
MENTAL HEALTH AUTHORITY
ALL HAZARDS MENTAL HEALTH DISASTER PLAN

ALL HAZARDS DISASTER MENTAL HEALTH PLAN

Signatures:

<hr/> _____, Executive Director, _____ County Mental Health Authority	<hr/> Date
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<hr/> _____, Health Officer _____ County Health Department	<hr/> Date
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Record of Revisions:

Record of Distribution:

County Executive

County Council
DHMH Mental Hygiene Director
Maryland Association of Core Service Agencies (MACSA)
Maryland Health Partners (or current Administrative Services Organization)

Hospital Center

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**MENTAL HEALTH DISASTER PLAN
EXECUTIVE SUMMARY**

The purpose of the _____ County Mental Health Authority Disaster Mental Health Plan is to ensure an efficient, coordinated, effective response to the mental health needs of the affected population in time of disaster. The plan will enable the _____ to maximize the use of personnel, facilities, and other resources in providing mental health assistance to disaster victims, emergency response personnel and the _____ County community at large.

The disaster plan includes provisions for the services the _____ will deliver, coordinate and/or procure, as well as when, how and by whom these services will be provided. Backup _____ staff and community resources are a part of the plan, in the event the first responders are not available or are immobilized by the disaster.

The division of labor and lines of authority and responsibility are clearly specified in order to operate effectively in the disaster context. The _____ recognizes planning activities need to occur within the _____ and among other organizations involved in disaster management. Inter and intra organizational planning and the development of Memorandum of Understanding (MOU) documents will contribute immeasurably to efficient disaster operations.

The Plan identifies necessary administrative and clinical activities and resources that can be mobilized quickly when a disaster occurs in _____ County. It is well recognized that mental health disaster services require rapid, integrated, flexible, collegial and collaborative responses. To that end, the Plan focuses on four areas of activities: (1) Planning and Preparedness; (2) Mobilization; (3) Response; and (4) Recovery. In each activity the responsibilities of the _____ are addressed.

This Plan is considered to be a dynamic document and changes are expected based on new learning experiences and technology. Moreover, this Plan has been summarized and incorporated as an annex of the comprehensive "Health and Medical Services" plan developed by the _____ County Health Department.

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I. INTRODUCTION:

The _____ County Mental Health Authority (_____), the local mental health authority in _____ County, is responsible for planning, monitoring, evaluating and funding all public mental health services in _____ County. The _____ has developed a plan to address the mental health needs of _____ County residents in the event of a disaster. The plan provides special disaster services and interventions for those with special needs, through either crisis counseling services for the general public or those specifically provided at mental health service sites. Furthermore, the plan addresses training needs of mental health professionals and other interested citizens and lastly, delineates coordination with other _____ County public and private agencies and delineates the responsibilities of the _____ in the context of disaster related activities.

GOAL:

To establish a comprehensive, integrated and coordinated mental health plan to respond to environmental and man-made disasters in _____ County to minimize the adverse affects of stressful situations and/or traumatic events affecting citizens in the workplace and community.

BACKGROUND INFORMATION:

Federal, state and local governments recognize there is a role for local mental health authorities in disaster planning and response. The _____ Disaster Mental Health Plan has been summarized and incorporated as a Mental Health Annex of the _____ County Emergency Operations Plan (EOP), to Emergency Support Function (ESF) # 8, "Health and Medical Services." The _____ County Health Department is the lead County agency for ESF #8. The EOP is intended to be used by elected officials, County department heads and certain private organizations (e.g., the American Red Cross (ARC), Salvation Army, etc.). The purpose of the EOP is three-fold:

- (1) To identify the roles and responsibilities of County and local agencies for emergencies or major disasters, either natural or man-made;
- (2) To describe the policies and procedures for the response and recovery phases of all emergency activities; and
- (3) To assign functional responsibilities to County and local agencies.

All persons or agencies with operational functions or responsibilities must develop and maintain procedures for performing the functions in accordance with assigned responsibilities. Thus, it is necessary for the _____ to design and implement training programs, produce written delineated protocols/procedures, and participate in training exercises.

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The ____ HD Plan ensures the readiness of Health Department staff to respond in the event of a disaster or other emergency situation in order to ensure the safety and public health of _____ County residents.

The _____ shall assist the Health Officer to maintain clear communications with the State Mental Hygiene Administration and serve as coordinator for the All Hazards Mental Health Disaster Plan. Specifically, the _____ Director shall:

- 1. Coordinate the State and County Mental Health Plans;**
- 2. Develop and coordinate with the State and County Critical Incident Stress Management (CISM) team organization;**
- 3. Provide mutual aid to another Core Service Agency (CSA) when requested and able to do so;**
- 4. Coordinate mental health activities with other _____ County agencies, e.g., Grassroots, the American Red Cross, etc., and develop formal Memorandum of Understanding;**
- 5. Assure a team is established consisting of trained mental health personnel and maintain disaster response readiness; and**
- 6. Plan for continuing education and practice drills.**

The following describes the mental health disaster plan and procedures in the event a disaster in _____ County.

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II. PLANNING GUIDELINES:

The _____ Mental Health Disaster Plan shall be integrated with the local emergency management plan and address the following four elements:

- 1. Planning and preparedness activities;**
- 2. Mobilization plans and activities;**
- 3. Response plans and activities; and**
- 4. Recovery plans and activities.**

Additionally, the _____ Plan shall address the following:

- Describe lines of authority and responsibility related to specific _____ staff positions and back up staff positions if staff are absent when activation of the plan is needed;
- Describe lines of authority and responsibility related to Federal, State and local government officials and public and private agencies involved in disasters (i.e., Federal Emergency Management Agency (FEMA), Center for Mental Health Services (CMHS), Maryland Emergency Management Agency (MEMA), Maryland Institute for Emergency Medical Services Systems (MIEMSS), American Red Cross (ARC), etc);
- _____ relationship to _____ County emergency personnel and local government Emergency Operations Center (EOC);
- Provision of mental health disaster training and critical incident stress management training for mental health providers in the County;
- _____ interface and collaboration with mental health programs/services and professionals in regard to recruiting staff to assist with crisis counseling;
- How the _____ will insure clients in residential programs are safely sheltered if they cannot stay in their normal residence;
- The Plan shall provide for ensuring individuals with special needs are cared for pre and post disaster on a priority basis; and
- Review and revisions of the Plan at least annually.

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A. Planning and preparedness activities:

Preparedness/mitigation activities are designed to help save lives and minimize damage by preparing people to respond appropriately.

- 1. Review copy of _____ County Emergency Operations Plan--ensure mental health and _____ role is addressed and coordinated/integrated with other health and social services agencies as well as emergency personnel;**
- 2. When appropriate, develop Memorandum of Understanding (MOU) with emergency personnel and agencies (i.e., “mutual aid linkages” - Red Cross, Department of Social Services, Health Department, mental health agencies/organizations, etc.) specifying disaster related roles and responsibilities;**
- 3. Prepare written _____ Disaster Plan identifying who is responsible within the Core Service Agency for carrying out specific disaster related functions. (Each person identified should have at least one back up person.)**
- 4. Coordinate County mental health plan with State plan;**
- 5. Procure road maps of _____ County to be utilized by crisis workers;**
- 6. Develop mental health related reporting forms, including needs assessments, activity reporting, etc.**
- 7. Train professional, public safety and para-professional staff in crisis counseling, critical incident stress management, shelter services, etc.**
- 8. Recruit trained professionals for mental health disaster team on-call list;**
- 9. Design mental health disaster team structure and develop procedures for mobilization, assignments, rotation, obtaining necessary medications, specialized shelters, etc.;**
- 10. Develop mental health emergency contact list;**
- 11. Participate in local planning exercises; and**
- 12. Maintain database of resources, including needs of special populations, interpreters, language banks, clergy, family and peer support groups, etc.**

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B. Mobilization activities:

Working to increase resources available to the event in preparation to expedite response activities

- 1. Coordinate efforts with State and local disaster-relevant agencies and organizations;**
- 2. The Maryland Mental Hygiene Administration (MHA) Director in collaboration with the _____ Director shall determine if the State funded Hotlines (e.g., _____) will be provided with risk communication material to respond to a specific event;**
- 3. Alert key personnel in _____ County who may be available to assist with disaster mental health activities.**
- 4. Engage in disaster related mental health needs assessment of victims;**
- 5. Mobilize disaster mental health team(s), crisis workers and community resources, including volunteers;**
- 6. Identify mutual aid resources;**
- 7. Brief _____ staff and mental health disaster team(s) on the scope of the disaster, contact persons, record keeping procedures, work assignments, and other policies and procedures;**
- 8. Assist another jurisdiction when requested by the Mental Hygiene Administration or other local mental health authority; and**
- 9. Maintain contact with MHA Director, Disaster Coordinator and MHA facility, if appropriate.**

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C. Response activities:

Response activities occur before, during and immediately following a disaster. During this phase, _____ will provide emergency assistance to victims of the event to reduce the likelihood of secondary damage. Response plans usually involve search and rescue, mass care, access control, patient/client relocation and bringing damaged services and systems back on line. Outside agencies may be included in the response phase.

Response may be divided into three segments that may occur simultaneously or successively:

- (1) Increased Readiness;
- (2) Relocation and/or Shelter in Place; and
- (3) Emergency Operations.

The _____ Director shall implement the Disaster Mental Health Plans as directed by the _____ County Health Officer, the local lead agency, designated in the ESF #8. In general, almost all disasters are “local” disasters. The local Incident Command structure, located in the local Emergency Operations Center (EOC), will determine what is needed, when is it needed, how much is needed, where it is needed, and who should be involved. The _____ will work closely with the local American Red Cross Chapter and mental health service providers and other trained persons to provide crisis-counseling services and/or critical incident stress management services (CISM).

Whenever there is a medium to large-scale community disaster requiring additional mental health services, the _____ Director or Disaster Coordinator shall notify the MHA Director and establish a communication protocol.

In the event the MHA Director is notified of a local disaster prior to notification of the _____ Director, the MHA Director shall notify the CSA Director.

In the event a Presidential Disaster Declaration is issued, the _____ Director with work collaboratively with the MHA Disaster Coordinator to complete the FEMA application in a timely manner for an Immediate Services Program (ISP) grant and, if determined necessary a Regular Services Program (RSP) award. Additionally, whenever FEMA establishes Disaster Relief Centers (DRC) in Maryland, the _____ Director, in collaboration with other CSA Directors and the Red Cross shall provide crisis counselors and/or develop an on-call listing of crisis counselors available to assist staff at the DRC if needed.

The _____ Director shall forward copies of all disaster related reporting documents to the MHA Director and MHA Disaster Coordinator. In the response phase, _____ will provide the following, as needed:

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- 1. Offer crisis intervention and information and referral services;**
- 2. In the event the disaster is proclaimed a national disaster, coordinate activities with the State Mental Hygiene Administration Disaster Mental Health Coordinator, the Maryland Emergency Management Agency (MEMA) and the Federal Emergency Management Agency (FEMA) to determine whether a proposal for a FEMA Immediate Services Program and Regular Services Program grant is warranted;**
- 3. Convene team leaders, recruit and deploy workers to provide direct crisis intervention services to disaster victims and disaster workers, including deployment of crisis workers to FEMA Disaster Relief Centers (DRC) if needed;**
- 4. Address special needs of children, vulnerable adults and elderly persons;**
- 5. Conduct outreach and case finding activities;**
- 6. Provide consultation and education services to the entire community;**
- 7. Maintain pre-disaster mental health services for individuals already receiving mental health services;**
- 8. Maintain regular contact with County and State officials, agencies and other organizations;**
- 9. Respond to psychiatric emergencies; and**
- 10. Maintain records of services provided.**

The MHA and the _____, working in concert with local emergency management and local health officials shall direct their activities from impact until the recovery phase begins. During this period, up to eight weeks, resources from within the mental health system are dedicated to the affected areas until the crisis is resolved or federally supported crisis counselors are hired to take over the longer-term services needed by survivors.

Assistance in restoring community mental health operations and stationing staff at congregate sites in the community where survivors are likely to be are the two primary goals. Working in concert with local mental health staff, FEMA and other response personnel, outreach to the public and provider clients is conducted; individuals and families are counseled; responders are debriefed; and people in need of longer term crisis counseling services are identified.

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FEMA CRISIS COUNSELING ASSISTANCE AND TRAINING PROGRAM:

In the event of a Presidential Declaration of Disaster in Maryland, the MHA is responsible for applying, through the Maryland Emergency Management Agency, for a FEMA Crisis Counseling grant. Short-term federal grant funds, provided by FEMA, are supplemental funds granted to State Mental Health Agencies, to serve eligible survivors of a disaster. Funding will provide for outreach, individual and group crisis counseling, community education, screening and referral services.

The purpose of the Crisis Counseling Program (CCP) is to provide short-term intervention to individuals and groups experiencing psychological reactions to a major disaster and its aftermath. Public Law 100-707, Section 416 of the Robert T. Stafford Disaster Assistance Act, 1974, authorizes FEMA to fund mental health assistance and training activities in areas which have been Presidentially declared a disaster. The Center for Mental Health Services (CMHS), Emergency Services and Disaster Relief Branch works with FEMA under an interagency agreement to provide technical assistance, capacity building in the form of training for state mental health personnel, and grant oversight.

There are two separate funding processes for the CCP: (1) The Immediate Services Program (ISP) grant and (2) The Regular Services Program (RSP). The ISP is intended to enable the State and local agencies to respond quickly to immediate needs (for up to 60 days after the Declaration); while the RSP may respond for six to nine months after the Declaration. To apply for funding a needs assessment must be initiated within ten days of the declaration and funding must be applied for within 14 days. The application form requires that MHA has conducted a needs assessment assessing key indicators of disaster stress and determining geographic, social, cultural, ethnic and vulnerable populations for whom crisis counseling services are to be provided. The MHA must also assess if responding to the mental health needs of the disaster victims is beyond the capacity of the State.

Both the ISP and RSP applications go through the Maryland Emergency Management Agency (MEMA) – the Governor’s Authorized Representative (GAR); however, there are differences in how the grant funding is appropriated. The ISP application is collaboratively reviewed by FEMA and CMHS, but monitored by FEMA; while the RSP grant is monitored by CMHS. The ISP can be extended until the RSP application is reviewed and a funding decision has been made. Funds for the ISP are transferred from FEMA to MEMA, and a specific financial transfer procedure is followed to process those funds to DHMH/MHA.

Once the grant has been submitted through MEMA to FEMA, CMHS is given responsibility for reviewing the application. The RSP application review is completed through a formal, confidential peer review process administered by CMHS. Based on the peer review, CMHS provides a formal recommendation to the FEMA Regional Office (in Philadelphia) responsible for the disaster response and recovery. The recommendation can be to approve, approve with conditions or recommendations, or to disapprove. The Regional Office will then give its

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decision to FEMA Headquarters for its final decision. If funding is approved, the funds are obligated to CMHS. CMHS then transfers funds through a Notice of Grant Award (NOGA) to the DHMH/MHA. RSP funds do not get routed through MEMA. The RSP grant is monitored by CMHS, though all monitoring and oversight is done collaboratively with FEMA.

FEMA has provided the MHA Disaster Coordinator with a CD to use in filing the applications for both the ISP and RSP. Several people in Maryland have been trained by FEMA to complete the applications. Both an ISP and RSP was awarded in 2002, after the LaPlata, Maryland tornado; and an ISP was awarded in 2003 to cover four Maryland jurisdictions as a result of Tropical Storm Isabel.

D. Recovery plans and activities (6-12 months):

- 1. Work with other agencies to phase out special disaster mental health programs;**
- 2. Assess needs for disaster recovery services based on service records and other indicators;**
- 3. Provide regular debriefing sessions for mental health staff and emergency personnel involved in recovery projects;**
- 4. Monitor and evaluate recovery service delivery and modify program plan as appropriate;**
- 5. Refer disaster victims to mental health and other human services providers;**
- 6. Provide consultation to community organizations that have contact with disaster victims;**
- 7. Evaluate the disaster response and develop recommendations to improve planning, response and recovery activities; and**
- 8. Thank and recognize involvement of workers.**

IV. KEY CONCEPTS IN DISASTER MENTAL HEALTH

- Everyone is affected.
- Normal people/abnormal situation and circumstances.
- Past coping is a good predictor of current and future behavior.
- Most people pull together.
- Practical help/assistance, not “clinical/psychological/therapeutic.”
- Reactions may be delayed.
- People don’t seek mental health assistance.
- Most people respond to concern.
- Early intervention is key.
- Family/support systems are crucial.
- Flexibility of workers is essential.
- Basic survival.
- Grief over loss of loved ones and possessions.
- Separation anxiety and fear for safety of significant others.
- Need to express thoughts and feelings about their experiences.
- Need to feel one is part of the community and its rebuilding efforts.
- Desire to help others cope.
- Sense of frustration (disaster “bureaucracies” rules, red tape, delays, impersonal, etc.)
- All disasters are local (and political).

The key concept of Crisis Counseling is that most people are experiencing a **normal response to an abnormal situation**. Crisis counseling assists disaster survivors to understand their current situation and reactions, review their options, address their need for emotional support and link them with other individuals and agencies who provide services they need. It does not include treatment or medication for people with mental illnesses and/or substance abuse problems.

Crisis counseling principles assume, unless there are contradictory indications, the disaster survivor is capable of resuming a productive and fulfilling life following the disaster experience if given support, assistance and information at a time and in a manner appropriate for the person’s experience, age, education, and ethnicity. Crisis counselors help disaster survivors to understand defense mechanisms such as anger, displacement, etc. and to maximize skills, e.g., in such domains as communications, problem solving, conflict resolution, time and stress management.

Children and adults may have physical, emotional, and psychological reactions to traumatic events, particularly when the events are ongoing. Children may experience the effects of a violent or traumatic event differently than adults. For some individuals, children and adults, it may be days or weeks later before the effects of such events begin to surface. These could seen

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by increased levels of fear, nervousness, anger and/or irritability, sadness, increased use of alcohol in adults, and regressed behavior in children

V. DISASTER ORGANIZATION CHART HERE

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VI. COORDINATION AND MUTUAL AID

NAME	AGENCY	PHONE	E-MAIL

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B. MARYLAND ASSOCIATION OF CORE SERVICE AGENCIES

COMMUNICATION TREE PROCEDURES

1. This procedure is to be used to communicate vital information from MHA to the CSAs in urgent or emergent situations.
 2. Each agency contact person should keep the Communication Tree, this procedure, the off hours coverage grid, and the MACSA Directory with them at all times.
-
3. During the day the preferred method is voice telephone, followed by fax, followed by e-mail, if voice links are down or busy use cell phone numbers, or try e-mail.
 4. During off-hours, use cell and/or home numbers.

Specific Use of Tree:

1. When activated, each agency is to call each agency listed below them on the tree. Example: MHA calls Worcester, Baltimore City, Montgomery, and Prince Georges in that order. Worcester then calls Mid-Shore, Somerset, Wicomico, and Cecil. And so on.
2. If unable to contact any of the assigned agencies, this is to be communicated to the first agency contacted. Example- MHA cannot confirm contact with Prince Georges. MHA then calls Anne Arundel. If contact confirmed, then Anne Arundel attempts to call Calvert, Charles and St. Mary's. If no contact with Anne Arundel, then MHA calls Calvert, and so on.
3. It becomes that agency's responsibility to contact the missed agency. Example: Anne Arundel also continues to contact Prince George's.
4. If no agency on the assigned line can be reached, then, starting from the left, agencies on the next line are to be contacted until contact is made. Example: MHA cannot contact Worcester, Baltimore City, Montgomery, and Prince Georges. MHA starts calling with Mid-Shore. If contact is made, Mid-Shore assumes responsibility to contact those missed (Worcester, Baltimore City, Montgomery, and Prince Georges).
5. At that point, the contacted agency assumes responsibility to contact the rest of the agencies on the line that are identified as not contacted. The contacted agency is also to resume calling agencies below them as would occur if contact had been make.
6. Any missed contacts are to be reported back to the agency that made the contact, e.g., Anne Arundel reports back to MHA that no contact was made with Prince George's County.

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Close Proximity Partners

Distant Partner

Baltimore City*/Baltimore County

Allegany

Montgomery*/Prince George's*

Mid-Shore

Frederick/ Washington

Wicomico

Allegany/ Garrett

Carroll

Harford*/ Cecil

St. Mary's

Charles/ St. Mary's

Cecil

Anne Arundel*/ Calvert

Somerset

Mid-Shore/ Wicomico

Worcester

Worcester/ Somerset

Anne Arundel

* Indicates a mobile crisis response system in the county

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[Communication Tree here]

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C. AMERICAN RED CROSS:

The _____ and the American Red Cross, Central Maryland Chapter have approved a Memorandum of Understanding delineating roles and responsibilities in the event of a major disaster in _____ County. See Appendix A.

D. [hotline, Maryland Crisis Hotline]:

A Memorandum of Understanding delineating roles and responsibilities will be prepared in the near future. _____ receives State funding from the Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration (DHMH/MHA) through the _____. As a condition of grant award _____ is required to deliver prepared health related emergency messages to the general public whenever DHMH/MHA determines a disaster/emergency health situation exists.

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VII. FOUR PHASES OF EMERGENCY MANAGEMENT (FEMA)

EVENT	MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
<p>An emergency that may initiate activation of the Disaster Mental Health Plan.</p>	<p>Activities that eliminate or reduce the chance of occurrence or the effects of a disaster. Effective mitigation can decrease the impact of an event. Utilize public education; maintenance of facilities and staff in a “readiness” state.</p>	<p>Planning how to respond to an emergency. Working to increase resources available to the event. Preparedness activities are designed to help save lives and minimize damage by preparing people to respond appropriately. Expedite response activities and minimize property damage.</p>	<p>Activities that occur before, during and immediately following a disaster. Provides emergency assistance to victims of the event and reduces the likelihood of secondary damage. Involves search and rescue, mass care, access control, patient/client relocation and bringing damaged services and systems back on line. Outside agencies may be included in the response phase.</p>	<p>Continues until all systems return to normal. This includes services, communications, utilities and operations</p>
<p>Bomb Threat</p>	<ul style="list-style-type: none"> • Training • Recognition of suspicious mail • Liaison with law enforcement and Fire Dept. • Law enforcement sharing of intelligence 	<ul style="list-style-type: none"> • Quick Reference Guides • Drills • Fire Dept. equipment and supplies • Alternative communications 	<ul style="list-style-type: none"> • Contact 911 - Notification of suspicious package/mail • Building/perimeter search • Investigate suspicious objects • Evacuate/relocate patients/clients/others • Deactivation/removal of device by Bomb Squad • Activate M.H. team • CISM/Defusing 	<ul style="list-style-type: none"> • Demobilization of responders • Return of evacuated/relocated persons • Crises intervention • CISM/Debriefing • Critique

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EVENT	MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
Chemical/Bio (WMD)	<ul style="list-style-type: none"> • Training • Recognition of suspicious mail • Liaison with law enforcement, Fire Dept., community EMS, DHMH. 	<ul style="list-style-type: none"> • Exercises • Adequate supply levels • Coordination with community agencies, EMS, DHMH • Personal protective equipment • Haz-mat cart • Haz-mat room/facility • Written plan 	<ul style="list-style-type: none"> • Notify 911 • Decontamination • Coordination with law enforcement, DHMH, community EMS • Activate M.H. Team • CISM/Defusing • Positive media relations 	<ul style="list-style-type: none"> • Decontaminate equipment and supplies • Disposal of clothing • Clean facility • CISM/Debriefing • Critique
Civil Disturbance	<ul style="list-style-type: none"> • Coordination with law enforcement agencies, local government and DHMH/MHA 	<ul style="list-style-type: none"> • Adequate staffing levels • Adequate supply levels • Pre-designated areas for demonstrations • Attempt interaction with protest group 	<ul style="list-style-type: none"> • Notify 911 • Maintaining integrity of ingress/egress for persons and traffic • Ensure privacy of patients/clients • Provide security • Activate M.H. team • CISM/Defusing • Positive media relations 	<ul style="list-style-type: none"> • Outreach to protesters • Corrective measures to any damage • CISM/Debriefing • Critique
Fire	<ul style="list-style-type: none"> • Fire Codes • Training • Inspections • No Smoking Policy • Fire safety information 	<ul style="list-style-type: none"> • Fire drills • Exit signs • Evacuation/relocation Plan • Fire Extinguisher Training • Fire alarm system 	<ul style="list-style-type: none"> • Activate fire alarm system • Notify 911 • Containment • Evacuation of patients and clients • Coordinate with Red Cross 	<ul style="list-style-type: none"> • Salvage and overhaul • Rebuilding • CISM/Debriefing • Critique

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EVENT	MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
		<ul style="list-style-type: none"> • Fire/smoke detection systems • Fire Separations • Fire doors • Quick Reference Guides 	<ul style="list-style-type: none"> • – shelter, mass care • Activate M.H. Team • CISM/Defusing 	
Hazardous Materials/Medical Waste Incident	<ul style="list-style-type: none"> • Hazard Communication Standard Training • Handling/storage/labeling requirements • Federal, state, local regulations • Hazard Surveillance Surveys 	<ul style="list-style-type: none"> • Material-specific training • Spill/containment/neutralizing equipment/supplies availability • Coordination with fire department • Personal protective equipment • Emergency eyewashes • Detection equipment • Chemical-specific procedures 	<ul style="list-style-type: none"> • Proper notification 911 • Quick Reference Guides • Chemical-specific response protocols • Training • Coordination with Fire Department Haz Mat Technicians • MOU with spill contractor • Containment procedure • Required notifications • Activate M.H. Team • CISM/Defusing 	<ul style="list-style-type: none"> • MOU with spill contractor • Hazardous waste haulers contract • CISM/Debriefing • Critique
Hostage Situation	<ul style="list-style-type: none"> • Training-prevention/pre-incident/post incident • Workplace Violence Prevention Program • De-escalation procedures 	<ul style="list-style-type: none"> • Quick Reference Guides • Video tape key areas 	<ul style="list-style-type: none"> • Internal notifications • Contact 911 • Activate M.H. team • CISM/Defusing 	<ul style="list-style-type: none"> • Crises intervention • CISM/Debriefing • Critique

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EVENT	MITIGATION	PREPAREDNESS	RESPONSE	RECOVERY
Loss of telecommunications	Training	<ul style="list-style-type: none"> • Written plan • Quick Reference Guides • Training • Designation of alternate communications • Availability of emergency telephones with instructions attached. 	<ul style="list-style-type: none"> • Pre-designated distribution emergency telephones • Distribute available portable radios • Contact 911 Center • Notification of local radio station of loss of telephones 	<ul style="list-style-type: none"> • Contact vendor • CISM/Debriefing • Critique
Mass Causality Incident	<ul style="list-style-type: none"> • Training • Liaison with community EMS, DHMH/MHA 	<ul style="list-style-type: none"> • Adequate supplies • Mass casualty exercises • Interaction with community EMS • Written plan • Quick Reference Guides 	<ul style="list-style-type: none"> • Contact 911 • Activate designated M.H. Team • CISM/Defusing 	<ul style="list-style-type: none"> • Demobilization of responders • Incident stress debriefing • Return of relocated equipment & personnel • CISM/Debriefing • Critique
Severe Weather	<ul style="list-style-type: none"> • Snow/water removal equipment available and staff to operate • Equipment available for extrication • Decision-making process in place 	<ul style="list-style-type: none"> • Written plan • Training • Property protection measures • Client protection measures • Monitoring of weather radio • Quick Reference Guides • Coordination with designated drivers • Implementation of Loss of Communications Plan 	<ul style="list-style-type: none"> • Quick Reference Guides • Decision-making process • Tornado Lookout • Alternate communications • Client relocation procedures • Snow/water removal procedures • Public notification of causality • Activate M.H. Team • CISM/Defusing 	<ul style="list-style-type: none"> • Clear ingress to facility, including parking lots and entrances • Rebuild • CISM/Debriefing • Critique

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VIII. MENTAL HEALTH DISASTER TRAINED VOLUNTEERS: (___/2003)

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IX. RESOURCES: [See Red Book] WEB SITES

www.ready.gov

www.FEMA.gov

E-mail: DmhTAC2esilsg.org.

Disaster Mental Health Technical Assistance Center sponsored by SAMHSA/CMHS

www.nmha.org/terrorism.cfm

www.sidran.org

Sidran Institute provides information on stress education, publications and resources.

www.aacap.org/web/aacap/publications/factsfam/disaster.htm

www.aacap.org/publications/DisasterResponse/index.htm

(American Academy of Child and Adolescent Psychiatry: fact sheets in English and Spanish)

www.ama-assn.org/ama/pub/article/3216-5286.html

American Medical Association web site with links to articles on coping with disaster.

www.psych.org

American Psychiatric Association

www.freedomfromfear.com

Freedom from Fear

www.aap.org/acvocacy/releases/disastercomm.htm

www.familyinfoserv.com/crisis/html

www.ces.purdue.edu/terrorism/children/index.html

www.aboutourkids.org/articles/war.html

www.mediafamily.org/facts/tips_helpingkidscope.shtml

www.redcross.org/index.html

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www.usd.edu/dmhi

Disaster Mental Health Institute: housed in the Department of Psychology at the University of South Dakota. Institute hosts an annual conference; web site provides in-depth information about the institute and the conference, list of available publications and several on line booklets on coping with the aftermath of disasters.

www.pitt.edu/~ghdnet/GHDNet/

The Global Health Disaster Network makes disaster health and medical information available globally and offers an extensive bibliography of journal articles on disaster medicine, on-line publications and links to other sites with disaster medicine information.

www.cdc.gov/nceh/publications.htm

The CDC's National Center for Environmental Health has several on-line guides with checklists in both English and Spanish. Guides cover earthquakes, extreme cold and heat, floods, hurricanes, and tornadoes.

www.mentalhealth.org/cmhs/EmergencyServices/index.htm

The Emergency Services and Disaster Relief Branch of the Center for Mental Health Services (CMHS) in partnership with the Federal Emergency Management Agency (FEMA) administers the Crisis Counseling Assistance and Training Program, overseeing national efforts to provide emergency mental health services to survivors of presidential declared disasters. Web site provides information and best practices documents.

www.colorado.edu/hazards/index.html

The Natural Hazards Center at the University of Colorado is an national and international clearinghouse for information on natural hazards and human responses to hazards and disasters. Web site has general information, periodicals and listserves of the Center.

www.citizencorps.gov

Information available on establishing Community Emergency Response Teams (CERT) to prepare citizens to respond to emergency situations in their communities.

www.ces.ncsu.edu/depts/fcs/humandev/disas3.html

North Carolina State University College of Agriculture & Life Sciences, Cooperative Extension Services web site has an excellent articles on Strategies for Parents and Teachers to help children handle disaster related anxiety.

www.extension.umn.edu/administrative/disasterresponse/terro

University of Minnesota Extension Services offers resources to parents, teachers, educators listing publications (in English and Spanish) on terrorism, fears, and managing stress.

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X. ACRONYMS/GLOSSARY OF TERMS:

All-Hazard Emergency Operations Planning: A step-by-step comprehensive planning approach to emergency management developed and recommended by the Federal Emergency Management Agency (FEMA) to address risk-based, all-hazard emergency operations planning.

ARC: American Red Cross, private non-profit organization mandated to provide disaster relief services.

CCP: Crisis Counseling Program – FEMA counseling model used in presidential declared disasters to counsel victims of the event.

CISM: Critical Incident Stress Management – Methodology for working with emergency personnel and victims of a disaster.

CMHS: Center for Mental Health Services - An organizational unit of the federal Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

CSA: Core Service Agency – A designated local mental health authority in Maryland.

DHMH: Department of Health and Mental Hygiene – The Maryland agency responsible for public health.

EOC: Emergency Operations Center - A site designated to lead and control a disaster situation.

EOP: Emergency Operations Plan – A document delineating roles and responsibilities of individuals and organizations for carrying out specific actions at projected times in an emergency situation. It describes lines of authority and organizational relationships and identifies steps to address mitigation concerns during response and recovery activities.

FEMA: Federal Emergency Management Agency – A federal agency designated to provide financial and other assistance to governmental entities.

HD: _____ County Health Department – The _____ County agency responsible for public health in _____ County.

_____: _____ County Mental Health Authority – The quasi-public designated Core Service Agency in _____ County.

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ISP: Immediate Services Program – A grant awarded by FEMA to States to develop crisis-counseling program for 60 days, after a presidential declaration of an emergency.

MEMA: Maryland Emergency Management Agency – The agency designated by the Governor of Maryland to be responsible for handling emergency situations in Maryland.

MACSA: Maryland Association of Core Service Agencies – An incorporated group consisting of all Core Service Agency Directors in Maryland; established to foster collaborative relationships between jurisdictions.

MHA: Mental Hygiene Administration – A unit of the DHMH; established to administer State funded mental health programs.

MIEMSS: Maryland Institute for Emergency Medical Services Systems is the agency in Maryland responsible for coordinating emergency hospital resources, patient transportation, and communications with and between hospitals.

MOU: Memorandum of Understanding – Formal written agreements delineating roles and responsibilities between the parties to the agreement.

OEM: Office of Emergency Management

OEP: Office of Emergency Preparedness

RSP: Regular Services Program – FEMA grant that continues counseling services for an additional nine months (started initially under an Immediate Services Program grant).

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APPENDIX A:

Memorandum of Understanding

American Red Cross, _____ Chapter

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MEMORANDUM OF UNDERSTANDING

BETWEEN

**_____ COUNTY
MENTAL HEALTH
AUTHORITY**

and

**AMERICAN RED CROSS
CENTRAL MARYLAND
CHAPTER**

I. PURPOSE

The purpose of this Memorandum of Understanding (MOU) is to establish the terms of agreement between the American Red Cross (ARC), _____ Chapter (___), and the _____ County Mental Health Authority (_____). The agreement will serve as a broad framework within which the two agencies may coordinate and integrate their efforts in _____ County, Maryland to offer comprehensive and professional mental health services to victims of natural or man-made disasters and to the disaster workers responding to the victims' needs.

II. CONCEPT OF OPERATIONS

Each party to this MOU is a separate and independent organization. As such, each organization retains its own identify in providing service and is responsible for establishing its own policies. Each party to this MOU acknowledges that federal and state law address the respective roles of State and County authorities and private agencies, including actions to be taken in the event of the declaration of a State disaster.

The _____ County Mental Health Authority, in collaboration with the State Department of Health and Mental Hygiene, provides leadership in disaster mental health services and response and is responsible for planning and coordination of mental health services in _____ County. The American Red Cross/_____ Chapter will provide leadership through its designated disaster mental health lead and will ensure a coordinated and integrated response system for deployment of mental health workers in times of disaster or emergency.

III. RECOGNITION

- A. The ARC/___ recognizes the _____ for its professional expertise and skill in coordinating emotional support, crisis intervention and other mental health services to disaster victims and workers.
- B. The ARC/___ recognizes the _____ in collaboration with the Department of Health and Mental Hygiene, Mental Hygiene Administration will make the

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decision to apply for and administer FEMA Crisis Counseling Program grants in response to President declared disasters.

- C. The _____ recognizes the ARC/___ as the agency chartered by Congress through which the American people voluntarily extend assistance to individuals and families affected by disasters.
- D. The _____ recognizes the ARC has a Congressional mandate to be the coordinating mental health agency in aviation disasters under the Aviation Disaster Family Assistance Act of 1996 and 1997.
- E. The _____ recognizes the role of the ARC in state and local disasters, including providing family assistance, crisis intervention, advocacy, education and referral.
- F. Both agencies recognize that through cooperation and joint planning mental health response efforts will more effectively meet the needs of persons affected by disaster.

IV. METHODS OF COOPERATION

- A. The _____ and the ARC/___ will maintain close liaison and communication through designated representatives from the ARC and _____. The liaison and communications shall be subject to federal and state confidentiality laws.
- B. All participating mental health professionals will be required to complete the Red Cross Disaster Mental Health course, which certifies them as Red Cross volunteers for work at the site of disasters. The ARC/___ will make this course available as part of its preparedness efforts.
- C. Notification: The _____ and ARC/___ will inform each other concerning emerging disaster situations where a mental health presence may be needed. Contact information for on-call emergency volunteer workers will be maintained by each agency and protocols for method of contact in case of emergency will be followed. Recruitment of mental health workers for Red Cross Disaster Operations will be based on the needs of the operation and is the determination of Red Cross operations leadership.
- D. Recruitment: The ARC/___ will follow normal disaster operations procedures for the recruitment of Disaster Mental Health personnel and identify the function lead for the operation. The ARC, when possible, will provide timely recruitment information to the _____ that includes the type and extent of the disaster,

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number of personnel needed, level and/or experience needed, length of assignment and location of disaster relief operation.

- E. Disaster Operations: To ensure close coordination, ongoing liaison will be maintained between the ARC and the _____.
- F. Assignment Settings: Assignments for _____ volunteers participating in ARC disaster mental health services may include, but are not limited to: all designated ARC facilities including shelters, emergency aid stations, service centers, mobile or stationary feeding sites, family assistance centers, staffing centers, headquarters and disaster sites serving disaster victims or disaster workers. Protocols for each type of assignment will follow established ARC guidelines and may, to the extent permitted by these guidelines, allow for development and refinement of procedures appropriate to _____ County.
- G. Participating mental health personnel will serve as ARC volunteers while assigned to an operation and will be covered by ARC general liability insurance, as provided in the ARC Disaster Mental Health Services Procedures and Regulations Guide #ARC3043.
- H. The _____ will maintain rosters of trained personnel who can be called on when disaster strikes. The ARC will provide ARC volunteer identification and other appropriate supplies for _____ volunteers.
- I. Both the _____ and ARC/____ will collaborate and share information regarding ongoing services available to disaster victims and other affected persons via ARC programs, _____ services, FEMA funded or other disaster grant funded programs, and/or other agency resources.
- J. The _____ and the ARC/CMC will extend their best efforts to reflect program changes and updated methods of operation in this agreement, in the _____ All Hazards Disaster Response Plan, in the _____ County EOP, and in service delivery.

Either agency may terminate this memorandum of understanding by giving 30 days written notice to the other organization.

SIGNATURES

_____, Director Emergency Services (Date)
American Red Cross, _____ Chapter

_____, Executive Director (Date)
_____ County Mental Health
Authority

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APPENIX B:

ESF #8: MENTAL HEALTH ANNEX

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EMERGENCY OPERATIONS PLAN

Emergency Support Function # 8

Mental Health Annex

Primary Agency: _____ County Mental Health Authority

Support Agencies: _____ County Health Department
Maryland Department of Health and Mental Hygiene
American Red Cross, _____ Chapter
Maryland Association of Core Service Agencies (MACSA)

Introduction

A. Purpose:

The purpose of this sub function is to coordinate individual psychological support and mental health crisis counseling to persons affected by the disaster, including victims and rescue personnel, to assist them in coping with the situation and conditions they have encountered during disaster operations and following the event.

B. Scope of Operations:

This sub function applies to all victims of the disaster and personnel assigned to emergency oriented missions in _____ County.

Operating Principles

A. Situation:

1. Victims of a disaster frequently need psychological “first aid” to help them cope with the immediate situation and after the disaster, when determined necessary, to address posttraumatic stress disorders.
2. Many emergency workers can suffer both short-term and long-term psychological reactions to the sometimes violent and devastating circumstances they are exposed to during emergency and disaster operations.
3. General information only will be provided to public information officials to share with media outlets.

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B. Concept of Operations:

1. All disasters have some effect on the mental well being of their victims.
2. Normal communications channels may be disrupted and victims may not be able to contact their relatives.
3. Following a disaster, many victims have intense feelings of guilt, anger, frustration, etc. that requires crisis intervention and/or emotional support to deal with the situation.
4. Rapid deployment of mental health counselors to assist disaster victims and/or grieving family members is essential to address what has happened and to implement effective recovery actions.
5. All crisis-counseling services are voluntary for victims and rescue personnel.

C. Organization:

_____ County Mental Health Authority:

- a. Act as the mental health leader in policy discussions with other ESF #8 responsible agencies;
- b. Assure all levels of mental health personnel are trained and maintain disaster response readiness;
- c. Coordinate mental health shelter services with the American Red Cross;
- d. Coordinate mental health hotline services in the event of a surge capacity at Grassroots;
- e. Collect, compile and report information and data as appropriate; and
- f. Track the use of resources.

D. Mitigation and Preparedness Activities:

1. Develop policies and procedures for implementation during and following emergency operations.
2. Recruit mental health volunteers and maintain on-call disaster mental health volunteer list.
3. Provide or procure training for mental health volunteer workers who have been recruited to work in disasters.

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4. Develop and maintain database of resources, including needs of special populations, interpreters, language banks, clergy, family and peer support groups.
5. Develop Memorandum of Understanding with mutual aid organizations and agencies for implementation during emergency operations or immediately after the disaster.
6. Coordinate mental health disaster planning efforts with the Department of Health and Mental Hygiene, Mental Hygiene Administration and _____ County agencies, including but not limited to the Health Department, Office of the County Executive [or County Commissioners], Emergency Medical Personnel, and _____ [hotline].
7. Identify individuals and programs available locally for delivering crisis counseling to persons affected by disasters in _____ County.
8. Develop Crisis Intervention Teams.

E. Mobilization, Response and Recovery Actions:

1. Attend briefings; coordinate activities with State and other local disaster relevant organizations.
2. Set up work area(s), report needs to EOC, and initiate response/recovery operations as dictated by situation.
3. In collaboration with the State Mental Hygiene Director, determine if _____ [hotline] will be provided with risk communication material to respond to the event.
4. Alert and/or mobilize on-call volunteer mental health disaster workers to assist with disaster mental health activities in shelters or other sites where community members are gathering to assist with counseling disaster victims.
5. Identify and when determined necessary, obtain mutual aid resources.
6. Brief _____ County Mental Health Authority staff and mental health disaster teams on the scope of the disaster, contact persons, record keeping procedures, work assignments and other policies and procedures.
7. Maintain log of activities, messages, etc.
8. Implement procedures for tracking persons referred to mental health agencies.
9. In the event the disaster is proclaimed a national disaster, coordinate activities with the Department of Health and Mental Hygiene, the Maryland Emergency

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Management Agency (MEMA) and the Federal Emergency Management Agency (FEMA) to determine whether a proposal for a FEMA Immediate Services Program grant is needed.

10. Conduct outreach and case finding activities and provide mental health consultation services as needed.
11. Respond to psychiatric emergencies.
12. Assess needs for disaster mental health recovery services based on service records and other indicators.
13. Debrief mental health volunteer workers daily and at the end of their assigned duties.
14. Evaluate the disaster response and develop recommendations to improve planning, response and recovery activities.

F. Training:

1. Several private agencies provide courses in crisis intervention, mental health disaster response and critical incident stress management, e.g., the American Red Cross, the Critical Incident Stress Management Foundation, the National Guard, FEMA, NOVA, etc.
2. The Department of Health and Mental Hygiene, Mental Hygiene Administration may provide training.