



Mental Health Appendix

ESF-8 PUBLIC HEALTH & MEDICAL SERVICES ANNEX JOHNSON COUNTY EMERGENCY OPERATIONS PLAN

Coordinating Agency: Johnson County Mental Health

Support Agencies: American Red Cross
Johnson County Coroner
Johnson County Developmental Support
Johnson County Human Services
Johnson County Med-Act
Johnson County Department of Health and Environment

INTRODUCTION

Purpose

The purpose of *ESF-8 Public Health & Medical Services – Mental Health* is to establish how mental health response activities will be coordinated to meet the needs generated by disasters affecting Johnson County.

Scope

This annex identifies the key policies, concepts of operations, roles and responsibilities, and capabilities associated with responding to emergency medical incidents in Johnson County. Specific operating procedures and protocols are addressed in documents maintained by the participating organizations. *ESF-8 Public Health & Medical Services – Mental Health* applies to all individuals and organizations that may be involved in emergency mental health response activities in Johnson County.

SITUATION & ASSUMPTIONS

In addition to the “Situation and Assumptions” section in the Basic Plan and *ESF-8 Public Health & Medical Services*, the Concept of Operations for *ESF-8 Public Health & Medical Services – Mental Health* is based on the following:

Situation

1. Any of the hazards identified in the Johnson County Hazard Analysis could create emergency situations requiring the need for mental health services.

2. Both members of the public and emergency workers may be in need of crisis intervention and/or mental health services.
3. The Johnson County Mental Health Center and other Johnson County emergency service providers have established and staff the Johnson County Critical Incident Stress Management (CISM) Team. The team provides specialized assistance to on-scene emergency responders, dispatch personnel and Emergency Operations Center (EOC) personnel.
4. The Johnson County Mental Health Center is responsible for ensuring the provision and coordination of emergency/crisis mental health services in Johnson County.
5. The Mental Health Center belongs to a state-wide network of credentialed mental health providers. Additionally, the Mental Health Center is part of the Regional Homeland Security Mental Health Response System led by the Greater Kansas City Chapter of the American Red Cross. These resources, along with other local affiliated agencies, would be utilized to respond to a community disaster.
6. A 24-hour Mobile Crisis Response Team (MCRT) is maintained by the Mental Health Center which has the capacity to respond immediately to a disaster location. The MCRT can assess the need for mental health intervention and arrange for assistance through the CISM Team.
7. A variety of agencies and services exist in Johnson County and the KC Metropolitan region with the ability to provide crisis intervention services to individuals and families affected by a disaster.
8. The Regional Homeland Security Coordinating Committee (RHSCC) Mental Health Functional and Access Needs Subcommittee, comprised of mental health professionals and paraprofessionals in the region, meets on a regular basis to address regional mental health coordination issues. The Mental Health Subcommittee has developed protocols for assisting local jurisdictions by providing trained mental health personnel for emergency situations.

Assumptions

1. All who experience a disaster are affected, in varying degrees, individually and collectively. Witnessing massive destruction and terrible sights evokes deep feelings. Often residents of disaster-stricken communities report disturbing feelings of grief, sadness, anxiety and anger. Everyone who is exposed to a disaster is, in some sense, a victim.
2. While emotional distress can be apparent at the time of a critical incident, psychological reactions to a traumatic event can be observed through cognitive,

emotional, physical, and behavioral manifestations for several weeks, months, and even years following the incident.

3. Emotional stability can usually be achieved by utilizing existing support structures. Individuals, families, and communities return to pre-disaster modes of functioning within a few months to a year.
4. Outreach and crisis counseling interventions can help survivors meet new challenges and offer support in their recovery process to return to pre-disaster performance and functioning levels.
5. Different segments of the population will require different types and levels of behavioral health services, depending on the nature of the disaster.
6. People who have pre-existing stress before the disaster and/or who may have particular needs that merit special attention include: children, disabled, elderly, economically disadvantaged, multicultural and racial groups, people requiring emergency medical care, people who have experienced previous traumatic events, people diagnosed as mentally ill or emotionally disturbed, people who lack support networks, and disaster relief workers.
7. The behavioral health needs of first responders, disaster workers and volunteers should be considered in both the planning and response to disasters. Support for these individuals is critical to protecting this valuable resource.
8. Some disasters may directly impact the mental health system and disrupt the normal mental health services available in Johnson County.
9. While local disaster mental health needs can be met by private and county resources in most emergencies, some disasters may exceed the capability of local resources.
10. Emergency service personnel have become increasingly aware of the toll that the unique stressors encountered in their occupations may take on the quality of their lives. The very nature of their jobs may expose these individuals routinely or periodically to stressful events which they may not be able to work through satisfactorily on their own. Critical Incident Stress is a normal reaction to an abnormal event.
11. Factors that cause stress to one individual may not be stressful to another. Responses to stress may be immediate and incident specific or they may be delayed for a period after the incident. Stress may be cumulative, building over a period of time and incidents. Factors that may influence an individual's response to stress include the specific stressor, the personal qualities of the responder, the person's past experiences coping with stress, and the resources available to resolve the stressor.

CONCEPT OF OPERATIONS

General

1. Emergency response personnel should look for signs of high stress, emotional instability, or unusual behavior among disaster survivors and emergency response personnel. Emergency services personnel will follow their organization's procedures for addressing mental health issues and activate Johnson County's MCRT and/or CISM Team when needed.
2. Once notified of the need to respond, the Johnson County MCRT will respond immediately to a disaster location. The MCRT can provide brief and intensive services, assess the need for mental health intervention, and arrange for additional mental health assistance, including the activation of the CISM Team.
3. All requests for activation of the Johnson County CISM team for a CISM intervention will be directed to the on duty supervisor at the Johnson County Emergency Communications Center (ECC). The ECC supervisor will pass this information on to the CISM team who will make contact with the requesting party to make specific arrangements. In accordance with its policies and procedures, the Johnson County Critical Incident Stress Management (CISM) Team will provide specialized assistance to on-scene emergency responders, dispatch personnel and Emergency Operations Center (EOC) personnel.
4. The Johnson County Mental Health Center will keep Johnson County Emergency Management (JCEM) informed (directly or through the ECC) of situations with the potential to require activation of the Johnson County Emergency Operations Center (EOC). Once notified, JCEM will activate the EOC if necessary.
5. As one of the Coordinating Agencies for ESF-8, the Johnson County Mental Health Center will deploy a Johnson County Mental Health Center representative to staff the ESF-8 Mental Health position in the Johnson County EOC when activated.
6. In addition to the core responsibilities of ESF-8 team members (identified in the ESF-8 Public Health and Medical Services Annex), the ESF-8 Mental Health position is specifically responsible for orchestrating the county-wide support required to meet the emergency mental health needs in Johnson County. Other ESF-8 Team members (Johnson County Public Health, Johnson County Med-Act, Johnson County Coroner, etc.) will support ESF-8 Mental Health in achieving this specific goal, just as ESF-8 Mental Health will support them in meeting theirs.
7. Specific activities of the ESF-8 Mental Health position in the EOC will include:

- a. Establish and maintain operational awareness of county-wide mental health operations through a direct communications link with operational units in the field or their appropriate coordinating entities (MCRT, CISM Team, mortuary facilities, family assistance center, mental health offices, etc.),
 - b. Continually assess county-wide mental health needs, identify & prioritize operational objectives, and coordinate the acquisition and deployment of equipment and personnel to address meet the identified needs,
 - c. Collect and analyze information regarding mental health and prepare it for inclusion into EOC briefings (ESF-8, Operations, or County EOC meetings), systems (WebEOC, EOC displays, etc.), and reports (Damage Assessments, EOC Action Plans, and Situational Reports).
 - d. Receive, manage, & track resource requests for ESF-8 regarding mental health
 - e. Ensure full coordination of activities with ESF-8 and other groups within the EOC to assist in the development and maintenance of a common operating picture
8. The ESF-8 Mental Health representative will work with ESF-8, Johnson County Mental Health Center, and other response partners to assess county-wide mental health needs and, based on the needs, deploy appropriately trained staff to provide services at:
- a. Disaster sites
 - b. Emergency shelters
 - c. Medical facilities
 - d. Family Assistance Centers
 - e. Service centers
 - f. Mortuary facilities
 - g. Dispensing sites
 - h. Mental health offices
 - i. Other designated areas as needed
9. The ESF-8 Mental Health representative will work with community groups and other providers to ensure appropriate services are made available to non-English speaking groups.
10. The ESF-8 Mental Health representative will work with Johnson County Developmental Support, Johnson County Human Services, and other organizations serving those with special needs (e.g., the elderly and those with developmental or physical disabilities) to provide appropriately designed services for members of these groups who have been affected by the disaster.
11. The ESF-8 Mental Health representative will work with facilities housing the persistently mentally ill to ensure any disaster related needs are met, as well as check the status of clients living in residential treatment facilities and coordinate the provision of their temporary housing resources if necessary.

12. The ESF-8 Mental Health representative will work to ensure information regarding the availability of crisis counseling services is provided to ESF-15 Public Information for dissemination and can be given to citizens calling 211, mental health centers, hospitals, and local government entities. If dictated by the scope of the event, a special telephone number may be established to take calls specifically related to disaster mental health issues.
13. If the mental health needs exceed (or threaten to exceed) the capability of Johnson County, the ESF-8 Mental Health representative will seek and coordinate assistance from the KC Metro Region utilizing the Regional Mental Health Response System as described in the *KC Metro Regional Coordination Guide ESF-8 Annex*.
14. If the mental health needs exceed (or threaten to exceed) the capability of Johnson County and the KC Metro region, the ESF-8 Mental Health representative will work with JCEM to seek and coordinate assistance from state and federal governments.
15. All individuals/organizations involved in disaster response should collect and record information on the utilization of labor, materials, equipment, and disaster-related costs.

ROLES AND RESPONSIBILITIES

The roles and responsibilities for *ESF-8 Public Health & Medical – Mental Health Appendix* are included in the *ESF-8 Public Health & Medical Services Annex*.

POLICIES, AUTHORITIES, AND REFERENCES

Please refer to the Basic Plan and the ESF-8 Annex for Policies, Authorities, and References.