

September 23, 2003

**STATEMENT OF UNDERSTANDING**  
Among  
**NEW YORK STATE OFFICE OF MENTAL HEALTH**  
**NEW YORK STATE CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS**  
**ALL NEW YORK CHAPTERS OF THE AMERICAN NATIONAL RED CROSS**

1. **Purpose**

This Statement of Understanding defines the working relationship among three organizations: the New York State Office of Mental Health (“NYSOMH”); the New York State Conference of Local Mental Hygiene Directors (“NYSCLMHD”); all New York Chapters of the American National Red Cross (“NYCARC”) represented by the New York State Service Council; and their respective and complementary roles, responsibilities, and expectations during Level II (moderate) or Level III (severe/major) disasters which cannot be managed through the routine procedures and resources of government. The three organizations are joined in a shared commitment and recognize the mutual advantage of an integrated approach to the provision of disaster mental health/emergency services within their respective authority and governance.

2. **Concept of Operations**

Each party to this Statement of Understanding is a separate and independent organization. As such, each organization retains its own identity in providing service and is responsible for establishing its own policies. Each party to this SOU recognizes that each county’s disaster-related mental health activities are a component of and need to be conducted in conformity with its duly adopted countywide and statewide emergency and disaster-related plans. Each party to this SOU recognizes that the New York Executive Law, and other applicable laws, address the respective roles of state and county authorities, including actions to be taken in the event of the declaration of a state disaster by the Governor.

3. **Definition of Disaster**

A disaster is a natural or man-made event of a severity and magnitude that results in deaths, injuries, and property damage and cannot be managed through the routine procedures and resources of government. It benefits from immediate, coordinated, and effective response by multiple government and private sector organizations to meet medical, logistical, and emotional needs and speed recovery of the affected populations.

4. **Authority of NYSOMH**

The NYSOMH Central Office provides leadership in disaster mental health/emergency services and response with state and federal agencies such as the New York State Emergency Management Office (SEMO) and the Federal Emergency Management Agency (FEMA) in coordination with NYSCLMHD and NYCARC leadership. NYSOMH will designate a statewide and field office lead to promote coordination with NYSCLMHD and the ARC.

NYSOMH, as a member of the NYS Disaster Preparedness Commission, has the responsibility to ensure that a coordinated mental health response is available to all the citizens of New York State. NYSOMH's role is to assist all responding entities by coordinating and providing additional resources from within the state, adjacent states, as well as federal resources and all other resources being offered to New York State during the disaster response phases. When a Presidential declaration of disaster is announced, NYSOMH will have responsibility for developing proposals to ensure additional federal funding and services for immediate and regular services.

NYSOMH works closely with SEMO, which has regulatory responsibility in the identification and coordination of human resources, food, logistics, housing, and other material needs in the event of a disaster.

NYSOMH provides oversight, coordination, and support. It provides support to the Director of Community Services or Commissioner of Mental Health, whichever may be the designation in the specific county, who is the local governmental authority for coordinating disaster mental health services. It helps facilitate the availability of sufficient mental health professionals, trained and credentialed to respond to a local, regional, or statewide disaster. It identifies additional training needs, provides training, and assists with recruitment.

5. **Authority of NYSCLMHD**

NYSCLMHD, as the statutorily mandated membership organization of all county mental hygiene directors/commissioners in the State of New York, recognizes the central coordinating role and accountability of its members in the delivery of mental health services in their respective local geographic areas including disaster mental health emergency services.

NYSCLMHD will actively provide information and disseminate this Statement of Understanding to its full membership, and provide information regarding the importance of developing county-specific disaster/emergency mental health plans, in conjunction with county offices of emergency management and their local ARC chapters.

6. **Authority of NYCARC**

The American Red Cross authority to perform disaster services was formalized when the organization was chartered by the Congress of the United States in 1905. Among other provisions, this charter charged the Red Cross

“To continue and carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry on measures for preventing the same.” (U.S. Congress, Act of January 5, 1905, as amended 36 U.S.C.)”

The authority of the American Red Cross to provide disaster services was reaffirmed by federal law in the 1974 Disaster Relief Act (Public Law 93-288). For authorities specific to aviation disasters, see Appendix 3.

Nothing contained in this SOU shall limit or in any way affect the responsibilities of the American National Red Cross under applicable provisions of law.

7. **Methods of Cooperation**

- A. Close communication will be maintained among the NYSOMH Central Office, NYSCLMHD leads, and the NYCARC state lead for disaster mental health by meetings, telephone, and e-mail.
- B. NYSOMH, NYSCLMHD, and NYCARC will encourage county-level counterparts to develop agreements and coordinate training and response efforts in accordance with the County Disaster Plans and ARC Chapter Disaster Plans. NYSOMH, NYSCLMHD, and NYCARC will encourage each county and the City of New York to establish a mental health annex to the county/City disaster response plan.
- C. Whenever a disaster affects more than one county or county and City of New York, responsibility for coordination of deployment among jurisdictions shall be consistent with laws and agreements, including provisions in the New York Executive Law.
- D. In non-aviation disasters, NYCARC will work with local ARC Chapters to ensure close collaboration and coordination with the county Director/Commissioner of Community Services in his/her respective counties in the areas of joint recruitment, training, and mobilization.
- E. Coordination of training in ARC Disaster Mental Health courses will occur at the state, county, and chapter level to ensure an adequate number of trained mental health responders. Development of advanced courses will be facilitated under a separate development agreement.
- F. Recognizing the separate and distinct organizations and requirements of NYCARC, NYSOMH, and NYSCLMHD, this SOU attempts to encourage these three systems to identify resources and coordinate the mobilization/deployment of disaster mental health responders in times of large scale disasters. NYCARC will work in close collaboration with NYSOMH and NYSCLMHD to ensure a coordinated and integrated response system for deployment of mental health workers in times of disasters.
- G. NYSOMH, NYSCLMHD, and NYCARC will work closely to provide public mental health information prior to and following disasters.
- H. NYSOMH will coordinate and maintain updated information on a current and comprehensive database of all NYSOMH mental health employees who are disaster mental health responders. NYSCLMHD and NYCARC will endeavor to maintain an active and updated list of their

respective resources, and to share the number of available disaster mental health responders with NYSOMH on a quarterly basis.

- I. Psychiatric Centers operated by NYSOMH will coordinate recruitment and training of mental health professionals employed by NYSOMH, and recognize the planning role of the County DCS in the delivery of disaster/mental health emergency services. Psychiatric Centers are encouraged to have qualified state employees participate as volunteers with the local ARC Chapters and to work with the local county response plan.
- J. NYSCLMHD endorses the concept of collaboration on the county level between county mental hygiene departments and authorized ARC representatives: (1) to promote the availability of county mental hygiene department staff who have received NYCARC training to assist in appropriate coordination with the local ARC chapter; and (2) to promote the recruitment, training, and retention of locally based mental health professionals to work as ARC disaster mental health volunteers.
- K. NYSCLMHD will develop appropriate training materials to assist individual members in their efforts to train and make available competent disaster mental health responders, and will promote statewide and individual county coordination with NYSOMH and ARC in New York State.
- L. NYCARC will provide leadership through the state disaster lead and state disaster mental health lead. NYCARC will work in close collaboration with NYSOMH and NYSCLMHD to ensure a coordinated and integrated response system for deployment of mental health workers in times of disaster or emergency.
- M. NYCARC will work closely with NYSCLMHD and county Directors/Commissioners of Community Services to provide public mental health information prior to and following disasters.

#### 8. **Periodic Review**

Representatives of NYSOMH, NYSCLMHD and NYCARC will meet annually, on or around the anniversary date of this agreement, to evaluate progress in the implementation of the Statement of Understanding and to revise and develop new plans or goals as appropriate.

#### 9. **Term of Agreement**

This agreement shall be effective upon signature by all three parties and terminate on July 30, 2008. It is further understood by the three parties that this agreement may be terminated at any time by written notification from any party to the others.

#### 10. **Miscellaneous**

The appendices to this SOU are provided for illustrative purposes and are not a formal part of the SOU.

This SOU does not create a partnership or joint venture, and none of the three parties has the authority to bind the others.

*Deborah M. Corry*  
*for*  
*C. Kyle Rodeman*

C. Kyle Rodeman  
Acting Vice Chair  
State Service Council  
American Red Cross  
Date: 9/23/03

*David S. Brownell*

David S. Brownell, ACSW  
Chair  
Conference of Local  
Mental Hygiene Directors  
Date: 9/23/03

*Sharon E. Carpinello*

Sharon E. Carpinello, RN, Ph.D  
Acting Commissioner  
Office of Mental Health  
Date: 9/23/03

## **SCOPE OF DISASTERS**

## **Appendix 1**

### **Level 1: (Limited Scope):**

- An incident that causes Single or Several (usually less than ten) casualties at a single site.
- The impact of the incident affects more than an individual family because of its nature (e.g., human-induced tragedy, is witnessed by numerous people, causing fear and anger among a residential, cultural, or work community).
- This level of incident does not involve any activation of the Office of Emergency Management plan; it is localized to a single family, residential or work group and the immediate response by emergency caregivers is short-lived and handled by local resources. The mental health response is triggered by a request from the affected community to provide intervention.
- Need is for limited, planned post-disaster intervention, and possible referral for aftercare.

### **Level II: (Moderate):**

- Disaster affecting multiple family units, multiple human casualties/injuries, property damage (usually contained to a single site), and severe impact on local resources, and localized management.
- Local mental health resources are not adequate to respond, and may require adjacent counties to assist through mutual aid agreements.
- May necessitate establishment of shelters when evacuation is necessary and/or reception centers for identification of survivors and victims and provision of entitlement(s). Requires coordination with the ARC and OEM as well as lead agencies at shelter or reception center; mental health responders will be needed on site either at disaster, shelter, or reception center as well as for planned post-disaster intervention and follow-up. Necessitates tracking of victims/survivors.

### **Level III: (Severe/Major):**

- Resources are overwhelmed, heavy human casualties, extensive property damage, local/state emergency declared, and may include application for presidential declaration of disaster.
- Requires ongoing on-site and shelter assistance with integrated, planned intervention, ongoing assistance for social services and follow-up.
- Will require assistance from counties outside the subregion and, perhaps, statewide/national, extensive in terms of impact on physical safety, and duration.
- Differentiated from Level II by length of immediate impact, need for on-site assistance, and need for coordination with teams outside the subregion.

## **EMERGENCY MANAGEMENT: ROLE OF THE DISASTER MENTAL HEALTH RESPONDER**

## **Appendix 2**

*The mental health role in a disaster is to support the efforts of local disaster operations by providing specialized interventions.*

Prevention/Mitigation, Preparedness, Response, and Recovery:

### **Prevention/Mitigation**

Prevention in emergency management refers to short or long-term activities aimed at reducing or eliminating the probability of a disaster. Mitigation refers to all activities that reduce the effect of disasters when they do occur. Building inspections for possible safety violations for mental health clinics is an example of a prevention/mitigation activity. These types of activities are ongoing within the emergency management community.

### **Preparedness**

Preparedness includes endeavors that seek to prevent casualties or expedite response activities. Pre-disaster crisis counseling training for disaster mental health responders is an example of a preparedness activity. The inclusion of disaster mental health responders in routine emergency management exercises is also a preparedness activity.

### **Response**

Response refers to the immediate actions to relieve the effects of the disaster. Response activities follow the initial impact of an emergency or disaster. They are preceded by proactive readiness actions undertaken during the threat period to prepare resources for response. Generally, response activities are designed to minimize casualties and protect property to the extent possible through emergency assistance. They also seek to reduce the probability of secondary damage and to speed recovery operations.

Mental health response activities include providing counseling staff at shelters and command centers, public education and consultations for victims, family, friends and other members of the community. In this phase, disaster mental health personnel may also provide support and obtain information to determine which individuals need immediate hospitalization or need immediate intervention for disaster-precipitated mental health issues.

### **Recovery**

Recovery refers to both short-term and long-term activities that are designated to return the life of those impacted by the disaster to pre-disaster or improved standard of living levels. Disaster mental health responders may provide consultation, public education, individual and group counseling, referral and information services through outreach during this phase of recovery.

Long-term recovery may continue for many years after a disaster and should include measures to prevent or mitigate a recurrence of a disaster. Long-term disaster mental health recovery activities can include services also considered short-term. These services are intended to reduce the overall psychological impact of the disaster and to prevent long-term effects.

In the following circumstances, the ARC has a federally legislated mandate to be the lead agency in disaster response.

In addition to disaster relief operation duties, Disaster Mental Health Services has distinct responsibilities in responding to aviation disasters (*Aviation Disaster Family Assistance Act of 1996*). The Red Cross has agreed to:

- Provide liaison at the NTSB (National Transportation Safety Board) joint family support operations center.
- Provide mental health and counseling services, in coordination with the disaster response team of air carriers involved in accidents.
- Take such actions as may be necessary to provide an environment in which the families may grieve in private.
- Meet with families who have traveled to the location of the accident, contact the families unable to travel to such location, and to contact all affected families periodically thereafter until such time as the Red Cross, in consultation with the NTSB Board of Directors of Family Support Services designated for the accident, determines that further assistance is no longer needed.
- Explain to the families the roles of the Red Cross, government agencies, and the air carrier involved with respect to the accident and the post-accident activities.
- Arrange a suitable interfaith memorial service, in consultation with the families.
- Add other mandated duties