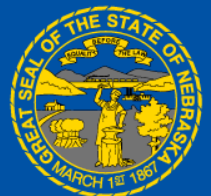


# Indiana Division of Mental Health & Addiction

Office of Addiction, Prevention and  
Emergency Management


Office of Emergency Management  
and Preparedness



# The Indiana Division of Mental Health and Addiction Office of Addiction, Prevention and Emergency Management


## Office of Emergency Management and Preparedness

*The Mission of the Indiana Division of Mental Health and Addiction's Office of Emergency Management and Preparedness is to coordinate all mental health and addiction activities prior to, during, and after an emergency or disaster, including acts of terrorism.*

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# Established

**The Office of Emergency Management and Preparedness and the Indiana Division of Mental Health and Addiction All Hazards Committee was created in June 2003 with a \$300,000 three year grant from Substance Abuse and Mental Health Services Administration. The Targeted Capacity Expansion Grant was to Enhance State Capacity for Emergency Mental Health and Substance Abuse Response.**


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# Mental Health All Hazards Advisory Committee

- ◆ **Mental Health All Hazards Advisory committee established 2003. The All Hazards Advisory Committee is functioning and meeting on a monthly basis with subcommittees meeting more often. There are currently sixteen members who all have been appointed by the Director of the Division of Mental Health and Addiction. The chair of the All Hazards Committee also serves as a member of the Division of Mental Health and Addiction**



# Indiana All Hazards Committee

- ◆ Indiana Department of Homeland Security
  - ◆ State Department of Health
  - ◆ Local Health Department
  - ◆ Community Mental Health Center
  - ◆ Managed Care Organization
  - ◆ Addiction Provider
  - ◆ Red Cross State Mental Health Lead
  - ◆ Indiana Council of Community Mental Health Centers
  - ◆ Child Trauma Specialist
  - ◆ Indiana University
  - ◆ Indiana-Purdue University Fort Wayne
  - ◆ Private Emergency Contractor
  - ◆ Medical Hospital
  - ◆ Critical Stress Management/State Clinical Director (CISD)
  - ◆ Substance Abuse Disaster Mental Health expert
  - ◆ Private Practice Provider
  - ◆ Chaplain/ Fire Department
  - ◆ Medical Director DMHA
  - ◆ Indiana Department of Education State Fort Wayne
  - ◆ National Organization of Victims Assistance (NOVA)
  - ◆ Federal Partners
- 
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# Timeline

2003		
Awarded three year Targeted Expansion Grant from SAMHSA.	<i>June</i>	
Office of Emergency Preparedness & Response established.	<i>June</i>	
Indiana All-Hazard Committee established.	<i>July</i>	
Presidential Disaster for Indiana Flooding - Received FEMA Immediate Services Grant.	<i>July</i>	
Presidential Disaster for Indiana Flooding - Received FEMA Immediate Services Grant.	<i>September</i>	
2004		
Received Indiana State Department of Health Grant (1 year).	<i>January</i>	
Presidential Disaster for Indiana Tornados - Received FEMA Immediate Services Grant.	<i>May</i>	
Executed a Two day Behavioral Health Awareness training to mental & public health, emergency management and addictions personal in Indianapolis.	<i>December</i>	
Executed the same two day Behavioral Health Awareness training in four other cities.	<i>All Year</i>	
2005		
Received Indiana State Department of Health Grant (1 year).	<i>January</i>	
Presidential Disaster for Indiana Floods - Received FEMA Immediate Services Grant.	<i>January</i>	
EMAC as Operation Hoosier Relief to Biloxi, MS (Hurricane Katrina).	<i>September</i>	
Received FEMA Immediate Service Grant (and extension) for Katrina Evacuees.	<i>Fall</i>	
Completed a disaster preparedness assessment of mental health/addiction providers.	<i>September</i>	
Executed a Behavioral Health Awareness training to hospital personal in 10 districts.	<i>October</i>	
2006		
Received Indiana State Department of Health Grant (1 year).	<i>January</i>	
Received a Regular Services Grant from FEMA for Hurricane Katrina evacuees in IN.	<i>February</i>	
Established the Indiana State Mental Health Deployment Team - a 3 day workshop.	<i>March</i>	
Established 10 District Disaster Mental Health Response Teams & Leaders..	<i>Summer</i>	
Received Indiana Homeland Security Department grant for District Team resources.	<i>October</i>	
Executed a Psychological First Aid Train-the-Trainer session for District Team Leaders.	<i>November</i>	
Data Collection book (FEMA required forms) created, printed and distributed.	<i>November</i>	
Indiana Disaster Mental Health Field Guide created and printed.	<i>November</i>	
2007		
Indiana State Department of Health Grant awarded.	<i>January</i>	
Completed an All-Hazard plan template for over 250 After School Rocks programs.	<i>March</i>	
Participated in Ardent Sentry/Vigilant Guard national NORTHCOM exercise.	<i>May</i>	
Executed two Psycho-Social Impacts of Mass Disasters training.	<i>June</i>	
Policies & Procedures (Deployment Teams) composed and approved for the office.	<i>Summer</i>	
Disaster Mental Health Field Guide receives national recognition as a best practice.	<i>September</i>	
Indiana Department of Homeland Security Grant awarded.	<i>September</i>	
Executed a 24 hour Field Living Skills training to all 10 district teams.	<i>November</i>	


## **Office of Emergency Management and Preparedness Responsibilities**

- ◆ **Train substance abuse and mental health services providers with whom DMHA contracts in crisis counseling programs and techniques.**
- ◆ **Create linkages with mental health and addiction services providers not under contract with DMHA.**
- ◆ **Identify and train a cadre of mental health responders and crisis counselors**

# **Office of Emergency Management and Preparedness Responsibilities**

- ◆ **Ongoing assessment of the mental health and addiction services provider system's ability to respond to a major disaster.**
- ◆ **Educate county emergency management officials on the need to coordinate their local/county emergency plans to respond to the crisis counseling needs of victims of a disaster.**
- ◆ **Develop inter-agency coordination into the emergency disaster response in all phases of planning.**

## **Office of Emergency Management and Preparedness Responsibilities**

- ◆ **Train substance abuse and mental health services providers with whom DMHA contracts in crisis counseling programs and techniques.**
  - ◆ **Identify concerns and issues for a mental health/crisis counseling response in the Indiana State Operated Facilities**
  - ◆ **Seek State funding for continuation of program once federal grant cycle is complete.**
  - ◆ **Create linkages with mental health and addiction services providers not under contract with DMHA.**
- 
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# Office of Emergency Preparedness and Response

- ◆ Awareness Training 2005 1,000 people trained
- ◆ Disaster Mental Health Intervention Training
  - Initial, State Deployment Team 81 people trained
- ◆ Registry of Deployable Mental Health Responders
- ◆ Hurricane Katrina
  - ◆ Received a FEMA Grant for \$700,000
  - ◆ Crisis Counseling Program for 5,000 Katrina evacuees living in Indiana
- ◆ Pandemic Influenza
  - ◆ Working with the ISDH on the behavioral health issues
  - ◆ All Hazards Committee will be developing plan

# Indiana Division of Mental Health and Addiction

Katrina  
2005

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# Indiana Hoosier Relief

## Indiana Mental Health Task Force

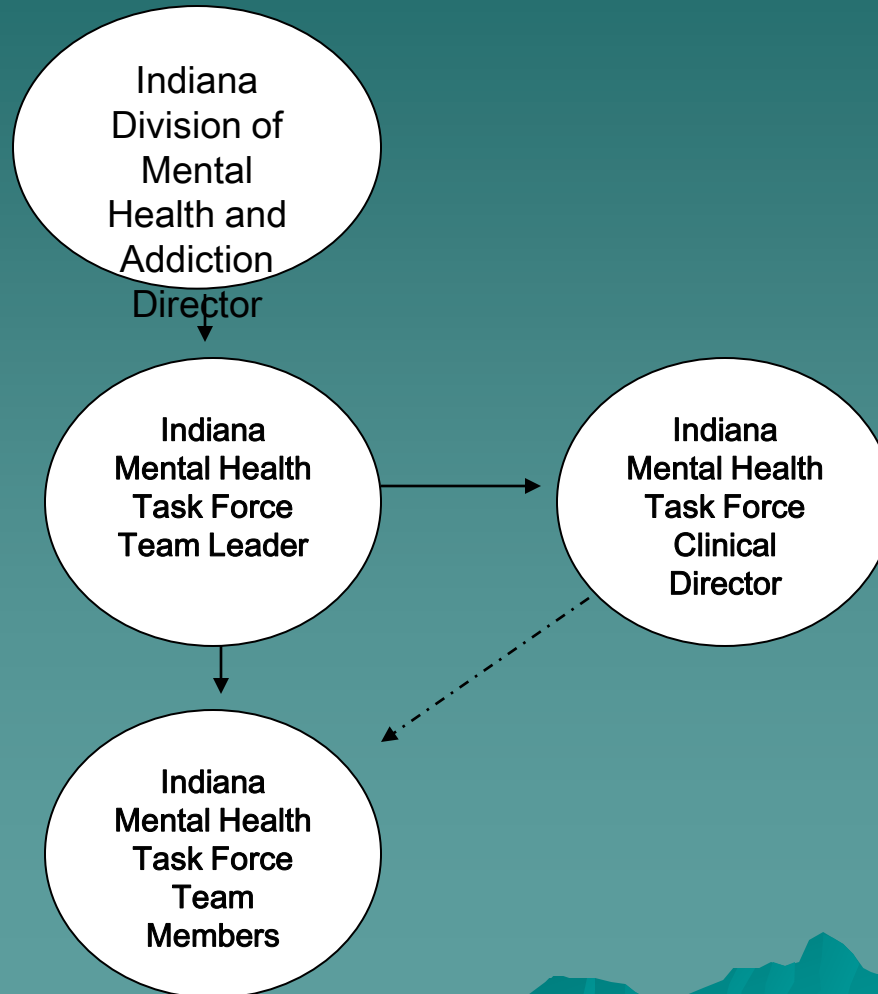
- ◆ On August 31, 2005 the Indiana Division of Mental Health and Addiction was contacted by the Indiana Department of Homeland Security to put together a mental health task force in support of the deployment of Task Force Indiana to the State of Mississippi to support response and recovery efforts following Hurricane Katrina. The Indiana Task Force was sent to Mississippi through and in support of the Emergency Management Assistance Compact (EMAC).

# Indiana Hoosier Relief Indiana Mental Health Task Force

- ◆ The State of Indiana contacted State of Mississippi Department of Mental Health in order to inform them that the state of Indiana has been deployed to go to the gulf area. We became mental health coordinators for the Mississippi Department of Mental Health the state of Indiana was providing daily briefing to the Mississippi Department of Mental Health..

# ***Incident Command Structure***

## **Indiana Mental Health Task Force**




# Indiana Hoosier Relief Indiana Mental Health Task Force

- ◆ It was clear to the team that the overall mission of the Indiana Task Force would be in support of the Mississippi state department of mental health. To this end, the three teams in debriefing their mission saw that the overall goal of the mission was:

*To provide mental health support to the  
Gulf Coast Community.*

*GOAL: To provide mental health support to the Gulf Coast Community.*

*OBJECTIVES:*

- ◆ To provide trauma care to first responders and to do an assessment of mental health needs for the gulf coast area affected by the storm.
  - ◆ To provide crisis counseling to hurricane victims.
  - ◆ To Transition the responsibility for continued care and help to rebuild the infrastructure.
  - ◆ To manage the logistics of the disaster response.
- 
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# Team I

- Assessments of Mental Health needs for the Mississippi Department of Mental Health, Worked primarily with first responders, fire departments, law enforcement, Department of Natural Resources. Public Works

# Team II

- Continued work with first responders, worked with other non-governmental agency. Provided crisis intervention outreach, spiritual support, integrated ourselves into the community.



# Team III

- Helped to rebuild mental health infrastructure  
local mental health organization

Mississippi Department of Mental Health  
other mental health groups

Development of training program for Principals, teachers, parent and school counselors in dealing with kids following Hurricane Katrina in the Gulf Coast School Districts.

Provided Trainings for principals, teachers, parent and school counselors in dealing with kids following Hurricane Katrina in the Gulf Coast School Districts.


Directed resources and modeled coordination of resources as a disaster response

Created color books deal with hurricanes,

# **Lessoned Learned – things that worked well:**

- ◆ **Having an overall team leader and a clinical director for mental health.**
- ◆ **Having shirts that identified us as mental health/crisis intervention workers.**
- ◆ **Conducting nightly debriefing for the mental health task force**
- ◆ **Having a cadre of qualified and trained people to select for deployment**
- ◆ **Having a multi-disciplinary task force that integrated and worked well together.**
- ◆ **Having all teams within the Indiana Task Force debriefed before they are released from deployment.**
- ◆ **People should know what to expect while on deployment.**
  - **Timeframe people will be on deployment**
  - **Conditions to expect**
  - **A better understanding of incident command is needed.**

# Lessons learned

- ◆ Confidentiality agreement should be signed by all of the task force members, especially the mental health task force.
  - ◆ Communication should be available for mental health team members (i.e., cell phones or other forms of reliable communication).
  - ◆ A Public Information Officer is needed as part of the mental health task force.
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# Lesson learned

- ◆ Hats for mental health team members should be provided for better identification.
- ◆ An air cooled or air conditioned mess tent would be beneficial for workers to eat, do paper work, and have meetings with team members or local responders/agencies.


# Lesson learned

- ◆ **A comprehensive contact guide should be developed with the contact information of Family and Social Services (FSSA) executives.**
- ◆ **A secured credit card should be issued to the mental health team leader for purchases of necessary supplies and equipment while on deployment.**
- ◆ **A wireless card should be purchased to allow for computer access to FSSA and other web resources.**

# Lessons learned

- ◆ A medical person should be in charge of Emergency Support Function (ESF) 8.
  - ◆ A quick, initial assessment should be conducted before sending down the full task force.
  - ◆ More people should be trained and equipped to fulfill the mental health team leader role.
- 
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# Lessons learned

- ◆ A financial system should be developed to allow purchases of needed supplies and resources before deployment, (i.e., shirts, hats, educational brochures, supplies for children, etc.).
  - ◆ Additional staff should be trained and educated to continue regular operations in the Office of Emergency Response and Preparedness while other staff are on a disaster deployment.
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# **Recommendations for Best Practices**

**Issue: Better coordination between other disaster relief services and our team.**

- ◆ Discussion: Having difficulty getting into American Red Cross shelters.
- ◆ Resolution: Having a memorandum of understanding between state and
- ◆ national relief organizations, like ARC and/or FEMA

## **Recommendations for Best Practices**

**Issue: Faster deployment to direct trauma victims.**

- ◆ Discussion: Assignments were delayed the first couple of days, leading to some lack of effective time use.
  - ◆ Resolution: Having a team leader deployed first to work out assignment needs with local officials before the rest of team arrives.
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# Recommendations for Best Practices

**Issue: Deployment Guidelines: More precise and defined “rules or guidelines” needed for team members before they deploy.**

- ◆ **Discussion:** There was some confusion as to what team members could or couldn't do.
- ◆ **Resolution:** Suggested Guidelines:
  - ◆ Follow incident command procedures at all times
  - ◆ Debriefing in small groups are expected each evening
  - ◆ Remember that at all times you are a state employee and must be aware how statements you make may reflect politically on the state.
  - ◆ Confidentiality...have each team member sign confidentiality agreement and remind team members that they are not to relate anything that would reflect negatively on the individuals and organizations that we were sent to help.

# **Recommendations for Best Practices**

**Issue: there was no uniform Identification for team members.**

- ◆ **Discussion: uniform, easily recognized Identification would have proven beneficial in many cases. The blue shirt identification was great, but we all needed similar badges**
- ◆ **Resolution: Have identification made prior to deployment. Team members could send in small photos to put on identification or bring those photos with them. Uniform identification holders would also be beneficial.**

# **Recommendations for Best Practices**

**Issue: Confusion about who we were and what “authority” we had.**

- ◆ **Discussion:** We often spent a lot of time telling individuals or agencies who we were and since there were ten team members there was the possibility of ten different versions being told.
- ◆ **Resolution:** Have access to a short, one paragraph letter of introduction on state letterhead that explains what an EMAC is and why we were asked to be there Also explain that all licensure transfers to the existing state.

# Wish list.

- ◆ Uniform identification...with photo easily recognized
- ◆ More than two blue t shirts
- ◆ Business Cards for Indiana Task Force with space for user to write name and telephone number on
- ◆ Map of area deployed to
- ◆ Printed list of all team members phone numbers prior to deployment
- ◆ Handouts that could easily be modified...put on disc
- ◆ Something from lessoned learned with confusion with Red Cross....prior agreement
- ◆ Pocket DSM-IV and medication handbook
- ◆ Letter of understanding from Red Cross
- ◆ Copy of mutual understanding memo between Red Cross, NOVA, and CISM


# Provided Services to

- ◆ **Indiana Hoosier Relief**
- ◆ **FEMA**
- ◆ **Biloxi Fire Department**
- ◆ **Gulfport Fire Department**
- ◆ **Harrison County Public Works**
- ◆ **Harrison County Emergency Management**
- ◆ **Gulfport Memorial Hospital**
- ◆ **Gulfport Psychiatric Inpatient unit**
- ◆ **Gulfport Behavioral Health program**
- ◆ **Gulf Coast Mental Health Center**
- ◆ **Florida Department of Natural Resources**
- ◆ **Medial Clinic operated by Indiana Hoosier Relief**
- ◆ **Mississippi Department of Mental Health**
- ◆ **Mississippi Department of Health**
- ◆ **SAMHSA**
- ◆ **Gulfport Schools**
- ◆ **Biloxi Schools**
- ◆ **Jackson County Youth Coalition**
- ◆ **Red Cross**
- ◆ **Salvation Army**
- ◆ **Hands Across USA**
- ◆ **Children Health Fund**
- ◆ **State of Kansas Mental Health Task Force**

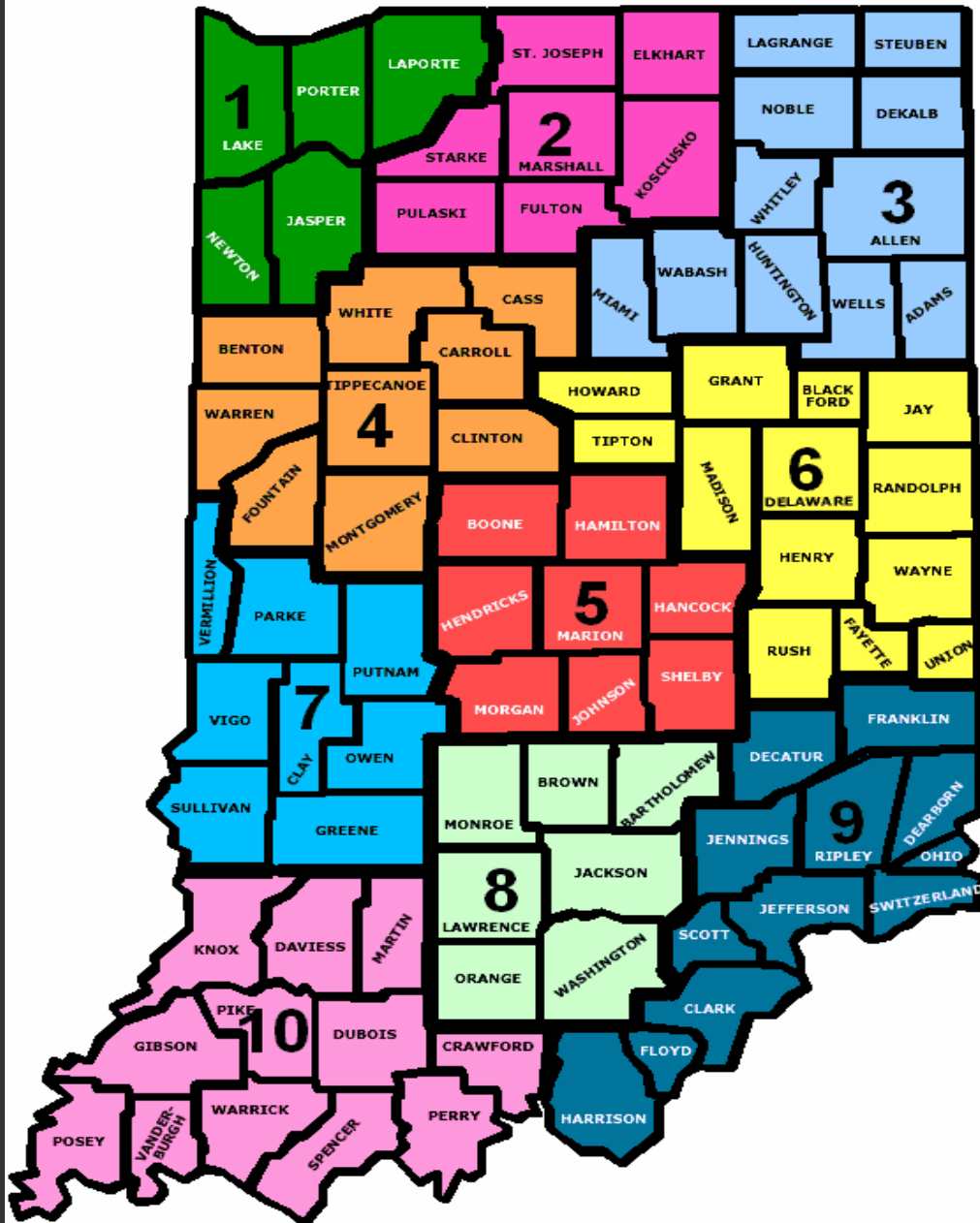


11,579

Number of People in the Gulf Coast  
touched by the Indiana Mental health  
Hoosier Relief Task Force

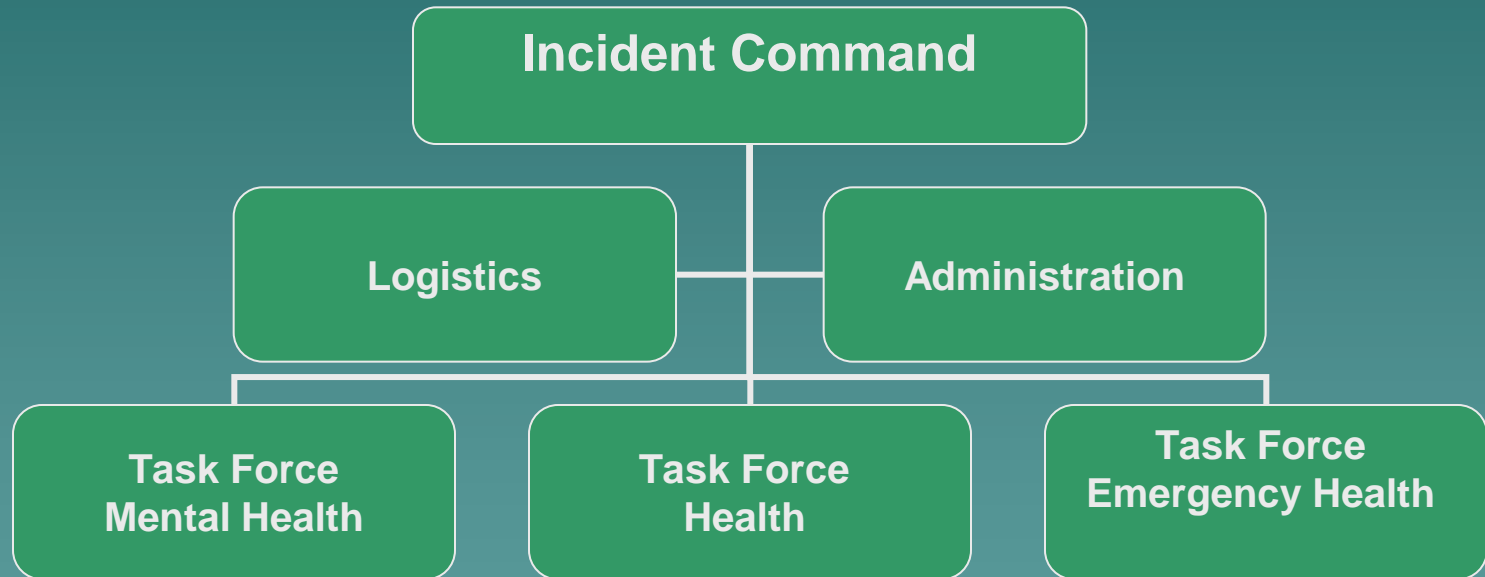
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## Public Health Preparedness Districts

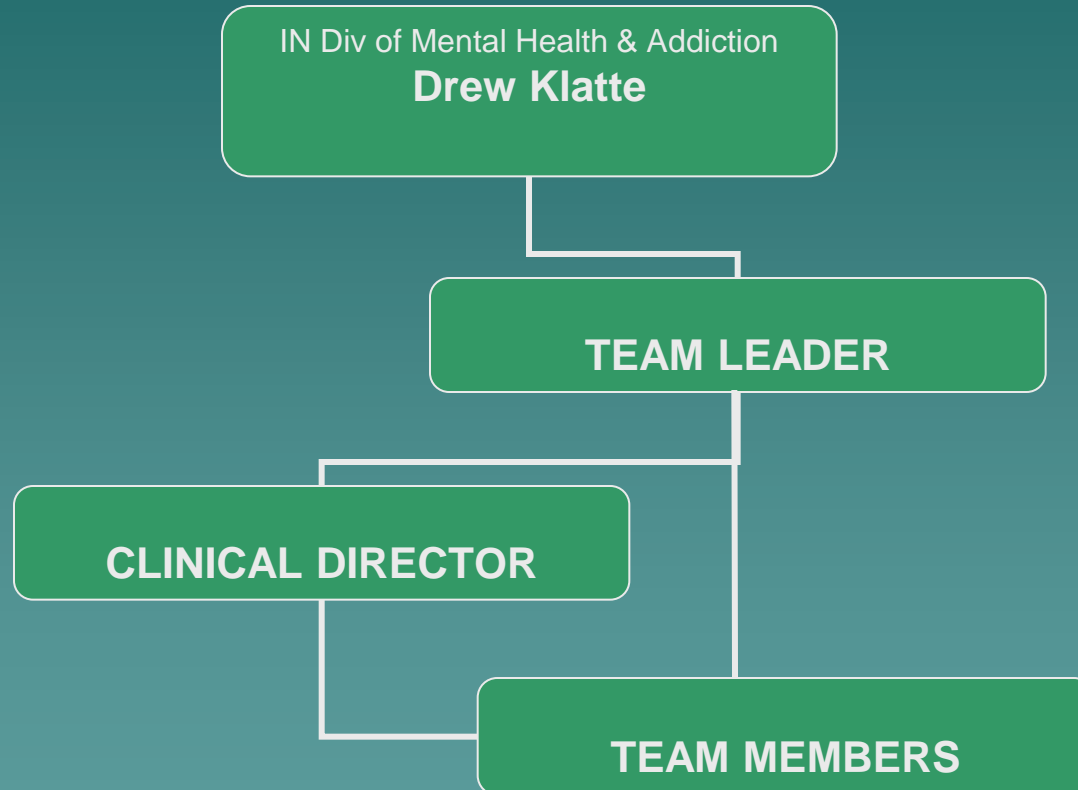


## Regional Teams

# Command/Control of Medical Support Element Indiana Task Force




# Incident Command Structure Indiana Mental Health Task Force




# Response Team Overview

- ◆ To Develop a Disaster Response Mental Health Team
  - Support first responders
  - Support victims
  - Support team members
  - Support community
- ◆ Type of Team
  - State Team
  - 10 Homeland Security Districts Team

# The Collaborative Team Behind the Disaster Team Concept

- ◆ Indiana Division of Mental Health and Addictions
  - ◆ Indiana Homeland Security
  - ◆ Indiana State Department of Health
  - ◆ Indiana All Hazards Committee
  - ◆ Affiliated Service Providers of Indiana (ASPIN)
  - ◆ Ten Indiana Homeland/Public Health Districts
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# Team Provides Mental Health Support


- Follows chain of command
  - Provides support to other responders
  - Follows Psychological First Aid Model
  - Ancillary support to the mental health system
  - Put on “band aids” until the system can resume
  - Assist the community and local mental health agencies
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# Team Structure

- ◆ Incident Command
- ◆ Mental Health Team Leader/Director
- ◆ Team Clinical Director
- ◆ Team members
- ◆ Chaplains
  - Type I Team
  - Type II Team

# Mental Health Team Leader

- ◆ Overall command of the mental health response team
  - ◆ Makes community contacts
  - ◆ Develops mission assignments
  - ◆ Identify needs of the mental health team
  - ◆ Community assessments
  - ◆ Liaison with State & local mental health authorities
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# Team Clinical Director

- ◆ Assist Team Leader (final decision maker)
- ◆ Reports directly to Team Leader
- ◆ Provides “clinical” leadership and decision making
- ◆ Assist with assignments
- ◆ Assumes other responder duties
- ◆ Coordinates daily debriefings of team

# Expectations of Team Leaders

Team accountability

Team maintenance


Coordinate regular team meetings

Coordinate additional team training


Attend "Team Leader Follow-up Meeting"

Other

# Team Member Job Description

- ✿ Attend Full Day Regional Training
  - ✿ Available to respond as team members
  - ✿ Credential and follow incident command...NIMS
  - ✿ Read Psychological First Aid Manual
  - ✿ Attend set number of team meetings
  - ✿ Attend additional team trainings
  - ✿ Confidentiality
  - ✿ Team allegiance
  - ✿ Will not "self-promote" or promote affiliations
- 
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# Mental Health Team Members


1. Follow incident command structure
  2. Follows direction of team leader and clinical director
  3. Accept assignments
  4. Report issues/problems
  5. Data collection
  6. Participates in team debriefings
- 
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# Connecting

- ◆ State mental health authority
- ◆ Local mental health authority
- ◆ State health
- ◆ EOC
- ◆ FEMA/ DRC
- ◆ EOC Emergency Support Function 8 Leader



# Connecting

- ◆ First Responders:
    - Police, fire, public workers, coroner
  - ◆ TV/radio/newspaper HR depts.
  - ◆ Red Cross shelters
  - ◆ Salvation Army shelters
  - ◆ Non Governmental Organizations
  - ◆ Hospital HR depts.
- 
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# Highlights of H.E.A 1238




# Regional Team Guidelines




# Goals of Mental Health Intervention

- ◆ Stabilization
  - ◆ Assessment of adaptation...referral
  - ◆ Support efforts to become a "survivor" not a "victim"
  - ◆ Restore environment of community, school and other systems
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# Team Expectations

- ◆ Respect Confidentiality at all levels
  - ◆ Think out of box & still follow incident command
  - ◆ Resource to other response team members
  - ◆ Pre/During/Post-Self Care
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# Intervention Includes:

- ◆ Listening
  - ◆ Reconnecting & Reinforcing coping skills
  - ◆ Encouraging active role in recovery
  - ◆ Consulting
  - ◆ Triage...assessment
  - ◆ Referral when appropriate
  - ◆ Providing information
  - ◆ “Does not include therapy or counseling”
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# Primary Guidelines

- ◆ **Follow response model**
  - Incident command structure
  - Mental Health Team Leader
  - Mental Health Team Clinical director
  - Mental Health Team Members
  - Psychological First Aid
- ◆ **Continue developing response skills**
- ◆ **Assist with and participate in team development**



# Team Members Characters

**Knowledge of different populations (children, elderly, special needs, etc.)**

**Knowledge of different cultures, language, ethic, and spiritual backgrounds, etc.**

**Flexible...Compatible**

**Ability to deal with ambiguity**


**Knowledge of NIMS...incident command**

**Understanding of allegiance to team...and not to self or employer**

# Mental Health Responders

- ◆ Provide psychological first aid
  - Individual...group...community
- ◆ Operate within the scope of Indiana license or job description
- ◆ Other duties as assigned
- ◆ Participates in daily debriefings

# Response Model

- ◆ Follow procedures & assignments as directed
  - ◆ Psychological First Aid
  - ◆ Respect cultural, spiritual & religious beliefs and practices
  - ◆ Maintain a professional relationship with all individuals
  - ◆ Response model will be adjusted as needed
- 
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# Team Member Readiness

- ◆ **Pre-deployment**
- ◆ **At Site**
- ◆ **Post Deployment**


- Anticipate personal & professional needs
- Self-honesty about emotional capabilities
- Self-honesty about physical capabilities
- Emotional & physical self-care
- “Debriefings”

# Assessment and Intervention

**Be aware that community members may be:**

- ◆ Dysfunctional
- ◆ Confused
- ◆ “ok” or in denial
- ◆ Unaware of mental health assistance
- ◆ Ambivalent about receiving assistance
- ◆ Resistant to any form of mental health service
- ◆ Referring you to those “more in need”

# Community Service Settings

- ◆ Non-traditional
  - ◆ Ever-changing
  - ◆ Ambiguous
  - ◆ Often chaotic
  - ◆ Lack privacy
  - ◆ Lack quiet or comfort
- 
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# Possible Sites

- ◆ Shelters
- ◆ Hospitals
- ◆ Schools
- ◆ Community Government Center
- ◆ Police/Fire Stations
- ◆ Morgues
- ◆ Anywhere/Anytime/Anyplace





# Services Delivery Issues

- ◆ Not a clinic
  - ◆ Often travel to clients
  - ◆ “Walking around” therapy
  - ◆ Short-term...brief contact
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# Clinical Role and Setting Fluid

- ◆ Fluid (floo' id)adj. 1. able to move and change shape without separating when under pressure. 2. like a fluid, that can change rapidly or easily; not settled or fixed


From Webster's New World Dictionary




# Practitioner Guidelines

- ◆ “Instant” rapport needed
  - ◆ Rapid assessment often needed
  - ◆ Therapeutic skills needed
  - ◆ Knowledge of trauma reactions needed
  - ◆ A continuum of crisis intervention
- 
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# Team members require knowledge of:

- ◆ Trauma reactions
  - ◆ Local culture and community
  - ◆ Psycho-educational skills
  - ◆ Psychological First Aid
  - ◆ Listening, observation, questioning skills
  - ◆ Stress reactions
  - ◆ Stress management techniques
- 
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# Clinical Roles

- ◆ Triage/assessment
  - ◆ Consult
  - ◆ Crisis Intervention
  - ◆ “debriefing intervention”
  - ◆ Reconnect and reinforce coping skills
  - ◆ Referral when appropriate
  - ◆ An assigned “non-clinical” role
- 
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# Team Deployment & Communication

- ◆ Accept role
- ◆ Work in pairs unless otherwise directed
- ◆ Report in location at all times
- ◆ Documentation/notes
- ◆ Communicate. Communicate. Communicate.
- ◆ Ambiguity and flexibility:
  - “Walking the fine line” in responding

# Accomplishments

## ◆ District Disaster Mental Health Teams

- Ten districts established with leaders and members. Each district has:
  - Regular Meetings
  - Yearly Budget
  - Reporting Requirements
  - Training Materials and Implementation Requirements
  - Deployment Materials
  - “To-Go” kits

# Accomplishments

- ◆ Policies & Procedures Established
  - District Disaster Mental Health Teams
    - Credentialing
    - Composition
    - Deployment
    - Code of Conduct & Ethics
- ◆ Field Guide Recognized
  - Center for Infectious Disease Research & Policy (CIDRAP) at the University of Minnesota
  - Listed as promising practice on [www.PandemicPractices.org](http://www.PandemicPractices.org)
  - See press release handout



# Accomplishments

## ◆ Ardent Sentry Exercise

- Vigilant Guard full scale exercise conducted by U.S. Army Northern Command
- May 10-13, 2007
- 10K Nuclear Bomb Scenario
- Participation
  - 1,000+ Indiana First Responders (including Disaster Mental Health Teams)
  - 130+ Local Agencies
  - 41,000 “simulated” military troop deployment

# Other Activities

- ◆ Indiana University Counseling and Psychological Services
  - Result of Virginia Tech shooting
  - Forming partnership to enhance the behavioral health services provided to university students
  - Will continue meeting with staff
- ◆ Presented information to all county EMA directors on the Mental Health Teams

# Other Activities

## ◆ Indiana University Medical Students

- Public Health Emergency Response Rotation through ISDH
- Psychological First Aid Curriculum incorporated
- Monthly training presented by DMHA

## ◆ Virginia Tech Aftermath – Campus Security

- Participate in a consortium organized by SAMSHA Administrator, US Attorney General and US Department of Education
- Formed partnerships with Indiana Student Counseling Centers

# Accomplishments

## ◆ Training (300+)

- Basic Crisis Response
- Psychological First Aid (PFA)
- PFA Train-the-Trainer
- Psycho-social impacts of mass disasters

## ◆ Field Living Skills Training

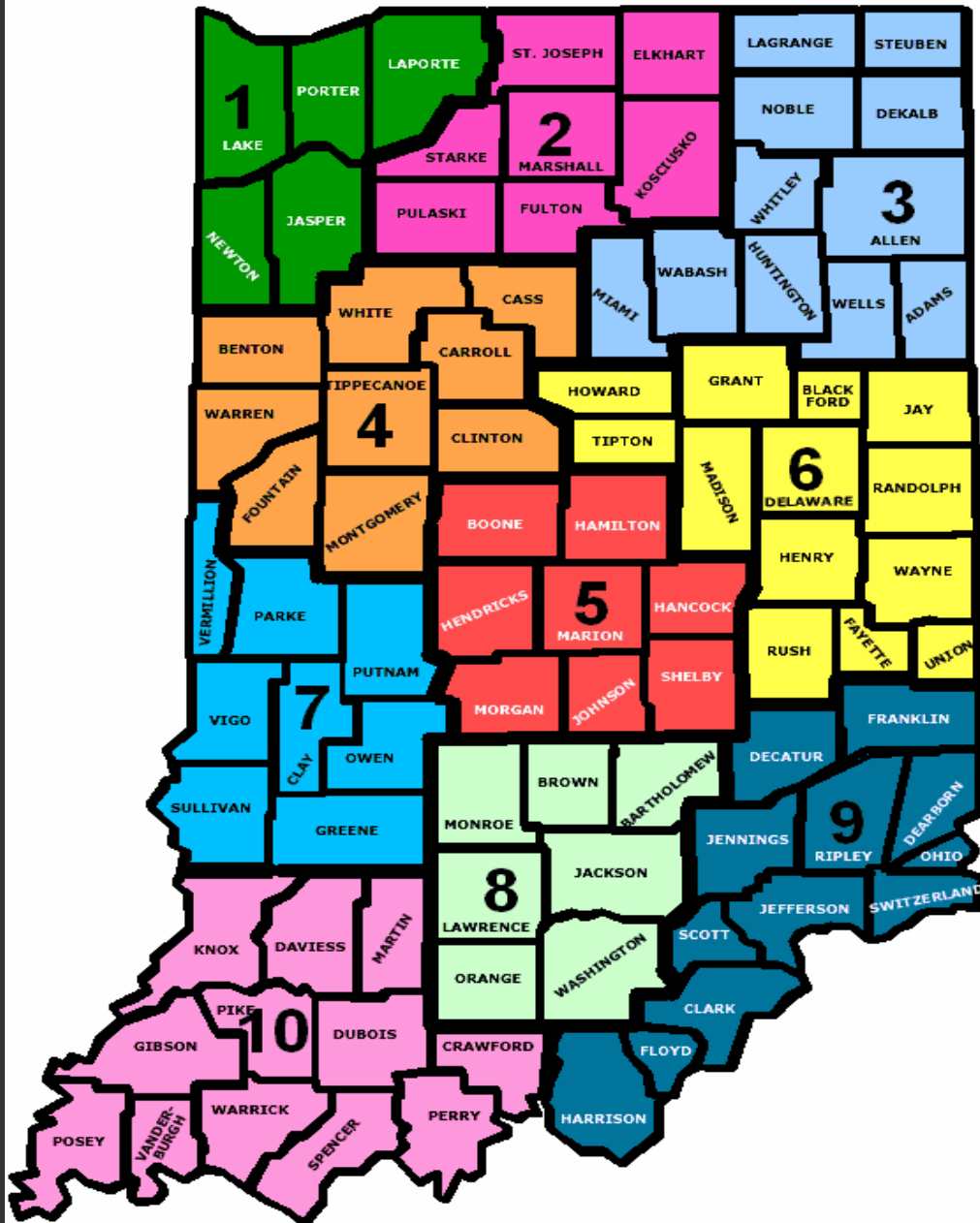
- All district teams
- 24 hour disaster field survival skills training
- Incorporates Disaster Mental Health Response Scenarios



# Field Living Skills Camp Holland



## Public Health Preparedness Districts



## Regional Teams



# Field Living Skills Overview

- ◆ **Simulates field work environment under adverse conditions with little or no support from the local community.**
- ◆ **Intense schedule - very little time for breaks or personal activities.**
- ◆ **Throughout the training, students will be required to perform crisis counseling with simulated disaster victims and situations.**
- ◆ **Results - students will learn to be self sustaining, and gain confidence in their ability to work and live in a disaster environment. Also teaches students how teamwork plays a big part in making the unpleasant task of living and working in the field more manageable and less stressful.**

# Field Living Skills Faculty





## Field Living Skills Schedule – Day 1


- ◆ 8:30am Arrive, introduction and orientation
- ◆ 9:00am Establish need (working in/around disaster area)
- ◆ 9:30am Dressing for the field
- ◆ 10:00am Personal Protective Equipment
- ◆ 10:30am Field Sanitation
- ◆ 11:30am Lunch with MRE Demo and lecture
- ◆ 12:00pm Field Safety
- ◆ 1:00pm Establishing your living area
- ◆ 2:30pm Break to unload vehicles
- ◆ 3:00pm Field exercise starts
- ◆ Mental Health Exercise
- ◆ 5:00pm Distribute evening meal
- ◆ Mental Health Exercise

# Field Living Skills – Tent set up





# Field Living Skills Schedule – Day 2

- ◆ 6:00am Arise, breakfast and pack up equipment
  - ◆ 7:00am Written Exam
  - ◆ 7:30am Exercise review
  - ◆ 8:00am Class dismissed
  - ◆ 8:30am New class arrives (repeat cycle)
- 
- A stylized silhouette of a mountain range in a teal color, located in the bottom right corner of the slide.

# Field Living Skills – Team Building





# Field Living Skills – Yummy MREs





# Field Living Skills – PFA

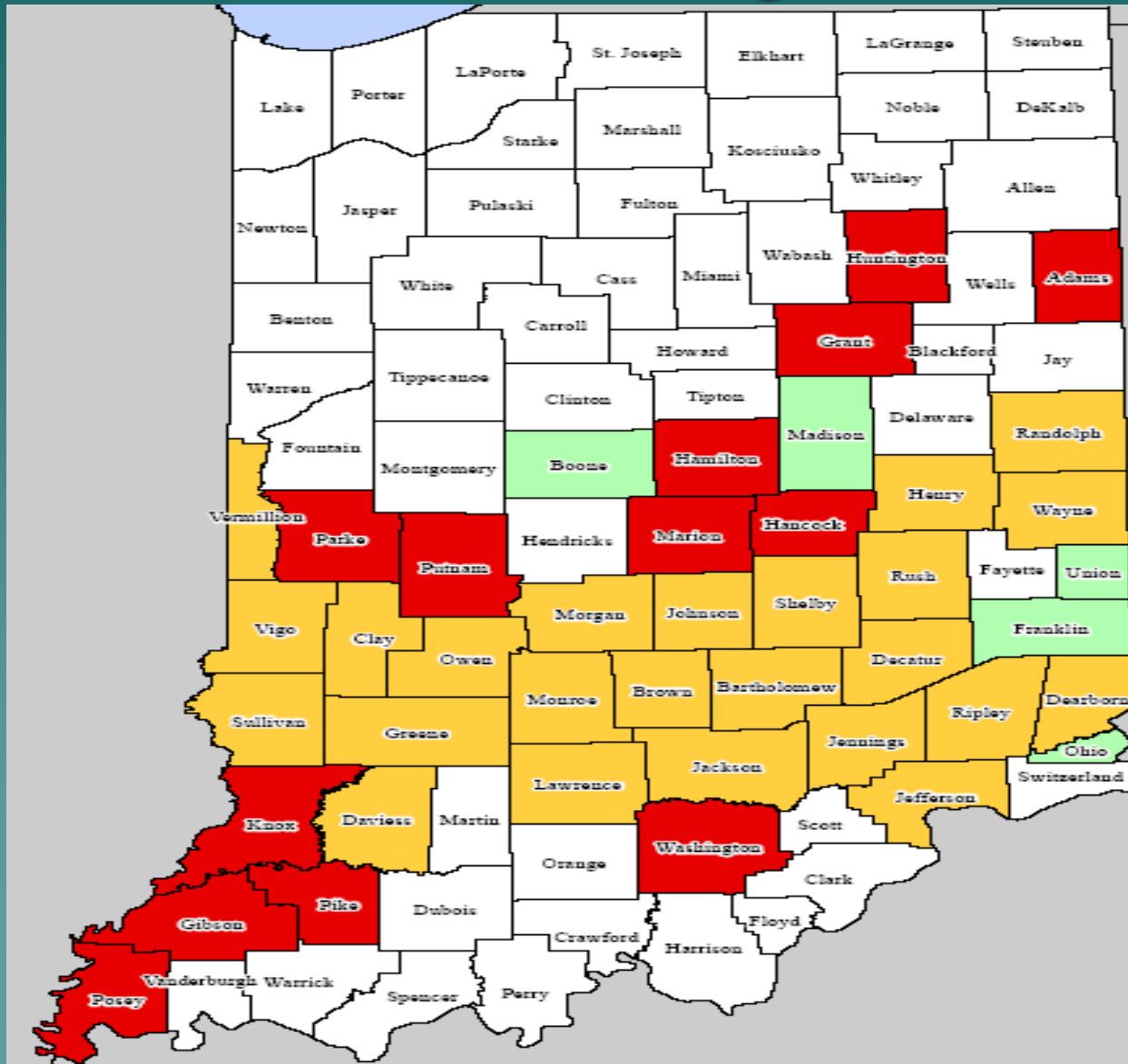


# May/June 2008 Tornado & Flooding





# May/June 2008 Tornado & Flooding






# May/June 2008 Tornado & Flooding Falcon Crest Apartments



# May/June 2008 Tornado & Flooding Falcon Crest Apartments

- ◆ Over 200 units destroyed and 400+ people displaced.
  - ◆ Some units were deemed structurally unsound and residents were not allowed to go back and gather any remaining belongings.
  - ◆ 20% of residents received low income housing subsidies.
  - ◆ Some residents were current patients at local mental health centers.
- 
- A stylized, layered mountain range graphic in shades of teal and blue, located in the bottom right corner of the slide.

# May/June 2008 Tornado & Flooding





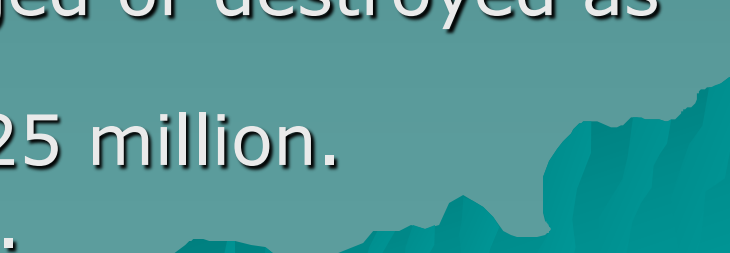
# May/June 2008 Tornado & Flooding Columbus Regional Hospital



# May/June 2008 Tornado & Flooding Columbus Regional Hospital



# May/June 2008 Tornado & Flooding Columbus Regional Hospital

- ◆ Entire basement and first floor flooded
  - ◆ Critical functions suspended - laboratory, pharmacy, information technology, central processing/materials management, storeroom, and food services/kitchen.
  - ◆ 100 patients airlifted to other facilities (17 from Psychiatric Unit).
  - ◆ Residents had to seek care elsewhere. The nearest hospital is over 30 miles away.
  - ◆ Over 1,700 employees - many had their homes severely damaged or destroyed as well.
  - ◆ Damage estimates - \$25 million.
  - ◆ Closed for 6 – 8 weeks.
- 
- A stylized, dark teal mountain range graphic is located in the bottom right corner of the slide, partially overlapping the text area.



# May/June 2008 Tornado & Flooding Regional Mental Health Teams Responds



# May/June 2008 Tornado & Flooding Crisis Counseling Response

- ◆ Missions request from Local EMA's to State for mental health teams,
- ◆ Three regional teams (using current district disaster mental health teams)
- ◆ 564 contacts made during Interim (5/30-6/11)
- ◆ 92 Referrals made
- ◆ State of Indiana developed one stops for disaster relief, had teams onsite