

All Disaster Mental Health Planning Steering Committee  
Group Memory<sup>1</sup> of “Group 2” Draft Review Caucus April 20, 2004

Group 2 reviewed the following elements of the draft plan. Comments and suggestions were recorded on a “mark up” copy of the draft and also on flip chart pages. A summary of the flip chart notes follows.

Sections reviewed by Group 2:

- Assumptions, pp. 2-3
- Types of Disaster, pp. 3-4
- Special Populations, pp. 4-5
- Contents of Appendix, p. 27
- Transportation
- Concept of Operations, pp. 5-7
- Checklists

Assumptions, pp. 2-3

- #2 – distinguish local response and regional
  - for example, Omaha United Way is developing PPP which will involve a database, etc.
  - Does this read like the region is superceding local response?
- New Assumption
  - Mental Health response should be organized along same lines as other responses (e.g., trucks, interpreters, etc.)
  - Add this to #7 and move up to the #1 spot
- We would prefer to call these “Guiding Principles” rather than “Assumptions”
- #6 is confusing.
  - What does this mean? Systemic = ? not working with people but rather working with agencies and systems?
  - “And long-term” could also be added

Special Populations:

- Harmonize with SEOP
- Emphasize 14.6% breakdown (physical, psychiatric, developmental)

Appendices:

- Glossary of Common Acronymns
- Make sure Appendix R is included (Nebraska)

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<sup>1</sup> These notes are taken from flip chart pages developed at the meeting. The facilitators have attempted to summarize the discussion by identifying themes and placing items in categories such as “Interests” and “Options.” Please let us know if you notice any errors or omissions. Any comments or questions added by the facilitator are *italicized*.

- Procedure manual should be separate – not an appendix. Folks may not need both. Put procedures in procedure manual.
- If in doubt, take it out.
- Would a statutory reference suffice? Computer reference (hot link on CD Rom)
- Perhaps have separate volumes
  - Forms
  - Procedures
  - Planning
- Consider searchable CD-ROM for volumes and computer

#### Transportation:

- Principle Mental Health relief workers should be transported like other responders
- Do we need this level of detail in the state plan?
- Is it realistic to expect local Emergency Managers to arrange transportation? Not common in Red Cross experience.
- CISM – 1<sup>st</sup> state patrol, then fire marshal
- Work group to look at this resource issue
- Piggy back with other providers to arrive in field (where their work will be), food distribution centers, medical tents, etc.
- Volunteer coordinator role
- Liability concerns. E.g. the Red Cross transporting non-Red Cross volunteers
- Could be tiered
  - <150 miles, use personal vehicle
  - >150 state transportation
- connected to credentialing and ID
- should be part of the state plan. Should / Could have a work group address
- Related to liability considerations, workers' comp, etc.

#### Concept of Operations:

- Order from most local to least local
- ?Include VOADs? Include emergency first responders
- CISM should be listed along with VOADs – move elsewhere
- Local emergency management, local public health
- “full time” in state law
- cross out sentence on NEMA

#### Coordination of Behavioral Health Disaster Response:

- Local plans will designate . . .
- Question – for other responses local Emergency Manager would call NEMA. Here we are setting up a separate plan for Mental Health, i.e., “call region”
  - Should this go local emergency manager → NEMA → Region
  - A picture would be helpful, chart, algorithms, graphics

- Could this be done in a Table Top?
- Check lists partially fill this role
- Graphic on p. 11 is too general. Need more specific graphics

Checklists:

- Questions
  - Where to go for lists? Local? Regions?
- This relates to training because the trainers will have the information on who has been trained
- Needs to be a centralized database of community responders
- First part of checklist is very important. This is the place for biggest risk of confusion, etc.
- Lists of responders
- Concern: Accreditation of other trainings
  - E.g., Salvation Army training of ministers
- May need a “curriculum Advisory Board” or something similar to monitor and “accredit” trainings
  - Green Cross trainings (University of Florida)
  - Red Cross
  - CISM
  - University of Nebraska