

TA Teleconference Presentation June 10, 2015

Emergency Response Plans for CBHS Providers

PRESENTATION OBJECTIVES: To provide introductory information for behavioral health grantee organizations regarding: 1. The types of emergency plans and their content; 2. Considerations for training agency staff; and, 3. The expectations of the State, local-community, and Accreditation organizations for behavioral health agency response prior to, during & following a disaster.

ORIENTATION TO PLANS: There are many different types of emergency plans:

1. Emergency Response Plan (ERP)
2. Continuity of Operations Plan or Business Continuity Plan (COOP / BCP)
3. Evacuation Plan
4. Response Plan or policy for Critical Events involving Staff or Consumers
5. Family Emergency Plan

Basic Plans Content:

- The critical events or conditions that cause the plan to be activated
- Who is responsible for responding
- What activities will be performed
- When those activities will be performed
- How those activities will be performed
- How the costs of those activities will be managed and/or reimbursed
- Protocol for responding to groups of people affected by the event (e.g. employees, consumers, customers, etc.)
- The legal, regulatory or policy authority to act in the manner outlined by the plan
- Procedures for testing or exercising the plan
- Process for maintenance of the plan
- What everyone will do after the incident is resolved

Example – Family Emergency Plan

If there is a fire in the house:

- ✓ *Everyone evacuates thru the closest door or window*
- ✓ *Anyone takes the cat with them; but no-one stays in house to search*
- ✓ *Everyone gathers at the Peterson's house*
- ✓ *The oldest person texts and calls anyone not at home*
- ✓ *The youngest person makes sure everyone gets food / drink*
- ✓ *No-one goes home until Police, Fire, Parents or the Petersons say it's OK*

Development Process:

- Each type of plan is written according to its specific purpose.

Example - an evacuation plan will include when and how to exit a building, and where to gather, and what you should do once everyone is out safe. But, it won't cover how the business should operate if people cannot reoccupy the building.

- Process includes an assessment of potential threats and an analysis of the impacts of those threats to the business

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- One person may write the plan but everyone in the business should provide input and help decide on content
- Plans cannot be conceived, developed nor implemented without leadership support
- Plans are not worth the paper they are written on without training and testing
- All plans depend on relationships with external resources which must be nurtured before an event.
- Emergency Plans development is an on-going process that requires continuous update

PLANS & CONTENT: We will cover two different plans, the ERP and the COOP. The recommendations in this presentation meet the SAMHSA expectations for emergency plan content. There a lot of different ways to organize and format emergency plans. The three most important considerations is that the plan includes all the basic plans content noted above, that it includes all the information pertinent to your business, and it is compatible with your community's emergency response structure and procedures.

Emergency Response Plan

- Required of agencies with 24/7 psychiatric emergency services responsibilities
- Primary focus is the agency's *external* response to the needs of community following a disaster or critical event.
 - Includes assessment of need for long-term response and potential assistance through the State (DHSS) and / or Federal agencies (FEMA & SAMHSA)
 - Includes description of both short-term and long-term response and recovery services and activities, and the target populations.
 - Includes individual and family crisis counseling support services
 - Includes assistance with general community needs (e.g. community briefings; media announcements; participation in memorials, remembrances, etc.)
- The agency plan will often become an Annex to the community's ERP
 - The CBHS provider ERP should be compatible with the local community emergency response plan especially for specific events such as "active shooter" events, or pandemic disease.
 - The agency plan should clearly indicate how the CBHS provider will coordinate with the local Emergency Operations Center or local emergency management during an event.
- A number of other community organizations (e.g. schools, hospital, ARC, Public Health, etc.) may need to be a part of the plan in order for the CBHS provider to effectively conduct response activities.
 - For example, American Red Cross (ARC) manages emergency shelters, but may rely on local CMHS provider to staff the shelter for mental health services.

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- Public Health Clinic might agree to provide screening & referral for individuals who would benefit from crisis counseling.
- One of the most important components of the plan is to have procedures for tracking ALL financial expenditures related to the agency's post-disaster response activities.
- Success of the plan is predicated on the need for staff training, and conducting or participating in exercises and drills, both at the agency level and at the community level.
- The success of the plan also depends upon the assumption that agency staff have Family Emergency Plans that will allow them to continue assisting the agency as needed.
- The plan should be organized and formatted like any emergency plan (see Handout), but may contain anything the agency believes is necessary and helpful.

➤ ***Review Handout: "Example ERP for DHSS/BH Grantees"***

Continuity of Operations Plan

- Recommended for ALL agencies regardless of services, or size.
- Primary focus of a continuity of operations plan (COOP) or business continuity plan (BCP) is the agency's *internal* efforts following a compromising event to:
 1. Protect people, property, equipment and records
 2. Maintain essential facility operations and critical services
 3. Resume full business activities as soon as possible.
- The following is a list of the primary features or components of a COOP:
 - A. Identifies the agency's most essential services and the mandatory personnel, equipment and technology resources required to effectively delivery those services.
 - B. Outlines protocols for assuring employee and consumer safety, well-being and recovery
 - C. Provides for an assessment of the primary hazards or potential events that threaten agency operations (involves a hazard or threat analysis).
 - D. Identifies the probable impacts to the business from the hazards / threats
 - E. Identifies "work-around" solutions to identified business impacts (e.g. loss of employees; loss of technology resources, etc.)
 - F. Identifies alternate facilities and the process for accessing those facilities in the event the agency building(s) is compromised.
 - G. Provides for lines of succession & delegation of authority for critical positions so even if the CEO or other leadership personnel are not available the business can still successfully carry on without them.
 - H. Includes emergency "roles and responsibilities" for all key positions of authority.

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- I. Identifies how the agency will communicate internally and externally following an event; includes activation of the plan, and staff, consumer and stakeholder notification protocols.
 - J. Identifies all the activities, according to time-based criteria (Recovery Time Objectives), that must be carried out to ensure the viability of agency operations.
 - K. Includes information regarding financial operations: how to pay for emergency items; how to access cash; how to invoke insurance claims; how to maintain payroll, etc.
 - L. Addresses how vital records and equipment will be protected, recovered, and restored or replaced.
 - M. Includes Annexes to the plan as necessary:
 - i. Contact lists of employees, stakeholders and suppliers
 - ii. detailed instructions for specific programs, or response teams;
 - iii. lists of vital records, equipment, and materiel;
 - iv. information on insurance policies and their related points of contact;
 - v. agreements and contracts (especially with suppliers);
 - vi. response protocols for specific events (e.g. workplace violence; death of employee; pandemic disease, etc.).
- National and international data show that, following a disaster, businesses which have even the simplest COOP/BCP reopen operations 3X faster and experience far less loss of revenue, than businesses without a plan.
 - COOP planning forces organizations to closely examine business processes and often to help identify efficiencies, as well as activities that may not be compatible with their mission.
 - Maintaining a COOP is a preventive measure against loss for your business, your employees and your consumers.
 - Developing a COOP is like saving for your child's college education: it may take some work and sacrifice now, but it returns greater benefit in the future, and establishes possibilities for a more successful life.
 - There are numerous professional organizations that can help your agency develop and test your COOP
- ***Review Handouts: "SOA COOP Template Instructions"; "Ready.gov BCP"; "BCP Template 2012"; "UConn BCP Template"***

STAFF TRAINING & PREPARATION: There are a number of training courses that agency staff, especially management and clinical staff, should receive.

- Initial exposure / reading of all agency and community emergency plans.
- Desk top exercise of ERP or COOP / or specific elements of those plans
- Live Drills of ERP or COOP – emphasizing specific elements of those plans

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- Participation in community emergency response exercises
- ICS 100 (available on-line at [FEMA EMI](#))
- Psychological First Aid (PFA) ([NCTSN](#), [NCPTSD](#))
- Critical Incident Stress Management (CISM): Group
- Skills for Psychological Recovery (SPR) (available thru [NCTSN.ORG](#))
- Training & literature on grief & loss
- Training & literature on psychological trauma

PLANNING EXPECTATIONS: There are at least three groups that have a vested interest in CBHS provider's emergency planning activities: the State, your local community, and the agency's Accreditation organization.

State of Alaska

- As noted above, the CBHS providers with 24/7 psychiatric emergency services responsibilities are required to have an ERP.
- ALL grantees are expected by grant requirement to maintain "behavioral health involvement in community planning, including all-hazards emergency response planning"
 - This may mean that your agency could provide a supportive role during a critical emergency or disaster
 - It suggests that having a COOP would benefit the agency as well as other community planning partners
- ALL grantees are required to report to DHSS/BH any missing, injured or deceased consumers, and to provide regular updates if the event generates significant media interest and coverage.
- ALL grantees are expected to respond to critical incidents involving their staff or their consumers.
 - If a provider is unable to adequately respond to the event there is protocol for requesting assistance from DHSS/BH.

Local Communities

- Community expectations may be explicit, or implicit, in that it is assumed the CBHS provider role is to operate like any other 1st or 2nd responder agency
- May expect that the CBHS provider will be available to assist with any mental health emergency, anywhere, and at any time
- May expect participation in community emergency planning and preparation
 - Plans
 - Exercises
 - Drills
 - LEPC meetings

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- May expect CBHS provider to coordinate emergency services with other community partners
 - School
 - Hospital
 - Fire Dept.
 - Police Dept. / State Troopers
 - Airport
 - Coast Guard / Military (May have EAP for CISM)
 - ARC
 - Public Health Clinic
 - Tribal Leadership
- May expect CBHS provider to follow predetermined response protocols during a major emergency or disaster event:
 - Send a representative to the local EOC to coordinate response, and assist with EOC staff needs
 - Staff emergency shelters
 - Assess mental health needs and report activity and potential resource needs to EOC
 - Respond to 'debriefing' needs of first responder groups
 - Send a representative to attend and present at community briefings (i.e. someone who is a subject-matter-expert and is honest, empathic, and trustworthy).
 - Interact with media only thru Public Information Office (PIO)
- May expect provider to recognize recovery needs of citizens
- May expect provider to keep community government apprised of long-term response and recovery efforts

National Accreditation Organizations

- Each NA organization has its own standards related to emergency plans, planning and response. The basic requirements for each of the State approved accreditation organizations is noted below.
- **CARF:**
 - ✓ Safety plans (environments & settings; residential safety)
 - ✓ All-Hazards Emergency / COOP Plan
 - ✓ Training for personnel, contractors, & visitors
 - ✓ Conducting exercises & drills
 - Tabletop
 - Evacuation
 - Full-scale exercise
 - ✓ Expectation that "emergency plans are developed as part of the corporate or organizational culture, and personnel's everyday job".
 - ✓ Access to first aid equipment, and trained / training personnel (especially regarding agency consumers)
 - ✓ Accessible location for emergency plans and information

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- ✓ On-going evaluation of procedures and Annual audits of emergency procedures via committee

- **The Joint Commission:**
 - ✓ Sentinel Events Policy
 - ✓ Planning focused on client and staff safety
 - ✓ Safety of Foster Family physical environment
 - ✓ Specific Fire Safety Plan
 - ✓ Specific Utility Operations Plan
 - ✓ Emergency management plan
 - Incident command system
 - Hazards vulnerability analysis
 - Business Continuity Plan
 - External service provision to community
 - ✓ Preparedness activities
 - Mitigation activities
 - Capacity & resource building
 - ✓ Testing & evaluation of Emergency management plan
 - ✓ Facility Evacuation Plan
 - ✓ Opioid Treatment Emergency Plan
 - ✓ Life Safety Code compliance for BH Residential Facilities

- **COA**
 - ✓ All-Hazards Emergency Response Plan
 - Coordination with local, state, federal
 - Coordination with emergency responders
 - Coordination & communication with service recipients
 - Evacuation of individuals with special needs
 - Accounting for safety and whereabouts for staff and service recipients
 - Options for relocating service recipients
 - Provision of medication
 - Threat of harm or violence
 - ✓ Emergency procedures & equipment for off-grounds outdoors activities
 - ✓ COOP
 - Communication plan
 - Notifying parents / legal guardians
 - ✓ Training agency personnel
 - Risk assessment
 - Emergency response
 - Coordination with other response organizations

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- **Additional CBHS Provider Agency Considerations:**
 - a. Procedures to respond to employee death / or death of employee family member
 - b. Procedures for communication with Family:
 - i. Family accessing agency employee
 - ii. Residential recipient communicating with family members
 - c. Policy for responding to the needs of employee family member(s)
 - d. Access to emergency power sources (generators, etc.)
 - e. Utilizing social media as part of response effort
 - f. Procedures for workforce reduction OR procedures for rapidly increasing workforce to assist with response efforts
 - g. Protocols for record keeping when electronic methods are disabled
 - h. Procedures for managing any behavioral health personnel resource or volunteers from outside your community (especially if they self-deploy without request)