



2014 Disaster Behavioral Health Workshop

Event Response

Prior	During (first 72 hours)	After (2-4 weeks later)
What Plans do you have in place?	What do you do upon notification?	What response activities will you be doing after the event (6 weeks later?)
Who do you coordinate with?	Who do you coordinate with?	Who do you coordinate with?
	What resources would be needed?	What resources would be needed?

Tornado Scenario

First 72 hours:

Corvallis, a town of 3,500 is located in Staple County in your region.

At approximately 6:45 p.m., a police patrol reported that a tornado struck a large portion of the town with a path of up to ½ mile wide, cutting a full swath through the town. As it is getting dark, initial reports on the extent of injuries and damage to the town are sketchy due to downed communications lines and an overburdened cell phone system. Unconfirmed reports begin to trickle in to the media that the Corvallis Community Center was hit as well as the Corvallis Rural Hospital. It is unknown at this point to what extent homes and businesses were damaged.

As of 10:00 pm, nine fatalities have been confirmed, two of them children at the Corvallis Community Center. There were a large number of individuals injured at the site as well. The Community Center was hosting a play at the time of the tornado. It was estimated that up to 150 people were in attendance. Rescue/recovery efforts at that site continue through the night along with search and rescue efforts in the rest of the town.

Next day:

Your Regional Behavioral Health Office has just received a call from the local county emergency manager who has requested behavioral health personnel to provide psychological first aid to citizens at an established Family Assistance Center, as well as rescue personnel at the Responder Respite Area near the EOC. The American Red Cross is in the process of establishing a shelter for community residents but they are having a difficult time finding a suitable area. At this time details are sketchy, however, you've been asked to assemble volunteers and have them report to the ICP by 12:00 pm (noon) to work for at least the next 72 hours. Additionally, you have been asked to assume the primary responsibility for coordinating among other behavioral health response entities (Red Cross, CISM). The morning news is now reporting that 21 people are dead, many of which were found at the Corvallis Community Center. Rescue/Recovery efforts continue.

You spent the first 72 hours post disaster activating/deploying volunteer resources in accordance with your Regional Behavioral Health All Hazards Plan. The operation has changed from response to a recovery operation as there is little hope of finding additional survivors. An additional 161 people with varying degrees of injuries have been taken to healthcare facilities in surrounding towns/cities. Almost all of the residents of Corvallis have been relocated with family, friends, or the mass shelter in a neighboring town's high school.

You have been asked to coordinate an expanded behavioral health response to provide outreach services to reach the broad spectrum of those affected by the disaster, and to deploy volunteers accordingly. Public Health officials along with emergency management have set up a volunteer processing center because people from all over are the State who wish to help with clean-up operations are spontaneously volunteering. You have also received a message from the processing center asking what to do with volunteers from Kansas who claim to be behavioral health professionals wanting to help.

The area has been declared a disaster by the Governor. A federal disaster declaration is pending and the American Red Cross has decided to activate the national disaster human resource system, sending behavioral health volunteers to the site from across the country.

2 Weeks later:

State, FEMA and SBA teams have conducted their Post Damage Assessments:

1. 56 homes were affected (5 destroyed, 20 with major damage, 31 with minor damage)
2. 13 businesses damaged and are still not open
3. 7,500 acres of corn destroyed (10,340 acres damaged)
4. 4,480 acres of soybeans destroyed (6,160 acres damaged)
5. 14 million dollars of agricultural business damage
6. Power, water and sewer have been returned to normal
7. 100 people continue to require food and shelter assistance
8. The local school was damaged and will not be able to open for 4 more months

You have been contacted by State Behavioral Health officials who are preparing an application for crisis counseling program funds. They are asking for information about the type, amount, and cost of behavioral health services provided to date across behavioral health entities, your plan for providing outreach services over the next 60 days and is asking you to procure damage assessment information from emergency management to complete the application.

6 weeks later:

Forty five days have passed since the tornado hit Corvallis. Former residents of Corvallis have been relocated to neighboring towns as far as 60 miles away. Some are staying with extended family, and some are living in FEMA funded living units (apartments and rental homes), some of which are overcrowded and minimally adequate. The stress of recovery from the disaster is beginning to show. Along with the grief experienced with the loss of family and friends, residents must navigate a multitude of programs and services. It is hard for some Corvallis residents to accept public assistance for the first time. At this time, one suicide attempt has been attributed to the post disaster stress.

Your Behavioral Health Region has received an immediate services program crisis counseling grant to do outreach with affected individuals, including the displaced who are now primarily located in four towns in your region. The regular services program crisis counseling grant is due in fifteen days. You must submit a plan to provide ongoing outreach and intervention over the next nine months to help individuals and the community heal from the disaster and move forward. You have also received word that an unmet needs community group has been formed with the aid of FEMA. This group is working in tandem with a newly formed group of volunteer case managers that are operating under the supervision of a paid coordinator through one of the churches.

Radiological Terrorist Event

Thursday, June 10, 2014-12:15 p.m.

It is a warm and sunny day (high 80's) with winds out of the east at 4 mph and the threat of evening rains forecast.

911 received a call from the XYZ building (a British owned company) and is informed that two 1000-gallon aboveground propane storage tanks and a 3000-gallon aboveground liquid oxygen tank (within 100 feet of the propane tanks) have exploded. Several buildings and two vehicles ignited as a result of the debris from the explosions and are burning. A nearby building to XYZ has suffered structural damage and is on the verge of collapse. The caller mentions that he and four other XYZ employees were able to evacuate the site, but that 10 employees are dead and 20 are not accounted for.

Fire and Police are called to the scene. Within minutes, firefighters, police officers and other emergency rescue teams arrive on the scene. The fire is in full blaze and threatens to spread to a nearby oil tank farm.

Upon arrival at the scene, police evacuate the area and close the road. The initial Incident Commander calls in a second and third alarm due to the magnitude of the fire and possible HAZMAT threat from the oil tank farm. A large black cloud develops over the area of the fire, swelling in size as the wind moves it to the west of the incident site, interfering with traffic on interstate 2. By 1:00 p.m., the emergency management has been notified and the city EOC is being activated.

At 1:00 p.m. the local radio station receives a phone call from Iraqi terrorist group, claiming responsibility for the explosions and warning that the fire was just the beginning of Iraqi revenge against the American/British murders. The terrorists report that the explosive device was impregnated with 600 grams of Plutonium-238, which will have caused radiological contamination over the entire facility and at this very moment, is dispersing contaminated material over the town in the fire's smoke plume.

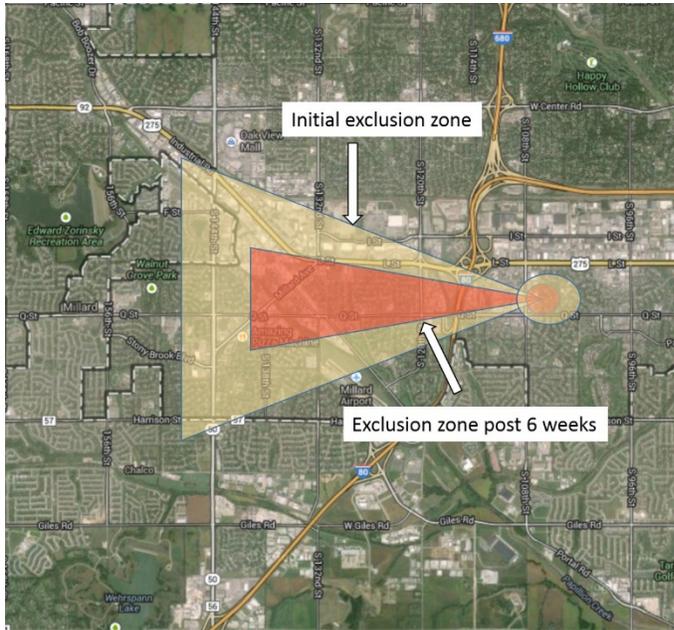
At 1:10 p.m. the radio station contacts the 911 dispatcher with the terrorist's message and requests that the information is passed to the Sheriff's Office/Local Police & Fire Dept and Emergency Management.

At 1:15 p.m. the radio station airs a report that an Iraqi terrorist group has claimed responsibility for exploding a radioactive device at the XYZ Company. The newscaster notes the police and FBI have not confirmed their report. As news of the explosion and the possibility of a radioactive materials release become more widely known, people around the site of the fire and in and around the city begin to panic. Fearing an uncontrolled spontaneous evacuation and traffic gridlock throughout the city area and along interstate highway 2 the Nebraska Emergency Management Agency recommended that the Governor declare a state of emergency.

Local law enforcement and the Nebraska National Guard begin to establish road blocks and decontamination stations on all major routes out of the city. Due to the levels of radiation detected, all personal effects and vehicles were ordered to remain in the radiated "hot zone" while thousands of people were decontaminated and were taken by bus to several shelters established up-wind of the city.

2 weeks later:

State and federal officials have concluded their initial radiological assessment and have established an exclusion zone that stretches to the east and encompasses 3-4 miles of residential and business areas.



Initial Impact assessments determined:

1. Over 2,000 people displaced
2. Approximately 600-700 homes abandoned.
3. 200 businesses abandoned
4. One airport, 3 schools, and one hospital abandoned.
5. Major roadways and thoroughfares closed.

6 weeks later:

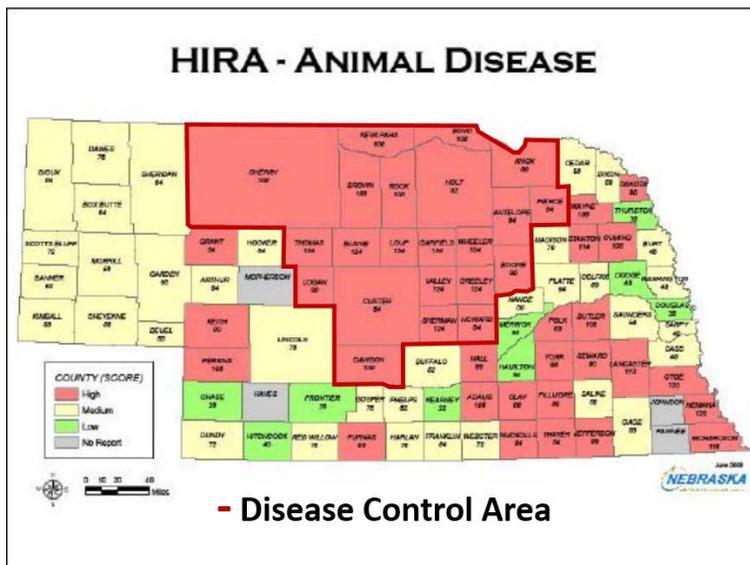
Officials continue with clean-up and decontamination efforts around the area and made a determination that the exclusion zone could be reduced in size. Massive concrete barricades are constructed around the final exclusion zone to prevent anyone from entering the area. Early estimates predict that this area will remain un-inhabitable for the next 200 years. For those individuals and families allowed to return to their homes, they discovered damage and loss to personal property due to the decontamination process. Clothing, food and family pets were lost, and many families and small business owners have chosen to leave the area, fearing safety concerns. The Local Public Health Department has reported that hospitals are reporting that people are starting to present with symptoms of low dose radiation sickness.

Agricultural disease outbreak

Hand, foot, and mouth disease is often confused with ***foot-and-mouth disease (FMDV)***, a disease of cattle, sheep, and swine. However, the two diseases are caused by different viruses and are not related. Humans do not get the animal disease, and animals do not get the human disease. Foot-and-mouth disease has not been found in the United States since 1929, but is endemic in parts of Asia, Africa, the Middle East and South America. There is limited information on the survival of FMDV in the environment, but most studies suggest that it remains viable, on average, for three months or less. The presence of organic material, as well as protection from sunlight, also promote longer survival. Reported survival times in the laboratory were more than 3 months on bran and hay, approximately 2 months on wool at 4°C (with significantly decreased survival at 18°C [64°F]), and 2 to 3 months in bovine feces.

First 72 hours:

On 27 March 2014 a local veterinarian in Dunning NE notified the Nebraska Department of Agriculture of a potential FMDV outbreak at a rural cattle ranch. The investigation confirmed the presence and began to initiate quarantine protocols and further investigations. On 30 March three other farms in two adjoining counties also reported the presence of FMDV affecting an additional 7,000 head of cattle. Preliminary investigations revealed that animals brought to the Broken Bow Fair and Rodeo earlier that month were exposed when a vendor at the fair sold authentic Afghan saddle bags and wool goat blankets, the exposed animals included the livestock at the rodeo as well as hundreds of animals brought to the fair during the state 4H judging. By 4 April, 25 other farms in 12 other counties have been effected, the Nebraska Department of Agriculture has recommended that the Governor declare a state of emergency. That day the Governor ordered a state of emergency and the “contiguous culling” of all cattle, pigs, sheep, goats and deer in mid to north central Nebraska. The National Guard as well as statewide law enforcement have established a cordon and disease control area stretching from the South Dakota border south.



The zone included inspection and decontamination of all vehicles along major routes of travel, due to the size of the quarantine area, the Nebraska National Guard also helped in decontamination and identification, increasing fears and speculation as to the reason for such drastic measures. All livestock which were found during inspections were confiscated by authorities.

2 weeks later:

Local farmers have reported that Insurance companies were not compensating for the losses, many lending organizations are foreclosing on farms. Local law enforcement across multiple counties reported an increase in public disturbance and disorderly conduct in the affected counties, this information matched a report from the Nebraska DHHS which noted an increase in hospital visits in the areas. Veterinarians in the area report concerns of suicidal thoughts among the affected farmers and ranchers based upon recent contacts and observations.

6 Weeks later:

By 20 May over 3.3 million head of cattle had been quarantined or euthanized across Nebraska. Hundreds of farmers and ranchers have been forced into foreclosure due to nonpayment because of loop-holes in their insurance policies. Even more families have moved because of this disaster which is causing extreme 2nd and 3rd order economic effects in small towns across the state. Processing plants, COOP's and feed lots are all at risk of closure.

Tornado Summary

- Tornado strike with high number of injured and displaced.
- BH support is requested
- Immediate services program crisis counseling grant required
- Extended duration event

Radiological Terrorism event

- Low number of killed and injured
- Great potential of fear and panic
- Large number of displaced people
- People forced to decontamination stations in public

Agricultural Disease Outbreak

- No killed or injured
- Extreme loss of property/livelihood
- Detrimental economic effect
- Multiple county/State impact

Disaster Behavioral Health Threat & Hazard Identification and Risk Analysis (THIRA) Workshop

Why Do It?

1. Presidential Policy Directive 8/PPD-8. Common process to identify and assess risks and resources to ensure secure and resilient communities, state, and nation.
2. THIRA helps determine resources necessary to maintain capabilities or close gaps.

What is it?

The July 24, 2014 Workshop will aid state and local behavioral health agencies in planning and assembling the resources our communities need to respond to or recover from large emergencies or disasters. You have an opportunity to help identify the capabilities we need at the local level to accomplish this task by using your input, knowledge, and resources to accurately identify and plan responses for a disaster scenario. The scenario puts our resources to the test. We learn more about what we need and what we don't have. Together we will start identifying the capabilities and resources we want to have available. This will ultimately help us have goals to work toward as we continue to develop our behavioral health response capacity. Below is an example of the product we will ultimately produce from the results of this workshop. Steps 1 and 2 will be provided to you, and you will address Steps 3 and 4 in the workshop.

Threat/Hazard	Earthquake	Terrorism	
Context Description	A magnitude 7.8 earthquake along the Mainline Fault occurring at approximately 2:00 PM on a weekday with ground shaking and damage expected in 19 counties, extending from Alpha County in the south to Tau County in the north, and into the Zeta Valley.	A potential threat exists from a domestic group with a history of using small IEDs in furtherance of hate crimes. There are a number of large festivals planned during the summer at open air venues that focus on various ethnic and religious groups. These events draw on average 10,000 attendees daily.	STEP 1 Identify threats & hazards of concern
Core Capability: Mass Search and Rescue Operations			STEP 2 Give threats & hazards context
Capability Target	Within 72 hours, rescue: <ul style="list-style-type: none"> ▪ 5,000 people in 1,000 completely collapsed buildings ▪ 10,000 people in 2,000 non-collapsed buildings ▪ 20,000 people in 5,000 buildings ▪ 1,000 people from collapsed light structures. 		STEP 3 Establish capability targets
Resource Requirement			
Resources		Number Required	STEP 4 Apply the results – Resource requirements
Type I US&R Task Forces		10	
Type II US&R Task Forces		38	
Collapse Search and Rescue (S&R) Type III Teams		10	
Collapse S&R Type IV Teams		20	
Canine S&R Type I Teams		20	

2014 Disaster Behavioral Health Training – July 24, 2014 Pre-Training Materials
Required Capabilities –Public Health, Hospital Preparedness, Homeland Security, and Agriculture

Capabilities are arranged so that similar capabilities line up with each other.

Yellow highlight = capabilities with Behavioral Health responsibilities

Gray highlight = capabilities without Behavioral Health responsibilities

Capabilities			
Public Health (15)	Hospital Preparedness (8)	Homeland Security (31)	Agriculture (consistent with Homeland Security)
<p>1. Community Preparedness Definition: Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health’s role in community preparedness is to do the following:</p> <ul style="list-style-type: none"> • Support the development of public health, medical, and mental/behavioral health systems that support recovery • Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents • Promote awareness of and access to medical and mental/behavioral health resources that help protect the community’s health and address the functional needs (i.e., 	<p>1. Healthcare System Preparedness Healthcare system preparedness is the ability of a community’s healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system role in community preparedness involves coordination with emergency management, public health, mental/behavioral health providers, community and faith-based partners, state, local, and territorial governments to do the following:</p> <ul style="list-style-type: none"> • Provide and sustain a tiered, scalable, and flexible approach to attain needed disaster response and recovery capabilities while not jeopardizing services to individuals in the community • Provide timely monitoring and management of resources • Coordinate the allocation of emergency medical care resources • Provide timely and relevant information on the status of the incident and healthcare system to 	<p>Planning Description: Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives.</p>	<p>Planning Description: Conduct a systematic process engaging the whole community as appropriate in the development of executable strategic, operational, and/or community-based approaches to meet defined objectives.</p>

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<p>communication, medical care, independence, supervision, transportation) of at-risk individuals</p> <ul style="list-style-type: none"> Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community Identify those populations that may be at higher risk for adverse health outcomes Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane) 	<p>key stakeholders</p> <p>Healthcare system preparedness is achieved through a continuous cycle of planning, organizing and equipping, training, exercises, evaluations and corrective actions.</p>		
<p>2. Community Recovery Definition: Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/ behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels</p>	<p>2. Healthcare System Recovery Healthcare system recovery involves the collaboration with Emergency Management and other community partners, (e.g., public health, business, and education) to develop efficient processes and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels and improved levels</p>	<p>Health & Social Services Description: Restore and improve health and social services networks to promote the resilience, independence, health (including behavioral health), and well-being of the whole community.</p>	

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<p>where possible. This capability supports National Health Security Strategy Objective 8: Incorporate Post-Incident Health Recovery into Planning and Response. Post-incident recovery of the public health, medical, and mental/behavioral health services and systems within a jurisdiction is critical for health security and requires collaboration and advocacy by the public health agency for the restoration of services, providers, facilities, and infrastructure within the public health, medical, and human services sectors. Monitoring the public health, medical and mental/behavioral health infrastructure is an essential public health service.</p>	<p>where possible. The focus is an effective and efficient return to normalcy or a new standard of normalcy for the provision of healthcare delivery to the community. Note: Includes agency COOP planning</p>		
<p>3. Emergency Operations Coordination Definition: Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.</p>	<p>3. Emergency Operations Coordination Emergency operations coordination regarding healthcare is the ability for healthcare organizations to engage with incident management at the Emergency Operations Center or with on-scene incident management during an incident to coordinate information and resource allocation for affected healthcare organizations. This is done through multi-agency coordination representing healthcare</p>	<p>Operational Coordination Description: Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.</p>	<p>Operational Coordination Description: Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities.</p>

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<p>15.Volunteer Management Definition: Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency’s response to incidents of public health significance. Note: Behavioral health, either agency or in coordination with partners, ensures trained volunteers are available to respond and/or supplement licensed behavioral health professionals when needed.</p>	<p>organizations or by integrating this coordination into plans and protocols that guide incident management to make the appropriate decisions. Coordination ensures that the healthcare organizations, incident management, and the public have relevant and timely information about the status and needs of the healthcare delivery system in the community. This enables healthcare organizations to coordinate their response with that of the community response and according to the framework of the National Incident Management System (NIMS).</p> <p>15.Volunteer Management Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, engagement, and retention of volunteers to support healthcare organizations with the medical preparedness and response to incidents and events. Note: Behavioral health, either agency or in coordination with partners, ensures trained volunteers are available to respond and/or supplement licensed behavioral health professionals when needed.</p>		
4.Emergency Public Information &		Public Information & Warning	Public Information & Warning

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<p>Warning Definition: Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.</p>		<p>Description: Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.</p>	<p>Description: Deliver coordinated, prompt, reliable, and actionable information to the whole community through the use of clear, consistent, accessible, and culturally and linguistically appropriate methods to effectively relay information regarding any threat or hazard, as well as the actions being taken and the assistance being made available, as appropriate.</p>
<p>5.Fatality Management Definition: Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/ behavioral health services to the family members, responders, and survivors of an incident.</p>	<p>5.Fatality Management Fatality management is the ability to coordinate with organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services for family members, responders, and survivors of an incident. Coordination also includes the proper and culturally sensitive storage of human remains during periods of increased deaths at healthcare organizations during an incident.</p>	<p>Fatalities Management Services Description: Provide fatality management services, including body recovery and victim identification, working with state and local authorities to provide temporary mortuary solutions, sharing information with mass care services for the purpose of reunifying family members and caregivers with missing persons/remains, and providing counseling to the bereaved.</p>	
<p>6.Information Sharing Definition: Information sharing is the</p>	<p>6.Information Sharing Information sharing is the ability to</p>	<p>Intelligence & Information Sharing Description: Provide timely, accurate,</p>	<p>Intelligence & Information Sharing Description: Provide timely, accurate,</p>

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ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.	conduct multijurisdictional, multidisciplinary exchange of public health and medical related information and situational awareness between the healthcare system and local, state, Federal, tribal, and territorial levels of government and the private sector. This includes the sharing of healthcare information through routine coordination with the Joint Information System for dissemination to the local, state, and Federal levels of government and the community in preparation for and response to events or incidents of public health and medical significance.	and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security by Federal, state, local, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among Federal, state, local, or private sector entities, as appropriate.	and actionable information resulting from the planning, direction, collection, exploitation, processing, analysis, production, dissemination, evaluation, and feedback of available information concerning threats to the United States, its people, property, or interests; the development, proliferation, or use of WMDs; or any other matter bearing on U.S. national or homeland security by Federal, state, local, and other stakeholders. Information sharing is the ability to exchange intelligence, information, data, or knowledge among Federal, state, local, or private sector entities, as appropriate.
7.Mass Care Definition: Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/ behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.		Mass Care Services Description: Provide life-sustaining services to the affected population with a focus on hydration, feeding, and sheltering to those who have the most need, as well as support for reunifying families.	
8.Medical Countermeasure Dispensing Definition: Medical countermeasure dispensing is the ability to provide		Public Health & Medical Services Description: Provide lifesaving medical treatment via emergency medical services and related	

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<p>medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.</p> <p>Note: At one time there was, and may still be, a recommendation to have at least 2 behavioral health staff at each point of dispensing.</p> <p>9. Medical Materiel Management & Distribution Definition: Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.</p> <p>10. Medical Surge Definition: Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected</p>	<p>10. Medical Surge The Medical surge capability is the ability to provide adequate medical evaluation and care during incidents that exceed the limits of the normal medical infrastructure within the</p>	<p>operations and avoid additional disease and injury by providing targeted public health and medical support and products to all people in need within the affected area.</p>	

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<p>community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised. Note: Mental/behavioral health services for community mentioned.</p> <p>11.Non-Pharmaceutical Interventions Definition: Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:</p> <ul style="list-style-type: none"> • Isolation and quarantine • Restrictions on movement and travel advisory/warnings • Social distancing • External decontamination • Hygiene • Precautionary protective behaviors <p>Note: Highlighted have behavioral health implications and may need behavioral health public information messaging and/or available support.</p>	<p>community. This encompasses the ability of healthcare organizations to survive an all-hazards incident, and maintain or rapidly recover operations that were compromised. Note: Mental/behavioral health services for staff of healthcare organizations mentioned (also mentioned under Fatality Management capability).</p>		
<p>14.Responder Safety & Health Definition: The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the</p>	<p>14.Responder Safety & Health The responder safety and health capability describes the ability of healthcare organizations to protect the safety and health of healthcare</p>	<p>Environmental Response / Health & Safety Description: Ensure the availability of guidance and resources to address all hazards including hazardous</p>	<p>Environmental Response / Health & Safety Description: Ensure the availability of guidance and resources to address all hazards including hazardous</p>

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Public Health (15)	Hospital Preparedness (8)	Homeland Security (31)	Agriculture (consistent with Homeland Security)
ability to support the health and safety needs of hospital and medical facility personnel, if requested.	workers from a variety of hazards during emergencies and disasters. This includes processes to equip, train, and provide other resources needed to ensure healthcare workers at the highest risk for adverse exposure, illness, and injury are adequately protected from all hazards during response and recovery operations.	materials, acts of terrorism, and natural disasters in support of the responder operations and the affected communities. Note: 2007 behavioral health task list included providing comprehensive stress management strategies, programs, worker crisis counseling, substance abuse services, and mental and behavioral health support for Responder Safety and Health.	materials, acts of terrorism, and natural disasters in support of the responder operations and the affected communities.
		Situational Assessment Description: Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response. Note: Behavioral health responsible for assessing behavioral health needs and reporting on own response.	Situational Assessment Description: Provide all decision makers with decision-relevant information regarding the nature and extent of the hazard, any cascading effects, and the status of the response. Note: Behavioral health responsible for assessing behavioral health needs and reporting on own response.
NOTE: From here on, capabilities described do not involve behavioral health responsibilities.			
12.Public Health Laboratory Testing Definition: Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and		Screening, Search & Detection Description: Identify, discover, or locate threats and/or hazards through active and passive surveillance and search procedures. This may include the use of systematic examinations and assessments, sensor technologies, or physical investigation and intelligence.	Screening, Search & Detection Description: Identify, discover, or locate threats and/or hazards through active and passive surveillance and search procedures. This may include the use of systematic examinations and assessments, sensor technologies, or physical investigation and intelligence.

**2014 Disaster Behavioral Health Training – July 24, 2014 Pre-Training Materials
Required Capabilities –Public Health, Hospital Preparedness, Homeland Security, and Agriculture**

Capabilities			
Public Health (15)	Hospital Preparedness (8)	Homeland Security (31)	Agriculture (consistent with Homeland Security)
<p>biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities.</p> <p>13.Public Health Surveillance & Epidemiological Investigation Definition: Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.</p>			
		<p>Access Control & Identity Verification Description: Apply a broad range of physical, technological, and cyber measures to control admittance to critical locations and systems, limiting access to authorized individuals to carry out legitimate activities.</p>	
		<p>Forensics & Attribution Description: Conduct forensic analysis and attribute terrorist acts (including the means and methods of</p>	

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		terrorism) to their source, to include forensic analysis as well as attribution for an attack and for the preparation for an attack in an effort to prevent initial or follow-on acts and/or swiftly develop counter-options.	
		Interdiction & Disruption Description: Delay, divert, intercept, halt, apprehend, or secure threats and/or hazards.	
		Cybersecurity Description: Protect against damage to, the unauthorized use of, and/or the exploitation of (and, if needed, the restoration of) electronic communications systems and services (and the information contained therein).	
		Physical Protective Measures Description: Reduce or mitigate risks, including actions targeted at threats, vulnerabilities, and/or consequences, by controlling movement and protecting borders, critical infrastructure, and the homeland.	
		Risk Management for Protection Programs & Activities Description: Identify, assess, and prioritize risks to inform Protection activities and investments.	
		Supply Chain Integrity & Security Description: Strengthen the security	Supply Chain Integrity & Security Description: Strengthen the security

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		and resilience of the supply chain.	and resilience of the supply chain.
		Community Resilience Description: Lead the integrated effort to recognize, understand, communicate, plan, and address risks so that the community can develop a set of actions to accomplish Mitigation and improve resilience.	Community Resilience Description: Lead the integrated effort to recognize, understand, communicate, plan, and address risks so that the community can develop a set of actions to accomplish Mitigation and improve resilience.
		Long-term Vulnerability Reduction Description: Build and sustain resilient systems, communities, and critical infrastructure and key resources lifelines so as to reduce their vulnerability to natural, technological, and human-caused incidents by lessening the likelihood, severity, and duration of the adverse consequences related to these incidents.	
		Risk & Disaster Resilience Assessment Description: Assess risk and disaster resilience so that decision makers, responders, and community members can take informed action to reduce their entity's risk and increase their resilience.	
		Threat & Hazard Identification Description: Identify the threats and hazards that occur in the geographic area; determine the frequency and magnitude; and incorporate this into analysis and planning processes so as	

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		to clearly understand the needs of a community or entity.	
		<p>Critical Transportation Description: Provide transportation (including infrastructure access and accessible transportation services) for response priority objectives, including the evacuation of people and animals, and the delivery of vital response personnel, equipment, and services into the affected areas.</p>	
		<p>Infrastructure Systems Description: Provide life-sustaining services to the affected population with a focus on hydration, feeding, and sheltering to those who have the most need, as well as support for reunifying families.</p>	
		<p>Mass Search & Rescue Operations Description: Deliver traditional and atypical search and rescue capabilities, including personnel, services, animals, and assets to survivors in need, with the goal of saving the greatest number of endangered lives in the shortest time possible.</p>	
		<p>On-Scene Security & Protection Description: Ensure a safe and secure environment through law enforcement and related security and protection operations for people and communities located within</p>	

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		affected areas and also for all traditional and atypical response personnel engaged in lifesaving and life-sustaining operations.	
		Operational Communications Description: Ensure the capacity for timely communications in support of security, situational awareness, and operations by any and all means available, among and between affected communities in the impact area and all response forces.	
		Public & Private Services & Resources Description: Provide essential public and private services and resources to the affected population and surrounding communities, to include emergency power to critical facilities, fuel support for emergency responders, and access to community staples (e.g., grocery stores, pharmacies, and banks) and fire and other first response services.	
		Economic Recovery Description: Return economic and business activities (including food and agriculture) to a healthy state and develop new business and employment opportunities that result in a sustainable and economically viable community.	Economic Recovery Description: Return economic and business activities (including food and agriculture) to a healthy state and develop new business and employment opportunities that result in a sustainable and economically viable community.
		Housing Description: Implement housing	

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		solutions that effectively support the needs of the whole community and contribute to its sustainability and resilience.	
		Natural & Cultural Resources Description: Protect natural and cultural resources and historic properties through appropriate planning, mitigation, response, and recovery actions to preserve, conserve, rehabilitate, and restore them consistent with post-disaster community priorities and best practices and in compliance with appropriate environmental and historical preservation laws and executive orders.	

Needs Assessment Matrix

INDICATORS			
	Total Number (total count up to each point in time)		
	First 72 Hours	2 Weeks Later	6 Weeks Later
Dead			
Hospitalized			
Non-hospitalized Injured			
Homes Destroyed			
Homes Major Damage			
Homes Minor Damage			
Displaced			
Disaster Unemployed			
# shelters			
# persons sheltered			
Supplemental housing availability – % vacancy			
Number of applications for FEMA assistance			
Closed businesses			
Closed schools			
Number of impacted students			
% of impact rural			
% of impact urban / small town			
Population of declared areas			
% of population in poverty			
Impacted population of declared areas			
Estimated number of people needing disaster MH services			
Other (1)			
Other (2)			
Other (3)			

