

Solano County Emergency Operations Plan

Mental Health Care Annex



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Quick Guide - Mental Health Care Disaster Services

Mental Health Care Disaster Services Checklist

Activation of Mental Health Staff

- Assign Disaster Crisis Counseling workers to appropriate locations which may include first aid sites, hospitals, shelters, Disaster Application Centers (DAC's), morgues and public safety personnel search and rescue teams. Services will be provided in different settings during different phases of the disaster.
- If possible, provide briefs for activated workers in advance regarding what they may encounter at their work site.
- When possible, assign workers in teams of at least two staff members, which may include a Psychiatric Nurse or MD, if appropriate and available.
- Ascertain the following situational information from activated crisis counseling teams:
 - What are the immediate psychiatric needs?
 - Are there individuals needing acute psychiatric inpatient care?
 - Is there a need for police or others to restrain mental health patients who are out of control, or a danger to themselves or others?
 - Is there a need for transportation to a Crisis Services or Acute Psychiatric Hospital?
 - How many persons are in need of mental health services and crisis counseling, but not inpatient care?



Mental Health Care Disaster Services Checklist

Priorities for Mental Health Assessments and Crisis Counseling

- Ensure that crisis counseling teams give priority services to the most vulnerable, including children, frail, elderly, disabled and individuals who have lost loved ones, been physically injured, sustained major property damage or been exposed to life-threatening circumstances. Also include individuals identified as having a history of mental disorder or of having difficulty coping with stress. Tasks should include identifying the need for medications and assisting persons in obtaining access to them.
- Ensure child care services for those that need disaster crisis counseling.
- Ensure field staff members provide consultation, crisis counseling, or debriefing as appropriate to shelter workers and other disaster and emergency workers.
- Provide for Mental Health services on an as needed basis to the coroner to assist with individuals identifying the deceased at the morgue.
- Provide for crisis counseling and consultation to other human service agencies, public safety and Emergency Medical Services (EMS) personnel that are serving disaster victims.
- Ensure a clinical registry is developed so that the Solano County Mental Health Division (SCMHD) can follow up with patients who are distressed as a mental health intervention protocol.
- Remind all field teams that limiting exposure to media and traumatizing images and sounds are measures for coping and recovery.

Remember: Initial psychological intervention should be focused on well-being rather than mental health. Encourage mental health care workers to get sufficient rest and sleep, healthy food, and manageable work cycles.

Post Disaster Education

SCMHD staff will provide information and education to the public about common reactions to disaster, helpful coping techniques, disaster recovery resources, etc. Information will be disseminated by using the media, by distribution of educational pamphlets and by speaking with groups as appropriate.



1.0 Introduction

This annex provides an overview of mental health functions, agency roles and responsibilities, and overall guidelines for the support for mental health care services during disasters in the County. It describes the actions, roles, and responsibilities of coordinating and participating organizations and how the County will endeavor to manage the coordination before, during and after the emergency. This annex addresses only general strategies used for any emergency. Specific tactical actions are described in individual agency procedures.

For the purposes of this annex, a person with a mental health disorder is one with a persistent chronic disorder, and one who is gravely disabled. Examples include those affected by schizophrenia, bi-polar disorders, personality disorders, manic-depressive disorders, depression and addictions. The number of people in Solano County with mental health disorders is approximately 3,000-5,000 adults, and approximately 4,000 children. The total number of persons that use private mental health services is estimated by Solano County Mental Health Division (SCMHD) to be 12,000, out of a total population of approximately 450,000 people.

During a disaster, however, the number of people who may need mental health services increases as many disaster victims greatly benefit with crisis counseling. Furthermore, shelters, morgues, hospitals and other facilities will likely need and request crisis counseling services from the SCMHD.

1.1 Purpose

The purpose of this *Mental Health Annex* is to provide strategies that the Mental Health Unit will use to coordinate and support SCMHD and the Mental Health Unit of the EOC in its response to the mental health needs of County residents and visitors in the event of a disaster.

This annex also provides guidance for County supported crisis counseling services to those who have been impacted by a disaster. It is also designed to support the care for mental health patients that are currently within the County's mental health care system as individuals or as part of a facility care system, and that may need support with evacuation, sheltering or other care.

This annex outlines strategies to maximize utilization of the staff and resources available within the Mental Health Division, and outlines roles and responsibilities to support mental health patients during a disaster.

The overall intent of this annex is to support the continuance of an acceptable standard of care for mental health issues during a disaster.



1.2 Scope

This annex is intended to address the need to coordinate mental health care services for mental health patients and disaster victims in the County during a disaster. Mental health patients are a unique subset of the people with access and functional needs (PAFN) in the general population. Such persons need specialized care, and caretakers that support mental health patients have specialized training.

This annex is not intended to address the evacuation of any specific facility that houses mental health patients, such as a hospital, assisted living center, or personal residence. Such facilities are required to have their own evacuation strategies. However, these facilities are likely to need assistance with coordinating transportation assets for their populations, and their populations will likely need specialty services such as trained caretaker staff to support transportation, evacuation and/or sheltering operations.

This annex provides the following information:

- Quick Guides to follow when the County needs to activate the mental health function and implement coordination strategies in support for people with mental health conditions in the County.
- Authorities and References for implementation of mental health care support during a disaster in Solano County.
- Assumptions and considerations that were made in developing this annex and that are valid when activating the mental health coordination function in the EOC.
- Roles and responsibilities of agencies and organizations in preparing for and conducting mental health care activities during a disaster.
- Concept of operations to coordinate mental health care activities as a function of the County Emergency Operations Center (EOC).

Tasks identified in the annex are to be addressed as needed, and are not necessarily contingent on the EOC being activated. When the EOC is activated, the responsibilities for mental health care coordination will fall to the Mental Health Unit of the Medical Health Branch of the Operations Section.

Emergency Support Function #8. This Solano County functional annex aligns with the Emergency Support Function #8 (ESF #8) of the National Response Framework for Public Health and Medical Services. It also aligns with the Emergency Function for Public Health and Medical Services in the California State Emergency Plan and the California Emergency Medical Services Authority (EMSA's) California Disaster Medical Response Plan (CDMRP).

The State Plan assigns the lead for Public Health and Medical Services coordination to the California Health and Human Services Agency, and specifically the Department of Public Health (CDPH) and the Department of Mental Health (CDMH). Their role is to coordinate activities and services statewide in support of local jurisdiction resource needs for preparedness, response, and recovery from emergencies and disasters.



The State Plan assigns EMSA as the lead state agency for medical response. As such, both EMSA and CDPH share responsibility for the lead in the State's Medical Health Branch and working within the State Medical and Health Mutual Aid System.

The functions that will be specifically addressed in this annex include: assessment of mental/behavioral health needs; provision of personnel and resources to support care; provision of technical assistance, support and mental health medical information.

Other aspects of ESF #8 are not included in this annex. These other aspects include health surveillance; patient evacuation and care (that is addressed in the evacuation annex and the care and shelter annex); safety and security of drugs, biologics and medical devices; blood and blood products; agriculture safety and security; food safety and security; vector control; potable water/waste water and solid waste disposal; and mass fatality management (that is addressed in the mass fatality annex). If these other health and human services functions are needed, they will be provided by the operational area with assistance from State, Federal and private/non-profit partners.

1.3 Policy

It is the policy of Solano County to develop plans and procedures to address the coordination of mental health care services for citizens and visitors to the County who have been impacted by a disaster. Local mental health care personnel and resources will be accessed during the emergency; if these resources are not sufficient, the County will access additional resources via mutual aid in the California Emergency Management (Cal EMA) region, and from Federal sources as needed, according to the Standard Emergency Management System (SEMS) and National Incident Management System (NIMS).



2.0 Authorities and References

Authorities and references that support the coordination of mental health patient care during a disaster include the following.

Federal

- The Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended. (42 U.S.C. §§ 5121-5206)
- National Incident Management System (NIMS)
- National Response Framework, 2008. Sets forth roles and responsibilities of federal and certain non-federal entities after catastrophes overwhelm state and local government. Transportation is found in the Emergency Support Function (ESF) #1
- Homeland Security Act of 2002
- Presidential Policy Directive / PPD-8: National Preparedness
- Post-Katrina Emergency Management Reform Act of 2006
- Americans With Disabilities Act of 1990
- Disaster Relief Act. Section 413 of Public Law 93-288 as amended in 42 CFR, Part 38
- Government Code Title I, Div. 4, Ch. 8, Sec. 3100-3101 (Public Employees as Disaster Service Workers). This ensures implementation of the federally funded crisis counseling provisions

California

- California Emergency Services Act, California Government Code, Sections 8550-8668
- California State Emergency Plan (California Government Code, Section 8850 et seq.).
- California Disaster Medical Response Plan (CDMRP). The CDMRP is a discipline-specific plan of the California Emergency Medical Services Agency (EMSA), and is consistent with the State Emergency Plan. The CDMRP describes the policies and EMSA strategy that other state agencies will employ to prepare for and implement California's medical response to disasters.
- Standardized Emergency Management System (SEMS) - Chapter 1 of Division 2 of Title 19 of the California Code of Regulations
- California Master Mutual Aid Agreement
- SB 1451. *Emergency Preparedness for the Disabled Community*.
- California Code of Regulations (Health and Safety Code § 1336.3). Requires each facility licensed by the Department of Health Services to adopt an emergency plan.
- California Code of Regulations Title 22. Requires Community Care facilities licensed by the Department of Social Services to have a written disaster and mass casualty plan.

Solano County

- Solano County Emergency Operations Plan (EOP)
- Solano County People with Access and Functional Needs Annex, an Annex to the EOP



3.0 Assumptions and Considerations

The Solano County Department of Health & Social Services (DHSS), Mental Health Division (SCMHD) is the entity with primary responsibility for providing mental health care services during a disaster.

The Director of SCMHD is responsible for Operational Area Mental Health Care Services during a disaster and will appoint an Operational Area Mental Health Unit Leader to coordinate County and city resources, request and respond to mutual aid services, and support the American Red Cross, volunteers and private practitioners. The Mental Health Unit leader will respond to the EOC when activated.

There are sufficient numbers of trained staff and volunteers to provide crisis counseling services during and in the aftermath of a local disaster. For very large scale events, there are sufficient trained staff members from the region that can activate to Solano County and support crisis counseling efforts.

There are between 3,000-5,000 people in the County that currently receive mental health services of some kind. Any of these persons could, under the stress of a disaster, need additional services as a result of a loss of their medications, support systems or daily routine.

Solano Operational Area shelter planning and procedures account for the unique requirements of persons with access and functional needs (PAFN). Those with mental health care needs are a subset of this PAFN population. Shelter workers are familiar with the (potential) additional needs of persons with mental health challenges, and will coordinate with SCMHD staff for additional instructions. Additional resources can be coordinated via the County EOC.



4.0 Roles and Responsibilities

4.1 Overview

Providing mental health services during a disaster is a responsibility of the Solano County Department of Health and Social Services (DHSS), specifically the Mental Health Division. However, there are circumstances that may exceed County capabilities and support may be provided by the State and/or the Federal government. Requests for assistance will be initiated through the Solano Operational Area to the Regional Emergency Operations Center (REOC). Should the REOC be unable to procure the resources, it will push requests forward to the State or Federal coordination centers.

Locally, trained mental health staff and resources are available not only through the Mental Health Division, but also through private entities (such as mental health facilities located in the various municipalities), DHSS staff not within the Mental Health Division and from a corps of trained volunteers.

Those assigned to the Solano Operational Area EOC Mental Health Unit are responsible for designating and training representatives of their agency, and ensuring that appropriate Action Guides and standard operating procedures (SOPs) are developed and maintained. Agencies must also identify staff and maintain notification procedures to ensure appropriately trained agency personnel are available for extended emergency duty in the County EOC, DHSS Department Operations Center (DOC) or field disaster sites as needed.



4.2 Roles and Responsibilities Reference Matrix

The matrix table below shows the primary entities that will be involved with Mental Health Support Services during a disaster situation in the County; it is not inclusive of all the possible entities that could be involved. For example, in a large regional disaster, other county entities, as well as the State and Federal Government may be needed to provide resources as well.

Roles and Responsibilities Table In support of Mental Health Care Response Operations				
<i>P - Primary</i> <i>S - Secondary</i> Cooperating Agency	Disaster Crisis Counseling	EOC Mental Health Unit	Outreach to Mental Health Patients	Mental Health Facility Support
Dept Health and Social Services		S	S	
Mental Health Division	P	P	P	P
Mental Health First Aid Trained staff	S		S	S
Solano OES				S



4.3 Local Government Entities

The following local government entities have a role in preparedness and implementation during a disaster requiring mental health support services. Some have a primary role and are always activated, and some support as needed and are called upon by their emergency managers.

4.3.1 Solano County Mental Health Division

The Solano County Mental Health Division (SCMHD) is a division of Solano County Department of Health and Social Services (DHSS). Their key responsibilities include:

- Staffing the Mental Health Unit of the Operational Area EOC
- Providing crisis counseling services during a disaster
- Supporting recognized mental health patients during a disaster situation
- Supporting mental health facilities with service provision during a disaster

If there is a need for mental health services before a disaster is declared, and/or before the EOC is activated, the Mental Health Director will appoint an Acting Coordinator from the Department's Disaster Committee to implement the plan.

In a large scale disaster the Mental Health Unit of the EOC will activate, and coordinate SCMHD mental health services in conjunction with the objectives of the operational area. This would usually include the assignment of staff to shelters, hospitals, morgues and other areas impacted by the disaster. The Mental Health Unit will also ensure: needed mental health response related messages are provided to the Public Information Officer (PIO); resource needs are communicated to the American Red Cross and other partners; and that all situation status data is provided to the Medical Health Branch of the EOC and the SCMHD Director and staff.

The Mental Health Unit of the EOC will maintain liaison with the State Department of Mental Health that can provide technical assistance and access mutual aid from other counties. All requests for mutual aid will be made through the EOC processes.

The SCMHD Director and needed staff will activate to implement activation and response requests for additional crisis counseling and mental health client services needed in relation to the disaster. If the disaster-related mental health needs are beyond the resource capacity of the Division, the SCHMD Director (or designated Coordinator) may call up trained volunteer mental health professionals from the community or selected and trained employees from other DHSS Divisions.

Management and Administrative staff will be designated to provide administrative support to the Director. This includes providing liaison with State and Federal disaster personnel, and ensuring that data is kept current for the purpose of obtaining Federal mental health disaster assistance funding (as per Federal Emergency Management Agency (FEMA) Workbook for Developing an Application for Crisis Counseling Services for Disaster



Victims). Management staff may also participate as members of the mental health response teams or other disaster support activities.

4.3.2 Solano County Office of Emergency Services

The Office of Emergency Services (OES) will support the SCMHD with preparing staff during County training and exercise programs. Trainings and exercises, especially those that involve the activation and use of the Solano EOC, greatly enhance the ability of all participants to operate in the case of an actual event.

During a disaster event, OES will provide leadership in the Solano EOC and support the decision making, coordination and situation status development for the Mental Health Unit (as it will for all staff). If there is a need for evacuation and sheltering of mental health patients, OES will support the coordination of the multiple EOC functions that will be needed to safely care of citizens of Solano County.

4.3.3 Solano County Department of Health and Social Services

Various staff members from the DHSS are trained as mental health services providers, and can assist with field deployments. Many are trained to the national "5150" standard that allows them to involuntarily confine a person deemed to have a mental disorder. Not only are these persons trained clinicians from health services departments, but those trained also includes law enforcement and paramedic personnel.

4.4 Local Volunteers

In Solano County, volunteers are trained to Mental Health First Aid (MHFA) program standards. These volunteers can support the SDMHD with disaster crisis counseling in such locations as hospitals, morgues, and shelters. Volunteers are typically under the direction of a SDMHD staff person, but may need to work as a team at an assigned location without oversight.

4.5 California Department of Mental Health

The California Department of Mental Health (CDMH) can provide trained staff members to assist with provision of mental health services during a disaster situation. The County can access the CDMH resources via a request made to the REOC.



5.0 Concept of Operations

Solano County Mental Health Division (SCMHD) staff and colleagues currently respond in a coordinated fashion under the direction of the SCMHD Director, per coordination from the EOC. Previous team or unit designations for responding mental health workers include: the Psychiatric Emergency Team (PET), the Immediate Response Team and the Mobile Crisis Unit. While these unit designations no longer exist, the basic services and responsibilities are still provided by SCMHD staff and colleagues as designated in the sections below.

5.1 Pre-Response/Initial Actions

The SCMHD and County OES work with Solano County agencies and non-governmental partners and stakeholders to determine the disaster services support needed for mental health patients and those in need of crisis counseling.

5.1.1 Training Staff to Welfare and Institutions Code 5150 Standard

Mental Health professionals are trained to the standard of care according to the Welfare & Institutions Code 5150. Only those trained to this level can "5150 someone," that is, to confine a person who is deemed to have a mental disorder.

Section **5150** is a section of the California Welfare and Institutions Code (specifically, the Lanterman–Petris–Short Act or "LPS") which allows a qualified officer or clinician to involuntarily confine a person deemed to have a mental disorder that makes them a danger to him or herself, and/or others and/or gravely disabled. A qualified officer, which includes any California peace officer or paramedic, as well as any specifically designated county clinician, can request the confinement after signing a written declaration. When used as a term, *5150* (pronounced "fifty-one-fifty") can informally refer to the person being confined or to the declaration itself, or colloquially as a verb, as in 'Someone was 5150'd.'

California Welfare And Institutions Code, Section 5150, second paragraph, "... an application in writing, stating the circumstances under which the person's condition was called to the attention of the officer, member of the attending staff, or professional person, and stating that the officer, member of the attending staff, or professional person has probable cause to believe that the person is, as a result of mental disorder, a danger to others, or to himself or herself, or gravely disabled."



5.1.2 Training Staff for Mental Health First Aid Program

The SCMHD supports Mental Health First Aid (MHFA) Training Program. The MHFA is a free 12-hour training offered to Solano County communities and designed for the non-mental health professional to learn how to identify and assess for mental health issues, and to provide low level intervention and referral where needed. Upon completion of the training, participants will be certified in MHFA and are available to support SCMHD professionals with disaster assistance services. Those trained in Mental Health First Aid include those affiliated with the Family Resource Centers, the Hispanic Cultural Community, Faith Based Organizations and others.

5.2 Activation

This Annex will be implemented under any of the following circumstances:

- The Office of Emergency Services requests that the plan be implemented
- The County has declared a disaster
- The Director of Health and Social Services or Mental Health Director determines it is appropriate to implement the plan
- The Disaster Coordinator receives a request for assistance from the community with the approval of the Mental Health Director (e.g. school yard shooting, etc.)

All mental health staff members that are at home when a disaster occurs are to attend to matters of personal and family safety and security prior to reporting to work. All mental health staff will then report to the Central Fairfield or Vallejo work sites if possible, to receive their disaster work assignments. EOC Mental Health Unit Leaders and staff should contact the EOC for reporting instructions.

Any staff person unable to report to either of these sites should call Fairfield Crisis Services for instructions or assignments.

If communication systems are inoperative and access to these work sites are blocked, staff should listen to emergency broadcasts for instructions and report to the nearest County evacuation center or shelter, if possible.

Program managers and supervisors or their designees shall keep a roster of mental health staff that leave work to attend matters of personal and family safety. The roster will include time of departure and intended destination, and will be used to assist family members or significant others seeking information on the well-being and whereabouts of SCMHD staff. The complete roster is provided by Employee Services and updated bi-annually.

5.3 Mental Health Response Functions

The key response functions are support at the EOC, crisis counseling during a disaster, and maintenance of a standard of care for recognized mental health patients during a disaster.



5.3.1 EOC Mental Health Unit

SCMHD staff members will fill the duties of the Mental Health Unit in the Health and Medical Branch of the Operations Section in the Solano County EOC. The staff members will follow the Position Guide provided, and ensure mental health staff and division resources are coordinated for maximum support of disaster victims and mental health patients.

5.3.2 Crisis Counseling for General Public

SCMHD and their MHFA staff will volunteer to support children, families and older adults, and will be able to address specific cultural and language needs of the community. Specifically, they will:

- Provide direct emergency mental health services to disaster victims and workers including:
 - Providing mental health staff at the site of the disaster, hospital emergency rooms, morgues, or other sites where victims are likely to be.
 - Staffing Red Cross Shelters or other evacuation centers.
 - Staffing FEMA Disaster Application Centers (DACs).
 - Providing training and community education about mental health needs of victims and workers, and mental health interventions in disaster.
 - Providing debriefing to emergency service or other workers involved in a disaster.

Special Considerations. Post-disaster psychological disturbances are more frequent and more serious when the disaster is sudden, unexpected, involves many injuries and death, when there is a high potential for recurrence, and when the population was at risk prior to the event. Because of this, special attention will be given to vulnerable populations, including children, the elderly and people with disabilities. Furthermore, services must be adapted to special cultural and language needs.

Services will be based on a crisis intervention model rather than traditional, long-term psychotherapy. Services will not be advertised as traditional mental health services.

5.3.3 Support to Mental Health Clients

Solano County Mental Health assists more than 4,000 children, youth and adults each year who are experiencing a psychiatric crisis or who have significant mental and emotional disabilities. Daily services include: crisis and brief therapy; case management; psychiatric assessments and medication; outpatient treatment; and various community support services.

The County supports two mental health services facilities accessible for the public: the Fairfield Psychiatric Facility and the Vallejo Psychiatric Facility.



Persons who have accessed these County services are vulnerable to mental health crisis due to additional stresses related to any disaster. In a disaster, SCMHD will prepare support based on the statistical recognition of their service recipients.

Forensic Conditional Release Program Patients. Forensic Conditional Release Program (CONREP) patients are typically young males (77% are 18–44 years old) with severe mental disorders (66%) who have committed violent felonies (85%). CONREP program members have been released and receive mental health care as part of their release provisions.

CONREP Program¹

Common ways for offenders to be placed in CONREP include:

- Mentally Disordered Offenders that were placed in CONREP by the Board of Prison Terms instead of the court.
- Offenders found “*Not Guilty By Reason of Insanity*” who have filed a petition for restoration of sanity and won the case at the hearing.
- Offenders found “*Not Guilty By Reason of Insanity*” or “*Incompetent to Stand Trial*” because of a serious felony, but who have then spent at least six months in a state hospital, and then transferred to CONREP.
- Prisoners that are deemed no longer dangerous and released to outpatient status. Many of these come from California Department of Mental Health (CDMH) Atascadero State Hospital. Others may have been released from the California Department of Corrections and Rehabilitation (CDCR), California Medical Facility (CMF).

Assertive Community Treatment. The Assertive Community Treatment Program (ACT) provides mental health support to participants (clients) who require the most assistance from the mental health service delivery system. ACT’s client’s mental health symptoms result in severe difficulty with functional areas of their life, including work, relationships, independent living, and et.al.

Assertive Community Treatment Program²

The ACT clients would have once (pre-1970s) been housed in psychiatric hospitals, but are now treated via integrated community treatment programs. The ACT program supports independence, rehabilitation and recovery, and thus helps prevent homelessness and unnecessary hospitalizations.

¹ <http://en.wikipedia.org/wiki/CONREP>

² http://en.wikipedia.org/wiki/Assertive_community_treatment.



The key components of this program are:

- An emphasis on home visits and other *in vivo* (out-of-the-office) interventions.
- A participant-to-staff ratio that is low enough to allow the ACT "core services team" to perform virtually all of the necessary tasks.
- A "total team approach" in which all of the staff work with all of the participants, under the supervision of a qualified mental health professional who serves as the team's leader.
- An interdisciplinary assessment and service planning process that typically involves a psychiatrist and one or more occupational therapists, social workers, substance abuse specialists, nurses, vocational Rehabilitation specialists and certified peer specialists.
- A conscious effort to help people avoid crisis situations, and to keep crises from turning into unnecessary hospitalizations.

5.3.4 Support to Mental Health Facilities

While the most critical mental health patients (e.g., those being admitted from the Solano County Mental Health Crisis Center, or being released to a secure hospital from the County Jail on a criminal hold), are sent to the State Mental Health Hospital in Napa, there remains numerous facilities that provide some level of services.

Numerous facilities provide mental and behavior health services in multiple cities throughout the County. Should they be impacted during a disaster, the County may need to support their evacuation and sheltering of patients with mental health challenges. While each facility is expected to have its own response, evacuation and transportation plan, these plans are may still require some assistance from SCMHD, mental health provider colleagues, and the County as a whole.

5.3.5 Non-Mental Health Response Support

SCMHD staff may be involved in activities of a non-mental health nature such as distributing food, providing information, supporting phone trees, supporting sheltering activities, etc.

SCMHD will be responsible for maintaining a log of statistics to conform to State and Federal guidelines for disaster assistance grants. Such statistics will include numbers of victims and families, the stress level/psychological functioning of people interviewed; the need for psychiatric medications; and the need for follow-up contact. SCMHD will follow confidentiality guidelines regarding the identity of individuals seen.

5.4 Post-Disaster Services

5.4.1 Long-term Community Counseling Services

If the mental health impact of the disaster is significant and the need for mental health services are beyond the capabilities of SCMHD, the Coordinator will initiate the application



process for a FEMA Disaster Crisis Counseling grant. In addition, mental health professionals in the community may be recruited to provide services on a voluntary or contractual basis if a FEMA Crisis Counseling grant is obtained for the long-term phase. The mental health needs of individual disaster victims and the community as a whole will be assessed, and the following services may be provided:

- Disaster recovery support groups
- Individual and family counseling
- Outreach to schools
- Outreach, education and information to community groups
- Education, training, and consultation to community professionals who may be serving disaster victims
- Public information (media, brochures, etc.) regarding common disaster reactions, the recovery process, self-help approaches, and counseling resources

5.4.2 Responder Consultation Follow-up Support

Debriefing, consultation, or counseling for disaster service providers will also be made available. Recipients will typically include staff from law enforcement, fire, emergency medical services, hospitals, public health nursing, public utilities, Red Cross, volunteers, and mental health.

SCMHD Staff Debriefing. Because research and experience indicate that staff working in disaster relief are as vulnerable to stress as the victims they seek to help, all SCMHD staff will attend a Critical Incident Stress Debriefing (CISD) at the end of their disaster assignment, or more frequently if appropriate.

If possible, debriefings will be conducted by SCMHD staff other than those at a given site. If that is not possible, staff will be encouraged to conduct their own interim debriefings until such time as another person can provide the debriefing. An outside facilitator may be used.

Debriefings should be done at the end of each shift, if possible. Ideally CISD's should be done weekly and at the end of the disaster operation.



Appendix A: Acronyms

ACT	Assertive Community Treatment
Cal EMA	California Emergency Management Agency
CDCR	California Department of Corrections and Rehabilitation
CDHS	California Department of Health Services
CDMH	California Department of Mental Health
CDMRP	California Disaster Medical Response Plan
CDPH	California Department of Public Health
CISD	Critical Incident Stress Debriefing
CMF	California Medical Facility
CONREP	Forensic Conditional Release Program
DACs	Disaster Application Center (FEMA)
DHSS	Department of Health and Social Services, Solano County
DOC	Department Operations Center
EMS	Emergency Medical Services
EMSA	California Emergency Medical Services Authority
EOC	Emergency Operations Center, Solano County
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FEMA	Federal Emergency Management System
LPS	Lanterman Petris Short Act
MHFA	Mental Health First Aid Training
NIMS	National Incident Management System
OES	Office of Emergency Services
PAFN	People with Access and Functional Needs
PET	Psychiatric Emergency Team
PIO	Public Information Officer
REOC	Regional Emergency Operations Center (Inland Region, California)
SCMHD	Solano County Mental Health Division
SEMS	Standardized Emergency Management System
SOP	Standard Operating Procedure



Attachment 1: SCMHD Preparedness

The Mental Health Director will appoint a Disaster Preparedness Coordinator and a Disaster Committee, who will assume the task of coordinating disaster planning, training, and services. Members of the Disaster Committee may be considered as alternate Disaster Preparedness Coordinators in the absence of the Coordinator.

The Preparedness Coordinator shall be responsible for carrying out, or delegating to others, all aspects of the Mental Health Care Disaster Services Plan to ensure all elements of the plan can be accomplished and periodically reviewed and updated.

A list of home phone numbers and addresses of all Mental Health Division staff by job classification is kept current and available to the Preparedness Coordinator. The list will be kept in a secured file with 24 - Hour Crisis Services. A list will also be kept at home by the Mental Health Director and the Coordinator. The Preparedness Coordinator will obtain an updating of this list bi-annually from Employee Services.

A1.1 Training

SCMHD Staff Member Training. The Disaster Preparedness Coordinator will be responsible for ensuring all SCMHD staff members receive appropriate training to implement the Mental Health Response Annex.

All staff will be oriented to the *Mental Health Care Disaster Services Annex* and their designated roles at least once a year.

All clinical staff will receive in-service training on mental health disaster principles and interventions once a year.

The staff members with 5150 training will receive additional intensive training in mental health disaster response and will attend team in-service training three times per year.

Representatives from private practitioner groups, community agencies and other selected Departmental representatives who are clinically trained in counseling may be invited to attend in-service trainings.

Contract Agencies. All contract agencies providing services for SCMHD clients will be encouraged to attend trainings with SCMHD staff and are eligible to participate as members of local response teams. Residential programs housing community mental health clients are responsible for having an adequate disaster evacuation plan.

Partnering Agencies. The Preparedness Coordinator will ensure appropriate pre-disaster planning with agencies such as the American Red Cross, the Office of Emergency Services, Emergency Medical Services, and local private psychiatric hospitals to ensure cooperation and collaboration in the event of a disaster.



Coordination with Volunteers and Private Mental Health Providers. Volunteer professionals will be screened to ensure they have training and experience in crisis intervention.

Volunteers not having prior training or experience in disaster mental health or related practice will receive training from SCMHD before being assigned to disaster service.

A list of trained private practitioners willing to volunteer mental health services in the case of a disaster is maintained and kept current by the Coordinator or his/her designee.

Volunteers will be sworn in as Disaster Service Workers and required to sign the Oath of Confidentiality.

A1.2 Disaster Exercises

The SCMHD Director will ensure the Division's participation in County disaster exercises. The Director, or an assigned Disaster Coordinator, will work with the Health and Social Services Disaster Preparedness Coordinator and the County OES to plan and implement SCMHD participation.