specifications, Item 8.6.1.6 is modified as follows:
8.6.1.6 Support MS SQL 2012, SQL 2014, or SQL 2016
3. Section VII Technical Specifications, Item 8.7.1.12.20 is modified as follows:
8.7.1.12.20 ~~CFD~~ Unit Number
4. Section VII Technical Specifications, Item 9.2 is modified as follows:
9.2 MSDH will accept SQL Server 2012, SQL Server 2014, or SQL Server 2016 for
~~The the proposed database. must be Microsoft SQL Server-~~ MSDH will reserve
the option of possibly using Oracle.
5. Section VII Technical Specifications, Item 9.3 is modified as follows:
9.3 The client must be browser-based. The solution must be compliant with the most
recent version of Microsoft Internet Explorer ~~7 or higher~~.
6. Title page, INVITATION is modified as follows:
INVITATION: Sealed proposals, subject to the attached conditions, will be received at this office until August 3, 2016 @ 3:00 p.m. local time for the acquisition of the products/services described below for Mississippi State Department of Health.

7. Title page, third box is modified as follows:

**PROPOSAL, SUBMITTED IN RESPONSE TO
RFP NO. 3892
DUE August 3, 2016 @ 3:00 p.m.,
ATTENTION: Donna Hamilton**

8. Section VII Technical Specifications, Item 3 Project Schedule is amended as follows:

Task	Date
First Advertisement Date for RFP	05/31/2016
Second Advertisement Date for RFP	06/07/2016
Deadline for Vendor's Written Questions	3:00 p.m. Central Time on 06/24/2016
Deadline for Questions Answered and Posted to ITS Web Site	07/11/2016 07/22/16
Open Proposals	07/21/2016 08/03/16
Evaluation of Proposals	07/21/2016 Begins 08/03/2016
ITS Board Presentation	09/15/2016
Contract Negotiation	08/15/2016 - 09/15/2016

Vendor must include in their proposal a response to each amended requirement as listed above. Vendor must respond using the same terminology as provided in the original requirements.

The following questions were submitted to ITS and are being presented as they were submitted, except to remove any reference to a specific vendor. This information should assist you in formulating your response.

Question 1: Section VII, Item 8.2.1.9 - System must have the ability to provide the interface to individual hospital systems. If there is a cost associated with these interfaces, the cost must be detailed in Section VIII: Cost Information Submission.
We assume that MSDH is requiring the ability to interface a real-time feed of HAvBED data for HAvBED reporting, correct?

Response: Yes.

Question 2: Section VII, Item 8.4.2.1 - Identify volunteers via queries of critical variables
Please provide more detail on "critical variables"? We assume the reference is to specific skills, location, certifications, etc.

Response: Please see Attachment A.

Question 3: Section VII, Item 8.5.1.4 - Inventory movement in and between facilities for replenishment, transfers, with changes in quantity, as well as location applied
Does this include tracking via GPS locators?

Response: **No. Tracking via GPS locators is not critical but may be a feature MSDH would be interested in the future.**

Question 4: Section VII, Item 8.6.1.2 - Analyze spatial information
Please be more specific. What types of analysis are of interest?

Response: **Item 8.6.1.2 has been removed, please see Amendment Item #1 above.**

Question 5: Section VII, Item 8.6.1.8 - Allow users to customize/configure forms
Please provide more specifics. What forms and level of customization is the MSDH requesting?

Response: **The proposed solution must provide the ability to build maps with information already in the system, as well as the ability to customize the maps with additional information.**

Question 6: Section VII, Item 8.6.1.11- Support ESRI ArcGIS Server 10.2, maintain compatibility
Does the MSDH have an ESRI ArcGIS Server Standard or Advanced edition?

Response: **MSDH OEPR does not have an ArcGIS Server.**

Question 7: Section VII, Item 8.7.1.10 - Mobile patient tracking application must have the ability, and on-demand option, to geo-tag the location of the patient tracking entry
Is the MSDH looking for "last known location" or something else? Would this require a logged history of location?

Response: **The minimum requirement is last location but history of location would be better.**

Question 8: Section VII, Item 8.7.1.12.20 - CFD Unit Number.
What does the "CFD" stand for?

Response: **The insertion of "CFD" before "Unit Number" was incorrect. Please see Amendment Item #2 above.**

Question 9: Section VII, Item 8.7.1.12.22 - Skillset
Please provide specifics as to the components of the skillset that the MSDH is interested in.

Response: **MSDH is interested in the EMS Component, EMT Paramedics, First Responders, and the skillset of the person entering the data (i.e., level of provider entering the information).**

Question 10: Section VII, Item 8.9.1.3 - Must provide document imaging.
Please be more specific or remove this requirement. This is not typically provided in these types of web based systems.

Response: **Item 8.9.1.3 refers to the ability to scan in and attach documents to records in PDF, Word, etc.**

Question 11: Section VII, Item 8.9.1.10 - Must have OCR capabilities
Please be more specific or remove this requirement. This is not typically provided in these types of web based systems.

Response: **Optical Character Recognition is needed in order to scan documents into Word.**

Question 12: Section VII, Item 9.3 - The client must be browser-based. The solution must be compliant with Microsoft Internet Explorer 7 or higher.
As of January 12, 2016 Microsoft only supports the most recent version of Internet Explorer. In light of this, we request that this requirement be amended to “the most recent version of Internet Explorer”.

Response: **This requirement can be amended to reflect “the most recent version of Internet Explorer.” Please see Amendment Item #3 above.**

Question 13: Section VII, Item 8.10.1.4 - Must automatically capture output from multiple systems running simultaneously
Please provide greater detail. What systems are to be included?

Response: **The proposed solution must provide a dash board that monitors all the modules.**

Question 14: Section VII, Item 8.7.1.12.31- Patient History
What information is MSDH looking for? How is this to be provided?

Response: **The proposed solution must provide basic patient triage. For example, if a patient is transported, the proposed solution must provide the ability for the receiving facility to retrieve the patient's medical history.**

Question 15: With regards to Patient Tracking, is this expected to replace the State's Image Trend product or potentially interface with that product?

Response: **The proposed Incident Management System could potentially interface with Image Trend. MSDH intends to use Image Trend for patient run reporting, not patient tracking.**

Question 16: With regards to the section on Inventory Management, is this function to be used by all of the facilities or just at the state level?

Response: **The Vendor's question is worded improperly. Mississippi operates in a centralized model. The Incident Management System is a State asset and facilities will not be licensing different counties.**

Question 17: With regards to ESAR-VHP, is an interface to the Federal ESAR-VHP system required?

Response: **Yes.**

Question 18: Section VII, Item 8.1.1 - Can the vendor take a periodic to real time data feed from these systems and populate this data within it's incident management system to meet the RFP's Mandatory requirements?

Response: **It is possible but MSDH would have to ensure that it is a seamless integration.**

Question 19: Section VII, Item 8.1.6.3 - To comply with this requirement does the Incident Management system have to provide the tools to build the organization/staffing charts and position checklists or just be able to house this information via electronic document attachment?

Response: **The intent was to have the ability to pre-populate other forms. The proposed solution must provide the tools to build the organization/staffing charts and position checklists. In addition, the solution must provide the ability to manipulate the data once it is in the system.**

Question 20: Section VII, Item 8.1.6.4 - Would workflow be defined as business rules that based on specific circumstances would automatically burst email alerts and/or correspondence requesting further action?

Response: **MSDH is not currently doing automatic burst but sending burst emails, "automatic" not necessary to meet the requirements.**

Question 21: Section VII, Item 8.1.8 - Again can we assume this will be Client business rule based activities that are conducted electronically via email or text messaging?

Response: **Email, text messaging, or phone.**

Question 22: Section VII, Item 8.1.16 - By document interface do you mean the ability to pull incident management data into pre-prepared documents/reports housed within the system?

Response: **Yes.**

Question 23: Section VII, Item 8.2.1 - Can we assume that if we are able to populate this information via real time updates via data interface with Hospital systems that we will meet this mandatory requirement?

Response: **Yes.**

Question 24: Section VII, Item 8.4.1 - Will it be considered that we meet this requirement if we are able to create an interface with this data base to be updated as additions and changes are made?

Response: **An interface that provides automatic updates is acceptable.**

Question 25: Section VII, Item 8.7.1.9 - Is the requirement that photograph be viewable with the patient/incident detail or simply available as an attachment to that record?

Response: **At a minimum, an attachment to the record but would be a plus if viewable.**

Question 26: Section VII, Item 8.7.1.10 - Is the geo-tagging requirement driven by the location entered into the incident management system and then applying the geo-tagging or is it another capability being desired, please explain?

Response: **Geo-tagged by the location where you are when you enter data into the system - either way would be acceptable.**

Question 27: Section VII, Item 8.7.1.12.35 & 8.7.1.12.36 - Do you require us to have an embedded electronic signature process or does the system need to interface with an electronic signature pad?

Response: **Either way will work.**

Question 28: Section VII, Item 8.1.6.3 - Please elaborate on this need with specifics to set-up, are you requesting template generation for these various charts?

Response: **Yes.**

Question 29: Section VII, Item 8.1.6.4 - Please elaborate on this need with specifics to set-up, are you requesting template generation for workflow?

Response: **Yes. The proposed solution must provide the ability to set up templates that can be filled-in manually or automatically as other data is entered, i.e. ICS forms.**

Question 30: Section VII, Item 8.1.11.2 - In what capacity would the system be utilized for expanded usage during an emergency?

Response: **MSDH anticipates that system usage will expand during an emergency. During an emergency there could be more users than in daily operations. The system would need to be flexible enough to have exponentially, more users simultaneously.**

Question 31: Section VII, Item 8.2 Bed Tracking - How many healthcare facilities will need to report in their bed availability?

Response: **400**

Question 32: Section VII, Item 8.2.1.7 - Please elaborate on this need for automated alert?

Response: **The proposed solution must provide automated alerts, based on pre-identified triggers as to a facilities capability/status and at regular intervals.**

Question 33: Section VII, Item 8.2.1.9 - How many hospitals would require interface and how many different systems would be needed?

Response: **400**

Question 34: Section VII, Item 8.3.1 - How many contacts receiving notifications are currently set-up in your HAN?

Response: 5,000+

Question 35: Section VII, Item 8.3.1.1 - What would be the nature of the information being transmitted via the HAN? Would Patient Health Information be shared via the HAN?

Response: The nature of the information transmitted, Health Advisories and Health Information. No (HL7 capability is not required)

Question 36: Section VII, Item 8.3.1.3 - Historically, on average how many notifications do you send out via the HAN annually? For clarification, a notification represents for example a "West Nile Virus Threat Notification" and this one notification would be sent to multiple recipients. In this example, how many recipients would receive this notification?

Response: Last year MSDH sent out 13 notifications to over 5,000 people for each transmission.

Question 37: Section VII, Item 8.4, Registration of Volunteer Health Professionals - What is the driving need to replace the use of ESAR-VHP?

Response: MSDH is not replacing ESAR-VHP. MSDH is seeking a solution that is compatible with ESAR-VHP.

Question 38: Section VII, Item 8.7, Patient Tracking – Are you looking to replace use of JPaTS or just integrate with it? Is there needs for patient tracking that JPaTS does not currently fulfill?

Response: JPaTS is a federal system not available to us; MSDH uses a version of the source code that they renamed MPaTS. MPaTS does not interface with any other systems, including JPaTS.

Question 39: Page 9, Section II, Item 9.6 - Should vendors also note exceptions for non-mandatory items?

Response: Yes.

Question 40: Page 10, Section III, Items 8 and 9, Page 31, Section VII, Item 3.3 (related to 3.1 and 3.2) and Page 35, Section VII, Item 8.1.1 - Some statements indicate that the state reserves the right to issue multiple awards, and/or make partial awards for this procurement, however several areas indicate that there is mandatory functionality for "one system" and again that "all functions are in one system". Can the state clarify this position?

Response: Sections I through VI of RFP 3892 contain boiler-plate content that is generic for all projects. Section VII is tailored to the specific requirements of the particular RFP. Per Section VII, Item 3.3, MSDH is seeking a single solution that combines functionality, therefore RFP No. 3892 will be awarded to a single Vendor.

Question 41: Page 19, Section IV, Item 28 and Page 33 Section VII, Item 5.7 - Since the state is requiring COTS software, please confirm that basic configuration of COTS software is neither classified as “developed software specifically for the state” nor as “intellectual property modified and custom tailored to meet the needs of the state”.

Response: **Correct.**

Question 42: Page 20, Section IV, Item 30 - As the state has invited bids for software-as-a-service (SaaS) offerings, please confirm that non-perpetual (i.e. annual subscription) license models are acceptable.

Response: **Yes, annual licensing subscription models are acceptable.**

Question 43: Page 33, Section VII, Item 5.7 - Should vendors assume three (3) references for each capability are sufficient evidence to satisfy the definition of “experienced vendor” in terms of current/active client references for each of the seven key components (HAVBED, HAN, ESAR-VHP, Inventory Management, GIS Mapping, Incident Management, Patient Tracking)?

Response: **Yes. References don't necessarily have to be state references but customers of equal or greater size in terms of population and number of incidents.**

Question 44: Page 33, Section VII, Item 5.9 - Please confirm that the vendor reference requirement for hosting environment experience applies not only to the Incident Management capability, but all other capabilities as well (HAVBED, HAN, ESAR-VHP, Inventory Management, GIS Mapping, Patient Tracking).

Response: **Yes.**

Question 45: Page 34, Section VII, Item 6.14 - Please confirm that this reference site must be a current/active user of all seven key components (HAVBED, HAN, ESAR-VHP, Inventory Management, GIS Mapping, Incident Management, Patient Tracking).

Response: **Yes.**

Question 46: Page 34-35, Section VII, Item 7.3 and 7.4 - Understanding Incident Management and Patient Tracking are to be a latter project phase, Does the state have an order of implementation preference, go-live date, or other timing preference for the remaining five key components? It is understood that the target audiences for implementation and training services for PHEP-type solutions (e.g. HAN and ESAR-VHP) may be different than end-user populations for HPP capabilities (e.g. HAVBED users at Mississippi hospitals).

Response: **The RFP does not indicate that the Incident Management and Patient Tracking systems will be a latter project phase. There will be several different levels of users; some with more access than others. Hospitals for instance will only have HAVBED and hospital uses.**

Question 47: Page 36, Section VII, Item 8.1.6 - By the use of the term “HICS” (referencing Hospital Incident Command) is it the intent of these requirements to provide independent/autonomous incident management/response capabilities to all hospitals in the state of Mississippi? If so, should vendors assume that solutions must provide “aggregate” or “rolled up” situational intelligence from these individual facilities, into a statewide common operating picture?

Response: Yes.

Question 48: Page 38, Section VII, Item 8.1.17.5 - Please confirm that only areas of the solution providing access to ePHI/HIPAA information must meet/exceed HIPAA standards.

Response: Yes.

Question 49: Page 38, Section VII, Item 8.1.12.2 - Can the state please clarify the term “setup of inquiry” and provide an example?

Response: **The system must provide application and menu level security and allow setup of inquiry, add, update and delete access by use and/or group.**

Question 50: Page 38-39, Section VII, Item 8.2 - Can the state confirm that compliance with the EDXL-HAVE (HAVBED) standard is necessary to meet the requirements of this section?

Response: Yes.

Question 51: Page 43, Section VII, Item 8.6.1.6 - Microsoft SQL Server 2012 will be existing mainstream support less than a year from the due date of this RFP, and the state has asked for SaaS/ASP technology offerings, which should eliminate underlying technology components as a consideration or evaluation factor requirement. Please confirm equivalent database technologies are acceptable, or provide greater clarifying detail on this requirement.

Response: **MSDH will also accept SQL Server 2014 and 2016. MSDH will reserve the option of possibly using Oracle. See Amendment Item No. 2 above.**

Question 52: Page 43, Section VII, Item 8.6.1.7 - Please indicate the data standards by which other systems must be able to integrate with the GIS Mapping Module. Do these include KML feeds, GeoRSS feeds, and any other technologies?

Response: **MSDH requires no feeds at the present time.**

Question 53: Page 44, Section VII, Item 8.7.1.5 - Please confirm that past performance or demonstration of a JPATS integration is necessary to meet this requirement.

Response: **Yes. The Vendor must provide evidence that the proposed solution has the ability to integrate with JPATS.**

Question 54: Page 44, Section VII, Item 8.7.1.6 and 8.7.1.7 - Please confirm that secure offline entry (i.e. encrypt, store and forward technology) for patient data is required to meet the objectives of the Mobile application.

Response: Yes.

Question 55: Page 44, Section VII, Item 8.7.1.6 and 8.7.1.7 - Please confirm the platform requirements (i.e. Android, iOS, Windows Mobile) for the Mobile Application.

Response: Yes, the proposed solution must provide access for all the platforms listed or equivalent.

Question 56: Page 47, Section VII, Item 8.8.1.4 - Is the intent of this requirement to satisfy a requirement for HIPAA compliance (i.e. logging and audit)?

Response: The intent of Item 8.8.1.4 is not meant to satisfy a HIPAA requirement; however, the proposed solution must be HIPAA compliant.

Question 57: Page 47, Section VII, Item 8.9.1.3 and 8.9.10 - Please define (or provide a workflow example) for the term “document imaging” and describe the purpose and/or functionality vision for OCR capabilities.

Response: The proposed solution must provide the ability to scan documents and attach to database records. In addition, the system must provide the ability via OCR to manipulate the data into a Word document. See the response to Question 11.

Question 58: Page 47, Section VII, Item 8.9.1.3 - Please confirm that the MSDH will provide document templates for the initial population of the document library, necessary to meet this objective.

Response: Yes.

Question 59: Page 48, Section VII, Item 8.10.1.6 - Please confirm that definition of “unlimited” should be interpreted to understand that it may include any and all qualified users with access to the system, who have been assigned rights to execute reports, and are permitted in consideration of their role and ability to access information (as per HIPAA and other regulations).

Response: Yes.

Question 60: Page 48, Section VII, Item 8.11.1.2 - Please confirm that real-time or near-real-time database commits to redundant/disaster recovery datacenters satisfactorily fulfil this requirement.

Response: Yes.

Question 61: Page 49, Section VII, Item 9.2 - As the state has asked for SaaS/ASP technology offerings, can you confirm the elimination of “brand name” Microsoft SQL Server as the underlying database technology?

Response: **MSDH will also accept SQL Server 2014 and 2016. MSDH will reserve the option of possibly using Oracle. See Amendment Item No. 4 above.**

Question 62: Page 49, Section VII, Item 9.3 - Microsoft Internet Explorer version 7 has not been supported in Microsoft extended support channels for 5+ years. Please confirm modern equivalent browser versions are acceptable for this requirement.

Response: **Yes.**

Question 63: Page 52, Section VII, Item 10.14.8 - Please provide a copy of the current MDHS data retention policies for review.

Response: **MSDH requires 7 years of data retention.**

Question 64: Page 60, Section VII, Item 13.14 - How many days will the vendor need to provide on-site technical staff during the 90 day pilot period?

Response: **To meet the standard MSDH would probably ask for the daily rate and will negotiate with the Vendor to determine the number of days.**

Question 65: Page 62, Section VII, Item 14.2: Only telephone support is mentioned – are vendors required to also provide email support options?

Response: **Yes, it is preferred.**

RFP responses are due August 3, 2016, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Donna Hamilton at 601-432-8114 or via email at Donna.Hamilton@its.ms.gov.

Attachment A: Counts by Organization

cc: ITS Project File Number 42421

ATTACHMENT A

Counts by Organization

CORES Responder Report 07/06/2016		
Organization	Accepted Responders Count	Pending Responders Count
Acute Care Systems	4	0
Adams	33	0
Adams	20	0
Alcorn	31	1
All District 4 Staff	128	0
Ambus	55	1
Ambus Permanently Installed	27	1
Amite	13	0
Amite	4	0
Attala	46	0
Baptist Memorial Hospital Golden Triangle	2	1
Baptist Memorial Hospital Oxford	0	0
Benton	5	0
Bolivar	50	0
Brookhaven/Kings Daughters Medical Center	1	0
Calhoun	19	0
Calhoun Co HD	8	0
Carroll	9	0
Central Mississippi Medical Reserve Corps	398	0
Central Region Environmentalist	16	0
Chickasaw	23	0
Chickasaw Co HD	13	0
Choctaw	10	0
Choctaw Co HD	6	0
Claiborne	20	0
Clarke	21	0
Clarke County	5	0
Clay	29	0
Clay Co HD	7	0
Closed POD Group	0	0
Coahoma	20	0
Coahoma/Tallahatchie	24	0
Coalition Group	0	0
Command Staff	0	0
Communications Unit	0	0
Communications Unit	0	0
Contact Tracking Unit	0	0
Coordination of Care Unit	1	0
Copiah	52	2
Cost Unit	0	0
County Liaison Group	8	0

County Organizations	1	0
Covington	18	0
CRI	2	0
Crossroads	6	0
D2 CCNs/OMs	20	0
D2 DCC	22	0
D2 SMNS Team 1	21	0
D2 SMNS Team 2	16	0
D2 SMNS Triage Team	4	0
D2 Staff	133	0
D3 CCNs	8	0
D3 DCC	17	0
D3 EMA	7	0
D3 Facility Set up Team 4/14	27	0
D3 Hospital Contact	2	0
D3 LTC CPOD Call Down	9	0
D3 OMs	4	0
D4 EMA	12	0
D4 SMNS Team 1	26	0
D4 SMNS Team 2	26	0
D4 SMNS Triage Team	6	0
D4 Staff	25	0
D5 Call Down	147	0
D5 Coordination/Command Center	21	0
D5 POD Setup/Demob Team	22	1
D5 SMNS Team 1	33	0
D5 SMNS Team 2	32	0
Delta Regional/Kings Daughters Medical Center	0	0
Demobilization Unit	0	0
Deputy Incident Commander	0	0
DeSoto	128	3
Desoto County Health Department	44	0
DeSoto County Medical Reserve Corps	49	0
Desoto text group	8	0
Dist IV DCC	20	0
Dist IV Emergency PIO	19	0
Dist IV Environmental	0	0
District	24	0
District 1	142	0
District 1 call down group	154	1
District 1 Coordination Center	22	0
District 1 County Coordinating Nurses	6	0
District 1 DPHEP Team	4	0
District 1 EMAs	14	0
District 1 Environmentalist	8	0

District 1 Office Managers	6	0
District 1 PIOs	10	0
District 1 SMNS Team #1	27	0
District 1 SMNS Team #2	26	0
District 1 Triage Team	6	0
District 1 WIC staff	12	0
District 1 Wic Staff	0	0
District 2	17	0
District 3	21	0
District 4	6	0
District 5	22	2
District 6	93	0
District 7	0	0
District 8	109	1
District 9	200	0
District Administrators	8	0
District Chief Nurses	8	0
District Core Staff	9	0
District Health Officer	8	1
District I	0	0
District II	0	0
District III	0	0
District IV	0	0
District IV CCN	11	0
District IV OM	7	0
District IV WIC	22	0
District IX	0	0
District Office	28	0
District Response Branch	0	0
District Staff	17	0
District V	0	0
District VI	0	0
District VII	0	0
District VIII	0	0
DIX DCC	1	0
DIX POD Setup/Demob Team	1	0
DIX Shelter Team One	31	0
DIX Shelter Team Two	31	0
Documentation Unit	0	0
Drinking Water	0	0
East Mississippi State Hospital	1	0
Ebola Response	1	6
Emergency Management Agency	84	39
EMS/EMSC	9	9
Enforcement	0	0

Environmental	23	0
Environmental Branch	0	0
Environmental Strike Team	0	0
EP Nurse Group	10	0
Epidemiology	8	0
EPIO	3	1
ESF 8 Desk	0	0
EVD Response Plan Task Force	1	0
Facility Unit	0	0
FAST Task Force	0	0
Finance	4	0
Food Environmentalist	0	0
Food Protection SMRRT	33	0
Food Unit	0	0
Forrest	74	0
Forrest General Hospital	2	0
Franklin	8	1
Franklin	5	0
Garden Park Medical Center	1	0
George	20	2
George County	20	0
Greene	11	0
Grenada	50	2
Grenada/Yalobusha Health Departments	19	1
Ground Support	0	0
Hancock	79	0
Hancock County	7	0
Harrison	575	0
Harrison County	0	0
Health Protection	26	1
Hinds	489	14
Holmes	40	0
Hotline Unit	0	0
Humphreys	18	0
Imported responders	758	0
Incident Commander	3	0
Incident Manager	0	0
Isolation and Quarantine Unit	0	0
Issaquena	2	1
Itawamba	24	0
Jackson	158	0
Jackson County	0	1
Jasper	26	0
Jefferson	8	1
Jefferson	1	0

Jefferson Davis	16	0
Jones	52	0
Kemper	11	1
Lab Unit	0	0
Lafayette	65	1
Lamar	56	0
Lauderdale	111	4
Lawrence	14	2
Lawrence	5	0
Leake	24	9
Lee	88	1
Leflore	59	0
Liaison Officer	2	0
LIFE of MS	19	15
Lincoln	34	3
Lincoln	21	0
Logistics	3	0
Lowndes	70	0
Lowndes Co HD	19	0
Madison	164	6
Marion	12	0
Marshall	16	2
Med 1	92	2
Med 2	95	0
Med 3	0	0
Med Surge Branch	0	0
Medical Support	0	0
MEHCC	1	0
Memphis CRI Call Down	6	0
Mississippi Baptist Medical Center	0	0
Mississippi Behavioral Health Medical Reserve Corp	21	0
Mississippi Chempack Hospitals	14	3
Mississippi Department of Mental Health	15	0
Mississippi Gulf Coast Medical Reserve Corps	130	0
Mississippi Medical Reserve Corps	0	5
Mississippi Mortuary Response Team (MMRT)	21	0
Mississippi Radiation Response Volunteer Corps	101	0
Mississippi State Emergency Response Team (SERT) Organizations	2	0
Mississippi State Hospital	1	0
Mississippi Veterinary Medical Reserve Corps	2	1
MMRT Organizations	4	0
MOA Ambulance	2	0
Mobilization Unit	0	0
Monitoring	0	0
Monroe	30	0

Monroe Co HD	14	0
Montgomery	32	1
Mortuary Response Unit	0	0
MS Board of Pharmacy	99	6
MS Gulf Coast MRC Job Corps	0	0
MS SAR	56	4
MS State Guard	0	8
MS-HIN	1	3
MSDH	1595	165
MSDH Childcare	16	1
Neshoba	42	3
Newton	43	2
North Central Mississippi MRC	51	4
North Mississippi CRI	10	0
North Mississippi Medical Center Tupelo	1	1
North Mississippi Medical Center West Point	1	0
North Region Environmentalist	12	0
Noxubee	16	0
Noxubee Co HD	8	0
OEPR	46	0
Oktibbeha	75	0
Oktibbeha Co HD	18	0
Open POD Group	0	0
Operations	3	0
OPOD Staffing	2	0
Panola	52	1
Panola/Quitman Health Departments	16	0
Patient Care Branch	0	0
Pearl River	43	6
Pearl River County	0	0
Perry	15	0
Pharmacy	4	0
PHCC	24	0
Pike	50	6
Pike	22	0
PIO	3	0
PIO	9	0
Planning	6	0
POD Set Up Exercise 4-10-15	15	0
Pontotoc	42	0
Prentiss	20	0
Procurement Unit	0	0
Quitman	7	0
Rankin	270	10
Resource Unit	0	0

RNA Strike Team	0	0
RSS Group	24	1
Rush Foundation Hospital	0	1
Safety Officer	2	0
Sample Transport	0	0
Scott	39	0
Service Branch	0	0
Sharkey	10	1
Simpson	48	0
Singing River Hospital	1	0
Situation Unit	0	0
SMAT Group	0	0
Smith	19	0
SMNS Group	11	562
SMNS Team 1	0	0
SMNS Team 2	0	0
SMRRT	0	0
SNS Branch	0	0
South Central Regional Medical Center	0	0
South Region Environmentalist	21	0
State Emergency Response Team -SERT	6	0
State Medical Needs Shelter Team	30	0
State Organizations	1	0
Stone	30	1
Stone County	0	0
Sunflower	30	0
Supply Unit	0	0
Support Branch	0	0
Surveillance Branch	0	0
Tallahatchie	31	0
Tate	40	0
Tate/Tunica Health Departments	16	0
Team 1	8	0
Team 2	7	0
Team 3	7	0
Time Unit	0	0
Tippah	7	2
Tishomingo	14	0
Training Unit	0	0
Transportation	10	1
Transportation Unit	1	0
Triage 2015	6	0
Tunica	10	0
Union	25	2
University of MS Medical Center	2	2

Walthall	17	0
Walthall	5	0
Warren	62	6
Washington	61	0
Waste Disposal Unit	0	0
Wayne	21	0
Webster	14	0
Webster Co HD	7	0
Wilkinson	7	0
Wilkinson	5	0
Winston	32	1
Winston Co HD	8	0
Yalobusha	18	0
Yazoo	46	0