Appendix A-1: Nebraska Behavioral Health Regions

Region 1
4110 Avenue D
Scottsbluff, NE 69361
Phone: (308) 635-3171
FAX: (308) 635-7026
www.pmhc.net/

Region 2
110 North Bailey Street
P.O. Box 1208
North Platte, NE 69103
Phone: (308) 534-0440
FAX: (308) 534-6961
www.r2hs.com/

Region 3
4009 6th Avenue, Suite 65
P.O. Box 2555
Kearney, NE 68848
Phone: (308) 237-5113
FAX: (308) 236-7669
www.Region3.net

Region 4
206 Monroe Avenue
Norfolk, NE 68701
Phone: (402) 370-3100 x 120
FAX: (402) 370-3125
www.region4bhs.org/story.htm

Region 5
1645 “N” Street Suite A
Lincoln, NE 68508
Non-Emergency Phone: (402) 441-4343
Disaster Line: (402) 434-9888
(For Public Health, Emergency Management & State Behavioral Health Coordinators)
FAX: (402) 441-4335
www.region5systems.net

Region 6
3801 Harney Street
Omaha, NE 68115-3811
Phone: (402) 444-6573
FAX: (402) 444-7722
www.Regionsix.com
Appendix A-2: American Red Cross Guidelines for Emergency Response Partners

*When do I call in American Red Cross Disaster Mental Health Workers?*

American Red Cross Quick Response Teams will be asked to determine when to request Disaster Mental Health Workers as part of an initial response team. This document is meant to serve as a general guideline to gauge how urgent your request should be.

**ARC Disaster Mental Health (DMH) Workers should always be present when other disaster functions are asked to serve.**

One of the primary roles of DMH is to insure that ARC workers in all functions are given psychological support during and after their service. The ARC DMH Workers are all licensed mental health professionals. There are areas of the state that lack these professionals and are more likely to use natural helpers like clergy or school counselors to provide this support until DMH can be activated or brought in to respond. You can facilitate the psychological health of your response team by knowing who to call locally for this support until other DMH Workers can arrive. Developing a relationship in advance with natural helpers who are likely to be called upon for support by others in a disaster will be beneficial to you and your team.

**There are situations when your request for DMH will take on more urgency.**

These are situations that cause particular hardship for ARC workers, survivors and those close to the disaster. Generally, the people you are most concerned about psychologically are those who are directly involved in the disaster either as responders, survivors, or on-lookers. Below is a list of disaster characteristics that may cause you to ask for a DMH presence quickly. You can cite these characteristics as reasons for your urgent request.

**Mass Casualty Situations**

You will want to place an urgent request for DMH in disasters with multiple deaths. The visibility of the situation, violence associated with the casualties, and vagueness or uncertainty about the situation all contribute to an increased need for a mental health presence.

- **Visibility:** Mass casualty situations that are highly visible and lead to many people being exposed to a situation are cause for concern. Seeing or being near these situations could be distressing for responders, survivors, and on-lookers.
- **Violence:** No ARC workers should be called into a relief operation until authorities believe it is safe. Violence in this context refers to the manner in which the casualties occurred. Violent events that are human made can have more psychological impact than those that are a result of nature.
- **Vagueness:** Uncertainty or vagueness of a mass casualty situation can lead to considerable psychological distress. An example of vagueness could be deaths from a biological or chemical agent causing fear and panic. One of the roles DMH can assume is to help people deal with this vagueness and perhaps lessen fear and panic. It may be helpful to have DMH working with public officials to help keep people calm.
Human Made Disasters
The human made disaster that is due to malevolence is more psychological stressful than one due to human error. For example, a terrorist caused nuclear power plant failure is as damaging as a failure due to human error, but the psychosocial consequences may be even greater for the terrorist caused event. In both cases you should ask for DMH, but special urgency can be attached to your request when malice is suspected.

Large Scale Disaster
Consider requesting DMH sooner when it appears likely that a disaster will overwhelm local resources quickly and require outside responders. It can be very stressful for local responders to take care of others while seeing to their own disaster recovery. Long term psychological recovery issues can be lessened with quick, appropriate intervention.

What the DMH worker will want to know:
The disaster characteristics
- Estimated number of people involved or affected by the disaster (Note any special populations affected – elderly, children, non-English speaking, disabled, etc)
- Which ARC operations/functions will be activated (Shelters, Service Centers, Outreach teams needed for rural areas, mass care operations, etc)
- The natural helpers in the area who can be of assistance

You are on the ground and have the best view of the situation. Trust your instincts. If you believe it is urgent for DMH to be activated but have trouble articulating the reasons why, trust yourself and insist that DMH be part of the initial response.
Appendix A-3: Public Health Departments

Nebraska Local Health Departments under the Health Care Funding Act (*LB 692)

Effective July 1, 2010

Legend

Solid Colored Areas Represent Local Health Departments Eligible Under the Nebraska Health Care Funding Act (LB 692)

Counties Covered by Local Health Departments but do not Qualify for LB 692 Funding

*LB 692 passed during the 2001 Legislative Session and provides funds to qualifying local public health departments.

Source: Nebraska Department of Health and Human Services

Map Created by:
Public Health GIS Analyst
DHHS GIS 3/10
Appendix A-4: Medical Response Systems in Nebraska

- **Rural Region One Medical Response System (RROMRS)**
  - Ginger Bailey RN - 402-529-2233 - rromrs@elvphd.org

- **Tri-Cities Medical Response System (TRIMRS)**
  - Dave Glover - 308-627-2473 - dkglover@charter.net
  - Laura Meyers, (Exec Dir of Development)
    - Phone: 308-236-8974
    - Cell: 308-293-0623
    - laurameyers@charter.net

- **Panhandle Region Medical Response System (PRMRS)**
  - Melody Leisy RN; Phone: 308-262-2217
    - Cell: 307-279-0488; Fax: 308-262-2218
    - E-mail: mleisy@pphd.org

- **West Central Medical Response System (WCMRS)**
  - Coordinator – Justin Watson - 308-696-7990 - watsonj@mail.gprmc.com

- **Lincoln Metropolitan Medical Response System (LMMRS) and Southeast NE Medical Response System (SEMRS)**
  - LMMRS Coordinator: Eric Shanks 402-441-3897 - E-mail: eshanks@lincoln.ne.gov
  - SEMRS Coordinator: Joshua Groleau 402-441-3897 - E-mail: jgroleau@lincoln.ne.gov

- **Omaha Metropolitan Medical Response System (OMMRS)**
  - Phyllis Dutton
    - Phone: 402-717-1733
    - Cell: 402-639-4916
Appendix A-6: Requesting CISM Services (con’t)

How to Request CISM Services

- Following the incident, the State Patrol Troop in your area is informed of the possible need for a Critical Incident Stress Management session by someone from the responder agency impacted by the event.
  - Please refer to the map to locate the local troop phone number that is needed for the appropriate region in Nebraska.
- The troop dispatcher asks for the name of the community involved, nature of the incident, and the name and telephone number of the contact person.
- Information regarding the incident is given to the Clinical Director (or someone he/she designates).
- The Clinical Director calls the site to confirm the need for CISM service.
- If CISM service is needed, a designated CISM contact in the area is notified.
- CISM services are arranged.
Appendix A-7: Nebraska Department of Agriculture Supervisor Areas
Appendix A-8: Memorandum of Understanding (Template)

Use this template as a basis to formalize a working relationship with any disaster services agency, institution or group and to describe how the two organizations will work together.

BETWEEN

(Your Agency Name)

AND

(Partner Agency)

I. PURPOSE

Describe the reasons for this agreement between the two parties.

Example: The purpose of this Memorandum of Understanding is to define the working relationship between Agency X and Agency Y. This agreement will clarify the collaborative roles and responsibilities of the two agencies with respect to disaster response.

II. AUTHORITY OR LEGAL STATUS

Provide a citation of the legal authority the two agencies are operating under and reference documents as appropriate.

Example: Your agency, (Agency X) is mandated under State Statutes x, w, and z to coordinate all non-aviation disaster services.

III. ROLES AND RESPONSIBILITIES

Describe in detail all the roles and responsibilities that define the working relationship between the two parties. This will include any coordinated training or planning related to disaster preparation as well as the relationship during an event.

IV. GENERAL TERMS AND CONDITIONS

This section contains the aspects of the agreement related to the execution of the agreement between the two parties. This could include:

- Avenues for periodic review
- Process for cancellation of the agreement by either party
- Procedure for Amendments to the agreement (if any)
- Statements related to any liability
- Terms of the agreement

V. SIGNATURES

Include signature lines and date for all signatures required by Agency X and Agency Y.

Signature, Agency X  Date

Signature, Agency Y  Date