

“Division of Behavioral Health Protocol & Procedure for Local Behavioral Health Emergencies Requiring State Assistance”

INTRODUCTION

The State of Alaska provides for the coordination of behavioral health disaster response services through the Department of Social Services, Division of Behavioral Health (DBH). The *State of Alaska Behavioral Health Emergency Response Plan, 2005* addresses the policies, scope, operations, roles, responsibilities, and authorities that form the foundation of behavioral health response to disasters and major emergencies. The *Plan* states that the Division relies upon local Community Mental Health Centers to provide the initial behavioral health response to any local emergency or disaster. The *Plan* also outlines the process by which the Division will support CMHC if local resources are overwhelmed by any disaster event. During a State or Federal declared disaster the Division will coordinate “...the identification, location, procurement, mobilization and deployment of additional behavioral health resources” through the State Emergency Coordination Center and local Emergency Operations Center structures.

However, all Alaskan communities may experience incidents which create a need for emergency behavioral health response, but which do not require the implementation of disaster response protocols addressed in the *Plan*. Most of these incidents can be addressed adequately by local or regional behavioral health resources. However, there are incidents which may either overwhelm the capability of local resources, or compromise these resources to the extent that they are unable to respond adequately to the present need. The *Plan* does not adequately address the protocols or procedural details for how the Division provides support to CMHC for these incidents. This document sets forth the protocol and procedure for the Division of Behavioral Health response to such local emergencies which require State assistance but which do not qualify as State or Federal declared disasters.

PROCEDURES

General

An event that impacts a single community or local area but which does not qualify as a state (or Federal) declared disaster may still require a substantial commitment of CMHC and / or other local behavioral health resources. It may temporarily reduce the CMHC capability to respond to other emergencies. CMHC will still attempt to provide behavioral health emergency response services with assistance provided through Mutual Aid Agreements. The costs associated with these efforts are assumed under the normal operating budget of the CMHC.

CMHC are obligated to contact the state regarding local emergency response for the following situations:

- a. CMHC are required to report to DBH any missing, injured or deceased consumers.

- b. If the event generates significant media coverage CMHC may be asked by DBH to provide regular updates or briefings.

If a community event or local emergency which requires behavioral health response results in the compromise of CMHC resources, the CMHC may request state assistance directly from the Division of Behavioral Health through contact with their respective DBH Regional Coordinator. Upon making such a request the CMHC will:

- Present to the DBH Regional Coordinator a verbal or written factual and detailed account of the incident to include:
 1. time, date, place and event description
 2. number and description of victims
 3. description of target populations requiring services
 4. any action taken by CMHC
 5. other organizations involved in response
 6. an explanation of why local resources are compromised
 7. description of needed services or resources
 8. an estimate of the scope of work involved including timeline
 9. name and contact information of CMHC Representative

Upon DBH acceptance and agreement of the request CMHC will:

- Provide initial coordination of deployed resources including:
 1. arrangements for lodging
 2. arrangements for ground transportation and food as necessary
 3. initial debriefing of incident
 4. description of community; maps; liaison as indicated
 5. arrangements for initial meetings
 6. contact information for other response groups
- Maintain record of expenses incurred for response efforts, and by deployed resources (see Allowable Expenses)
- Provide regular updates to DBH representative as indicated
- Provide verbal or written summary report to DBH representative at conclusion of response
- Reimburse deployed resources for all documented expenses
- Submit a modified budget at next quarterly report to DBH reflecting additional costs associated with emergency response and referencing the event in the narrative

Upon receipt of a CMHC request for assistance the DBH Regional Coordinator will act as the 'incident response coordinator' for DBH and is responsible for the following tasks:

- Document facts and details of the incident
- Assess the need for additional State supported behavioral health resources
- Notify Treatment & Recovery Manager (T&RM) of incident, and seek approval of CMHC request
- Confirm source of Emergency Funds
- Provide regular information update and debriefing to T&RM
- Directly, and / or in coordination with the DBH Designated Behavioral Health Disaster Coordinator, identify, locate, procure, mobilize and deploy

- appropriate behavioral health emergency response resources to the affected community
- Debrief deployed resources regarding the incident, the request for services, specifics about the affected community, CMHC information, expense reporting, etc.
- Arrange for all deployed behavioral health emergency response resources to coordinate response efforts through the local or regional CMHC
- Coordinate with local or regional CMHC to:
 1. arrange for lodging, food and other needs for deployed resources as necessary
 2. provide accounting and reporting of all expenses incurred for response and by deployed resources
 3. submit modified grant budget reflecting all final response costs to Regional Coordinator for approval and reimbursement
- Follow up with CMHC and / or deployed resources regarding assessment of need beyond initial response
- Maintain final record of incident response
- Update Regional Emergency Funds utilization record
- Forward CMHC modified grant budget to Treatment & Recovery Manager for review, and / or assistance with approval and reimbursement

When contacted by a Regional Coordinator regarding a request for State assistance the Treatment & Recovery Manager will perform the following tasks:

- Review documented facts and details of the incident
- Notify Division of Behavioral Health Director of incident, and seek approval of request as necessary
- Provide regular information update and debriefing for Division Director
- Notify FMS Administrative Manager of incident response
- Assist Regional Coordinator with source and approval of alternative emergency funds as indicated or requested
- Assist with identification, location, procurement, mobilization and deployment efforts for behavioral health emergency response resources as indicated or requested by Regional Coordinator
- Coordinate with Division of Behavioral Health Director and Senior Staff to appoint Designated Behavioral Health Disaster Coordinator if necessary, and if such position does not already exist
- Review CMHC modified grant budget, and assist Regional Coordinator with approval process as indicated
- Debrief DBH Director of final resolution of incident response as indicated or requested
- Forward CMHC modified grant budget to FMS Manager for action as indicated

When contacted by a Regional Coordinator, or Treatment & Recovery Manager, or as appointed by a Section Manager or the DBH Director, the Designated Behavioral Health Disaster Coordinator will in response to a CMHC request for State assistance perform the following tasks directly, or in coordination with the Regional Coordinator:

- Act as primary 'incident response coordinator'

- Perform all the tasks noted under responsibilities for DBH Regional Coordinator

Documentation Requirements

The Regional Coordinator or designated 'incident response coordinator' is responsible for maintaining a permanent record of any DBH incident response activity provided to local communities through the local or regional CMHC. Initial and final reports respectively should contain the following information:

- Date & time of contact, and name and contact information of person requesting assistance
- Facts and details of precipitating incident
- Rationale for CMHC request for State assistance
- Needs Assessment
- Any agreements, implied or expressed, between Regional Coordinator and CMHC
- Brief outline for initial plan of response
- Names and contact information of all parties associated with response effort
- Notation, or copies of update communications with DBH, CMHC and other resources
- Indication of resolution of incident response
- Copy of CMHC expense report / modified grant budget (final report)

The report may consist of handwritten notes, emails, letters, FAX, expense report, and copy of amended grant budget.

Reports should be kept in a permanent file titled: Critical Incident Response, (name of CMHC), (Month, Year).

Confidentiality of consumer information shall be maintained by all DBH personnel according to all existing DBH policies, procedures and observed laws and regulations. Identifying consumer information shall be withheld from deployed behavioral health emergency response resources until such time as they arrive in the affected community and make contact with the local CMHC. Exceptions to this policy will be considered under the following conditions:

1. The identification of victims, victim families, or others associated with the incident will have a significant impact upon the choice of emergency response personnel, or the details involved in response planning
2. Behavioral Health emergency response providers need to know the identity of victims, victim families, or others associated with the incident in order to make informed decisions affecting professional boundaries, and / or ethical issues

Behavioral Health Emergency Response Resources

DBH personnel involved with the response to a CMHC request for assistance with a behavioral health emergency may draw from a number of resources. These include any of the following:

- CMHC staff from other regionally-based centers
- CMHC staff from centers located outside the region
- Approved CISM Teams consisting of personnel from within region
- Approved CISM Teams consisting of specific specialists located elsewhere in the state
- Volunteer American Red Cross Licensed behavioral health professionals
- DBH staff

All emergency response providers should make their own personal travel arrangements. Providers may also be required to bring sleeping bags, or other personal gear. Lodging, food, and other needs will be arranged by the local CMHC or their representative(s). All expenses (see Allowable Expenses below) incurred by emergency response providers should be submitted to the local CMHC, or representative(s) for reimbursement.

All emergency response providers deployed by DBH will coordinate all response efforts through the local or regional CMHC or representative(s).

Allowable Expenses

The following is an approved list of expenses eligible for reimbursement incurred by emergency response providers participating in behavioral health emergency response efforts directed by DBH and local CMHC:

- Air fare
- Ground transportation
- Per Diem (food allowance)
- Lodging expenses
- Photocopying
- Maximum \$200 per day Honorarium for [self-employed] independent behavioral health contractors (as approved by DBH Director)

All expenses incurred by emergency response providers must be documented by receipt, and should be submitted to the local CMHC or representative(s) for reimbursement.