

**ALL HAZARDS
DISASTER BEHAVIORAL
HEALTH
RESPONSE PLAN**



**DISTRICT OF COLUMBIA
DEPARTMENT OF BEHAVIORAL HEALTH**

PREFACE

Under all circumstances, the Department of Behavioral Health of the District of Columbia (DBH) must fulfill its mission to develop, manage and oversee a public behavioral health system for adults, children and youth and their families that is consumer driven, community based, culturally competent and supports prevention, resiliency and recovery and the overall well-being of the residents of the District of Columbia.

Disaster behavioral health is an integral part of the overall public health and medical preparedness, response, and recovery system. Behavioral factors directly and indirectly influence individual and community risks, health, resilience, and the success of emergency response strategies and public health directives. This All Hazards Behavioral Health Response Plan is the District of Columbia Department of Behavioral Health's overarching plan to establish the preparedness framework for localized, District-wide, or catastrophic emergencies affecting the District of Columbia, The Department of Behavioral Health, or the people it serves. It is a comprehensive emergency management tool prepared in coordination with the District of Columbia Emergency Response Plan and consistent with the Federal Response Framework. This reference provides guidance, direction, and coordination for the Department of Behavioral Health's emergency and crisis behavioral health support to first responders, survivors, families, or visitors.

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Glossary of Acronyms

AHRP	All Hazards Response Plan
BERT	Building Emergency Response Team
CEO	Chief Executive Officer
ChAMPS	Children Adolescent Mobile Psychiatric Services
CMT	Consequence Management Team
COG	Metropolitan Washington Council of Governments
COO	Chief Operating Officer
COOP	Continuity of Operations Plan
CPEP	Comprehensive Psychiatric Emergency Program
DHS	DC Department of Human Services
DBH	DC Department of Behavioral Health
DBHD	Disaster Behavioral Health Director
DOH	DC Department of Health
DDOT	DC Department of Transportation
DRP	District Response Plan
ECC	Emergency Communications Center
EOC	Emergency Operations Center
EPC	Emergency Preparedness Council
ESF	Emergency Support Functions
F/EMS	DC Fire Emergency Medical Services
FEMA	Federal Emergency Management Agency
FRP	Federal Response Framework
HAZMAT	Hazardous Materials

HEPRA	Health Emergency Preparedness and Response Administration
HSEMA	DC Homeland Security Emergency Management Agency
ICS	Incident Command System
JIC	Joint Information Center
MHRT	Behavioral Health Response Team
MPD	DC Metropolitan Police Department
MRC	Medical Reserve Corps
NCR	National Capital Region
NIMS	National Incident Management System
OCTO	DC Office of the Chief Technology Officer
PI	Public Information
PIO	Public Information Officer
SEH	Saint Elizabeths Hospital
SOCC	Synchronized Operations Command Complex
UCC	Unified Command Center

I. Overview

The Department of Behavioral Health (DBH) developed this All Hazards Behavioral Health Response Plan to complement the District Response Plan (DRP) which establishes the preparedness framework for a range of events from severe weather to hazardous material spills to terrorist attacks. Just as the DRP structures the response for District agencies and departments, this plan provides an agency-wide plan for DBH employees and integration? or collaboration within the District government, voluntary organizations, regional and federal partners when indicated.

This All Hazards Behavioral Health Response Plan includes the following components:

The **Basic Plan** outlines how DBH will respond to, recover from and mitigate the impact of a disaster. The Basic Plan contains sections on policies, planning assumptions, concept of operations, operational life cycle, responsibilities, and preparedness cycle.

The **Emergency Support Function Annex** lists the Emergency Support Functions (ESF) in which DBH plays a role.

Appendices contain additional information such as catalog of agreements, authorities, references, definitions and acronyms. Due to size and privacy concerns the appendix is not included in this web publication.

A. DBH Statement of Commitment

The District of Columbia Department of Behavioral Health All Hazards Behavioral Health Response Plan describes the mechanisms and structure by which DBH mobilizes resources and conducts activities in response to any major disaster or emergency within the District of Columbia. The personnel in the following DBH leadership positions are responsible for supporting the Department's emergency operations and carrying out their assigned functions as outlined in this plan. In addition, these leaders will continue to develop and refine the DBH All-Hazards Behavioral Health Response Plan and participate in exercise and training activities to ensure an efficient and effective response to a public emergency.

Director	Chief of Staff	Deputy Director, Office of Strategic Planning & Policy
Senior Deputy Director, Office of Programs and Policy	Director, Community Psychiatric Emergency Program	Director, Human Resources
Deputy Director, Office of Accountability	Chief Executive Officer Saint Elizabeths Hospital	Chief Clinical Officer
Fiscal Officer	Chief Operating Officer St. Elizabeths Hospital	Chief of Administrative Operations
Legislative / Public Information Officer	Director, Disaster Behavioral Health Services	Safety – Risk Officer
Chief Information Officer	General Counsel	Director Facilities Planning

Recognizing the importance of utilizing a standardized emergency response system, the District formally adopted NIMS as the principle system for conducting incident management. As designed by *HSPD-5*, NIMS is a consistent, nationwide approach for federal, state, tribal, and local governments to work effectively and efficiently together to

prepare for, prevent, respond to, and recover from domestic incidents, regardless of cause, size, or complexity. ICS principles and practices will be employed during all emergencies in District for organizing resources to emergencies of any complexity or duration.

The National Incident Management System (NIMS) provides a consistent approach for government and private sector groups to work together to prevent, prepare for, respond to and recover from incidents regardless of the size or cause of the disaster. Each entity involved in response should know, understand and be able to function within the structure of the Incident Command System. It is recommended that DBH personnel listed in the emergency call tree and incident command structure complete the following National Incident Management System (NIMS) training courses:

- ICS-100 Introduction to Incident Command System
- ICS-200 Basic ICS
- ICS-300 Intermediate ICS
- ICS-400 Intermediate ICS

B. Record of Distribution

Distribution records of the All Hazards Behavioral Health Response Plan are electronically stored within the Director of Disaster Behavioral Health Services office and sent via email to those involved.

C. Record of Changes

Change Number	Change Date	Part, Annex or Attachment Changed	Posted By

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II. Introduction

A. Purpose

The Department of Behavioral Health All Hazards Behavioral Health Response Plan (AHRP) provides the framework for how the Department of Behavioral Health (DBH) will respond to a public emergency.

This plan provides a framework for organizing the District of Columbia behavioral health response to disasters or large scale emergency situations. Behavioral health in the District of Columbia includes behavioral and mental health, substance abuse, and addictive behaviors. **Disaster behavioral health includes the many interconnected psychological, emotional, cognitive, developmental, and social influences on behavior, behavioral health, and substance abuse, and the effect of these influences on preparedness, response, and recovery from disasters or traumatic events.** Behavioral factors directly and indirectly influence individual and community risks, health, resilience, and the success of emergency response strategies and public health directives. Disaster behavioral health services can help mitigate the severity of adverse psychological effects of the disaster and help restore social and psychological functioning for individuals, families, and communities.

This plan is a dynamic document that can be modified to incorporate changing technologies and emerging best practices in behavioral health.

B. Scope

The DBH All Hazards Behavioral Health Response Plan concepts apply to any public emergency, which is defined in DC Official Code §7-2301 as a disaster, catastrophe, or emergency situation where the health, safety or welfare of persons in the District is threatened by actual or imminent consequences within the District of Columbia. The all-hazards approach to disaster response means the plan can be used in any public emergency situation and therefore does not address specific scenarios.

The District has taken significant steps to better understand and document hazards in the region. The District Preparedness Framework provides information about the natural, technological/accidental, and human/adversarial hazards that the District faces.

In addition, the 2013 District All-Hazards Mitigation Plan and the 2013 Threat and Hazard Identification and Risk Assessment Report establish the probability and impact of each identified threat and hazard.

Understanding the potential threats and hazards that the District faces is a critical step, because each hazard presents sets of unique challenges for response operations. Some hazards may impact the District simultaneously and have cascading effects, therefore, the District must have a flexible structure to respond to and recover from the impacts attributable to such events, from small to complex.

The table below includes definitions of all of the threats and hazards that the District has identified as well as the determination of the probability of occurrence over the next three to five years and impact on the District of these hazards. Refer to the 2013 District Hazard Mitigation Plan (HSEMA) for additional information on these threats and hazards.

Hazard	Description	Probability	Impact
Natural Hazards			
Floods	Floods are caused by a temporary inundation of water onto normally dry land areas. A flash flood is rapid flooding of a specific area caused by intense rainfall or the collapse of a man-made structure, such as a dam. Floods can cause secondary natural hazards, including subsidence.	Medium	High
Winter Storms	Winter storms consist of extreme cold and heavy snowfall or ice. Winter storms can cause secondary natural hazards, including flooding, severe thunderstorms and tornadoes, and high winds.	High	High
Thunderstorms and Tornadoes	Thunderstorms are composed of lightning and rainfall, and can intensify to cause damaging hail, high winds, tornadoes, and flash flooding. Tornadoes are spawned by severe thunderstorms and consist of a rapidly rotating funnel of air that gusts between 65 and over 200 miles per hour depending on the intensity of the storm.	High	High
Extreme Temperatures	Extreme temperatures can present either as severe hot or cold temperatures that can cause injury or	High	High

	death to the population. Severe heat in the District is typically characterized by a combination of high temperatures and exceptionally humid conditions. Extreme cold temperatures can accompany winter storms and can be characterized either by the low air temperature or a low wind chill, which factors in the air temperature and wind speed.		
Hurricanes, Tropical Storms, and Tropical Depressions	Hurricanes, tropical storms, and tropical depressions are types of tropical cyclones, or low pressure areas of closed circulation winds. The hazard components and risks of these storms include storm surge, extreme rainfall, high winds, thunderstorms, and tornadoes.	Medium	High
Earthquakes	Earthquakes consist of sudden ground motion, shaking, or trembling that can damage buildings and bridges; disrupt gas, electric, and phone service; and trigger landslides, avalanches, flash floods, fires, or tsunamis.	Low	Medium
Pandemic	A pandemic is an epidemic occurring over a wide geographic area, usually affecting a large number of people, which can cause injury, result in death, and overwhelm resources.	Medium	Medium
Technological and Human-Caused Hazards			
Radiological and Hazardous Material Release	Radiological and other hazardous materials can present a hazard to the population if released in an uncontrolled manner either from the fixed site of their use or storage or during transport. The specific extent of the hazard can depend on the type and amount of material released. Effects and risks of radiological and hazardous material releases can be exacerbated by natural hazards, including rain, high winds, and fires.	Medium	Medium
Urban Fires	Urban fires consist of uncontrolled burning in residential, commercial, industrial, or other properties.	Medium	Medium

Utility Failure	Utility failures are the interruption or loss of electrical or natural gas service for an extended period of time.	Medium	High
Transportation Incidents	Transportation accidents can drastically affect the daily movement of people and goods throughout an area. These accidents can involve the following systems: motor vehicles, bus/subway, air, and railroad.	Medium	Medium
Human-Caused			
Special Events, Demonstrations, and Civil Disobedience	Special events, demonstrations, and civil disobedience require extensive logistical planning and substantial District resources for traffic and crowd control, food safety, sanitary facilities, street detours and closings, emergency medical services (EMS), public transportation, police/fire support, and pre- and post-event debris management.	High	Medium
Terrorism	<p>Terrorism is “the unlawful use of force and violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives. It includes, but is not limited to:</p> <ul style="list-style-type: none"> • Cyber attacks • Bioterrorism • Improvised Explosive Devices • Chemical Agents • Radiological Dispersal Devices • Aircraft as a Weapon 	Medium	High

C. The Emergency Response Plans

Under all circumstances, the Department of Behavioral Health of the District of Columbia (DBH) must fulfill its mission to develop, manage and oversee a public Behavioral Health system for adults, children and youth and their families that is consumer driven, community based, culturally competent and supports prevention,

resiliency and recovery and the overall well-being of the residents of the District of Columbia.

While the impact of a crisis on DBH itself cannot be predicted, planning for operations under such conditions can reduce the impact of the emergency on its people, facilities, and mission. DBH's essential functions are generally: care and treatment of inpatients at Saint Elizabeths Hospital (SEH); the Comprehensive Psychiatric Emergency Program (CPEP); and the Access Help Line (AHL). The SUD Treatment and Recovery Services (contracted services ensuring medication supply for clients on methadone maintenance therapy) is considered an essential service but is managed through contracted agencies. All necessary DBH administrative functions to support the essential operations are provided as needed. The Treatment of outpatients through the Mental Health Services Division (MHSD) and the SUD Assessment and Referral Center are not essential functions but will be maintained as needed.

DBH essential services Access Helpline, Saint Elizabeths Hospital, and Community Psychiatric Emergency Program (CPEP) have each created an internal emergency evacuation plan and are included in the DBH Continuity of Operations Plan (COOP). The Continuity of Operations Plan (COOP) provides directives for resuming and sustaining essential functions—and the fulfillment of the DBH mission—as soon as possible after a localized, District-wide, or catastrophic emergency affecting DBH and to sustain them for up to 30 days. The DBH Continuity of Operations Plan (COOP) is also on file in the Director's office, shared electronically with DBH staff, and tested twice a year.

D. Regional Response Implications

Following the guidance of the District Response Plan, DBH is involved with regional partners in the development and coordination of regional response plans through the Metropolitan Washington Council of Governments (COG), the District Emergency Management Quarterly Meetings, the District of Columbia's Departments of Health and Human Services, and the DC Emergency HealthCare Coalition.

III. Policies, Authorities and References

A. District Policies

DBH will follow the District Response Plan (DRP) in fulfilling its emergency support responsibilities.

B. Federal Policies

This plan, following the guidelines of the DRP, is consistent with the Federal Response Framework.

C. Authorities

11A, Title 7: Behavioral Health Service Delivery Reform Act of 2001 (Codification of the District of Columbia Official Code, 2001 Edition); DC Official Code §7-2301(definition of disaster); Robert T. Stafford Disaster Relief and Emergency Assistance Act, PL 100-707, signed into law November 23, 1988; amended the Disaster Relief Act of 1974, PL 93-288.

The DBH Director has full authority to carry out the emergency support activities outlined in this All Hazards Behavioral Health Response Plan.

If the DBH Director is unavailable, that authority shall be conveyed to a pre-designated back up (designee): DBH Chief of Staff - **OR** - Deputy Director, Office of Programs and Policy – **OR** – DBH Chief of Administrative Operations (CAO) (also referred to as the Deputy Director Office of Administrative Operations). Final authority rests with the Mayor in all cases.

D. Resource Coordination and Management

DBH will use existing internal resources as well as partner with local jurisdiction, voluntary agencies, and the private sector to develop Memorandum of Understandings (MOUs) and Memorandum of Agreements (MOAs) as appropriate.

IV. Definitions and Planning Assumptions

A. Disaster and injury definitions¹:

- a. Emergency. An emergency is any situation in which DBH is called upon to care for support during mass casualty events that are greater in number than can be cared for under existing day-to-day capabilities or situations (such as utility

¹ Disaster and injury definitions: SAMHSA, Center for Behavioral Health Services.

disruptions and major structural damage) which can adversely impact on the delivery of care to DBH patients. An emergency can be internal or external.

- b. Internal Disaster. An internal emergency situation is one which occurs within the confines of a DBH building. The emergency can result from a disturbance or unrest, fire, flood or utility power, gas, or electric.
- c. External Disaster. An external emergency situation is one which occurs outside of a building (e.g. severe rain or snow storms, lightning, tornados or other acts of nature, gasoline spillage, disrupted water or gas mains, vehicle accidents, or any major physical damage to buildings, such as roof cave-ins).
- d. Accidental Disaster. An accidental disaster is one which occurs by chance or accidentally, e.g., multiple alarm fires, serious vehicular accidents, or any occurrence resulting in the uncontrolled release of hazardous materials, such as poisons, gases or flammable liquids from a fixed site or during transport that is capable of posing a risk to health, safety and property.
- e. Major injury (behavioral health): Emotionally disturbed and presents a danger to self or others.
- f. Moderate injury (behavioral health): Emotionally disturbed with active symptoms of mental illness but not a danger to self or others.
- g. Minor injury (behavioral health): Emotionally disturbed.

B. District-wide Assumptions

- A **minor emergency** is classified as any emergency within the response capabilities of the District government with minimal need for regional or federal assistance. A **major public emergency** is any emergency that will likely exceed District capabilities and require a broad range of regional and federal assistance. A **catastrophic disaster** will require massive regional and federal assistance, including immediate military involvement.
- A public emergency in the District may occur with little or no warning, and may escalate more rapidly than District response organizations can manage.
- A public emergency may cause injury, possible fatalities, property loss, and disruption of normal support systems. A large number of casualties, heavy damage

to buildings and basic infrastructure, and disruption of essential public services may overwhelm the capabilities of the District to meet the needs of the situation.

- Achieving and maintaining effective citizen and community preparedness reduces the immediate demands on response organizations. Public awareness and education programs are required to ensure citizens will take appropriate advance actions to reduce their vulnerability especially during the first 72-hours after a public emergency.
- The District will use available resources for requesting regional and federal assistance. When District resources are overwhelmed, the additional resources will be requested through mutual aid agreements with the Commonwealth of Virginia and the State of Maryland and through requests to the federal government.
- If there is a terrorism incident in the District, the Mayor and the District government will coordinate directly with the Federal Emergency Management Agency (FEMA) Headquarters, the Federal Bureau of Investigation Field Office, the Department of Justice, the White House, and other relevant agencies.
- The District of Columbia Emergency Operations Center (EOC) will be activated and staffed by District Leaders to form the Consequence Management Team (CMT) to manage emergency operations at Operational Level 4.
- District agencies will be required to reopen on short notice to provide timely and effective assistance through the District Response Plan (DRP) structure. Advance planning for these efforts will be based on pre-identification of resource shortfalls and contingencies.
- Each District agency and volunteer organization will document and seek reimbursement, as appropriate, for expenses incurred during public emergency operations.
- Each District agency will participate in the development of plans and procedures, training opportunities and exercises in order to achieve and maintain a high state of readiness.

C. Department of Behavioral Health Assumptions

- Health and safety take precedence over all other response activities, including behavioral health response.

- Disaster behavioral health is an integral part of the overall public health and medical preparedness, response, and recovery system.
- Behavioral factors directly and indirectly influence individual and community risks, health, resilience, and the success of emergency response strategies and public health directives.
- Disaster behavioral health is usually (but not always) part of a larger, multi-layer, multi-disciplinary disaster response. Disaster behavioral health responders typically work in concert with health care providers, public health, emergency management, first responders, and voluntary organizations.
- Disaster behavioral health interventions may be immediate, systemic, and long-term, with the early goal of stabilizing the psychosocial reactions of survivors, and the later goal of restoring or rebuilding the social fabric of a community.
- Individual disaster behavioral health services must be appropriately delivered, and adjusted to be gender and culturally sensitive, linguistically and developmentally appropriate, and suitable for the type, scope, and phase of the disaster.
- Interventions during disaster response and recovery are based on accepted professional standards and practices, to the extent possible. Interventions directed at treatment of trauma or disaster-related problems should be evidence-informed.
- The response to any sudden onset or slow onset catastrophic event must be managed in addition to delivery of basic services provided as part of routine behavioral healthcare delivery. Events may seriously impact and disrupt patient care in both hospital and community based settings; there will be a need to track and serve patients in all settings.
- Most people are resilient and will require only minimal psychological support to cope with catastrophic events.
- Panic may occur in a localized or widespread manner when there is a perceived:
 - high risk and/or high lethality from the threat
 - limited chance for escape or evacuation
 - limited effective treatment options / resources available
 - ineffective response by authorities
 - loss of credibility by authorities

- Private behavioral health providers, hospital-based and out-patient, the non-profit behavioral health community, and social service agency staff will likely play a critical role in any behavioral health surge response to a catastrophic event.
- Mass psychogenic distress may cause considerable adverse economic consequences as a result of indirect social, infrastructure, and workplace disruption.
- Providing timely, accurate, and easy to understand information to the public is critical to the effective mitigation of psychological distress.
- There are limitations to the District's capacity to respond to a behavioral health surge event for the impacted populations.
- Behavioral health messaging and communications to the general public are most effective when integrated with ongoing broader public emergency information provided to the community.
- If physical health surge capacity is seriously exceeded, public anxiety may increase and the incidence of stress-induced reactions may grow.
- Current research indicates that alcohol and other substance use may increase after a disaster, potentially causing problems for persons already in recovery. In general, disasters do not appear to trigger new cases of substance use/abuse in survivors and first responder populations.
- DBH plans and train responders to accommodate the behavioral health needs of the following special population groups:
 - Children, adolescents, and the elderly
 - People with behavioral or physical functional access needs in the community and:
 - Those who live in long-term-care facilities
 - Those who depend on outpatient services
 - Individuals living in congregate settings, including:
 - Students
 - Prisoners
 - People in inpatient health care facilities

- People who live in nursing homes and other long-term-care facilities, such as homeless shelters
- Hard to reach populations, including:
 - Homeless not utilizing shelters
 - Homebound
 - Uninsured individuals
 - Immigrants
 - Undocumented individuals
 - Individuals with special language needs
 - Community groups with special cultural needs

V. Overview of approach

The DBH All Hazards Behavioral Health Response Plan follows the National Incident Management System (NIMS) and the Incident Command System (ICS).

The DBH Incident Commander (DBH Director / designee / backup) is responsible for all DBH operations during a public emergency unless the Mayor declares otherwise. Following notification from the DC Homeland Security and Emergency Management Agency (HSEMA) that a district/regional disaster has occurred or is occurring, the DBH Incident Commander will request the Director of Disaster Behavioral Health Services to take action, as necessary, according to the specific protocols and procedures contained in this Plan. If DBH essential functions are directly impacted by the event, the Continuity of Operations Plans (COOP) will be activated simultaneously with external response.

A. District of Columbia Emergency Response:

Emergency Levels	<i>Emergency Definition</i>	<i>Ownership</i>	<i>Response Required</i>	<i>Duration of Response</i>	<i>Reimbursable</i>
<u>Minor Emergency</u> District Levels 1 & 2	Any emergency within the response capabilities of the District government with minimal need for regional or federal assistance.	DC government responders (F/EMS, DOH, DHS, MPD, etc.)	DBH will deploy Emergency Behavioral Health Teams if called upon by a lead responding agency, the Mayor's office and/or the families or community involved in this type of emergency	No set time	No
<u>Major Public Emergency</u> District Levels 3 & 4	Any emergency that will likely exceed District capabilities and require a broad range of regional and federal assistance.	DC government, NCR governments; Federal involvement likely	DBH will provide support to the Primary Agencies as outlined in the DRP and according to the protocols and procedures of the DBH All Hazards Response Plan	Until it is determined by the Primary Agencies jointly with HSEMA and the Mayor that a response is no longer required.	Yes, if a disaster is declared by the Mayor

<u>Catastrophic Disaster</u> District Level 5	Any emergency that will require massive regional and federal assistance, including immediate military involvement.	DC government, NCR governments, Federal government	DBH will provide support to the Primary Agencies as outlined in the DRP and according to the protocols and procedures of the DBH All Hazards Response Plan	Until it is determined by the Primary Agencies jointly with HSEMA, the Mayor, and FEMA that a response is no longer required.	Yes
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B. Department of Behavioral Health Emergency Response

Emergency Tiers	Type of Emergency Plan Required	Example of Incident/Event Note: All events may escalate/deescalate at any time	DBH Responders
Tier One	BERT 0 to 8 hour duration	Building emergency such as fire, water damage, or loss of utilities	Coordinator, Building Emergency Response Team (BERT) Director, Disaster Behavioral Health Services DBH Designated Emergency/Essential Personnel DC Alert System
		Weather Emergency such as snow, ice, or heat related. Unscheduled Government closing of an emergent nature	BERT Coordinator Director, Disaster Behavioral Health Services DBH Emergency/Essential Personnel DC Alert System
			Director, Disaster Behavioral Health Services

Tier Two	COOP >8 to 96 hours (must be engaged by 72 hours)	Unscheduled Government closing of an emergent nature	DBH Emergency/Essential Personnel District Personnel Management
		Emergency building closure. An environmental failure, such as loss of power that prevents the staff from safely occupying the building for an extended period of time preventing staff from their tasks.	DBH COOP Team members DBH Emergency/Essential Personnel DC HSEMA (Emergency Management)
Tier Three	COOP > 96 hours	<p>City/Regional Disaster- All Hazards Catastrophic interruption of normal operating processes caused by:</p> <ul style="list-style-type: none"> • Natural Disaster, • Acts of war, or • Criminal (terror) actions. <p>Complete loss of critical components, such as data, or the loss of primary place of business.</p>	<p>Director, Disaster Behavioral Health Services</p> <p>DBH Emergency/Essential Personnel</p> <p>DBH COOP Team Members</p> <p>DC HSEMA (Emergency Management)</p> <p>Mayor's</p> <p>District's Response Plan</p>

RESPONSE PROTOCOL FOR EMERGENCIES WITH WARNING

- Director Disaster Behavioral Health Services (DDBHS) will notify DBH Director, Deputy Director, Chief of Staff, Chief Clinical Officer, Chief Administrative Officer, Safety/Risk Manager, and Chief Information Officer of potential event.
- DDBHS will forward email alerts during business hours to facilities and staff potentially affected as directed DDBHS will telephone alert mobile phones during weekend or off hours as directed.
- DDBHS will call or meet with leadership in advance to discuss appropriate response, action, and communication plan. Make-up of leadership meeting may vary according to availability, potential threat, and/or amount of warning. At best, planning will include management for any facility potentially affected, DBH

Director, CCO, CAO, DDP, PIO/COS, Safety/Risk Officer, CIO, and office of Accountability.

- DDBHS will work with DBH PIO to prepare communication messages (staff, consumer, public) in advance
- If event takes place plan, will be initiated as below, if event does not occur staff will be informed to carry on routine responsibilities.
- Response plan and /or preparations will continue until DBH Director informs staff to resume normal operations.

RESPONSE PROTOCOL FOR EMERGENCIES WITHOUT WARNING

- Staff should notify DBH Director immediately.
- DBH Director or staff will contact BERT Coordinator and/or Disaster Behavioral Health Director.
- The DBH Director has the authority to activate the COOP plan. The DBH Director will activate the COOP plan after consulting with his advisors and any other persons able to provide relevant information regarding the incident.
- BERT Coordinator and Disaster Behavioral Health will contact designated emergency personnel.
- Disaster Behavioral Health will initiate DBH automated notification system, Call Tree and/or DC Alert System as needed.
- Disaster Behavioral Health Coordinator will check on status of DBH operations and facilities and report back to DBH Director with update.
- The DBH Director has the authority to activate the COOP plan. The DBH Director will activate the COOP plan after consulting with his advisors and any other persons able to provide relevant information regarding the incident
- Disaster Behavioral Health will contact designated emergency personnel as instructed by DBH Director.
- Disaster Behavioral Health will initiate DBH automated notification system, Call Tree and/or DC Alert System as needed.
- Disaster Behavioral Health will coordinate DBH Emergency Response Teams as needed

C. Concurrent Implementation with Other Emergency Plans

District Response Plan (DRP) only

The Department of Behavioral Health All Hazards Response Plan is always in place and available for implementation. The Plan was designed to complement the District Response Plan. DBH services and responses will be integrated into the overall District response as outlined in this document. Whenever the DRP is initiated, DBH will be ready to respond.

DRP & Other Federal Plans

The District Response Plan may be implemented by HSEMA with other federal agency plans without a Presidential Disaster Declaration. Any DBH response would be coordinated with the DRP and in coordination with the senior federal official of the lead federal agency for the applicable federal plan. Again, whenever the DRP is initiated, DBH will be ready to respond.

DRP & the Federal Response Framework (FRF)

The DRP was designed to be compatible with the Federal Response Framework (FRF) based on the planning assumption that for major incidents, it is likely that the Mayor would declare a state of emergency followed by a request for specific types of federal assistance from the President under the authority of the Stafford Act. The DRP assumes that the FRF will be used by the Federal Emergency Management Agency (FEMA) and the federal agencies to provide support to the District. In this situation, a major Disaster or an emergency will be declared by the President at the request of the Mayor and federal assistance will be provided in accordance with the Emergency Support Function (ESF) structure of the FRF.

DRP & the National Capital Region Plan

In scenarios within the boundaries of the National Capital Region (NCR), FEMA and the federal government have agreed to respond with a national level Emergency Response Team (ERT) designated as the NCR ERT, in lieu of the normal FEMA Region III ERT. The National Capitol Region is defined as:

- District of Columbia
- Montgomery County, MD

- Prince George's County, MD
- Arlington County, MD
- Fairfax County, VA
- Loudon County, VA
- Prince William County, VA
- All cities within the above mentioned counties.

VI. CONCEPT OF OPERATIONS

A. Integration of Response, Recovery and Mitigation Actions

Following an emergency, immediate response operations for saving lives, protecting property, and meeting basic human needs have precedence over longer-term objectives of recovery. However, initial recovery planning should commence at once and in tandem with response operations. Recovery components are embedded in every aspect of response and continue after the response activities cease.

During the response operations phase, when life safety and incident stabilization has priority, immediate recovery operations should already be fully engaged, including providing EOC liaisons to the impacted areas, conducting PDAs, and establishing Disaster Recovery Centers. As response activities begin to taper off and non-life safety issues can begin to be addressed, the operational focus begins to shift from response to recovery.

B. Administration, Logistics, and Legal

Recording and Reporting Forms

a. Program activities

DBH shall utilize PsyStart Rapid Behavioral Health Assessment and Triage Forms as well as forms from the Federal Emergency Management Administration/Substance and Behavioral Health Administration Crisis Counseling Program, to gather information on population needs, services requested, and provided.

- Individual Crisis Counseling Information

- Individual Services Demographics
- Individual Services for Reactions and Referrals
- Group Crisis Counseling Weekly Tally
- Group Crisis Counseling Information
- Education Services Weekly Tally

b. Expenditures & Obligations

The Chief of Administrative Operations (CAO) determines that an emergency exists and authorizes funds for disbursement. The CAO will coordinate with the Chief Financial Officer the disbursement of all funds. The CAO is also responsible for the completion of the required requisitions/purchase orders and the tracking of expenditure during a disaster/emergency.

c. Human Resources Utilization

Human Resources Director will follow the District Personnel Manual standard practices and procedures to manage personnel during an emergency.

d. Expectations of Situation Reports

The Director of Disaster Behavioral Health Services will convene conference calls with Senior Staff Members of the emergency alert team who are affected by a response. Senior staff will also communicate at the end of each day to evaluate and track the effectiveness of emergency response activities and make changes as appropriate.

C. Logistics:

a. Access of personnel to impacted area (identification, transportation)

The DBH Disaster Behavioral Health Emergency Responder certification program establishes competency standards for the provision of Behavioral Health services during a disaster and relies upon the Federal Emergency Management Agency (FEMA) emergency training plan. This certification program aligns disaster Behavioral Health training with the District of Columbia's capacity to share Behavioral Health staffing across states.

All personnel responding to an emergency under the direct authority of the Disaster Behavioral Health Services Director will be provided with a vest that clearly identifies them as DBH Emergency Team Responders.

b. Availability, transport, administration, safeguarding and recording of medications

DBH will stockpile a supply of "psychiatric" medications at the Saint Elizabeths Hospital pharmacy that will meet the needs of patients in the hospital. It is expected that most outpatient consumers ordinarily receive at least a 30-day supply of medications. Therefore, we assume that 80% of outpatient consumers will have at least a 5-day supply of medications.

Saint Elizabeths Hospital pharmacists will be responsible to rotate the medications so as to maintain a supply of un-expired medications. The medications shall be safeguarded in the secured areas of the Saint Elizabeths pharmacy. Pharmacists shall dispense medications as prescribed by treating physicians. The hospital will maintain the usual medical records, including a record of administered medications, of hospitalized consumers.

Readiness and Needs Assessment

DBH will, in coordination with lead ESF agencies, assess emergency readiness and physical resource capacities. Periodic tests and drills will be conducted as scheduled or as required in coordination with lead ESF agencies.

Edits or updates to this plan will be made yearly as necessary by the Disaster Behavioral Health Director in coordination with the Safety Risk Officer and DBH Director.

D. Legal Issues

a. Licensing

Temporary waiver of licenses of the public health professional who wants to assist during an emergency and is licensed in another jurisdiction may be governed by one or all of the following DC Codes:

- Health Occupations Revision Act, at Title 3, Chapter 12
- Title 17, Chapters 40
- "Good Samaritan law", in Title 7 of the Code, Chapter 4

- Public Emergency Law, at Title 7, Chapter 23

b. Safeguarding and access of legal documents

All documents and information will be maintained by federal and district law and regulations.

c. Plan for maintaining financial and legal accountability

All financial and legal accountability requirements will be maintained in accordance with federal and district law and regulations.

d. Liability Issues

Licensure is neither necessary nor sufficient to enable a person to be a disaster behavioral health responder. DBH provides specialized certification training for all DBH Emergency Response Team members. The DBH Disaster Behavioral Health Emergency Responder certification program establishes competency standards for the provision of Behavioral Health services during a disaster. There is no liability protection for DBH responders who engage in illegal or unethical behavior while responding. Responders are least liable when they:

- Are part of a formal response activated by emergency management;
- Operate within the scope of their licensure or responsibility area;
- Are adequately trained and supervised when in the field.

Informed consent is a phrase that implies that a person knowingly gives consent to participate in an interaction with a behavioral health professional. Although psychological first aid is not treatment and informed consent is not required, it is important for behavioral health response team members tell people they speak with that they are part of the DC response. This gives individuals a chance to decline the interaction if desired.

E. Communications

Many situations can present the need to communicate between personnel during emergencies. All avenues must remain open to provide a means of communicating that

will allow key personnel to continue to offer services and keep informed of the current status of the emergency.

Utilizing mass media avenues should be considered as well to reach the maximum amount of people as warranted by notifying television and radio outlets for broadcasts.

The following list of redundant communication methods, presented in order of preference, may be used among DBH, Saint Elizabeths Hospital, other psychiatric facilities, community-based treatment facilities, EMA, emergency medical services, hospitals and clinics and shelter facilities:

1. Mobile phones
2. Email / Text message
3. Land lines
4. Two-way portable radios
5. Cell phones
6. Satellite phones

Alternatives in the event of failed communication capacity

Alternative methods of communication may become necessary due to the large increase in traffic in switchboard activity or internet bandwidth use. Alternatives such as the two-way portable radios or cell phones may become the only practical means of communication. In extreme cases, runners or bikers carrying handwritten notes may be used to communicate.

The Government Emergency Telecommunications Service (GETS) is a National Security and Emergency Preparedness (NS/EP) service of the Federal Government. GETS is to be used only by authorized Federal, State and local government personnel when they are unable to complete emergency calls through normal or alternate telecommunications means using the public telephone network.

Access HelpLine for Behavioral Health Distress

DBH Access HelpLine is available at 1-888-7WE-HELP (1-888-793-4357).

DC Residents can call the HelpLine to:

- Get emergency psychiatric care

- Help with problem solving
- Determine whether to seek ongoing Behavioral health services or other types of services
- Find out what services are available

Availability of technical expertise and authority

Alternative communication methods will need to be tested and taught to key personnel to proactively train for any situation. Key personnel will need to assist with maintaining communication equipment or locating the best alternatives in an emergency. The technical expertise will have to be present to keep equipment working during an emergency. Alternatives will be documented and posted to allow for transition from one technology to another as needed.

Disaster Behavioral Health Director (and staff support) will:

1. identify specific alternative communication methods to be tested and taught to identified key personnel,
2. maintain communication equipment and locate/determine the best alternatives in an emergency, and
3. clearly document and post the communication alternatives and establish parameters to transition from one technology to another.

F. Continuity of Operations — DBH

1. Goal of Continuity of Operations Plan (COOP):

To maintain/reestablish vital functions of DBH during the first 72 hours following an event that would seriously compromise or halt normal operations.

2. DBH has a plan for the protection of its employees in a wide range of hazards in the Continuity of Operations Plan (COOP) on file. The COOP plan is **CONFIDENTIAL – FOR OFFICIAL USE ONLY**. It is a specific response plan and therefore comes within the exemption of the District of Columbia Public Information Act, D.C. Code § 2-534(a)(10). As such, this document is not subject to the general disclosure requirements of D.C. Code § 2-532. This document is **NOT FOR PUBLIC INSPECTION**. Access to this document is limited to persons with a valid need-to-

know. Release of this document to unauthorized individuals or entities without prior approval of an authorized Department of Behavioral Health official is strictly prohibited.

ROLES AND RESPONSIBILITIES

The District government promotes a culture of preparedness throughout the organization. Each department administrator has an implicit responsibility to actively promote disaster preparedness to employees and to the general public, encouraging them to maintain a constant state of readiness for any threat impacting the District.

All levels of District agencies have specified emergency functions to carry out in addition to their day-to-day activities. Each agency is responsible for developing in writing, maintaining, and implementing their organization's unique emergency operational guidelines or procedures that support DRP. General and specific responsibilities for District agencies and key positions that support District emergency operations are listed below, in addition to being contained in the ESF Annex and the SOG. Additionally, responsibilities for organizations which are not a part of the District government, but support District emergency operations are also included below, and in the above named references.

Operations

- Assist with emergency operations duties as directed by the Mayor, or designee
- Assist HSEMA in emergency operations duties as requested during a public emergency
- Ensure that any action in conducting emergency operations duties for the District is in accordance with the DRP and other applicable authorities and references, and in compliance with established legal guidelines
- Utilize agencies personnel and resources to carry out responsibilities during a public emergency until at which time outside resources can be obtained, if required

Personnel Management

- Develop and maintain accurate and current inventories of personnel and equipment required for emergency operations within the agency or organization
- Develop and maintain updated organizational personnel contact, recall, and alert rosters
- Develop and maintain a list of personnel within the agency or organization that speak a foreign language and are willing to assist as interpreters during a public emergency
- Develop and maintain an updated list of agency personnel to ensure timely, adequate, and appropriate 24/7 staffing and operational capabilities of the organization in support of the DOC, the EOC, and/ or other location
- Designate and maintain an updated three-tier or greater line of succession for the organization's senior position with the authority to make decisions for committing organizational resources in support of emergency operations

- Be prepared to assist other District organizations with manpower or resource needs, as required, e.g., support to District shelters, damage assessment teams, and point of distribution (POD) sites
- Develop and maintain contact lists of additional personnel, services, expertise, equipment, information, and other resources that might be required by the agency or organization during an public emergency
- Where possible and practical pre-contract for services, equipment, and other resources with private industry through the Office of Contracts and Procurement (OCP) prior to a public emergency
- Develop, maintain, and implement, when required, internal organizational SOPs and checklists for emergency operations that are supportive of the DRP
- Familiarize all personnel within the agency or organization with their emergency responsibilities and procedures on a regular basis

Continuity of Operations

- Participate and cooperate in COOP/COG planning to ensure the efficient and effective use of resources
- Coordinate with the Office of Risk Management (ORM) to develop and implement procedures and/or guidelines for the safety and protection of employees and visitors to agency facilities
- Coordinate with HSEMA to develop and implement procedures and/or guidelines for protection of critical infrastructure from all hazards
- Develop and maintain a list of vital records in each agency and organization
- Safeguard vital records, including computer digital data, and high value property at all times by anticipating emergency situations that may damage or destroy the records or property
- Provide for the continuity of your organizations operations, and identify and prepare an alternate site or sites for the efficient relocation of operations, if required, during an emergency

Administration and Logistics

- Develop and implement internal procedures with the Office of the Chief Financial Officer (OCFO) to record emergency operational expenditures for District records and possible reimbursement if District and/or Federal funding becomes available
- Plan for outside assistance and resources as a future need, and where appropriate, initiate MAA and/or Memorandum of Understanding (MOUs) through the Office of the General Council
- Provide for and encourage participation in emergency training programs and courses pertinent to individual and organizational responsibilities for a public emergency
- Conduct periodic internal and participate in external emergency management drills and exercises
- Coordinate with HSEMA and provide for individual and organizational administrative and logistical support for operating out of the EOC as an ELO

- Maintain documentation of information received related to the public emergency that is within the scope of responsibility
- Report to HSEMA any information collected on the public emergency in support of information analysis and current/ future planning.
- During an emergency, inform the EOC of:
 - Any injuries or fatalities of District employees or volunteers, and those that are unaccounted for, as soon as possible
 - Any damage or destruction sustained to any District critical infrastructure, buildings and grounds, and other facilities
 - Any District property and vehicles damaged, destroyed, or missing
 - Any IT or multimedia equipment damaged, destroyed, or missing
 - Any media releases that need to be issued through the District PIO
- During recovery, return organizational equipment to pre-emergency conditions and replenish organizational supplies
- Participate in emergency management after action reviews conducted on incidents, emergency situations, exercises, and training
- Identify areas in need of improvement, and modify emergency plans, policies, procedures, and guidelines based on lessons learned
- Periodically, and at least annually, review all emergency plans, policies, procedures, and guidelines for required changes or additions

DBH Emergency Support Functions and Relationships

The Department of Behavioral Health is not designated as “Primary Support Function” lead in the District Response Plan. DBH is a “Secondary Emergency Support Function” for the following support functions headed by other DC agencies.

Department of Behavioral Health (DBH)	
ESF #1 – Transportation	DBH will provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program.
ESF# 4 - Firefighting	

	DBH will provide behavioral health outreach, assessment, support, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel.
ESF# 5 – Emergency Management	DBH will provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program.
ESF #6 – Mass Care, Food, Emergency Assistance, Housing and Human Services	<p>DBH will provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program.</p> <p>DBH will provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program</p>

ESF #7 – Resource Support	DBH will provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program.
ESF #8 – Public Health and Medical Services	DBH will provide emergency mental health assessments and care for district responders, residents, and visitors; Provide mental health response teams and periodic status briefings; Provide disaster related public health messaging; Monitor mental health status of responders; Provide stress mitigation interventions when appropriate; and if long-term care deemed appropriate and federal disaster declared DBH will coordinate the implementation of the FEMA crisis counseling program.
ESF #9 – Search and Rescue	DBH will provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program.
ESF #10 – Oils and Hazardous Materials Response	DBH will provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related

	public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program.
ESF #13 – Law Enforcement	DBH will provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program.
ESF #14 – Damage Assessment	DBH will work with primary damage assessment agencies to coordinate the assessment of DBH facilities. DBH will also provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program.
ESF #16 – Volunteer and Donations Management	DBH will coordinate mental health activities within the District through needs assessment and provisioning of appropriate crisis support services and counseling for first responders, survivors, families, and special vulnerable populations. DBH will provide a Clearinghouse Communication Center for volunteers to provide mental health services for those seeking assistance. Also, this

	clearinghouse acts as a referral service for local community members seeking such support.
ESF #17 – Private-Sector Coordination	DBH will provide behavioral health outreach, assessment, supports, education, and interventions for survivors of traumatic events, their family members, and emergency rescue personnel. Provide disaster related public health messaging; briefings on mental health status of responders and community and if long-term care deemed appropriate and federal disaster declared coordinate the implementation of the FEMA crisis counseling program.
ESF #18 – Military Support to Civil Authority	DBH will provide the CMT with a regular assessment of first responders' "burn out" symptoms and report on counseling and preventative mitigating actions for the public.

PUBLIC INFORMATION

As outlined in the DRP, HSEMA operates an Emergency Operations Center (EOC) at the Unified Command Center (UCC) that is the central point of communication for operations.

Responsibility

The Public Information Officer (PIO) is responsible for the Department of Behavioral Health's public information program. The PIO will develop and distribute to the Mayor's Office of Communication and/or Joint Information Center (JIC), as necessary, public Behavioral health messages designed to alleviate fear and educate the public about what a normal psychological reaction is and when and where to seek assistance. The role of the PIO is critical to any mass care Behavioral health response.

Public information policies

DBH Director and the PIO are DBH's official spokespeople; however, message delivery during a crisis/emergency/disaster will be coordinated through the JIC. According to the District's Response Plan, ESF #15, the Mayor's Director of Communications is the lead spokesperson for D.C. government and individual departments will coordinate with HSEMA.

In all cases, DBH will follow the existing protocol of consulting the JIC prior to delivering any public messages during a crisis.

1. Existence of public information materials (fact sheets, guides, multiple languages, access to services, distribution of materials, etc.). DBH has information pamphlets about emergency-related Behavioral health issues (in storage) and additional electronic copies of all SAMHSA related handouts and flyers for ease of distribution if needed. Hard copies are stored in the Office of the Director's storage room at the Behavioral Health Authority's headquarters. Electronic versions as PDF files are stored on the Public Information Office computers.
2. Relationship with HSEMA Public Information Officer , as determined by the current JIC / District Response Plan protocol.
3. Identified means of disseminating information DBH will use the standard media outlets listed through the JIC.

G. Emergency Operating Facilities

DBH Emergency Operations Center (EOC): The EOC will be located at the Behavioral Health Authority's headquarters. The alternate sites, in order, are 35 K Street NE, Washington, DC 20001 and 821 Howard Rd. SE, Washington, DC 20020.

The Disaster Behavioral Health Emergency Response Team staging area is located at DBH Comprehensive Psychiatric Emergency Program located at DC General Hospital Compound, Building 14, 1905 E Street, SE.

DBH will also have a presence at the District's Unified Communications Center (UCC), Joint Information Center (JIC), Emergency Operation Center (EOC), and the Health Emergency Coordination Center (HECC).

The UCC, JIC, and EOC are located at HSEMA Operations Center at 2720 Martin Luther King Avenue, SE, Washington, DC. The District's Alternate Emergency Operations Center is located at the Metropolitan Police Department Headquarters at 300 Indiana Avenue NW, Washington, DC 20001.

The DC Department of Health, Health Emergency Coordination Center (HECC) is located at 55 'M' Street, SE – Suite 300.

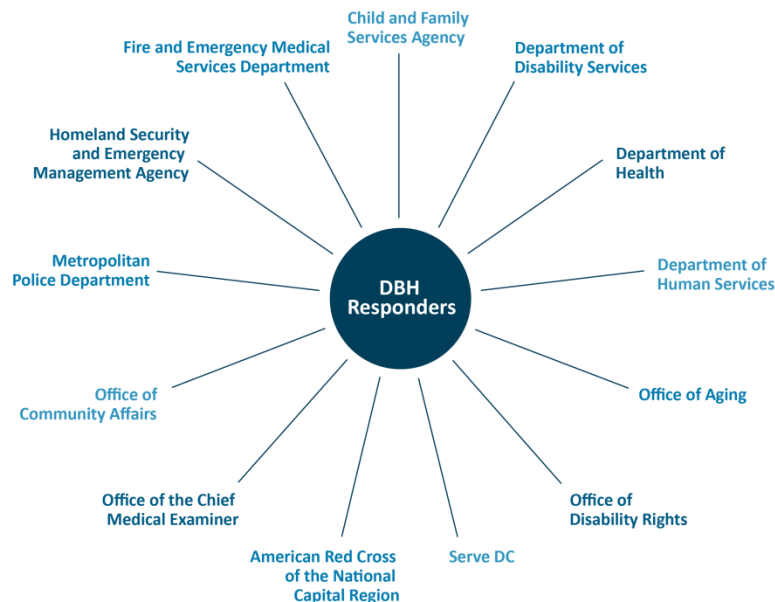
H. Disaster Behavioral Health Emergency Response Teams (DBHERT)

DBH will provide rapid and effective disaster Behavioral health crisis counseling and psychogenic stress mitigation through the deployment of Disaster Behavioral Health Response Teams (DBHERTs).

The DBHERT provides behavioral health services from certified response team members. These Behavioral Health Response Teams may be deployed to separate locations or work alongside each other simultaneously (in which case teams must be clearly identified), depending on requirements, availability, and other factors as determined by the Disaster Behavioral Health Director in coordination with the DBH Director and the Primary ESF Agency involved in the event.

The DBERT is composed of qualified, certified DBH staff and community volunteers. DBERTs should be conceived of as a first line of defense designed to provide general screening, behavioral health assessments and specialty behavioral health intervention and/or referral for treatment based on initial patient assessment or screening / triage.

DBH Planning and Response Partners



Logistics

DBERTs are designed as small (4-5 members / team), highly mobile units, which deploy rapidly, dispense services where necessary (shelters, staging areas, hospitals, etc.), and then move on to the next area of need. While on site, DBERT staff may wish to seek out a quiet setting, separate meeting space or office to ensure patient privacy and comfort.

Deployment

The Disaster Behavioral Health Director, in coordination with the DBH Director and the Primary ESF Agency, shall determine the location for all DBERT deployments and subsequent redeployments as necessary. The staging (deployment) location will be DBH CPEP.

Staffing: Aligned with current AHRP requirements and the FEMA Crisis Counseling program.

	Team and Fixed Facility Leaders	Unit Leaders	Specialists	Responders
Training Requirements	Full (7 Core) Disaster Behavioral Health Responder Certification	Full (7 Core) Disaster Behavioral Health Responder Certification	Full (7 Core) Disaster Behavioral Health Responder Certification	Full (7 Core) Disaster Behavioral Health Responder Certification
Experience Requirements	5 years working in a Behavioral Health related field and at least 4 years of direct experience in providing emergency Behavioral Health	3 years working in a Behavioral Health related field and at least 1 year of direct experience in providing emergency Behavioral Health	3 years working in a Behavioral Health related field and at least some direct experience in providing emergency Behavioral Health	2 years working in a Behavioral Health or human services related field
Educational and Professional Requirements	Advance Degree, licensed Behavioral Health professional, and current supervisor	Advance Degree and licensed in a Behavioral Health related field with some supervisory experience	Advance Degree and licensed in a Behavioral Health related field	Bachelor's Degree or meet the experience requirement

Behavioral Health Response Teams Action Protocol

There are a variety of sites where behavioral health disaster responders may be needed. Behavioral health providers are often not needed at the site of the incident. Although it is a common reaction to want to rush to these sites, the assistance that behavioral health responders provide will most likely be needed at other sites where people gather:

- Shelters, meal sites, disaster application centers, Red Cross service centers, hospitals, schools, police stations, survivors' homes, morgues, business or police barriers/perimeters, etc.
- Mass care sites
- Mass clinics for immunizations and/or prophylactic medications
- Sites where first responders and other response workers gather
- Sites conducive to community education and outreach such as community centers, shopping malls, schools, religious centers, business associations

As appropriate, the DBHERTs will provide the following services:

- Crisis counseling and psychological first aid for victims directly and indirectly affected by a disaster / emergency
- Referral for clinical Behavioral health services
- On site Behavioral health triage in coordination with DHS and DOH

The DBHERTs will provide these services according to the following procedure:

- At least one DBHERT member must be included in each triage team set up by DOH and/or DHS.
- DBHERT members not involved in the triage process will receive patients from triage who are determined to be at greatest risk for developing acute stress disorder or who have a preexisting Behavioral health condition
- Certified DBHERTs will receive patients from triage who are determined to be at a lower risk level, but who would nevertheless benefit from psychological first aid services
- These standards of care may be altered as determined by resource availability

Forms

DBHERT leaders will be given the following forms to keep track of relevant data:

- Weekly Tally Sheet
- Crisis Counseling Program Form
- Rapid Behavioral Health Assessment (PsySTART)

VII. Operational Life Cycle

A. Notification and Initial Actions

District Notification Process

- Upon indication of an imminent or actual public emergency, HSEMA will notify key personnel and agencies following the notification system outlined in the District Notification Matrix maintained by HSEMA. Based on the type and seriousness of the event, appropriate personnel are notified with essential elements of information outlining the scope of the incident. Key personnel and agencies may be notified depending on the severity of the event and at the direction of the HSEMA personnel.
- HSEMA contacts select regional and federal response partners based on the severity of the event and the potential for the incident to create an impact outside District boundaries.
- In a major incident the HSEMA Director contacts the federal Office of Personnel Management, which is the White House contact for DC during a major emergency.
- Following an alert, HSEMA convenes a conference call with the Mayor and key advisory personnel to discuss the situation and evaluate the City's operation level.
- CMT members may be notified to convene at the EOC for an initial meeting, depending on the nature of the event. CMT members or alternates remain on call to meet at any time during the response.
- HSEMA's Emergency Preparedness Council (EPC) members also may be notified for an initial meeting, depending on the nature of the emergency. EPC members or alternates remain on call to meet at any time during the response.

DBH Notification Process

a) Primary Notification Method

DC Homeland Security and Emergency Management Agency (HSEMA) and/or the ESF Primary Agency will contact and formally request assistance from the DBH Incident Commander (DBH Director). The DBH Incident Commander will then request the Director of Behavioral Health Disaster Services to activate the relevant

ESF specific protocols and procedures contained in this All Hazards Response Plan (AHRP).

b) Secondary (Back Up) Notification Method

The Director of a DRP-designated ESF Primary Agency for which DBH has been assigned Support Agency responsibility may also directly contact and formally request assistance from the DBH Incident Commander (DBH Director).² The DBH Incident Commander will then request the Director of Behavioral Health Disaster Services to activate the relevant ESF specific protocols and procedures contained in this All Hazards Response Plan (AHRP).

c) Discretionary Activation of ESF Protocols

The DBH Incident Commander (DBH Director) may request the Director of Behavioral Health Disaster Services to activate any or all of the AHRP ESF protocols and procedures without having first received direct contact from either HSEMA or a DRP designated ESF Primary Agency Director if a District-wide emergency has been declared by the Mayor and it is deemed vitally necessary to do so.

B. Activation and Operations Procedure

District Activation Procedure

- With an increase in Operation Levels to Level 4 or 5, HSEMA informs ESF primary agencies of CMT activation and provides a time for each activated ESF to report to the EOC, as part of the CMT.
- Primary agencies are responsible for activation of their support agencies if required.
- Agencies may activate their headquarters' EOCs to provide coordination and direction to their response elements in the field.
- The CMT assembles at the EOC to assist in assessing the impact of the situation, collecting damage information, and determining requirements.

² Recent coordination efforts between DBH and DRP Primary Agency liaisons would indicate that despite the contents of the DRP, which emphasizes Primary Agency responsibility for directly contacting Support Agencies, it is much more likely that DBH will be notified by HSEMA as noted in the Primary Notification Method.

- The CMT briefs the Mayor or the Mayor's designated liaison officer at the EOC on the assessment of the situation. This information is evaluated to determine if a State of Emergency needs to be declared.
- If a State of Emergency is declared, the Mayor will submit a request for a Presidential Declaration to a FEMA liaison that indicates the estimated extent of damage and the types of federal assistance required. FEMA Headquarters then forwards the Mayor's request to the White House along with a recommended course of action. Concurrent with a Presidential Declaration of a public emergency and official appointment of a Federal Coordinating Officer, FEMA designates the types of assistance to be made available and the municipalities eligible to receive assistance.
- The CMT Logistics Section supports the establishment of a Disaster Field Office and mobilization center(s).
- The EOC coordinates District support of requirements until the DC Coordinating Officer assumes those responsibilities.
- The Joint Information Center will be established, as required, to provide a central point for coordinating emergency public information activities.
- The CMT coordinates damage assessment and selection of locations for field facilities. It also coordinates mission assignments for direct assistance and procurement of goods and services.
- ESFs act quickly to determine the impact of a public emergency on their own capabilities and to identify, mobilize, and deploy resources to support response activities in the affected area.

DBH Activation Procedure

In 2013 the Disaster Behavioral Health Services adopted an automated notification system. This system is the first notification system to be used when internet and/or web access is uninterrupted (fully operational). The DBH Emergency Call Phone tree is used when the internet is inoperable. The automated system can notify all COOP personnel about COOP activation and instructions via email, mobile phone, text, and home phone.

The registry is coordinated by the director of Disaster Behavioral Health Services and maintained through DC RESPONDS, administered by the District of Columbia Department of Health, Health Emergency Preparedness and Response Administration. It will coordinate COOP response for all types of situations. Questions regarding the automated notification should be referred to kevin.obrien@dc.gov or calling 202-671-0347.

Once the notification process has been completed, the Emergency Alert Personnel—those agency deputy directors and department heads who are responsible for employees who will perform essential functions during and after the emergency—must implement the COOP Plan, including relocation to an Alternate Facility, following evacuation of the Primary Facility.

Emergency Alert Personnel are responsible for notifying all personnel within their areas of responsibility.

Further Actions:

Under the direction of the Director, the DBH Public Information Officer (PIO) will contact the Unified Command Center with live information of the event and alternate work sites (if necessary).

The Disaster Behavioral Health Services Director will notify senior staff as required by the emergency and place out alerts to the DC Department of Homeland Security Administration and the Emergency Health Care Coalition alert systems.

The DBH Director shall engage the DBH Disaster Behavioral Health Services Director and other emergency operational staff as necessary to continue the essential functions.

In the event of localized incidents at either Community Service Agencies (CSA) or Mental Health Community Residential Facilities (MHCRF) that causes disruption of service or potential relocation of consumers or services CSAs and MHCRFs are instructed to contact DBH Access Helpline at 1-888-793-4357 and or Deputy Director of Accountability. Complete a written Major Unusual Incident report and submit it to Office of Accountability (OA) per DMH Policy 480.1C. If the event occurs during a weekend, holiday, or non-business hours contact DBH Access Helpline at 1-888-793-4357.

In the event of a public emergency all DBH providers and contracted agencies are instructed to implement their emergency plans. During public emergencies and district wide disasters, DBH Disaster Mental Health will convene conference calls for senior staff and all providers to coordinate information, support, and any available assistance. These conference calls will usually be scheduled for late morning, (10:00 a.m. for DBH senior staff and 11:30 a.m. for DBH provider network) on a regular basis until the crisis or emergency has passed. Please make note of the conference call number and passcode and assign appropriate staff to participate. (Toll Free Conference Call Number is 1-877-952-0614 / Participant Passcode: 52799178#.)

C. On-going Response Strategy FEMA Crisis Counseling Program

- If the President declares a federal disaster, the FEMA Crisis Counseling Program is available for up to 9 months. Staff can be hired to provide services under this program.
- The scope of the FEMA Crisis Counseling Program includes ‘the provision of crisis counseling services to individuals adversely affected by major disasters. In addition, it includes provision for training those hired by the crisis counseling programs and other community members who may deal with disaster survivors and would benefit from this type of knowledge.’³
- The Crisis Counseling Program is described in the Appendix of the AHRP and forms can be found in the electronic annex stored on the DBH share drive.

D. Recovery Operations

1. Stand Down

- HSEMA or a Primary ESF Agency receiving DBH support will inform the DBH Director / Incident Commander that DBH resources are no longer required.
- The DBH Director / Incident Commander may authorize the Disaster Behavioral Health Director to stand down any or all emergency support activities in the following situations:
 - It is determined that DBH resources have been exhausted and that emergency support activities can only continue in a severely compromised or otherwise inadequate and potentially counterproductive form.
 - It is determined that continuing emergency support activities will put the lives of DBH staff or others at risk.
- Following the District DRP, when a centralized DBH coordinating presence is no longer needed as determined by HSEMA or the Primary ESF Agency receiving DBH support, emergency support responsibilities of DBH will be transferred to

³ HHS, SAMHSA, CC-PG-02.

the behavioral health recovery assistance program. The DBH will resume normal business activities.

2. After Action Critique

DBH Office of Administrative Operations will keep records of operational activities throughout the event to prepare an after action report and to develop lessons learned. This information will be shared with HSEMA and used to refine procedures in coordination with the Disaster Behavioral Health Director in coordination with the Office of Administrative Operations.