

MISSOURI DEPARTMENT OF MENTAL HEALTH

STANDARD OPERATING GUIDELINES



Responding to catastrophic emergencies that impact the lives of those who receive services from the Department of Mental Health



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These guidelines were developed by the Department of Mental Health, Office of Disaster Readiness, and approved by the Central Office READI Team.

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Acronyms Used in Manual

ADA	Division of Alcohol and Drug Abuse (DMH)
CBRNE	Chemical, Biological, Radiological, Nuclear, Explosive
CPS	Division of Comprehensive Psychiatric Services (DMH)
CERT	Community Emergency Response Teams
CCP	Crisis Counseling Program
COG	Continuity of Government
COOP	Continuity of Operations Plan
COAD	Community Organizations Active in Disaster
DMAT:	Disaster Medical Assistance Team
DMH	Department of Mental Health
DOC	Department of Corrections
DSS	Department of Social Services
DHSS	Department of Health and Senior Services
DD	Division of Developmental Disabilities (DMH)
EOC	Emergency Operations Center
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
EMAC	Emergency Management Assistance Compact
EMTALA	Emergency Medical Treatment and Active Labor Act
ESF	Emergency Support Function
EMT	Evacuation Management Team
FEMA	Federal Emergency Management Agency
HIPAA	Health Insurance Portability and Accountability Act
ISP	Immediate Services Program
JIC	Joint Information Center

JFO	Joint Field Office
LEOP	Local Emergency Operations Plan
LTRC	Long Term Recovery Committee
MERIS	MO Emergency Resource and Information System
MCERT	Mass Care Emergency Response Team
NIMS	National Incident Management System
NOVA	National Organization of Victim Assistance
NMSZ	New Madrid Seismic Zone
ODR	Office of Disaster Readiness
OPLAN	Operations Plan
PIO	Public Information Officer
RSP	Regular Services Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SCHIP	State Children's Health Insurance Plan
SEMA	State Emergency Management Agency
SMR	Show-Me Response
SEOP	State Emergency Operations Plan
SEOC	State Emergency Operations Center
SOG	Standard Operating Guide
VOAD	Voluntary Agencies Active in Disasters

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Section I. Introduction

The Missouri Department of Mental Health (DMH) is the state mental health authority (SMHA). It has the statutory responsibility, as expressed in RSMO 630.020, to implement any necessary order, make policies, manage its programs/operations and manage its facilities.

The Missouri DMH emergency plans follow the principles and processes outlined in the National Incident Management System (NIMS). The NIMS approach is reflected by a core set of basic concepts and terminology to enable federal, state, and local jurisdictions to work together for effective and collaborative incident management. This helps to ensure that the Missouri State Emergency Operations Plan (SEOP) and the Local Emergency Operation Plans (LEOP) complement each other. In addition, we should add that an important component of NIMS is the Incident Management System (ICS).

The State Emergency Management Agency (SEMA) is the lead agency for management of any catastrophic incident that requires more than local resources to return to normal. SEMA requires each of the state agencies to maintain Continuity of Operations (COOP) and Continuity of Government (COG) plans. DMH shall follow previously developed plans to minimize disruptions under the existing emergency conditions.

Missouri is subject to many disasters that can endanger large numbers of people who receive DMH services. Potential risks include floods, tornadoes, acts of terrorism and earthquakes. The ability of the Missouri DMH to address any catastrophic incident will be limited to the resources available for such purpose. The population served by DMH will likely be at greater risk for long-term adverse mental health issues in the event of such disaster.

The Revised Statutes of Missouri states that the role of the mental health authority is to:

- Provide treatment, support and assistance to achieve and support recovery
- Prevent or reduce the frequency of disabling psychiatric, substance abuse, and developmental disorders
- Promote the mental health needs of all citizens

DMH is designated in the State Emergency Operations Plan (SEOP) to provide emergency support in fifteen (15) of the twenty-five (25) functional annexes. They are as follows: (*Section twelve,-page 53, addresses this in more detail.*)

- Direction and Control (Annex A)
- Damage assessment (Annex D)
- Evacuation (Annex G)
- Resource Management (Annex H)
- Mass Care (Annex I)
- All Hazards Shelter (Annex J)
- Health and Medical (Annex K)
- Disaster Recovery (Annex Q)
- Emergency Public Information (Annex R)
- Continuity of Government (Annex S)

- Mortuary (Annex T)
- Terrorism (Annex V)
- Animal Emergency Disaster (Annex W)
- Special Needs (Annex X)
- Catastrophic Event (Annex Y)
- SEMA/FEMA Operations Plan for Catastrophic Earthquake
 - ESF 6---Mass Care
 - ESF 8---Health and Medical

The DMH Standard Operation Guidelines is a tool that can be used to quickly access the key components of responding to a local or statewide catastrophic event. It will guide DMH administrators and decision makers plus give assistance to anyone required to respond in some manner to a catastrophic event.

This document will address emergency operations necessary for DMH State-owned facilities, the Administrative Agents of the Division of CPS, and the contract providers for both the Divisions of DD and ADA.

Section II. Purpose

Missouri's State Emergency Management Agency (SEMA) requires each state agency to maintain Continuity of Operations (COOP) and continuity of Government (COG) plans to assure that government operations carry out their responsibilities with minimal disruption under emergency conditions.

The federal Health Insurance Portability and Accountability Act (HIPAA) guidelines require DMH, as a covered entity, to establish and implement disaster recovery plans in the interest of client safety and care management.

The DMH has developed many policies and procedures that will assist staff in responding to emergencies of varying degrees. If DMH is prepared to act in a responsible and effective manner, many fears and concerns that might ordinarily impact the ability to provide good patient care can be alleviated. On some occasions DMH Central Office and facilities have conducted table-top exercises and drills to make sure that staff are knowledgeable and can cope with the immediate threat in an effective manner. Examples include tornado drills and bio-terrorism threats but usually the drills are limited in scope and size. In addition, DMH has participated in SEMA sponsored emergency exercises and simulated drills that might address a catastrophic event.

Every emergency requires a different response. This Standard Operation Guidelines (SOG) is intended to guide the DMH in response efforts. It will also assist the Department in identifying State and community-based resources available for response and recovery efforts in the event of a wide-scale and significant emergency. Examples of this are occurrences such as a devastating terrorist attack or a natural occurring catastrophic event that results in significant impact on any part or parts of the State.

This SOG will include resource options, contact information, and control and command logistics. Pertinent policies and directives currently in place for state-owned and operated facilities are referenced. In addition, it should be used with the Department's previously developed policies related to functioning during adverse and uncertain times.

This plan addresses the following priorities:

1. Maintenance of essential services to current consumers in a disaster
2. Management of the necessary collaboration and coordination with other disaster assistance resources before, during and after the incident
3. Provision of training and support for DMH providers, first responders, emergency medical personnel and other leaders.
4. Defines the responsibility of DMH in a declared disaster situation.

Section III: Situations and Assumptions

A. SITUATIONS

1. Missouri is subject to many potential disasters that could endanger large numbers of people as described in Missouri's State Emergency Operations Plan (SEOP). The most likely risk in Missouri is for weather-related incidents such as tornadoes, flooding and severe winter weather, often-times associated with power outages. In addition, Missouri faces the risk of significant damage and disruption from earthquakes associated with the New Madrid fault that runs through the southeast portion of the state. Although less common, terrorism is a reality in current times and would have great impact on large segments of the population. Both earthquakes and terrorism will likely result in greater mental health need due to their nature and the extent of impact.

2. The SEOP generally describes the roles and responsibilities of DMH in a disaster incident or public health emergency. Program design of the mental health response effort is related to the scope and nature of the disaster.

3. Within any disaster, we have people who may experience anxiety and depression that increases the risk for adverse mental health outcomes such as post-traumatic stress disorder, suicide, and substance abuse. As stated in the introduction, the role of the public mental health authority includes regulatory and service provision responsibility to:

- Provide treatment, supports and assistance to achieve and support recovery; and
- Prevent or reduce the frequency of disabling psychiatric, substance abuse, and developmental disorders;
- Promote the mental health needs of all citizens.

4. The ability of the Missouri DMH to manage responses to meet disaster-related mental health needs is limited by resource constraints and the absence of specific budget authority to fund such services at the state or local level.

5. In addition to the needs of the general population, it is recognized that some individuals are at greater risk of long-term adverse mental health effects post-disaster. Generally, these populations are broadly defined and include persons with disabilities (particularly those with previously existing mental health conditions and those who are medication dependent such as Methadone patients), children, elderly, people who use languages other than English or are not literate in English, persons who are homeless, and individuals from diverse cultures with differing norms and rituals for grief, stress, loss, and other challenges associated with disasters. People with histories of previous exposure to traumatic experiences (such as wartime, refugee camps or other violence) may be at higher risk as well. Most persons who have access and functional needs will be able to function within integrated general population shelters. Some will require additional supports.

B. ASSUMPTIONS/PRINCIPLES

1. Although the large majority of individuals who are affected by a disaster experience emotional and stress reactions to the incident, these reactions are common and infrequently result in long-term adverse mental health outcomes that may not manifest for months or years. In the aftermath of terrorist incidents in this country, however, there is evidence that larger numbers of people are emotionally affected even those not considered as primary or secondary survivors experience significant levels of distress in the following days and weeks.
2. Strong and prepared communities are most effective in providing caring and supportive responses to individuals impacted by a disaster event. Natural helping systems and informal support structures such as families, faith communities, schools, affiliated volunteers, cultural centers, self-help groups, and service organizations can often provide a response superior to responses by paid helpers.
3. Disaster response should be handled locally as much as possible. It is essential that planning response activities consider the ethnic and cultural groups in the community. In addition, programs are most effective if workers indigenous to the community and various ethnic and cultural groups are involved in service delivery.
4. As the public mental health authority for Missouri, DMH has the authority and leadership responsibility to plan for the mental health and substance abuse needs associated with disasters. Community preparedness and response would be carried out by contract providers for the Divisions of Comprehensive Psychiatric Services (CPS) and Alcohol and Drug Abuse (ADA).
5. Continuity of care for existing clients (including access to medications) and the ability to provide support in communities impacted by a disaster are critical for mental health providers. CPS and ADA providers that have prepared by developing sound and effective business continuity plans and strategies will be in the strongest position to mount an effective mental health and substance abuse service delivery response in their communities.
6. Local mental health resources may be quickly overwhelmed in a significant disaster incident and federal assistance will likely be required to mount a response. Deployment of technical assistance, public education and training related to mental health needs may be the extent of capability and resources for smaller incidents.
7. Local mental health infrastructure and disaster competent resources vary significantly from county to county. The use of interagency and regional agreements to supplement local resources will be encouraged to plan for surge capacity in larger events.
8. Integration of substance abuse prevention and treatment competencies into the mental health response effort is critical.

9. Mental health outreach is most effective when conducted in collaboration and partnership with voluntary organizations active in disaster (VOAD) and other community organizations. Mental Health representation on the local coalition of community organizations active in disaster (COAD) and Long Term Recovery Committees (LTRC) will be encouraged. If a federal declaration is made for Individual Assistance and it is determined there is justification for a Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) application, the narrative and budgets in the application will include the costs for participation.
10. People who experience distress and symptoms after an incident are unlikely to seek assistance from the mental health community and outreach is the most effective way to identify and offer needed supports to persons affected by a disaster.
11. Evidence-informed and culturally competent approaches to disaster mental health service provision are essential if limited resources are to be used efficiently and effectively.
12. People who have pre-existing stress before the disaster and/or who may have particular needs that merit special attention include: children, disabled, elderly, economically disadvantaged, multicultural and racial groups, people requiring emergency care, people who have experienced previous traumatic events, people diagnosed as mentally ill or emotionally disturbed, people who lack support networks, and disaster relief workers.
13. The behavioral health needs of disaster workers and volunteers should be considered in both the planning and response to disasters. Support for these persons is critical to protecting those valuable resources.
14. Disaster survivors and people close to them will be found among all populations in the event of a catastrophic incident. Workers should provide appropriate interventions for all types of survivors that include counseling, public education, linkage and referral/advocacy services.
15. Most people who have been in disasters do not see themselves as needing mental health services. Behavioral health responders must actively seek out those impacted by the disaster in settings such as schools, shelters, hospitals, public meeting places and their homes. Waiting for persons to come into a traditional office setting for help has not proven effective.
16. Interventions must be appropriate to the phase of the disaster. It may be counterproductive to probe for feelings when shock and denial are shielding the survivor from intense emotion.
17. Support systems are crucial to recovery. The most important group for individuals is the family. Workers should attempt to keep the family together. Family members should be involved as much as possible in each other's recovery. For people with limited support systems, disaster support groups can be very helpful. Support groups help to counter isolation. Such groups not only provide emotional support, but survivors can share concrete information and recovery tips.

C. APPLICABILITY OF PLAN

This plan is designed to address mental health support needs in association with any of the following types of events:

- Tornadoes/severe thunderstorms/flooding
- Severe winter weather, including ice storms
- Drought
- Heat wave
- Earthquake
- Dam failure
- Utility interruptions/failures
- Fires
- Hazardous materials including radiological and chemical
- Terrorism
- Nuclear plant accident
- Mass transportation accident
- Civil disorder
- Public health emergency/bioterrorism
- Environmental issues
- School violence
- Mass violence
- Agro-terrorism
- Any incident that could cause significant trauma for community

Section IV: DMH Organization and Structure

The DMH is composed statutorily of seven (7) commissioners appointed by the Governor of the state. The Mental Health Commission is responsible for hiring the director and it also provides direction, guidance, and oversight of department operations.

The Director's Office is composed of several administrative divisions or offices that provide support to the program divisions. Among the support divisions are the Office of the Director, Office of Administration; Office of Human Resources; Office of General Counsel; Office of Investigations, Medicaid and Housing; Office of Comprehensive Child Mental Health; and the Office of Audit Services.

DMH provides clients services through its three program divisions.

- The Division of Comprehensive Psychiatric Services operates and owns several state mental health facilities located throughout the state to serve both adults and children. The division also contracts with twenty-five (25) administrative agents located in different geographic regions of the state to provide community-based services to clients with a mental illness.
- The Division of Developmental Disabilities (DD) has six (6) state-owned and operated habilitation centers to serve adults and children. The division also has eleven (11) regional offices located throughout the state that oversee client/consumer services provided by private contractors.
- The Division of Alcohol and Drug Abuse (ADA) operates one small center in KC that provides direct services to clients. Historically, the division provides consumer services through their network of private contractors located across the state.

DMH facilities including their contract providers have their own unique and locally developed policies as functioning entities. Those policies not only address normal daily activities but they also include all hazard emergency plans. The local facility is encouraged to use its own plans as much as possible unless the situation overwhelms its capacity to achieve any level of restoration. Situations impacting DMH consumers should be reported to the appropriate division using established policies. Central Office will assist as needed and contingent on available resources.

Section V: Ready and Disaster Support Team at DMH (READI)

The DMH READI Team is composed of Central Office staff from both the support and program divisions. Their role is to assist and provide guidance to DMH Central Office, to DMH facilities and to the contract providers as needed during a disaster.

The READI Team will take the lead role and coordinate with SEMA, DHSS and the Office of Homeland Security and other government entities during an emergency.

READI Team members are expected to attend training in the National Incident Management System (NIMS) courses (ICS 100, 200, 700, 800, plus 300, and 240 level courses) and to have participated previously in SEMA drills and exercises.

The READI Team lead staff person shall be the Coordinator of Disaster Readiness (See Appendix I). During an emergency condition, the Coordinator may be in the DHSS Situation Room for public health emergencies or at SEMA if the emergency is a natural disaster or one of terrorism. One of the Disaster Coordinator responsibilities will be to provide MH support, represent DMH in terms of determining needs and resources, and to communicate with the DMH Central Office Command. If a DMH presence is not required at either DHSS or at SEMA, the Disaster Readiness Coordinator or designee will be at the DMH Central Office.

The DMH Central Office Command shall be located in the Transformation Office area. Each program Division shall have a staff person present at this site. In addition, the Office of the Director shall have one of their staff present. This group will receive communications from DHSS (if applicable) and/or SEMA and conduct daily READI Team briefings as needed. In addition, they will prepare situation reports reflecting DMH activities, conduct briefing with the Office of the Director and other executive staff, and disseminate information to appropriate personnel.

Introduction

The following is a chart of possible deployment responsibilities and locations for the READI Team in a disaster event.

Assignment

In the event that SEMA activates the State Emergency Operations Center (SEOC) or the Department of Health and Senior Services (DHSS) activates their Situation Room, the Department of Mental Health may assign individuals to the following locations and functions. Assignment presumes 24/7 coverage only as appropriate to the situation.

STAFF PERSON	LOCATION	DUTIES
<p>Coordinator of ODR (Appendix II)</p> <p>Other READI Team members as assigned</p>	<ul style="list-style-type: none"> • DHSS Situation Room for public health emergencies (if requested) • SEMA SEOC for other disaster or terrorist events (if DMH activation is requested) • DMH CO if 24/7 not required at SEMA or DHSS 	<ul style="list-style-type: none"> • Mental health support to on-site staff • Representation of DMH needs and resources in decision-making and deployment • Communication with DMH CO (and SEOC if located at DHSS) • Coordinate deployment of mental health workers to disaster sites as requested and available
<ul style="list-style-type: none"> • Director's Office Designee (Appendix II) • CPS Representative • DD Representative • ADA Representative <p>If CO event, make up of team may vary to include but not be limited to:</p> <ul style="list-style-type: none"> • ODR • Director's Office • Administration—Purchasing and Others • ITSD • SAFETY Team members • Public Affairs • READI Team members • Continuity team members 	<p>DMH Central Office Command Center (Transformation area Conference table)</p>	<ul style="list-style-type: none"> • Receive communications from SEOC and DHSS (if applicable) • Conduct daily READI team briefings as appropriate, including conference bridge to off-site members (1-3 times daily) • Prepare daily (or more frequent) situation reports reflecting DMH activities • Conduct daily (1-2X) briefings with Director and Exec. Staff, as appropriate • Disseminate communications to appropriate Division reps on the READI team for necessary action and response • Determine appropriate essential staff consistent with the nature and location of the event • Structure recommendations and implementation strategies for consideration and action by Dept Director or designee(s) • Manage CO physical plant security and safety provisions required consistent with the nature of the event • Coordinate media contact with Office of Public Affairs • Coordinate and record Red Cross mental health volunteer

STAFF PERSON	LOCATION	DUTIES
		<p>deployment and disaster leave</p> <ul style="list-style-type: none"> • Assign READI team member(s) or other DMH staff with appropriate training to maintain SEOC coverage as appropriate to the nature and location of the event
<p>READI Team Names of Division representatives are located in Appendix II.</p>	<p>Their respective offices</p>	<ul style="list-style-type: none"> • Through Division leadership, communicate necessary and appropriate information and implementation responsibilities to facilities • Receive information from facilities and field staff re: damage assessment, response to the incident and needs from CO or other state level agencies • A daily phone call will be scheduled in serious incidents (especially when there are electrical outages and email service is down) with involved facility and DMH office staff. These will be scheduled at a time complimentary to the SEMA phone calls and more often if needed. READI team division representatives will be responsible for determining who within their division's CO and field staff should be involved. • Coordinate media contacts with facilities through Public Affairs • Arrange for mental health assistance or clinical support for survivors, first responders, emergency management staff, DMH or other state agencies, and others as appropriate to the situation
<p>Director—Public Affairs (Name in Appendix II)</p>	<p>Office of Public Affairs</p>	<p>Work with SEMA, DHSS and other PIOs</p> <ul style="list-style-type: none"> • Utilize available information and key messages for:

STAFF PERSON	LOCATION	DUTIES
READI team lead in DMH CO		employees, consumers/families, and general public appropriate to the incident <ul style="list-style-type: none"> • Coordinate and provide support for facility responses to media inquiries
Facility Superintendents and Directors Regional Staff	Superintendent's Office or designated Facility Command Center, as appropriate DMH Regions	<ul style="list-style-type: none"> • Implement local plans appropriate to the nature and location of the incident • Check on well-being of contract providers • Check on consumers in the community for whom DMH has responsibility • Work with local emergency managers or public health officials as necessary • Provide periodic updates and reports to CO as appropriate to the situation • Notify CO of support needs that can be facilitated at the state level • Notify CO of media contacts and coordinate information provided for consistency • Work with CO READI team Division representatives to identify and resolve legal and policy issues associated with the emergency situation

Activation Procedures

Activation may be initiated in the following ways:

- Call from DHSS that the Situation Room is being activated;
- Call from SEMA that the SEOC is being activated;
- Email from SEMA that activates the Disaster Conference calls or
- News report of significant incident in Missouri or national incident that requires alert in Missouri and triggers consultation with other members of DMH team to determine appropriate response and availability.
- Activation of DHSS Show-Me Response System and alerting DMH to activate
- 6.5 earthquake automatically activates response to SEOC and DMH READI Team

DHSS will notify DMH if their Situation Room is activated. SEMA will notify DMH if the SEOC is activated. SEMA provides contact information for the Coordinator and Assistant Coordinator of Disaster Readiness, the Assistant to the Director. The Coordinator will notify the other READI Team members.

A DMH CO Incident Command Center will be established as necessary when either DHSS or SEMA activates to assure coordination and control of emergency response and mutual assistance for DMH facilities and state agencies, in a state Emergency declaration, coordination with providers for generators as necessary, coordination of resources for mental health services for survivors, emergency responders and DMH consumers, and fulfillment of the mental health authority role to the general public. A READI Team call-down list or reporting location will be established to assure coverage at the Incident Command Center during hours appropriate to the nature and location of the event. When reporting, staff should be prepared for extended work hours and the possibility of 24 hour shifts to assure availability and coverage.

Plans and Equipment

Each READI Team member or DMH staff person with assigned responsibilities for emergency response shall have access to:

- Cell phone or pager for ease of contact and communication; (Cell phone may be checked out from DMH Supply Room)
- Pool of laptop computers for receiving and sending information via electronic email system; and
- A copy of the plan and appropriate resource materials in hard copy or electronic format.

Staff should also develop personal readiness plans to assure that their personal and family needs are addressed in the event of an emergency call-up.

READI Team members should maintain a reserve of food and supplies at their DMH office or in their cars (or both) to be prepared for long hours or possible deployment. Items such as water, food with extended shelf life, flashlights, Band-Aids, and other supplies for emergency situations should be included.

The Coordinator of Disaster Readiness, Assistant Coordinator, Division READI Team representatives and others, as needed, will be assigned an **Administrative Go Kit** to maintain at their homes. This kit will include printed copies of plans and forms as well as necessary supplies. The kit will be inventoried once each year.

Assignment of Roles for READI Team during Activation

Once activated the team leader should assign roles and functions for the duration of the incident. Such assignments may need to be modified or rotated due to staff availability associated with travel, equipment, illness, vacation, or other issues. Roles that should be assigned for management of the situation include:

ROLE	FUNCTIONS	ASSIGNMENT CONSIDERATIONS
<p>DMH COMMAND CENTER TEAM LEADER</p> <p>COORDINATOR/ DISASTER READINESS</p>	<ul style="list-style-type: none"> • Assign team roles and duties • Lead READI and Exec Team briefings • Prepare DMH situation updates • With READI team involvement and support, prepare and format recommendations for the DMH director re: appropriate actions by DMH and its facilities • Structure comprehensive recommendations re: DMH role with consumers, employees, emergency responders, other state agencies, and the general public • Work with DMH PIO to identify spokespeople and develop messages 	<ul style="list-style-type: none"> • Desirable for team leader to be on-site at DMH and accessible to DMH Director and MERIS • Need to be relieved of other duties during event • Strong communicator and leader • Knowledge of plans and emergency management principles • Understanding of principles of risk communication
<p>COMMUNICATIONS</p>	<ul style="list-style-type: none"> • Manage and disseminate a high volume of information and communications as appropriate throughout the event, making copies of information that may need to be shared with multiple parties • Route information based on its priority in terms of content and urgency • Maintain a log of assignments and responses to assure timely and appropriate handling of information • Promote consistency of 	<ul style="list-style-type: none"> • May be appropriate for discussion and assignment to Director's office support staff • Need to consider orientation and training for the assigned person • Need to assure that the person has recognized authority to effectively carry out the task • Use back-up written forms 100-107 if power is out

ROLE	FUNCTIONS	ASSIGNMENT CONSIDERATIONS
	<p>responses through monitoring of responses and feedback to involved parties</p> <ul style="list-style-type: none"> • Establish a filing system for maintaining the communications for ease of retrieval 	
<p>RECORDER/HISTORIAN Assistant Coordinator, Disaster Readiness; and other READI Team members as assigned</p>	<ul style="list-style-type: none"> • FEMA Crisis Counseling Program Grant requires needs assessment data to include information from impacted communities. • SEMA provides the MERIS system for timely reporting of ongoing activities in response to disaster situations. • Responsible for chronicling the sequence of statewide activities and events associated with a disaster event including DMH, DHSS, Homeland Security and SEMA • Includes internal documentation including situation reports to the DMH Executive Team as well as from other state agencies and media coverage 	<ul style="list-style-type: none"> • Essential and timely organizational skills and support for grant writing • Requires coordination with communications and observer roles as well as Public Affairs • Familiarity with open/closed meeting and release requirements under Sunshine law
<p>OBSERVER</p>	<ul style="list-style-type: none"> • Interpreter • Outcomes • Quality 	
<p>PHYSICAL PLANT MGMT Central Office as a facility and as consultant to other DMH facilities</p>	<ul style="list-style-type: none"> • Provide direction and guidance for security and safety of physical plant 	<ul style="list-style-type: none"> • Knowledge of and familiarity with structural and utility/mechanical

ROLE	FUNCTIONS	ASSIGNMENT CONSIDERATIONS
GENERAL SERVICES MANAGER	<ul style="list-style-type: none"> • Coordinate any efforts to re-establish service that has been disrupted • Oversee implementation of any modifications to CO security provisions related to the reception desk or parcel delivery • Determine appropriate changes needed to CO Emergency Plan 	<p>systems supporting the CO building</p> <ul style="list-style-type: none"> • Relationships with OA Design and Construction and Facilities Management to provide TA and guidance to facilities with physical plant issues - Drew Henrickson, OA. • DMH representative is Mike Haake
OPERATIONS	<ul style="list-style-type: none"> • Division reps on READI team will be responsible for communications to Division facilities and providers • Funding issues will be addressed through Administration • Disaster Coordinator will be responsible for coordination and communication with SEMA, Office of Homeland Security and DHSS 	<ul style="list-style-type: none"> • Shared functional responsibilities with oversight by team leader • Will require daily assignment and updates at READI team briefings

Section VI: DMH Response to a Facility Disaster

General

- Whether routine or emergent circumstances, leadership, supervisory support and direction within DMH shall be executed consistent with existing organizational charts and lines of authority.
- In emergency situations or circumstances that require collaboration and assistance from SEMA or DHSS CERT, the DMH READI Team will be available as a support and resource team to the Divisions and to the Executive Team. *If activated, refer to READI Team roles/assignments outlined in Section V. of this SOG.*
- When a disaster occurs at a facility, that facility will follow its Facility Plan for handling the occurrence including responsibilities for notification of DMH Central Office and provision of routine periodic updates appropriate to the situation.
- Each Division follows its standard procedures for handling emergencies including the notification of the Department Director/Division Directors and requests for additional support or assistance from the READI Team.

Communications:

- When other agencies are activated such as the SEMA Emergency Operations Center and DHSS Situation rooms, the DMH READI Team will be receiving updated and pertinent information from these agencies.
- The Disaster Coordinator will convey the information with regular situation reports to the Director of DMH, Executive Team and READI team.
- The READI Team division representatives will convey the information as appropriate to division personnel and facilities.
- The assistant disaster coordinator will track and record all communications.

Media:

- In emergency situations such as disasters or public health emergencies, DMH and its facilities will need to follow established protocols with recognition that:
 - In any large event, the Department can expect multiple national media to request information.
 - Facilities must provide timely updates and information to Central Office to assure consistency and integrity of message.
 - A communication system between the Divisions, Division Facilities and the Department's Public Information Officer will be necessary so that appropriate, accurate and timely information can be provided to the Media.
 - Appropriate "calming" messages tailored to the emergency have been developed by the READI Team for use in a public emergency. See the DMH Website: www.dmh.mo.gov/disaster click on *Coping Fact Sheets*, under *Communications* also click on the *Disaster Communication Guidebooks* for information on specific events.

Recovery:

- DMH facilities will track all expenses.
- If there is a Federal declaration for public assistance, facilities may qualify to obtain reimbursement to General Revenue.
- Staff overtime may be one of the qualifying reasons for possible reimbursement. The following staff activities could be reasons for overtime: removing debris; spreading salt and cinders; use of DMH equipment or rentals; hiring of contractors for these activities; and/or other costs incurred for protective measures related to consumers.
- DMH facilities may not duplicate reimbursement costs that would be submitted to the Office of Administration.

Public Assistance Grant Program

The objective of the Federal Emergency Management Agency (FEMA) Public Assistance (PA) Grant Program is to provide assistance to State, Tribal, and local governments, and certain types of Private Nonprofit organizations so that communities can quickly respond to and recover from major disasters or emergencies declared by the President.

Through the PA program, FEMA provides supplemental Federal disaster grant assistance for debris removal, emergency protective measures, and the repair, replacement, or restoration of disaster damaged public owned facilities and the facilities of certain Private Non-Profit organizations. The PA Program also encourages protection of these damaged facilities from future events by providing assistance for hazard mitigation measures during the recovery process.

The Federal share of assistance is not less than 75% of the eligible cost for emergency measures and permanent restoration. The grantee (usually the State) determines how the non-Federal share (up to 25%) is split with the sub-grantees (eligible applicants).

For more information about this program, refer to the FEMA website at:
<http://www.fema.gov/government/grant/pa/index.shtm>

Section VII: FEMA CCP: Administration, Logistics, and Legal

A. ADMINISTRATION

The Department of Mental Health is responsible for the coordination of the mental health response following a disaster or terrorism incident.

Office of Disaster Readiness

The Office of Disaster Readiness (ODR) will assume the leadership role for DMH in the event of an emergency that causes a great amount of damage or harm to those living in the State of Missouri. ODR will work closely with each of the Divisions in DMH, especially CPS and their Administrative Agents, SEMA, DHSS, local governments, and the various volunteer organizations active in disasters to help bring relief to the situation. ODR will take the lead in conducting a needs assessment of the impacted area working with local providers of mental health services.

The Office of Disaster Readiness will assist in the effort to bring available resources to address the problem(s). It is the responsibility of ODR to work with the DMH Administration agencies (CMHCs) to assess the need for a FEMA Crisis Counseling Program when there is a local declaration for Individual Assistance. The ODR must apply for the ISG within fourteen (14) days from the date of declaration and for the RSG within sixty (60) days.

Recording and Reporting Program Activities

When Missouri receives a FEMA Crisis Counseling Grant, the Division of Comprehensive Psychiatric Services (CPS), with the assistance of ODR, will establish program recording and reporting requirements for services delivered in response to a disaster or crisis. CPS will work collaboratively with the Division of Alcohol and Drug Abuse (ADA) to assure that the recording and reporting requirements are communicated to ADA contract providers involved in response efforts and incorporate ADA considerations into the requirements. Requirements will be informed by generally accepted standards for record keeping including any state and federal statutory or regulatory provisions. The established requirements will be consistent with the funding source(s) being used to support the response efforts and to the degree possible will provide a single standard.

The core model to be used for standards will be the Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) requirements for data collection and recording. When a presidential declaration is anticipated or executed, it is advisable for all CPS and ADA providers to rapidly adopt practices consistent with these established requirements to increase potential for retroactive reimbursement from FEMA.

CPS will also maintain current standards, forms and formats in electronic format for pre-distribution to CPS and ADA providers. CPS will also be prepared to conduct rapid distribution at the time of an incident if power and communications lines are available to support such efforts. CPS will establish requirements for submission of data on a periodic basis to support drawdown of funds and for monitoring purposes. Consultation, training and assistance with documentation will be provided by CPS.

CPS will be responsible for analyzing, compiling and submitting aggregate data in required reporting formats to the funding authority. The data and reports are subject to federal review and audit and additional or supporting data may be requested of involved response agencies to satisfy any additional requests by the funding authority.

Grant Type	Type of Data and Format	Frequency of Data Collection
FEMA Immediate Services Program (ISP)	>Submit data to SAMHSA	As directed by FEMA
FEMA Regular Services Program (RSP)	>Submit data to SAMHSA	Monthly or as directed
	>Write Report to SAMHSA	Monthly or as directed
	>SAMHSA monitoring visit	Mid-term
SAMHSA Emergency Response Grant (SERG) if the situation does not meet qualifications for FEMA Crisis Counseling Program	>Submit data to SAMHSA	Weekly or as directed
	>Write report to SAMHSA	Monthly or as directed
	>Phone monitor or on-site by SAMHSA	Weekly or as directed

Records shall typically be maintained consistent with state requirements for state-funded services or for three years after federal closeout activities have been completed as indicated by a letter from FEMA (for CCP immediate services) or the Substance Abuse and Mental Health Services Administration (SAMHSA) for CCP regular services or the SAMHSA Emergency Response Grant (SERG).

When any state-operated DD facility or licensed or certified facility with DD consumers is impacted by a disaster event, the DD residential and service contract provider(s) will be encouraged to work in collaboration with the CPS provider to effectively document response activities that are consistent with the funding source for mental health response. Some services may be appropriately billable to Medicaid and should be documented consistent with those requirements.

Recording and Reporting Expenditures and Obligations

CPS will serve as the responsible entity for setting expectations and standards for recording and reporting expenditures and obligations. The CPS division fiscal and data collection staff will communicate expectations to the CPS provider(s) for the impacted regions and will establish frequency of submission for budget and billing purposes.

CPS will maintain current standards, forms and formats in electronic format for pre-distribution to CPS and ADA providers. CPS will also be prepared to conduct rapid distribution at the time of an incident if power and communications lines are available to support such efforts. CPS will

establish requirements for submission of data on a periodic basis to support drawdown of funds and for monitoring purposes. Consultation, training and assistance with documentation will be provided by CPS.

CPS will be responsible for analyzing, compiling and submitting aggregate data in required reporting formats to the funding authority. The data and reports are subject to federal review and audit and additional or supporting data may be requested of involved response agencies to satisfy any additional requests by the funding authority. Records shall typically be maintained consistent with state requirements for state-funded services or for three years after federal closeout activities have been completed as indicated by a letter from FEMA (for CCP immediate services) or the Substance Abuse and Mental Health Services Administration (SAMHSA) for CCP regular services or the SAMHSA Emergency Response Grant (SERG). All records are subject to federal audit and recoupment during this time period.

Recording and Reporting Human Resources Used in Grant

If Federal resources are provided, ODR and CPS will also be responsible for recording and reporting provider human resource utilization for in-kind and grant-funded positions for the grant period.

CPS will coordinate data collection to support drawdown of funds and accountability. Records will be maintained as required by FEMA.

ODR and CPS jointly will set up a time-keeping system that will show the work and time performed by each Central Office paid staff person who is referenced in the FEMA application as in-kind contribution.

Use of Situation Reporting

When a disaster has occurred or is imminent, Missouri's State Emergency Management Agency (SEMA) routinely sends situation reports (SitRep) to the Department of Mental Health director's office and to the DMH Coordinator of Disaster Readiness. These reports are sent electronically and posted to the SEMA webpage. As appropriate, DMH will contribute information for inclusion in the SEMA SitRep including information collected from service providers regarding needs assessment and service delivery. DMH will also participate in meetings of the Governor's faith-based and community service partnership for disaster recovery (hereafter referred to as the Partnership), another source of information and material for the SitRep.

Recording and Reporting Services

Mental health related services provided by affiliated volunteers will be routinely reported and recorded in formal meetings and communications with SEMA ADMINISTRATION, through statewide meetings of the Missouri chapter of Voluntary Organizations Active in Disaster (MOVOAD) and the Partnership. DMH participates in both groups and can monitor activities through participation.

In addition, mental health center participation in meetings of local community, organizations active in disaster (COAD) will afford information about volunteer efforts at the local level to promote communication, collaboration, and coordinated deployment of limited resources.

B. LOGISTICS

Access of Mental Health Function personnel to Impacted Area

Missouri's State Emergency Operations Plan (SEOP) and the Show-Me-Response System (SMR) each have an established process for identification and badging of essential personnel to access a disaster area that has perimeter security. In order to afford safety and security for mental health personnel and other responders, pre-planning at the local level should address issues related to:

- Method for determining affiliation (list of personnel provided to logistical officer in incident command structure, access by business card or logo apparel, picture ID production for mental health workers, wristbands with bar codes, or other agreed upon method);
- Level and type of access to site;
- Process for terminating access;
- Training regarding safety and exposure within the site; and
- Tracking entry and exit consistent with criteria.

In order to support local procedures for access, resource options for producing badges or apparel may include:

- Incorporation of costs (badges, equipment and supplies or apparel, etc.) into Crisis Counseling Program;
- SMR professional health volunteers will already have their approved badges. The SMR will provide a list of approved volunteers to the local emergency lead agency or person.
- Collaboration with DMH facilities whose staff already have badges

Business Continuity Plans and Logistical Considerations

Each CPS, ADA and DD provider will consider and plan for critical logistical issues in the event any hazard would potentially disrupt operations for their employees and clients. Among these considerations are:

- Arrangements for support needs for employees and consumers (food, water, medications, transportation, etc.);
- Provision for self-support or shelter in place for up to 96 hours or longer;
- Availability, transport, administration, and privacy of clinical and service delivery records; and
- Replacement or repair of damaged or destroyed equipment.

These and other disaster recovery and business continuity issues should be incorporated into an established agency plan. Models and guidance for development of sound plans can be found at websites for FEMA and OSHA as well as other locations on the internet.

DMH will have the necessary policies and regulations to promote effective business continuity consistent with HIPAA. Providers in each of the program divisions are required to have disaster plans and continuity plans that are consistent with HIPAA guidelines.

Management of Volunteer Offers and Services

Local community mental health centers will conduct planning efforts in their geographic areas to determine appropriate structures and criteria for use of volunteer resources to provide mental health-related services in response to a disaster. Planning and program design efforts will include:

- Response to unaffiliated, spontaneous volunteers;
- Coordination with established voluntary and faith-based organizations active in the area;
- Mutual aid agreements with other mental health centers in the state for additional capacity;
- Budgeting for costs associated with unpaid volunteers and paid mutual aid resources in the CCP budget and program design; and
- Requests for additional capacity to be made to SEMA for submission to the Emergency Management Assistance Compact (EMAC).
- Use of DMH affiliated volunteers through the Show-Me-Response (SMR) System of professional health care workers. DMH requires that volunteers are trained, pass criminal background screens, and have the necessary credentials. DMH will be responsible for the activation of the SMR unit for mental health volunteers.

Mutual Aid Agreements (agreement to support and help each other)

Community mental health centers will be encouraged to develop mutual aid agreements with other centers, both contiguous and distant for surge capacity in catastrophic and large scale events. Cooperative agreements with ADA providers may also take the form of mutual aid as determined by local structure and planning efforts. Copies of mutual aid agreements should be shared with the appropriate DMH Divisions and committees may be convened to establish models and practices for agreements. Agreements should be structured to address activation and reimbursement, including provisions related to grant funding.

Mutual aid agreements are particularly critical when 24 hour or daily service delivery is essential to client well-being. Agencies that provide residential services or methadone services are strongly encouraged to establish mutual aid agreements for contingencies that would result in disruption of services or relocation of operations.

Mutual aid agreements may also be advisable between community providers and DMH facilities that may provide specialized capacity that would be needed in an emergency situation.

Emergency Management Assistance Compact (EMAC)

EMAC is an interstate mutual aid agreement that provides a mechanism for sharing personnel, resources, and equipment during emergencies and disasters. EMAC has traditionally been used by states for National Guard and emergency management assistance. However, it was used with success during the 2005 hurricane season to provide public health assistance. As mentioned, EMAC provides a vehicle for requesting services across state boundaries that could be used to assist such as;

- Re-assigning Mental Health workers to another state
- Administrators and planners for grant development; and
- Public education/public information officers with expertise in behavioral health and risk communication.

Benefits of using EMAC for public health emergency assistance include

- Increased collaboration among states during emergency planning, preparedness and planning;
- Better awareness and understanding of state and local resources;
- Consideration of legal issues related to worker compensation, liability, credentialing and reimbursement.

Disaster Medical Assistance Team (DMAT)

In Missouri there are two Disaster Medical Assistance Teams. The MO Disaster Medical Team (MO-1 DMT) operates throughout the state in times of disaster where medical care could be needed at the request of the Governor's Office and in cooperation with DHSS and SEMA. The team is equipped to respond to the disaster location and set up an emergency ER.

The MO-1 Disaster Medical Assistance Team (MO-1 DMAT) is part of the National Disaster Medical System (NDMS) under the U.S. Department of Health and Human Services. DMATS may be deployed to other states when local medical resources are overwhelmed as the result of a disaster.

Federal public health medical assistance consists of medical materials, personnel, and technical assistance. These resources may provide response capability for the triage, treatment, and transportation of survivors, or persons with special medical needs; evacuation of patients; infection control; mental health screening and counseling; environmental health services; and other emergency response needs.

DMAT Special Teams include: pediatric, burn, Disaster Mortuary Service Teams (DMORTs), Urban Search and Rescue (USAR) and Mental Health Teams. DMAT teams consist of 35 deployable individuals in each team. Teams are located throughout the United States.

The US Public Health Support (USPHS) Commissioned Corps teams include a mental health team.

Mental Health Team (MHT): The MHT consists of mental and behavioral health experts who assess stress and suicide risks within the affected population, manage responder stress, and provide therapy, counseling, and crisis intervention. The MHT can deploy within 36 hours of notification.

Officers who provide mental health care serve in a variety of roles in the Commissioned Corps, using a public health model based on building resilience and facilitating recovery for people with or at risk for mental illness or substance use disorders. The officers are [psychiatrists](#), [clinical psychologists](#), [clinical social workers](#), [psychiatric nurse practitioners](#) and [psychiatric nurses](#). Officers provide clinical care, respond to public health disasters and emergencies, and develop and implement mental illness prevention and treatment programs that benefit entire communities.

Action Request Forms (ARF):

The teams deployed through the federal government would be requested from the State Emergency Management Agency ESF 8 Health and Medical, through SEMA to the Federal

government in a catastrophic disaster when state resources are overwhelmed. The Action Request Form (ARF) is used to request federal assistance through the ESF 8 function and SEMA. The ARF should specify the function that the team will fulfill, types of professionals needed to fulfill that function and number, but it should not specify a specific federal team. The federal government will determine the make-up of the team based on the request and which federal government resources will fulfill the request based on availability. “A written request for Federal assistance may be submitted on an Action Request Form (ARF). The ARF is the working document requesting Federal assistance. The mission assignments are directives provided by FEMA to another agency to perform specific work in disaster operations **on a reimbursable basis** and are defined in the title 44, Code of Federal Regulations, 206.2(a) 18. The mission assignment is used to record a request for Federal assistance by States and Federal entities to FEMA, and may become the official FEMA obligating document when a mission assignment to another Federal agency results from the request.”

C. LEGAL

Licensure and Reciprocity

CPS and ADA providers are responsible for compliance with all relevant and applicable professional licensure and regulation requirements when conducting DMH business. Providers will be afforded the opportunity to utilize the Emergency System for Advance Registration (ESAR) for Volunteer Health Professional (VHP) called the Show-Me-Response established by the Dept of Health and Senior Services (DHSS) to identify individuals with interest and specialized training in disaster response.

Modified Standards of Care

In the case of a catastrophic event, DMH may allow requests from providers to adopt temporary “modified standards of care for clients”. This could only occur if DMH demonstrates to the State and the Federal authorities that such action is justified. If justified, a waiver may be granted during this time that will allow for an “emergency practice” standard of care for a limited time until the conditions have been addressed. The modified standards could include addressing reporting practices etc. The health and safety of the consumers will not be mitigated in any manner and shall remain paramount.

Informed Consent

Written informed consent will be obtained when:

- An individual is being admitted to an agency for clinical services;
- Personally identifiable Information about an individual or services provided are being utilized as part of an approved research activity; or
- A child or adult is being formally evaluated for a diagnosis, treatment or referral for additional services.

Informed consent is not obtained when:

- Public education or outreach services are being provided;

- An individual requests assistance, consultation or referral through a telephone hotline service, presentation at a community event or at a designated mental health site within a prophylaxis or treatment clinic established in response to a public health emergency; or
- Primary prevention activities are conducted with children or adults related to building resilience and protective factors.

Confidentiality

All personally identifiable information will be treated as private information and will be maintained in a manner to protect confidentiality as required by state and federal statutory and regulatory requirements. All individuals who provide services, whether volunteer or paid staff, will be trained regarding their responsibilities to protect and maintain privacy and confidentiality.

Liability Issues

All appropriate steps such as training, background checks, and verification of education and credentials shall be taken to assure that individuals are appropriately qualified for the activities they will be performing, whether as volunteers or paid staff. Each agency shall maintain appropriate coverage related to liability. In addition, some individuals may also be advised to carry liability coverage for certain aspects of their positions.

Contracting and Procurement

Missouri statutes permit contracting without bid to CPS administrative agents, allowing rapid response and delegation authority to these agencies for crisis counseling response activities. The planning process for disaster preparedness and response provides the opportunity to clarify expectations in contractual format as necessary to assure statewide response capacity.

Section VIII: Communication/Public Information

During a significant emergency that involves a large decentralized organization such as the Department of Mental Health, it is important that communication be timely, strong, accurate and effective. The DMH communications team, in close coordination with SEMA, will communicate with other DMH staff during an emergency.

The Communications Team at DMH is formed by the Public Affairs staff, the DMH Director, administrative assistants from the Director's Office, Deputy Director's Office and other offices as needed.

The Communications Advisory Group at DMH is composed of representatives of the program divisions and offices. These persons will provide input in carrying out the strategies of the Communication Plan by providing information and perspective of their areas of interest regarding department goals.

DMH and the Disaster Coordinator are reminded of the following:

- At any large event, DMH can expect multiple national media to request information
- Facilities must provide timely updates and information to Central Office to assure consistency and integrity of message.
- Communication among the Divisions, Division facilities and the Department's Public Information Officer will be essential so that accurate, appropriate, and timely information can be provided to the media.
- The READI Team will be heavily utilized during any catastrophic event.

READI Team

The READI Team will be responsible for having a representative on the SEOC floor during activation. The representative will obtain and distribute information gleaned from situational reports, as well as, other departments and entities. The representative will be responsible for communicating requests for mental health services to the proper personnel. The representative will be responsible for reporting to DMH management status of the situation as reported at SEMA.

Depending on the severity of the incident, the READI Team may activate a Department Incident Command Center (ICC). The ICC would be responsible for communications between DMH and SEMA. The ICC would make recommendations for staffing needs of the ICC to include command staff necessary for the ICC to function. The ICC would function as a communication center for remote DMH facilities to ask for and provide information. The ICC would provide updates to DMH management and public information officer at predetermined intervals.

Media Communications

The public information officer will be responsible for responding to media requests and will use predetermined messages developed by the department.

Client Communications

Staff dealing directly with clients will use predetermined ‘calming’ messages tailored to the emergency. These can be located on the DMH Website: www.dmh.mo.gov/disaster/ click on *Coping Fact Sheets* under *Communications* also click on the *Disaster Communication Guidebooks* for information on specific events. Hard copies of this information should be kept in the event the network is down and staff cannot access the website.

Employee Communications

Communications to employees will be made from Division management. If the incident occurs after hours, each Division should keep an updated call list for employees. The state building closure line should also be updated by a member of management and employees directed to call there for building status (888) 390-9927. In addition, the DMH website should be updated and employees directed to check for status of the incident and their responsibility for reporting to work. Other DMH electronic sites such as a FaceBook Page may also be used to communicate information if operational.

MEANS OF COMMUNICATION

Conventional Methods: Communication shall be made using any of the conventional methods available at the time of the incident. Telephone, cell phone, Blackberry, and email are a few examples. In the event conventional communications are unavailable, the Department will need to resort to other agencies alternate communications. These communications will be coordinated at SEMA.

Ham Radio Communications: The DHSS has “ham radio” equipment. DMH has several employees who have their technical ham license and may volunteer to assist in a disaster. Several DMH facilities have ham radio equipment and staff volunteers who are trained and licensed to assist in emergencies.

The DMH Public Information Officer will have responsibility for coordinating public information activities among DHSS, SEMA and DMH depending on the nature and scope of the disaster. The Disaster Coordinator and the READI Team shall help guide and assist in the process as necessary. DMH may have to suggest content experts for media use. The READI Team can help guide this effort.

SECTION IX: DMH All Hazards Plan

A. Purpose

The Director of Disaster Readiness or designee shall refer to the Department Plan for handling emergencies (www.dmh.mo.gov/disaster/ click on *Plans and Competencies*) The title of the manual is: *All Hazards Emergency Operations Plan*. It is an important resource for addressing key issues. It contains essential information about the many phases of emergencies from the initial response to recovery.

This All-Hazards Plan outlines responsibilities of the public mental health system in assisting Missourians with their emotional and mental health needs in all phases of natural or technological disasters or emergency events. Effective planning and response efforts require the delineation of statewide and community-based roles and activities for the Missouri Department of Mental Health (DMH) and the:

- Administrative agents of the Division of Comprehensive Psychiatric Services (CPS),
- Contract providers of the Division of Alcohol and Drug Abuse (ADA), and
- Contract providers of the Division of Developmental Disabilities (DD).

Missouri's public mental health system recognizes that preparedness, response and recovery efforts must be designed and delivered to:

- Survivors of disaster,
- Emergency responders,
- Individuals with access and functional needs which includes individuals served by DMH, and
- Members of the community who may require assistance to reduce the incidence of adverse and long-term mental health outcomes after an event.

The plan is premised on the following key principles:

- Facilitating the healing process is an important role of the public mental health system through individual, group and community level interventions;
- Individuals and communities are resilient and can recover in the face of difficult circumstances;
- Recovery is enhanced by the availability of supportive assistance that normalizes emotional responses after a disaster while reducing maladaptive and adverse outcomes such as substance abuse, or depression.

The effectiveness of the plan is reflected in its ability to promote and support recovery for all identified groups, including those who live in recovery each day due to substance abuse or mental illness.

B. OVERVIEW

This plan is based on key principles that affect the design and delivery of mental health response efforts in disasters:

- This plan can be effectively implemented and adapted for all-hazards that may impact Missourians.
- Mental health response can be most effective when supported by important activities and efforts during the prevention, preparedness and recovery phases of a disaster.
- Mental health response includes community mental health services and alcohol and drug abuse prevention and treatment activities.
- Most people will return to their normal level of pre-disaster functioning without any mental health assistance or services after a disaster event, although recovery may be supported and facilitated by outreach services.
- People with mental health disorders or disabilities, substance abuse problems, people in recovery, and people with developmental disabilities may require supports to prevent long-term adverse effects from a disaster event.
- Mental health activities in all phases of disaster assistance must be adapted to cultural and language needs of diverse communities and populations.
- Disaster mental health programs and activities should be designed to identify concerns and provide outreach to individuals known to be at greater risk due to a disaster.

An overview of mental health roles and activities in all phases of a disaster is summarized in a matrix format entitled: *Missouri Model for Mental Health Response and Recovery, After Traumatic Incidents* is located in Appendix IV.

C. DIVISION OF RESPONSIBILITY

State Level

Missouri's State Emergency Management Agency (SEMA) develops the State Emergency Operations Plan (SEOP) based on input and assistance from a variety of state agencies including the Department of Health and Senior Services (DHSS) and the Department of Mental Health (DMH).

DHSS is the primary agency for Health and Medical in Annex K. DMH is a support agency to Annex K and is subject to activation by DHSS and SEMA, as warranted. At the federal level, the health and medical component is designated as Essential Function 8 (ESF 8).

SEMA, DHSS and DMH collaborate at the state level to establish expectations and infrastructure for effective mental health response to a disaster. The quality of the response effort is dependent on activities that occur in prevention, preparedness, and recovery phases.

DMH state responsibilities and activities are specified in the row titled Public Mental Health Authority Role in the matrix (Appendix IV), an abbreviated section of that model is excerpted

below. DMH activities are performed by the Divisions of Comprehensive Psychiatric Services (CPS), Alcohol and Drug Abuse (ADA), and Developmental Disabilities (DD) with coordination by the Coordinator of Disaster Readiness.

Pre-Incident	Impact and Rescue	Recovery
<p><i>Workforce Development</i> Collaboration among state agencies Policy development Infrastructure support for rapid assistance Training/exercises</p> <p><i>Resource Development</i> Funds Grants Technical Assistance</p> <p><i>Regulatory Role</i> Competency-based workforce standards Licensure and certification standards for agency planning and preparedness Contract provisions for provider responsibilities</p> <p><i>Advocacy—priority given to:</i> DMH Clients School children Individuals with diverse backgrounds Other access and functional needs populations</p>	<p>Activate MH response Establish communication links with CMHCs in affected areas Needs assessment for FEMA Immediate Services Program (ISP) counseling grant application If justified, complete and submit FEMA (ISP) Grant application</p>	<p>Assess need for FEMA Regular Services Program (RSP) Grant or CMHS SERG funds Develop and submit written RSP application If regular services grant not pursued, complete implementation of ISP close-out. Participate in and coordinate with the Governor’s Partnership Conduct data collection and analysis for future use Conduct after-action evaluations</p>

DMH will designate 24/7 mental health hotline number(s) for the disaster based on the geographic location and scope of the disaster. DMH will coordinate hotlines with DHSS for public health emergencies based on the nature and scope of the emergency.

Local level

CPS Administrative Agents (Appendix V) have responsibilities as described in the matrix row titled Community Mental Health Role. Statewide coverage is achieved through use of administrative agents. DMH service areas have not been modified to be consistent with the

Missouri’s Homeland Security regions but mental health activities in all phases will be conducted consistent with the regional framework and principles.

In the immediate aftermath of a disaster incident, the decision to deploy local mental health resources as part of the community response is a local decision. The decision should be based on the size, scope and nature of the disaster event as well as availability of disaster-competent workers and resources. Due to resource limitations, DMH does not guarantee payment or reimbursement of mental health resources deployed in response to a disaster.

In response to federally declared disasters for counties or other large scale emergencies with wide-ranging community impact that take place in their service areas, CPS Administrative Agents will pursue one of the following:

- a) participate in the Immediate Services and Regular Services phases of the Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) by deploying staff and providing outreach services consistent with federal requirements as outlined in Appendix 4 of the All-Hazards Emergency Operations Manual; or
- b) establish (pre-planned) plans with a subcontract agency to implement Immediate Services and Regular Services phases of the FEMA CCP; or
- c) demonstrate the availability of local funding and resources to implement a program equal or greater in size and scope with the Immediate Services and Regular Services phases of the FEMA CCP; or
- d) request approval, in advance of implementation, to redirect Purchase of Service (POS) funding within an agency’s existing allocation to meet the disaster-related crisis counseling needs of the affected community or communities.

CPS Administrative Agents will establish relationships with the local providers of the Division of Alcohol and Drug Abuse (ADA) for the purpose of enhancing CCP outreach teams with individuals with knowledge and expertise of substance abuse prevention, treatment, recovery, and relapse prevention.

Local community mental health responsibilities and activities are specified in the matrix row titled Community Mental Health Role (Appendix IV). Abbreviated sections paraphrased below. Activities are performed by CPS Administrative Agents and ADA contract providers.

Pre-Event	Impact and Rescue	Recovery
<ul style="list-style-type: none"> • MH Response Planning and Preparation at local level • Workforce development • Public education 	<ul style="list-style-type: none"> • Basic needs • Psychological First Aid • Monitor environment • Technical assistance, 	<ul style="list-style-type: none"> • Monitor the recovery environment • Foster resilience and recovery • Community development

<ul style="list-style-type: none"> • Community development 	<p>consultation, and training</p> <ul style="list-style-type: none"> • Culturally competent needs Assessment • Triage • Outreach and information dissemination • Fostering resilience and recovery 	<ul style="list-style-type: none"> • Public education • Traditional mental health services
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Target populations will extend beyond those established for day to day DMH service delivery. Populations to benefit from disaster mental health services include those described in the chart below.

Impact and Rescue	Recovery
<ul style="list-style-type: none"> • Survivors and their families • Families of victims • Emergency responders and their families • Public Health Workforce • DMH consumers • Communities affected at “ground zero” (residents, schools, churches, businesses, etc.) • General public • Mental health workforce 	<ul style="list-style-type: none"> • Survivors and their families • Families of victims • DMH consumers • Communities affected • Formal helping systems (government and private) • Healthcare providers and primary care providers, including mental health treatment providers • Natural and informal helping systems • Awareness and education of general public to reduce stigma and increase help seeking behavior

DMH community providers, including those for CPS, ADA and DD, will be responsible for the disaster-related mental health needs of their clients.

- ✓ DMH community providers should embrace their HIPAA-mandated responsibilities for business continuity plans as an opportunity to plan and prepare to function seamlessly in the face of disruptions caused by a variety of natural and technological disasters that may occur.
- ✓ Support needs for mental health consumers in disasters will be highly correlated with the intensity and type of services with greater support in disaster circumstances.

- ✓ Training in psychological first aid and other support strategies for disaster related mental health needs will be available as a tool for providers in meeting needs of consumers and to develop surge capacity in case of catastrophic events.
- ✓ Additional support may be requested by contacting the local administrative agent to provide data that supports the need for additional CCP services, if approved by FEMA.
- ✓ In large-scale emergencies, trained provider staff may serve as a recruitment pool to work as crisis counselors in the FEMA program to help meet surge capacity needs.

DMH operated facilities shall have primary responsibility in an emergency incident to care for their patients or residents, employees, and any visitors on campus at the time. However, it is recognized that the unique assets and competencies available in a facility may be valuable resources to the community or to DMH providers. When sharing resources does not impede the facility's mission to provide care to its own patients or residents and, to the extent public resources may be authorized for use to serve a broader need, resources may be offered for use in the community mental health response to the event.

D. GENERAL SEQUENCE OF ACTIONS

Pre-event

- DMH monitors communications from SEMA regarding any threats or warnings.
- SEMA and DHSS maintain current 24/7 contact information for identified DMH staff charged with response.
- DMH will utilize existing GIS capabilities to improve planning & response efforts. SEMA has mapped the DMH facilities and residential sites.
- DMH is enrolled in emergency alert email to monitor weather and other alerts and warnings through <http://www.emergencyemail.org/>.
- DMH receives DHSS Health Alerts to monitor health and public health conditions and surveillance.
- Divisions of CPS, DD and ADA maintain lists of emergency contacts for state-operated facilities and contract providers for immediate notice and assistance in an event.
- DMH will utilize available capabilities to identify community placements through a GIS tracking system.
- Copies of a resource notebook for the DMH response team are updated regularly and are located at SEMA and DMH for ease of access in an emergency situation.

- The DMH READI Team maintains updated resources on a key-chain drive.
- DMH provides resources for immediate response to CPS administrative agents and ADA providers including: (These materials are also maintained on the DMH Disaster website at: <http://dmh.mo.gov/disaster>)
 - ✓ Compact Disk (CD) and hard copy of FEMA CCP application materials and outreach materials;
 - ✓ CD and hard copy of Center for Mental Health Services (CMHS) Data Collection Toolkit for FEMA CCP program;
 - ✓ An electronic and or hard copy of this plan; and
 - ✓ Other relevant materials as warranted.
- DMH will sponsor mental health related disaster training to develop capacity and competencies for effective mental health and substance abuse response to disasters.

Impact and During Event

- DMH will alert administrative agents of the possible need to activate mental health response, when advance preparation is possible.
- DMH will initiate contact with administrative agents in affected areas to gather data about disaster-related mental health needs including information about cultural issues and special needs populations affected by the event.
- DMH will work with the administrative agents to identify sources for translators such as colleges and universities.
- DMH will monitor SEMA situation reports for needs assessment and collaboration.
- DMH will monitor status of declaration and immediately communicate with administrative agents when declarations are requested and made.
- DMH, with the affected administrative agent(s), will determine the need for the FEMA Immediate Services CCP Grant.
- If warranted, DMH will write FEMA Immediate Services Grant including provisions for culturally competent outreach, i.e, substance abuse prevention/education activities, interpreters/translators, culturally sensitive and culturally adapted service delivery models.
- DMH will participate in phone calls with:
 - ✓ Missouri's chapter of Voluntary Organizations Active in Disaster (MOVOAD)
 - ✓ The Governor's Partnership
 - ✓ SEMA

- The CPS administrative agent(s) will determine need to deploy mental health resources.
- If deployed, outreach will be conducted consistent with the FEMA CCP model to increase likelihood of reimbursement if funded. Considerations include training and background of the outreach workers consistent with the FEMA CCP model.
- Based on pre-event plans, the CPS administrative agent(s) will notify and involve trained ADA staff in the response effort.
- The CPS administrative agent(s) will collaborate with local group of community organizations active in disaster (COAD), typically convened by the local University of Missouri Extension office.
- The CPS administrative agent(s) will maintain a listing of CPS and DD residential facilities in their service area and will consider the needs of their residents in planning and responding to the mental health related response efforts.
- DMH will work with the administrative agent(s) to identify sources for translators such as colleges and universities.
- As warranted, the CPS administrative agent(s) will request consideration for FEMA CCP.
- The CPS administrative agent(s) will assist in data gathering to support CCP application.
- The CPS administrative agent(s) will maintain data to support retroactive reimbursement under the FEMA Immediate Services Program for the grant application period if the application is successful. These efforts will integrate data regarding allowable activities and expenses consistent with FEMA CCP requirements.
- The CPS administrative agent(s) and DMH will assess the need to apply for the FEMA Regular Services Program.
- DMH will evaluate need for any measures to provide staffing and service delivery in impacted areas where travel, supplies, communications, and support are disrupted.
- In the immediate DMH response to an incident, if the administrative agents are overwhelmed, DMH may request one or more of the following:
 - ✓ VOAD assistance
 - ✓ Activate the Show-Me-Response system of Volunteer Health Professionals and/or;
 - ✓ When approved, the DMH Director may activate trained DMH workers/employees

Post Event

- DMH will work with SEMA to assure staff access to geographic areas impacted to assure continuity of services to community clients and program sites located in impacted zones.
- With authorization of the Governor's Authorized Representative (GAR), DMH will develop a written CCP application. The plan will include consideration of substance abuse needs, populations with access and functional needs, use of indigenous workers and interpreter/translation services for impacted communities.
- The CPS administrative agent will implement approved CCP Immediate Services grant services utilizing a workforce that integrates substance abuse prevention and treatment competencies into its outreach services.
- DMH will coordinate or provide CCP training consistent with the grant period.
- DMH will coordinate media responses and public education requests as arranged or requested by federal disaster officials.
- DMH will perform CCP administrative support functions, including monitoring and data analysis.
- In collaboration with the administrative agents in affected areas, DMH will assess need for Regular Services application for CCP.
- As needed, DMH will develop the Regular Services Program grant application and administer it as approved.
- Administrative agent(s) will implement approved CCP Regular Services Program.
- Administrative agent(s) will continue participation in COAD or Long Term Recovery Committee(s).
- DMH will participate in Governor's Partnership activities.
- DMH will cooperate with and coordinate any federal on-site visits or audit activities.
- DMH will conduct data collection, evaluation, after action, and grant closeout activities.
- DMH will maintain CCP grant files consistent with federal requirements. These details will be translated into checklists for use during an event as a support for DMH, CPS Administrative Agents, and ADA contract providers.

E. REQUEST FOR FEDERAL ASSISTANCE (PRESIDENTIAL DECLARATION)

If the disaster suggests that local and state resources are not sufficient, the Governor may request federal assistance by asking for a Presidential Declaration of Disaster. This will permit Missouri to request that FEMA provide financial assistance. The declaration can be for Public Assistance and Individual Assistance or both may occur. If the latter is given, the DMH may apply for the Crisis Counseling Program in the areas so declared. The application shall be submitted to the SEMA for the Governor's Authorized Representative's (GAR) signature and then sent to FEMA and SAMHSA..

The size and scope of response and the need to request assistance will be dependent on the nature, size and scope of the disaster and characteristics that affect mental health reactions to the event, such as extent of loss of life and property, manmade and terrorist events, continuing threat, impact on children, and other factors.

CCP Immediate Services Application

SEMA and DMH conduct needs and damage assessment information from local agencies and resources. With assistance and support of FEMA and CMHS, SEMA and DMH collaborate to determine the need for a FEMA Crisis Counseling Program grant application. DMH develops the draft written grant application within 10 days and submits a final application by the 14th day after the presidential declaration. The director of SEMA (Governor's Authorized Representative--called the GAR) will approve, sign and submit the written application. SEMA administers any approved CCP Immediate Services Grant funds. DMH utilizes and passes through funding to administrative agents for implementation. This grant is usually given for sixty (60) days but may have extensions.

CCP grant application materials and data collection tools are included in the DMH All Hazards Plan. The web address for the most current material is: www.mentalhealth.samhsa.gov/

CCP Regular Services Application

SEMA and DMH continue to assess disaster-related mental health impact and needs. With ongoing technical assistance and support from FEMA and CMHS, DMH, in collaboration with local mental health agencies, determines the need for a FEMA Crisis Counseling Program regular services grant application. DMH requests extension of the immediate services grant and submits a final application by the 60th day after the presidential declaration. The DMH director will approve, sign and submit the written application and the funds will flow directly to the state mental health authority for pass-through to local mental health providers. A regular services grant can be given for an additional nine (9) months.

State Emergency Response Grant (SERG) Application

For situations that do not qualify for FEMA funding, application can be made to CMHS for assistance to provide mental health services. Examples of SERG eligible incidents include school violence or sniper shootings as occurred in the DC area in 2002. SERG may also be the only option in a bioterrorism incident, public health emergency or Strategic National Stockpile (SNS) deployment. When a federal disaster has not been declared and DMH in conjunction with the local CPS and ADA providers concur that federal support is needed, DMH will contact SAMHSA and the Disaster Technical Assistance Center for current information regarding an Emergency Response Grant to get current application materials.

Section X: Linkages with Other Agencies

Managing resources and making decisions during a crisis will require DMH leadership to be effective and efficient. Other agencies may be providing assistance and may also require assistance so it is essential that frequent communication occur on a timely basis. The relationship/partnership that DMH has with the Department of Health and Senior Services (DHSS), the Department of Corrections (DOC) and the State Emergency Management Agency (SEMA) is especially recognized.

Department of Health and Senior Services:

DMH is a support agency to DHSS under Annex K of the State Emergency Operations Plan (SEOP). Annex K defines the roles and responsibilities of agencies for conducting health and medical operations related to various incidents. Refer to Appendix II for current names/phone numbers from other organizations.

The DMH has an agreement with DHSS (Memorandum of Understanding) to be a part of the Emergency System for the Advance Registration of Volunteer Health Professionals (ESAR-VHP) under the direction of DHSS. DMH is one unit of the overall Missouri Show-Me Response (SMR) program which meets the federal guidelines of the (ESAR-VHP). For more information, consult the DMH Show-Me Response policy regarding this program which is located and housed in the Office of Disaster Readiness.

Department of Corrections: A Memorandum of Understanding (MOU) was agreed to by both DMH and DOC effective January 1, 2008 through June 30, 2012. It provides for the collaboration and planning between DOC and DMH in the event of a catastrophic event.

- a. Shared responsibilities between DOC and DMH
 - Each Department shall coordinate with and assist the other on such needs as housing, food, transportation and security but not necessarily limited to those
 - Coordinate activities in accordance with SEMA
 - Ensure that no individuals' rights will be violated without due cause related to mitigating circumstances because of the disaster
 - Each Department understands and agrees that each agency's rules, policies, and procedures exist and each will work in cooperation with the other to address issues during an emergency.

- b. Organizational Responsibilities between DOC and DMH
 - DOC shall work with DMH to coordinate specific sites and transportation efforts for individuals residing in DMH maximum, or intermediate, or minimum security level facilities.
 - DOC agrees that in the event of a disaster, the following Department staff shall be present to work towards the transition and resolution of the crisis for individuals under the supervision of either department. Staff shall include, but not be limited to:
 - ✓ Director-- Division of Adult Institutions or designee
 - ✓ Director--Division of Offender Rehab Services or designee

- ✓ Emergency Management Coordinator or designee
- ✓ Chief Operating Officers (s) of designated institutions or designee

c. Responsibilities of DMH

- DMH agrees to provide staff to assist DOC with the transportation and security of persons residing in DMH maximum, intermediate, or minimum security facilities if such is requested by DOC.
- DMH agrees that in the instance of an emergency the following DMH staff shall be present to work towards the transition and resolution of the crisis for persons under the supervision of either department. These staff shall include, but not be limited to:
 - ✓ Director—Division of DD or designee
 - ✓ Director---Division of CPS or designee
 - ✓ Coordinator of Disaster Readiness or designee
 - ✓ Chief Executive Officers of designated region(s)
 - ✓ Chief Operating Officers or Superintendants of facilities or designee

Section XI: Red Cross Deployment of DMH Staff

The section explains how a DMH employee who is a certified Red Cross volunteer may deploy with the American Red Cross (ARC) in the case of an emergency. Please note that these certified volunteers may or may not be a part of the Missouri Show-Me Response System. Currently, a Memorandum of Understanding (MOU) between the Red Cross and DMH allows for the authorization of such deployment.

Department of Mental Health Operating Regulation (DOR—6.196)

In addition to the MOU, DOR 6.196 sets the guidelines for Department of Mental Health (DMH) employees who want to volunteer. Each of these persons from DMH will likely have been previously trained by the ARC as Disaster Services Specialists or Disaster Mental Health Specialists. Each of these specialists may be referenced as “certified volunteers”. DMH is most likely to deploy mental health specialists to serve in a specific mental health role in such circumstances.

- These volunteers qualify for “Disaster Leave” when they participate in an American Red Cross relief effort. DOR 6.196 says each certified volunteer may serve without loss of pay and they may serve without using annual leave for a defined amount of time.
- The “Appointing Authority” must sign/approve the State Volunteer Agreement Form for Disaster Operations (ARC Form 6520B) each time that a certified volunteer makes a request or is asked to provide service to the Red Cross. The appointing authority is defined as the head of the DMH facility or designee where the employee works. For those individuals that do not work in a facility, the appointing authority is the appropriate division director.
- The “Coordinator of Disaster Readiness” assumes the responsibility of coordinating DMH disaster planning and recovery efforts pertaining to a Red Cross request.
- A certified volunteer who receives a Red Cross request to help shall immediately notify their supervisor and the appointing authority. The employee shall provide all pertinent and relevant information for purposes of evaluating the request for “disaster leave”. The Coordinator of Disaster Readiness may contact the Red Cross for additional information if necessary. The Red Cross Unit must provide the Disaster Relief (DR) number, the name of the operation, and the location of the operation.
- Each volunteer who requests disaster leave shall provide the number of business leave days, sign and date the agreement and submit to the appointing authority for signature (approval). If approved, the appointing authority keeps the original copy. The employee keeps one copy for his/her files and provides two copies to the local Red Cross chapter. Whether approved or not approved, the appointing authority shall provide a copy or copies to the Disaster Readiness Coordinator.

- The Coordinator of Disaster Readiness shall check with the SEMA Statewide Volunteer Coordinator (Dante Gliniecki--526-9132) or his designee at SEMA to make sure that there are still designated openings under that law that are open to send Red Cross volunteers or any volunteers approved through the Governor's Partnership per State Statute. Section 105.267 of the Missouri State Statutes limits such volunteerism for those who are in pay status to not more than twenty-five FTE (one hundred twenty work hours per person each fiscal year). If the request is approved, signed forms shall be faxed to the SEMA Statewide Volunteer Coordinator (Dante Gliniecki---FAX 573-634-7966).
- Each approved certified volunteer is expected to be available to travel within 24 hours of receiving a recruitment call. Appropriate forms must be signed and submitted to the Red Cross chapter prior to departure.
- Each employee is subject to a cap of fifteen (15) days for disaster relief per fiscal year. Normal "off days" including holidays are not counted in the number of fifteen. A volunteer, with pre-approval by the appointing authority, may extend their service for the Red Cross beyond fifteen days but the volunteer must use accrued annual leave, use compensatory time, use holiday leave or take a leave of absence without pay.
- The Department of Mental Health shall consider many factors in granting leave to qualified employees who request "disaster leave". It should be noted that DMH reserves the right to deny requests for "disaster leave". (Note: The factors to consider are outlined in DOR 6.196.)
- After deployment, an employee may request additional leave time from the supervisor to recuperate and safely return to the workplace. They may request one (1) day of administrative leave time for every 5-7 days of deployment. This additional leave may be approved or not approved at the discretion of the supervisor and/or appointing authority.
- The DMH policy does not apply if the request for disaster response and recovery is covered by an Executive Order from the Governor's Office or from an in-state response effort initiated by the DMH Director.
- This policy does not apply to any leave that may be necessary for attending Red Cross training. Those requests are subject to established policies.
- The Coordinator of Disaster Readiness will maintain records on Red Cross deployments across the DMH that captures the following: (1) name of disaster; (2) location; (3) names of volunteers; (4) facility where employed and; (5) deployment dates. The Coordinator shall provide each DMH facility feedback regarding Red Cross deployment on an annual basis.

Section XII: Special Issues---Shelters/Mass Care

Mass Sheltering

When a local shelter activates, the populations of persons occupying the shelter may be diverse and in need of various assistance approaches. At times the shelter may need additional mental health (DMH) assistance and in each case, it may be necessary that counselors or therapists with special training and skills be used. Examples may include:

- A person comes to the shelter who may have a pre-existing mental health condition and is having a psychiatric crisis
- Persons or groups of persons come to the shelter and their behavior is escalating or becoming problematic for the shelter to serve due to what shelter staff believes may be psychiatric issues (not a security issue).
- Persons who come to the shelter seeking aid and whose behavior suggests they may have issues related to addiction.
- Any persons with access and/or functional needs who may benefit from behavioral health assistance.

The local shelter working with the local emergency operations center would follow the following procedures in the case of a psychiatric crisis.

- **Local emergency:** the Shelter Manager would contact the DMH Access Crisis Intervention hotline directly for assessment of psychiatric condition. Persons living in the community have the right to receive or refuse treatment unless they are a danger to themselves or others.
- **State and/or Federally declared disaster:** the Local Emergency Operations Center (LEOC) should contact the State Emergency Management Agency Emergency Operations Center (SEMA EOC) for mental health assistance. The SEMA EOC will assign the request to the ESF 8, Health and Medical Group and DMH will respond and track the response.

Mass Care (all hazards)

In the SEOP, the SMHA is listed as a support agency in the annex in support of Department of Social Services (DSS) with roles specified as:

- Coordination of crisis counseling for survivors and responders
- Coordination of mental health services for survivors and responders

Health and Medical (all hazards)

In the SEOP, the SHMA is a support agency to DHSS. It might assist in the following ways:

- Provide surge capacity for mental health needs
- Preparation for mass casualty and mass fatality incidents
- Address planning for persons with access and functional needs.

Section XIII: DMH Role in the State Emergency Operations Plan (SEOP)

Note: All appendices referenced in this section are contained in the SEOP manual and not at the end of the SOG.

Missouri is exposed to a number of potential hazards that may cause great harm to property and people. Therefore, the State Emergency Management Agency (SEMA) has prepared a State Emergency Operations Plan (SEOP). This plan will direct the actions of state departments and agencies in the event of an incident that requires a response of unusual proportions.

The SEOP outlines actions to be taken by the state government and other participating organizations so the following can occur:

- Prevent avoidable disasters
- Reduce the vulnerability of jurisdictions because of their efforts to mitigate harm/damage
- Establish response capabilities
- Maximize the effectiveness of state response and;
- Speed recovery

The SEOP is designed to deal with those critical occurrences that create needs and cause suffering that most local jurisdictions cannot alleviate without assistance.

The SEOP consists of a Basic Plan (all departments/agencies) that will guide the overall emergency management activities. It also contains a series of functional Annexes that specify which department/agencies are to be involved and what activities they should address. DMH has been given support responsibility in these Annexes:

- Annex A (Direction and Control)
- Annex D (Damage Assessment and Incident Analysis)
- Annex G (Evacuation)
- Annex H (Logistics and Resource Management)
- Annex I (Mass Care)
- Annex K (Health and Medical)
- Annex Q (Disaster Recovery)
- Annex R (Emergency Public Information)
- Annex S (Continuity of Government)
- Annex T (Mortuary)
- Annex V (Terrorism)
- Annex W (Animal Emergency Disaster)
- Annex X (Special Needs)
- Annex Y (Catastrophic Event—Earthquake)

Note: The DMH is not the lead agency in any Annex but they play a significant role as a Support Agency.

The major responsibilities given to DMH for the Basic Plan and each Annex follow: (For more information about any Annex, consult the State Emergency Operations Plan.)

Basic Plan:

Provides mental health support (including crisis counseling) to survivors, workers, and volunteers in a disaster, CBRNE (chemical, biological, radiological, nuclear, explosives) or other public health emergency. *(For more information, refer to SEOP, pages BP 1-13, Appendix I, Appendix II, Appendix III, Appendix IV and Appendix V of the Basic Plan.)*

DMH Role:

There are not any specific roles for DMH other than to act as a support agency, p. A-6, c.

Annex A (Direction and Control):

Defines the roles and responsibilities for each department/agency in terms of conducting Direction and Control operations related to various incidents. *(For more information, refer to SEOP pages A-1 to A-9, Appendix I. and Appendix II.)*

DMH Role:

There are not any specific roles for DMH other than to act as a support agency.

Annex D (Damage Assessment and Incident Analysis)

Establishes statewide responsibilities for collecting, reporting, and analyzing damage information to support local, state, and federal response and recovery operations. *(For more information, refer to SEOP, pages D-1 to 12.)*

DMH Role:

DMH shall assess any damage to Central Office. The Division of CPS shall assess any damages to any of their state operated psychiatric facilities. The Division of DD shall assess damage to any of the state-operated habilitation centers and the regional offices.

Annex G (Evacuation)

Defines the roles and responsibilities for departments/agencies as they conduct procedures for any evacuation that may be necessary due to an incident. *(For more information, refer to SEOP, pages G-1 to 8 and Appendix 1 of Annex G.)*

DMH Role:

DMH shall provide oversight and coordinate any evacuation necessary for any of their facilities.

DMH and their facilities shall develop SOGs that will establish mutual aid agreements as needed that will provide transportation, legal considerations, medical assistance, workforce relocation, public safety, and security provisions and alternate housing locations for impacted clients of DMH.

Annex H (Logistics and Resource Management)

Defines the roles and responsibility of SEMA to coordinate Logistics and resource Management of all departments and agencies. SEMA supports and assists in the allocation of state resources to promptly and efficiently react to a disaster and to maintain a continuous record of allocations. *(For more information, refer to SEOP, pages H-1 to 11 plus Appendixes 1 and 2 of Annex H)*

DMH Role:

DMH does not have any specific role other than to act as a support agency.

Annex I (Mass Care)

Defines the roles and responsibilities of departments/agencies for providing Mass Care related to incidents that require such help to persons displaced or evacuated. *(For more information about Annex I, refer to SEOP, pages I-1 to 10 plus appendix 1 of Annex I)*

DMH Role:

- DMH coordinates provision of crisis counseling to disaster survivors and responders.
- DMH coordinates referral for mental health services to disaster survivors and responders.
- Assists in identifying suitable facilities for clients in state operated or contracted facilities.

Annex J (In-Place Shelter)

Establishes guidelines and procedures to assist local jurisdictions in sheltering people from effects of a disaster that threatens or strikes the state.

DMH Role:

State agencies, departments, and related offices are responsible for conducting in-place shelter for their facilities.

Annex K (Health and Medical)

Defines the roles and responsibilities of departments/agencies for conducting health and medical operations related to various incidents. Increasing threats of CBRNE incidents require special response guidelines and the need for departments/agencies to work together. Annex K addresses the organization and procedures that will allow for a joint operation. *(For more information, refer to SEOP, pages K-1 to 14.)*

DMH Role:

- All DMH facilities should have previously developed emergency plans in accordance with state and federal regulations. Each of the plans should be tested periodically.
- DMH will provide mental health support (including crisis counseling) to families of survivors, workers, and volunteers in a disaster, CBRNE or other public health emergency.
- DMH will coordinate mental health services and resources with public and private agencies in emergency operation centers, shelters, resource, and recovery centers, and other appropriate settings.

Annex Q (Disaster Recovery)

Defines the roles and responsibilities for departments/agencies when conducting disaster recovery operations related to various incidents. It describes the government's roles and procedures for implementing supplemental federal assistance available under the Robert T. Stafford Disaster Relief Act. *(For more information, refer to SEOP, pages Q-1 to 12.)*

Role of DMH:

DMH will jointly work with SEMA in the event of a Presidential Declaration that applies to any part of the state. Together they shall determine if there is a need for additional resources beyond the capacity of the local and state entities. If there is a need for additional Individual Assistance resources, SEMA and DMH may apply for a FEMA Crisis Counseling Grant.

Annex R (Emergency Public Information)

Defines the roles and responsibilities of departments/agencies for conducting Emergency Public Information related to various incidents. The purpose is to increase public awareness of all hazards and to provide timely release of accurate information that might assist the public during an emergency or disaster. *(For more information, refer to SEOP, pages R-1 to 9 and Appendix 1 of Annex R.)*

DMH Role

DMH may be required to send their Public Information Officer to the State Emergency Operations Center (SEOC) under most Presidential Declarations or when serious state responses are required.

Annex S (Continuity of Government)

Maintains and preserves the lawful leadership and governing authority in the aftermath of an enemy attack, terrorist attack, or catastrophic natural event. Continuity of government is essential to provide services before, during, or after a catastrophic event.

State and local governments, departments, agencies and offices must be prepared to operate without help for at least 72 hours.

All state departments, agencies and offices must develop and maintain COOP SOGs for the categories mentioned below:

- Designate at least three (3) emergency interim successors if appropriate under law for the highest official and key subordinates by positions name (for example, Deputy Director)
- Implement assigned emergency response activities
- Evaluate state facilities
- Preserve records
- Designate key personnel to maintain essential functions if normal operations are threatened or disrupted
- Select alternate secure protected facilities and sites from which essential personnel can carry on their functions during the emergency period.

Note: The Office of Administration, Facilities Management, stands ready to assist state departments and agencies staffs if they do not already have an appropriate COOP to continue essential services.

(For more information on Annex S, refer to SEOP, pages S-1 to 9 and Appendix 1)

DMH Role:

DMH does not have any specific role other than to act as a support agency.

Annex T (Mortuary)

Defines the role and responsibilities of departments/agencies for conducting mortuary services following various incidents. This annex addresses the reasonable and proper handling of the deceased in multi-death incidents. *(For more information, refer to SEOP, pages T-1 to 9.)*

DMH Role:

- DMH will identify mental health resources to assist in crisis counseling efforts.
- DMH coordinates the response of crisis counselors as part of the mortuary services response.

Annex V (Terrorism)

Defines the roles and responsibilities of Departments/agencies as they respond to acts of terrorism. The purpose is to provide a plan for responding and recovering from a terrorist or weapons of mass destruction (WMD) incident. This will include CBRNE. *(For more information, refer to SEOP, pages V-1 to 16 and Appendix 1 of Annex V.)*

DMH Role:

- DMH has the responsibility to assess damage to its psychiatric facilities that are operated by the Division of CPS.
- DMH is responsible for the habilitation facilities and the regional centers in the Division of DD.
- DMH is responsible for the development of a SOG to provide mental health support and crisis counseling to disaster survivors, workers, first responders and volunteers.

Annex W (Animal Emergency Disaster)

Defines the roles and responsibilities for departments/agencies as they conduct animal disaster recovery operations to assist animals and the animal industry during a catastrophic incident. This will include the pet industry, livestock, poultry and wildlife which are all valuable assets to the state.

DMH Role:

DMH coordinates the crisis counseling efforts and acts as a support agency.

Annex X (Special Needs)

In 2010, FEMA and the Department of Justice released a Federal Document for Functional Needs Support Services based on the Americans with Disabilities Act. The DMH Role, currently existing under Annex X will migrated to other Annexes as needed and as the state plans

for the full integration of individuals with access and functional needs in emergency planning and shelter operations.

For more information on Annex X, refer to SEOP, pages X-1 to 35 and Appendixes 1 &2)

DMH Role and Preparedness:

- Leads state mental health preparedness and response efforts.
- Upon request, provides assistance to local jurisdictions to include identifying access and functional needs that impact emergency response and recovery, and collaborating in providing or promoting specialized training for state and local officials to include sensitivity in working with persons with psychiatric or cognitive disabilities and other developmental disabilities.
- Collects, analyzes, and disseminates information to DMH staff and contract agencies that (1) anticipates the requirements of persons with access and functional needs and (2) helps DMH staff and contract agencies react effectively in an emergency.
- Follows procedures in reporting disease outbreaks within its facilities or unusual or suspicious incidents occurring in or around its facilities to the proper authorities.
- Identifies policies and procedures that can be modified or waived in the event of a disaster declaration. Ensures that disaster response plans, including the waiving of rules, policies and procedures, reflect current Missouri and federal law.
- Provides guidance, education, and technical assistance regarding normal emotional responses in times of disasters to enable individuals with cognitive or psychiatric limitations to understand what is happening to them and to assist local jurisdictions in response.
- Develops DMH and facility-specific SOGs and establishes mutual aid agreements as necessary to provide for transportation, legal assistance, medical assistance, workforce relocation, public safety and security, and alternate housing locations for affected DMH consumers. Coordinate plan with local jurisdictions.
- Works with DSS to facilitate food stamp replacements for consumers in the community through the DMH case managers as needed.

Response Efforts:

- At the direction of the SEOC, coordinates activities and deployment of behavioral health workers.
- Oversees and coordinates assistance for residents at any of the DMH facilities.
- In a federally declared disaster, if needs assessment indicates, write the Federal Emergency Management Agency (FEMA) Immediate Services crisis counseling grant and coordinate through SEMA. If funding is approved, coordinate through the local

community mental health centers the hiring, training and supervising of crisis counselors for the affected areas.

- In a federally declared disaster, assesses the need for a longer term FEMA Regular Services Grant and make application, if appropriate.
- Coordinates the provision of resources to assist DMH consumers in emergency situations.
- Releases all information and education through the SEOC Joint Information Center (JIC) relating to the emergency event.
- Tracks and reports the status of tasked mission assignments and expenditures relating to mental health under ESF 8 through MERIS (MO Emergency Resource & Information System).
- Identifies behavioral health resources to provide to the Joint Field Office (JFO), if applicable.
- Provides information to the news media and to elected officials as needed on post-event activities of the department.
- Conducts a post-event evaluation of the legal decisions made and identifies gaps in law or rules that would have improved the state's response to the event.
- Performs detailed post-event analysis of communication and technology network performance and reliability.
- Participates in post-event evaluations of the effectiveness and efficiency of preparedness and response activities.
- Reviews after-action reports and evaluation methodology and approves appropriate changes to plans and procedures.
- Participates in disaster response exercises and post-event evaluations
- Evaluates response activities and revises disaster plan as needed.
- Continues training, education, and exercises for DMH facilities
- Continues training and education to providers of behavioral health and developmental disability services.
- Continues community outreach, education and training to consumers.

- Reminds DMH staff of the availability of the Employee Assistance Program to assist them in recovery and provides informational resources.
- Provides reports as requested or as required.

Annex Y (Catastrophic Event---Earthquake)

This is a vital section of the SOG and is covered in the next section of this guide (Section #14).

Section XIV: Earthquake (Annex Y) State Emergency Operations Plan

Special Note: *(For more information, refer to SEOP, 7-1 to 18. There are nearly 20 different Appendixes in Annex Y).*

General:

Earthquakes result from shifts in the earth's crust that destabilize the surface. This instability produces movements with intensities from slight tremors to large shocks. The duration can be from a few seconds to five minutes. The period of tremors (and shocks) can last up to several months. The larger shocks can cause ground failure, landslides, liquefaction, uplifts, and sand blows.

Eight earthquake source zones are in the central United States, two of which are in the State of Missouri. The most active zone is the New Madrid Fault, which runs from northern Arkansas through southeast Missouri and western Tennessee and Kentucky to the Illinois side of the Ohio River Valley. Other zones also affect Missourians because of their close proximity. These are the Wabash Valley Fault, Illinois Basin, and the Nemaha Uplift.

The Nemaha Uplift concerns Missourians because it runs parallel to the Missouri-Kansas border from Lincoln, Nebraska to Oklahoma City, Oklahoma. Its earthquakes are not as severe as those in the historic New Madrid fault zone but several have affected Missouri in the past.

All Department Response:

- In the event of a 6.5 magnitude or greater earthquake impacting Missouri, all State Departments/Agencies will automatically send representatives to the SEOC.
- All State Agencies will automatically deploy their public information officer to the Joint Information Center (JIC) at SEMA.

DMH Role:

- To review ways of enhancing self sufficiency in the projected affected areas where there are facilities.
- To coordinate surge capacity crisis counseling to include emergency workers and first responders.
- Coordinate crisis counseling services for survivors and responders
- Designate 24/7 mental health hotline numbers for the disaster based on the geographic location and scope of the disaster.
- Coordinate hotline with DHSS for public health emergencies based on the nature and scope of the emergency.

- DMH will assist with the shelter of persons within its custody.
- Activate DMH Unit of “Show-Me Response”, Missouri’s ESAR-VHP as needed.
- DMH will assign a person to the Evacuation Management Team (EMT) if the evacuation annex is activated at SEMA.

Section XV: FEMA----SEMA Emergency Operations Plan for Responding to a Catastrophic Earthquake (ESF 8)

Introduction

The Operations Plan (OPLAN) is a jointly developed plan between FEMA, SEMA and state agencies to respond to a catastrophic earthquake in eastern Missouri. FEMA is working with each of the eight states that would be heavily impacted (FEMA Region IV: Alabama, Kentucky, Mississippi, Tennessee; Region V: Illinois, Indiana; Region VI: Arkansas; Region VII: Missouri).

At a magnitude of 6.5, all assigned Missouri state departments/agencies will activate their action plans for an earthquake response. Agency representatives will automatically deploy to the State Emergency Operations Center (SEOC).

Emergency Support Function (ESF-8)

The Emergency Support Function (ESF)-8 annex to the New Madrid Seismic Zone (NMSZ) Earthquake Response - Missouri Operations Plan (OPLAN) describes the concept of operations for joint local, state, and federal health and medical operations following a catastrophic earthquake in eastern Missouri.

Under the Missouri State Emergency Operations Plan, the Missouri Department of Health and Senior Services (MDHSS) has primary responsibility for health and medical operations. The Missouri Department of Mental Health coordinates the mental health responses. Under the National Response Framework, the United States Department of Health and Human Services (USDHHS) is designated as Coordinator and Primary Agency for ESF-8. FEMA, USDHHS, and other Federal support agencies will employ ESF-8 Health and Medical resources when activated to support the State of Missouri in disaster response. This may include medical supplies and other specialized equipment/services as required and appropriate.

According to modeling data from the Mid-America Earthquake (MAE) Center, a NMSZ earthquake is expected to have direct impact on 22 Missouri counties. Seven hospitals with a total of 846 hospital beds exist within these counties and are assumed to be lost during an earthquake. The MAE Center projects an impacted population of 2,288,445, a total of 686 fatalities and 13,434 injuries as shown below:

Table C8-1 Projected Injuries and Levels

Injury Severity	Definition	Total
Level 1	Require Medical Aid	10,177
Level 2	Require Hospital Care	2,897
Level 3	Have life-threatening injuries	360
Total Number of People with Injuries		13,434

In addition, about 55,640 individuals with functional needs will require specialized mass care. Approximately 140,891 individuals housed at general population shelters will require medical attention for chronic illnesses as described below:

Table C8-2 Medical Conditions at General Population Shelters

Medical Condition	Number
Cancers	7,854
Diabetes	9,520
Heart Disease	19,515
Hypertension	33,795
Stroke	2,380
Mental Disorders	24,751
Pulmonary Conditions	43,076
Total Number of People with Medical Needs	140,891

Throughout the response phase (Phase 2), it is assumed that roads, bridges, and other transportation infrastructure will be heavily damaged. Major rotary air operations may be the primary mode of transportation. Ground transportation will be used to support ESF-8 operations when possible.

DHSS Operations that may impact DMH operations and facilities:

- DHSS may request and deploy the Strategic National Stockpile assets including medical equipment and supplies to support hospitals, healthcare facilities, alternate care sites (ACS), MDMH facilities, integrated shelters and others.
- Activate ‘Show-Me Response’, Missouri’s Emergency System of Advanced Registration of Volunteer Health Professionals (ESAR-VHP) to provide efficient registration, credential verification, management, and deployment of both pre-registered and spontaneous health professional volunteers. MO DMH will activate the DMH unit of SMR.
- Work with the Governor’s Office to issue an executive order recognizing licenses from out of state health care providers, to address liability issues and to integrate volunteers from unaffected states.
- ESF-8 coordinates activation of Family Assistance Centers to support reunion of separated families, services to displaced persons, and mental health services.
- During response, MDHSS, in conjunction with local health and EMS departments, the Missouri Hospital Association, MDMH, and Federal ESF-8 representatives, will assess the ongoing situation within the entire healthcare infrastructure and report to the SEOC concerning all unmet requirements and needed resources of Missouri’s ESF-8.

- During the sustainment phase, MDHSS, in conjunction with local health and EMS departments, the Missouri Hospital Association, MDMH and Federal ESF-8 representatives, will assess the ongoing situation within the entire healthcare infrastructure and report to the SEOC concerning all unmet requirements and needed resources for Missouri’s ESF-8 during this phase.

DHSS: Public Health Emergency Declaration may include provisions that would impact DMH operations

- During a NMSZ event, ESF-8 will operate under a declaration of Public Health Emergency which may:
 - Waive certain provisions of the Social Security Act that authorize Medicare, Medicaid, and State Children’s Health Insurance Program (SCHIP), and sanctions that apply under Emergency Medical Treatment and Active Labor Act (EMTALA).
 - Trigger use of the Public Health Emergency Fund if Congress has made appropriations to that fund.
 - Allow temporary appointments (up to one year or duration of the emergency) to positions that directly respond to the public health emergency when the urgency of filling positions prohibits examining applicants through the competitive process, and waiver of dual compensation for temporarily re-employed annuitants to support surge capacity needs in hospitals and aid stations [NOTE: other emergency hiring authorities may be used without declaring a public health emergency].
 - Allow access to “no-year” funds if appropriated to the Public Health Emergency Fund. The Secretary must report any expenditure to Congress within 90 days after the end of the fiscal year. These funds supplement and do not supplant, other Federal, State, and local funds provided for public health grants, awards, contracts, and investigations.
 - Allow extensions or waivers of sanctions relating to submission of data or reports required under laws administered by the Secretary, when the Secretary determines that, as a result of a public health emergency, various individuals or entities are unable to comply with deadlines. The Secretary must notify Congress and publish a Federal Register notice before or promptly after granting an extension or waiver.
 - Allow, according to Section 1135 of the Social Security Act, temporary waiver of certain Medicare, Medicaid, (including EMTALA), SCHIP, and Health Insurance Portability and Accountability Act (HIPAA) requirements—in order to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time period, including:

- Conditions of participation or other certification requirements, or program participation and similar requirements for individual providers or types of providers.
- Pre-approval requirements for providers or health care items or services.
- Requirements that physicians and other health care professionals including mental health professionals hold licenses in the State in which they provide services if they have an unencumbered license from another State. Note, however, that this waiver is for purposes of Medicare, Medicaid, and SCHIP reimbursement only – the states determine whether a provider is authorized to provide services in the state without state licensure.
- Sanctions under EMTALA for redirection of an individual to another location to receive a medical screening examination pursuant to a state emergency preparedness plan or transfer of an individual who has not been stabilized if the transfer arises out of emergency circumstances. A waiver of EMTALA requirements is effective only if actions under the waiver do not discriminate on the basis of a patient’s source of payment or ability to pay.
- Sanctions related to Stark-self-referral prohibitions which would otherwise apply when a physician refers a patient for services to a provider in which the physician has a financial interest.
- Deadlines and timetables for performing required activities to modify, but not waive, the timing.
- Limitations on payments to permit Medicare+ Choice enrollees to use out of network providers in an emergency situation (but, to the extent possible, the Secretary shall reconcile payments so that enrollees pay no additional charges and insure that services included in the capitation payment are also covered).
- Sanctions and penalties arising from noncompliance with HIPAA privacy regulations relating to: a) obtaining a patient’s agreement to speak with family members, friends, or honoring a patient’s request to opt out of the facility directory, b) distributing a notice of privacy practices, or c) the patient’s right to request privacy restrictions or confidential communications. The waiver of HIPAA requirements is effective only if actions under the waiver do not discriminate based on a patient’s source of payment or ability to pay.
- For the purposes of waiver, the definition of an “emergency area” and an “emergency period” is determined by a presidential declaration of an emergency or disaster and a secretarial declaration of public health emergency.
- Waivers may be retroactive to the beginning of the emergency period (or any subsequent date). Waivers or modifications expire upon termination of the emergency or 60 days after the waiver or modification is first published (subject to 60-day renewal periods). However, HIPAA and

EMTALA waivers are limited to a 72 hour period beginning upon the implementation of a hospital disaster protocol.

- Congressional notification is required at least two days before formally exercising the waiver authority.
- Any temporary modifications to the MDMH Division of Developmental Disabilities 1915c waivers are under the direction of the center for Medicare and Medicaid Services and MO HealthNet. Approximately 1/3 of consumers of DD Services receive waiver services.

Missouri Department of Mental Health

- MDMH will activate incident command at the Central Office and supply staff to the SEMA EOC. If available, staff will also deploy to the DHSS DSR.
- MDMH in coordination with MDHSS will evaluate the impact of the earthquake on the mental health delivery system including state operated psychiatric hospitals, and state operated residential and habilitation centers. Based on the evaluation, MDMH may request federal ESF 8 resources through MDHSS and SEMA.
- Through MDHSS, MDMH will coordinate the medical treatment and evacuation of MDMH state operated facility patients/consumers.
- MDMH will request security assistance as needed to transport maximum and medium security patients evacuating from the NMSZ. This may include additional security for medium and maximum security patients including high risk security needs of the Sex Offenders Rehabilitation and Treatment Services Programs and Forensic Services requiring four levels of security (Maximum, Intermediate, Minimum and Campus).
- MDMH will determine need to evacuate mental health patients/consumers from state-run facilities. The Division of Developmental Disabilities will need medical support for the unique needs associated with the transport of persons with severe disabilities including EMS and ambulance assistance.
- MDMH will work with contracted mental health agencies to ensure that patients who require treatment in licensed facilities are moved as necessary.
- MDMH licensed methadone providers will provide access to needed medications to patients currently under treatment who may have to be moved to other treatment programs.
- MDMH Division of Developmental Disabilities Service Coordination will continue to provide case management for consumers with developmental disabilities to support continuity of services and supports for individuals in the earthquake zone as possible and for displaced individuals.
- MDMH will coordinate surge capacity crisis counseling to include emergency workers.
- MDMH will provide a Public Information Officer to staff the JIC at the SEOC.
- MDMH will coordinate with Administrative Agents (community mental health centers) to assess FEMA CCP needs in impacted and evacuee areas.

- MDMH will request federal assets through MDHSS that could include mental health professionals for substance abuse and crisis counseling, facility psychiatric and developmental disability specialists to assist at facilities; These requests may include EMAC, NDMS mental health teams and other assets available through federal ESF 8.
- MDMH will work with SAMHSA to coordinate mental health response and submit FEMA CCP.
- At the request of MDHSS or SEMA, MDMH will activate the DMH Show-Me Response unit.
- MDMH will coordinate the provision of psychological first aid, mental health crisis counseling and substance abuse services, for first responders and survivors of the disaster.
- MDMH will develop a request for the FEMA Crisis Counseling Program, which will be presented to the Federal Human Services Branch at the JFO. Substance Abuse and Mental Health Services Administration (SAMHSA) can be activated through the Federal ESF-8 lead at the JFO.
- In an effort to calm citizens and reduce increases in negative behaviors, MDMH will work with SAMHSA to provide public messaging and crisis counseling.
- MDMH will work with ESF 6 to coordinate requested mental health and substance abuse services at shelters as necessary.

Sustainment

MDMH will coordinate with DHSS for EMAC or Federal ESF-8 resources for mental health and substance abuse professionals.

MDMH will work with MDHSS to deploy contacted CMHC staff to assist with mental health services through the medical trailer system.

MDMH will coordinate the deployment of mental health, substance abuse professionals and developmental disability professionals.

Section XVI: Annex C,--Appendix C6 ESF-6 – Mass Care and Emergency Assistance

Sheltering Operations and Mass Care Emergency Response Team

- All sheltering operations should be conducted in such a way that is accommodating of those with functional and/or access needs, as it is to the general population. In order to accomplish this task, a Mass Care Emergency Response Team (MCERT) will be established to meet the needs of children and adults with any degree of access or functional needs. This group will forward deploy into the affected areas within 24 hours post-incident. The purpose of the MCERT will be to:
 - Conduct assessments of the mass care needs in the affected area(s), particularly of individuals with medical, functional or access needs.
 - Work with the local mass care responders to determine specific mass care (human and material) needs for each jurisdiction and sheltering operation.
 - Determine the most effective methods for delivering the mass care resources to the affected area that includes human and material resources.
 - Prioritize the mass care needs of jurisdictions; ensure that all affected areas receive the level of mass care assistance needed.
 - The MCERT may be deployed as shelters are opened and remain there until they are no longer needed. They may transfer to another shelter as needed or may be requested to deploy to shelters as political jurisdictions become aware of their existence during major events.
 - MCERT consists of trained government employees and personnel from community-based organizations and non-governmental organizations who are ready to deploy to disaster areas where shelters are located.
 - The MCERT members should have extensive knowledge of the populations they serve, their needs, available services, and resources including housing, benefit programs and disaster aid programs.
 - SEMA and the MO National Guard will provide the MCERT with the resources necessary to complete its mission; transportation in and around the affected area; communication resources (satellite phones, CB radios, etc.); food and water supplies (MREs, bottled water). Team members will provide their own clothing, sleeping bags, and personal items, etc.

MCERT Team Members

MCERT Agencies
Department of Social Services
Department of Health and Senior Services
Missouri State Highway Patrol
Missouri National Guard
State Emergency Management Agency
Department of Mental Health
NGO: The Salvation Army

MCERT Agencies (continued)
NGO: The American Red Cross
NGO: Southern Baptists
NGO: AmeriCorps
NGO: Convoy of Hope
DHS: Federal Emergency Mgt. Agency

Table C6-9, Congregate Care Shelter Operational Considerations

Issue	Detail
Physical Access	Ensure access needs are addressed, including the following: entrances, routes to all services, passenger drop off/ pick-up, parking, sidewalks, entrances, check-in areas, sleeping areas, restrooms, telephones, drinking fountains, eating areas
Dietary	Ensure meals and snacks are provided to all shelter residents including children, adults with specific dietary needs and restrictions
Service Animal	In accordance with ADA guidelines, allow service animals to accompany shelter seekers with qualifying need. Must provide food, water and toilet facilities for service animals.
Communications	Take steps to ensure that all communication is effective and appropriate for shelter population or whatever the level of functional need.
Bathing and Toileting Need	Must include bathing and toileting facilities appropriate for children and adults with access and functional needs
Quiet Areas	Incorporate “quiet areas” in each shelter design.
Mental Health	Mental health staffing plans should include people with experience working with children and adults. When possible, there should be a licensed mental health professional present in population shelter at all times.
Children	The needs of children and unaccompanied minors must be addressed in pre-event planning.
Medical and Dental Services	Should include medical care that can be provided in the home setting. Medical stations should be developed with a minimum staff of 1 RN and 1 Paramedic 24/7. First Aid Station 1:100 shelter residents, to the extent possible.
Medication	Means of obtaining, storing, dispensing, documenting and disposing of medications in a general population shelter.
Transportation	Ensure access to vehicles, ambulances and drivers that are capable of transporting durable medical equipment and service animals. These should be available to children and adults with and without access and functional needs.

Department of Mental Health ESF-6 Responsibilities

- Support local jurisdictions in meeting the need for behavioral (substance abuse and mental health) services as well as supports needed for persons with developmental disabilities in congregate care settings.
- Upon activation of Show-Me Response (SMR), activate the DMH unit of SMR to deploy volunteer behavioral health professionals.
- Coordinate the deployment of behavioral health assistance to consolidated assistance sites as available and needed. Consolidated Assistance Sites (CAS) are state and federally supported location(s) where evacuees will congregate prior to a significant relocation. Each CAS will provide the following services: 1) evacuee processing and family assistance (to include household animal operations); 2) Respite (food, water, personal hygiene and short-term rest); 3) Medical Operations (DMAT operations, patient treatment, medical evacuation); and 4) Mortuary operations (Figure C6-6). These services will not necessarily be provided within the same structure or proximity, but within the same jurisdiction. Formal evacuation tracking will be initiated at these CAS locations.

Figure C8-2 Consolidated Collection Site Diagram

<p>Evacuee Processing/Family Assistance Center</p> <ol style="list-style-type: none"> 1. Formal evacuee tracking begins here 2. Reunification service provided 3. Transportation support provided 4. Other Family Assistance Center functions as necessary 	<p>Respite Station</p> <ol style="list-style-type: none"> 1. Food and hydration 2. Restroom and hygiene facilities 3. Short term rest area 	<p>Consolidate Collection Sites</p> <ol style="list-style-type: none"> 1. Provides a consolidated base of operations for ESF-6 and ESF-8 2. Provides a consolidated location to support evacuee transport, both ground and air 3. Provides a unified location for evacuee tracking and Family Assistance Center services
<p>Medical Operations</p> <ol style="list-style-type: none"> 1. DMAT operations 2. Patient treatment 3. Medical evacuation support 	<p>Mortuary Operations</p> <ol style="list-style-type: none"> 1. Possible DMORT location 2. Support identification and processing 3. Should be isolated (visually) from other operations 	

DMH Evacuation Coordination

- DMH will serve on the Evacuation Management Team (EMT)
- Local and state officials will coordinate the evacuation of DMH facilities from Southeast Missouri and St. Louis with the receiving sites for temporary relocations.
- DMH will coordinate with the Department of Public Safety for assistance needed for evacuation and transport of maximum and medium security DMH patients.

Missouri Department of Mental Health Facilities Resources

- As requested but within facilities capabilities, conduct emergency feeding operations. This provision is contingent on the department's mission requirements and degree to which the emergency event has compromised each respective facility's ability to meet its own operational needs.

Section XVII: Pandemic Influenza Annex

DMH has developed a Pandemic Influenza plan that is an annex to the Continuity of Operations Plan for Central Office, the DMH facilities plans, and the DMH Regional Center Plans. (For additional information beyond what is stated in this section, please refer to DMH PANDEMIC INFLUENZA ANNEX, revised in June 2008.

Specific objectives include:

- Ensure continued performance of mission-critical functions
- Protect essential facilities, equipment, vital records, and other assets
- Reduce or mitigate disruptions to operations
- Achieve a timely and orderly recovery from an emergency to the extent resources are available, and resume full service to the citizens of Missouri as soon as practical

The Director has designated the Coordinator of Disaster Readiness as the DMH Pandemic Coordinator. A Pandemic Response Team (representatives from the key offices and divisions in DMH Central Office) will provide assistance in meeting the impact of an outbreak.

The plan makes general assumptions and departmental assumptions about what will likely occur in the event of such disaster.

The plan identifies the critical mission and functions of DMH Central Office, DMH facilities, and DMH Regional Centers.

Included as guides to the implementation of the Pandemic Flu Response plan are several very useful Appendices as follows:

- #1---Stages for Federal Government Response
- #2---DMH Checklist
- #3---Communications Plan by the DMH Office of Public Affairs
- #4---DMH Telework Policy (working from remote locations)
- #5---Implementation Flow Chart
- #6---Instructions for Work Aids
- #7---Work Aids (Grids/flow charts)
 - ✓ Alternate Work Arrangements
 - ✓ DMH Telework Plan
 - ✓ Essential Contract and Support Services
 - ✓ Back-up Suppliers
 - ✓ DMH Impact Analysis
 - ✓ DMH Delegation of Authority
 - ✓ DMH Critical Function—Succession
 - ✓ Vital Records and Databases
 - ✓ Facilities Staff (Checklist of Names)

Section XVIII: DMH Central Office Activation Plan

(Note: This section was copied from the All-Hazards Emergency Operations Manual and revised to show updates since it was written in 2004.)

INTERNAL

Links with the State Emergency Management Agency (SEMA) Warning Systems

The Missouri Department of Mental Health (DMH) has provided 24/7 contact information to SEMA for immediate contact in case of activation of the State Emergency Operations Center (SEOC). Staff assigned to the DMH Director's Office carry a Blackberry cell phone that can be called by SEMA. DMH is also linked with the SEMA E-Team software for use in emergency situations when the SEMA SEOC is activated.

If a 6.5 or higher earthquake occurs, all state agencies automatically activate and send representatives to the SEMA Emergency Operations Center (SEOC).

In some instances, SEMA will issue situation reports related to disasters with longer warning periods (such as floods) or in extended periods of threat (a stationary front generating heavy storm activity).

DMH and the Division of Comprehensive Psychiatric Services (CPS) hospital facilities are a part of the Department of Health and Senior Services (DHSS) Health Alert Network (HAN) that disseminates health advisories and alerts to local hospitals and public health authorities. The alerts are disseminated internally to DMH staff and, as appropriate, may be shared with CPS, Alcohol and Drug Abuse (ADA) and Developmental Disabilities (DD) provider networks on a targeted or general basis based on the nature of the alert.

DMH staff have also registered for free email notification service with the Emergency Alert Notification System, a system that provides email notice for weather-related advisories and warnings, changes in level of the Homeland Security Advisory System, and other homeland security alerts and requests. For interested parties, registration is available at <http://www.emergencyemail.org> and enrollment can be tailored to individual needs.

Early Notification

When appropriate to the situation, information relevant to possible response needs will be disseminated to the CPS, DD, and ADA providers in a geographic area included in the impact notice. Typically, however, local areas are aware of the potential disaster without any action by DMH. Public health alerts and emergencies are an exception to this rule and forwarding notice regarding public health threats, disease outbreaks or prevention efforts can be an important support for local DMH providers in both care of their own clients as well as preparedness for possible activation of a mental health and substance abuse response effort in their communities. ADA, CPS and DD developed a listing of 24/7 disaster contacts for state-operated facilities, community mental health centers and ADA providers. These lists will be periodically updated and kept in resource notebooks located at the SEMA EOC and the DMH Director's Office as

well as another off-site location. READI Team members each have a flash drive with pertinent plans and updated contact lists.

State Mental Health Authority (SMHA) Business Continuity Policies

As the SMHA, DMH has in place an extensive Business Continuity Plan consistent with Health Insurance Portability and Accountability Act (HIPAA) requirements and the Federal Emergency Management Agency's (FEMA) Interim Guidance on Continuity of Operations Planning for State and Local Governments issued in 2004. The business continuity plan includes methods and procedures for notifying staff, facilities, service providers and others as appropriate to the nature and scope of the emergency situation. The plan establishes policies and procedures for evacuation, sheltering, and personnel matters related to deployment, assignment and recovery efforts.

EXTERNAL

Warning Needs for Persons with Access and Functional Needs

Since 2003, DMH has actively participated and provided leadership to DHSS and SEMA in the development of an annex to the SEOP to address special needs populations (now called persons with access and functional needs.) The annex addresses issues related to planning by local emergency managers for a broad range of special needs populations including mental health consumers, persons with disabilities, culturally diverse groups and individuals who are deaf or hearing impaired.

In 2010, FEMA and the Department of Justice released a Federal Guidance Document for Functional Needs Support Services based on the Americans with Disabilities Act. The DMH role, that are assigned currently under the existing Annex (Special Needs) will migrate to other Annexes as needed. The State will continue to plan for the full integration of individuals with access and functional needs in emergency planning and shelter operations.

Notification of DMH Provider Systems

DMH will notify its provider systems in each Division as described in the early notification system section above.

Appendix i: Directory of Key DMH Personnel

Below, are the names, job titles and telephone numbers of staff who would likely be involved in any response to a catastrophic event that impact the lives of DMH consumers.

DMH Director's Office:	Phone number
Keith Schafer, Ph.D., Director	751-3070
Cathy Welch, Administrative Assistant	751-4970
Monica Hoy, Assistant to the Director	751-6686
Audrey Hancock, Executive Secretary	751-9178
Jenny Wiley, Coordinator of Disaster Readiness	751-4730
Ronda Findlay, Adm. Assistant	751-9043
Joan Keenan, Assistant Coordinator of Disaster Readiness	526-6962
Bob Bax, Director of Public Affairs	751-8087
Debra Walker, Assistant Director of P.A.	751-1647
Joe Parks, M.D., Chief Clinical Officer	751-2794
Debbie Meller, Adm. Assistant	751-2794
Jan Heckemeyer, Deputy Department Director	751-7033
Kelly McDonald, Adm. Assistant	751-7033
Pat Murphy, Director of Human Resources	751-8420
Pam Schmidt, Adm. Assistant	751-8561
Rikki Wright, General Counsel	751-8091
Donna Elliott, Adm. Assistant	751-8091
Brent McGinty, Director of Office of Administration	751-8144
Tricia Dusheke, Adm. Assistant	751-8144
Drew Henrickson, OA Facilities Manager	751-8128
Division of Alcohol and Drug Abuse	
Mark Stringer, Division Director	751-9499
Heidi DiBiaso, Adm. Assistant	751-9499
Steve Reeves, Deputy Director	522-1324

Jodi Haupt, Central District Manager Pam Basnett, SOSA	526-6962 751-9184
Lynne Allar-Meine, Eastern District Adm. Pamela Irving, AOSA	314-877-0370 314-877-0370
George Norman, Western District Manager Martha Arnold, AOSA	816-482-5770 816-482-5770
Darcy Pratt, MH Manager of PASEO Clinic	816-512-7152

Division of Comprehensive Psychiatric Services

Mark Stringer, Acting Division Director Heidi DiBiaso, Adm. Assistant	751-9499 751-9499
Steve Reeves, Deputy Director	522-1324
Felix Vincenz, Ph.D., Chief Operating Officer Teri Enke, Adm. Assistant	751-9482 751-9482
Rebecca Carson, Psych. Facilities Coordinator Lisa Reynolds, AOSA	751-8105 751-8028
Rick Gowdy, Ph.D, Forensics Director Lana Hartman, AOSA	751-9647 751-9647
Virginia Selleck, Ph.D., Clinical Director Tina Lee, Adm. Assistant	751-8027 751-3220
Brad Bross, Fiscal/Adm. Mgr. Gary Kuensting, Fiscal/Adm. Mgr.	751-8101 751-4449
Patsy Carter, Ph.D., Director of Children's Srv. Sue Kremer, AOSA	751-0142 751-3035

CPS Regional Administration

Bob Reitz, Ph.D., Central Region Exec Officer	592-4100
Laurent Javois, Eastern Region Exec Officer	314-877-5981
Dick Gregory, Western Region Exec Officer	816-812-7500
Julie Inman, SE Region Exec Officer	218-6792
Denise Norbury, SW Region Exec Officer	417-876-1002

CPS Administrative Agents/Affiliates (A=Affiliate)

Family Guidance Center (St. Joseph, MO)	816-364-1501
Truman Medical Center Behavioral Health (KC, MO)	816-404-5700
Swope Health Services (KC, MO)	816-922-76450
Re-Discover (Lees Summit, MO)	816-246-8000
Comprehensive MH Services (Independence, MO)	816-254-3652
Tri-County MH Services (KC, MO)	816-468-0400
Pathways Behavioral Healthcare (Warrensburg, MO)	660-747-7127
Clark County MH Center (Monett, MO)	417-235-6610
Pathways Healthcare (Clinton, MO)	660-885-4586
Ozark Center (Joplin, MO)	417-781-2410
Burrell Behavioral Health (Springfield, MO)	417-269-5400
Pathways Healthcare (Jefferson City, MO)	573-634-3000
(A) New Horizons (Jefferson City, MO)	573-636-8108
University Behavioral Health (Columbia, MO)	573-777-7550
(A) New Horizons (Columbia, MO)	573-443-0405
North Central MO MHC (Trenton , MO)	660-359-4487
(A) Preferred Family Healthcare (Kirksville, MO)	660-665-1962
Mark Twain Behavioral Health (Hannibal, MO)	573-221-2120
(A) Preferred Family Healthcare (Kirksville, MO)	660-665-1962
(A) Comprehensive Health (New London, MO)	573-248-1372
East Central Missouri Behavior Health (Mexico, MO)	573-582-1234
(A) Comprehensive Health (New London, MO)	573-248-1372
Crider Center (Wentzville, MO)	636-332-6000
Pathways Healthcare (Rolla, MO)	573-364-7551
BJC Behavioral Health (Farmington, MO)	573-756-5353
(A) Mineral Area CPRC (Farmington, MO)	573-756-2899
(A) Southeast MO Behavioral (Park Hills, MO)	573-431-0554

Ozarks Medical Center (West Plains, MO)	417-257-6762
Mountain Grove Medical (Mountain Grove, MO)	417-926-6563
Family Counseling Center (Kennett, MO)	573-888-5925
Bootheel Counseling Services (Sikeston, MO)	573-471-0800
Community Counseling Center (Cape Girardeau)	573-334-1100
Comtrea (Festus, MO)	636-931-2700
Administrative Offices (Arnold, MO)	636-931-2700
BJC Behavioral Health--North (Bridgeton, MO)	314-206-3900
BJC Behavioral Health—South (Kirkwood, MO)	314-206-3900
Amanda Murphy Hopewell (St. Louis, MO)	314-531-1770
BJC Behavioral (St. Louis, MO)	314-206-3700
(A) Places for People (St. Louis, MO)	314-535-5600
(A) Independence Center (St. Louis, MO)	314-533-4245
(A) Adapt of Missouri (St. Louis, MO)	314-781-3295

Division of Developmental Disabilities

Bernard Simons, Director	751-8676
Mary Shaffer, Adm. Assistant	751-8676
Vicki McCarrell, Deputy Division Director	751-8293
Nancy Schetzler, Adm. Assistant	751-8667
Marcy Volner, Interim Central District Administrator	573-368-2504
Nancy Field, SOSA	573-368-2504
Matt Ferguson, Interim West District Administrator	417-629-3267
Kathy Seely, Adm. Assistant	417-629-3267
Anita Contreras, East District Administrator	314-877-1573
Elaine Cole, Adm. Assistant	417-895-7434
Jeff Grosvenor, Director of Administrative Services	751-8671
Margy Mangini, Director of Quality Enhancement	526-3849
Jane Perry, Director of Licensure/Certification	751-8106
Janice Culbertson, Central Reg. Director	751-8051
Gary Lindquist, Western Region Director	816-482-5753
Jan Freese, Eastern Region Director	314-877-0349

Susan Pritchard-Green, Director MO Planning Council 751-8206
Sherrie Hanks, Adm. Assistant 751-8214

READI Team Members:

Jenny Wiley---- (Coordinator of Disaster Readiness
Joan Keenen----(Assistant Coordinator of Disaster Readiness)
Monica Hoy----(Director's Office Representative)
Lisa Bryan (IT) Mike Haake (Administration)
Tom Lauer (ADA) Ron Berg (DD)
Rita McElhany (CPS) Kathy Schafer (DD)

CONTINUITY Committee Members:

Jenny Wiley Monica Hoy
Tom Lauer Lisa Bryan
Ron Berg Rita McElhany
Joan Keenan Kathy Schafer
Brent McGinty

DMH Representative to State Emergency Operations Center

Jenny Wiley----Coordinator of Disaster Readiness
Monica Hoy---- Director's Office representative
Bob Bax-----Public Affairs Director
Other READI Team members as needed

Appendix ii: Other Agency Names/Relationships

Managing resources and making decisions during a catastrophic event will require DMH leadership to be efficient and effective. Other agencies will be providing assistance so it is essential that frequent communication occurs among the various parties.

DMH Facilities and Contractors: DMH will be working with their own contractors and state operated facilities as needed. Telephone numbers and names of staff are included in Appendix I of this SOG.

Department of Health and Senior Services (DHSS): DMH is a support agency under Annex K of the State Emergency Operations Plan (SEOP). Annex K defines the roles and responsibilities of agencies for conducting health and medical operations related to various incidents. The lead agency for the health and medical annex is DHSS. The emergency contact in the Situation Room at DHSS is Vicki Davidson. The telephone number at the Situation Room is 573-526-1829 or 1-800-392-0272.

State Emergency Management Agency (SEMA): DMH will be working with the State Emergency Management Agency (SEMA) during any catastrophic event of natural origin, accident or caused by a malicious act of terrorism. The name of the contact will be John Campbell---573-526-9103. The Duty Officer number is 573/751-2748. For routine calls, the number is 573-526-9100.

Red Cross: The local Red Cross contact is Phil Iman. Shelter and feeding sites are operated by the Red Cross. Mental health volunteers are frequently assigned to these and other Red Cross sites. The Red Cross emergency numbers are 573-751-2748.

Show-Me-Response System (SMR): DMH may activate the SMR system that is composed of volunteer behavioral health professions who can assist persons most impacted by the disaster. The Office of Disaster Readiness (ODR) and the DHSS jointly coordinate the Show-Me-Response system. The number for ODR is 573-751-4730.

The Disaster Coordinator at DHSS for the SMR is Sharlet Howren---573-522-4098.

The SMR Administrator for DMH is Jenny Wiley---573-751-4730 or 573-645-6408 or Joan Keenan---573/526-6962.

Missouri Volunteer Organizations Active in Disasters (MO--VOAD): The DMH will likely be in contact with the Missouri Volunteer Agencies Active in Disaster (VOAD). SEMA establishes regular phone calls for the Situation Report during disasters where many different organizations may participate and listen.

National Organization of Victim Assistance (NOVA): In Missouri, (NOVA) has active chapters across the state and dispatched volunteers to assist at disaster areas. The name of the contact is Mary Young----417-886-2595.

Federal Emergency Management Agency (FEMA): If the disaster is such of magnitude that local and state resources are not sufficient, the Governor may request federal assistance by asking for a Presidential Declaration of Disaster. This would allow Missouri to request that the

FEMA assist with funding. The declaration can be for both Public Assistance and Individual Assistance. If the latter is given, the SMHA/DMH may apply for a Crisis Counseling Grant limited to the areas impacted. The application is submitted through the SEMA. The Contact at FEMA is Marlee Carroll---515-224-5717 or her Blackberry number-----816-289-3047.

Substance Abuse and Mental Health Services Administration (SAMHSA): Any crisis counseling grant that might be written must have the support of SAMHSA. The contact for this is Erik Hierholzer---240-276-0408 or another SAMHSA Rep.

Appendix iii: Facility Census/Resources

The following reflects the number of staff, number of consumers, and number of vehicles capable of transporting clients at each facility. It should be noted the DD Regional Offices do not have consumers on campus. Instead, they reside in various contracted group homes located in their respective geographical areas.

(It is not known how many seats are available in each vehicle capable of transporting consumers or staff.)

The number of staff at each location includes administrative, medical and non-medical personnel.

(Note: This data is current as of 5/1/2010.)

CPS Facilities	No. of Consumers	No. of Staff	No. of Vehicles
NWMoPRC	451	1244	19
SLPRC	104	309	17
SWMoPRC	16	75	8
SEMoMHC	167	540	8
MoSOTC	140	340	(Share with SEMHC)
CTR for Beh. Med.	106	365	16
Hawthorne	50	215	6
Cottonwood	27	88	5
Fulton (updated numbers to follow)			

DD Facilities	On---Off Campus	No. of Staff	No. of Vehicles
SLDDTC	185---0	646	34
Marshall Hab Ctr	142---56	638	35
Bellefontaine Hab Ctr	148---0	524	14
Nevada Hab Ctr	94---16	317	15
SEMORS			
Sikeston	35----6	111	10
Poplar Bluff	44----6	123	12
Higginsville	64---- 62	476	

DD Regional Offices	On Campus	No. of Staff	No. of Vehicles
Albany RO	0	20	10
Central Mo RO	0	28	17
Hannibal RO	0	22	16
Joplin RO	0	24	2
Kansas City RO	0	37	12
Kirksville RO	0	15	10
Poplar Bluff RO	0	20	22
Rolla RO	0	25	10
Sikeston RO	0	21	18
Springfield RO	0	27	10
St. Louis RO	0	85	23

Appendix iv:

Missouri Model for Mental Health Response and Recovery

MISSOURI MODEL FOR MENTAL HEALTH RESPONSE AND RECOVERY AFTER TRAUMATIC INCIDENTS

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS) (0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)
<i>GOALS OF INTERVENTION</i>	<ul style="list-style-type: none"> ▪ Preparedness ▪ Resilience ▪ Mitigation of risk factors 	<ul style="list-style-type: none"> ▪ Safety and survival ▪ Meet basic needs ▪ Effective communication 	<ul style="list-style-type: none"> ▪ Rebuilding & reintegration ▪ Recovery of pre-incident roles and functional activities ▪ Unified and strong community
<i>ROLE OF ALL HELPERS</i>	<ul style="list-style-type: none"> ▪ Planning ▪ Public education ▪ Workforce preparedness & training ▪ Resource development ▪ Community development 	<ul style="list-style-type: none"> ▪ Rescue ▪ Protection ▪ Reduction of stress & arousal ▪ Reassurance 	<ul style="list-style-type: none"> ▪ Supportive assistance <ul style="list-style-type: none"> ○ Information & referral ○ Service provision ▪ Practical assistance to restore functional competencies ▪ Resource development ▪ Community development
<i>COMMUNITY MENTAL HEALTH ROLE</i>	<p><u>Mental Health Response Planning & Preparation at local level</u></p> <ul style="list-style-type: none"> ▪ Collaborate @ local level ▪ Inform & influence policy ▪ Set structures for rapid assistance <ul style="list-style-type: none"> ○ Develop surge capacity ○ Integrate substance abuse ○ With diverse communities ▪ Advocacy for people w/ access and functional needs <p><u>Workforce Development</u></p> <ul style="list-style-type: none"> ▪ Promote awareness & increase capacity for: <ul style="list-style-type: none"> ○ Personal preparedness ○ Work-related preparedness ○ Recruitment & deployment, targeting indigenous, bilingual 	<ul style="list-style-type: none"> ▪ Provide information and assistance to orient affected parties ▪ Needs assessment ▪ Referral or service provision <p><u>Culturally Competent Needs Assessment</u></p> <ul style="list-style-type: none"> ▪ Assess status & how well needs are being addressed for all populations listed below ▪ Of the recovery environment ▪ Identify additional interventions and scope (individual, group, population) <p><u>Triage</u></p> <ul style="list-style-type: none"> ▪ Clinical assessment ▪ Refer when indicated ▪ Identify vulnerable, high-risk individuals & groups ▪ Emergency hospitalization or outpatient treatment 	<p><u>Monitor the recovery environment</u></p> <ul style="list-style-type: none"> ▪ Encourage & listen to feedback ▪ Monitor continuing threats ▪ Monitor services being provided <p><u>Foster resilience & recovery</u></p> <ul style="list-style-type: none"> ▪ Facilitate social interactions ▪ Teach coping skills ▪ Educate about chronic stress, anniversary & trigger events, coping, services ▪ Facilitate group and family support ▪ Foster natural social support ▪ Address grief & bereavement ▪ Promote community unity & healing

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS) (0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)	
<p>COMMUNITY MENTAL HEALTH ROLE (CONTINUED)</p>	<ul style="list-style-type: none"> ▪ Train responders in evidence-based mental health response skills consistent with assigned responsibilities <ul style="list-style-type: none"> ○ Mental health professionals ○ Crisis counselors ○ Outreach workers ○ Substance abuse counselors ○ Interpreters ○ Health workforce ○ Natural helpers ▪ Promote stress management & self-care ▪ Public Education <ul style="list-style-type: none"> ▪ Preparedness campaigns & materials that address mental health needs ▪ Mental health promotion & prevention efforts to: <ul style="list-style-type: none"> ○ Build emotional resilience ○ Increase protective factors ○ Target prevention efforts to at-risk groups, including special populations ○ Integrate substance abuse & relapse prevention efforts ▪ Cultivate relationships with & educate media ▪ Community Development <ul style="list-style-type: none"> ▪ Partner to address needs of disability & other at-risk groups 	<p>normalize reactions, predict positive outcomes & promote adaptive coping</p> <ul style="list-style-type: none"> ▪ Foster communication ▪ Protect survivors from further harm ▪ Reduce physiological arousal ▪ Discourage use of stimulants, alcohol or other substances <p>Monitor environment</p> <ul style="list-style-type: none"> ▪ Observe and listen to those most affected ▪ Monitor environment for stressors <p>Technical assistance, consultation & training</p> <ul style="list-style-type: none"> ▪ Improve capacity of organizations & caregivers to provide what is needed to re-establish community structure, foster family recovery & resilience, and safeguard community ▪ Provide to: <ul style="list-style-type: none"> ○ relevant organizations ○ other caregivers and responders ○ leaders 	<p>Outreach & information dissemination</p> <ul style="list-style-type: none"> ▪ Make contact with and identify people who have not requested services (i.e. "walk-around mental health") ▪ Inform people about different services, coping, recovery process, etc. (e.g., by using established community structures, fliers, websites) ▪ Use outreach workers who are indigenous, bilingual & culturally competent <p>Fostering resilience & recovery</p> <ul style="list-style-type: none"> ▪ Facilitate social interactions ▪ Offer coping skills & training ▪ Educate about stress response, traumatic reminders, coping, normal vs. abnormal functioning, risk factors, services ▪ Facilitate group and family support ▪ Foster natural social support ▪ Address grief & bereavement ▪ As needed, repair community & organizational fabric ▪ When possible, participate in local collaboration efforts including involvement in Community Organizations Active in Disaster (COAD). 	<ul style="list-style-type: none"> ▪ Recognize need for spiritual support & refer as needed ▪ Encourage continued practice of relapse prevention, participation in treatment and self-help recovery groups <p>Community Development</p> <ul style="list-style-type: none"> ▪ Promote use of community ritual & commemorative activities to strengthen & re-unify community ▪ Partner to address needs of disability & other at-risk groups ▪ When possible, participate in local collaboration efforts including involvement in Community Organizations Active in Disaster (COAD). ▪ Develop resources & partnerships with diverse cultures within communities <p>Public Education</p> <ul style="list-style-type: none"> ▪ Predict & stress positive outcomes & typical emotional reactions in recovery phase ▪ Anticipate & prepare for anniversary responses & other triggers ▪ Disseminate stress management & coping materials ▪ Through media and outreach, conduct mental health promotion & prevention efforts

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS) (0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)
COMMUNITY MENTAL HEALTH ROLE (CONTINUED)	<ul style="list-style-type: none"> ▪ Develop resources & partnerships with diverse cultures within communities 	<ul style="list-style-type: none"> ▪ Conduct operational debriefings, when standing procedure in responder organizations ▪ Provide or refer to spiritual support ▪ Encourage relapse prevention strategies for individuals in recovery & encourage continued treatment & AA/NA participation 	<p>to:</p> <ul style="list-style-type: none"> ○ Assist with stress management & coping ○ Reduce risk factors ○ Target prevention efforts to at-risk groups, including populations with access and functional needs ○ Integrate substance abuse & relapse prevention efforts ○ Encourage mobilization of natural & informal helping systems (families, civic & service clubs, churches, schools, other communities of interest) <p>Traditional Mental Health Services</p> <ul style="list-style-type: none"> ▪ Refer to available community mental health and substance abuse services & admit/treat consistent with clinical & financial eligibility ▪ Refer eligible individuals to Medicaid service providers for mental health or substance abuse services ▪ Refer to EAP providers for employee/covered individuals

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS) (0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)
PUBLIC MENTAL HEALTH AUTHORITY	<p><u>Mental Health Response Planning & Preparation at state level</u></p> <ul style="list-style-type: none"> ▪ Collaborate @ state level ▪ Policy development ▪ Infrastructure support for rapid assistance <ul style="list-style-type: none"> ○ Surge capacity ○ Integrate substance abuse ○ With diverse communities ▪ Plan & develop infrastructure for: <ul style="list-style-type: none"> ○ Implementation of FEMA Crisis Counseling Program <ul style="list-style-type: none"> ▪ Financial models ▪ CCP templates ▪ TA for services & billing ▪ Administrative support ○ Mutual aid strategies <ul style="list-style-type: none"> ▪ Among CMHCs ▪ With ARC, other VOAD agencies <p><u>Workforce development</u></p> <ul style="list-style-type: none"> ▪ Training ▪ Exercises <p><u>Resource development</u></p> <ul style="list-style-type: none"> ▪ Funds ▪ Grants ▪ Technical Assistance <p><u>Regulatory Role</u></p> <ul style="list-style-type: none"> ▪ Competency-based standards for workforce <ul style="list-style-type: none"> ○ Disaster competencies, 	<ul style="list-style-type: none"> ▪ Establish linkages with SEMA, DHSS, FEMA and CMHS to authorize and develop immediate services grant ▪ Activate mental health response consistent with functions listed above <ul style="list-style-type: none"> ○ Deploy crisis counselors, as appropriate ○ Utilize hotline as response & referral resource, as appropriate ○ Disseminate mental health outreach materials ○ Participate in COADs ○ Coordinate service delivery & develop linkages with mental health services offered by Red Cross, Salvation Army & other VOAD ○ Authorize & fund use of interpreters as appropriate ▪ Establish communications links with CMHCs in affected areas ▪ Needs assessment for FEMA crisis counseling grant application <ul style="list-style-type: none"> ○ Gather information about mental health need ○ Gather damage assessment information for inclusion in FEMA grant application ○ Analyze census & other data re: impact on access and functional needs populations <ul style="list-style-type: none"> ▪ Assess impact ▪ Explore options to utilize indigenous, bilingual resource in CCP ▪ If justified, complete & submit FEMA immediate services grant application <ul style="list-style-type: none"> ○ Submit draft no later than 10 days after federal declaration ○ Submit completed immediate services grant application no later than 14 days after federal declaration ○ Develop SNP component based on data, including incorporating use of indigenous, bilingual, interpreter resources 	<ul style="list-style-type: none"> ▪ Assess need for FEMA regular services grant or CMHS SERG funds ▪ Develop and submit written RSP application <ul style="list-style-type: none"> ○ Request extension of immediate services portion of grant ○ Within 60 days after the federal declaration ○ Consider need for enhanced or specialized RSP services ○ Include formal evaluation model as component ▪ If regular services grant not pursued: <ul style="list-style-type: none"> ○ complete implementation of immediate services grant to end 60 days after declaration ○ conduct necessary close out activities ▪ Participate in and coordinate with the Missouri Disaster Recovery Partnership <ul style="list-style-type: none"> ○ Conduct data collection & analysis to inform program management and future mental health response efforts ○ Contribute to research & literature base

PHASE	PRE-INCIDENT	IMPACT AND RESCUE (0-48 HOURS) (0-2 WEEKS)	RECOVERY (2 WEEKS TO 1 YEAR)
	<ul style="list-style-type: none"> o including self-care o Cultural competencies & use of interpreters ▪ Agency planning & preparedness licensure & certification standards Advocacy with priority given to: <ul style="list-style-type: none"> ▪ DMH clients (<i>adults & children with psychiatric, MR, DD, substance abuse needs</i>) ▪ School children ▪ Individuals with diverse cultural backgrounds & language abilities ▪ Other populations with access and functional needs as resources permit 		<ul style="list-style-type: none"> o Conduct after-action evaluation efforts <ul style="list-style-type: none"> ▪ Lessons learned ▪ Feedback to inform future planning efforts
KEY POPULATIONS	<ul style="list-style-type: none"> ▪ General public ▪ DMH clients ▪ Other populations with access and functional needs <ul style="list-style-type: none"> o Children o Elderly o Persons with access and functional needs o Homeless o Diverse cultures <ul style="list-style-type: none"> ▪ Language other than English o People who are not US citizens ▪ Emergency Responders ▪ Mental health workforce 	<ul style="list-style-type: none"> ▪ Victims & survivors and their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected (<i>geographic area near "ground zero" to include residents, workers, schools, businesses, churches affected</i>) ▪ General public (<i>in terrorist events or public health emergencies</i>) ▪ Mental health workforce 	<ul style="list-style-type: none"> ▪ Victims, survivors & their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected ▪ Formal helping systems (government & private sector, domestic violence) ▪ Health care providers & primary care providers, including mental health treatment providers ▪ Natural & informal helping systems ▪ Awareness & education of general public to reduce stigma & increase help-seeking behavior

Appendix v: CPS Administrative Agents and Affiliates

Service Area

- 1 Family Guidance Center**
724 North 22nd Street
St. Joseph, MO 64506
Garry Hammond, Executive Director
816-364-1501
Fax: 816-364-6735
Email: ghammond@familyguidance.org

Affiliated Center (#1)
Community Recreation and Resocialization, Inc.
525 S. 10th Street
St. Joseph, MO 64501
Martha Goodding, Executive Director
816-233-0430
Fax: 816-233-3795
Email: crr@stjoewireless.net
- 2 Truman Medical Center Behavioral Health**
2211 Charlotte
Kansas City, MO 64111
Marsha Morgan, Executive Director
816-404-5700
Fax: 816-404-5731
Email: marsha.morgan@tmcmed.org
- 3 Swope Health Services**
3801 Blue Parkway
Kansas City, MO 64130
Gloria Joseph, Executive Director
816-922-7645
Fax: 816-922-7683
Email: gjoseph@swopecommunity.org
- 4 ReDiscover**
901 NE Independence Avenue
Lee's Summit, MO 64086
Alan Flory, President
816-246-8000
Fax: 816-246-8207
Email: alflory@rediscovermh.org
- 5 Comprehensive Mental Health Services**
10901 Winner Road,
PO Box 520169
Independence, MO 64052
William H. Kyles, Executive Director

816-254-3652
Fax: 816-254-9243
Email: jking@thecmhs.com
wkyle@thecmhs.com

Service Area

- 6 Tri County Mental Health Services**
3100 NE 83rd Street
Kansas City, MO 64119-9998
Thomas H. Cranshaw, Executive Director
816-468-0400
Fax: 816-468-6635
Email: tomc@tri-countymhs.org
- 7 Pathways Community Behavioral Healthcare, Inc.**
520C Burkarth Road
Warrensburg, MO 64093
660-747-1605
Fax: 660-747-1638
Mel Fetter, President/CEO
660-890-8054
Fax: 660-318-3117
Email: Melf@pbhc.org
- 8A Clark Community Mental Health Center, Inc.**
Consumer Service Contact:
417-235-6610
1701 N. Central
Monett, MO 65708
Mailing Address:
104 W. Main Street – P. O. Box 100
Pierce City, MO 65723
Frank Compton, Chief Executive Director
417-476-1000 (x236)
Fax: 417-476-1082
Email: comptonf@clarkmentalhealth.com
- 8B Pathways Community Behavioral Healthcare, Inc.**
1800 Community Drive
Clinton, MO 64735
Mel Fetter, President/CEO
660-890-8054
Fax: 816-318-3117
Email: Melf@pbhc.org
- 9 Ozark Center**
3006 McClelland, PO Box 2526
Joplin, MO 64803
Paula Baker, MS, Chief Executive Officer
417-781-2410
Fax: 417-781-4015
Email: pfbaker@freemanhealth.com

Service Area

10 Burrell Behavioral Health
1300 Bradford Parkway
Springfield, MO 65804
Todd Schaible, Ph.D., President/CEO
417-269-5400
Fax: 417-269-7212
Email: todd.schaible@coxhealth.com

11 Pathways Community Behavioral Healthcare
1905 Stadium Blvd.
PO Box 104146
Jefferson City, MO 65110-4146
Bob Whittet, Vice President
Mel Fetter, President/CEO
573-634-3000
Fax: 573-634-4010
Email: bwhittet@pbhc.org
MelF@pbhc.org

Affiliated Center (#11)

New Horizons Community

Support Services

2013 Williams St.
Jefferson City, MO 65109
Chi Cheung, Exec. Director
573-636-8108
Fax: 573-635-9892
Email: ccheung@mo-newhorizons.com

12 Burrell Behavioral Health – Central Region
601 Business Loop 70 West, Suite 202
Columbia, MO 65201
Allyson Ashley, Acting Director
Todd Schaible, Ph.D., President/CEO
(Acting Director)
573-777-7550
Fax: 573-777-7587
Email: Allyson.Ashley@coxhealth.com

Affiliated Center (#12)

**New Horizons Community
Support Services**
1408 Hathman Place
Columbia, MO 65201-5551

Chi Cheung, Executive Director
573-443-0405
Fax: 573-875-2557
Email: ccheung@mo-newhorizons.com

Service Area

13 North Central MO Mental Health Center
1601 East 28th, Box 30
Trenton, MO 64683
Lori Irvine, Executive Director
660-359-4487
Fax: 660-359-4129
Email: lori@ncmmh.org

14 Mark Twain Area Counseling Center
917 Broadway
Hannibal, MO 63401
Mike Cantrell, Executive Director
573-221-2120
Fax: 573-221-4380
Email: mcantrell@mtacc.org

Affiliated Center (#14)

Preferred Family Healthcare, Inc.
900 E. LaHarpe
Kirksville, MO 63501
660-665-1962
Michael Schwend, CEO
Fax: 660-665-3989
Email: mschwend01@pfh.org

Affiliated Center (#14)

Comprehensive Health Systems, Inc.
(Serving Marion County)
12677 Heavenly Acres Dr
New London, MO 63459
PO Box 468 *(Billing Address)*
Hannibal, MO 63401
Lynn Mercurio, CEO
573-248-1372
Fax: 573-248-1375
Email: lmercurio@chsservices.net

15 East Central MO Behavioral Health Service
dba **Arthur Center**
321 West Promenade
Mexico, MO 65265
Terry Mackey, President
573-582-1234
Fax: 573-582-7304
Email: tmackey@arthurcenter.com

Service Area

Affiliated Center (#15)

Comprehensive Health Systems, Inc.

12677 Heavenly Acres Dr
New London, MO 63459
PO Box 468 (Billing Address)
Hannibal, MO 63401
Lynn Mercurio, CEO
573-248-1372
Fax: 573-248-1375
Email: lmercurio@chsservices.net

16 Crider Health Center

1032 Crosswinds Court
Wentzville, MO 63385
Karl Wilson, Ph.D., President/CEO
636-332-6000 or 1-800-574-2422
Fax: 636-332-9950
Email: kwilson@cridercenter.org

**17A Pathways Community
Behavioral Healthcare**

1450 E. 10th Street,
PO Box 921
Rolla, MO 65401
David Duncan, Vice President
Mel Fetter, President/CEO
573-364-7551
Fax: 573-364-4898
Email: dduncan@pbhc.org
melf@pbhc.org

17B BJC Behavioral Health

Southeast Site
1085 Maple Street
Farmington, MO 63640
Mark Stansberry, Director
Karen Miller, Associate Director
573-756-5353
Fax: 573-756-4557
Email: kfm6775@bjc.org

Affiliated Center (#17)

SEMO Community Treatment Center
512 E. Main
P.O. Box 506
Park Hills, MO 63601-0506

Barron E. Pratte, PhD, President/CEO
573-431-0554
Fax: 573-431-5205
Email: bpratte@semoctc.org

Service Area

Affiliated Center (#17)

Mineral Area CPRC
203 South Washington
P.O. Box 510
Farmington, MO 63640
Vicky Winick, Director
573-756-2899
Fax: 573-756-4105
Email: secretaryvickie@hotmail.com

- 18 Ozarks Medical Center Behavioral Healthcare**
Carol Eck, Director
909 Kentucky
West Plains, MO 65775
417-257-6762
Fax: 417-257-5875
Email: carol.eck@ozarksmedicalcenter.com
(Satellite Office)
Mountain Grove Medical Complex
1604 N. Main
Mountain Grove, MO 65711
517-926-6563
- 19 Family Counseling Center**
925 Highway VV
PO Box 71
Kennett, MO 63857
Myra Callahan, Executive Director
573-888-5925
Fax: 573-888-9365
Email: myra@familycounselingcenter.org
- 20 Bootheel Counseling Services**
760 Plantation Blvd.
PO Box 1043
Sikeston, MO 63801
Cheryl Jones, Executive Director
573-471-0800
Fax: 573-471-0810
Email: cjones@bootheelcounselig.com
- 21 Community Counseling Center**
402 S. Silver Springs Road
Cape Girardeau, MO 63703
John A. Hudak, Executive Director
573-334-1100
Fax: 573-651-4345
Email: sfoster@ccntr.com

Service Area

- 22 Comtrea Community Treatment**
227 Main Street
Festus, MO 63028
636-931-2700
Administrative Office:
Stephen Huss, Ph.D., President/CEO
Comtrea
21 Municipal Dr.
Arnold, MO 63010-1012
636-931-2700 Ext. 345
Fax: 636-296-6215
Email: wecare@comtrea.org
- 23 BJC Behavioral Health**
1430 Olive, Suite 500
St. Louis, MO 63103
Mark Stansberry, Director
314-206-3700
Fax: 314-206-3721
Email: mes2294@bjc.org
- BJC Behavioral Health**
North Site
3165 McKelvey Rd.
Suite 200
Bridgeton, MO 63044-2550
Mark Stansberry, Director
314/206-3900
FAX: 314-206-3995
Email: mes2294@bjc.org
- BJC Behavioral Health**
South Site
343 S. Kirkwood Rd.
Suite 200
Kirkwood, MO 63122-6915
Mark Stansberry, Director
Phone: 314-206-3400
FAX: 314-206-3477
Email: mes2294@bjc.org
- 24 Hopewell Center**
1504 S. Grand
St. Louis, MO 63104
Amanda Murphy, Ph.D., Exec. Director
314-531-1770
Fax: 314-531-7361
Email: amurphy@hopewellcenter.com

Service Area

25 BJC Behavioral Health

1430 Olive, Suite 500
St. Louis, MO 63103
Mark Stansberry, Director
314-206-3700
Fax: 314-206-3708
Email: mes2294@bjc.org

Affiliated Centers (#25)

Places for People, Inc.

4130 Lindell Blvd.
St. Louis, MO 63108-2914
Francie Broderick, Exec. Director
314-535-5600
Fax: 314-535-6037
Email: fbroderick@placesforpeople.org

Independence Center

4245 Forest Park Ave.
St. Louis, MO 63108
J. Michael Keller, Executive Director
314-533-4245
Fax: 314-533-7773
Email: mkeller@independencecenter.org

ADAPT of Missouri

2301 Hampton
St. Louis, MO 63139
Bill Leritz, MSW, Executive Director
314-657-3200
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Appendix vi: Flowchart in Terrorist Event within the United States

