Missouri Department of Mental Health

SHOW ME EMOTIONAL FIRST AID
for all of us

Revised March 3, 2011

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August 10, 2005

TO: Interested Parties

SUBJECT: Department of Mental Health (DMH)
All-Hazards Emergency Operations Plan

Enclosed is the newly revised All Hazards Emergency Operations Plan (EOP) for the Department of Mental Health.

This plan was developed with the input of the Mental Health Statewide Disaster Response Planning Committee. It is designed to enhance department planning and response activities in order to minimize the efforts of disaster or terrorism on DMH clients, the communities and citizens of Missouri. Two important enhancements of this plan compared to earlier plans are its integration of alcohol and drug concerns as well as greater awareness of cultural diversity or effective planning and response activities.

Within this plan, coordination of emergency response and recovery activities has been designated to the Office of Disaster Readiness, the Director's Office, and members of the Department's READI Team. All concerned should familiarize themselves with the plan and should be prepared to execute the tasks that fall within the purview of their responsibility.

Sincerely,

Dorn Schuffman
Director

Attachment: Membership of Planning Committee

Mental Health Statewide Disaster Response Planning Committee

Updated 2/1/05

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Department of Elementary & Secondary Education/ Vocational Rehabilitation	1
Department of Health and Senior Services	5
Department of Social Services/ Division of Family Services	1
Disaster Recovery Partnership	1
DMH READI Team	9
Each CPS Facility	10
Each CPS Regional Office	5
Each MRDD Facility	18
Each MRDD Regional Office	4
Federal Emergency Management Agency (FEMA) Region VII	1
SAMHSA	1
State Emergency Management Agency (SEMA	3

RECORD OF CHANGES

Change Number	Date of Change	Date Entered	Change Made by (Signature)
1	3/3/11	3/3/11	

MISSOURI DEPARTMENT OF MENTAL HEALTH

ALL-HAZARDS EMERGENCY OPERATIONS PLAN

Developed by

Office of Disaster Readiness
Director's Office

Under the Guidance of the

Mental Health
Statewide Disaster Response
Planning Committee

Revised March 2011

SHOW ME EMOTIONAL FIRST AID
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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

EXECUTIVE SUMMARY

The All-Hazards Disaster Mental Health Plan for community mental health and substance abuse response represents the structure, communications and resource utilization plans for the Missouri Department of Mental Health (DMH) to perform its public mental health authority role to meet the mental health-related needs of Missourians affected by natural or human-caused disasters.

Response to the needs of Missourians in disasters will require activities to develop funding and resources that allow DMH and its contractual psychiatric and substance abuse agencies to serve broader target populations of individuals not typically eligible for public mental health services. This plan describes the DMH Central Office (CO) role in application and administration of funding as well as the surge capacity of providers to quickly implement programming consistent with funding expectations. The Concept of Operations section and the Federal Emergency Management Agency (FEMA) crisis counseling program appendix provide overview information about disaster mental health services. This plan represents significant departure from past practice by recognizing and integrating substance abuse prevention and public education efforts as an important capacity in responding to community needs post-disaster and in its emphasis on cultural competence of services offered.

In addition to programmatic foundation, this plan describes infrastructure and staff resources for emergency preparedness and response that reflect significantly higher expectations in terms of interagency coordination and collaboration in the interest of Missouri's citizens. Institutionalizing relationships with the State Emergency Management Agency (SEMA), Department of Health and Senior Services (DHSS), the Governor's Faith-Based and Community Service Partnership for Disaster Recovery (hereafter called the Partnership) and other partners with roles in implementing the new Functional Needs Support Services Guidance by FEMA and the Dept. of Justice represents significant progress and recognition for the value of mental health involvement in the emergency management cycle. In addition, the unique contribution of mental health to risk communication reflects the value-added benefits of interagency collaboration.

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

PURPOSE COMPONENT

This all-hazards plan outlines responsibilities of the public mental health system for assisting Missourians with their emotional and mental health needs in all phases of natural or technological disasters or emergency incidents. Effective planning and response efforts require the delineation of statewide and community-based roles and activities for:

- √ the Missouri Department of Mental Health (DMH),
- √ 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:

- √ victims/survivors of disaster,
- √ emergency responders,
- √ individuals with access and functional needs which includes individuals served by DMH, and
- √ other members of the community who may require assistance to reduce the incidence of adverse and long-term mental health outcomes after an incident.

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.

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

SITUATION AND ASSUMPTIONS COMPONENT

A. SITUATION

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), a synopsis of the Missouri Hazard Analysis. The most likely risk in Missouri is for weather-related events such as tornadoes, flooding and severe winter weather, oftentimes 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 the Department of Mental Health (DMH) in a disaster event. Program design of the mental health response effort is related to the scope and nature of the disaster.

3. Within the disaster context, there is increased risk for adverse mental health outcomes such as post-traumatic stress disorder, suicide, and substance abuse. 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 operationalize 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.

B. ASSUMPTIONS

1. Although the large majority of individuals who are affected by a disaster experience emotional and stress reactions to the event, these reactions are normal and infrequently result in long-term adverse mental health outcomes. In the aftermath of terrorist events in this country, however, there is evidence that larger numbers of people are emotionally

affected by the event and even those not considered as primary or secondary victims 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 but not limited to 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. 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).

4. 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.

5. Local mental health resources may be quickly overwhelmed in a significant disaster event 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 events.

6. 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.

7. Integration of substance abuse prevention and treatment competencies into the mental health response effort is critical.

8. 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) will be encouraged. If a federal declaration is made 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 funding for the cost of participation.

9. People who experience distress and symptoms after an event 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.

10. Evidence-informed and culturally competent approaches to disaster mental health service provision are essential if limited resources are to be used efficiently and effectively.

C. APPLICABILITY OF PLAN

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

- Tornadoes/Severe Thunderstorms
- Flooding
- Severe Winter Weather, including ice storms
- Drought
- Heat Wave
- Earthquake
- Dam Failure
- Utility Interruptions or Failures
- Fires
- Hazardous Materials, including radiological events
- Terrorism
- Nuclear Power Plant
- Nuclear
- Mass Transportation Accidents
- Civil Disorder
- Public Health Emergency or Bioterrorism
- Environmental Issues
- School Violence
- Mass Violence (e.g. sniper shootings)
- Agro-terrorism
- Any other incidents that would cause significant trauma for individuals and communities

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

CONCEPT OF OPERATIONS COMPONENT

A. OVERVIEW OF APPROACH

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 and 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*** attached at the end of this section, beginning on page 19.

B. 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, (Annex K, ESF-8). DMH is a support agency to (Annex K, ESF-8) and is subject to activation by DHSS and SEMA, as warranted.

- 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 (page 22)**,** an abbreviated section 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 & Rescue	Recovery
▪ Collaboration among state agencies ▪ Policy development ▪ Infrastructure support for rapid assistance <u>Workforce development</u> ▪ Training ▪ Exercises <u>Resource development</u> ▪ Funds ▪ Grants ▪ Technical Assistance <u>Regulatory Role</u> ▪ Competency-based workforce standards ▪ Licensure & certification standards for agency planning & preparedness ▪ Contract provisions for providers' distributed responsibilities <u>Advocacy</u>	▪ Activate mental health response ▪ Establish communications links with CMHCs in affected areas ▪ Needs assessment for FEMA crisis counseling grant application ▪ If justified, complete & submit FEMA immediate services grant application	▪ Assess need for FEMA regular services grant or CMHS SERG funds ▪ Develop and submit written RSP application ▪ If regular services grant not pursued, complete implementation of immediate services program and conduct necessary close out activities ▪ Participate in and coordinate with the Partnership ▪ Conduct data collection & analysis to inform program management and future mental health response efforts

- 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 1) have responsibilities as described in the matrix row titled Community Mental Health Role**,** (page 19). Statewide coverage is achieved through use of administrative agents. DMH service areas have not been modified to be consistent with Missouri's Homeland Security regions (Appendix 2) but mental health activities in all phases will be conducted consistent with the regional framework and principles.

- In the immediate aftermath of a disaster event, 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; 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 local providers for 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 (page 19). Abbreviated sections are excerpted below. Activities are performed by CPS Administrative Agents and ADA contract providers.

Pre-event	Impact & Rescue	Recovery
▪ Mental Health Response Planning & Preparation at local level ▪ Workforce Development ▪ Public Education ▪ Community Development	▪ Basic Needs ▪ Psychological First Aid ▪ Monitor environment ▪ Technical assistance, consultation & training ▪ Culturally Competent Needs Assessment ▪ Triage ▪ Outreach & information dissemination ▪ Fostering resilience & recovery	▪ Monitor the recovery environment ▪ Foster resilience & recovery ▪ Community Development ▪ Public Education ▪ Traditional Mental Health Services

- 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
▪ Victims & survivors and their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected *(geographic area near "ground zero" to include residents, workers, schools, businesses, churches affected)* ▪ General public *(in terrorist events or public health emergencies)* ▪ Mental health workforce	▪ 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

- 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 clients in disaster events 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 clients 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 event 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 community mental health response to the event.

C. GENERAL SEQUENCE OF ACTIONS

Appendix 5 generally describes mental health goals, activities, and roles at the local and state level. Additional detail about the sequence of activities is outlined below.

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.
- √ 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 incident.
- √ DMH READI team has the resource notebook on key-chain drives that they keep with them.
- √ 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 quarterly and are located at SEMA and DMH for ease of access in an emergency situation.
- √ DMH provides resources for immediate response to CPS administrative agents and ADA providers including:
    - Compact Disk (CD) with FEMA CCP application materials and outreach materials;
    - CD with Center for Mental Health Services (CMHS) Data Collection Toolkit for FEMA CCP program;
    - An electronic version 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 disaster events.

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 at-risk 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, 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) and
    - The Partnership
- √ The CPS administrative agent 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 will notify and involve trained ADA staff in the response effort.
- √ The CPS administrative agent 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 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 to identify sources for translators such as colleges and universities.
- √ As warranted, the CPS administrative agent will request consideration for FEMA CCP.
- √ The CPS administrative agent will assist in data gathering to support CCP application.
- √ The CPS administrative agent will maintain data to support retroactive reimbursement under the FEMA Immediate Services Grant 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 and the DMH will assess the need to apply for the FEMA regular services grant.
- √ DMH will evaluate need for any measures to provide staffing and service delivery in impacted areas where travel, supplies, communications, and support are disrupted.

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, at-risk population, 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 grant application and administer it as approved.
- √ Administrative agent will implement approved CCP Regular Services grant.
- √ Administrative agent will continue participation in COAD.
- √ DMH will participate in 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 close-out 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, administrative agents, and ADA providers.

D. REQUESTING ASSISTANCE

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.

PRESIDENTIALLY DECLARED DISASTERS

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 (who is the GAR) approves, signs and submits the written application. SEMA administers any approved CCP Immediate Services Grant funds. DMH utilizes and passes through funding to administrative agents for implementation.

CCP grant application materials and data collection tools are included in Appendix 3. The web address for the most current material is: http://www.samhsa.gov/dtac/ccptoolkit/isp.htm

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 approves, signs and submits the written application and funds flow directly to the state mental health authority for pass-through to local mental health providers.

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.

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Missouri Model For Mental Health Response and Recovery After a Public Health Event REV 2011

Phase	Preparedness	Early Pandemic Response (Immediate)	Early Pandemic Response (Duration)	Later Response and Recovery
Goals of Intervention	▪ Preparedness ▪ Resilience o Conveyance of safety and resilience factors ▪ Mitigation of risk factors: o Health protective and response behaviors o Development of risk communication strategies o Activities to promote community social cohesion	▪ Safety and survival ▪ Meet basic needs ▪ Effective communication ▪ Effective risk communication ▪ Incorporation of skills for the "new normal" including safe behavioral practices and routines	▪ Adjustment ▪ Appraisal ▪ Effective risk communication ▪ Incorporation of skills for the "new normal" including safe behavioral practices and routines	▪ Reintegration ▪ Recovery of pre-incident roles and functional activities ▪ Unified, strong community ▪ Incorporation of skills for the "new normal"
Role of All Helpers	▪ Planning ▪ Public education ▪ Communication ▪ Workforce preparedness & training ▪ Resource development ▪ Community development	▪ Protection ▪ Reduction of stress & arousal ▪ Reassurance	▪ Provide information and assistance to orient affected parties ▪ Needs assessment ▪ Referral or service provision	▪ Supportive assistance o Information & referral o Service provision ▪ Practical assistance to restore functional competencies ▪ Resource development ▪ Community development
Community Mental Health Role	**Mental Health Response Planning and Preparation at Local Level** ▪ Collaborate @ local level ▪ Inform & influence policy ▪ Set structures for assistance o Develop surge capacity Assess usable technologies, i.e. phone, tele-communication, etc. o Integrate substance abuse o With diverse communities ▪ Advocacy for at-risk populations **Workforce Development** ▪ Leadership preparation & functions ▪ Promote awareness & increase capacity for: o Personal preparedness o Work-related preparedness,	**Basic Needs** ▪ Establish safety, security, & survival ▪ Food & shelter ▪ Provide orientation to safe and unsafe activities. ▪ Facilitate communication w/ family, friends & community ▪ Assess environment for ongoing threat of disease, ▪ Promote healthy routines & behaviors **Psychological First Aid** ▪ Support & "presence" for those who are most distressed ▪ Provide information about family safety, staying together, reunions w/ loved ones and risks involved ▪ Provide information & education	**Culturally Competent Needs Assessment** ▪ Assess status & how well population needs are addressed ▪ Of the recovery environment ▪ Identify additional outreach interventions ▪ Conduct mental health surveillance to inform response & recovery efforts **Triage** ▪ Clinical assessment ▪ Refer when indicated ▪ Identify vulnerable, high-risk individuals & groups ▪ Emergency hospitalization or outpatient treatment	**Monitor the Recovery Environment** ▪ Encourage & listen to feedback ▪ Conduct mental health surveillance to inform recovery efforts ▪ Monitor continuing outbreak threats/ effects ▪ Monitor services provided ▪ Monitor management of fatalities **Foster resilience & recovery** ▪ Facilitate social interactions ▪ Teach coping skills ▪ Educate about chronic stress, anniversary & trigger events unique to each family, coping, & available services

PHASE	PREPAREDNESS	EARLY PANDEMIC RESPONSE (IMMEDIATE)	EARLY PANDEMIC RESPONSE (DURATION)	LATER RESPONSE AND RECOVERY
COMMUNITY MENTAL HEALTH ROLE (CONTINUED)	i.e. human resource polices ○ Recruitment of indigenous, bilingual ▪ Train responders in evidence-based mental health response skills consistent with assigned responsibilities ○ Mental health professionals ○ Crisis counselors ○ Outreach workers ○ Substance abuse counselors ○ Interpreters ○ Health workforce ○ Mortuary workforce ○ Natural helpers ▪ Promote resilience building, stress management & self-care **Public Education** ▪ Preparedness campaigns & materials that address safety & resilience rather than imminent threat ▪ Mental health promotion & prevention efforts to: ○ Build emotional resilience ○ Increase protective factors ○ Target prevention efforts to at-risk populations ○ Integrate substance abuse & relapse prevention efforts ▪ Cultivate relationships with & educate media **Community Development** ▪ Partner to address needs of disability & other at-risk groups ▪ Develop resources & partnerships with diverse cultures within communities	to normalize reactions & promote adaptive coping ▪ Foster communication ▪ Protect survivors from further harm ▪ Reduce physiological arousal ▪ Discourage use of stimulants, alcohol or other substances **Monitor environment** ▪ Identify tipping points ▪ Observe and listen to those most affected ▪ Monitor environment for stressors ▪ Conduct mental health surveillance to inform response efforts ▪ Provide education on limiting media exposure, thought and talk exposure **Technical Assistance, Consultation and Training** ▪ Improve capacity of organizations & caregivers to provide what is needed to re-establish community structure, foster family recovery & resilience, and safeguard community ▪ Provide to: ○ Relevant organizations ○ Other caregivers and responders ○ Leaders	**Outreach and Information Dissemination** ▪ Promote large-scale community outreach & psycho-education: ○ Post-trauma reactions that are understandable & expectable ○ Anxiety management techniques for common post-trauma problems ○ Signs of severe dysfunction ○ Limiting media exposure for those with mid-level problems of anxiety Receiving truncated news reports from a friend or family member, for those with more severe emotionality ▪ Make contact with and identify people who have not requested services, i.e. at-risk populations ▪ Inform people about different services, coping, recovery process, etc. (e.g., by using established community structures, fliers, websites, social media) ▪ Use outreach workers who are indigenous, bilingual & culturally competent **Fostering Resilience and Recovery** ▪ Facilitate social interactions ▪ Teach coping skills & training ▪ Educate about stress response, traumatic reminders, coping, normal vs. abnormal functioning, risk factors, services ▪ Facilitate group & family support ▪ Foster natural social support ▪ Address grief & bereavement ▪ As needed, repair community & organizational fabric	▪ Facilitate group and family support ▪ Foster natural social support ▪ Address grief & bereavement ▪ Promote community unity & healing ▪ Recognize need for spiritual support & refer as needed ▪ Encourage continued practice of relapse prevention, participation in treatment and self-help recovery groups ▪ Instill hope **Community Development** ▪ Promote social connectedness ▪ Support use of community ritual & commemorative activities to strengthen & re-unify community ▪ Partner to address needs of disability & other at-risk groups ▪ Develop resources & partnerships with diverse cultures within communities ▪ Foster competent communities that provide safety, material resources, support for families and encouragement of well-being **Public Education** ▪ Predict & stress positive outcomes & typical emotional reactions in recovery phase ▪ Anticipate & prepare for anniversary responses & other triggers ▪ Disseminate stress

PHASE	PREPAREDNESS	EARLY PANDEMIC RESPONSE (IMMEDIATE)	EARLY PANDEMIC RESPONSE (DURATION)	LATER RESPONSE AND RECOVERY
COMMUNITY MENTAL HEALTH ROLE (CONTINUED)			▪ 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 ▪ Instill hope	management & coping materials ▪ Through media and outreach, conduct mental health promotion & prevention efforts to: o Assist with stress management & coping o Reduce risk factors o Target prevention efforts to at-risk groups o Integrate substance abuse & relapse prevention o Encourage mobilization of natural & informal helping systems **Traditional Mental Health Services** ▪ 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 employed/covered individuals
PUBLIC MENTAL HEALTH AUTHORITY	**Mental Health Response Planning and Preparation at State Level** ▪ Collaborate @ state level ▪ Interagency collaboration to develop guidance to: o Shape adaptive behaviors o Reduce social/emotional deterioration & improve functioning	▪ Establish linkages with SEMA, DHSS, FEMA and CMHS to: o Authorize and develop FEMA Immediate Services Program if available o Identify possible tipping points ▪ Activate mental health response consistent with functions listed above o Utilize crisis counselors, as appropriate o Provide hotline as response & referral resource, as appropriate o Disseminate mental health outreach materials o Participate in COADs		▪ Assess need for FEMA regular services program, CMHS SERG funds or other available funding streams ▪ Develop and submit written RSP application if appropriate o Request extension of immediate services

PHASE	PREPAREDNESS	EARLY PANDEMIC RESPONSE (IMMEDIATE) (DURATION)	LATER RESPONSE AND RECOVERY
	○ Support key personnel in critical infrastructure functions ○ Facilitate coping & recovery ▪ Policy development including human resources, & leadership preparation & functions ▪ Infrastructure support for rapid assistance ○ Surge capacity including telephonic, telecommunication, social media ○ Integrate substance abuse ○ With diverse communities ▪ Plan and develop infrastructure for: ○ Implementation of FEMA Crisis Counseling Program if available or other fiscal resources ▪ *Financial models* ▪ *CCP templates* ▪ *TA for services & billing* ▪ *Administrative support* ○ Mutual aid strategies ▪ *Among CMHCs* ▪ *With ARC, other VOAD agencies* **Workforce Development** ▪ Continuity planning ▪ Training for public health, other health care providers such as hospitals and primary care, mortuary workers, mental health, etc. ▪ Exercises **Resource Development** ▪ Funds	○ 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 ○ Gather information about mental health need ○ Gather assessment information for inclusion in FEMA grant if applicable ○ Analyze census & other data re: impact on at-risk populations ▪ Explore options to utilize indigenous, bilingual resource in CCP ▪ If applicable, complete & submit FEMA immediate services grant application ○ Submit draft based on Federal timeline and approval ○ Submit completed immediate services grant application no later than 14 days after federal approval ○ Develop component that addresses at-risk populations if needed based on data, including incorporating use of indigenous, bilingual, interpreter resources	program ○ Consider need for enhanced or specialized RSP services ○ Include formal evaluation model as component ▪ If regular services grant not pursued: ○ Complete implementation of immediate services grant ○ Conduct necessary close out activities ▪ Participate in and coordinate with the Governor's Partnership ▪ Conduct data collection & analysis to inform program management and future mental health response efforts ○ Contribute to research & literature base ○ Conduct after-action evaluation efforts * Lessons learned * Feedback to inform future planning efforts

PHASE	PREPAREDNESS	EARLY PANDEMIC RESPONSE (IMMEDIATE) (DURATION)	LATER RESPONSE AND RECOVERY
PUBLIC MENTAL HEALTH AUTHORITY (CONTINUED)	▪ Grants ▪ Technical Assistance **Regulatory Role** ▪ Competency-based standards for workforce o Competencies, including self-care o Cultural competencies and use of interpreters ▪ Agency planning & preparedness licensure & certification standards **Advocacy** *with priority given to:* ▪ DMH clients *(adults & children with psychiatric, DD, substance abuse needs)* ▪ School children ▪ Individuals with diverse cultural backgrounds & language abilities ▪ Other at-risk populations as resources permit		
KEY POPULATIONS	▪ General public ▪ DMH clients ▪ Other Populations that may be at risk: o Children o Elderly o Persons with disabilities o Homeless o Diverse cultures * Language other than English * People who are not US citizens ▪ Health Workforce ▪ Mental health workforce ▪ Mortuary care workforce ▪ First responders	▪ Victims & survivors and their families ▪ Emergency Responders & their families ▪ Health care providers and primary care providers ▪ DMH clients ▪ Community(ies) affected ▪ General public ▪ Mental health workforce ▪ Mortuary care workforce	▪ Victims & 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 ▪ Mortuary care workforce ▪ Natural & informal helping systems ▪ Awareness & education of general public to reduce stigma & increase help-seeking behavior

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

AUTHORITIES AND REFERENCES

Legal authority for effective and comprehensive all-hazards emergency planning is rooted in state statute, state policy directive, and federal regulations as summarized below.

The Missouri Department of Mental Health (DMH) is the state mental health authority. As the SMHA, DMH has statutory responsibility specified in RSMO 630.020 Section 2 to:

"…make necessary orders, policies and procedures for the government, administration, discipline and management of its facilities, programs and operations."

Included in this general responsibility is preparation for emergency situations for the DMH workforce and its clients.

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 are able to carry out their responsibilities with minimal disruption under emergency conditions. Annex S of the State Emergency Operations Plan (SEOP) establishes guidelines for COG plans.

Federal HIPAA Security guidelines require DMH, as a covered entity, to establish disaster recovery plans in the interest of client safety and care management.

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

ORGANIZATION

Within the Department of Mental Health (DMH) and with other agencies, responsibilities for activities to support an effective response to disaster-related mental health needs are summarized in the following chart entitled: *Community Mental Health Services Disaster Response Plan, Roles & Partners Chart.* The chart describes partnership and collaborative opportunities across phases of a disaster in the public mental health arena.

ASSIGNMENT OF RESPONSIBILITIES

Primary Agency

DMH is responsible for all activities and tasks required for:

- Development of a plan for disaster-related mental health needs across the phases of an event;
- Development and implementation of the Federal Emergency Management Agency (FEMA) crisis counseling program or other grant funding, as warranted;
- Coordination of other mental health services and supports provided by other agencies in response to a disaster event; and
- Promotion of communication and collaboration with other state agencies, private organizations and voluntary organizations to improve capacity for mental health related preparedness, prevention, response and recovery efforts.

Support Agencies

DMH Internal

Office of Disaster Readiness
Readiness and Disaster Support Team (READI Team)
Division of Comprehensive Psychiatric Services (CPS)
Division of Alcohol and Drug Abuse (ADA)
Division of Developmental Disabilities (DD)
DMH Administration – Capital Improvements
Security Coordinating Team (SCT)

External – State Agencies

Department of Health and Senior Services (DHSS)
Local Public Health Agencies
State Emergency Management Agency (SEMA)
Local Emergency Management Directors
Division of Vocational Rehabilitation (DVR)
Department of Elementary and Secondary Education (DESE)
Missouri Homeland Security Advisory Council (HSAC) and its Subcommittees

Governor's Faith-Based and Community Service Partnership for Disaster Recovery (Partnership)
Office for Victims of Crime (OVC)

External – Private Sector

Missouri Voluntary Organizations Active in Disaster (MOVOAD)
Missouri Hospital Association (MHA)
School Associations
American Red Cross (ARC)
National Organization for Victim Assistance (NOVA)
Coalition of Caring Faith Communities (CCFC)
Missouri Coalition of Community Mental Health Centers
Missouri Association of Psychosocial Rehabilitation Services (MOAPSRS)

DMH recognizes the value of community based private psychiatric facilities and counseling services in times of disaster, their contributions and volunteerism; however, they are not a formal part of the DMH organization and assignment of responsibilities for the following reasons:

- A formal listing of private agencies and a means of communicating with these agencies does not currently exist.
- Any official directives regarding private psychiatric facilities in Missouri are under the regulation of the Department of Health and Senior Services (DHSS).
- Efforts to identify bed capacity are under the direction of DHSS.
- Deployment of mental health professionals to provide services after an event are:
  - Under the sponsorship and guidance of an affiliated organization active in disaster such as the American Red Cross, Salvation Army, NOVA or Medical Reserve Corps
  - Either voluntary or as staff of the local community mental health center or alcohol and drug abuse provider coordinating a FEMA response.
  - An integrated response component in the emergency room of a hospital to manage surge in demand for hospital/medical services and therefore part of the hospital response capacity and under the hospital's direction.
  - Coordinated through Missouri's Show-Me Response System, the Partnership published a statewide human resources matrix in 2005, which provided helpful overview and context for the role of DMH and its providers in a disaster event. The chart has been integrated into Missouri's State Emergency Operations Plan (SEOP).

Missouri Department of Mental Health
Community Mental Health Services Disaster Response Plan
Roles & Partners Chart

Phase			Function or Activity	Partner Organizations[1]																							
Pre-event	During Event	Post-Event		DMH Director	Director's Office, Disaster Readiness	READI Team	Division of CPS	Division of ADA	Division of DD	DMH Admin - Capital Improvements	DMH Security Coordinating Team	CPS Administrative Agents	Other CPS contract providers	ADA Contract providers	DD Contract providers	DMH OQM – Licensure/Certification	Dept of Health & Senior Services	State Emergency Management Agency	Division of Vocational Rehabilitation	COAD/VOAD	American Red Cross	Missouri Hospital Assn	Local Emergency Management Dir.	Dept of Elem & Secondary Education	Schools & School Assns	Higher Education & Academic Instit.
√			Develop & maintain statewide plan for community mental health response		L	C	C	C																			
√			Dissemination of written response plan		L	C	C																				
√			Dissemination of application, toolkit and data collection for FEMA CCP & SERG		L		C																				
√			Plan and advocate for At-Risk Populations	C - L	C	C	C	C	C								L	C	L								
√			Develop DMH business continuity plan	L	C		C	C	C	C	L																
√			DMH participation in Homeland Security Advisory Council (HSAC) assigned committees	L	C	C																					
√			Contribute to the SEOP basic plan		C													L									

[1] L indicates lead agency. C indicates collaborator, contributor or partner role. Multiple agencies may be involved in any function or activity.

Phase			Function or Activity	Partner Organizations[1]																							
Pre-event	During Event	Post-Event		DMH Director	Director's Office, Disaster Readiness	READI Team	Division of CPS	Division of ADA	Division of DD	DMH Admin - Capital Improvements	DMH Security Coordinating Team	CPS Administrative Agents	Other CPS contract providers	ADA Contract providers	DD Contract providers	DMH OQM – Licensure/Certification	Dept of Health & Senior Services	State Emergency Management Agency	Division of Vocational Rehabilitation	COAD/VOAD	American Red Cross	Missouri Hospital Assn	Local Emergency Management Dir.	Dept of Elem & Secondary Education	Schools & School Assns	Higher Education & Academic Instit.
			development process related to mental health roles and responsibilities																								
√			Contribute to the SEOP Annex K (Health and Medical) development process related to mental health roles & responsibilities		C	C											L					C					
√			Contribute MH expertise to local EM plans			C						C	C	C	C			C									
√			Maintain MOU & DOR for disaster leave		L	C															L						
√			Resource development & training for disaster competent workforce & surge capacity		L												C					C			C	C	C
√			Establish preparedness standards for regulating DMH licensed & certified entities		C	C	L	L	L							L											
√			Exercise plans			L											L	L		C			C				
√			Public Education to promote emotional preparedness and resilience		L												C			C	C	C	C	C	C	C	C
	√		Disaster-related mental health needs assessment		L		L	L	C		C	C	C	C	C					C	C	C	C	C	C	C	C
	√		Address disaster-related safety needs of DMH clients								L	L	L	L	L	C	C										

Phase			Function or Activity	Partner Organizations[1]																						
Pre-event	During Event	Post-Event		DMH Director	Director's Office, Disaster Readiness	READI Team	Division of CPS	Division of ADA	Division of DD	DMH Admin - Capital Improvements	DMH Security Coordinating Team	CPS Administrative Agents	Other CPS contract providers	ADA Contract providers	DD Contract providers	DMH OQM – Licensure/Certification	Dept of Health & Senior Services	State Emergency Management Agency	Division of Vocational Rehabilitation	COAD/VOAD	American Red Cross	Missouri Hospital Assn	Local Emergency Management Dir.	Dept of Elem & Secondary Education	Schools & School Assns	Higher Education & Academic Instit.
	√		Address disaster-related emotional needs of DMH clients								L	L	L	L												
	√		Activate mental health outreach and assistance efforts		C	C					L									C	C					
	√		Public education as an outreach & self-care strategy		C							L					C	C				C		C	C	
	√		Develop grant application for federal assistance, as warranted		L		C	C				C						L								
	√	√	Design and implement crisis counseling services and supports to meet needs of diverse & special needs populations		L		C	C				C						L	C	C		C	C	C	C	
	√	√	Administer CCP or other grant awards		L							L														
	√	√	Training and TA for CCP		L							L														
	√		MH representation to SEOC as requested		L	L																				
	√		MH representation to DHSS DSR, as requested		L	L																				
	√		MH representation to FEMA Disaster Recovery Centers (DRCs) as requested									L														
	√	√	MH participation in COAD									L								C						

Phase			Function or Activity	Partner Organizations[1]																						
Pre-event	During Event	Post-Event		DMH Director	Director's Office, Disaster Readiness	READI Team	Division of CPS	Division of ADA	Division of DD	DMH Admin - Capital Improvements	DMH Security Coordinating Team	CPS Administrative Agents	Other CPS contract providers	ADA Contract providers	DD Contract providers	DMH OQM – Licensure/Certification	Dept of Health & Senior Services	State Emergency Management Agency	Division of Vocational Rehabilitation	COAD/VOAD	American Red Cross	Missouri Hospital Assn	Local Emergency Management Dir.	Dept of Elem & Secondary Education	Schools & School Assns	Higher Education & Academic Instit.
	√	√	MH participation in VOAD		L	L														C						
	√	√	MH participation in the Partnership		L																					
		√	Develop grant application for Regular Services portion of CCP	L	L							C														
		√	Continue approved CCP service delivery									L			C											
		√	Training and TA for CCP		L		L					C														
		√	Data Collection and Program Evaluation		L		L					L														

ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

ADMINISTRATION, LOGISTICS & LEGAL

ADMINISTRATION

RECORDING AND REPORTING PROGRAM ACTIVITIES

The Division of Comprehensive Psychiatric Services (CPS) 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 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 event 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 Grant	➢ Service delivery data submission in SAMHSA recommended format ➢ Phone contact	Bi-weekly Weekly
FEMA Regular Services Grant	➢ Service delivery data submission in SAMHSA recommended format ➢ Written report by program director in established format ➢ Monitoring visit	Bi-weekly Monthly At least quarterly
SAMHSA Emergency Response Grant	➢ Service delivery data submission in SAMHSA recommended format ➢ Written report by program director in established format ➢ Monitoring (phone and on-site)	Bi-weekly in first 60 days, Monthly thereafter Monthly Bi-weekly in first 60 days, at least quarterly thereafter
Other Funding	To be determined consistent with funding authority requirements	To be determined by 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 Emergency Response Grant (ERG).

When any state-operated DD facility or licensed or certified facility with DD clients 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 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 event if power and communications lines are available to support such efforts. CPS will establish requirements for submission of data bi-weekly 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 Emergency Response Grant (ERG). All records are subject to federal audit and recoupment during this time period.

CPS will send a letter to the administrative agent that details expectations regarding expenditure and data reporting.

RECORDING AND REPORTING HUMAN RESOURCES UTILIZATION

Bi-weekly phone calls with the provider will be standard practice. CPS will also be responsible for recording and reporting approved central office and provider agency 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.

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 faxed and sent electronically as well as 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 Partnership, another source of information and material for the SitRep.

RECORDING AND REPORTING OF VOLUNTEER AGENCY SERVICES

Mental health related services provided by affiliated volunteers will be routinely reported and recorded in formal meetings and communications with SEMA 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 meeting 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.

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 address:

- Use of affiliated volunteers including training, background checks, credentials, activation, liability, and supervision;
- Response to unaffiliated, spontaneous volunteers;
- Coordination with established voluntary and faith-based organizations active in the area;
- Coordination with the Show-Me Response System to activate mental health volunteers;
- 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) or other federal assets..

LOGISTICS

ACCESS OF MENTAL HEALTH FUNCTION PERSONNEL TO IMPACTED AREA

Missouri's State Emergency Operations Plan (SEOP) does not 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 (of badging equipment and supplies or apparel and customization) into grant;
- Collaboration with DMH facilities that produce badges; and
- Use of information systems to share electronic files to rapidly reflect additions and terminations of access.

The Director's Office will work with SEMA and DHSS to explore standards and requirements that will improve efficiency and effectiveness of systems that provide secure access for appropriate personnel only.

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 clients (food, water, medications, transportation, etc.);
- Provision for self-support or shelter in place for up to 72 hours;
- 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 in place necessary policies and regulations to promote effective business continuity planning consistent with HIPAA.

MUTUAL AID AGREEMENTS

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 DMH 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.

Although typically used for traditional emergency management needs (such as equipment, utilities, and other functions) during a federally declared disaster, EMAC also provides a vehicle for requesting services across state boundaries that could be used to request assistance such as but not limited to:

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

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 volunteer registry at the Show-Me Response Program, Dept of Economic Development established by the Dept of Health and Senior Services (DHSS) to identify individuals with interest and specialized training in disaster response.

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 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.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

PLAN DEVELOPMENT & MAINTENANCE

Components of the Department of Mental Health (DMH) All-Hazards Plan

The DMH All-Hazards Plan consists of three components:

- The community mental health and substance abuse response to disasters;
- The DMH Business Continuity Plan, also known as the Continuity of Operations or Continuity of Government (COOP/COG) plan;
- Emergency and business continuity plans, policies, and procedures for all DMH facilities.

Responsibility Matrix

Plan Component	***Development & Maintenance Responsibility***	***Process***
Plan for Community Mental Health Disaster Response	Office of Disaster Readiness, DMH Director's Office	○ Broad based committee representation including psychiatric and ADA providers, diverse cultural groups, and emergency management interests ○ 2003 Substance Abuse and Mental Health Services Administration (SAMHSA) Guidance as framework for plan
DMH Business Continuity Plan	DMH Continuity and Safety Team	○ Internal process involving Central Office and DMH facilities as stakeholders ○ Collaboration with OA and other state agencies as needed ○ 2008 FEMA COOP/COG workshop materials/ guidance as framework for plan
DMH Facility Emergency & COOP/COG Plans, policies, & procedures	Head of each DMH-operated facility	○ Internal facility processes in compliance with DMH DOR and other regulatory and accreditation standards and authorities (JCAHO, CMS) ○ Promotion of standardized formats

Maintenance

Plan Component	***Maintenance Schedule***
Plan for Community Mental Health Disaster Response	Review every two years and revision, as needed
DMH Business Continuity Plan	Annual review and revision, as needed
DMH Facility Emergency and Business Continuity Plans, policies, and procedures	Ongoing review and revision per facility policy

Information technology strategies such as electronic libraries in portable formats (CD's, thumb drives) and network accessibility (intranet, SharePoint) will be pursued.

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

COMMUNICATIONS

ASSUMPTIONS

The Department of Mental Health (DMH) and its provider network are highly reliant on communications technology for voice and data exchange to support day to day operations as well as revenue generation.

Limited disruptions to the communications network are common due to technological failures, equipment limitations, and other factors.

The DMH data network is highly centralized and is the sole entry portal to the state data systems necessary to generate payments through the state's accounting information system (SAM II) and to bill Medicaid for DMH and provider services.

In order to minimize disruption to client services, DMH, its facilities and provider agencies will have in place business continuity plans to address essential functions, authority and decision-making, vital records and communications.

DMH COMMUNICATIONS WITH ITS PROVIDER NETWORK

DMH uses a variety of communication methods with its provider network, including, but not limited to:

- Landline telephone service;
- Limited cell phone coverage;
- United States Postal Service and other mail and parcel delivery services;
- Fax;
- Email;
- Internet websites; and
- Electronic data transmission through dial up and dedicated lines.

Communication occurs frequently with hundreds, if not thousands of communications each day. Communications are often routine and informational but many communications are emergent, urgent or time-sensitive in nature.

ALTERNATIVE COMMUNICATIONS IN DISASTER OR SYSTEMS FAILURE

When communications are disrupted on a local, regional or statewide basis, the following options may provide limited capacity for priority communications.

- Couriers and runners (opportunistic for individuals already in travel status or dedicated resources as needed for the situation);
- Pre-distribution of CDs and diskettes with disaster response information to be used in an emergency;
- Posting of information on web-sites for access when communications are disrupted;
- Use of cell, radio or ham radio technologies as alternatives to landline phones;
- Use of the Department of Health and Senior Services (DHSS) Health Alert Network (HAN) system (that includes fiber optic system for redundancy) for emergency communications to hospitals and health providers;
- Request for use of Highway Patrol and other state agency communications systems for emergency communications; and

- Requests to the State Emergency Management Agency (SEMA) and interstate Emergency Management Assistance Compact (EMAC) for any additional resources in longer term outages.

TECHNICAL RESOURCES

Internal and external communications system resources (as well as more detailed and technical information for coping with a communications failure) are identified in the DMH business continuity plan. DMH facility and provider plans should also identify internal and external technical supports.

MISSOURI DEPARTMENT OF MENTAL HEALTH (DMH)
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

PUBLIC INFORMATION

COMMUNICATIONS STRATEGY

Risk communication technologies and strategies will be applied for all hazards that are likely to occur in Missouri using the Missouri DMH Disaster Communications Guidebook. Messaging templates are updated periodically for diverse audiences related to the different events to prepare for credible and compassionate messages related to mental health and substance abuse associated with emergencies. The templates have been shared with the Department of Health and Senior Services (DHSS) and will provide foundation for jointly sponsored message campaigns that evolve through the phases of a disaster.

IDENTIFICATION OF RESPONSIBILITY

The DMH Public Information Officer (PIO) will have responsibility for coordinating public information activities among DHSS, the State Emergency Management Agency (SEMA) and DMH depending on the nature and scope of the disaster event. In addition, the coordinator of Disaster Readiness and other members of the READI team will provide support and assistance to the DMH PIO in responding to media inquiries as well as preparing and disseminating public information materials to media outlets.

POLICIES FOR PUBLIC INFORMATION

The DMH PIO will have responsibility for coordinating requests for information and directing efforts consistent with the expectations of the DMH director and his executive team.

The DMH director, his executive team and other designated individuals will be prepared to serve as spokespeople and will be afforded training and practice opportunities to enhance their risk communication skills.

EXISTENCE OF PUBLIC INFORMATION MATERIALS

Examples of public information material from other states used in disaster response efforts have been collected from the Disaster Technical Assistance Center (DTAC) and other resources to be used as templates and models for material to be disseminated in Missouri. These models will be made available for the Divisions of Comprehensive Psychiatric Services (CPS) and Alcohol and Drug Abuse (ADA) provider adaptation and production in preparedness and response activities. The information will be disseminated in electronic format and posted on the website for rapid access in an emergency.

RELATIONSHIP WITH DPS PUBLIC INFORMATION OFFICER (PIO)

In planning and exercise activities, DMH collaborates with the DPS PIO to establish a working relationship and to increase knowledge and awareness of mental health related issues that may emerge during a disaster situation.

INFORMATION DISSEMINATION

Increasingly electronic communications such as email and internet postings are being utilized to distribute information. In addition, dissemination of materials pre-event is an important strategy being used to assure availability of information even if communications systems are disrupted or overwhelmed. DMH has been approved and is in the process of developing a Disaster Mental Health Facebook page.

IDENTIFICATION OF EXPERTS/RESOURCES OUTSIDE STATE MENTAL HEALTH AUTHORITY (SMHA)

The SMHA will be prepared to provide recommendations of content experts for media use. Considerations for identification of an appropriate content expert will include:

- Awareness of and use of evidence-based mental health and substance prevention/treatment practice models in emergency response;
- Compassionate and concerned presentation that engenders trust and credibility;
- Understanding of the State Emergency Operations Plan (SEOP) and general emergency response operations, preferably based on hands-on experience in Missouri;
- Knowledge and application of risk communication principles; and
- Locally known and respected individuals, where possible.

The SMHA will contact the local community mental health center to determine if there are in-house resources who can effectively serve as a content expert or other local resources. If not, options to identify an appropriate external expert include contact and consultation with:

- the DHSS Speakers Bureau;
- academic institutions, especially those that are receiving bioterrorism money for public health leadership or other specialty work in the area (such as St. Louis University's Heartland Center);
- the National Child Traumatic Stress Network (NCTSN);
- the Disaster Technical Assistance Center (DTAC);
- Emergency Mental Health and Traumatic Stress Services Branch, Crisis Counseling Assistance and Training Program Project Officers and Mental Health Services Administration (SAMHSA);
- School associations; and
- Red Cross or other VOAD members.

PRE-EVENT RELATIONSHIPS WITH MEDIA

The DMH PIO is responsible for pre-event relationships with media. In addition, the DPS and DHSS PIOs maintain positive working relationships with the media. Strategies to promote positive relationships include posting of open meetings, invitations to exercise and conference activities, press releases and recommendations and provision of content experts for local media outlets.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

WARNING & MOBILIZATION OF INTERNAL MENTAL HEALTH SYSTEMS

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 Missouri's state Emergency Operations Center (EOC). DMH is also linked with the SEMA MERIS software for use in emergency situations where the SEMA EOC is activated.

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 Dept 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 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 are periodically updated and READI Team members are responsible for downloading them to their thumb drives.

STATE MENTAL HEALTH AUTHORITY (SMHA) BUSINESS CONTINUITY POLICIES

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 and FEMA Continuity Planners Workshop materials, June 2008. 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

NOTIFICATION OF DMH PROVIDER SYSTEMS

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

NOTIFICATION OF PRIVATE SECTOR MENTAL HEALTH ENTITIES

The HAN provides for notification to private psychiatric hospitals licensed in Missouri.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

EVACUATION

STATE MENTAL HEALTH AUTHORITY (SMHA) OFFICES AND FACILITIES

State-operated facilities and Department of Mental Health (DMH) Central Office each maintain emergency plans and procedures for a variety of possible hazards. Evacuation, shelter in place and other responses are described in the plans consistent with the nature of the situation. Business continuity plans will provide further detail about recovery and continuity of operations.

ALTERNATE SITE PLANS

The DMH Central Office Business Continuity Plan and the plans for each facility will outline plans for an alternate site.

LINKAGE WITH SEMA EVACUATION PLANS & OPERATIONS

The SEOP clearly delegates to DMH responsibility to establish plans and procedures for its facilities related to emergency response and evacuation as well as for Continuity of Operations/Continuity of Government (COOP/COG). Transportation in a regional or statewide evacuation effort would be problematic and additional planning and prioritization as well as surge capacity should be addressed.

MENTAL HEALTH SERVICES AT SHELTERS & MASS CARE FACILITIES

The Missouri Dept. of Social Services is responsible for the Mass Care Annex in Missouri's SEOP. Shelters and feeding sites are operated by the Red Cross in Missouri using Red Cross volunteers, including mental health response volunteers. Additional planning will be needed to address the needs of persons with access and functional needs in general population shelters.

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

MASS CARE

COORDINATION WITH STATE EMERGENCY OPERATIONS PLAN (SEOP)

The Missouri Dept. of Social Services (DSS) is responsible for the Mass Care Annex in Missouri's SEOP. Shelters and feeding sites are operated by the Red Cross in Missouri using Red Cross volunteers, including mental health response volunteers. In 2010, FEMA and the Department of Justice *issued Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*. Missouri is undertaking an interagency collaborative planning effort to incorporate this guidance into state and local planning efforts for general population shelters.

LINK WITH RED CROSS AND OTHER VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER (VOAD)

The Department of Mental Health (DMH) is an active member of MOVOAD which meets quarterly. In addition, both MOVOAD and DMH are active members of the Disaster Recovery Partnership that meets quarterly. Both meetings, as well as shared activities at exercises and awareness events, provide opportunities to communicate, collaborate and coordinate limited resources more effectively.

DMH maintains a Memorandum of Understanding (MOU) with the American Red Cross (ARC) to govern activities and responsibilities related to Missouri's Disaster Leave program that affords disaster leave time for deployed DMH staff in federally declared emergencies.

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

HEALTH AND MEDICAL

STATE EMERGENCY MANAGEMENT AGENCY (SEMA) COORDINATION AND PLANNING FOR MEDICAL FUNCTIONS

The Missouri Dept. of Health and Senior Services (DHSS) is designated as the lead agency for (Annex K ESF-8) of the Missouri State Emergency Operations Plan (SEOP). The Missouri Department of Mental Health (DMH) is designated as one of thirteen support agencies for Annex K. Two of the nine assumptions for Annex K are:

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 coordinate 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 operations centers, shelters, resource, and recovery centers, and other appropriate settings.

These assumptions establish expectations that DMH and its facilities are part of a complex health care system that will face multiple challenges in terms of preparedness, response and recovery and that these stages require interdependent plans and activities in emergency situations.

Annex K further states that "DHSS has primary responsibility for coordinating health and medical functions for the state." It further indicates that all local and state health entities will coordinate their activities, supply requests and requests for federal assistance with DHSS. The State Emergency Operations Center (SEOC) will coordinate all requests of medical assistance from neighboring states and the federal government.

Under Assignment of Responsibilities, the SEOP lists the following three tasks –

- Provides mental health support (including crisis counseling) to disaster survivors, families of victims, workers and volunteers
- Develops a SOG to provide mental health support and crisis counseling to disaster victims, workers and volunteers

The Department of Mental Health utilizes a written SOG developed in 2010 in coordination with this All-Hazards plan to guide mental health response activities for DMH facilities and providers and the public.

DMH will explore the option of developing a mental health annex in future years as its infrastructure and resources permit. A mental health annex should only be pursued if the following criteria are met:

- ❖ Long term funding is available to support full-time staff to plan for and coordinate disaster mental health related activities;

- ❖ Dedicated GR or federal dollars are available to support response and recovery phase mental health services without jeopardizing service access and availability of active DMH clients;
- ❖ Contractual or written agreements are in place to specify roles of mental health and substance abuse providers in disaster response; and
- ❖ Level of planning, response, recovery and exercise activities warrant dedicated mental health resources.

MENTAL HEALTH ROLES AND TARGET POPULATIONS

As outlined in the Concept of Operations Grid, the following key populations have been identified for each emergency phase.

PRE-INCIDENT	**IMPACT & RESCUE** (0-48 HOURS) (0-2 WEEKS)	**RECOVERY** (2 WEEKS TO 1 YEAR)
▪ General public ▪ DMH clients ▪ At-Risk Populations ○ Children ○ Elderly ○ Persons with disabilities ○ Homeless ○ Diverse cultures ▪ Emergency Responders ▪ Mental health workforce	▪ Victims & survivors and their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected *(geographic area near "ground zero" to include residents, workers, schools, businesses, churches affected)* ▪ General public *(in terrorist events or public health emergencies)* ▪ Mental health workforce	▪ 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

The specific populations and strategies for outreach will be influenced by the nature and scope of the event as well as the availability of resources for funding mental health and substance abuse efforts. General revenue resources are not appropriated for mental health and substance abuse services to persons unless they meet clinical or diagnostic eligibility, functional eligibility over time (often referred to as disability) or financial eligibility. Consequently, mental health and substance abuse service resources would require resource development and grant writing through the Federal Emergency Management Agency (FEMA), the Substance Abuse and Mental Health Services Administration (SAMHSA) or Assistant Secretary of Preparedness and Response (ASPR).

As with the floods of 1993 and 1995, General Revenue budget requests may be made to address the mental health and substance abuse treatment needs not met by federal or other funding options.

COORDINATION WITH RED CROSS MENTAL HEALTH SERVICES

DMH coordination with Red Cross mental health services is achieved through:

- Joint participation in the Missouri Voluntary Agencies Active in Disaster (MOVOAD) which meets quarterly in routine circumstances and more often in an event;

- Joint participation in the Partnership which meets quarterly in routine circumstances and more often in an event;
- Maintenance of a Memorandum of Understanding (MOU) with the Red Cross that governs use of disaster leave for DMH employees who are trained Red Cross volunteers;
- Involvement of Red Cross representation on the mental health planning effort;
- Protocols for communication between the lead for Red Cross Mental Health and the DMH Disaster Readiness Office upon arrival in the state; and
- Protocols for communication with local mental health centers upon activation of Red Cross mental health services.

In addition, DMH and the Red Cross participate together in state and local exercises and awareness activities providing opportunities to communicate, collaborate and coordinate limited resources more effectively.

COORDINATION WITH RED CROSS HEALTH SERVICES

The Department of Health and Senior Services (DHSS) is lead for health and medical and will provide coordination with other health services. DMH in its support role with DHSS will benefit from the communication and command structures they establish to accomplish coordination.

COORDINATION WITH NOVA

In Missouri, the National Organization for Victim Assistance (NOVA) has active chapters across the state and dispatches volunteers to assist in disaster events. NOVA responds in situations involving victims of crime/terrorism. DMH will always partner with NOVA in these kinds of incidents.

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

RESOURCE MANAGEMENT

PURPOSE

The capability to address the spectrum of mental health and substance abuse needs and populations in a disaster situation is an important role and function for the public mental health authority. The Disaster Readiness office is located in the Department of Mental Health (DMH) Director's Office and is responsible for resource development and management for disaster-related mental health needs.

The Disaster Readiness Office staffs a committee (the READI Team) including representation from the three DMH divisions, DMH Administration, and OA-ITSD. This committee affords opportunities to collaborate in resource development and management activities.

PERSONNEL

Resources currently being utilized to support the office and other activities include:

- Grant funding for bioterrorism and public health related planning from the Missouri Dept of Health and Senior Services (DHSS).

The Assistant Secretary of Preparedness and Response (ASPR) funds are used to support the personnel costs for 2.45 FTE associated with the Disaster Readiness Office.

The DMH budget does not include any general revenue funding for disaster-related services. In a disaster event, mental health and substance abuse related needs would require funding from either:

- Federal Emergency Management Agency (FEMA) grants for immediate and regular services of the Crisis Counseling Program (CCP) in federally declared disasters; or
- SAMHSA Emergency Response Grant (ERG); or
- Other funding that might become available.

The Disaster Readiness Office would be responsible for grant development and administration of funds obtained with assistance and resources from the Divisions of Comprehensive Psychiatric Services (CPS) and Alcohol and Drug Abuse (ADA). Grant development and administration requires close collaboration with local community mental health and substance abuse providers. These funds would be utilized predominantly for hiring outreach workers and crisis counselors to provide assistance in communities.

TRANSPORTATION

Transportation is typically accomplished through reimbursement of staff for use of personal vehicles. If this is not possible due to the nature or scope of an event, additional language will be added to grant requests to accommodate extraordinary transportation issues and needs.

COMMUNICATIONS EQUIPMENT

Through partnership with DHSS, the Missouri Highway Patrol and the Missouri National Guard at the state level, DMH could access satellite phones and communications as well as radio transmission through the law enforcement network or military network as needed. Local community mental health and substance abuse agencies will be encouraged to explore with their local emergency management agency feasibility of use of local radios that would be interoperable

with local responders should they be needed in an emergency event. Funding for such equipment could be included in a FEMA grant for an event response or may be pursued as a Homeland Security grant request.

EMERGENCY EQUIPMENT

Drive-away and deployment emergency kits are typically not maintained by community mental health and substance abuse providers. Education and awareness activities will be pursued about appropriate contents for kits and possible funding options. Generally, the kits should contain the information and supplies necessary to assist a person in effectively serving in an assigned response role in a disaster event. As part of a FEMA CCP grant proposal, DMH in concert with its providers will include expenses for such kits as part of its budget.

The DMH READI Team has go kits with necessary plans and supplies that they maintain at their homes.

MASS CARE SUPPLIES

If outreach workers or crisis counselors were to be isolated or would need to remain at the service provision site, support would be sought from Red Cross, Salvation Army, Baptist Relief or another MOVOAD agency to assure that their feeding and care needs were addressed. These requests would be managed through the established EOC at the local, state or federal level, as appropriate to the circumstances.

INTRASTATE MUTUAL AID

Missouri has not historically utilized mutual aid as a strategy for mental health providers responding to disaster events. Efforts will be undertaken to build awareness of this option as a resource for mental health and ADA providers as well as with other human service agencies and affiliated volunteers of other agencies. A formal committee would be commissioned to further explore and establish protocols and written agreements to accomplish a mutual aid system or network for mental health and substance abuse disaster-related services.

UNAFFILIATED VOLUNTEERS

In its mental health and substance abuse response to a disaster event, DMH has made the decision not to use unaffiliated volunteers. In reaching this decision, the critical factors for recommending against such use are:

- Absence of any background screening mechanisms;
- Vulnerability of victims to financial and other victimization;
- Inability to insure for liability or for workers compensation; and
- Lack of training in disaster services can result in use of interventions and strategies that are not evidence-based and may cause emotional harm for some individuals.

It should be noted that JCAHO accredited facilities may have the ability to accept licensed medical and allied professionals through established protocols to support surge capacity.

SHOW-ME RESPONSE

The Missouri Department of Health and Senior Services (DHSS) serves as the lead agency in the collaborative program, Show-Me Response (SMR) volunteer health professionals registry. Show-Me Response is Missouri's program for the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). ESAR-VHP is a federal program to establish and implement guidelines and standards for the registration, credentialing, and deployment of medical professionals in the event of a large scale national emergency.

The registry includes physicians, nurses, LPNs, psychologists and counselors, qualified mental health specialists, social workers, and others particularly trained in psychological first aid and grief counseling. The Department of Mental Health, Office of Disaster Readiness (ODR), coordinates the behavioral health unit of the SMR volunteer registry. In the event of a disaster, the DMH ODR staff would activate the SMR system to call up volunteer health professionals who have self-selected to affiliate with DMH behavioral health unit. The ODR staff regularly communicates with the volunteers in the SMR system, providing orientation materials and training guidelines, and serving as a resource for any questions that may arise.

INTERSTATE AND FEDERAL ASSISTANCE

Aid and assistance from other states would be sought through the following established mechanisms:

- The Emergency Management Assistance Compact (EMAC);
- Requests to SAMHSA for mental health or substance abuse consultants or assistance; and
- Requests for federal assistance through the State Emergency Management Agency (SEMA).

Informal linkages are also established with the disaster mental health leads in bordering states and their resources could also be utilized with the proper approvals.

FINANCIAL AND LEGAL ACCOUNTABILITY

HIPAA requires that each covered entity (includes DMH and its providers) must establish a business continuity plan to assure that its infrastructure for financial and legal accountability is maintained in the face of disasters or other business interruptions or disruptions. These business continuity plans will establish action steps to assure continuity of services and accountability of services for clients who rely on their availability for care and treatment. These plans also assure rapid recovery of needed administrative functions and accountability.

NEEDS ASSESSMENT

Needs assessment in mental health and substance abuse during disasters relies on the framework of the FEMA CCP, extrapolating mental health need from damage reports and reports of death and injury. Added to the equation are unique demographic or cultural considerations that may increase need or accommodations required. In addition, media coverage and other anecdotal information is utilized to highlight and give a human face to the disaster's impact. These are low-cost and low-tech methods that do not require great expense or technology in a rapidly changing environment where communications may be chaotic or disrupted.

As the evidence base for other forms of needs assessment develops, consideration may be given to use of more sophisticated and statistical methods. At that time, the costs of such methods would need to be considered and resource development would need to be undertaken.

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

ALL-HAZARDS SPECIFIC PLANNING CONSIDERATIONS

FLOODING

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations

• High-risk federal declaration 2008
• Two large rivers flow through the state with many streams
• Large dams, both privately owned and Corps of Engineers
• History of both slow-rising and flash flooding
	• Anticipatory stress of slow rising
	• Economic and job losses due to business damage & interruption, impact on tourism and cost of public infrastructure (roads, bridges, sewers, etc.)
	• Short and long-term impact on farm operations
	• Sudden evacuations due to sudden flash flooding
		• Outreach for hard to reach farm families
		• Employer partnerships
		• Collaboration with:
		  ○ unemployment benefit agencies and economic development
		  ○ domestic violence shelters
		  ○ insurance regulators
		• Address needs of public facilities located in flood plain (jails, prisons, airports, roads, utilities)

HAZARDOUS MATERIALS (INCLUDING CHEMICAL)

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Kansas City has second largest rail yard in US • Two major east-west interstate highways • Large amount of illegal methamphetamine production labs • Risks associated with flooding causing hazmat issues	• Missourians not accustomed to evacuation and shelter-in-place strategies • Manmade events typically create higher stress • Exposure & decontamination issues create additional stress • Visibility of hazmat suits increases concerns & potential for uncooperative public • Media visibility • Potential for mass care or mass casualty situation	• Risk communication • Surge capacity • Targeted outreach • Well-being and exposure of emergency responders, including mental health workers

FIRE

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• KC has highest rate of residential fires of any city in US • High rise residences and health facilities in St. Louis and Kansas City • Extensive forest land in southern Missouri • High reliance on volunteer fire departments in rural Missouri • Fire risk associated with earthquakes • Large gas pipelines cross MO and large petroleum storage facilities exist across the state • Absence of stringent fire code protections in rural Missouri	• Psychological response greater if: • Occurs in care facility • Kids, elderly are victims • Mass casualty • Perceived as blame due to failure of regulators	• Red Cross assists fire victims but many areas of rural MO are not covered by a Red Cross chapter • Coordination with Red Cross

EARTHQUAKE

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• New Madrid fault active and has potential for large seismic event • Anticipated to have great regional impact along river bed, placing St. Louis at risk • Limited earthquake mitigation • Building codes only recently addressed earthquake resistant practices and materials • Large number of bridges and overpasses at risk of damage or destruction causing disruption in transportation, commerce, and travel	• Unfamiliar to Missourians • Continued threat and anxiety regarding recurrence & aftershocks • Multiple threats (fires, utility failure, basic needs and access to health care may be disrupted) • Potential for catastrophic damage • Potential for mass casualty, mass fatalities, especially if occurs in daytime • Public health concerns • Disrupts basic social institutions (school, government services)	• Family reunification • Services at evacuation rest stops • Sheltering, likely long term • Alternate communications • Alternate transportation • Access to basic needs, including health care • Lessons learned in Northridge & other earthquakes

MILITARY CHEMICAL AGENTS & MUNITIONS

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Ft. Leonard Wood, Whiteman AFB and Jefferson Barracks are military installations located in Missouri • Presence of Missouri contractors who handle disposal of outdated munitions and other weaponry	• Mistrust regarding communications from the military • Fear of exposure or unsafe practices • Lack of knowledge and understanding regarding risk in our own back yard • Media visibility	• Communication protocols • Absence of resources for non-military or civilian mental health support • Possible events include accidental munitions or other discharge, military plane crash or terrorist activity

RADIOLOGICAL HAZARDS

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
Typical of other states with comparable demographics	• Lack of familiarity • Psychological sequele to burn and disfigurement injuries • Expensive health care treatment and protracted treatment, possibly with death occurring much later • Stress on health care workers and system • Exposure risk and concerns by public • Long term nature of risk and health implications • Increases if children or other vulnerable populations are disproportionately affected • Media coverage • Emergency responder stresses due to nature of injuries and exposure issues	• Coordination with DHSS and health care providers • Surge capacity and cost to health care system • Planning for pediatric issues • May require more advanced training, expertise and education than a typical disaster • Risk and exposure issues for HCWs and other responders

NUCLEAR POWER PLANTS

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Callaway Nuclear Plant owned by Ameren UE and located in mid-Missouri • University of Missouri-Columbia operates a nuclear reactor • Northwest Missouri	• Mistrust of industry and their concern for public health • Invisible threat with potential for long-term health consequences • Manmade threat with "questionable" benefit to some increasing psychological risk • Anger and cooperation with official directives may be an issue • Exposure issues due to "transient" exposure via highway travel, transportation of food	• Risk communication • Public/private coordination & communication • Rumor control

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
is in potential impact area for Cooper nuclear plant located in another state	through area, agricultural exposure • Concern about water contamination • Great economic impact • Impact on power generation and power grid, especially in high use periods • Media coverage	

NUCLEAR CONFLICT

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Low • Presence of military installations and seats of government as targets	• Likely to be mass casualty event • Unprecedented levels of fear • May increase cooperation due to heroic & patriotic responses • Mental health needs subjugated by survival concerns; mental health issues arise later as survival concerns abate • Some groups may become scapegoats or targets due to nationality or behavior • Characterized by grief & traumatic grief • Disrupts basic social institutions like school, work, government operations	• Risk communication • Assume massive disruption of utilities and communications • Plan for flight response and hoarding • Assume martial law and restrictions on travel • Public education options since outreach & field work may not be feasible due to dangers & travel restrictions • Family reunification issues • Coordination with military

SNOW & ICE

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Significant risk • Typically accompanied by travel and utility disruptions failure • Interference with access to health care • Failure of utilities that support life-sustaining medical supplies & equipment in residences and care facilities	• Helplessness & isolation • Disproportionate impact on medically fragile and disability populations • Interrupts formal and informal helping networks • May lead to institutional care for people who would prefer to live at home • Economic impact & temporary job loss	• Planning for at-risk populations unduly impacted by incident, especially medication dependent individuals (including methadone treatment clients) • Sheltering needs including those with access and functional needs • Utility and special needs registries • Telephone notification & outreach • Hospital and nursing facility planning and regulation • Redundancy for home care planning • Additional supplies in emergency kits for people with medical conditions • Access to generators, AWD transportation and fuel particularly for persons in mission critical functions.

TORNADO & DAMAGING STRAIGHT-LINE WINDS

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
High risk in Missouri with recent federal declarations in 2008 and 2009	• A familiar risk for Missourians • Sudden with little warning • May be sustained risk over hours and days for stationary fronts or associated flood risk • Little help for farmers who experience agricultural and infrastructure losses and may have long-term financial implications • When there is disproportionate impact on children, schools • Greater likelihood of warning issue, inability to evacuate, being trapped • Potential for mass casualty	• Warning for all populations, especially addressing language, media used, and disability populations • Shelter and housing issues

CIVIL UNREST OR COMMUNITY VIOLENCE (INCLUDING SERIAL MURDER, SCHOOL OR COMMUNITY VIOLENCE, PRISON VIOLENCE/ESCAPES, OR HATE CRIMES)

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• May be associated with special events such as political events, sporting championships, etc. • Likely to involve arrests and criminal justice system involvement	• Media attention • Anger and blame common for survivors and victim families since it is manmade • Political ideology can heighten passion, blame associated with event • Victims & community members may self-isolate and may lack social support • Often financial implications for victims in terms of health care, lost time on job or job loss, etc. • Greater distress if children are victims • Unrealistic perception of risk and likelihood of behavioral change to mitigate risk • Often disrupts formal and informal social networks and social institutions such as school or church	• Coordination with law enforcement • Coordination with NOVA • Difficulty in outreach due to dispersal of people to home communities

AGRICULTURAL DISASTERS & ANIMAL HEALTH EMERGENCIES

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations

• Second largest cattle producing state in US
• Agri-business one of largest MO industries
	• Potentially catastrophic economic losses
	• Farmer, sale barn owner, bankers and veterinarian difficulty with depopulating herds
	• Impact on public perceptions re: food safety and may further depress markets
	• Self-blame by farmers for perceived "failures"
	• May lead to quarantine and isolation issues for contagious diseases
	• Disruption of basic institutions such as church, school
	• Farm families lose lifestyle, not just a "job"
	• Will be characterized by fear and potential panic if human caused event
	• Disrupts travel and transportation if contagion is an issue
	• Implications on self report of disease and reporting neighboring farms
		• Design outreach strategies for farm families, typically difficult to reach
		• Use of outreach workers inside the hot zone when quarantines occur
		• Risk communication with various populations
		  ○ Farmers
		  ○ Ag industry
		  ○ General public
		  ○ Veterinarians
		• Planning with DHSS and Agriculture
		• Enforcement of quarantines

IMMIGRATION EMERGENCIES

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
Missouri's demography has changed dramatically in recent years and continues to change	• Cultural differences in problem solving, gender roles, grief & loss, ritual, etc vary significantly • Non-verbal communication sometimes interferes with cross-cultural communication • Lack of trust of government among some groups (African Americans, refugees, undocumented aliens) • Victimization issues	• Warning systems must accommodate language and cultural barriers • Interpreter services should be integrated • Recruitment of indigenous workers for mental health services • Public health emergencies • Identification of indigenous leaders as communication and credibility tools • Access non-traditional and natural helpers for outreach (spiritual leaders, natural healers, midwives, elders, etc.) • Activation of Missouri Repatriation Plan as needed

HURRICANE

Missouri received 17,500 evacuees during Hurricane Katrina and Rita. In 2010, Missouri agreed to be an evacuation state for Louisiana. (E-LA-MO Evacuation Plan)

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Missouri's direct risk from hurricanes would be spin-off storms—tornados • Missouri is a destination state for hurricane evacuees and operated a CCP in 2005 in response to Hurricane Katrina	• Family reunification • Cultural considerations • Evacuees in unfamiliar areas where they do not know the resources • Potential lack of medication, ongoing medical treatment, etc • Economic and job losses due to business damage and interruption, impact on tourism • Continued anxiety about ability to return home and condition of home • At-risk populations that may have to evacuate • Media visibility • First responder stress for Missouri responders deployed to hurricane states	• Risk communication • Sheltering • Access to basic needs, including health and mental health care • Surge capacity • Targeted outreach • Collaboration with many other Missouri agencies and agencies from sending state

PUBLIC HEALTH: INFECTIOUS DISEASE/PANDEMIC

In 2009, the world experienced the H1N1 Pandemic. Missouri had state-level plans for a pandemic response that the state had been working on since 2005. The H1N1 pandemic was not as serious as feared, but the state must remain vigilant in its planning for future pandemics.

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• If a pandemic occurs, Missouri will experience illness and death • Business and school operations will be impacted	• Helplessness and isolation • Fear • Lack of familiarity • Stress on healthcare workers and system • Disproportionate impact on medically fragile and disability populations as well as other at-risk groups depending on the type of flu. • Economic impact; lack of deliveries, goods available • Interrupts formal and informal helping networks • Possible stigma for those who are ill, family members and healthcare workers fueled by fears • Potential for mass illness and death • Grief, bereavement, spiritual concerns • Greater distress if children are ill or die • Lack of social support • Impact on schools, businesses, churches: social network structure • May be mistrust of official public information	• Risk communication • Rumor control • Psycho-educational materials • Communication links/services that do not require face-to-face, i.e. telephone, email, mail if available • Access to basic needs and medical needs • Cultural considerations regarding medical treatment • Surge capacity healthcare • Well being of medical responders • Specialized training: grief, bereavement for healthcare workers and public

TIDAL WAVE/TSUNAMI

Not applicable in Missouri.

OTHERS

Incidents that would have dramatic psychological impact are:

- ❖ Commercial aviation disasters, and
- ❖ Massive power outage or failure of the power grid, particularly if this occurs as part of a major earthquake.

See charts below identifying issues for planning consideration.

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
Two commercial aviation disasters in Missouri within 10 days in 2004	• Potential for mass casualty • Affects travel patterns leading to economic issues • Fear of terrorism whenever aviation disasters occur • Impact on non-traditional responders such as airport and airline personnel, coroner, others • Survivor guilt issues • Traumatic nature of grief • Spiritual questioning • Cultural considerations and respect related to handling of bodies, death rituals • Gruesome nature of scene and injuries of survivors • Identification or over-identification with victims • Media visibility • Blame	• Requires close collaboration with Red Cross, charged with responsibility in federal law • Reliance on local mental health and substance abuse providers for first 12-48 hours and for longer term needs after the Red Cross team has completed their assignment • Coordination with Missouri Mortuary Teams or Federal DMORT Team, as necessary • Family assistance center

POWER GRID FAILURE

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
• Interference with access to health care • Failure of utilities that support life-sustaining medical supplies & equipment in	• Helplessness and isolation • Disproportionate impact on medically fragile and disability populations • Interrupts formal and informal helping networks • May lead to institutional care for people who would prefer to live at home	• Planning for at-risk populations unduly impacted by event, especially medication dependent individuals (including methadone treatment clients) • Meeting basic needs, water, food, etc. • Utility and special needs registries • Telephone notification & outreach • Hospital and nursing facility planning and regulation

Missouri's Risk	Factors Affecting Psychological Response	Planning Considerations
residences and care facilities	• Economic impact & temporary job loss	• Redundancy for home care planning • Additional supplies in emergency kits for people with medical conditions • Access to generators, fuel, money, etc.

A comprehensive hazard analysis for Missouri is available on line at the SEMA website: http://sema.dps.mo.gov\\hazard.htm

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

ALL-HAZARDS SPECIFIC PLANNING CONSIDERATIONS

TERRORISM

Missouri's Terrorism Risk

As a state, Missouri's risk for terrorism is comparable to the risk in other parts of the country with a couple of notable factors that warrant mention.

√ ***Missouri's leadership role in agricultural production and industry makes it a potential target for agro-terrorism.*** *The emotional and mental health issues related to such an animal health emergency or food tampering are significant, requiring design of a carefully constructed risk communication campaign that addresses behavioral responses of the general public in an event as well as the devastating impact on any victims/survivors and the producers who are impacted.*

√ ***Risk of domestic terrorism in Missouri is as significant, if not more, than the risk of foreign terrorist acts.***

Potential Terrorist Targets

Among the potential targets in Missouri that are attractive to terrorists are:

- Three large military bases, including Whiteman AFB in west central Missouri;
- Two large urban areas with international airports, federal buildings, public transportation systems, sports stadiums for professional teams, and other large public venues;
- The Gateway Arch in St. Louis and other tourist attractions;
- A network of gas and oil supply pipelines that traverse the state;
- The state capitol and complex of government buildings in Jefferson City;
- Nuclear power plants and hydroelectric plants;
- Extensive rail network and bridges including large rail yards in the urban areas; and
- Frequent host sites for special events and activities such as presidential debates, conferences, and celebrations that attract thousands of visitors.

Incident Management Plan for State Mental Health Authority (SMHA)

The Missouri Department of Mental Health (DMH) recognizes the value and importance of the National Incident Management System (NIMS) as an organizing framework for leadership and direction of response efforts in disasters, terrorism and other emergencies with multidisciplinary and inter-jurisdictional context. DMH's response efforts in an emergency must be designed with an understanding of how to communicate and collaborate within a command organization to effectively carry out mental health roles and responsibilities. Consequently, the DMH READI team and crisis counseling program directors/supervisors will be provided training related to NIMS to prepare them to function efficiently and effectively in an incident, including roles of state and federal partners in response activities as well as clear distinctions related to consequence and crisis management.

Examples of the value of knowledge of NIMS in a terrorist situation would be:

- Coordination with the Operations staff in an incident command to discuss and establish badging and access requirements for the site of a terrorist event;

- Negotiating with the lead for Logistics for space, equipment and resources for a quiet and confidential area for mental health workers to meet with emergency responders (individuals and groups) as needed during the operation; and

- Working with the Planning lead for post-event recognition and memorial ceremonies.

DMH will encourage and support involvement of DMH staff and contractors in SEMA training courses related to NIMS as well as independent study and on-line courses.

NIMS can be used as a tool in organizing mental health response functions and activities. As a framework, its value for mental health includes the following characteristics:

- Provides a model for coordination and communication of multiple functions and disciplines in complex, high risk events;
- Offers flexibility since it is scalable; and
- Promotes planning for redundancy and continuity.

Missouri State Emergency Management Agency (SEMA) Situation and Assumptions for Terrorism

The 2009 Missouri State Emergency Operations Plan (SEOP) lists the Missouri DMH as a support agency in the Terrorism Annex (Annex V). The Situation and Assumptions section of Annex V of the SEOP is excerpted below.

SITUATION AND ASSUMPTIONS

A. Situation

1. Missouri has many potential targets for terrorist activities. These include numerous federal and state facilities military installations; courthouses; prisons; office buildings; religious, educational, business, and manufacturing centers; airports; railroads; pipelines; power plants; public utilities; landmarks; sports arenas; and meeting places.

2. Law enforcement officials have identified a significant number of extremist groups operating in the state. Also, national and international terrorist organizations could target sites in Missouri.

3. Terrorism can come in many forms. Among these are bombings, arson, infrastructure attacks (on water, electric, gas, or telecommunications systems), mass shootings, cyberspace failure or disruption, transportation attacks (hijacking, bombing, sabotage), and common law courts. This annex covers the following forms of terrorism as defined by the Federal Emergency Management Agency (FEMA):

    a. **Weapons of Mass Destruction (WMD).** Any weapon designed or intended to cause death or serious bodily injury through the release, dissemination, or impact of toxic or poisonous chemicals, or their

precursors; any weapon involving a disease organism; or any weapon designed to release radiation or radioactivity at a level dangerous to human life (18 USC 2332a).

b. **Chemical Agent.** A chemical substance intended to kill, seriously injure, or incapacitate people through physiological effects. Hazardous chemicals, including industrial chemicals and agents, can be introduced via aerosol devices (including munitions, sprayers, or aerosol generators), breaking containers, or covert dissemination. A chemical agent attack might release a chemical warfare agent (such as a nerve or blister agent) or an industrial chemical that may have serious consequences. Whether an infectious agent or a hazardous chemical causes an outbreak may not be obvious early in an investigation; however, most chemical attacks are localized, and their effects become evident within a few minutes. Different chemical agents can be persistent or non-persistent. Persistent agents remain in the affected area for hours, days, or weeks. Non-persistent agents have high evaporation rates, are lighter than air, and disperse rapidly; they therefore lose ability to cause casualties after a few minutes (although they may persist longer in small unventilated areas).

c. **Biological Agents.** Living organisms or materials derived from them that cause disease; harm humans, animals, or plants; or deteriorate materials. Recognition of a biological hazard can occur by: identifying it as a credible threat; discovering bioterrorism evidence (devices, agents, clandestine labs); diagnosing a disease caused by an agent identified as a possible bioterrorism agent; or gathering and interpreting public health surveillance data. People exposed to a pathogen such as anthrax or smallpox may not know they have been exposed, and those infected or subsequently infected may not feel sick for some time. Infectious diseases typically proceed with a delay between exposure and onset of illness, the incubation period. The incubation period may range from several hours to a few weeks, depending on the exposure and pathogen. Unlike acute incidents involving explosives or some hazardous chemicals, direct patient care providers and the public health community are likely to first detect a biological attack on civilians. Terrorists also could use biological agents to affect agricultural commodities or the food chain (agroterrorism). These agents including Anthrax, Swine Fever, Hoof and Mouth Disease, Gray Leaf Spot on Corn, wheat rust and others could devastate the local or even national economy.

d. **Radiological/Nuclear.** High-energy particles or gamma rays emitted by an atom undergoing radioactive decay. Emitted particles can be charged alpha or beta particles, or neutral neutrons, or gamma rays. The difficulty of responding to a nuclear or radiological incident is compounded by the nature of radiation itself. Also, involvement of radioactive materials in an explosion may or may not be obvious; depending on what explosive device was used. The presence of a radiation hazard is difficult to ascertain unless the responders have the proper detection equipment and the training to use it. Most of the many detection devices available are designed to detect specific types and levels of radiation; they are not appropriate for measuring

or ruling out the presence of all possible radiological hazards. Terrorists may use the following delivery methods:

- An improvised nuclear device (IND) is any explosive device designed to cause a nuclear yield. Either uranium or plutonium isotopes can fuel these devices, depending on the trigger. While "weapons-grade" material increases the efficiency of a device, materials of less than weapons grade can still be used.

- A radiological dispersal device (RDD) is any explosive device that spreads radioactive material when detonated. A RDD includes an improvised explosive device that could be used by placing it in close proximity to radioactive material. A RDD also includes devices identified as "dirty bombs".

- A simple RDD spreads radiological material non-explosively (for example, medical isotopes or waste).

Radiological exposure device (RED): also called a "hidden sealed source". An RED is a terrorism device intended to expose people to significant doses of ionizing radiation without their knowledge. Constructed from partially or fully unshielded radioactive material, an RED could be hidden from sight in a public place (e.g. under a subway seat, in a food court, or in a busy hallway), exposing those who sit or pass close by. If the seal around the source were broken and the radioactive contents released from the container, the device could become a radiological dispersal device (RDD), capable of causing radiological contamination.

e. **Explosives.** Conventional explosive devices or improvised bombs used to cause massive local destruction or to disperse chemical, biological, or radiological agents. Improvised explosive devices are categorized as explosive or incendiary using high or low filler explosive materials to explode and/or cause fires. Bombs and firebombs are inexpensive and easily constructed. They are not technologically sophisticated. Of all weapons, these are the easiest to obtain and use. The components are readily available, as are detailed instructions for constructing these devices. They are the likeliest terrorist weapons.

f. **Cyber Terrorism. "**Malicious conduct in cyberspace to commit or threaten to commit acts dangerous to human life, or against a nation's critical infrastructures … in order to intimidate or coerce a government or civilian population … in furtherance of political or social objectives. "

g. **Agroterrorism.** A distinct form of bioterrorism targeted specifically at agriculture production. Agroterrorism includes both crops and livestock. Refer to Section II.A.3.c. for general information on bioterrorism and Annex W, Animal Emergency Disaster, for incidents resulting in mass livestock casualties.

4. State agencies adjust their states of readiness under a terrorist alert level.

B. Assumptions

5. In accordance with HSPD-5 and other relevant statutes and directives, the U.S. Attorney General has lead responsibility for criminal investigations of terrorist acts and threats. Generally acting through the FBI, the Attorney General, in cooperation with other Federal departments and agencies engaged in activities to protect national security, coordinates the activities of the other members of the law enforcement community to detect, prevent, preempt and disrupt terrorist attacks against the United States. Initial responsibility for the crime scene falls to the local law enforcement entity with jurisdictional responsibility. The Missouri State Highway Patrol (MSHP) supports both local and federal law enforcement as needed.

6. When ordered by the United States Attorney General, the FBI's role as the PFA transitions to the FEMA who becomes responsible for recovery operations from the terrorist incident. The State Emergency Management Agency (SEMA) supports local and federal agencies as needed.

7. All State departments and agencies operate according to the general procedures outlined in this annex. State agencies support the PFA.

8. No single agency at the local, state, federal, or private-sector level possesses authority and expertise to act unilaterally on the many difficult issues that may arise in response to a threat or act of terrorism, particularly if WMD are involved.

9. An act of terrorism, particularly an act involving WMD directed against a large population center within the State of Missouri, has major consequences that immediately overwhelm the capabilities of local, state, and federal governments.

10. Local, state, and federal responders define working parameters that may overlap. The responders' capabilities may be used to target public information messages, assign operational sectors among responding organizations, control access to the area, and assess potential effects on the population and the environment. Absent adequate coordination, different authorities may enforce control of these functions, which could impede the overall response.

11. If appropriate personal protective equipment is not immediately available, entry into a contaminated area (hot zone) may be delayed until the material dissipates to levels safe for emergency response personnel. Responders should also be aware that secondary devices may be present, or the terrorist may be targeting the first responders.

12. Terrorist incidents exert physical and psychological effects on citizens.

13. Response and recovery phases of a terrorist incident overlap.

14. All public information is disseminated in accordance with Annex R (Emergency Public Information).

Surge Capacity

Workforce development for mental health response will be accommodated through use of strategies that extend capacity through partnerships and integration with health care resources. Planning efforts recognize the greater mental health impact of terrorism on the general population and at-risk groups. Strategies include:

- SMHA partnership with Missouri's Voluntary Organizations Active in Disaster (MOVOAD);
- SMHA involvement in the Governor's Partnership:
- Maintenance of a Memorandum of Understanding (MOU) with the American Red Cross;
- Utilization of Missouri's Disaster Leave statutes to release state employees for disaster-related relief services;
- Integration and support of mental health responders on Medical Reserve Corps teams across the state;
- Coordination of call out of volunteers registered with the Missouri Show-Me Response mental health unit.
- Collaboration with surrounding states SMHA for efficiency, support and interstate deployment, especially in metropolitan areas;
- Promotion of mutual aid agreements among Missouri's Community Mental Health Centers (CMHCs) and ADA providers;
- Use of Missouri's professional registration and licensure resources for credentialing and recruitment of qualified professionals for response activities;
- Support of the National Guard and other Spiritual Care outreach and training programs related to response to traumatic events; and
- Offering training and consultation opportunities in crisis counseling, psychological first aid and related information to promote recruitment from diverse audiences as crisis counseling responders including but not limited to school and education, hospital and health care workers, crime victims assistance volunteers, and university settings.

Missouri has critical manpower shortages in the mental health specialties and it is recognized that strategies must not only maximize use of existing resources, but also integrate mental health competencies into training for health care workers, and utilize public education campaigns with primary care physicians.

Given the best effort, it remains an expectation that natural helpers and self-care promotion will be the most effective strategy for meeting the needs of the most individuals in the timeliest manner. With the understanding that Americans are generally resilient and live in the context of supportive and caring communities, most people will be able to weather the mental health impact of a terrorist incident without long term adverse consequences.

SMHA integration into SEMA Plan Activities

Concerted efforts have been made in the SEMA SEOP to integrate the SMHA into response efforts throughout the plan. The attached Primary and Support Responsibilities Chart from the SEOP demonstrates DMH involvement in the plan. DMH is reflected with support responsibilities in 14 annexes of the plan.

SEMA offers the following narrative in interpretation of the chart.

- The chart shows assignments for state disaster response and depicts relations of primary participating agencies to each function.

- This chart portrays primary and support responsibilities to various organizations for each emergency function in the SEOP.

- Only departments or agencies with major or unique roles are listed separately.

- Some emergency functions require shared or joint emergency responsibility– when more than one organization has special capabilities in the same functional area or when needs of an emergency function exceed the capability of a single organization.

- The chart is a general list of emergency assignments. Detailed information about execution of emergency functions is in the functional annexes and supporting documents.

Primary and Support Responsibilities Chart for Missouri State Emergency Operations Plan

Functional Annex	Function	Agency															
		Office of the Governor	Lieutenant Governor	Secretary of State	State Auditor	State Treasurer	Attorney General	Office of Administration	Department of Agriculture	Department of Conservation	Department of Corrections	Department of Economic Development	Department of Labor & Ind. Relations.	Department of Mental Health	Department of Natural Resources	Voluntary Organizations Active in Disaster	Civil Air Patrol
A	Direction and Control	P*	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
B	Communications							S		S	S				S	S	S
C	Warning							S		S						S	S
D	Damage Assess./Incident Analysis							S	S	S	S	S		S	S	S	S
E	Transportation							S		S	S				S	S	
F	Law Enforcement						S			S	S				S		
G	Evacuation	P								S	S			S	S		
H	Logistics & Resource Management							S	S	S	S	S	S	S	S	S	S
I	Mass Care								S		S			S	S	S	
J	In-Place Shelter														S		
K	Health and Medical								S		S			S	S	S	
L	Engineering and Public Works							S		S		S			S		
M	Fire Suppression									P*					S		
N	Hazardous Materials								S	S					P		
O	Search and Rescue									S	S				S	S	S
P	Radiological & Technological Prot.	S					S		S	S					S		S
Q	Disaster Recovery	S						S	S	S		S	S	S	S	S	S
R	Emergency Public Information	P					S		S			S	S	S	S		
S	Continuity of Government	S	S	S	S	S	S	S	S	S	S	S	S	S	S		
T	Mortuary Services													S	S		
U	Donations Management							S			S					S	
V	Terrorism	S						P**	S	S				S	S		
W	Animal Emergency Disaster	S					S		P	S		S		S	S	S	
X	Special Needs								S					S			
Y	Catastrophic Event (Earthquake)							S	S	S	S	S	S	S	S	S	S

Notes:
P - Primary S - Support * Shared Primary Agencies ** Primary for Cyberterrorism

PRIMARY AND SUPPORT RESPONSIBILITIES CHART (Continued)

Functional Annex	Function	Agency																
		Department of Elementary and Secondary Education	Department of Health and Senior Services	Department of Higher Education	Missouri Department of Transportation	Department of Insurance	Department of Public Safety	Missouri National Guard	State Emergency Management Agency	Division of Fire Safety	Missouri State Highway Patrol	Division of Alcohol & Tobacco Control	Missouri State Water Patrol	Department of Revenue	Department of Social Services	Judicial Branch	State Legislature	Missouri Funeral Directors Association
A	Direction and Control	S	S	S	S	S	P*	S	S	S	S	S	S	S	S	S	S	S
B	Communications				S		S	S	P*	S	P*		S					
C	Warning				S		S		P*		P*		S					
D	Damage Assess./Incident Analysis	S	S	S	S		S	S	P		S		S		S			
E	Transportation				P		S	S			S		S					
F	Law Enforcement			S			P	S		S	S	S	S			S		
G	Evacuation	S	S	S	S		S	S	S	S	S		S					
H	Logistics & Resource Management	S	S	S	S	S	S	S	P	S	S	S	S	S	S			S
I	Mass Care	S	S	S				S		S					P			
J	In-Place Shelter	S							P									
K	Health and Medical		P	S	S		S	S	S	S	S		S		S			S
L	Engineering and Public Works		S	S	S			S	P									
M	Fire Suppression						S	S	S	P*	S							
N	Hazardous Materials		S	S	S		S		S	S	S		S					
O	Search and Rescue				S		S	S	S	P	S		S					
P	Radiological & Technological Prot.		S		S			S	P		S		S					
Q	Disaster Recovery		S	S	S	S	S	S	P	S				S	S		S	S
R	Emergency Public Information		S		S		S	S	S	S	S		S		S			
S	Continuity of Government		S	S	S	S	S	S	P	S	S	S	S	S	S	S	S	
T	Mortuary Services		S					S	S		S		S		S			P
U	Donations Management				S				P									
V	Terrorism		S				P*	S	S	S	P*		S					
W	Animal Emergency Disaster		S	S	S		S	S	S		S		S		S			
X	Special Needs	S	P	S	S		S	S	S						S			S
Y	Catastrophic Event (Earthquake)	S	S	S	S	S	P*	S	P*	S	S	S	S	S	S			S

Notes:

P Primary
S Support
* Shared Primary Agencies
** Primary for Cyberterrorism

In addition to the statements of DMH responsibility in the SEOP, planning discussions and procedural development have included contributions to the following functional areas related to the issues listed below, shaping an improved capacity in all hazards responses.

SEOP Functional Activity	**State Mental Health Authority (SMHA) Contributions to Planning and Procedural Work**
Communications	Involvement in planning and communications has established SMHA as critical partner for risk communications
Emergency Public Information	• SMHA has developed foundation for mental health related messages for a variety of populations and incidents: Missouri DMH Disaster Communications Guidebook www.dmh.mo.gov/disaster/communications.htm • Through DHSS and SEMA involvement, SMHA is invited to be part of JIC and participates in development and review of communications • SMHA has access to numerous mental health-related fact sheets through internet and stored files for a variety of scenarios
Mass Care	• SMHA is listed as a support agency in the annex in support of the Dept of Social Services (DSS) with roles specified as: o Coordination of crisis counseling to survivors and responders o Coordination of mental health services to survivors and responders • In actual operations, mass care is a function of Red Cross and Salvation Army with infrequent requests for mental health services in shelter situations
Health & Medical	• SMHA is support agency to the Dept of Health and Senior Services (DHSS) • DHSS supports SMHA through funding of 2.45 staff members through ASPR grant • Key focus areas for planning and operations are established in ASPR including but not limited to: o Surge capacity for mental health needs as well as medical/surgical needs o Preparation for mass casualty and mass fatality events o Addressing at-risk population planning • Discussion of HIPAA impact on information sharing in an emergency event from both crisis management and consequence management perspectives • Examination of mental health issues as they relate to contagion, quarantine, and worried well and recommendations related to planning
Resource Management	• SMHA is not listed as a support agency in Annex U, Donations Management • However, SMHA is actively involved in discussions in mutual aid and surge capacity related to: o Credentialing and training of mental health volunteers including recruitment, record-keeping and background screening o Collaboration with NOVA, OVC, Red Cross and other organizations that recruit and provide

SEOP Functional Activity	State Mental Health Authority (SMHA) Contributions to Planning and Procedural Work
	volunteers in emergencies o Coordination of Mental Health Unit within Show-Me Response Volunteer registration system.

Annex S of the SEOP addresses Continuity of Government, a requirement for all state offices. The Missouri Department of Mental Health has undertaken an unprecedented COOP/COG planning effort to establish strategies for continuity of essential functions, succession of leadership and alternate site operations. The plan underwent a major revision in 2010. The DMH Safety and Continuity Team, in collaboration with the DMH Executive Team will establish the plan and will activate it as needed. The plan will be exercised periodically. A DMH Department Operating Regulation will be promulgated that requires each DMH facility to maintain a Business Continuity Plan consistent with the central office plan and guidelines.

In 2007 the Missouri Governor's Office required each state agency to implement a Pandemic Continuity Plan as part of the state's Continuity of Government Planning. DMH Central Office and each of its state-operated facilities undertook this comprehensive planning and implemented pandemic plans.

State Public Health Authority (SPHA) Collaboration

The Department of Health and Senior Services is Missouri's single state public health authority (SPHA) and has primary responsibility for development and maintenance of Annex K, Health and Medical for the SEOP. The plan was updated and revised in 2009 and the work unit with primary responsibility for the plan and any activation necessary is the Center for Emergency Response and Terrorism (CERT). The CERT maintains Department Situation Room DSR) as well as a cadre of staff with extensive planning, surveillance, and lab responsibilities that would be activated in a public health emergency. The SMHA and DHSS CERT collaborate in the following activities:

- ☑ SMHA staff are funded by DHSS for involvement in planning, training and response activities;
- ☑ SMHA goals and responsibilities are set in the ASPR grant development process and are reflected in a contract between DHSS and DMH;
- ☑ SMHA activities are reflected in (Annex K ESF-8);
- ☑ SMHA staff conduct training and conference presentations as requested by DHSS;
- ☑ SMHA is involved in exercise activities with DHSS;
- ☑ SMHA is interfacing with the Missouri Hospital Association (MHA), another key DHSS partner in preparation and planning for public health emergencies;
- ☑ SMHA receives all Health Alerts issued by DHSS;
- ☑ SMHA is on the DHSS DSR Activation list for public health emergencies.

In collaborative efforts, it has become apparent that planning for mental health needs under certain public health emergency situations would require unique and unprecedented activities such as:

- o Development of crisis counseling programs outside the context of FEMA in contagious disease outbreaks and other mass violence incidents;
- o Consideration of mental health needs and issues in application of public health strategies such as but not limited to quarantine, travel restrictions, forced treatment/prophylaxis, and rationing of limited treatment/prophylaxis;
- o Relocation of psychiatric patients from private to public facilities, as needed, to allow for the influx of individuals from a terrorist attack requiring medical/surgical capacity;

- Management of public behavior in reaction to exposure scenarios involving biological, chemical or radiological agents; and
- Social and economic influence of public health decisions on local, state, and national communities.

Collaborative discussions and joint planning have been critical in highlighting concerns in planning, communications and decision-making.

SMHA Involvement in SEOP Exercises and Drills

Missouri's SEMA and DHSS have established plans for conducting exercises and drills at the state and local level. DMH is routinely invited to and participates in statewide exercises and, on occasion is invited to regional and local exercise events.

For illustrative purposes, the following chart highlights exercises and drills where DMH was an invited participant.

State	Regional, Local and Internal
EXERCISES	
○ 2002 & 2003 SEMA Exercises (terrorism, SNS) ○ 2004 Homeland Security Missouri Blues exercise ○ 2004 COOP/COG Exercise for state agencies ○ 2004 Agro-terrorism exercise ○ 2007 SEMA 3-day functional earthquake exercise ○ 2008 SEMA & DHSS functional anthrax-SNS exercise ○ 2009 Operation Fault Line Long Term Recovery Tabletop Exercise ○ 2010 SEMA Missouri Earthquake Functional Exercise	○ 2002 DMH Tabletop Smallpox Exercise ○ 2004 Kansas City SNS Full TED Exercise ○ 2003 Cole County IEMC course with exercise at Emmitsburg ○ 2004 hostage exercise at a DMH facility ○ 2005 DMH facilities internal exercise funded by SEMA ○ 3/05 Regional animal health scenario exercise ○ 5/05 DMH Internal Facility Anthrax Exercise ○ 2005 St. Louis area SNS Full TED Exercise ○ 2007 DMH Central Office Intruder Training ○ 2007 DMH Division of Developmental Disabilities earthquake tabletop exercise ○ 2010 DMH Central Office CPR/AED Drill of 23 volunteers
DISASTER RESPONSE ○ 2007 Central and SW Missouri winter storms ○ 2007 Severe Winter Storms SW ○ 2008 Severe storms, flooding, tornados and severe winter storms ○ 2010 Floods NW and NE Missouri	○ 2007 Explosion KC Chemical Plant

In addition to formal exercises, DMH was involved in response activities in associated with tornadoes, ice storm, two commercial aviation accidents and a local power outage affecting the DMH Central Office, all of which provided opportunities to test portions of emergency plans and learn important lessons.

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MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

STATE MENTAL HEALTH AUTHORITY (SMHA)
CONTINUITY OF OPERATIONS

Using the Federal Emergency Management Agency (FEMA) Guidance on Continuity of Operations (COOP) Planning for State and Local Governments. The Missouri Department of Mental Health has developed a comprehensive COOP plan for its central office including a pandemic annex. The plan was updated in 2010. The continuity plan is freestanding and is incorporated into this plan by reference.

In 2007, under the leadership of the Governor's Office and DHSS, the Department of Mental Health, along with its facilities, developed comprehensive pandemic continuity annexes.

This section was intentionally left blank.

MISSOURI DEPARTMENT OF MENTAL HEALTH
ALL-HAZARDS DISASTER MENTAL HEALTH PLAN

OTHER SPECIAL PLANNING CONSIDERATIONS

State Mental Health Authority (SMHA) Involvement in State Emergency Management Agency (SEMA) Structure

The Department of Mental Health (DMH) is reflected as a support agency for multiple functions and annexes in the plan developed by Missouri's SEMA. Collaborative efforts are evident in the following activities:

- DMH presentations about mental health related topics at SEMA annual conferences;
- DMH representation on SEMA and Homeland Security Committees such as Safe Schools and Higher Education Committees and Exercise Development Committees and others;
- DMH involvement in SEMA supported MOVOAD meetings and the Governor's Partnership;
- DMH inclusion in software training for the State Emergency Operations Center (SEOC); and
- SEMA funding support of DMH activities through joint efforts to develop FEMA crisis counseling applications and exercises.

DMH's primary staff liaison is in the SEMA Executive Branch in the position of Statewide Volunteer Coordinator. In addition, DMH works closely with SEMA's Chief Planner who is based in SEMA's Planning and Recovery Branch.

DMH also provides current 24/7 contact information to SEMA's duty officer for use when the State Emergency Operations Center is activated in response to an event. DMH maintains a hard copy resource notebook at the SEOC for use in an emergency; an electronic version is maintained on a DMH server and is available by dial-up connection if electrical power and telephone service are not disrupted. Each member of the DMH response team has an assigned laptop to assist with effective response and communications capabilities in the event the SEOC is activated and all resource information on a thumb drive.

Regional and Interstate Planning

Under the leadership of the Department of Health and Senior Services (DHSS), Missouri has conducted sessions with surrounding states regarding emergency and public health issues that would require multidisciplinary collaborative efforts in an event. Periodic meetings are planned as funding permits. This is a particularly critical issue in Missouri because it borders more states than any other in the United States. Because its two largest metropolitan areas are on its borders, regional planning efforts in Kansas City and St. Louis include interstate planning efforts. Mental health response capacity involves representatives from both sides of the state line in these metropolitan planning initiatives.

In addition, informal discussions with surrounding states have been positive regarding interstate resource utilization for surge capacity and for relief in a sustained incident where mental health resources were activated. Other states' mental health representatives have offered support and resources for grant writing and development, training, and consultation in a large scale event. Missouri has also pledged its willingness to provide support and assistance to surrounding states as resources permit. Methods for making such requests could be through the Emergency Management Assistance Compact (EMAC), SAMHSA, DTAC or direct contact with the other SMHA.

It is important to note that Missouri is called upon to provide mutual aid to other states due to its central location and the fact that it is not directly affected by coastal events such as hurricanes, tidal waves and surges or other related events. Consequently Missouri must increasingly be prepared as a resource to other states such as in the 2005 hurricanes when Missouri sent a wide range of volunteer resources, utility teams, National Guard, and state employees to assist in the extensive response and recovery efforts. The DMH MOU with the American Red Cross allows DMH employees to respond to requests to work in federal disasters using disaster leave as permitted by Missouri statute.

Credentialing Mental Health Workers

The Missouri Department of Health and Senior Services has established three agreements that will assist in supporting credentialing of mental health workers in a disaster or public health emergency. DMH will participate in these initiatives:

- Missouri's DHSS, ESAR-VHP program known as Show-Me Response will maintain data about licensed professionals willing to assist in a disaster response effort to allow rapid recruitment and also to validate that an individual is appropriately licensed without conditions to participate in response efforts;
- A Learning Management System has been acquired by DHSS and SLU for maintaining information about training to verify that individuals have had appropriate training for functions they are performing in disaster response or emergency medical response efforts.

The DMH approach to credentialing of mental health workers will utilize the following principles:

- Requiring use of only VOAD or CMHC affiliated and supervised mental health volunteers and workers. Upon request of local emergency operation's center, the activation of Mental Health Show-Me Response volunteers who have had background screens, verification of qualification and credentials, and disaster-related training;
- Provision of public domain training of Psychological First Aid and other curriculums, as available, for mental health and spiritual care workers, health care workers, school personnel and emergency responders;
- Use the FEMA crisis counseling model as a foundation that:
    - Predicts healthy recovery for most individuals and identifies at-risk populations and individuals;
    - encourages use of paraprofessionals and indigenous workers;
    - recognizes need for enhanced or adjunctive services that require mental health professionals and specialized preparation such as mental health triage, emergency risk communication, bio-terror response and other exposure or quarantine scenarios, consultation; and
    - respects community norms and diversity;
    - relies on and supports natural helping systems and the resilience of communities.
- Compliance with established state laws for professional registration, recognizing that some disaster mental health functions require licensure while others do not; and
- Development in partnership with DHSS and SEMAof identification systems that prevent misrepresentation or exploitation of victim and survivors.

Event and Post-event Support for SMHA Staff

All staff potentially involved in disaster response are encouraged to develop family plans that address communication, access and functional needs, and other preparation in anticipation of possible extended hours, reassignment to another location, or inability to reach home due to disruption of travel due to infrastructure or travel restrictions imposed by authorities. No formal policies have been established to mandate or require such activities.

Resources to develop family plans are posted on the Missouri Department of Health and Senior Services website:

http://www.dhss.mo.gov/emergencies/readyin3/ or at www.redcross.org

As part of planning, employees and mental health workers are encouraged to consider special medication and health concerns as well as basic needs by preparing an office or car supply.

Post-event, DMH operating regulations for Red Cross disaster leave allow the appointing authority to grant administrative leave for recovery and relaxation time post event. EAP resources as well as health insurance coverage provide for follow-up assistance for individuals who experience readjustment difficulties or experience post-deployment reactions that require follow-up assistance. As appropriate, recognition events and activities, public or limited to those deployed, may also be arranged.

Emergency Responder Support

Activities to support emergency responders are important to their well-being and effectiveness in an emergency. No formal agreements are in place but the following efforts have been undertaken to conduct outreach and awareness of available resources:

- DMH conference presentations at statewide methadone conference regarding support needs of emergency responders;
- Collaboration with DHSS to promote EAP use and promote EAP application of evidence-based interventions to emergency responders who are state employees; and
- Development of self care and supervisor training sessions for emergency responders to promote awareness and application of tools and skills to build resilience and provide support as needed.

Public/Private Collaboration

The primary method of coordination with private mental health facilities in Missouri will be through the DHSS relationship with the Missouri Hospital Association.

- All acute hospitals (including general medical/surgical hospitals with psychiatric units and freestanding psychiatric facilities) are part of the DHSS Health Alert system and bed availability database. Necessary communications related to disasters and public health emergencies could be accomplished through the DHSS DSR, as necessary.

- MHA regional partnership efforts also include opportunities to coordinate among DMH facilities and local private mental health providers as necessary.

- MHA provides a Mutual Aid Agreement (MAA) for signature by all participating Missouri hospitals. Although an MAA is currently in place, an updated MAA was signed by hospitals (including state-operated psychiatric facilities) on January 28, 2011.

Collaboration with Higher Education

DMH has established disaster mental health-related collaborative relationships with the following higher education partners:

- St. Louis University;
- Missouri Institute for Mental Health (MIMH), University of Missouri Extension Services, and the Fire & Rescue Training Institute, University of Missouri.

Regulatory Compliance of DMH-operated Facilities with Emergency Preparedness and Response Standards

Eight CPS hospitals are currently JCAHO accredited. A CPS Children's residential setting is located on a University Campus and meets existing code and requirements; CARF or other appropriate accreditation is being explored. The remaining CPS facility is not a hospital and is not subject to accreditation; it is in compliance with accepted codes and standards for emergency preparedness.

The DD facilities (six habilitation centers) are subject to ICF-MR certification standards for Medicaid payment and are currently certified by CMS surveyors.

SMHA Role in Emergency Risk Communication

- DMH works collaboratively with the DHSS CERT public information officer.
- DMH would work with the JIC in an emergency.
- DMH has prepared message templates for mental health messaging for various hazards and populations: www.dmh.mo.gov/disaster/communications

SMHA Role in Training and Exercises

The SMHA role in training and exercises is:
Planning and Development – SEMA and DHSS have invited DMH representatives to assist in planning statewide exercises.

Participant – As summarized earlier in the Terrorism Component of this plan, DMH has been an active participant in regional and statewide exercises.

Internal Exercise Management – DMH is responsible for internal exercise development, implementation and evaluation.

SMHA Role in Data Collection & Evaluation

The SMHA is responsible for data collection and evaluation related to FEMA crisis counseling programs and will conduct such activities consistent with established format and requirements.

DMH is also collaborating with SLU in evaluation of training components it develops to assure its relevance and effectiveness in achieving desired outcomes.

SMHA Role in Research

The SMHA currently has no established research agenda for disasters and mental health. If a national agenda for research were established, Missouri would welcome the opportunity to participate in disaster mental health-related research as appropriate if funded as part of a FEMA crisis counseling program or through other available funding. Missouri is also willing to participate in surveys, after action reviews, and other research activities that are sponsored by SAMHSA or its authorized agent.

Acronyms Used in
All-Hazards Emergency Operations Plan

Prepared by the Missouri Department of Mental Health

This listing includes acronyms from various federal, state and local government and private agencies that fund or are actively involved in emergency response to incidents resulting from terrorism, bio-terrorism, and natural or manmade disasters or public health emergencies.

A

AA – Administrative Agent of the Division of Comprehensive Psychiatric Services

AAR – After Action Report, a written summary of lessons learned from an exercise

ABA – American Bar Association

ACE – Automated Construction Estimating

ADA – Missouri Division of Alcohol and Drug Abuse

AFID – Armed Forces Information Service

ALE – Additional Living Expense

ANG – Air National Guard

AMA – American Medical Association

APS – Advanced Professional Development Series (courses considered by SEMA to certify one as an advanced professional in emergency management)

ARC – American Red Cross

ASCS – Agricultural Stabilization and Conservation Service

ASD – Acute Stress Disorder

ATF – Alcohol, Tobacco and Firearms, in reference to a federal agency law enforcement unit

ATSDR – Agency for Toxic Substances and Disease Registry

B

BNICE – Biological, Nuclear, Incendiary, Chemical and Explosive, in reference to weapons or terrorism agents

BOLO – Be on the lookout

BT – Bio-terrorism

BUMED – Bureau of Medicine and Surgery, Department of the Navy

BW – Biological Warfare

BWIRP – Biological Weapons Improved Response Program

C

CARF – Commission on Accreditation of Rehabilitation Facilities

CBFP – Cora Brown Fund Program, an endowment fund for special needs administered by FEMA in declared disasters

CBRNE – Chemical, Biological, Radiological, Nuclear and High Yield Explosives

CCP – Crisis Counseling Program (FEMA grant program)

CCBS – Center for Civilian Bio-defense Strategies, John Hopkins University

CDC – Centers for Disease Control

CERT – Community Emergency Response Team (FEMA & SEMA term)

CERT – Center for Emergency Response and Terrorism in DHSS

CFDA – Catalog of Federal Domestic Assistance

CFR – Code of Federal Regulations

CHERCAP – Comprehensive Hazmat Emergency Response Capability Assessment

CIDRAP – Center for Infectious Disease Research and Policy, University of Minnesota

CIRG – FBI Crisis Incident Response Group

CISD – Critical Incident Stress Debriefing

CISM – Critical Incident Stress Management

CMHC – Community Mental Health Center

CMHS – Center for Mental Health Services (within SAMHSA)

CMS – Center for Medicare and Medicaid Services

CO – Central Office

COAD – Community Organizations Active in Disaster

COOP – Continuity of Operations

COG – Continuity of Government

CPI – Consumer Price Index

CPR – Cardio-pulmonary Resuscitation

CPS – Missouri Division of Comprehensive Psychiatric Services

CSAP – Center for Substance Abuse Prevention (within SAMHSA)

CSAT – Center for Substance Abuse Treatment (within SAMHSA)

CSB or CSB&EI – Center for the Study of Bioterrorism and Emerging Infections at St. Louis University

CSR – Code of State Regulations

CUSEC – Central United States Earthquake Consortium

CW – Chemical Warfare

D

DAE – Disaster Assistance Employee

DD – Damaged Dwelling

DD – Division of Developmental Disabilities

DFC – Disaster Finance Center

DFO – Disaster Field Office

DH – Disaster Housing

DHAP – Disaster Housing Assistance Program

DHS – Department of Homeland Security (federal)

DHSS – Dept. of Health and Senior Services

DLS – Disaster Legal Services, FEMA

DMAT – Disaster Medical Assistance Team

DMH - Department of Mental Health

DMHS – Disaster Mental Health Specialist, title used by Red Cross

DMORT – Disaster Mortuary Team

DOB – Duplication of Benefits

DOD – Department of Defense

DOE – Department of Energy

DOJ – Department of Justice

DOTS – Depends on the situation

DPP – Domestic Preparedness Program

DRC – Disaster Recovery Center, FEMA

DRM – Disaster Recovery Manager

DRP – Disaster Recovery Partnership

DSS – Department of Social Services

DTAC – Disaster Mental health Technical Assistance Center (federally supported TA center for Disaster mental health funded by CMHS)

DUA – Disaster Unemployment Assistance, FEMA funded

E

EA – Environmental Assessment

EAP – Employee Assistance Program

EID – Emerging Infectious Diseases

EMA – Emergency Management Agency

EMAC – Emergency Management Assistance Compact, administered through SEMA

EMI – Emergency Management Institute, part of FEMA

EMS – Emergency Medical Services

EMT – Emergency Medical Technician

EOC – Emergency Operation Center

EOP – Emergency Operations Plan

EPA – Environmental Protection Agency

Epi(s) – Epidemiologist(s), usually employed by DHSS or LPHA

ERV – Emergency Response Vehicle (feeding and emergency van used by Red Cross)

ESAR-VHP – The Emergency System for Advance Registration of Volunteer Health Professionals in Missouri known as Show-Me Response

ESDRB – Emergency Services and Disaster Relief Bureau (within CMHS)

ESF – Emergency Support Function

F

FAAT – FEMA Acronyms, Abbreviations, and Terms

FBI – Federal Bureau of Investigation

FBIHQ – Federal Bureau of Investigation headquarters

FCO – Federal Coordinating Officer, FEMA

FDA – Food and Drug Administration

FEMA – Federal Emergency Management Agency

FHBM – Flood Hazard Boundary Map

FIRM – Flood Insurance Rate Map

FMHA – Farmers Home Administration

FNSS – Functional Needs Support Services

FOUO – For Official Use Only

FRP – Federal Response Plan

FSD– Family Support Division, Dept of Social Services

G

GAR – Governor's Authorized Representative, a term used by FEMA when applying for Crisis Counseling funding

GCO – Grant Coordinating Officer, FEMA

GIS – Geographic Information System

GMO – Grants Management Officer, PHS

GPD – Grants Policy Directive, PHS

GPS – Grants Policy Statement, PHS

H

HA – Health Alert (usually followed by a number)

HAN – Health Alert Network

Hazmat – Hazardous materials

HCW – Health Care Worker(s)

HEICS – Hospital Emergency Incident and Command System

HHS – Health and Human Services, a federal agency

HR – Home Repairs

HRSA – Health Resources and Services Administration, HHS

HS – Homeland Security

HS – Human Services

HSAC – Missouri Homeland Security Advisory Council

HSAS – Homeland Security Advisory System (the color coded alert system developed by the DHS

HSEEP – Homeland Security Exercise and Evaluation Project

HSO – Human Services Officer

HSPD – Homeland Security Presidential Directive

I

IAP – Incident Action Plan

IC – Incident Command

ICE – Immigration and Customs Enforcement

ICP – Incident Command Post

ICS – Incident Command System

IDSA – Infectious Diseases Society of America

IEMC – Integrated Emergency Management Course

IHP – Individuals and Households Program

IMS – Incident Management System, another term for ICS

IMT – Incident Management Team

IS – Infrastructure Support

ISP – Immediate Services Program which is funding for the first 60 days of FEMA's Crisis Counseling Program

J

JAMA – Journal of the American Medical Association

JCAHO – Joint Commission on Accreditation of Healthcare Facilities

JDLR – Just doesn't look right

JIC – Joint Information Center

JIS – Joint Information System

K

L

LEPC – Local Emergency Planning Committee

LPHA – Local Public Health Agency

M

MAA – Mutual Aid Agreement

MARC – Mid-America Regional Council, a planning group for the Kansas City Metro Area involved in Disaster and other types of health and social service planning activities

MCI – Mass Casualty Incident

MEPA – Missouri Emergency Preparedness Association

MERGIS – Missouri Emergency Response Geographic Information System, system supported by DHSS

MHA – Mental Health Association

MHA – Missouri Hospital Association

MIPS – Multiple Idiopathic Physical Symptoms

MOANG – Missouri Army National Guard

MONG – Missouri National Guard

MOVOAD – Missouri Voluntary Organizations Active in Disaster

MoVC – Missouri Office for Victims of Crime, Dept of Public Safety

MRAP – Mortgage and Rental Assistance Program, FEMA

MUPS – Medically Unexplained Physical Symptoms/Syndromes

N

NACHO – National Association of Community Health Organizations

NASADAD – National Assn of State Alcohol and Drug Abuse Directors

NASMHPD – National Assn of State Mental Health Program Directors

NCAVC – National Center for Analysis of Violent Crimes, FBI profiling unit

NDMS – National Disaster Medical System

NEMA – National Emergency Management Association

NEPA – National Environmental Policy Act

NFIP – National Flood Insurance Program

NFIRA – National Flood Insurance Reform Act of 1994

NGA – Notice of Grant Award

NGO – Non-governmental Organization

NIIMS – National Interagency Incident Management System

NIMS – National Incident Management System

NIOSH – National Institute for Occupational Safety and Health

NMFI – National Mass Fatalities Institute

NOGA – Notice of Grant Award

NPS – National Pharmaceutical Stockpile maintained by CDC, now renamed Strategic National Stockpile and administered by the Dept of Homeland Security

NPSC – National Processing Service Center, FEMA

NRP – National Response Plan (new in 2004)

NTC – National Teleregistration Center, FEMA

NVOAD – National Organizations Active in Disaster

NWS – National Weather Service

O

ODP - Office of Domestic Preparedness

OFA – Other Federal Agencies

OMB – Office of Management and Budget, federal office

OHS – Office of Homeland Security (state level)

OSC – On Scene Commander

OTM – Other than Mexican

OVC – Office for Victims of Crimes

P

P – Primary, as related to responsibility for functional role in SEOP annexes

PA – Public Assistance, FEMA

PD – Program Director

PDA – Preliminary Damage Assessment

PDS – Professional Development Series (core courses FEMA designates as a basic curriculum for people in the Emergency Management sector)

PHS – Public Health Service, in federal HHS

PIO – Public Information Officer

PO – Project Officer

POLREP – Pollution Report

POST – Peace Officers Standards and Training

PP – Personal Property

PPE – Personal Protective Equipment

PPT – Personal Protective Technologies

PSWN – Public Safety Wireless Network

PTSD – Post Traumatic Stress Disorder

Q

QC – Quality Control

R

RDD – Radiological Dispersion Device (e.g. dirty bomb)

REACT – Radio Emergency Associated Communications Teams

READI Team – **RE**adiness **A**nd **DI**saster Support Team, DMH

ROSS – Resource Ordering and Status System

RP – Real Property

RSP – Regular Services Program, FEMA Crisis Counseling Program (CCP)

S

S – Support, as related to responsibility for functional role in SEOP annexes

SAMHSA – Substance Abuse and Mental Health Administration (federal)

SAMHSA DTAC - Disaster Mental health Technical Assistance Center (federally supported TA center for Disaster mental health funded by CMHS)

SBA – Small Business Administration

SCO - State Coordinating Officer

SDO – Standards Development Organization

SEMA – State Emergency Management Agency

SEOC – State Emergency Operations Center

SEOP – State Emergency Operations Plan, developed by SEMA

SERT – State Emergency Response Team (Highway Patrol SWAT team)

SITREP – Situation Report

SFHA – Special Flood Hazard Area

SLG – State and Local Guide

SLUDGE – Salivation, Lacrimation, Urination, Defecation, Gastro-intestinal distress and Emesis

SMHA – State Mental Health Authority

SMR – Show-Me Response (Missouri's Emergency System for the Advance Registration of Volunteer Health Professionals)

SPHA – State Public Health Authority

SNS – Strategic National Stockpile, usually in reference to pharmaceuticals or vaccines but can also be other equipment or supplies such as masks, etc.

SOP – Standard Operating Procedure

SSA – Social Security Administration

SSI – Supplemental Security Income

STARRS – St. Louis Area Regional Response System

T

TOPOFF – Top Officials, in reference to national exercises involving top level management and leadership

TTD or TTY – Text Telephone

U

UC – Unified Command

UMCOR – United Methodist Committee on Relief

UNC – Unmet Needs Committee

UOE – University Office of Extension

USAMRICD – United States Army Medical Research Institute of Chemical Defense

USDA – United States Department of Agriculture

V

VA – Veterans Administration

VBIED – Vehicle-borne Improvised Explosive Device

VHA – Veterans Health Administration

VOAD – Voluntary Organizations Active in Disaster

VOLAG – Voluntary Agency

W

WMD – Weapons of Mass Destruction

WME – Weapons of Mass Effect

WMDOU – FBI Weapons of Mass Destruction Operations Unit

Y

YLD – Young Lawyers Division

Z

This section was intentionally left blank.

Missouri Department of Mental Health
Administrative Agents & Affiliates

1
Family Guidance Center
724 North 22nd Street
St. Joseph, MO 64506
Garry Hammond, Executive Director
816/364-1501
816/364-6735 (FAX #)
Email: ghammond@familyguidance.org
Counties Served: Andrew, Atchison, Buchanan, Clinton, DeKalb, Gentry, Holt, Nodaway, Worth

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2
Truman Medical Center Behavioral Health
2211 Charlotte
Kansas City, MO 64108
Marsha Morgan, Executive Director
816/404-5700
816/404-5731 (FAX #)
Email: marsha.morgan@tmcmed.org
County Served: Jackson County

3
Swope Health Services
3801 Blue Parkway
Kansas City, MO 64130
Gloria Joseph, Executive Director
816/922-7645
816/922-7683 (FAX #)
Email: gjoseph@swopecommunity.org
County Served: Jackson County

4
ReDiscover
901 NE Independence Ave.
Lee's Summit, MO 64086
Alan Flory, President
816/246-8000
816/246-8207 (FAX #)
E-Mail: alflory@rediscovermh.org
County Served: Jackson County

5
Comprehensive Mental Health Services
10901 E. Winner Road
P.O. Box 520169
Independence, MO 64052
Bill Kyles, Executive Director
816/254-3652
816/254-9243 (FAX #)
Email: jking@thecmhs.com
County Served: Jackson County

6
Tri County Mental Health Services
3100 NE 83rd Street, Suite 1001
Kansas City, MO 64119-9998
Thomas H. Cranshaw, Executive Director
816/468-0400
816/468-6635 (FAX #)
Email: tomc@tri-countymhs.org
Counties Served: Clay, Platte, Ray

7
Pathways Community Behavioral Healthcare, Inc.
520C Burkarth Road
Warrensburg, MO 64093
Mel Fetter, President
660/747-7127
660/747-1823 (FAX #)
Email: MelF@pbhc.org
Counties Served: Cass, Johnson, Lafayette

8A
Clark Community Mental Health Center
Consumer Service Contact:
417-235-6610
1701 N. Central
Monett, MO 65708
Mailing Address:
104 W. Main - P.O. Box 100
Pierce City, MO 65723
Frank Compton, Executive Director
417/476-1000 (x236)
417/476-1082 (FAX #)
Email: comptonf@clarkmentalhealth.com
Counties Served: Barry, Dade, Lawrence

8B
Pathways Community Behavioral Healthcare, Inc.
1800 Community Drive
Clinton, MO 64735
Mel Fetter, President
660/890-8054
660/318-3117 (FAX #)
Email: MelF@pbhc.org
Counties Served: Bates, Benton, Cedar, Henry, Hickory, St. Clair, Vernon

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9
Ozark Center
3006 McClelland
P.O. Box 2526
Joplin, MO 64804
Philip Willcoxon, Chief Operating Officer
417/347-7600
417/347-7608 (FAX #)
Email: pmwillcoxon@freemanhealth.com
Counties Served: Barton, Jasper, McDonald, Newton

10
Burrell Behavioral Health
1300 Bradford Parkway
Springfield, MO 65804
Todd Schaible, Ph.D., President/CEO
417/269-5400
417/269-7212 (FAX #)
Email: Todd.Schaible@burrellcenter.com
Counties Served: Christian, Dallas, Greene, Polk, Stone, Taney, Webster

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11
Pathways Community Behavioral Healthcare, Inc.
1905 Stadium Blvd.
P.O. Box 104146
Jefferson City, MO 65110-4146
Bob Whittet, Executive Director
573/634-3000
573/634-4010 (FAX #)
Email: bwhittet@pbhc.org
Counties Served: Camden, Cole, Laclede, Miller, Osage, Pulaski

New Horizons Community Support Services (Affiliated Center)
2013 William St.
Jefferson City, MO 65109
Chi Cheung, Executive Director
573/636-8108
573/635-9892 (FAX #)
Email: ccheung@mo-newhorizons.com
County Served: Cole

12
Burrell Behavioral Health - Central Region
601 Business Loop 70 W, Suite 202
Columbia, MO 65201
Allyson Ashley, Acting Director
Todd Schaible, Ph.D., President/ CEO
573/777-7550
573/777-7587 (FAX #)
allyson.ashley@burrellcenter.com
Counties Served: Boone, Carroll, Chariton, Cooper, Howard, Moniteau, Morgan, Pettis, Randolph, Saline

New Horizons Community Support Services (Affiliated Center)
1408 Hathman Place
Columbia, MO 65201-5551
Chi Cheung, Executive Director
573/443-0405
573/875-2557 (FAX #)
Email: ccheung@mo-newhorizons.com
County Served: Boone

13
North Central MO Mental Health Center
1601 East 28th, Box 30
Trenton, MO 64683
Lori Irvine, Executive Director
660/359-4487
660/359-4129 (FAX #)
lori@ncmmh.org
Counties Served: Caldwell, Daviess, Grundy, Harrison, Linn, Livingston, Mercer, Putnam, Sullivan

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14
Mark Twain Behavioral Health
917 Broadway
Hannibal, MO 63401
Mike Cantrell , Director
573/221-2120
573/221-4380 (FAX #)
Email: mcantrell@mtbh.org
Counties Served: Adair, Clark, Knox, Lewis, Macon, Marion, Schuyler, Scotland, Shelby

Preferred Family Healthcare, Inc. **(Affiliated Center)**
900 E. LaHarpe
Kirksville, MO 63501
Michael Schwend, CEO
660/665-1962
660/665-3989 (FAX #)
Email: mschwend01@pfh.org
Counties Served: Adair, Clark, Knox, Lewis, Macon, Marion, Schuyler, Scotland, Shelby

Comprehensive Health Systems, Inc. **(Affiliated Center)**
12677 Heavenly Acres Drive
New London, Missouri 63459
Mailing Address - P.O. Box 468
Hannibal, MO 63401
Lynn Mercurio, CEO
573/248-1372
573/248-1375 (FAX #)
Email: lmercurio@chsservices.net
Counties Served: Marion

15
East Central Missouri Behavioral Health
dba **Arthur Center**
321 West Promenade
Mexico, MO 65265
Terry Mackey, President
573/582-1234
573/582-1212 (FAX #)
Email: tmackey@arthurcenter.com
Counties Served: Audrain, Callaway, Monroe, Montgomery, Pike, Ralls

Comprehensive Health Systems, Inc. **(Affiliated Center)**
12677 Heavenly Acres Drive
New London, MO 63459
Mailing Address - P.O. Box 468
Hannibal, MO 63401
Lynn Mercurio, CEO
573/248-1372
573/248-1375 (FAX #)
Email: lmercurio@chsservices.net
Counties Served: Audrain, Callaway, Monroe, Montgomery, Pike, Ralls

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16
Crider Health Center
1032 Crosswinds Court
Wentzville, MO 63385
Karl Wilson, Ph.D., President/CEO
636/332-6000 or 1-800-574-2422
636/332-9950 (FAX #)
Email: kwilson@cridercenter.org
Counties Served: Franklin, Lincoln, St. Charles, Warren

17A
Pathways Community Behavioral Healthcare, Inc.
1450 E. 10th Street
P.O. Box 921
Rolla, MO 65402
David Duncan, Executive Director
573/364-7551
573/364-4898 (FAX #)
Email: dduncan@pbhc.org
Counties Served: Crawford, Dent, Gasconade, Maries, Phelps

17B
BJC Behavioral Health Community Services
Southeast Site
1085 Maple Street
Farmington, MO 63640
Mark Stansberry, Director
Karen Miller, Associate Director
573/756-5353
573/756-4557 (FAX #)
Email: kfm6775@bjc.org

To Request Services: Call Center (877) 729-4004
Counties Served: Iron, St. Francois, Washington

Southeast Missouri Behavioral Health **(Affiliated Center)**
512 E. Main, P.O. Box 506
Park Hills, MO 63601-0506
Barron E. Pratte, Director
573/431-0554
573/431-5205 (FAX #)
Email: bpratte@semobh.org
County Served: St. Francois

Mineral Area CPRC (Affiliated Center)
203 South Washington
P.O. Box 510
Farmington, MO 63640
Vicky Winick, Director
573/756-2899
573/756-4105 (FAX #)
Email: secretaryvickie@hotmail.com
County Served: St. Francois

18
Ozarks Medical Center
Behavioral Health Center
909 Kentucky Avenue
P.O. Box 1100
West Plains, MO 65775
Carol Eck, Executive Director of Behavioral Health
417/257-6762 or 1-800-492-9439
417/257-5875 (FAX #)
Email: carol.eck@ozarksmedicalcenter.com
Counties Served: Douglas, Howell, Ozark, Oregon, Shannon, Texas, Wright
Mountain Grove Medical Complex (Satellite Office)
1604 N. Main
Mountain Grove, MO 65711
417/926-6563

19
Family Counseling Center
925 Highway V V
P.O. Box 71
Kennett, MO 63857
Myra Callahan, Executive Director
573/888-5925
573/888-9365 (FAX #)
Email: myra@familycounselingcenter.org
Counties Served: Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley, Wayne

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Bootheel Counseling Services
760 Plantation Blvd.
P.O. Box 1043
Sikeston, MO 63801
Cheryl Jones, Executive Director
573/471-0800
573/471-0810 (FAX #)
cjones@bootheelcounseling.com
Counties Served: Mississippi, New Madrid, Stoddard, Scott

21
Community Counseling Center
402 S. Silver Springs Road
Cape Girardeau, MO 63703
John A. Hudak, Executive Director
573/334-1100
573/651-4345 (FAX #)

Email: sfosterl@cccntr.co
Counties Served: Bollinger, Cape Girardeau, Madison, Perry, Ste. Genevieve

22

Comtrea Community Treatment
227 Main Street
Festus, MO 63028
Stephen Huss, Ph.D., President/CEO
636/931-2700
636/931-5304 (FAX #)
Email: shuss@comtrea.org
County Served: Jefferson County
21 Municipal Dr (Administrative Offices)
Arnold, MO 63010-1012
636/931-2700 Ext. 345
636/296-6212 (FAX #)

23

BJC Behavioral Health Community Services
North Site
3165 McKelvey Road, Suite 200
Bridgeton, MO 63044-2550
Mark Stansberry, Director
314/206-3900
314/206-3995 (FAX #)
Email: mes2294@bjc.org
County Served: St. Louis County (North)
To Request Services: Call Center (877) 729-4004

BJC Behavioral Health
South Site
343 S. Kirkwood Road, Suite 200
Kirkwood, MO 63122-6915
Mark Stansberry, Director
314/206-3400
314/206-3477 (FAX #)
Email: mes2294@bjc.org
County Served: St. Louis County (Central & South)
To Request Services: Call Center (877) 729-4004

24

Amanda Luckett Murphy Hopewell Center
1504 S. Grand
St. Louis, MO 63104
Dwayne Butler, Executive Director
314/531-1770
314/531-3072 (FAX #)
Email: Dbutler@hopewellcenter.com
County Served: Central & North St. Louis City

25

BJC Behavioral Health Community Services
1430 Olive Street, Suite 500
St. Louis, MO 63103-2377
Mark Stansberry, Director
314/206-3700
314/206-3708 (FAX #)

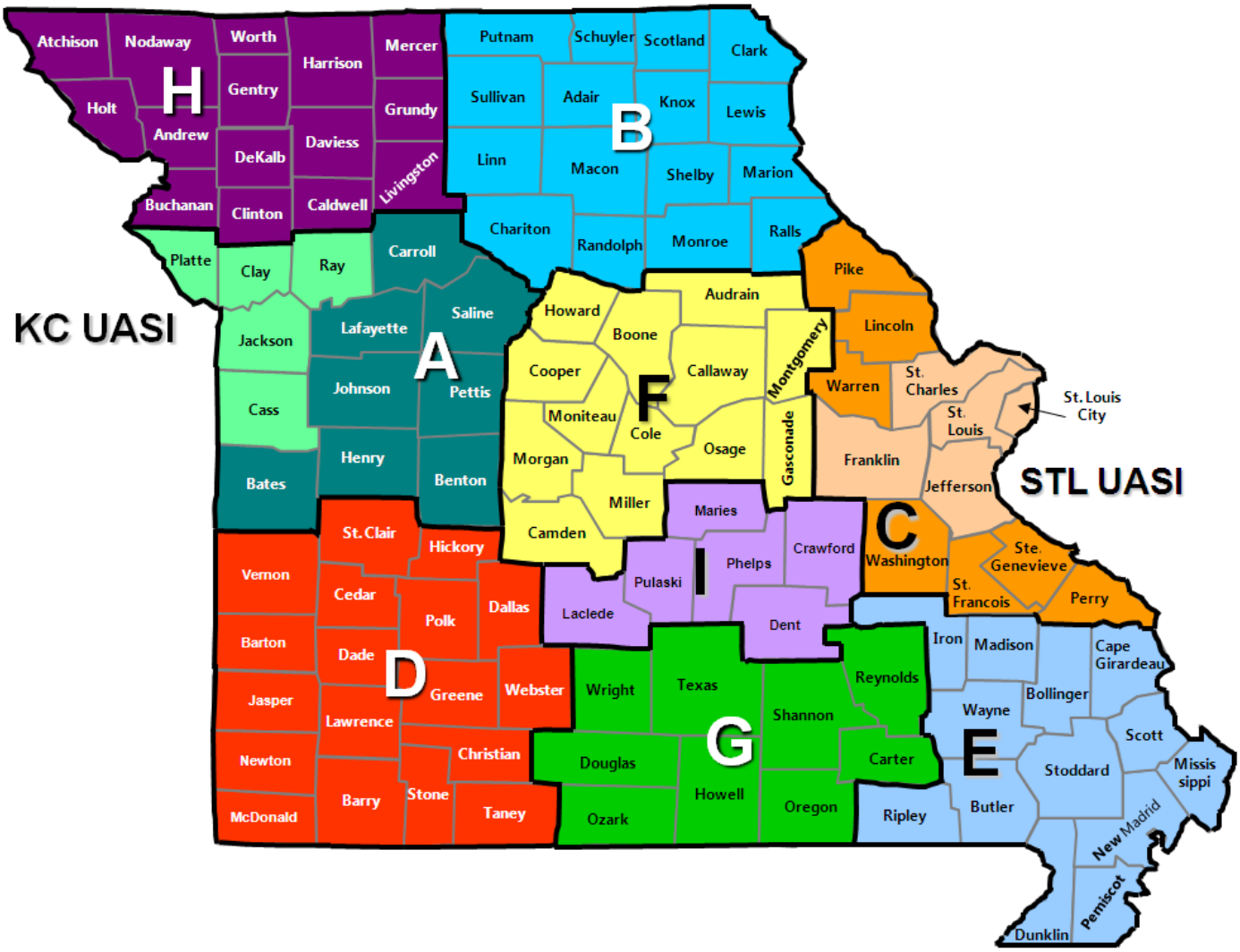
Email: mes2294@bjc.org
County Served: Central & South St. Louis City
To Request Services: Call Center 877/729-4004

Places for People, Inc. (Affiliated Center)
4130 Lindell Boulevard
St. Louis, MO 63108
Francie Broderick, Executive Director
314/535-5600
314/535-6037 (FAX #)
Email: fbroderick@placesforpeople.org
County Served: St. Louis County & St. Louis City

Independence Center (Affiliated Center)
4245 Forest Park Avenue
St. Louis, MO 63108
J. Michael Keller, Executive Director
314/533-4245
314/533-7773 (FAX #)
E-Mail: mkeller@independencecenter.org
County Served: St. Louis County & St. Louis City

ADAPT Institute of Missouri (Affiliated Center)
2301 Hampton
St. Louis, MO 63139
Bill Leritz, MSW, Executive Director
888/657-3201
314/781-3295 (FAX #)
Email: billleritz@adapt.us
County Served: St. Louis City & St. Louis County

HOMELAND SECURITY REGIONS



http://www.dps.mo.gov/dir/programs/ohs/regionalization/

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CRISIS COUNSELING ASSISTANCE AND TRAINING PROGRAM

INTERMEDIATE SERVICES PROGRAM TOOLKIT

http://www.samhsa.gov/dtac/ccptoolkit/isp.htm

REGULAR SERVICES PROGRAM TOOLKIT

http://www.samhsa.gov/dtac/CCPtoolkit/RSP.htm

FREQUENTLY ASKED QUESTIONS

https://faq.fema.gov/

FEMA

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov