

The Commonwealth of Massachusetts, Department of Mental Health

Emergency and Disaster Crisis Counseling for DMH Clients and Staff

Policy # 98-2

Date of Issue: December 31, 1997

Effective Date: January 1, 1998

Approval by Commissioner

Signed by: Marylou Sudders

Date: December 31, 1997

I. Purpose of Policy

This policy articulates Department of Mental Health (DMH) responsibility for the development of appropriate emergency and disaster preparedness and response plans, and for providing Emergency and Disaster Crisis Counseling for DMH Clients and Staff and the general public during times of President or Governor-declared states of emergency, or any other DMH facility or program-specific, local, regional, or statewide catastrophic event. This policy replaces DMH policy #92-2 and policy #96-5.

DMH is mandated to serve people with mental illness, in accordance with Massachusetts General Law, Chapter 19. In addition, DMH is required to assist the Massachusetts Emergency Management Agency with the coordination of resources, training and operations in the delivery of disaster response services to citizens of the Commonwealth in accordance with the Massachusetts Comprehensive Emergency Management Plan: Support Function 6 - Mass Care and Support Function 8 - Health and Medical Services; and Executive Order 144.

II. Scope

This policy is applicable to the DMH Central Office, all DMH Area and Site Offices and to all DMH-operated or contracted programs and facilities.

The preparedness and response planning activities identified in this policy are intended to cover all possible emergency and disaster situations, including DMH facility or program-specific emergencies such as residential fires and heating system failures, and all other natural or human caused disasters that may impact some portion or all of the state.

The full and successful implementation of this policy is contingent upon available resources and the mutual collaboration, coordination and support between entities within an established response network, including but not limited to the following:

1. DMH Central Office, Area Offices, Site Offices, DMH-operated or contracted programs and facilities
2. Local emergency response personnel
3. Federal Emergency Management Agency (FEMA)
4. Massachusetts Emergency Management Agency (MEMA)
5. American Red Cross
6. Non DMH-funded mental health organizations and professional associations
7. Executive Office of Health & Human Service agencies, as appropriate

III. Definitions

- DMH Client: An individual receiving services from DMH or one of its contracted vendors.
- Emergency and Disaster Crisis Counseling: A short-term, limited counseling intervention provided to Victims to help them regain a sense of control over their lives and begin the process of reconstruction.
- Staff: An employee of DMH or one of its contracted vendors.
- Victim: Any individual who, as a result of a natural or human caused emergency or disaster, suffers psychological or social stress and/or trauma.

IV. Substance of Policy

DMH is responsible for overseeing the development of preparedness and response activities for its operated or contracted services that address all emergency and disaster situations, and include plans for the delivery of Emergency and Disaster Crisis Counseling services. The Department's priority for the

delivery of these services to Victims is as follows:

- First priority: DMH Clients and Staff
- Second priority: General public

The DMH Central Office, and each DMH Area Office, Site Office and DMH-operated or contracted program or facility must develop a written plan that includes the following protocols and personnel appointments:

A. Protocols

1. Evacuation and Relocation: defines how to prepare for the safe evacuation and relocation of DMH Clients and Staff in coordination with local emergency response personnel; and develops relocation plans that identify primary and secondary sites that are appropriate for short or longer term relocation, and assure the safety and confidentiality of client records and the continued administration of medication. Facilities or programs accredited by the Joint Commission on the Accreditation of Healthcare Organizations must ensure that their plans meet any special requirements of that organization;
2. Emergency and Disaster Communications Network: follows the DMH Critical Incident Reporting Directive to inform key personnel about emergencies and disasters affecting DMH Clients and Staff in order to assess problems, mobilize resources and track their utilization; and also provides a mechanism for timely reporting of all emergency and disaster-related information whether or not the incident results in trauma, significant injury or relocation of DMH Clients or Staff, or damage to DMH physical plant or property;
3. Coordination and Activation Procedures: includes procedures for accessing and mobilizing clinicians and paraprofessionals from DMH-operated or contracted programs and facilities, and other mental health providers when needed, to support the American Red Cross in the early stages of an emergency or disaster and for providing time-limited Emergency and Disaster Crisis Counseling to Victims in the applicable Area or Site, or in other Areas or Sites, as needed.
4. Training: describes activities that support and encourage clinicians and paraprofessionals from DMH, contracted vendors and other non-DMH affiliated emergency or service provider organizations to attend Emergency and Disaster Crisis Counseling training; and maintains a roster of trained counselors that includes their credentials and areas of expertise.
5. Exercises and Drills: includes procedures to test individual DMH-operated or contracted programs and facilities for preparedness and response at least once annually; and describes expectations for their participation in emergency and disaster-related exercises affecting DMH Clients and Staff and/or the general public.
6. Assessment of Need: describes how to determine the level of impact on Victims among DMH Clients and Staff and the general public, and how to ascertain the appropriate response, number of Emergency and Disaster Crisis counselors needed, and the number that can be delivered to provide services.
7. Response: describes how Emergency and Disaster Crisis Counseling services, community outreach and home visits will be delivered to DMH Clients and Staff who are Victims, and upon request, to the general public at Red Cross shelters and service centers, FEMA Disaster Recovery Centers, nuclear incident reception centers and other such centers established for other catastrophic events.

B. Personnel Appointments

1. The Commissioner of the Department of Mental Health will designate a person in the Central Office to be the Director of Emergency Management Services, with another staff person as back-up. The Director is responsible for the coordination of mental health related preparedness and response functions affecting both DMH-operated and contracted programs and facilities and the general public, including policy development, communication and supervisory functions.
2. Each DMH Area Director will identify an emergency management coordinator and another staff person as back-up. They will work collaboratively with the DMH Director of Emergency Management Services and Site Office personnel to develop preparedness and response activities for DMH-operated and contracted programs and facilities and the general public, and to develop and maintain liaison with other DMH service areas to provide back-up assistance when needed.

V. Implementation

The Deputy Commissioner (or designee) with responsibility for overseeing DMH field and program operations is responsible for implementation of this policy.

VI. Review

This policy will be reviewed annually.

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