

New York State County Disaster Mental Health Planning and Response Guide

**A Guide for County Directors of Mental Health and Community
Services**

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This guide was developed by Jack Herrmann, MSEd., NCC using both original concepts and those available in the public domain. This guide was produced under a collaboration between the University of Rochester, the New York State Office of Mental Health and the New York State Department of Health and made possible by a grant from the Health Resources and Services Administration (HRSA) Grant No. 15-0205-02 and 15-0255-03.

The ***County Mental Health Disaster Planning and Response Guide*** provides specific information and resources to assist the county Director of Community Services (DCS) in the development of a comprehensive county mental health disaster plan. The Guide follows the disaster management continuum and takes into consideration the important aspects of Planning and Preparedness, Mitigation, Response, Recovery, and Evaluation.

It is recommended the DCS review his/her plan routinely so new information in the field of disaster mental health may be integrated into the plan in a timely manner. Key contact information for vendors, volunteers, employees, and others should be reviewed every six months and the plan updated accordingly.

1. General Overview

1.1 Planning/Preparedness

- Convene a county Disaster Mental Health Advisory Committee
- Review the county's Emergency Management Disaster Plan
- Review the disaster mental health plan of your local American Red Cross and other disaster mental health response agencies in your community
- Develop a comprehensive county disaster mental health response and recovery plan
- Develop county disaster mental health response teams
- Establish county Memorandum of Understandings (MOU) with community partners
- Participate in county disaster drills and exercises

1.2 Mitigation

- Identify high risk areas and populations within the county and its contiguous borders
- Develop disaster-related educational brochures (i.e., psychological impact of disasters and how to seek help, recover, etc.) and distribute to high risk areas and populations

1.3 Response

- Activate response protocols for County disaster mental health teams
- Coordinate resource deployment and service provision with other community-based disaster mental health teams
- Assess mental health needs of the affected community
- Initiate early phase supportive interventions
- Identify high risk populations and implement the appropriate early phase interventions
- Distribute public mental health educational materials
- Collaborate with county government around risk communication
- Re-assess and evaluate mental health needs of the affected community

1.4 Recovery

- Assess and evaluate the intermediate and long-term mental health needs of the affected community
- Identify community resources to provide intermediate and long-term mental health and substance abuse treatment
- Train mental health/health practitioners in long-term mental health and substance abuse treatment interventions
- Implement supportive interventions for DMH teams and other disaster personnel

1.5 Evaluation

- Conduct periodic disaster drills and tabletop exercises

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- Following a disaster or a drill or exercise, convene an 'after action' committee to review preparedness, mitigation, response, and recovery issues and activities and make necessary updates and changes.

2. Planning and Preparedness

2.1 Convene a Disaster Mental Health Advisory Committee

The involvement of and collaboration with a wide variety of public and private agencies and organizations is strongly encouraged. Planners may find it useful to sort the planning process into 'topic' specific task groups or subcommittees addressing such areas as legal issues, recruitment and training issues, operational and deployment protocols, 'special incidents' planning etc. A vibrant and comprehensive mental health disaster plan is highly correlated with the collaboration and diversity of participants involved in its development. Effort should be made to invite participants from multidisciplinary backgrounds and experiences. Representatives from the following list of public and private agencies and organizations might be invited to serve on the overall advisory committee or its topic specific task groups:

2.1.1 County/City Stakeholders

- Office of Emergency Preparedness
- Department of Health/Public Health
- Office of the Medical Examiner
- Department of Health and Human Services
- Department of Human Resources Management
- Department of Information Technology
- Department of Legal Affairs/Risk Management
- Law Enforcement, Fire, and Emergency Medical Services
- Business Community
- School Districts/Universities/Colleges
- Correctional Facilities
- Airport Administration Officials

2.1.2 Regional/State/Federal Stakeholders

- New York State Office of Mental Health (Field Office)
- New York State Department of Health (Regional Office)
- Regional Resource Center/Hospital Bioterrorism Preparedness Program
- New York State Office of Alcohol and Substance Abuse Services (Regional Office)
- New York State Office of Mental Retardation/Developmental Disabilities (Regional Office)
- New York State Emergency Management Office (Regional Office)
- New York State Office of Mental Health Psychiatric Centers
- U.S. Department of Corrections (Federal Prisons)
- U.S. Veterans Affairs
- U.S. Military Installations

2.1.3 Other Public/Private Agencies and Organizations

- American Red Cross
- Salvation Army
- Academic Medical Centers
- Community Hospitals and Healthcare Facilities
- Mental Health Associations
- Home Health Agencies

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- Tribal Nations
- Nuclear Power Facilities
- Faith Organizations
- Transportation Companies (rail, bus, air)
- Private Schools/Universities/Colleges
- Business and Industrial Community
- Veterinary Associations
- Special populations (those agencies or advocates representing children, elders, individuals with emotional and physical challenges, various ethnic/cultural populations such as Hispanic, African American, Asian, Mennonite, deaf/hard of hearing, etc.)
- Private Residential Care Facilities

2.2 Review Your County Disaster Plan

The county's mental health disaster plan is one component of each county's overall community-wide disaster plan. To obtain a copy of the County Disaster Plan, contact the County Emergency Manager or Director of Emergency Preparedness. Each county plan should include a general overview of the authority of the County Department of Mental Health during the event of a disaster. In reviewing the county's disaster plan, pay particular attention to the county's

- Potential disaster hazards and risks
- Disaster history
- Special plans (or Annexes) which identify specific roles, responsibilities, or procedures the County will engage in related to the type of disaster. For example, many counties have elected to develop special plans in the event of:
 - ◆ Aviation or other transportation accidents
 - ◆ Weapons of Mass Destruction incidents
 - ◆ Radiological/Nuclear incidents
 - ◆ Hazardous Materials (HazMat) incidents
 - ◆ Public health emergencies (such as SARS, Influenza, and other communicable diseases)
- Review data on the geographical and population demographics of the county as well as data on the risk groups below. The DCS may also want to collaborate with the county's Geographic Information Systems (GIS) group to map out specific risk groups:
 - ◆ Rural vs. urban communities
 - ◆ Individuals living in flood plains
 - ◆ Individuals living on earthquake fault lines
 - ◆ Children, Elderly, deaf/hard of hearing
 - ◆ Schools, colleges, and universities
 - ◆ Ethnic/cultural populations
 - ◆ Religious communities
 - ◆ Group homes or assisted living facilities (mental health, substance abuse treatment, MR/DD)
 - ◆ Nuclear Power and other energy facilities
 - ◆ Business and Industry, especially those which may be high risk targets for acts of terrorism

- ◆ Disaster/emergency relief personnel

2.3 Review Disaster Plans for Local Disaster Response Agencies

A county's local chapter of the American Red Cross is responsible for meeting the short-term or immediate disaster related needs of a community during times of disaster. A community may also have other organizations that have disaster-related service missions. Identify such agencies and request and review copies of their respective disaster plans. Identify opportunities to collaborate and reduce redundancies in service provision, where appropriate.

2.4 Develop a Comprehensive Mental Health Disaster Plan

Preparing for, responding to, and recovering from disaster is predicated on a comprehensive disaster mental health plan. Development of this plan should include representatives from across professional disciplines as well as those from the public and private sectors. Once the plan is completed, it should be shared with and reviewed by a wide audience, especially those who have direct responsibility for carrying out specific tasks and roles identified in the plan. Listed below are key elements of a mental health disaster plan. Further information regarding these key elements may be found in the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Mental Health All-Hazards Guidance Document, 2003 [see References and Resources section, Appendix A page 15].

2.4.1 Mental Health Disaster Plan-Key Elements

- Statement of Purpose
 - ◆ A statement of the general purpose of the plan and how it is intended to be used
- General Assumptions
 - ◆ This information should include an overview of the responsibilities of the County Department of Mental Health, highest probability scenarios, as well as special considerations having significant impact on planning, including vulnerable populations, special facilities, etc.
- Concept of Operation
 - ◆ Include the County DCS's approach to an emergency situation: jurisdictional responsibilities; sequence of action before, during and following an event; requests for aid, etc. This section is intended to be relatively brief, providing only the most general overview, primarily for readers of the plan who will not need the level of detail contained in the remainder of the plan.
- Citation of legal authorities and reference documents
 - ◆ Reference the specific legal authorities that enable the County Department of Mental Health to fulfill the elements of the plan or to maintain existing services. In the event the County Department of Mental Health mobilizes and deploys paid staff and volunteers to provide disaster mental health services on behalf of the County, reference should be made in the plan as to what legal authority authorizes such deployment and how employee or volunteer liability will be covered in the event of a disaster-related accident or injury.
- Organization and Assignment of Responsibilities
 - ◆ Identify tasks (within the County Department of Mental Health, other County Departments, outside agencies) to be performed and positions and organizations responsible for carrying out these tasks.
 - ◆ Identify who is responsible for modifying and updating the disaster mental health plan and how often.
 - ◆ Identify the level of integration of preparedness and coordination of operations with other important components of local government (i.e., health/public health departments, substance

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abuse agencies, criminal justice agencies, mental retardation/developmental disabilities agencies, etc.).

- Administration, Logistics, Legal Issues
 - ◆ Policies and procedures regarding releasing personnel home, holding personnel in place, recalling essential personnel, and facilities evacuation (for County Department of Mental Health personnel and facilities).
 - ◆ Procedures for record keeping of program activities, expenditures and obligations, human resource utilization and situational reports.
 - ◆ Procedures for the management of both pre-identified and spontaneous volunteers.
 - ◆ Procedures for feeding, sheltering, transporting, and supervising personnel.
 - ◆ Procedures for the repair/replacement of essential equipment (radios, computers, cell phones).
 - ◆ Arrange for personnel to have identification badges and address and resolve potential access issues with law enforcement or other related agencies.
 - ◆ Address issues of licensing, personal, professional and organization liability, patient records management, informed consent, confidentiality, emergency evaluation or commitment laws, and duty to report laws.
- Communications
 - ◆ Procedures and methods for notifying county mental health personnel, facilities, services providers, and appropriate others.
 - ◆ Alternative plans in the event of failed communication capability.
 - ◆ Identify the availability of technical consultation.
- Public Information
 - ◆ Identify policies and responsibilities for dissemination of public mental health information.
 - ◆ Identify external populations that may need special warning and procedures for implementing such warnings (i.e., deaf and hard of hearing populations).
 - ◆ Describe the relationship with the county Public Information Officer.
 - ◆ Identify the availability of public information material (fact sheets, guides, multiple languages, access to services, etc.).
 - ◆ Identify a process for distributing educational and other materials to mental health service sites
 - ◆ Identify experts and resources outside the County Department of Mental Health that may be utilized as consultants or advisors during times of disaster.
- Evacuation
 - ◆ Develop evacuation procedures for county mental health offices and facilities.
 - ◆ Identify alternate sites and facilities.
- Collaboration with other agencies
 - ◆ Coordinate with American Red Cross Disaster Mental Health Services
 - ◆ Coordinate with community hospitals, mental health centers and other mental health service providers.
- Resource Management

- ◆ Identify how the County Department of Mental Health will find, obtain, allocate, and distribute necessary resources (i.e., personnel, transportation, communications equipment, mutual aid, management of spontaneous volunteers, etc.).
- Special Response Plans
 - ◆ Develop special response plans for high risk events or incidents in which the County Department of Mental Health or its facilities has special jurisdiction or responsibility (i.e., aviation disasters, nuclear power facility accidents, weapons of mass destruction events).
- Continuity of Operations
 - ◆ Describe how the County Department of Mental Health will maintain or re-establish vital functions (those services mandated by State or county regulations) of the department during the first 72 hours following an event that seriously compromises or disrupts normal operations.
 - ◆ Identify and address procedures for restoring vital records and data management within 72 hours.
 - ◆ Procedures for the identification of essential personnel, staff notification, staff and family support, and staff transportation.
 - ◆ Identify alternate locations for essential operations.
 - ◆ Identify alternate sites for vital records (e.g. duplicate copies of the disaster plan, personnel rosters, etc. should be located off site should existing sites be destroyed or are inaccessible).
- Other Planning Considerations
 - ◆ Identify a plan to prepare and support County Department of Mental Health personnel during and following deployment (i.e., physical health, mental health, family support).
 - ◆ Ensure the County Department of Mental Health's role in disaster training drills and exercises
 - ◆ Collaborate with county's GIS department to map high risk geographical areas and populations.
 - ◆ Develop a list of federal, state and local mental health and substance abuse treatment facilities, contact names, and telephone numbers (including alternate modes of contact).

2.5 Develop Disaster Mental Health Response Teams

A county disaster mental health response team provides a significant resource to the community. Following a disaster, the majority of those affected will experience a range of reactions that can be both stressful and impact personal functioning. Disaster mental health response teams provide important supportive mental health interventions that may mitigate both the acute and long-term psychological consequences of disaster. Consideration must be given to the key issues listed below in the development of a county disaster mental health response team:

- Risk Management: If utilizing volunteers, address professional liability issues such as malpractice, workplace injury, etc. If utilizing County Department of Mental Health personnel, address how employees will be compensated for time worked as well as limitations on employee number of work hours/days.
- Selection Criteria: Team members should meet minimum educational standards as well as possess documented experience in providing disaster mental health or other trauma-related support services.
- Application and review process: Team members should complete an application highlighting his/her education and clinical experience. Requiring letters of reference is highly encouraged. A thorough review process should be conducted and include the identification of any criminal or legal history as well as a review of the member's professional license for any professional misconduct or sanctions.

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- Recruitment: Teams should be representative of the community in which they are deployed. Teams should be comprised of members from various cultural/ethnic backgrounds, represent a range of academic mental health disciplines, and possess rich clinical and practical experience. Below is a list of potential recruitment sites:
 - ◆ Local public/private mental health and substance abuse treatment facilities
 - ◆ Community-based private practitioners
 - ◆ Professional associations-State/Local branches (i.e., American Psychiatric Association, American Psychological Association, American Counselors Association, National Association of Social Workers, American Psychiatric Nurses Association).
- Training: The skills required by disaster mental health response team members are not typically offered through traditional clinical graduate mental health programs. A rigorous training protocol highlighting the necessary intervention skills and response protocols should be provided for disaster mental health workers prior to joining the team. Team members should be provided with on going training and education to maintain and enhance their disaster mental health response skills as well as to keep abreast of changes in the field. The following trainings are recommended and encouraged:
 - ◆ Disaster Mental Health: A Critical Response curriculum (UR/NYS OMH/DOH)
 - ◆ Disaster Mental Health Services curriculum(American Red Cross)
 - ◆ Risk Communication (NYS DOH)
 - ◆ Incident Command System (FEMA)
 - ◆ Other Supplemental Training
 - First Aid, CPR, Disaster Health Services, Disaster Casework, (American Red Cross).
 - Training to enhance skills in crisis intervention, grief counseling, death notification, mass casualty/fatality, and special populations.
 - ◆ Training spontaneous volunteers in disaster mental health or in mental health interventions with special populations may need to be offered during the disaster relief operation so that spontaneous volunteers may be utilized to augment insufficient or depleted human resources
- Position Descriptions: All team members should be provided with a position description clearly outlining their roles and responsibilities on the response team. Descriptions should be developed for the following positions:
 - ◆ County Mental Health Director
 - ◆ Response Team Coordinator
 - ◆ Response Team Leader
 - ◆ Response Team Member
 - ◆ Other positions as determined
- Credentialing: Team members should be credentialed prior to joining the team. This involves verifying the professional license of the individual and the clinical training necessary to work with those impacted by disaster. Once verified, team members should be provided with identification badges. A process for routinely verifying and credentialing volunteers, especially spontaneous volunteers, should also be developed. It is advisable not to deploy spontaneous volunteers unless their educational and clinical backgrounds can be verified.
- Tracking: Monitoring the availability of team resources is imperative to effective disaster response. Methods should be developed for tracking the recruitment and training of team

members. Tracking should also include a mechanism for identifying members who may volunteer with more than one response team in an effort to reduce redundancies in available disaster mental health response resources across agencies. It is important to clarify deployment priorities and expectations for those members who do volunteer with multiple relief agencies.

- Mobilization and Deployment Process: The county mental disaster health plan should include a comprehensive mobilization and deployment process so mental health interventions may be offered “to the right people at the right time.” These processes should ensure that team members are deployed to safe environments and their activities monitored from a risk management perspective. Spontaneous or ‘self’ deployment should be discouraged. It is highly recommended that team members be deployed to a separate, off-site volunteer processing center prior to deployment to their work assignments.

2.6 *Establish Memorandum of Understanding with Community Partners*

A Memorandum of Understanding (MOU) should be developed between the County Department of Mental Health and any agency or vendor identified in the plan that provides disaster mental health services or human and/or material resources to carry out the activities of the plan. These MOUs should clearly articulate the roles and responsibilities of the partner agencies and the mechanisms and procedures for carrying out such duties. MOUs should be reviewed and cleared by the County’s legal and risk management department.

2.7 Participate in County Disaster Drills and Exercises

Counties are often required to hold community wide drills or exercises on a yearly or biyearly basis as required by the State Emergency Management Office. Other county or community agencies may also be required to hold similar drills and exercises (i.e. County airport, nuclear power facilities, hospitals, etc.). The County Department of Mental Health should take the opportunity to participate in these drills and exercises with the goal of evaluating the operational aspects of their plan in addition to building relationships with community and county partners.

3. Mitigation

3.1 Identify High Risk Areas and Populations

The County Department of Mental Health must work in collaboration with the County Office of Emergency Preparedness to identify potential high risk disaster areas or populations within the county or its contiguous borders. These areas should be mapped and routinely reviewed by disaster mental health team members. Individuals from these high risk areas and populations can face significant psychological stressors in the aftermath of disaster. Efforts should be made to reach out to high risk groups and areas and provide pre-disaster education which has been found to be successful in potentially mitigating acute and long-term psychological consequences of disaster. Disaster mental health research, though limited, suggests the following populations may be at heightened risk for developing significant stress reactions or psychiatric illness following disaster:

- Children
- Female gender, especially married women
- Adults in their Middle Years, especially parents, pregnant mothers
- Frail elders, especially those with physical health complications
- Ethnic minorities
- Individuals with pre-existing psychiatric or substance abuse disorders
- First Responders, especially law enforcement, firefighters, emergency services with insufficient training and experience.
- Poverty, lower socioeconomic status (SES)

3.2 Develop Disaster-Related Informational and Educational Brochures

Providing information to individuals about disaster preparedness and the anticipated psychological consequences following disaster may be an important preventative approach to mitigating such reactions. Informational brochures addressing personal, family and work life disaster planning, common post-disaster stress reactions and community resources available to meet the disaster related-needs of those impacted by disaster are important areas to highlight prior to disaster. These materials should be available in multiple languages specific to the population-based needs of your County.

3.3 Develop Operational Protocols to Manage Spontaneous Volunteers

Disaster history and experience suggests that a significant number of individuals will spontaneously present as volunteers following large scale disasters. Establishing protocols to screen, train, and deploy these spontaneous volunteers is critical to the disaster mental health operation. Counties must also address risk and liability issues inherent in volunteer management.

4. Response

4.1 Activate Response Protocols for Disaster Mental Health Team(s)

An effective response protocol is predicated on the clear and concise descriptions of the roles and responsibilities of those involved in the response. It is highly advised that the County's disaster plan incorporate a process by which the County DCS is notified and advised of local disaster events. This

communication allows for the timely assessment and provision of immediate mental health interventions that can potentially mitigate acute, intermediate and long-term stress reactions in the community. The mental health disaster plan should include response protocols for a limited-team versus a full-team deployment. Team members should be advised as to the nature of the event, where they will report for their briefing and work assignment, and other issues that potentially impact their safety and security.

To maintain resource and scene management mental health response teams should be deployed according to the circumstances of the incident, availability of service sites, and number of victims involved. Many times, the 'sense of immediacy to respond' and the response chaos inherent in disaster, results in mass deployment. Care should be taken to provide service across the disaster response and recovery timeline and only once the need is assessed, verified and logistical arrangements have been addressed. Staggering team member deployment will also prevent exhausting your resource pool prematurely.

Prior to service site deployment, team members should be provided with appropriate identification and oriented to what is known about the event at that point in time. Specific information regarding victim demographics, safety and security issues, the service delivery plan, and other pertinent details of the incident or response should be provided. Team members should also be advised and provided with the names of their administrative (work site) and technical (clinical) supervisors and clear expectations and protocols regarding the use of such supervisors. Expectations regarding telephone contact and periodic updates with county disaster mental health administrative leaders should also be addressed.

4.2 *Coordination with Other Community Disaster Mental Health Teams*

As mentioned earlier in the planning and preparedness section, efforts should be made to identify other disaster mental health teams or resources located in your county. Further effort should be made to coordinate response to avoid duplication of services, or more importantly, disruption or absence of such service. At times, disaster mental health teams from outside the community may self deploy or be requested to augment local county teams. In these situations, coordination and clarification of roles and responsibilities is also important to address and resolve.

4.3 *Assess the Mental Health Needs of the Impacted Population*

Information concerning the psychological impact the disaster has had on a community and the potential long-term effects should be gathered as expeditiously as possible. In collaboration with emergency response officials, selected team members may be deployed to gather information from community representatives regarding the impact the disaster has had on 'at-risk' populations previously identified.

4.4 *Initiate Early Phase Supportive Interventions*

In the initial aftermath of a disaster individuals will be primarily focused on addressing their immediate disaster-related needs such as receiving first aid for injuries suffered in the disaster, locating lost or missing family members, obtaining food, water, and clothing and seeking shelter. While not all disaster victims will require extensive mental health intervention, some individuals, based upon the circumstances of the disaster as well as their own individual characteristics (see page 10), may require more focused mental health support. Early phase supportive interventions usually involve providing basic comfort care while assessing the individuals for stress reactions that might signal future psychological complications. Pre-disaster training for response team members should include orientation and skill development in approved disaster mental health interventions as those indicated below. Interventions that exceed the provision of basic supportive care may in fact be harmful.

Early Phase Supportive Interventions

- Psychological First Aid
- Crisis Intervention
- Bereavement counseling

4.5 Identify High Risk Populations and Implement Appropriate Early Phase Interventions

While the majority of individuals impacted by disaster are likely to experience some stress reactions, many of these reactions are usually transitory and typically resolve within a short period of time. There are, however, some disaster survivors who will go on to develop more significant psychiatric complications. Previous disaster research has suggested certain disaster characteristics or those of certain individuals could place someone more at risk for developing severe stress reactions (see page 10). Efforts should be made to identify high risk populations and provide them with supportive interventions that could mitigate long-term psychological consequences. Reach out to individuals who may represent such risk groups and work collaboratively to address these issues.

4.6 Distribute Public Mental Health Educational Materials

Research suggests that mental health resiliency following disaster may be enhanced through the provision of educational materials that describe the common stress reactions and the methods and services available to respond to such reactions. Efforts should be made to release this information as soon as possible after disaster strikes. These educational materials may need to be translated into languages other than English depending upon the needs of your County and be released repeatedly over a period of time following disaster.

4.7 Collaborate with County Government in Risk Communication

In the event of a disaster, local county government must provide periodic information and updates regarding the county's disaster response and recovery plan. The content of such information should be reviewed by disaster mental health risk communications experts in an effort to mitigate any adverse psychological reactions by the community. The County DCS or other disaster mental health expert should be consulted when preparing these disaster bulletins or updates. Mental health consultants in these roles should be provided with the appropriate Risk Communications training prior to disaster.

4.8 Implement Supportive Interventions for Disaster Mental Health Teams

Meeting the mental health needs of a community following disaster can be considerably stressful to those mental health professionals providing such aid. It is highly suggested that protocols and resources be developed and offered to meet the mental health needs of disaster mental health teams and others administering care to disaster survivors. Resources and ideas for providing mental health support to mental health professionals can be found in the Reference and Resources section, Appendix A of this guide.

5. Recovery

5.1 Evaluate the Intermediate and Long-Term Mental Health Needs of the Community

Disaster mental health research suggests that while most of a disaster-impacted community will experience a range of stress reactions, these reactions are usually mild and transitory. It has also been found that a minority of individuals may develop more moderate to severe psychological reactions that over time, if untreated, may develop into such psychiatric disorders as Acute Stress Disorder, Major Depression, Post-Traumatic Stress Disorder, or Generalized Anxiety Disorder. Pre-disaster substance abuse and

dependence disorders were also found to be exacerbated by disaster. With this in mind it is highly recommended that counties use systematic screening approaches to prioritize the delivery of more intensive mental health services. Outreach efforts must be implemented in the impacted community in a timely fashion so that a better understanding of the long-term mental health needs can be evaluated.

5.2 Identify Community Resources to Provide Mental Health and Substance Abuse Services

As indicated earlier in the Planning and Preparedness section, a county mental health disaster plan should include a listing of local mental health and substance abuse treatment facilities and individual providers willing to treat disaster survivors. Providers should possess the requisite education and training experience to evaluate and assess the range of intermediate and long-term psychological symptoms and psychiatric and substance abuse disorders in survivors resulting from disaster. Depending on the size and scope of the disaster, financial assistance to provide intermediate and long-term mental health treatment may be available. County mental health officials should utilize their regional and state office of mental health representatives to explore such options.

5.3 Train Mental Health Professionals in Intermediate and Long-Term Mental Health Treatment Interventions

In the event of a large scale disaster, the County Department of Mental Health must project the long-term mental health implications on the community. Training opportunities in intermediate and long-term mental health interventions will be required. Below is a list of mental health treatment modalities commonly used for those individuals suffering significant post-disaster psychological consequences. These modalities have varying levels of scientific evidence supporting their efficacy.

Intermediate/Long-Term Treatment Approaches

- Cognitive-behavioral therapy
- Phase-oriented treatment
- Brief dynamic therapy
- Psychopharmacology/Pharmacotherapy

Efforts should be made to train mental health professionals in these treatment approaches prior to or shortly after disaster strikes the community.

5.4 Implement Supportive Interventions for DMH Teams and Other Disaster Personnel

As mentioned previously, providing mental health support to disaster survivors, in and of itself can be stressful. Because mental health professionals are not immune to stress reactions in the context of their work, it is highly suggested that ongoing support services are offered to mental health response team members and other disaster relief workers, especially in the long-term recovery phase of disaster. Special care should be taken to administer only those supportive interventions that are recognized as efficacious by the disaster mental health field. (See *Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence*, on page 15 of Appendix A: Resources and References).

6. Evaluation

6.1 *Conduct Periodic Disaster Drills and Tabletop Exercises*

Reviewing and evaluating the county's mental health disaster plan can ensure an effective response that meets or exceeds the mental health needs of a community. A successful plan will include an evaluation component where specific protocols and processes are reviewed, tested, and evaluated for their efficacy and result. State and County emergency management practices often include periodic drills and exercises. It is highly suggested that components of the disaster mental health plan be included in these drills and exercises. Such drills might include a periodic call down of mental health team members to evaluate availability and response times; tabletop exercises which evaluate the Department's ability to coordinate and deploy multiple internal and external agencies providing mental health resources; and special drills which might involve establishing a community family assistance center following a mass casualty incident or Point of Dispensing clinic typically used in responding to public health emergencies.

6.2 *Convene an "After Action" Committee Following the Implementation of the Mental Health Disaster Plan*

In the event that the Disaster Mental Health Plan is activated, arrangements should be made as soon as possible to review the results of the activation. Special attentions should be given to specific response and recovery activities associated with the plan. Opportunities to identify and revise specific planning, preparedness and mitigation efforts should also be addressed.

7. Appendix A: References and Resources

7.1 Planning Tools and Technical Resources

CDC Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors, 2004

Department of Health and Human Services, Centers for Disease Control and Prevention
<http://www.bt.cdc.gov/planning/pdf/cdcreponseguide.pdf>

Community Guidelines for Developing a Spontaneous Volunteer Plan

Illinois Terrorism Task Force Committee on Volunteers and Donations
<http://www.state.il.us/iema/spontvol.PDF>

Disaster Technical Assistance Center

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services
<http://www.mentalhealth.samhsa.gov/dtac/>

Early Intervention for Trauma in Adults: A Framework for First Aid and Secondary Prevention

Litz, B.T. and Gray, M.J., In "Early Intervention for Trauma and Traumatic Loss." Edited by Brett T. Litz. The Guilford Press, 2004. Pp 87-111.

Mental Health All-Hazards Guidance Document, 2003

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services
<http://media.shs.net/ken/pdf/SMA03-3829/All-HazGuide.pdf>

Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence

National Institute of Mental Health (2002)
<http://www.nimh.nih.gov/publicat/massviolence.pdf>

National Center for Post Traumatic Stress Disorder

www.ncptsd.org

National Institute of Mental Health

www.nimh.gov

National Memorial Institute for the Prevention of Terrorism

www.mipt.org

New York State Education Department, Office of the Professions, Online Verification

<http://www.op.nysed.gov/opsearches.htm>

New York Office of Alcoholism and Substance Abuse Services

<http://www.oasas.state.ny.us/www/home.cfm>

State mental Health Authorities' Response to Terrorism, 2004

National Association of State Mental Health Directors

http://www.nasmhpd.org/general_files/publications/med_directors_pubs/Med%20Dir%20Terrorism%20Rpt%20-%20final.pdf

7.2 Risk Communication

Communicating in a Crisis: Risk Communication Guidelines for Public Officials

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), 2002

<http://www.riskcommunication.samhsa.gov/index.htm>

7.3 Disaster-Related Agencies and Programs

American Red Cross

www.redcross.org

Department of Homeland Security

www.dhs.gov

Federal Emergency Management Agency (FEMA)

www.fema.gov

National Voluntary Organizations Active in Disaster (VOAD)

www.nvoad.org

New York State Emergency Management Office (SEMO)

<http://www.nysemo.state.ny.us/>

Project Liberty

New York State Office of Mental Health (OMH)

<http://www.projectliberty.state.ny.us/>

7.4 Special Populations

American Academy of Child & Adolescent Psychiatry

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

Crisis Counseling Guide to Children and Families in Disasters

New York State Office of Mental Health

<http://www.omh.state.ny.us/omhweb/crisis/crisiscounselingguide.pdf>

Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations (2003)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services.

<http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA03-3828/default.asp>

Disaster Mental Health: Crisis Counseling Programs for the Rural Community (1999)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services.

<http://www.mentalhealth.org/publications/allpubs/sma99-3378/default.asp>

Psychosocial Issues for Older Adults in Disasters (1999)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services.

<http://media.shs.net/ken/pdf/SMA99-3323/99-821.pdf>

Responding to the Needs of People with Serious and Persistent Mental Illness in Times of Major Disaster (1996)

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services.

<http://www.mentalhealth.org/publications/allpubs/SMA96-3077/default.asp>

Tips for Talking About Traumatic Events

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services.

<http://www.mentalhealth.samhsa.gov/cmhs/TraumaticEvents/tips.asp>

The National Child Traumatic Stress Network

<http://www.nctsnet.org/>

7.5 Intervention Resources

Early Intervention for Trauma in Adults: A Framework for First Aid and Secondary Prevention

Litz, B.T. and Gray, M.J., In “Early Intervention for Trauma and Traumatic Loss.” Edited by Brett T. Litz. The Guilford Press, 2004. Pp 87-111.

Grief Counseling Resource Guide

New York State Office of Mental Health
<http://www.omh.state.ny.us/omhweb/grief/>

Mental Health Intervention for Disaster

National Center for Post-Traumatic Stress Disorders (NCPTSD)
http://www.ncptsd.org/facts/disasters/fs_treatment_disaster.html

7.6 Training Resources

Disaster Mental Health: A Critical Response

University of Rochester Center for Disaster Medicine and Emergency Preparedness
www.centerfordisastermedicine.org

Field Manual for Mental Health and Human Service Workers in Major Disasters

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (2000)
<http://www.mentalhealth.samhsa.gov/publications/allpubs/ADM90-537/Default.asp>

Mental Health Response to Mass Violence and Terrorism: A Training Manual

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services
www.samhsa.gov

National Disaster Mental Health Training Program

National Center for Post Traumatic Stress Disorder (NCPTSD)
http://www.ncptsd.org/about/training/ndmh_training.html

Triumph Over Tragedy: A Community Response to Managing Trauma in Times of Disaster and Terrorism

Edited by Evans, G.D., Wiens, B.A., The National Rural Behavioral Health Center, 2004.
http://www.nrbhc.org/news_detail.asp?ID=11