POLICY:

It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board (CSB) that in the event of a disaster in Cobb County or Douglas County severe enough to require a disaster mental health response, the CSB will implement this disaster mental health emergency response plan.

INTRODUCTION:

The Emergency Response Plan provides general guidance for responding to small and large scale emergencies involving the CSB.

The body of the Plan is useful as a guidance document for preplanning for emergencies and educating the agency staff about response procedures, but it is too descriptive to be used as the emergency unfolds. As the emergency is in progress, short, concise guidelines, resource materials, handouts on stress management and good communication throughout the agency are the best actions.

PURPOSE:

The Emergency Response Plan has been developed with the following priorities:

- Natural or Human Caused Disasters
- Preservation of actual infrastructure and facilities
- Effective communication
- Resumption of essential services and operations

The plan identifies activities for short-term crisis counseling, long-term recovery counseling, public education, consultation, and linkage and referral/advocacy activities for disaster victims, their families, and other members of the impacted community. Also included are Critical Incident Stress Debriefing (CISD) activities to be implemented for emergency response workers.

In addition the Community Services Boards (CSB) must plan for a disruption of its own function. Among these are disruptions in the very mechanism designed to cope with the disasters. In short, the CSB and its staff may be victims themselves. An adequate plan must be
sufficiently flexible to accommodate the variety of problems raised by different kinds of disasters of different magnitudes. This plan is structured by the delineation of vital tasks. The intent is implementation by whoever is available before and after the disaster occurs.

Principles

A disaster is a natural or man-made event of severity and magnitude that normally results in deaths, injuries, and property damage and that cannot be managed through the routine procedures and resources of government. This includes diseases such as pandemic flu or a contagious disease outbreak in the community.

It requires immediate, coordinated, and effective response by multiple government and private sector organizations to meet the medical, logistical, and emotional needs and speedy recovery of the affected populations.

In a disaster, most victims are normal persons who function well with the responsibilities and stresses of everyday life. However, a disaster may add additional stress to the lives of these individuals. The signs of stress may be physiological, cognitive/intellectual, emotional, or behavioral. These stress reactions are normal reactions to an abnormal event. Sometimes these stress reactions appear immediately following the disaster and other reactions will depend on the person’s exposure and vulnerability. In some cases, they are delayed for a few hours, a few days, weeks or even months.

People who have pre-existing stress before the disaster and/or who may have particular needs that merit special attention from the disaster worker include:

- Children
- Disabled and special populations with previous psychiatric diagnosis, history of substance abuse, physical limitations and disabilities, and learning/language disabilities or limitations of intellectual skills and those diagnosed as mentally ill or emotionally disturbed
- Elderly
- Economically disadvantaged
- Multi-cultural and racial groups
- People requiring emergency medical care
- People who have experienced previous traumatic events
- People who lack support networks: divorced, widowed, single head of household, recent immigrants
- Human service and disaster relief workers
- Genetic risk and/or pre-existing chronic diseases, immunosuppression, needs for life-saving medication or treatments
- Female
- Being evacuated from site of an attack or surviving or witnessing an attack

Disaster victims will be found among all populations in a disaster area. Disaster workers should provide appropriate intervention for all types of disaster victims, including counseling, public education, linkage and referral/advocacy services. Because many people do not see themselves as needing mental health services following a disaster and will not seek out such services, a traditional, office-based approach to providing
services has proved ineffective in a disaster. Disaster mental health responders must actively seek out those impacted by the disaster in community settings, including schools, shelters, community centers, public meetings and their homes. Disaster mental health responders must avoid the use of terminology generally associated with traditional mental health services including such terms as diagnosis, therapy or treatment.

Objectives

The CSB objectives are:
- Act as the Mental Health advisor to the Cobb and Douglas Public Health Emergency Preparedness and Response Team.
- Restore services to CSB clients currently receiving care.
- Coordinate the resources available to the CSB for the delivery of Disaster Mental Health from the American Red Cross, private providers, religious institutions, etc.
- Provide Critical Incident Stress Debriefing (CISD) services responders and to disaster victims.
- Provide Disaster Mental Health Outreach services.

National Threat Advisory System – Homeland Security

In 2011, the Department of Homeland Security (DHS) replaced the color-coded alerts of the Homeland Security Advisory System (HSAS) with the National Terrorism Advisory System (NTAS), designed to more effectively communicate information about terrorist threats by providing timely, detailed information to the American public.

It recognizes that Americans all share responsibility for the nation's security, and should always be aware of the heightened risk of terrorist attack in the United States and what they should do. NTAS advisories – whether they be Alerts or Bulletins – encourage individuals to follow the guidance provided by state and local officials and to report suspicious activity. Where possible and applicable, NTAS advisories will include steps that individuals and communities can take to protect themselves from the threat as well as help detect or prevent an attack before it happens. Individuals should review the information contained in the Alert or Bulletin, and based upon the circumstances, take the recommended precautionary or preparedness measures for themselves and their families.

Individuals should report suspicious activity to local law enforcement authorities. Often, local law enforcement and public safety officials will be best positioned to provide specific details on what indicators to look for and how to report suspicious activity. The “If You See Something, Say Something TM” campaign across the United States encourages the public and leaders of communities to be vigilant for indicators of potential terroristic activity, and to follow the guidance provided by the advisory and/or state and local officials for information about threats in specific places or for identifying specific types of suspicious activity.
PROCEDURE:

1. When a disaster is announced the following steps will be initiated:
   Step 1: The District Mental Health Duty Officer (DMHDO) will be notified by a “call down” through The District Health Emergency Assistance and Response Team (D-HEART).
   Step 2: The DMHDO will notify and receive authority from the Executive Director.
   Step 3: The Executive Director and/or designee shall direct all Mental Health operations during the actual disaster or emergency situation. In the Executive Director’s absence, this position will fall to the person who has been delegated to oversee mental health issues.
   Step 4: Coordinate the disaster mental health response services with emergency prepared team.
   Step 5: If possible, while helping a person affected emotionally by the disaster, complete Mental Health Assessment form, if available and/or there is time allotted.
   Step 6: If appropriate, distribute a CSB handout on crisis stressors (pocket size sheet).

2. CSB Operations of the Executive Director
   - The Executive Director shall be responsible for ensuring that the Disaster Mental Health Emergency Response Plan is developed and coordinated. The District Mental Health Duty Officers shall be responsible for providing training and exercises with appropriate emergency agencies.
   - Assign an individual(s) to review feasibility of continuation of the DBHDD clinical program and determine highest priority services/clients and develop plan for addressing the priorities.
   - Assign person to assess the physical and mental status of CSB staff. Provide time off, rest, food, reassignment, and debriefing as required.
   - Arrange for the use of news media to provide on-the-air disaster mental health briefings.
   - Provide information to clients and their families regarding obtaining services during an emergency, including phone numbers.
   - Communicate with the Georgia Disaster Mental Health Services to request mental health assistance, if appropriate.
   - Arrange for the clinical programs to identify clients most likely to need services immediately afterwards. Lists of clients with needs, addresses, etc. should be duplicated and provided to several staff persons.
   - Convene meetings of key and general staff as needed.

3. CSB Operations of the District Mental Health Duty Officers
   - The District Mental Health Duty Officers shall be responsible for planning and preparation prior to a disaster and shall function as a consultant to the Public Health District Operations Center during an actual emergency. These officers will be the primary liaison to the Executive Director for all planning purposes.
   - During a disaster staff may be assigned duties different from those normally performed. The Public Health District Operations Center will evaluate the nature of the emergency, the availability and need of staff, current needs, and direct the Disaster Mental Health Emergency Response Team (D-HEART)'s leadership to begin assigning staff to the assigned shelters where mental health services are needed.
• Update staff rosters with home phone numbers, cell phone numbers, beepers, etc.
• Provide staff with instructions regarding contact with the CSB Post. Contact should go through the supervisory tree. If a given supervisor cannot be located, contact should go through another supervisor or the next-level supervisor.
  a. CSB Command Post
      The CSB Command Post is the physical location where the coordinating function is directed during an actual disaster or emergency situation. The CSB Command Post will be located near the Public Health District Operations Center (DOC) and will minimally consist of the Disaster Mental Health Duty Officer who will be the distribution/processing point for all communications, information, assignments, and requests during an actual disaster.

4. The Disaster Mental Health Duty Officers will perform the following tasks during the initial phase:
• Brief staff regarding the scope of the disaster, existing community resources, communications, travel, procedures, schedule of work times, other policies and procedures. Contact and ascertain the status of all staff willing to assist the disaster emergency team.
• Conduct a needs assessment to determine who was impacted and who needs help immediately.
• A written or verbal status report should be prepared and forwarded to the Executive Director.
• Determine staffing needs for clinical, administrative and support functions for each disaster site.
• Maintain a master listing of staff and volunteers at each disaster site.
• Make staff assignments and reassignments based on current needs.
• Coordinate the development of special coverage schedules. Mobilize the disaster team to assemble at a designated site(s). If necessary, send staff directly to where they are needed. Reunite with later. Put one or two persons in charge at each site.
• Deploy CSB Mental Health Emergency Response Team members to their respective assignments with necessary supplies.
• Coordinate disaster mental health training for staff and volunteers who have not been trained prior to the disaster.
• Provide for demobilization and defusing of mental health responders.

5. Disaster CSB Mental Health Emergency Response Team
Meet with the Incident Command and/or designee to be briefed on the scope of the disaster, existing community resources, communications, travel, pay process (if applicable) record-keeping procedures, schedule of work times, location.
• Gain access to work sites and contact persons with whom disaster mental health services are being coordinated.
• Assess and triage those in need of disaster mental health intervention.
• Provide crisis-counseling services through outreach to victims, their families, and other community members.
• Link disaster victims with human service agencies that provide support services.
• Respond to psychiatric emergencies.
• Provide referrals to local mental health providers.
• Provide consultation to other community agencies.
• Maintain records of services provided.

### Disaster Recovery Phase

1. The Disaster Mental Health Duty Officers will perform the following tasks during the disaster recovery phase:
   • Reassess post disaster mental health needs and evaluate available services.
   • Maintain contact with the CSB Disaster Mental Health Emergency Response Team to notify them of changing needs, potential problems.
   • Coordinate response efforts with other organizations.
   • Debrief members of the CSB Disaster Mental Health Emergency Response Team and other emergency responders on a routine basis.
   • Assess need for disaster recovery services based on service records and other indicators.
   • Develop a phase-appropriate disaster recovery program that matches the needs of the community and individual survivors.
   • Develop training and plan for staff working on recovery program.
   • Assign staff to recovery projects.
   • Provide consultation to community organizations that will be in contact with disaster victims who need mental health assessments.
   • Provide regular debriefing sessions for staff involved in recovery projects.
   • Critique the disaster plan and generate recommendations to improve disaster mental health plan.

### Training

1. **Disaster Training of CSB Staff**
   The Disaster training of the CSB Staff will be done by the Georgia DBHDD Disaster Mental Health Section and/or the community agencies specialized in disaster training (ARC, FEMA, etc.) and through training manuals and videos.

2. **Disaster Mental Health Information**
   Additional information covering disaster responses for specific populations such as (children, adolescents, elderly, etc.) is also available through the CSB and other community resources such as (churches, Red Cross, libraries, internet, etc.).