

**Example**

# **EMERGENCY RESPONSE PLAN**

**For DBH Grantees with  
Emergency Services Responsibility**

- COMPANY LOGO -

Agency Name

## Behavioral Health Emergency Response Plan

Month, Year

# Signature Page

\_\_\_\_\_  
(Chair, Board of Directors)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Executive Director)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Other)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Other)

\_\_\_\_\_  
(Date)



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## I. Forward

The State of Alaska provides for the coordination of behavioral health disaster response services through the Department of Health and Social Services (DHSS), Division of Behavioral Health (DBH). The Division of Behavioral Health relies upon grantees with emergency services responsibility to provide or coordinate initial behavioral health disaster response services to any event that befalls their catchment area, and to coordinate long term response efforts.

The (*agency name*) Behavioral Health Emergency Response Plan (Plan) is written in accordance with the precepts established in the State Division of Behavioral Health Emergency Response Plan. The Plan is based upon an *all-hazards* concept which addresses behavioral health response protocols for all the possible hazards endemic to the (*specific geographic*) region.

The Plan exists as a supplement to the (*name of community*) community Emergency Response Plan. The planning, preparation and response activities of this Plan are integrated and coordinated in a collaborative manner with other local emergency management, planning and response groups.

The Plan is considered to be a dynamic document and will be reviewed annually for changes based on new situations, developing circumstances at the local, state, and federal level, and evolving knowledge and technology in the field of emergency behavioral health.

## II. Introduction

The purpose of this Plan is to ensure an efficient, coordinated, effective response to the behavioral health needs of the affected populations in times of disaster.

There are four primary goals:

1. To provide guidelines for agency disaster planning, preparation, and response activities
2. To describe the roles and responsibilities for administrative and clinical personnel assigned to assist with disaster relief operations
3. To outline the procedures for mobilizing, coordinating and deploying behavioral health resources in cooperation with local area disaster management
4. To outline the process to identify those who need special help, and to provide that help as effectively as possible based on victim centered needs.

Behavioral health emergency response services are included in the (section of the local incident command structure):

(insert diagram here)

The Plan provides for the coordination of behavioral health resources within the community through Mutual Aid Agreements with the following organizations (See Annex F):

- (organization name)
- (organization name)
- (organization name)

The Plan provides for the coordination of behavioral health resources from outside the community through the emergency operations section of (agency name). These resources will be requested through DHSS / DBH or the (local incident command structure) according to need. These resources include state and/or federal personnel officially deployed to assist with local response activities and training needs, and to provide technical assistance. Resources also include funding through state emergency funds as available, and FEMA / CMHS Crisis Counseling Program Grants offered as a result of a Presidential Declared Disaster and coordinated through DHSS / DBH.

The Plan provides a description of the organization, its programs and services, the addresses and locations of satellite offices and business buildings, and includes an organization chart and a list of all communities served in the catchment area, and a list of assigned emergency response positions. (See Annex B).

### **III. Situation and Assumptions**

#### **SITUATION**

The following information describes the community of \_\_\_\_\_ and its neighboring communities:

- \_\_\_\_\_ is located \_\_\_\_\_

- The population of \_\_\_\_\_ is \_\_\_\_\_
- The ethnic distribution of the population is (% Ak. Native; % Caucasian; % Hispanic; etc.)
- The demographic distribution of the population is (No.# or % adults; No.# or % children / ages; No.# or % of other special needs populations; etc.)
- \_\_\_\_\_ is accessed via (air, boat, road, etc.)
- Medical Health Services are provided by \_\_\_\_\_
- Behavioral Health Services are provided by (local provider names)
- The type of disaster events which could occur are \_\_\_\_\_
- 
- 

## ASSUMPTIONS

- Disasters, by their inherent conditions, produce the need for behavioral health response.
- Responding to the psychological and emotional needs of all people impacted by a disaster is an integral part of a comprehensive and effective community disaster response and recovery strategy.
- Local behavioral health disaster response services will address mental health, and substance abuse issues, and provide for integrated response and recovery activities with medical, public health, local or state American Red Cross, and faith-based services.
- The (agency name) will coordinate local behavioral disaster response services, and will seek additional state or federal behavioral health resources as needed, through the (local incident command structure).
- Employees of (agency name) will attend to family and personal welfare before trying to report to work.
- 
- 

## IV. Concept of Operations

### OPERATIONS - General

The (agency name) will conduct behavioral health emergency response operations according to the following guidelines:

1. Provide normal emergency response services (not related to disaster events) to existing and new applicant consumers according to current agency policies and procedures.
2. Provide culturally appropriate, phase-sensitive behavioral health disaster response services within catchment area through
  - a. Activities **provided directly by agency staff**, and / or
  - b. Coordination of activities **provided through other resources** from within and / or from outside the community or catchment area.

3. Coordinate provision of behavioral health disaster response services with (local incident command structure)
4. Coordinate provision of behavioral health disaster response resources for all local Aviation Disasters with American Red Cross as requested
5. Cooperate with State Division of Behavioral Health in development of FEMA / CMHS grant application(s) in the event of a Presidential Declared Disaster, and coordinate Crisis Counseling Program(s) as indicated.

The Executive Director, or alternate in descending line of succession, will announce emergency status for the agency and invoke this Plan (The agency Incident Command Structure is depicted in Figure 1).

The Executive Director will then initiate contact with the Emergency Response Coordinator and all Team Leaders via the (telephone contact tree). The Emergency Response Coordinator and all Team Leaders will execute all emergency response procedures outlined in this Plan and according to their individual Responsibilities Checklist.

# Agency Incident Command Structure

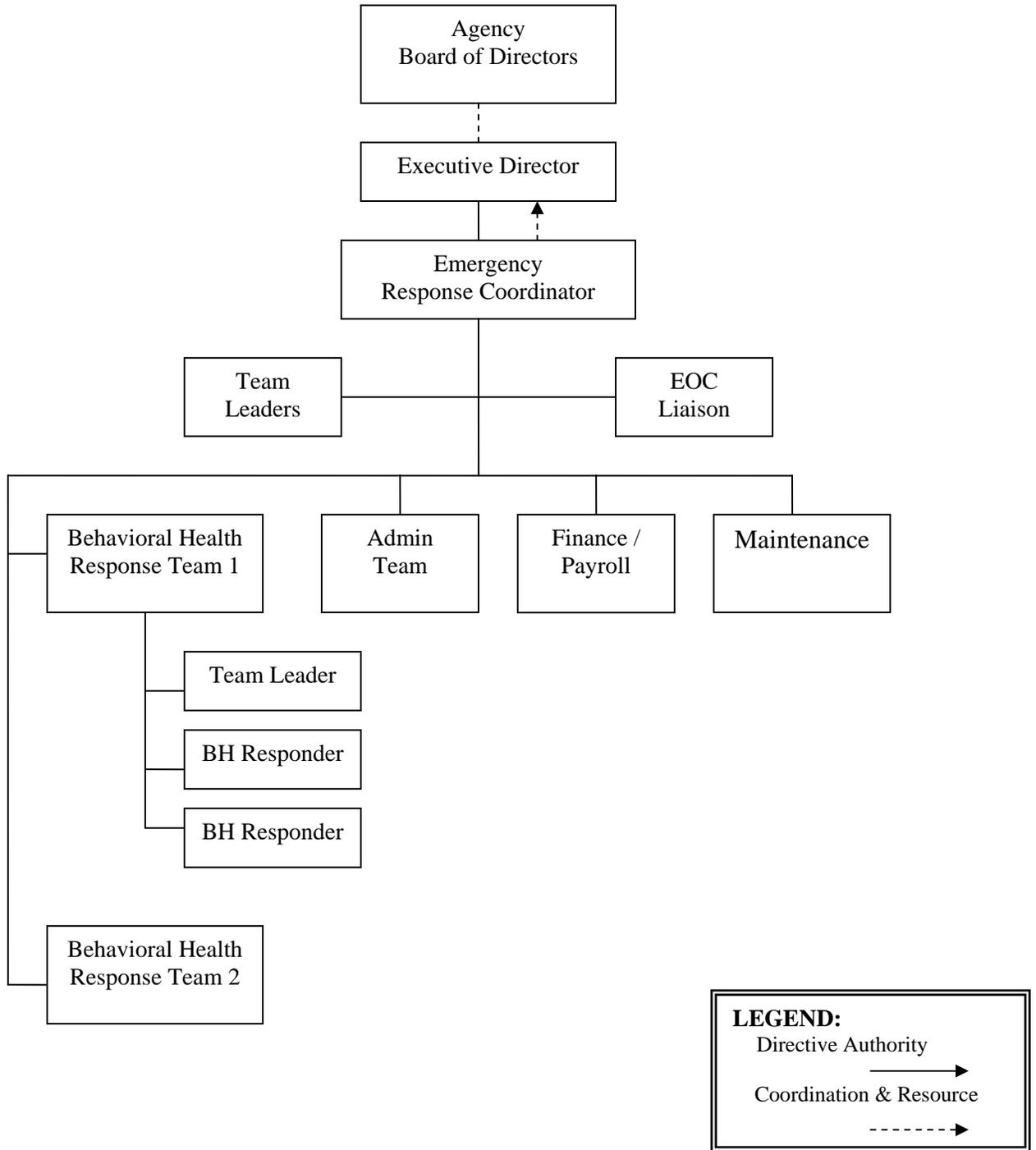


Figure 1

Local emergencies and disaster events will be categorized according to the following Incident Response Levels:

### **Level I Event**

An event that is handled through normal local response without reducing the CMHC capability to respond to other emergencies.

Examples

- a) Consumer suicide
- b) Disruptive behavior of consumer due to psychotic episode or substance abuse
- c) Vehicle accident with fatalities

### **Level II Event**

An event that may require a greater commitment of CMHC or other local behavioral health resources to reduce the crisis or reduce stress and disruption of victims.

Examples

- a) Multiple family dwelling fire
- b) Small aircraft crash
- c) Limited area flood or storm surge

### **Level III Event**

An event that is likely to extend beyond the response capabilities of local CMHC and mutual aid agreements, and that will require some state assistance.

Examples

- a) Earthquake with minor damage to primary community and outlying villages
- b) Wide area flood or wild fire that threatens life and property and requires relocation of area populations
- c) Hazardous Materials Level II incident

### **Level IV Event**

An event that will exceed all local response capabilities, and in most instances qualify as a state declared disaster, and which will require a broad range of state assistance, and / or federal assistance.

Examples

- a) Crash of large aircraft
- b) Disaster involving High-capacity passenger vessel
- c) Terrorist attack with no loss of infrastructure

### **Level V Event**

An event of such magnitude that massive state and federal assistance is likely to be required, and which clearly qualifies as a Presidential Declared Disaster

## Examples

- a) Major earthquake resulting in multi-regional damage and loss of life
- b) Terrorist attack with loss of infrastructure

The behavioral health needs for Level I and Level II events can normally be addressed directly by agency resources or through mutual aid agreements with other local provider organizations. The agency will report to DBH any missing, injured or deceased consumers which results from any incident. If a Level I or II event affects state interests the agency will provide regular reports and briefings to DBH as requested.

Additionally, there may be incidents at Level I and II which may either overwhelm the agency's capability, or compromise agency staff to the extent that they are unable to respond adequately to the present need. In such a case the agency will do all the following to request and receive assistance directly from DHSS / DBH:

1. Document facts and details of the incident including:
  - 1.1. Incident; date, time
  - 1.2. Victims involved; name(s), age(s), relationship to agency
  - 1.3. Community response; response organizations & contact names
  - 1.4. Justification for state supported resource
  - 1.5. Type of resource(s) requested, estimated number, time/date needed, costs involved
  - 1.6. Agency coordinator name and contact information
2. Contact DBH Regional Coordinator with information and request
3. Coordinate the following:
  - 3.1. Lodging, food and other needs for deployed resources
  - 3.2. Accounting and reporting of all expenses incurred for response
  - 3.3. Progress updates, and final incident report
4. Amend block grant budget to reflect total cost of response, and submit to DBH for approval

Additional resources that are required beyond those provided within local capability for Response Levels III, IV and V will be arranged through the (local incident command structure).

## OPERATIONS – Emergency Response Phases

Behavioral health disaster response and recovery operations will be conducted according to three phases: pre-disaster, disaster emergency, and recovery.

### Pre-Disaster Phase

Pre-disaster operations will include all the following:

1. Develop agency Emergency Response Plan

2. Develop Mutual Aid Agreements with other local provider organizations
3. (Collaborate with communities served in catchment regarding protocols for provision of behavioral health disaster response & recovery services)
4. Assure ERP is attached as supplement to Community Emergency Response Plan
5. Identify agency staff for key disaster response positions & teams
6. Assign agency representative to attend meetings of (local emergency planning committee (LEPC) or emergency management group)
7. Provide for staff training
8. Inform consumers of agency procedures during disaster emergency phase
9. Include "Behavioral Health Disaster Response Services" in listing of existing agency services on agency brochures, etc. as appropriate and indicated to inform the general public
10. Participate whenever possible in emergency response exercises with other community response organizations
11. Arrange for alternative emergency facility(s) as available

### Emergency Disaster Phase

Emergency disaster operations will be conducted in coordination with the (local incident command structure) based upon local emergency response plan(s) and existing agreements. The agency procedures to be followed during the emergency disaster phase shall include:

1. Implement all safety and evacuation procedures according to need and to existing agency policies and procedures (See Annex C).
2. (Arrange for basic needs and alternative living arrangements for consumers involved with residential programs)
3. Assess damage to agency buildings and structures
4. Report facility damages and existing, or potential hazards to proper authorities as soon as reasonably possible
5. Test telephone and computer systems for operability
6. Allow all agency staff to attend to immediate needs for self and family members
7. Contact staff with emergency response assignments and schedule initial briefings and planning meetings
8. Establish agency representative at local EOC
9. Conduct initial needs assessment in cooperation with (local emergency management personnel, American Red Cross, local schools, churches, other organizations as indicated)
10. Investigate any existing safety concerns with (local emergency management personnel, public health, etc.) for agency staff preparing to deploy for community assignments
11. Investigate support needs (food, water, communications, etc.) for staff with emergency response assignments and make appropriate arrangements to secure and provide supplies as indicated

12. Deploy behavioral health response teams to areas of immediate need (e.g. shelters, family assistance centers, hospitals) according to existing agreements and/or requests for assistance
13. Hold initial briefing and planning meetings; Develop and implement initial response activities
14. Inform consumers of availability of services
15. As needed, request and coordinate additional assistance from other local providers according to Mutual Aid Agreements (See Annex F)
16. As needed, request additional state assistance from DHSS / DBH through local EOC
17. Establish administrative support services to handle telephone calls, collate contact & service data, provide for financial accounting of response costs
18. Coordinate utilization of volunteer behavioral health resources from within and outside community
19. Participate with DHSS / DBH representatives in preparation of FEMA / CMHS Immediate Services (Crisis Counseling Program) Grant in case of Presidential Declared Disaster
20. Arrange debriefing(s) for staff with emergency response assignments
21. Identify agency employees missing, injured or deceased as result of disaster, and/or employees who are victims as result of injury or death of family member(s), property loss, or damage to home
22. (Follow agency protocols / policies & procedures for responding to employee victims)
23. Coordinate with (local incident command structure) to arrange defusing services for first responder teams
24. Collaborate with (local incident command structure) as indicated or requested for any public information messages
25. (Provide trained staff to participate in Death Notification [team] as requested by proper authority)

### Recovery Phase

Behavioral health disaster response services and activities provided during the recovery phase will be tailored to the specific needs of the community and its populations, according to the event characteristics. The (agency name) will follow the general guidelines listed below:

1. Continue needs assessment in cooperation with (local emergency management personnel, American Red Cross, local schools, churches, public health, other organizations as indicated)
2. Participate with DHSS / DBH representatives in preparation of FEMA / CMHS Regular Services (Crisis Counseling Program) Grant in case of Presidential Declared Disaster
3. Coordinate with (local incident command structure) to assist with arrangement of public debriefing services as indicated or requested

4. Continue all needful Emergency Disaster Phase services and tasks as indicated
5. Implement continuity of operations procedures, and reestablish interrupted consumer services
6. Rotate shifts and assignments for staff with emergency response assignments as indicated
7. Continue coordination of volunteer resources from within and outside community
8. Develop and implement long-term behavioral health recovery services and activities
9. Review Emergency Response Plan and response protocols for updated change(s)
10. Implement Crisis Counseling Program established through [awarded] FEMA / CMHS Regular Services Grant
11. Advocate for, and participate in, community anniversary events, memorials, remembrances activities, etc.

## **ANNEX A**

Employee Contact List  
Responsibility Checklists

## Personnel Contact List

### Executive Management

### Office

### Home

### Cell

Executive Director  
Clinical Director  
Chief Financial Officer  
Administration Mgr.

### Program Supervisors

### Team Leaders

### Clinical Staff

### Administration Staff

### Maintenance Staff

## EXECUTIVE DIRECTOR

### Pre-Disaster Phase

- Provide for creation of agency Emergency Response Plan
- Provide for creation of Business Continuity Plan / procedures
- Provide for annual review and update of Plan(s) as necessary
- Assure agency Plan is supplement to community Emergency Response Plan
- Assure agency representation on (local emergency planning committee (LEPC) or emergency management group)
- Assure development of agency evacuation and safety plans
- Assure establishment of (protocols, policies & procedures for responding to employee death, injury, or victimization due to disaster event)
- Provide for the development of Mutual Aid Agreements in support of agency Plan and disaster response service activities
- (Appoint or act in capacity of) agency Emergency Response Coordinator
- Appoint Emergency Administrative Support Supervisor
- Appoint Emergency Comptroller
- Appoint Manager for Facilities, Vehicles & Emergency Supplies
- Provide for basic behavioral health disaster response training for all clinical staff, and administrative staff involved with response service activities

### Emergency Disaster Phase

- Invoke agency Emergency Response Plan
- Assess damages to facility(s); report damages and any existing or potential hazards to appropriate authorities as indicated
- Notify Board of Directors of agency status
- Assure safety of staff on duty, and consumers in agency facility(s)
- Arrange for use of alternative facility(s) as necessary
- Provide oversight for all agency emergency response activities
- Provide for financial accounting of response costs
- Assure all information needed for FEMA / CMHS Immediate Services grant is provided to grant writers

### Recovery Phase

- Implement continuity of operations procedures, and reestablish interrupted consumer services
- Assure all information needed for FEMA / CMHS Regular Services grant is provided to grant writers
- Report any missing or deceased consumers to DBH
- (Assure implementation of agency protocols for responding to employees killed or victimized by event)
- Notify Board of Directors of agency status and recovery plans

## EMERGENCY RESPONSE COORDINATOR

### Pre-Disaster Phase

- Represent agency on (local emergency planning committee (LEPC) or emergency management group)
- Assist with logistics for staff training; assure all staff have copy of agency ERP
- Assign clinical staff to key disaster response positions & teams
- Assist with logistics for agency to participate with other organizations during emergency response exercises
- Participate in development of Mutual Aid Agreements

### Emergency Disaster Phase

- Contact staff with emergency response assignments (utilizing telephone tree, or other contact scheme), and schedule initial briefing and planning meetings
- Deploy agency Liaison to EOC
- Assist Executive Director to assess immediate needs for staff on duty, and for consumers in agency facility(s)
- Assist with logistics of accessing and occupying alternative facility(s) as needed
- Prepare outline of initial needs assessment with information provided by EOC Liaison and other community sources as available
- Investigate safety concerns, and support needs for staff preparing to deploy for community assignments
- Arrange for procurement and distribution of supplies as indicated
- Conduct initial planning meeting with Team Leaders
- Conduct initial staff briefing meeting
- Deploy behavioral health response teams to areas of immediate need based upon safety concerns, needs assessment and existing MAA
- Coordinate with Emergency Response Administrative Support Supervisor to provide information to consumers as needed
- Provide information to EOC Liaison regarding resource needs
- Coordinate debriefing(s) for all agency staff as indicated
- Continue needs assessment and modify initial response plan as indicated
- Develop staff schedules and assignments in collaboration with Team Leaders and Program Supervisors
- Participate with DHSS / DBH representatives in preparation of FEMA / CMHS Immediate Services Grant as indicated

### Recovery Phase

- Continue needs assessment; specifically identify special needs groups for outreach services
- Develop plan for long-term behavioral health recovery services and activities
- Participate with DHSS / DBH representatives in preparation of FEMA / CMHS Regular Services Grant as indicated
- Organize notes, ideas for updating agency Emergency Response Plan based on current event experiences
- Coordinate debriefing(s) for all agency staff as indicated

- Coordinate defusing and public debriefing services with (*local incident command structure*) as indicated or requested
- Continue other outreach services to community as necessary
- Assist agency and emergency response staff with transition to Crisis Counseling Program services upon award of Regular Services Grant

## EMERGENCY OPERATIONS CENTER LIAISON

### Pre-Disaster Phase

- Thoroughly familiarize self with agency ERP
- Familiarize self with community ERP
- Attend training on National Incident Management System (NIMS)
- Visit EOC to familiarize self with environment, access, etc.
- Arrange introduction(s) to community responders likely to staff EOC

### Emergency Disaster Phase

- Attend briefing with agency Emergency Response Coordinator
- Deploy to EOC as directed
- Provide information to Incident Command Staff regarding behavioral health resources availability, capability and needs
- Receive information from Incident Command Staff regarding community need for behavioral health support
- Relay continuous information from EOC to agency Emergency Response Coordinator to assist with needs assessment and resource management
- Provide continuous informal assessment of EOC environment and submit suggestions to Incident Command Staff for improving comfort, and wellbeing of EOC participants
- Provide behavioral health support for all EOC participants as indicated
- Maintain presence at EOC for as long as requested or necessary to coordinate behavioral health support

### Recovery Phase

- Continue Emergency Disaster Phase tasks as necessary or requested
- Provide information and ideas to agency Emergency Response Coordinator for update of agency ERP
- Assist with other agency behavioral health emergency response tasks and activities as assigned

## EMERGENCY ADMINISTRATIVE SUPPORT SUPERVISOR

### Pre-Disaster Phase

- Thoroughly familiarize self with agency ERP
- Coordinate development of agency emergency supply list(s)
- Coordinate updates of agency staff emergency contact list(s)
- Coordinate development of "Permission List" of agency employee friends and family who may receive information about employee whereabouts, wellbeing, and contact information
- Develop emergency service contact data forms
- Coordinate development of protocols for protecting and salvaging agency documents / files, including priority order in which items are rescued and recovered
- Participate in development of continuity of operations protocols
- Provide for training for administrative staff regarding agency emergency protocols, policies and procedures, and admin emergency support roles and responsibilities
- Act as agency custodian of all (evacuation plans, facility diagrams/blueprints, emergency key-sets, etc.)

### Emergency Disaster Phase

- Test telephone and computer systems for operability
- Lead agency response in protecting and salvaging agency documents / files
- Collaborate with Executive Director and Emergency Response Coordinator for provision of administrative support needs
- Assign admin resources as indicated to support agency emergency response efforts
- Coordinate consumer notifications regarding availability of agency services
- Provide for assistance with collation of contact service data, and preparation of grant information

### Recovery Phase

- Continue to coordinate Emergency Disaster Phase tasks as necessary
- Participate as indicated in continuity of operations protocols
- Provide information and ideas to agency Emergency Response Coordinator for update of agency ERP

## **ANNEX B**

Description of Agency Organization, Programs & Services  
Organization Chart  
List of Employee Positions & Corresponding Emergency Service  
Positions

**NOTE:** *The following chart is only a suggested arrangement for CMHC. Position names will vary between different organizations. Some positions and responsibilities can obviously be combined, which will be common to smaller CMHC. Behavioral Health Emergency Response Teams will differ in composition and size depending upon the number of available employees, the event, and victim needs. The corresponding Responsibility Checklists in Annex A do not reflect all the positions noted here. Annex A includes only a few primary positions as example. It is recommended that checklists be developed for every emergency assignment.*

**Agency Position**

**Emergency Service Position**

Executive Director

Executive Director

Clinical Director

Emergency Response Coordinator

Program Supervisor

EOC Liaison

Administration Mgr.

Emg. Response Admin. Supervisor

Administration Staff:

Emergency Admin Team:

1. Receptionist
2. Records Clerk
3. Executive Asst.

1. Phones & Public Contact
2. Records Protection/ Salvage
3. Data Collection & Forms

Chief Financial Officer

Emergency Comptroller

Finance Staff:

Finance / Payroll Team:

1. Payroll Clerk
2. Claims Clerk

1. Asst. Comptroller / Payroll
2. Insurances / Injury Claim

Case Manager Supervisor

Volunteer Coordinator

Program Supervisors (2)

Team Leaders (2)

Clinical Staff

Beh. Hlth. Emg Responders (6)

- Psychologists
- MH/SA Clinicians
- Case Managers
- Beh. Hlth. Aids

Maintenance Manager

Facilities / Vehicles & Emg. Supplies

## **ANNEX C**

### Evacuation Plans

**ANNEX D**  
(Optional)

Procedures for Responding to Employee Death or Victimization

**ANNEX E**  
(Optional)

Continuity of Operations Protocols / Plan

*NOTE: The following list represents some of the issues that should be considered when developing a business continuity plan. The list is not all inclusive, and it is not intended as a plan outline or template. The list is intended to alert not-for-profit management of the potential interests that may need to be addressed for an organization to open its doors again for business following a disaster.*

## **Business Continuity Concerns for Non-Profit Organizations**

- Business impact analysis / risk analysis
- Identification of critical business processes
- Access to emergency power source(s)
- Electronic Data back-up procedures / storage off-site
- Records salvage
- Access to alternative facilities
- Communications needs
- Insurance claim procedures
- Prioritizing clinical services
  - Psychiatric / medication
  - Support for consumers in addictions recovery
  - Case management services
- Need for “cash” operations
- Personnel assignments, and role responsibilities / succession line back-up assignments
- Procedures for temporary workforce reduction
- Procedures for rapidly increasing workforce to assist with disaster recovery operations
- Alternative Record Keeping procedures (when electronic data capability is compromised / interrupted)
- Services, policies and practices to promote well being and psychological recovery of employees

## **ANNEX F**

### Mutual Aid Agreements

## **ANNEX G**

### Acronyms & Glossary of Terms