

IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

DISASTER/ CRISIS RESPONSE PLAN

UPDATED 2024

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IMPERIAL COUNTY BEHAVIORAL HEALTH
DISASTER/ CRISIS RESPONSE PLAN
EXECUTIVE SUMMARY

The purpose of the Imperial County Behavioral Health Disaster/ Crisis Response Plan is to ensure an efficient, coordinated, and effective response to the mental health needs of the affected population during a time of disaster. Using this plan, ICBHS will be able to provide mental health assistance to disaster victims, emergency responders, and the Imperial County community at large.

ICBHS's disaster/crisis response plan includes provisions for the services it will provide, coordinate, or procure. The plan will also specify when, how and by whom these services will be provided.

To operate effectively in a disaster context, the division of labor, lines of authority, and responsibilities must be clearly defined. The Director of ICBHS recognizes the need for planning activities to take place within the Department and with other organizations that are involved in disaster management. Planned inter- and intra-organizational communication, as well as the use of Memorandum of Understanding (MOU) documents, will make disaster operations more efficient.

Imperial County's disaster plan specifies the administrative and clinical activities and resources that should be mobilized quickly in the event of a disaster. It is well known that mental health disaster services demand rapid, integrated, flexible, collegial, and collaborative responses. To this end, the Plan focuses on four main areas: (1) Planning and Preparedness; (2) Mobilization; (3) Response; and (4) Recovery. The Plan outlines the roles of response personnel and support staff for each activity.

This plan is designed to be dynamic, with changes expected based on new learning experiences and technology.

INTRODUCTION

As the local mental health authority in Imperial County, Imperial County Behavioral Health (ICBHS) is responsible for planning, monitoring, evaluating, and providing Specialty Mental Health Services to those with Medi-Cal under Section 1810.247 of CCR, Title 9. Additionally, services are provided under the Broznan McCorqdale Act, W&I code section 5600.3. In the event of a disaster or crisis event, ICBHS has developed a plan to assist residents of Imperial County with their mental health needs. The purpose of this plan is to provide special disaster/crisis services to those in need of a mental health intervention. These services are intended for members of the general public, active clients or individuals specifically involved in disaster response processes. Moreover, this document outlines the coordination with other public and private agencies in Imperial County as well as ICBHS' responsibilities in disaster-related activities. Furthermore, the plan outlines actions to achieve a state of preparedness to respond to a crisis or disaster.

GOAL

To establish a comprehensive, integrated and coordinated mental health plan for responding to environmental and manmade disasters in Imperial County, in order to minimize the adverse impact of stressful situations and/or traumatic events on citizens at work and in the community.

PURPOSE

ICBHS' Disaster/ Crisis Response Plan ensures that staff is prepared to respond in a disaster or other emergency situation to ensure the safety and health of Imperial County residents. The purpose of the plan is to provide the staff at ICBHS with a detailed list of actions that they should take in response to such an event.

DISASTER MENTAL HEALTH SERVICES: Psychological First Aid

What is Psychological First Aid?

Psychological First Aid involves a modular approach to provide immediate psychological assistance to children, adolescents, adults, and families affected by disasters. The objective of Psychological First Aid is to reduce the initial distress caused by traumatic events and to promote short and long-term adaptive functioning and coping. Psychological First Aid principles and techniques meet four basic standards. They are:

1. Consistent with research evidence on risk and resilience following trauma
2. Applicable and practical in field settings
3. Appropriate for developmental levels across the lifespan
4. Culturally informed and delivered in a flexible manner

Psychological First Aid does not presume that all survivors will develop severe mental health problems or long-term difficulties in recovering. In fact, it is based on the assumption that disaster survivors, along with others who are affected by such events, will experience a broad range of early reactions (for example, physical, psychological, behavioral, spiritual). In some cases, these reactions are such that they cause enough distress to interfere with adaptive coping, and recovery may be facilitated by compassionate and caring disaster responders.

Whom is Psychological First Aid For?

Psychological First Aid strategies are intended for use with Children, adolescents, parents/caregivers, families, and adults who are experiencing difficulties as a result of disasters or acts of terrorism. It is also possible to provide Psychological First Aid to first responders and other disaster relief workers.

Who Delivers Psychological First Aid?

The purpose of the Psychological First Aid program is to provide early assistance to children, families, and adults affected by disasters as part of an organized disaster response effort. It is possible for these providers to be embedded within many types of response units, including first responder teams, incident command systems, primary and emergency health care, school crisis response teams, faith-based organizations, Community Emergency Response Teams (CERTs), Medical Reserve Corps, the Citizens Corps, and other disaster relief organizations.

When Should Psychological First Aid Be Used?

Psychological First Aid is a supportive intervention for use in the immediate aftermath of disasters and terrorist attack.

Where Should Psychological First Aid Be Used?

Psychological First Aid is designed for use in a variety of settings. As part of a disaster response, mental health professionals may be asked to provide Psychological First Aid in general population shelters, specialized shelters, field hospitals, medical triage centers, acute care facilities (for example, emergency departments), staging areas, respite centers for first responders or other relief workers, emergency operations centers, crisis hotlines or phone banks, feeding locations, disaster assistance service centers, family reception and assistance centers, homes, businesses, and other community settings

Strengths of Psychological First Aid

- Psychological First Aid teaches providers basic information-gathering techniques to assist them in assessing and responding to survivors' immediate concerns and requirements and in implementing supportive activities in a flexible manner.
- Psychological First Aid relies on field-tested, evidence-based strategies that can be used wherever disaster strikes.
- The Psychological First Aid program emphasizes culturally and developmentally appropriate interventions for people from different backgrounds and ages.
- Psychological First Aid provides handouts that include important information for youth, adults, and families that can be used during the recovery process.

Basic Objectives of Psychological First Aid

- Establish a human connection in a compassionate and non-intrusive manner.
- Provide immediate and ongoing safety, as well as physical and emotional comfort.
- Calm and orient distraught or overly emotional survivors
- Listen carefully to survivors in order to determine their immediate concerns and needs and get additional information as necessary.
- Provide survivors with practical assistance and information to address their immediate needs. As soon as possible, help survivors find social support networks, including family members, friends, neighbors, and community resources.
- Promote adaptive coping skills, acknowledge coping efforts and strengths, and empower survivors. Encourage adults, children, and family members to take an active role in their recovery.
- Provide survivors with information that may help them cope with the psychological impact of disasters
- Communicate your availability and, (when appropriate) connect the survivor with other members of the disaster response team, or with mental health services, public-sector agencies, and other organizations.

Psychological First Aid Core Actions

1. Contact and Engagement

Goal: To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.

2. Safety and Comfort

Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort.

3. Stabilization (if needed)

Goal: To calm and orient emotionally overwhelmed or disoriented survivors.

4. Information Gathering: Current Needs and Concerns

Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.

5. Practical Assistance

Goal: To offer practical help to survivors in addressing immediate needs and concerns.

6. Connection with Social Supports

Goal: To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.

7. Information on Coping

Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.

8. Linkage with Collaborative Services

Goal: To link survivors with available services needed at the time or in the future.

The core goals of Psychological First Aid are to provide early assistance within a few days or weeks after an event occurs. It is important that providers are flexible and base their time spent on each core action on the survivors' needs.

PREPAREDNESS

Preparedness/mitigation activities are intended to save lives and minimize damage by preparing people for appropriate responses.

Activities:

1. The Director of ICBHS will appoint a Disaster/ Crisis Coordinator to implement the provisions of the Disaster/ Crisis Response Plan. A reserve Disaster/ Crisis Coordinator will be appointed by the Director of the ICBHS in the event that the disaster/ crisis coordinator becomes incapacitated.

Current Disaster/ Crisis Coordinator: Adolfo Estrada, Behavioral Health Manager

Reserve Disaster/ Crisis Coordinator: Patricia Arevalo, Behavioral Health Manager

2. A spokesperson for the ICBHS will be appointed by the Director as the department's spokesperson for all media inquiries.

The Disaster/ Crisis Coordinator will:

- A. Review the copy of Imperial County Emergency Operations Plan and ensure ICBHS role is addressed and coordinated/ integrated with other health and social services agencies as well as emergency personnel.
- B. Be designated as the ICBHS contact person for communication with County, State and Federal Offices of Emergency Services.
- C. When appropriate, develop Memorandum of Understanding (MOU) with emergency personnel and agencies (i.e., "mutual aid linkages")-Red Cross, Dept. of Social Services, Health Department, specifying disaster related roles and responsibilities.
- D. Prepare written Disaster Plan identifying who is responsible within ICBHS for carrying out specific disaster related functions.
- E. Coordinate Imperial County Behavioral Health's Disaster Plan with the County and State Disaster Plans.
- F. Arrange training for professional, public safety and para-professional staff in crisis counseling, psychological first aid, shelter services, etc.
- G. Recruit, train a core of professionals for the ICBHS Disaster/Crisis Response teams and maintain disaster response readiness.
- H. Develop mental health emergency contact list.
- I. Participate in local planning exercises.
- J. Maintain database of resources, including needs of special populations, interpreters, language banks, clergy, family and support groups, etc.
- K. Collaborate with ICBHS departments to procure and store a supply of stat psychotropic medications in order to respond to acute decompensations (local disasters only).
- L. Coordinate the provision of mutual aid to a neighboring county when requested and ICBHS is able to do so.
- M. Plan for continuing education and practice drills including Disaster/ Crisis Response Teams, Disaster/ Crisis Support Team and ICBHS management.
- N. Coordinate with ICBHS Management to reassign staff to serve in the Disaster/ Crisis Response and Support Teams.
- O. Authorize overtime pay if needed. (during Disaster/ Crisis Response)
- P. Coordinate with the Disaster/ Crisis Support Team, to expedite the procurement of materials/ supplies. (during Disaster/ Crisis Response)

CHAIN OF COMMAND

The Director of ICBHS, or his or her designee, will keep in contact with the State Department of Health Care Services. ICBHS's Director is responsible for activating the Imperial County Behavioral Health Disaster/ Crisis Response Plan.

The Medical & Health Departmental Operations Center (M/HDOC) will notify the ICBHS of a state of emergency, at which time M/HDOC will assume the lead agency role, and the Medical & Health Operational Area Coordinator (M/HOAC) will oversee all emergency response activities. Once the M/HDOC has been opened, all disaster/crisis management activities will be performed from this location. ICBHS will coordinate its response with the Imperial County Medical and Health Disaster Plan. (See Appendix C)

In the event that ICBHS is notified of an emergency by another governmental or public agency, mental health services will be provided jointly by ICBHS and the agency requesting them.

Lines of Succession: The Director is the designated Mental Health authority in Imperial County. Should the Director become incapacitated or unable to respond, the following succession plan should identify the director's designee in his absence:

Name	Title	Work #	24 Hour #
Primary: Leticia Plancarte	Director	442-265-1604	760-996-3339
1st Alternate: Gabriela Jimenez	Deputy Director	442-265-7910	
2nd Alternate: Maria Ruiz	Deputy Director	442-265-1541	760-996-1132
3rd Alternate: Jose Lepe	Deputy Director	442-265-1699	760-791-0345
Disaster/Crisis Coordinator:	Adolfo Estrada	442-265-1612	760-482-8070

OPERATIONS

OVERVIEW

ICBHS disaster/crisis response is determined by the type of request, the size and scope of the disaster/crisis, as well as whether the disaster occurs locally or outside Imperial County. ICBHS will mobilize and equip response teams to be deployed to the area of need. Responding Teams will collaborate with incident command leadership at the disaster/crisis site and provide support services to first responders and victims.

ASSESSMENT OF DISASTER/ CRISIS: Nature, Severity and Available Resources

LEVELS OF EMERGENCIES

There are three levels of emergency response that can be used to assess the disaster faced by ICBHS. These levels are determined by the nature and severity of the situation as well as the availability of resources. Local emergencies are declared by the Board of Supervisors of Imperial County or by any city within the County of Imperial

LEVEL I:

Is defined as a minor to moderate incident wherein local resources are adequate and available. A LOCAL EMERGENCY may or may not be proclaimed.

- The scope and degree of the emergency can be handled effectively with ICBHS resources available within the County.
- Mental Health services will continue to be delivered.
- A Countywide emergency response and the Medical and Health Departmental Operations Center (M/HDOC) may or may not be activated.

LEVEL II:

Is defined as a moderate to severe disaster wherein local resources are not adequate and mutual aid may be required on a regional or even statewide basis. A LOCAL EMERGENCY will be proclaimed and State/Federal assistance may be required.

- There are heavy human casualties, severe property/ infrastructure damage, and severe impact upon resources available to handle the emergency; requiring the mobilization of the emergency organization and the use of mutual aid.
- Mental Health services will be delivered based on emergent priority and if the department has the staff available to provide services.
- Affected government agencies will be notified and the M/HDOC will be activated.
- Assistance from other governmental agencies may be required.
- Medical / Health Operational Area Coordinator (M/HOAC) will make requests for mutual aid to the State.

LEVEL III:

Is defined as a major or catastrophic disaster wherein resources in or near the impacted area are overwhelmed prohibiting an effective response requiring extensive state and/or federal resources. A LOCAL EMERGENCY and a STATE

EMERGENCY will be proclaimed and a Presidential Declaration of an EMERGENCY or MAJOR DISASTER will be requested.

- The M/HDOC will be activated and fully staffed.
- Mental Health services will be delivered based on emergent priority and if the department has the staff available to provide services.
- Assistance will be required from both state and federal resources.

The Medical/ Health Departmental Operations Center (M/H DOC) may be activated:

- Upon declaration of a local emergency by the County Office of Emergency Services and Board of Supervisors;
- Upon declaration of a local emergency by a city government within Imperial County;
- In response to a local emergency incident (natural or human-made) that may affect the health and safety of employees or the public;
- In response to multiple local or regional incidents (natural or human-made) occurring simultaneously that may affect the health and safety of the public;
- Upon declaration by the Governor of a state of emergency or declaration by the President of a federal disaster

RESPONSE

ICBHS, in cooperation with local emergency management and local health officials, shall direct its activities from the time of the disaster to the initial stages of post-disaster/crisis recovery. By coordinating with the MH/DOC, CalEMA, FEMA, and other response personnel, the ICBHS Crisis Intervention Teams will assist in providing services to the public. Individuals, families, and first responders are offered counseling and people in need of longer-term crisis counseling services are identified and appropriately referred or linked to available services. Mental health staff who are not assigned to the disaster response can be assigned to help with coverage of non-disaster mental health services or may be assigned to other disaster assignments as determined by administration priorities.

MOBILIZATION

The following information describes the steps involved in assembling the necessary staff and materials to start the process of implementing the disaster/crisis response plan. It may be necessary to conduct this program at the same time clients are receiving services at ICBHS Clinics. The ICBHS Director or designee initiates mobilization by notifying the Disaster/ Crisis Response Coordinator.

- The Disaster/ Crisis Response Coordinator will contact the Deputy Directors and Managers assigned to the Disaster/ Crisis Response/ Support Teams to inform them of the situation and to report to 202 North 8th street (or alternate site, County Administrative Services Bldg.
- The Coordinator and Managers will assess the situation and make a determination whether to mobilize the Disaster/ Crisis Response/ Support Team(s).
- If they are mobilized, The Disaster/ Crisis Response/ Support Teams are contacted by their respective managers and directed to report for a briefing on details of the disaster.
- The Coordinator will conduct the briefing on the disaster and engage the Disaster/ Crisis Response/ Support Teams in Pre-deployment planning which will strategizing

anticipated services, staffing, transportation, crisis counseling arrangements and resources needed in the field.

- Crisis Response Support Team will procure/ assemble anticipated supplies.
- The Disaster/ Crisis Response Team(s) will deploy to the incident location.
- **If the M/HDOC is activated**, ICBHS Coordinator will receive instructions from the M/HOAC and relay instructions to ICBHS Staff. A general mobilization of county employees will be conducted by the MH/OAC as needed.
- If telecommunications are not operable after a major disaster even, all staff persons assigned to the Disaster/ Crisis Response Teams should report to 202 North 8th street. If the ICBHS building is not accessible, staff should report to the County Administrative Services Bldg., 940 Main Street, El Centro, CA.

DISASTER/ CRISIS RESPONSE TEAMS

ICBHS maintains two (4) Crisis Response teams, each comprised of four personnel, and one (1) Administrative Support Team, comprised of four personnel. Crisis Response teams will be dispatched in accordance with the severity of the crisis. Training will be provided by the ICBHS to ensure that a state of readiness is maintained at all times. The Crisis Response Support Staff will serve both Intervention Teams. Each team will include the following members:

Crisis Response Teams: Coordinated by the Disaster/ Crisis Coordinator

- **MHTES Response Teams**

TEAM 1-Adult Services

1 Manager or Supervisor (lead person)

Crisis Responders

1 Clinician

1 LVN

1 MHRT

TEAM 2-Children's Services

1 Manager or Supervisor (lead person)

Crisis Responders

1 Clinician

1 LVN

1 MHRT

TEAM 3-Youth and Young Adult Services

1 Manager or Supervisor (lead person)

Crisis Responders

1 Clinician

1 LVN

1 MHRT

TEAM 4-Crisis and Engagement

1 Manager or Supervisor (lead person)

Crisis Responders

1 Clinician

1 LVN

1 MHRT

TEAM 5 - SUD Services

1 Manager or Supervisor (lead person)

Crisis Responders

1 Clinician

1 LVN

1 SUD Counselor

- **Administrative Support Team:**

Director (1)

Manager (1)

Administrative Services Supervisor (1)

Purchasing Account Clerk (1)

Transport Supervisor (1)

Deputy Director/Manager will assign the Crisis Response Team responders and the team will rotate every six months. Deputy Director/Manager will maintain a current list of contact telephone numbers (work and home) for each responder assigned to the team.

CRISIS RESPONSE TEAM ROLE AND RESPONSIBILITIES:

The Response Teams are responsible for responding to requests for crisis intervention services within the County of Imperial or through mutual aid requests from other counties.

The Crisis Response Teams of ICBHS are responsible for:

- Keeping the Disaster Coordinator informed of activities in their assigned region/area.
- Informing the Disaster Coordinator of the general status of their region/area situations and resource needs.
- Assessing and continuing the day to day operations of their regional/service area mental health needs.
- Providing information to staff responsible for keeping accurate records of all disaster related activities.
- Having in his/her possession a valid ICBHS County Identification Badge, professional license (kept on file with materials/ supply inventory) or other preparedness items as necessary.
- Providing psychological first aid to disaster victims and workers.
- Identify, address or seek referrals regarding special needs of children, vulnerable adults and elderly persons.
- Coordinate as appropriate with other disaster workers/ agencies.

Crisis intervention services will be offered to victims, their family members, and/or first responders. The Disaster/ Crisis Response Staff can be any member of the ICBHS staff who has successfully completed the "Psychological First Aid" training. Among the specific duties of the Disaster/ Crisis Response Team are the following:

Deputy Director: It is the Deputy Director's responsibility to supervise implementation of elements of the Disaster/ Crisis Plan pertaining to the Disaster/ Crisis Response Teams and to follow through on directives issued by the Director or designee of ICBHS, and the Disaster/ Crisis Coordinator

Manager: The manager has the responsibility of maintaining constant communication with the Crisis Response Team and assessing the needs of the team in order to facilitate material support. Specifically, the manager will:

1. Keep the Deputy Director informed at all times.
2. Provide regular information updates to the Support Team Manager.
3. Coordinate with Support Team manager to arrange for re-supply of needed equipment or materials for Crisis Response Teams.
4. Provide relief staff for team members in the field as needed.
5. Receive documentation such as time sheets, mileage records and receipts for expenses incurred during the incident and submit to Support Team for processing.

Responder: (Clinician, LVN, MHRT) It is the responder's responsibility to perform the following:

1. Provide psychological first aid to children, adults and their families who have survived a disaster or crisis incident.
2. Evaluate and determine a prospective client's eligibility for services with the appropriate agency and make appropriate referrals.
3. Interview person and assess both physical and mental status to determine the individual's needs including living arrangements, financial status, and ability to use good judgment including securing food, clothing, transportation and shelter.
4. Maintain accurate records of all disaster related activities.
5. Maintain time sheets, mileage records and receipts for expenses incurred during the incident.
6. Arrange for provision of other disaster related services when needed. Communicate with medical personnel, hospitals, law enforcement and other treatment providers when necessary.

ADMINISTRATIVE SUPPORT TEAM ROLES AND RESPONSIBILITIES:

The Support Team is responsible for providing logistical and material support to the Crisis Response team(s) in the field for the duration of the incident. ICBHS Administration Staff will manage the Support Team, which will remain operational during the deployment of the Disaster/ Crisis Response Team. The following are the duties and responsibilities of the Disaster/ Crisis Support Team.

Manager: It is the Manager's responsibility to manage the implementation of elements of the Disaster/Crisis Plan regarding the Support Team, including the logistical support for the Crisis Support Teams, to follow-up on directives issued by the Director of ICBHS or a designated designee of the Director, and to endorse decisions made by the Disaster/Crisis Coordinator.

Specifically, the manager will do the following:

1. Approve and process purchase orders and travel expense authorizations.
2. Approve overtime hours of support team staff as needed.
3. Secure vehicles and drivers as needed.
4. Keep the Deputy Director informed at all times.
5. Provide relief staff for the Support Team.

6. Assign staff that is able to function under stressful circumstances.
7. Assign staff that is able to function under stressful circumstances.
8. Complete appropriate documentation required for reimbursement of expenses incurred during the incident, to the appropriate county, state or federal authorities.

Administrative Services Supervisor: Working under the direction of the Manager, the fiscal staff person has the responsibility of processing all claims, purchase orders, travel requests, etc. on an expedited basis

Account Clerk: The Account Clerk is responsible for all clerical support for the Support Team. Duties include the following; however, other duties may be added when necessary:

1. Maintain an inventory of supplies that are designated for use by the disaster response team in collaboration with the disaster/crisis coordinator. Prior to and following a crisis or disaster event, an inventory will be maintained and updated.
2. Responsible for keeping records of time, mileage, travel expenses and miscellaneous related costs for the Crisis Response Team on appropriate forms.
3. Responsible for making travel arrangements for the Crisis Response Team traveling out of county. Responsible for keeping Manager informed.

Transport Supervisor: The Transport Supervisor is responsible for the coordination of replacement staff for the Crisis Response Team and the resupplying of all material support to the Crisis Response Team. Upon request, the Transport Supervisor will take all necessary steps to ensure that the Response Teams have access to vehicles.

MATERIALS/ SUPPLY INVENTORY

In collaboration with the Support Team, the Disaster/Crisis Response Coordinator maintains an inventory of supplies needed in case the teams are activated. Materials is stored at ICBHS administration. Listed below are the materials:

Primary Team Kit: (Location: 651 Wake Ave, El Centro CA-Center for Clinical Training)

- 1 set of office supplies, i.e., paper tablets, pens, pencils, markers, scissors, tape, and file folders, portable file storage box.
- 4 Shirts/ Vests/ Aprons ("Counselor printed on the back")
- 1 First Aid Kit (for personal use by team member)
- 4 sets of appropriate forms for staff to keep record of time/ mileage/ expenses
- 4 walkie talkie radios
- 1 set Batteries for equipment: Calculators, flashlights, walkie talkies
- 4 flashlights (1 per person)
- 1 set of County and State road maps (1 set per team)
- Waterless hand cleaner or sanitizer
- ICBHS telephone list/ cell phone list
- 4 Resource Directories (for use in local incidents only)
- 1 set of multi-topic informational brochures (100 copies per topic)
- 1 folding table and 4 folding chairs

- Ice Chest
- Personal protective equipment (gloves, spill kits, eye protection, gowns)
- Storage container(s) for all materials above

Back-up Team Kits: (Location: 1295 State St. El Centro, CA & 1535 Main Street, Brawley)

- 1 set of office supplies, i.e., paper tablets, pens, pencils, markers, scissors, tape, file folders, portable file storage box.
- 4 Shirts/ Vests/ Aprons ("Counselor printed on the back")
- 1 First Aid Kit (for personal use by team member)
- 4 sets of appropriate forms for staff to keep record of time/ mileage/ expenses
- 4 walkie talkie radios
- 1 set Batteries for equipment: Calculators, flashlights, walkie talkies
- 4 flashlights (1 per person)
- 1 set of County and State road maps (1 set per team)
- Waterless hand cleaner or sanitizer
- ICBHS telephone list/ cell phone list
- 4 Resource Directories (for use in local incidents only)
- 1 set of multi-topic informational brochures (100 copies per topic)
- 1 folding table and 4 folding chairs
- Ice Chest
- Personal protective equipment (gloves, spill kits, eye protection, gowns)
- Storage container(s) for all materials above

Resources Available-To be procured from ICBHS Resources

- Portable Shade Canopies
- Laptop Computer (with wireless internet capability)
- Cell phone
- 800mghz Radio
- Long range radio (HT 250-LS Motorola) for teams to communicate with Manager
- County Vehicles

*Additionally, supply kits shall include a copy of the ICBHS Contingency Plan, which outlines the recovery process for Imperial County Behavioral Health Services.

COMMUNICATIONS

Telephone Communications Operational: Home phone numbers and cell phone numbers will be kept on file and accessible to the Coordinator, Managers, Deputies and Assistant Director. In the event of a major disaster, the supervisor, manager or designated personnel will contact the employees and provide them with information regarding when and where to return to work. Employees with cell phones should activate their cell phones.

Telephone Communications Inoperable: During a major disaster event, if telecommunications are not operational, all staff members assigned to the Disaster/ Crisis Response Teams should report to 202 North 8th Street. In the event that the ICBHS building is not accessible, staff should report to the County Administrative Services building, located at 940 Main Street in El Centro.

BUILDING CLOSURE:

The decision to close the ICBHS facilities due to catastrophic events will be made by the Director or his designee in accordance with the "Lines of Succession", unless safety hazards require emergency response personnel to begin the evacuation and building closure. The evacuation of the building will be conducted in accordance with the evacuation plan. All relevant sites of the ICBHS will be notified.

When an incident occurs that compromises the safety, security, or health of employees and/or clients and the Director or any of his designees are not available, or there is no communication between the staff and ICBHS administration within two (2) hours of the incident, the on-site manager may exercise discretion to close the facility and release its staff. The supervisor or acting supervisor is responsible for vacating and securing each facility.

After a decision has been made to close the facility, the Director or his designee, as determined by the "Lines of Succession", will notify the County Executive Officer at (442) 265-1001 and the County Risk Management Safety Officer at (442) 265-1148. If the Director or his designee is unavailable, the onsite manager will contact the above.

ICBHS RESPONSE TO CLIENTS ON SITE:

Clients at Clinics: Based on a determination by the Deputy Director that a clinic has become unable to provide services due to a disaster/ crisis resulting the building or staff becoming incapacitated, all clients will be sent home or transported home if staff, vehicles are available and road conditions permit. If clients cannot be sent home due to effects of the disaster, the Deputy Director will so advise the Disaster/ Crisis Coordinator who will coordinate with the Red Cross to arrange for emergency services.

Clients at Crisis Referral Desk: In the event that the Deputy Director determines that, a clinic is unable to provide services due to a disaster or crisis, which causes the building or staff to become disabled, all patients, will be sent home or transported if staff, vehicles, and road conditions permit. As a result of disaster effects, if clients cannot return home, the Deputy Director will advise the Disaster/Crisis Coordinator who will coordinate with the Red Cross to arrange emergency services

MEDICAL RECORDS

In case, the medical records are destroyed or inaccessible, contact:

1. Adolfo Estrada BHM, Information Systems

442-265-1612

In case of a systems and/or technology failure as a result of a disaster and staff is still able to continue working, staff will complete treatment and client related documentation by hand and document using ICBHS approved forms.

All documentation will be managed according to ICBHS Policy and Procedure regarding Protected Health Information.

MUTUAL AID (The MH/DOC does not process mutual aid requests unless a local, state or national state of emergency is declared)

Imperial County Request (state of emergency declared): MH/OAC will handle all requests for mutual aid in accordance with the Imperial County Disaster Plan.

Imperial County Request (no state of emergency declaration): In the event of a disaster or crisis, the ICBHS Disaster/ Crisis Coordinator will coordinate mutual aid assistance from surrounding counties. The ICBHS Disaster Coordinator will consult with the MH/OAC regarding requests for mutual aid from other counties.

Out of County Requests (state of emergency declared): Requests by other counties for mutual aid will be forwarded to the Imperial County Mental Health/OAC. The Mental Health/OAC will contact the ICBHS Disaster/Crisis Coordinator to facilitate the mutual aid request. Requests for mutual aid from other California counties will be handled based on staff availability.

When determining if ICBHS can deploy Crisis Response Teams, the following information needs to be obtained prior to response:

1. **Location of the incident**
2. **Description of type, size and scope the incident**
3. **Location of the staging area for emergency workers**
4. **Available lodging if needed**
5. **Camping equipment needed**
6. **Services and Supports available for Crisis Response Team**
7. **Estimate of time Crisis Response Team will be needed**
8. **Type of services needed**
9. **List of other organizations, agencies or counties that will be providing mental health services**
10. **Name, location and phone number of the incident commander**

If it is determined that ICBHS can provide mutual aid then provisions of "MOBILIZATION AND ICBHS RESPONSE" on page 12-15 will be implemented.

POST DISASTER/ CRISIS RESPONSE

The Crisis Response Teams will return to ICBHS once notification is received that their services are no longer required and report to the Coordinator for further instructions. ICBHS will submit all documentation and receipts to the Coordinator. The Coordinator will ensure that the appropriate documentation is routed to the Disaster/Crisis Support Team Manager within five business days of the return from the incident site. The following activities will take place:

1. Coordinator will determine if Disaster/ Crisis Response Team requires leave time for rest and recovery purposes.
2. Coordinator will facilitate a debriefing session of all Disaster/ Crisis Response Team members as soon as practical.
3. Coordinator will receive reports, documentation and fiscal data to process for reimbursement from State or Federal authorities if appropriate.
4. Coordinator will meet with managers from the Disaster/ Crisis Response and Support Teams to evaluate how ICBHS Disaster/ Crisis Response systems performed.
5. Managers will make recommendations regarding any changes in policies and procedures and appropriate changes in the Disaster/ Crisis response plan.

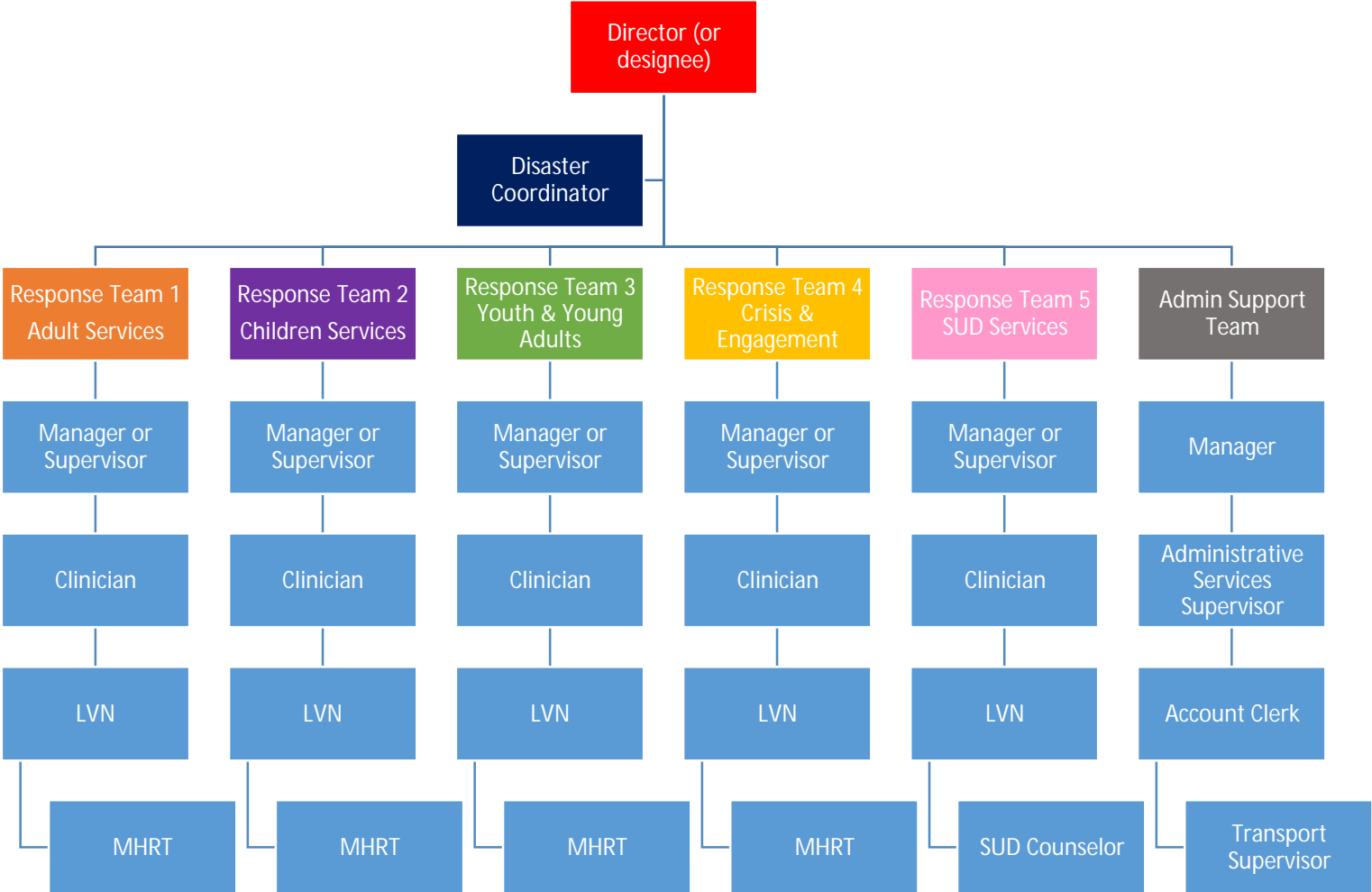
POST DISASTER/ CRISIS RECOVERY PLANS AND ACTIVITIES (6-12 months):

Post-disaster recovery may require sustained intervention over a long period. As families recover from the disaster, they will continue to receive psychological first aid. First responders that are involved in the recovery effort may also require additional assistance. As recovery efforts are completed, the following actions must be taken: Disaster/ Crisis Coordinator will with other agencies to phase out special disaster mental health programs.

1. Assess needs for disaster recovery services based on service records and other indicators;
2. Disaster/ Crisis Responders may refer disaster victims to mental health and other human services providers.
3. Provide consultation to community organizations that have contact with disaster victims.
4. Acknowledge, thank and recognize involvement of Disaster/ Crisis Response and Support staff.

APPENDICES

ICBHS Disaster/Crisis Response Organization Chart



DISASTER ACTIVITIES
By Specific Disaster Type

EVENT	MITIGATION	PRPAREDNESS	RESPONSE	RECOVERY
<p>An emergency that may initiate activation of the Disaster Mental Health Plan</p>	<p>Activities that eliminate or reduce the chance of a disaster. Effective mitigation can decrease the impact of an event. Utilize public education; maintenance of facilities and staff in a “readiness state”.</p>	<p>Planning how to respond to an emergency. Working to increase resources available to the event. Preparedness activities are designed to help save lives and minimize damage by preparing people to respond appropriately. Expedite response activities and minimize property damage.</p>	<p>Activities that occur before, during and immediately following a disaster. Provides emergency assistance to victims of the event and reduces the likelihood of secondary damage. Involves search and rescue, mass care, access control, patient/ client relocation and bringing damaged services and systems back on line. Outside agencies may be included in the response phase.</p>	<p>Continues until all system returns to normal. This includes services, communications, utilities and operations.</p>
<p>BOMB THREAT</p>	<ul style="list-style-type: none"> • Training • Recognition of suspicious mail • Liaison with law enforcement and Fire Dept. • Law enforcement sharing of intelligence 	<ul style="list-style-type: none"> • Quick Reference Guides • Drills • Fire Dept. equipment and supplies • Alternative communications 	<ul style="list-style-type: none"> • Contact 911- Notification of Suspicious package/ mail • Building/ perimeter search • Investigate suspicious objects • Evacuate/ relocate patients/ clients/ other 	<ul style="list-style-type: none"> • Demobilization of responders • Return of evacuated/ Relocated persons • Crisis Intervention • Psychological First Aid • Critique

			<ul style="list-style-type: none"> • Deactivation/ removal of device by Bomb squad Activate M.H. Team • Psychological First Aid 	
CHEMICAL/BIO (WMD)	<ul style="list-style-type: none"> • Training • Recognition of suspicious mail • Liaison with law enforcement, fire dept., community EMS, DHMH. 	<ul style="list-style-type: none"> • Exercises • Adequate supply levels • Coordination with community • Personal protective equipment • Haz-mat cart • Haz-mat room/facility • Written plan 	<ul style="list-style-type: none"> • Notify 911 • Decontamination • Coordination with law enforcement, DHMH, community EMS • Activate M.H. Team • Psychological First Aid • Positive media relations 	<ul style="list-style-type: none"> • Decontaminate equipment and supplies • Disposal of clothing • Clean facility • Psychological First Aid • Critique
CIVIL DISTURBANCE	<ul style="list-style-type: none"> • Coordination with law enforcement agencies, local government and DHMA/MHA 	<ul style="list-style-type: none"> • Adequate staffing levels • Adequate supply levels • Pre-designated areas for demonstrations • Attempt interaction with protest group 	<ul style="list-style-type: none"> • Notify 911 • Maintaining integrity of ingress and egress for persons and traffic • Ensure privacy of patients/clients • Psychological First Aid • Positive media relations 	<ul style="list-style-type: none"> • Outreach to protesters • Corrective measures to any damage • Psychological First Aid • Critique
FIRE	<ul style="list-style-type: none"> • Fire codes • Training • Inspections • No smoking policy • Fire safety information 	<ul style="list-style-type: none"> • Fire drills • Exit signs • Evacuation/relocation Plan • Fire extinguisher training • Fire alarm system • Fire/smoke detection systems • Fire Separations 	<ul style="list-style-type: none"> • Activate fire alarm system • Notify 911 • Containment • Evacuation of patients and clients • Coordinate with Red Cross shelter, mas care • Activate M.H. Team 	<ul style="list-style-type: none"> • Salvage and overhaul • Rebuilding • Psychological First Aid • Critique

		<ul style="list-style-type: none"> • Fire doors • Quick Reference Guides 	<ul style="list-style-type: none"> • Psychological First Aid 	
HAZARDOUS MATERIAL/MEDICAL WASTE INCIDENT	<ul style="list-style-type: none"> • Hazard communication standard training • Handling/storage/labeling requirements • Federal, state, local regulations • Hazard surveillance surveys 	<ul style="list-style-type: none"> • Material-specific training • Spill/containment neutralizing equipment/ supplies availability • Coordination with fire department • Personal protective equipment • Emergency eyewashes • Detection equipment • Chemical specific procedures 	<ul style="list-style-type: none"> • Proper notification 911 • Quick Reference Guides • Chemical specific response protocols • Training coordination with Fire Department • Haz-Mat Technicians • MOU with spill contractor • Containment procedure • Required notifications • Activate M.H. Team • Psychological First Aid 	<ul style="list-style-type: none"> • Salvage and overhaul • Rebuilding • Psychological First Aid • Critique
HOSTAGE SITUATION	<ul style="list-style-type: none"> • Training prevention/pre-incident/post incident • Workplace Violence Prevention Program • De-escalation procedures • Training 	<ul style="list-style-type: none"> • Quick Reference Guides • Video tape key areas 	<ul style="list-style-type: none"> • Internal notifications • Contact 911 • Activate M.H. team • Psychological First Aid 	<ul style="list-style-type: none"> • Crisis Intervention • Psychological First Aid • Critique
LOSS OF TELE-COMMUNICATIONS		<ul style="list-style-type: none"> • Written plan • Quick Reference Guides Training • Designation of alternate communications • Availability of emergency 	<ul style="list-style-type: none"> • Pre-designated distribution emergency telephones • Distribute available portable radios • Contact 911 	<ul style="list-style-type: none"> • Contact vendor • Psychological First Aid • Critique

		telephones with instructions attached.	<ul style="list-style-type: none"> • Center notification of local radio station of loss of telephones 	
MASS CASUALTY INCIDENT	<ul style="list-style-type: none"> • Training • Liaison with community EMS and law enforcement 	<ul style="list-style-type: none"> • Adequate supplies • Mass casualty exercises • Interaction with community EMS • Written plan • Quick Reference Guides 	<ul style="list-style-type: none"> • Contact 911 • Activate designated M.H. Team • Psychological First Aid 	<ul style="list-style-type: none"> • Demobilization of responders • Returned of relocated equipment & personnel • Psychological First Aid • Critique
SEVERE WEATHER	<ul style="list-style-type: none"> • Snow/water removal equipment available and staff to operate. • Equipment available for extrication 	<ul style="list-style-type: none"> • Written plan • Training • Property protection measures • Client protection measures • Monitoring of weather radio • Quick Reference Guides • Coordination with designated drivers • Implementation of Loss of Communication Plan 	<ul style="list-style-type: none"> • Quick Reference Guides • Decision making process. • Tornado lookout • Alternate communications • Client relocation procedures • Snow/water removal procedures • Public notification of casualty • Activate M.H. Team • Psychological First Aid 	<ul style="list-style-type: none"> • Clear ingress to facility, including parking lots and entrances • Rebuild • Psychological First Aid • Critique