Texas Council
Risk Management Fund

Disaster Response and Preparedness

April 13, 2018
Austin, Texas

Texas Council
Risk Management Fund

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April 13, 2018

AGENDA

7:00 a.m.   Breakfast buffet in Creekside Foyer right outside the Workshop

8:00 a.m. Introduction
Pam Beach, Member, Risk Managers Advisory Committee, General Counsel, Texas Council Risk Management Fund

8:15 a.m. Effective Communications
Francisco Sánchez, Jr., Public Information Officer, Harris County Office of Homeland Security & Emergency Management

9:00 a.m. Disaster and Emergency Response, Center Infrastructure
Eunice Davis, Director of Risk Management & Transportation Services, The Harris Center
Sean McFarland, Manager, Security Services, The Harris Center

Break – 9:45 a.m. to 10:00a.m.

10:00 a.m. The Center's Disaster Plan of Response
Robert Stakem, IDD Deputy Director, Intellectual and Developmental Disabilities Services Division, The Harris Center

10:45 a.m. The State's Emergency Management Plan and Expectations of Community Centers
Chance Freeman, Director Hurricane Harvey Crisis Counseling Program, Texas Health and Human Services Commission

Luncheon – 11:45 a.m. to 12:30 p.m.

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12:30 p.m. Crisis Counseling Program
>   Don Higginbottom, Program Manager, Texans Recovering Together, The Harris Center

1:15 p.m.   Emergency Management Safety Planning
>   Regan J. Rychetsky, Risk Control Manager, Texas Council Risk Management Fund

1:45 p.m. Panel Discussion: Debriefing First Responders, the Bastrop Complex Fire, The West Explosion
>   Sally Broussard, Administrator Behavioral Health, Baptist Hospital, Beaumont
>   Andrea Richardson, Executive Director, Bluebonnet Trails Community Center
>   Dana LaFayette, Associate MH Director for Behavioral Justice, Heart of Texas Region MHMR Center

3:00 p.m. Adjourn

Safe Travels.   Please Don't forget to do the evaluation and sign your continuing education sheets.

Speaker Bios

Sally Broussard is the Administrator of Behavioral Health Center for Baptist Hospital in Beaumont, Texas. Sally Broussard was born in Wimbledon, England. She came to live in the United States as a teenager and is now a Permanent Resident. She has a Bachelor's degree in Psychology from Southwest Texas State University which she received at age 17 and a Master's Degree in Clinical Psychology from Stephen F. Austin University. Sally is a Licensed Marriage and Family Therapist in Texas and a Nationally Certified Counselor. She began working as a child and family therapist for Life Resource, now Spindletop Center, in 1981 and provided clinical and management functions at the Center for a number of different programs. As Chief Authority Officer at Spindletop Center in Beaumont, Texas her responsibilities included Crisis and Intake, Utilization and Quality Management, Performance Improvement, Housing programs, Planning, Accreditation, Public Information and Relations, Client Rights and Advocacy, Client Benefits and Corporate Compliance.

Chance Freeman is the Director of the Hurricane Harvey Crisis Counseling Program where he provides direction for the state's crisis counseling and training program. As the former Associate Director of School Safety Education at the Texas School Safety Center at Texas State University, he worked with a team that serve as a clearinghouse for the dissemination of safety and security information through research, training, and technical assistance for K-12 schools and junior colleges throughout the state of Texas. Prior to joining the Texas School Safety Center, he served as the former Branch Manager for Disaster Behavioral Health Services within the Texas Department of State Health Services' Mental Health and Substance Abuse Division. He began working in the field of Disaster Mental Health in 1998 as an outreach/crisis counselor. Since that time, Chance has responded to 21 federally declared disasters and a variety of emergency events such as the Space Shuttle Columbia Recovery project, the West Fertilizer Plant Explosion and local criminal events. As a result of his extensive experience with the Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP), Mr. Freeman has provided technical assistance and training on CCP grant development and management to a variety of states and federal agencies. Through his experience, Mr. Freeman has also provided training at FEMA's Emergency Management Institute in Emmitsburg, Maryland and is a member of the Substance Abuse Mental Health Services Administration Cadre of Consults. Mr. Freeman serves the Chair of Texas' Disaster Behavioral Health Consortium, and served as a steering committee member for the Multi-State Disaster Behavioral Health Consortium and has served as a field reviewer for SAMHSA's Disaster Planning Handbook for Behavioral Health Treatment Programs, TAP 34. Most recently, Mr. Freeman contributed to the book "Integrating Emergency Management and Disaster Behavioral Health – One Picture Through Two Lenses" by Brian W. Flynn & Ronald Sherman.

Eunice Davis is the Disaster Coordinator for The Harris Center for Mental Health and IDD ("The Harris Center"), where she also serves as the Director of Risk Management and Transportation Services. Mrs. Davis has worked across various components of the organization since 1984. Her involvement in loss prevention work began within the Legal Department of The Harris Center where she has worked with each of three General Counsels and the organization's Managing Attorney.

She led The Harris Center's efforts in the successful submission and recovery of FEMA property claims following Tropical Storm Allison. She directed counseling programs in response to Hurricanes Katrina, Rita and Ike, the Harris County floods of 2015-16, and more recently, the FEMA Harvey recovery efforts. Mrs. Davis is the Harris Center's lead liaison with the City of Houston and Harris County's Offices of Emergency Management concerning the Unified Mental Health Incident Command systems, codified in Annexes O and H. Mrs. Davis holds a Bachelor of Business Administration and Management from Texas Southern University. Her Master of Social Work with a concentration in Mental Health was earned at the University of Houston's Graduate School of Social Work, Central Campus.

In the spirit of Mrs. Davis' progressive nature, she continuously works to improve the emergency preparedness for The Harris Center through community collaborations and coordination of safety features for use by all staff. Eunice Davis resides in Houston, Texas and can be reached via email at Eunice.Davis@mhmraharris.org.

Donald Higginbottom, Program Manager, Texans Recovering Together, The Harris Center for Mental Health & IDDDonald Higginbottom is the Program Manager over the Crisis Counseling Program in response to Hurricane Harvey. Mr. Higginbottom has a master's degree in counseling psychology from University of Central Texas, Texas A&M University, Killeen, Texas. Mr. Higginbottom was also the manager responsible for the Crisis Counseling Program in response to Hurricanes Katrina, Rita, and Ike for the Harris Center. Mr. Higginbottom has over twenty-three years of management experience in social services.

Mr. Higginbottom has completed training in the following areas: Psychological First Aid, Advanced Critical Incident Stress Management, Basic Critical Incident Stress Management, Community Emergency Response, Acute Traumatic Stress Management, numerous courses in Incident Command Structure, and Disaster Mental Health.

Dana LaFayette, Associate Mental Health Director for Behavioral Justice is the Disaster Coordinator for Heart of Texas and led our efforts in response to the West explosion. Her experience includes administrative and clinical oversight of Veterans Services and Behavioral Justice Programs including jail diversion, reintegration, outpatient competency restoration, pretrial diversion, and forensic treatment team. Dana also has experience in program planning, development, and budget management, personnel development, multi- unit supervision, and maintaining stakeholder relationships. She is also currently engaged in collaborative strategic planning with judicial and law enforcement entities and offers trainings as requested for law enforcement and jail personnel on mental health, suicide awareness and prevention.

Sean A. McFarland has over 10 years of security and management experience. He brings a robust skill set to the disaster response capabilities of The Harris Center for Mental Health and IDD as a certified Psychological First Aid trainer, among his many other talents and accomplishments. Mr. McFarland is a graduate of West Texas A&M University with a Bachelor's Degree in General Studies. Originally from Santa Cruz, California, Mr. McFarland has a unique perspective that spans across various disasters indigenous to varying regions of the country.

Andrea Richardson Executive Director joined Bluebonnet Trails Community Services in November 2005 as the Chief Administrative Officer. During 2007 she assumed the role of Chief Operating Officer and was selected as Executive Director in 2008. Andrea has over 20 years of experience serving both the public and private sectors in the fields supporting behavioral health, intellectual and developmental disabilities and physical healthcare. Strategic focal points for the Center under her leadership include collaborative planning, community development, program innovation, administrative efficiencies, financial management and staff development.

Before joining Bluebonnet Trails Community Services, Andrea served as the Director for Behavioral Health Services for the Texas Council of Community Centers, Inc. Her key responsibilities included collaboration with the 39 Community Centers in Texas on behavioral health and substance abuse policy and practices affecting healthy and fulfilled lives. Andrea holds a Bachelor of Business Administration degree and a Master's of Science degree as well as certifications for healthcare quality and healthcare administration.
Bluebonnet Trails Community Services was formed in 1997 and now serves an eight county region, including Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee and Williamson Counties. Bluebonnet Trails provides community-based behavioral health and developmental disabilities services and 24-hour access to crisis care for individuals and families in Central Texas.

Regan J. Rychetsky, ABCP, is the Risk Control Manager for York Pooling in Austin. He has over 28 years of workers' compensation, subrogation, and accident investigation experience. For the past 17 years, Regan has worked with what is now called the Texas Health and Human Services System (HHS), where he served as the Director of Enterprise Risk Management and Safety. He focused on risk management, safety, workers' compensation, workplace violence prevention and emergency management for all HHS agencies. As part of his risk management and safety training program, Regan conducted Threat Management Team training for all regional and direct care facility teams, and conducted training regarding workplace violence, domestic violence and stalking in the workplace for all employees. He also developed guidance and personal safety planning for employees who were victims of domestic violence, stalking and other internal or external threats. Regan served as the Safety Officer of the HHS State Medical Operations Center and developed safety plans for man-made and natural disaster response and recovery personnel. Regan is the past president and board chair of the National Public Risk Management Association (PRIMA) and Texas PRIMA, and is a member of PRIMA's National Speaker Bureau and Loss Control Task Force. Regan is a 1987 graduate of Texas A&M University and holds an Associate Business Continuity Professional (ABCP) certification.

Francisco Sánchez, Jr. is the Deputy Emergency Management Coordinator and public information officer for the Harris County Office of Homeland Security & Emergency Management (HCOHSEM). HCOHSEM is responsible for disaster preparedness and response in the nation's third largest county.

Sánchez joined Harris County in 2004 and was lead public information officer during the local response to both Hurricanes Katrina and Rita in 2005. He led the region's Joint Information Center operations during Hurricane Ike and the highly active 2008 hurricane season. In 2013 he was appointed to the Communications Security Reliability and Interoperability Council, an advisory committee to the Federal Communications Commission offering guidance on key issues such as next generation 9-1-1 technology, alerts and warnings, and cyber security. He was re-appointed to the Council in 2015 and led a group of alert originators, wireless providers, social scientists, academics, and technology leaders making sweeping recommendations to improve Wireless Emergency Alerts. In 2017, Sánchez was appointed for a third time to the Council, this time to analyze and recommend changes to the Next Generation 9-1-1 system and conduct a comprehensive evaluation of current and potential emergency alerting technologies. Also in 2017, he was recruited by the Houston Super Bowl Host Committee to help lead the Super Bowl LI Joint Information Center for traffic and transportation.

In 2015, Sánchez was named Public Official of the Year by the University of Houston and in November 2013 he was featured as *Emergency Management Magazine's* Major Player for his work on emergency public information and proposal for a national dialogue on the topic. In 2017, he was listed as one of the *Top 11 Public Safety Tech Leaders to Watch* by *StateScoop* using cutting edge emergency communications technology for the betterment of the community.

Sánchez is an advocate of integrating emergency public information and Joint Information Center concepts into local emergency response efforts. He has been a featured speaker on these topics at the SXSW, National Hurricane Conference, National Conference of State Legislatures, Texas Homeland Security Conference, *Emergency Management Magazine* road show, the National All-Hazard Incident Management Team Training & Education Conference, Texas State Firemen's and Fire Marshal's Conference and other forums. Sánchez is a graduate of the University of Houston and has served on boards and leadership groups of numerous local and national organizations. He currently serves on the boards of Houston Achievement Place and the Public Relations Society of America Foundation. Sánchez is a member of the Ponderosa Volunteer Fire Department and serves as a Houston Livestock Show and Rodeo committeeman. He received the President's Volunteer Service Award in 2010 and participated in the 2011 Emerging Leaders Program for Big City Emergency Managers.

Robert P. Stakem, Jr., MPM, CPHQ, Vice President, IDD Services, The Harris Center for Mental Health and Intellectual and Developmental Disability Services. Bob began working with individuals with disabilities while in graduate school and has continued to do so for the past many years. He served as Assistant Director of Residential Services for a large MH/IDD provider in Allegheny County, Pennsylvania before moving to Houston Texas. He has worked with The Harris Center since 1990 serving in various capacities as Rights Protection Officer and Chief Compliance Officer and, more recently, Vice President of IDD Services. Bob is board certified in healthcare quality and has a master's degree from Carnegie Mellon University in

management.   He has served as the past board president of the Texas Association for Healthcare Quality. He has also served as the past chair of the Texas Council Consortium for Directors of Quality Management.

Texas Council Risk Management Fund

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Disaster and Emergency Response

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Harvey - A Look at the Numbers

- Second most destructive natural disaster in our nation's history, second to Katrina
- 36 lives were lost
- Total rainfall amounts ranged from 25 to 47 inches across the county
- 1 trillion gallons of water fell during four days that Harvey stalled over Harris County
- 80% of the county was under at least 1.5 feet of water
- **Harris County EOC was activated Aug. 23-Sept. 15**

Harris County at a Glance

- **1777 Square miles**
- **± 4.7 million people (larger than 26 states)**
- **10th largest U.S. media market**
- **Largest port by export tonnage**
- **2nd largest petrochemical complex in the world**
- **3rd largest U.S. county by population**
- **34 cities**
- **56 fire departments and more than 125 law enforcement agencies**
- **22 major watersheds**
- **More than 1200 MUD's & PUD's**
- **9000 miles of pipeline**
- **46 Presidential disaster declarations (Since 1979)**
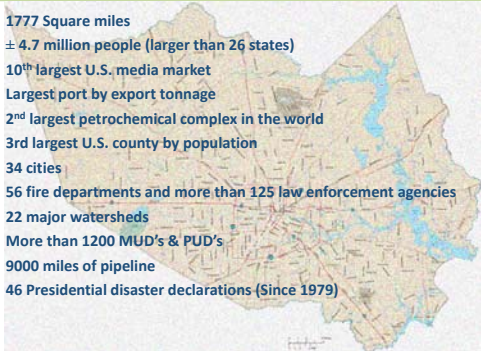
Best Practices - Operational

All-Hazards Approach
- Natural & Manmade
- Hurricanes
- Civil Unrest
- Special Events
- Winter Storms
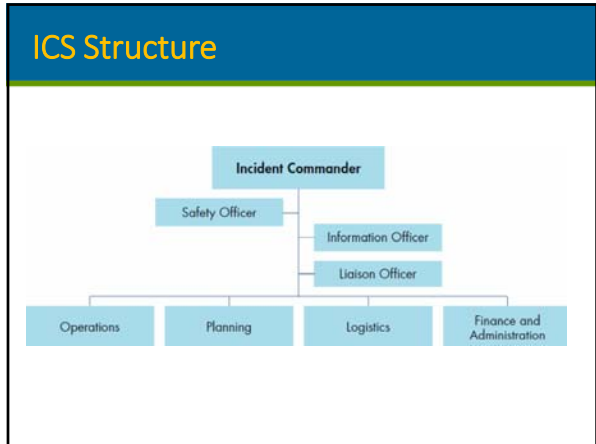- Hazardous Materials
- The Unpredictable
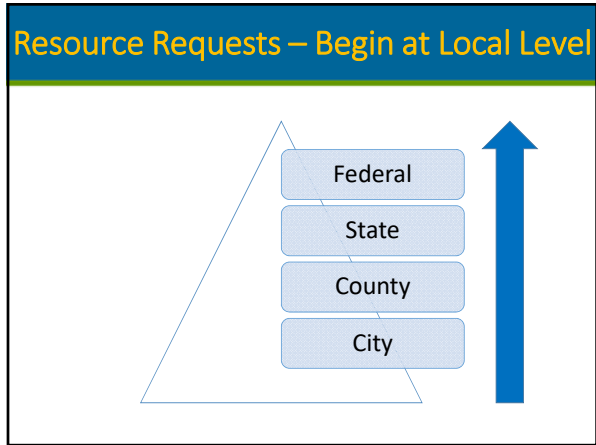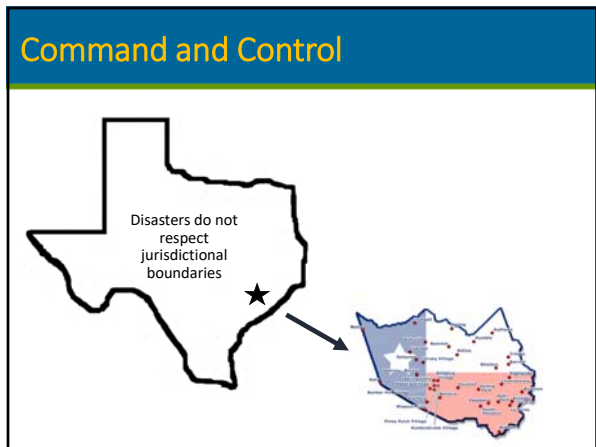
No matter the hazard, always remember…

All disasters are local

Emergency Management

ICS Structure

Resource Requests – Begin at Local Level

Command and Control

Disasters do not respect jurisdictional boundaries

Best Approach – Lean Forward

- Planning geared to anticipate potential incidents – natural and man-made
- Activation of Emergency Operations Center (EOC) and Joint Information Center (JIC) early in event lifecycle
- Operate in an ICS structure daily
- Public Information Office operates in a constant state of JIC

Leaning Forward

- Anticipate incidents – weather, etc.
- Everyday posture makes shifting to activation almost seamless
- Try think outside the box
- Partnership is the key to success in the mitigation, response and recovery
- Conduct AARs and incorporate lessons learned into plans

Basic Plan

- This Basic Plan outlines approach to emergency operations and is applicable to cities within the county and emergency service districts adhering to plan.
- It provides general guidance for emergency management activities and an overview of our methods in mitigation, preparedness, response, and recovery.
- The plan describes our emergency response organization and assigns responsibilities for various emergency tasks. This plan is intended to provide a framework for more specific functional Annexes that describe in greater detail who does what, when, and how. This plan applies to all local officials, departments and agencies.

Emergency Operations Plan

- The EOP is the center of comprehensive emergency planning

- It is the scope of activities required for a response

- The EOP is a living document that accurately describes what can be done realistically

- Identifies personnel, equipment

- Facilities, supplies, and other resources

Emergency Operations Plan

The Basic Plan

The Annexes

The Appendices

Annexes

Annex
A - Warning
B - Communications
C – Shelter and Mass Care
D – Radiological Protection
E - Evacuation
F – Firefighting
G – Law Enforcement
H – Health and Medical
I – Emergency Public Information
J – Recovery
K – Public Infrastructure Dept. and Engineering
L – Utilities
M – Resource Management
N – Direction and Control
O – Human Services
P – Hazard Mitigation
Q – Hazardous Materials and Oil spill Response
R – Search and Rescue
S – Transportation
T – Donations Management
U – Legal
V – Terrorist Incident Response
No Annex – Agriculture and Natural Resources

Lets look at these two…

Mission: Behavioral Health

The Harris Center serves as the lead agency for insuring delivery of **disaster behavioral health services during an emergency** as outlined below. The Harris Center responsibilities may include the following:

- Coordinating the provision of behavioral health care.
- Assessing behavioral health needs.
- Coordinating the provision of disaster behavioral health training materials for disaster workers.
- Providing a liaison with assessment, training and program development activities.
- Coordinating the provision of crisis counseling.

Behavioral Health - Continued

Disaster behavioral health services will be made available for **disaster survivors** and **responders** during response and recovery operations. Services may include:

- Crisis counseling.
- Psychological first aid.
- Critical incident stress management.
- Information and referral to other services.
- Education about normal, predictable reactions to a disaster experience and how to cope with them.

Training and Exercise

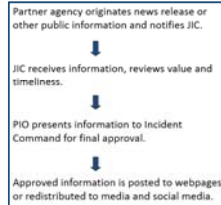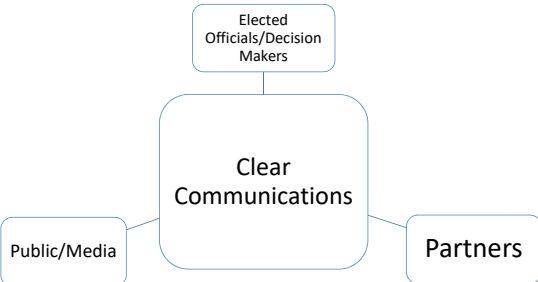A tabletop exercise to practice your response

Communication

Communication is the single most important factor in whether the response to disaster is a success or failure.

Joint Information Center

Advantages:

- 90% of all content provided by partners
- Site is a "voice multiplier" for small jurisdictions
- Messaging capabilities allow direct email communication with residents, media and stakeholders
- Information flows to the public faster and with greater accuracy

Partner agency originates news release or other public information and notifies JIC.

JIC receives information, reviews value and timeliness.

PIO presents information to Incident Command for final approval.

Approved information is posted to webpages or redistributed to media and social media.

Elected Officials/Decision Makers

Clear Communications

Public/Media

Partners

Communications – Lessons Learned

- Our message reaches far beyond jurisdictional lines
- Need for a "single voice" regional public information platform
- Traditional media is not enough
- Need to directly involve response partners in public information messaging process
- We have a responsibility to partners

Communications – Lessons Learned

Do what's right, not what you have the right to do.
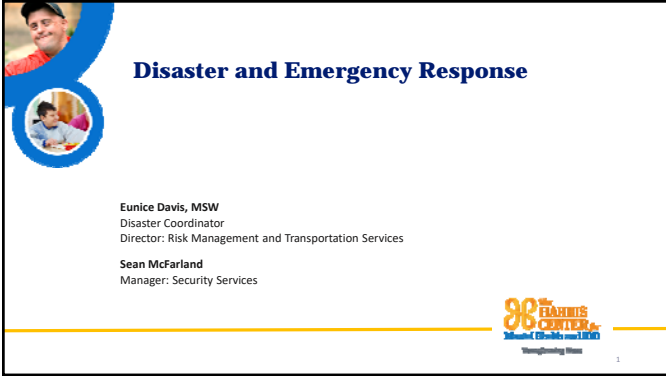
Collaboration is Key

Know your partners before you need to call them:

- **Liaison with Cities**
- **Participate in planning meetings**

- Quarterly Briefings for County Executives
- Biannual meetings with City Managers
- Quarterly meetings with local jurisdictions and primary emergency management staff
- Public Information partners

Questions?

Francisco Sanchez

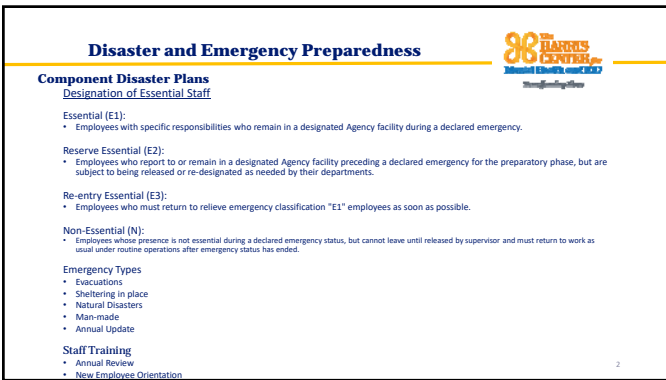Francisco.Sanchez@oem.hctx.net

@DisasterPIO

Disaster and Emergency Response

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Disaster Coordinator
Director: Risk Management and Transportation Services

Sean McFarland
Manager: Security Services

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Disaster and Emergency Preparedness

Component Disaster Plans
Designation of Essential Staff

Essential (E1):
• Employees with specific responsibilities who remain in a designated Agency facility during a declared emergency.

Reserve Essential (E2):
• Employees who report to or remain in a designated Agency facility preceding a declared emergency for the preparatory phase, but are subject to being released or re-designated as needed by their departments.

Re-entry Essential (E3):
• Employees who must return to relieve emergency classification "E1" employees as soon as possible.

Non-Essential (N):
• Employees whose presence is not essential during a declared emergency status, but cannot leave until released by supervisor and must return to work as usual under routine operations after emergency status has ended.
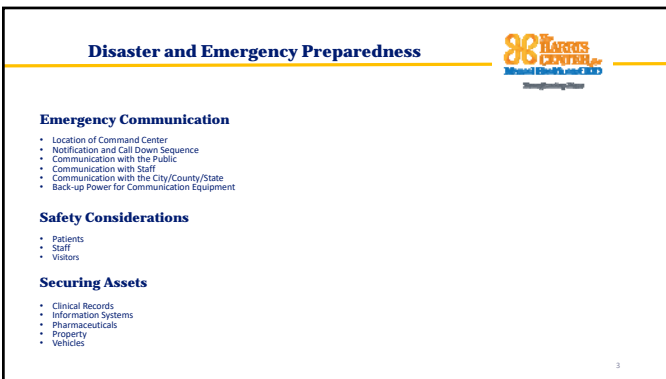
Emergency Types
• Evacuations
• Sheltering in place
• Natural Disasters
• Man-made
• Annual Update

Staff Training
• Annual Review
• New Employee Orientation

2

Disaster and Emergency Preparedness

Emergency Communication
• Location of Command Center
• Notification and Call Down Sequence
• Communication with the Public
• Communication with Staff
• Communication with the City/County/State
• Back-up Power for Communication Equipment

Safety Considerations
• Patients
• Staff
• Visitors

Securing Assets
• Clinical Records
• Information Systems
• Pharmaceuticals
• Property
• Vehicles

3

Winter Weather Event Jan 14-17, 2018

Center Response
- Receive initial notification from Harris County Office of Homeland Security and Emergency Management ("HCOHSEM").
- Activate Center Response Plan
- Disaster Coordinators monitor activity
  - Eunice Davis – Disaster Coordinator
  - Bob Stakem – Deputy Disaster Coordinator
  - Carson Easley – Administrative Disaster Coordinator

Disaster Coordinator Notifications

- Incident Commander (CEO)
- Disaster Command Staff – Incident Command ("DCS-IC")
- Disaster Command Staff ("DCS")
- General Staff

4

Winter Weather Event Jan 14-17, 2018

DCS-IC and DCS Activities

Public Tools and Platforms		Agency Tools and Platforms	
Media outlets	NWS	Alert Media	TheHarrisCenter.org
HCOHSEM	TxDOT - Metro	Outlook	713-970-7000
Regional JIC	City of Houston 3-1-1	Phone Tree	Clinic Messages

- Activate Component Disaster Plans
- Implement Essential Staff protocol
- Conduct Incident Command meetings and/or conference calls, one or more times per day as situation dictates
- Conduct Readiness Checks at each meeting and/or conference call
- Components utilize Disaster Plans for response activity

5

Winter Weather Event Jan 14-17, 2018

Internal Command Center Activities - Establish Operational Objectives
- Prioritize Patient Service Delivery
- Maintain 24-hour emergency and residential services
- Patient Communication on Operational Status
  - Notify patients
  - Cancel/Reschedule Appointments
  - Medication – refills
    - Recommend 7-10 day advance refill
      - [depending on nature of event]
    - Activate ACT/FACT
    - Pharmacy for medication deliveries if necessary

  - Staff Communication on Operational Status
    - Admin – Facility Services
    - Admin – Security reset access/control system and adjusted security schedules

  - Admin – Payroll - Facility Services - Security
  - Continuation of all tasks above

6

Winter Weather Event Jan 14-17, 2018

Sample Service Data

Crisis Line

	Calls Answered	full assessments
16-Jan	687	70
17-Jan	619	66

Pharmacy Prescriptions Filled

16-Jan	287
17-Jan	441

7
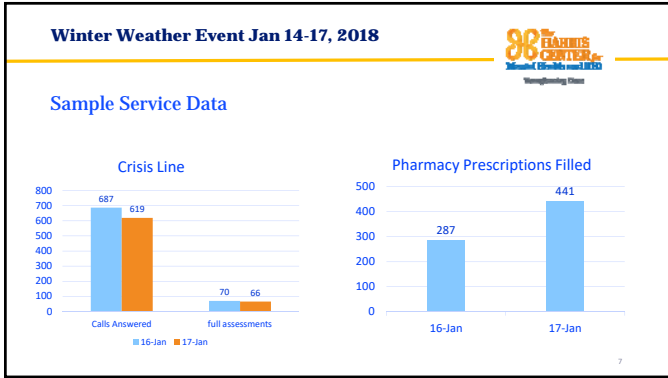
Winter Weather Event After Action Review

Emergency Communication and Center Plan Enhancements
- Preferred proactive action
  - Closure messaging in concurrence with local OEMs and overwhelming number of school closures
  - Disaster Coordinators to poll Offices of Emergency Management about closures sooner
    - City of Houston and Harris County

- Initiate Additional Disaster Plans
  - Patient Information Line
  - Information Technology to include
    - All internal activities such as
      - Equipment deployment strategy
      - Facilitate technology for automated messaging

- Deputies and HR Director to update Center-wide Emergency Response P&P as needed
- Pharmacy Scripts processes to include approving scripts for alternative locations
  - Pharmacists in charge to have building access for medication dispensing location
- Facility Services and Security to develop a key policy inclusive of gates and intrusion alarm system per location

- Disaster Coordinator to schedule training for Public Affairs access to Web-EOC for broader PIO capabilities
  - Support for requests managed on this platform
  - Assure The Harris Center public messages are included in EOC/PIO media announcements

8

Disaster Event Road Map

Identify nature of event and the programs and stakeholders that will be affected

List possible decision(s) and target deadline to solidify the decision

Draft and prepare messages to be sent to stakeholders. Submit for approval

In the following order, release official announcement messages to all audiences by the approved deadline

Establish the estimated duration of the event

According to the event situation and decision, pull contact information of specific clients, staff and other stakeholders

Assemble technology channels with the approved messages for each audience and make them ready to launch

1. Main phone message
2. Website
3. Media release
4. Social media pages
5. Robo calls to all/affected staff and clients

9

Disaster Event Road Map

1. Identify nature of event and the programs and stakeholders that will be affected
2. Establish the estimated duration of the event
3. List possible decision(s) and target deadline to solidify the decision
4. According to the event situation and decision, pull contact information of specific clients, staff and other stakeholders
5. Draft and prepare messages to be sent to stakeholders. Submit for approval.
6. Assemble technology channels with the approved messages for each audience and make them ready to launch
7. In the following order, release official announcement messages to all audiences by the approved deadline
    1. Main phone message
    2. Website
    3. Media release
    4. Social media pages
    5. Robo calls to all/affected staff and clients

10

NIMS (National Incident Management System)

What is NIMS?

- NIMS provides a common, nationwide approach to enable the whole community to work together to manage all threats and hazards.
- NIMS applies to all incidents, regardless of cause, size, location, or complexity.
- The size, frequency, complexity, and scope of these incidents vary, but all involve a range of personnel and organizations to coordinate efforts to save lives, stabilize the incident, and protect property and the environment.

11

NIMS (National Incident Management System)

Common Characteristics of NIMS

Well defined operational systems that efficiently facilitate the dissemination of information and resources. Some of the characteristics that aid to this end are:

- Establishing common terminology that is used amongst all partners responding to an incident.
- Managing an incident by establishing clear operational objectives
- Information and intelligence management
- Maintaining a manageable span of control

12

NIMS (National Incident Management System)

Who Needs NIMS Training?

Everyone involved in emergency management, regardless of discipline or level of government, should take NIMS baseline curriculum…

- ICS-100 Introduction to Incident Command
- ICS-700 An Introduction to National Incident Management System

13

Emergency Response

Robert Stakem, Jr. MPM, CPHQ
IDD Deputy Director

What Kind of Emergency?

- Contained/small scale (Local Law Enforcement, etc.)
  - Fire
  - Accidents
  - Biohazard/spill
  - Other
- Regional/large scale (OEM)
  - Weather event
  - Bioterrorism
  - Other

Community Center Emergency Response

- Small Scale Emergency
  - Existing Center resources available to the public, i.e. Crisis
  - Time limited, doesn't affect Center operations
  - Managed by local law enforcement authorities, etc.
- Large Scale Emergency
  - Center may be asked to coordinate Mental Health Services for affected individuals and responders
  - Could require time commitment on behalf of Center
  - Managed by local office of emergency management, incident command

National, State and Local OEM Structures

Where Does a Center Fit In?

- Responses to regional large scale emergencies are structured
- The structure based on the national response framework (Homeland Security)
- Structure serves to organize national and local response and to assure clear and concise communication
  - Serves to outline process for obtaining and requesting federal assistance
  - Required for payment for Local Disaster Response
  - Requireds specific chapters (Annexes) outlining essential response

National Annexes

Federal Emergency Support (FES) functions

1. Transportation
2. Communications
3. Public works and engineering
4. Firefighting
5. Emergency management (direction, control, coordination)
6. Mass care emergency assistance, housing and human services
7. Logistics management and resource support
8. Public health and medical services
9. Search and rescue

National Annexes

continued

Federal emergency support functions

10. Oil and hazardous material
11. Agriculture and natural resources
12. Energy
13. Public safety and security
14. Long term recovery
15. External affairs

Homeland Security Digital Library
Developing and maintaining emergency operations plans: Comprehensive Preparedness Guide (CPG) 101 Version 2.0

State and Local Annexes

A. Warning
B. Communication
C. Shelter and Mass Care
D. Radiological Emergency Management
E. Evacuation
F. Firefighting
G. Law Enforcement
H. Public Health and Medical Services
I. Public Information
J. Recover
K. Public Works and Engineering
L. Utilities

M. Resource Management
N. Direction Control
O. Human Services
P. Hazard Mitigation
Q. Hazardous Materials and Oil Spill Response
R. Search and Rescue
S. Transportation
T. Donations Management
U. Legal
V. Terrorist Incident Response

Emergency Management Planner's Guide: The Planner's Toolkit, May 2014
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Annex O and H

o Annex O, Human Services
  ▪ Center to coordinate Mental Health Response/Psychological First Aid
    • Volunteers
    • County-wide
    • At request of OEM
o Annex H, Health and Medical
  ▪ Center partners with Medical Response Coordinator and provides Psychological First Aid
    • Volunteers
    • County-wide
    • At request of OEM

Overview of Stafford Act Support to States
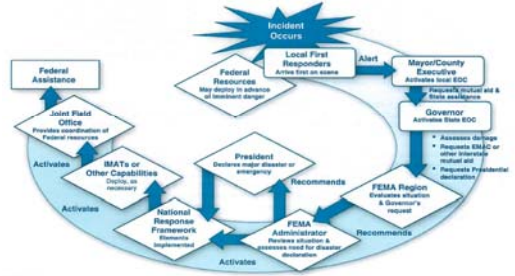
**The Harris
Center**

There are basically four pieces we need to keep in mind when discussing disaster responses affecting The Harris Center:

1. <u>The Harris Center Emergency and Disaster Plan.</u> This plan applies to all programs in the Center defining:
   a. The composition of the Harris Center Disaster Command Staff (DCS)
   b. The scope of DCS member responsibilities
   c. The determination of Imminent Danger and Call Down Sequence for Emergency Notification
   d. Identify Emergency Communication and Community Notification
   e. The review of Vital Systems security (records, data, medication)
   f. Response to Disasters in the Community
       i. City/County
       ii. HHSC
   g. Component Specific Disaster Plans
       i. MH/Forensic
       ii. CPEP
       iii. IDD
       iv. Administration
   h. Content of Component Specific Disaster Plans
   i. Related Policies and Procedures
   j. Requirement that all staff are trained in FEMA ICS-100, ICS-200, ICS-300, and ICS-700 related to Incident Command as well as PFA, DBH Toolkit, ICISF CISM as needed. This training and adherence to the incident command structure is part of the *National Response Framework* which serve as the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies. This training and response framework is required of all federal, state and local responders and participants in Federal Emergency Support Function Annexes as well as the Emergency Annexes of state and local governments.

2. <u>Component Specific Disaster/Emergency Plans</u> required of all Units and Programs. Component staff receive in-service training, disaster plans are posted at the unit, updated each year and implemented when a disaster or emergency occurs. The plans require the program director and staff to:
   a. Identify call down sequence
   b. Instruct staff regarding emergency communication
   c. Instruct staff about patient and consumer safety
   d. Secure Vital Systems
   e. Identify where emergency supplies are stored
   f. Identify emergency telephone numbers
   g. Identify general staff assignments for the purpose of an emergency response
   h. Identify specify responses for

**The Harris
Center**

    i.   Natural Disasters
    ii. Man Made Disasters
    iii. Armed/Violent Intruder
    iv. Fire Safety
    v. Life safety systems offline procedures

3. <u>HHSC Contract</u> requires that disaster coordinators be identified at each LMHA and LIDDA. The lead coordinator for The Harris Center is Eunice Davis with Bob Stakem and Carson Easley, RN serving as deputy coordinator and administrative disaster coordinator respectively. The coordinators also serve The Harris Center as a liaison to the Chief Executive Officer, who serves as the Incident Commander for The Harris Center, Executive Staff and the Harris Center Incident Command Staff.   The contract with HSSC requires:

   a. Provide psychological services to mitigate trauma to victims and first responders in the local area as requested by HHSC upon request to other areas of the state.
      i. Services to include:
         1. Psychological first Aid
         2. International Critical Incident Command Stress Foundation
         3. Critical Incident Stress Management
         4. Crisis counseling
         5. Stress management, and
         6. Referral services.
   b. Contractor must:
      i. Submit names to HHSC of local center contacts for emergency response
      ii. Confirm training in PFA, DBH Toolkit, Incident Command 100,200,300,700 and or ICISF CISMs
      iii. Report status of emergency response to HHSC as requested
      iv. Assign staff to meet staffing needs at morgues, DRC's, CMOC's, etc.
      v. Provide FEMA funded counseling services
      vi. Participate in disaster response training, drills, tabletops, etc.

4. <u>Annexes (O and H).</u>   Annexes are local plans utilized in the event of a disaster and work in tandem with the Federal Emergency Support Function Annexes. Annexes are developed by local governments and address everything from transportation to medical services disaster responses. The Harris Center is a partner in Annex O (Human Services) with Harris County.   This and the other Annexes used by Harris County have been developed and signed off on by the County Judge, the Harris County OEM director and participants to the specific Annex. In terms of Annex O, in the event that the Harris County Incident Command stands up in response to a disaster that Annex may or not be opened depending on the judgment of the County Incident Command. If the Command believes that case management and/or psychological first aid (PFA) should be offered to individuals affected during the disaster, a request will be made from The Harris County Incident Command to the Director of Harris County Social Services.   The Director of
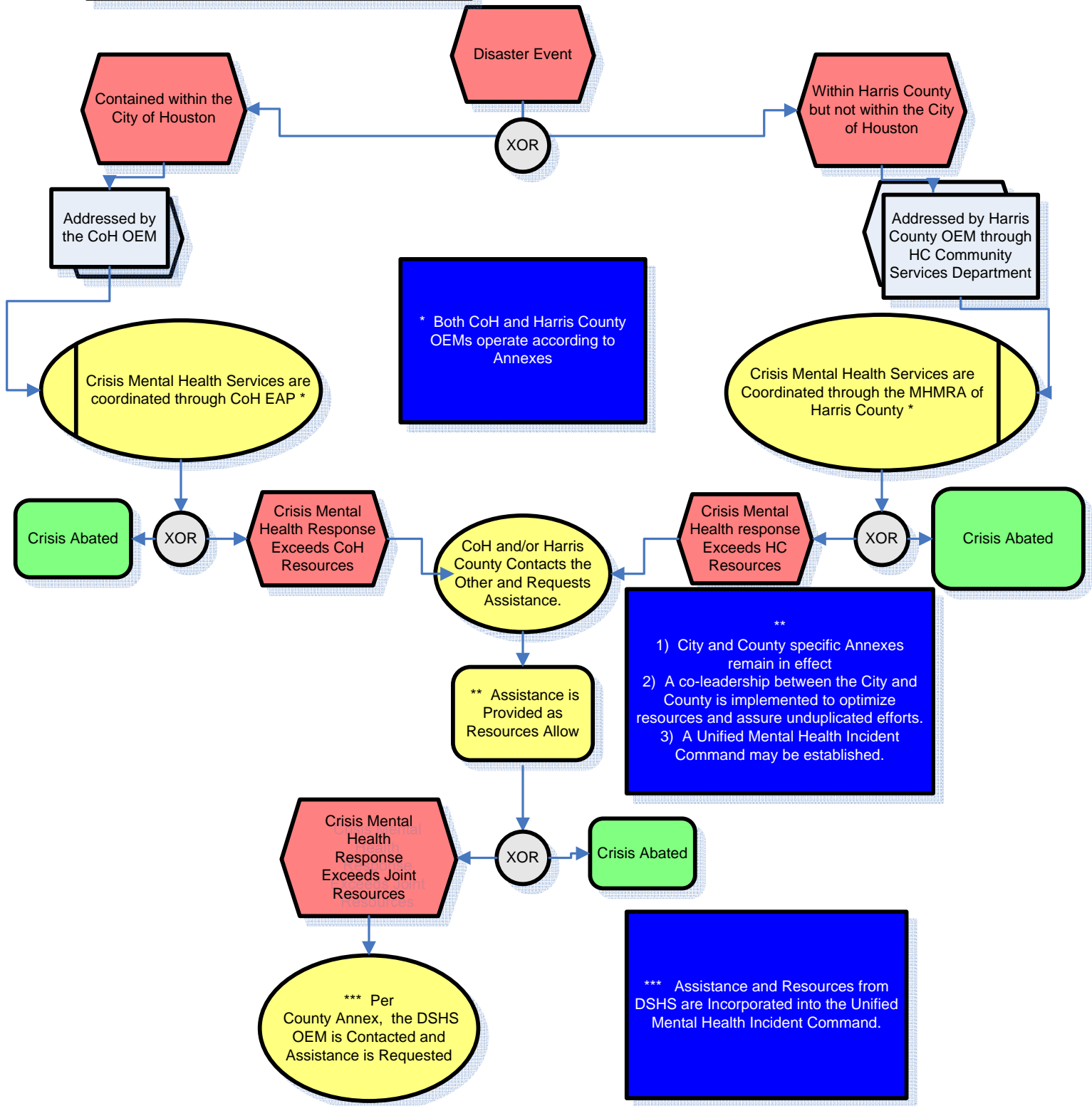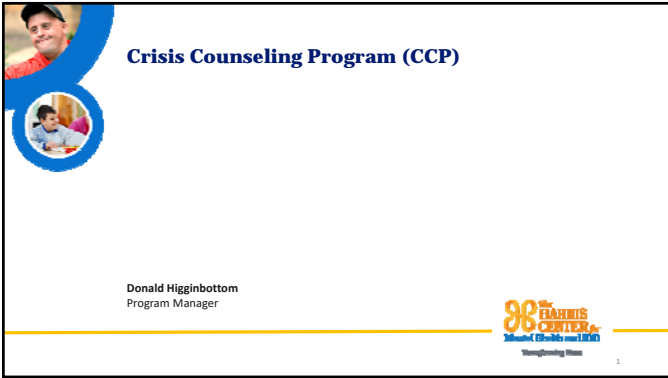
**The Harris
Center**

Harris County Social Services will begin to coordinate and deploy case managers from the Harris County Department of Social Services or other entities with whom they have pre-arranged agreements. If PFA is being requested a notice will be made to The Harris Center Disaster Coordinator who will begin to coordinate and deploy volunteers previously trained in PFA and who have signed up for this service. Volunteers may be from agencies within the region or from the community in general.   The City of Houston has a similar sequence in place for the deployment of their Annexes. The coordination of PFA through the City of Houston is made by the City's OEM.   Medical Services, which includes psychiatric, is covered in the County and City individual Annex H document.   The Harris Center is part of Annex H as a mental health provider offering general mental health services similar to those as outlined in Annex O. The Harris Center would not be responsible for the provision of medical services to include physicians, pharmaceuticals, etc. This responsibility lies with the Harris County Public Health and Emergency Services in coordination with the Harris County Hospital District.

Assumptions:
1) Effective Crisis Mental Health Services to residents of the City of Houston and Harris County is the focus of both the CoH and Harris County OEMs.
2) The City of Houston and Harris County may share MH resources in order to meet this end.
3) The CoH and Harris County Government Leadership support the use of a Unified Mental Health Incident Command as warranted by a disaster event.

Disaster Event

Contained within the City of Houston

Within Harris County but not within the City of Houston

XOR

Addressed by the CoH OEM

Addressed by Harris County OEM through HC Community Services Department

*   Both CoH and Harris County OEMs operate according to Annexes

Crisis Mental Health Services are coordinated through CoH EAP *

Crisis Mental Health Services are Coordinated through the MHMRA of Harris County *

Crisis Abated

XOR

Crisis Mental Health Response Exceeds CoH Resources

CoH and/or Harris County Contacts the Other and Requests Assistance.

Crisis Mental Health response Exceeds HC Resources

XOR

Crisis Abated

**
1) City and County specific Annexes remain in effect
2) A co-leadership between the City and County is implemented to optimize resources and assure unduplicated efforts.
3) A Unified Mental Health Incident Command may be established.

** Assistance is Provided as Resources Allow

Crisis Mental Health Response Exceeds Joint Resources

XOR

Crisis Abated

*** Per County Annex, the DSHS OEM is Contacted and Assistance is Requested

*** Assistance and Resources from DSHS are Incorporated into the Unified Mental Health Incident Command.

rs101713

PFA Volunteer Registration *(ed110314)*: http://pfaresponder.houstontx.gov/health/PFA/EmployeeVolunteer.asp

Crisis Counseling Program (CCP)

Donald Higginbottom
Program Manager

1

Objectives of the Training

- ➢ Understanding the two funding sources of the Crisis Counseling Response.
- ➢ Know the populations in the impacted area.
- ➢ Identify training requirements as specified by the State or Federal Partner (Plan of Work).
- ➢ Prioritize Hiring of Staff to meet the response during Immediate Services Program and possible Regular Services Program (Outreach Plan).
- ➢ Identify Program/Fiscal Requirements (Plan of Work).
- ➢ Review of the B-13/Monthly Expenditure Summary
- ➢ Review of Allowable/Unallowable Cost.
- ➢ Outreach Plan.

2

Phases of the Funding

- The Immediate Services Program (ISP) - provides funds for up to 60 days of services immediately following a disaster declaration.
- Regular Services Program (RSP) - provides funds for up to nine months following a Presidential disaster declaration.

3

Demographics of the Impacted Area

- Know who live in the impacted area.
- Who are the special population groups in the impacted area.

Refer to: Handout 001

Training

➢ Psychological First Aid - The National Child Traumatic Stress Network.
➢ Just In Time Training - Online SAMHSA site.
➢ SAMHSA Online Data Collection and evaluation System (ODCES).
➢ ICS 100 - Incident Command System.
➢ ICS 700 - National Incident Management System (NIMS) An Introduction.
➢ Core Content Training.

Refer to: Handout 001

Hiring of Staff

➢ Utilizing agency staff to initiate first response.
➢ Staff Hiring should be - Team Lead, Accounting, Outreach Personnel.
➢ Outreach Personnel must representative the clients served.
➢ Level of education/experience should also be considered.

Program Management

- Management will insure that all staff is in compliance with system and agency training requirements, agency employee policy, data entry, records keeping, management of equipment, controlled items, and clothing.
- Reports are entered according to contract/plan of work.

Refer to: Handout 001

7

Fiscal Management

- Monthly Invoices, supporting documentation, and B-13 are submitted in accordance with plan of work and contract.
- Completion of fiscal closeout report and Financial Status Report (FSR 269A).
- Develop an electronic file copy of submitted invoices and supporting documentation.
- Insure that all expenditures are in accordance with Allowable/Unallowable Cost.

Refer to: Handout 001, 002, 003, and 004

8

Outreach Plan

- Insure that Outreach Plan targets population identified in the Plan of Work.
- Review and adjust Outreach Plan to insure that stated identified Performance Measures are met in the Contract/Plan of Work.

Refer to: Handout 001 and 005

9

Phase of Disaster causes change

Phases of Disaster

10

References

- https://www.samsha.gov/sites/default/files/images/fema-ccp-guidance.pdf - Crisis Counseling Assistance and Training Program Guidance
- https://ccpdata.org/ccp2field - CCP Online Data Collection and Evaluation System (ODCES)
- https://www.samhsa.gov - Just In Time Training/CCP Toolkit
- https://learn.nctsn.org - Psychological First Aid Online
- https://www.samhsa.gov/dtac/ccp-toolkit/ccp-reporting - Reporting Guidelines

11

Texas Council Risk Management Fund

Emergency Management Safety Planning

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

Disaster!

STABLE. COMPREHENSIVE. COST EFFECTIVE.

ICS Safety

- ICS and NIMS
- Incident Command System (ICS) & National Incident Management system (NIMS)
- Safety Officer (SO) must ensure safety of:
  - Responders to the incident
  - Deployed personnel
  - Injured persons
  - Persons threatened by incident
  - Volunteers assisting with incident
  - Media and general public
- ICS Forms (208, 215A)

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Prepare Your Staff

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Site Safety

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Site Safety

- Identify, analyze and mitigate hazards
- Identify hazardous behavior/tactics and consider alternatives
- Determine safety resources needed
- Monitor conditions
- Conduct inspections
- Safety of personnel/stop unsafe acts
- Personal Protective Equipment
- Determine health/safety supplies needed
- Reporting safety/security incidents

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Shelters

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Shelter Safety

- Facility inspections/reviews
  - Identify/mitigate hazards
  - Lighting/ventilation
  - General conditions
- Water/waste water
- Linens/laundry
- Hygiene
- Safety
  - Life safety
  - Electrical
  - Infection control
  - Frequent inspections
  - Generators

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Deployed Personnel Safety

- Risks:
  - unfamiliar surroundings
  - adverse weather conditions
  - flood waters/storm surge areas
  - hot spots/flare ups/ash
  - piles of rubble and other debris (MRSA risk)
  - human and/or animal remains,
  - contaminated flood waters
  - collapsed structures
  - downed trees and fallen power lines.

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Safety Message Considerations

- Hydrate
- Hygiene – hand washing/sanitizer
- Be aware of surroundings (camp/LZs/EmVeh)
- Identify and report hazards to SO
- Personal Protective Equipment (PPE)
- Protect open cuts/abrasions
- First Aid Kit availability
- Use proper lifting techniques
- Heavy equipment safety
- Heat stress awareness
- Safety briefing at beginning of each shift

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

Field Safety Message Considerations

- Work in teams of two or more
- Check for hazards in flooded areas
  - o Use pole or stick to probe for holes or unseen hazards
- Un-labeled container safety
- Label drinking water and non-potable containers.
  - o Do NOT use water that may be contaminated
- Ensure safety of food and water
- Discard any food exposed to heat, smoke or soot
- PPE

STABLE. COMPREHENSIVE. COST EFFECTIVE.

Fire Safety Considerations

- Be aware of natural gas odors
- Clear means of egress/ingress
- Fire extinguishers
- Evacuation routes and assembly sites
- Hot spots/flare ups
- Report hazards immediately to SO

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

Wildfire Safety Considerations

- Do not enter a home or area until fire officials indicate it is safe.
- Use caution when entering:
  - Wear leather gloves
  - heavy soled shoes
  - hazards may still exist, including hot spots, which can flare up without warning
  - Watch for power lines
- Protect your lungs from wildfire smoke and ash
  - Use N95 or N100 NIOSH approved particulate respirator
  - Mask should have two straps
  - Fits over nose and under chin, sealing tightly
  - Wet bandanas, surgical masks **do not** protect
- Wet debris down to minimize breathing dust particles.

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

Electrical Safety Considerations

- Assume fallen lines are energized
- Downed lines can energize fences, water pipes, cables, other objects
- Do not drive over downed lines
- Power line falls on your vehicle

STABLE. COMPREHENSIVE. COST EFFECTIVE.

Electrical Safety Considerations

- Damp locations –
  - Use GFCI
  - Ensure electric cords are rated for use and in good condition
- Ensure connections are tight/protected
- Bundle electrical cords, keep out of standing water
- Ensure power is off to before working on appliances

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

Generator Safety

- Major Causes of Injuries/Fatalities
    o Shocks and electrocution
    o Carbon Monoxide poisoning
    o Fire
- Safety First
    o Inspect prior to use
    o Keep it dry
    o Operate in accordance with manufacturer's instructions
    o Use heavy duty, grounded cords (3 pronged)
    o Shut down before refueling
    o Do not store fuel indoors

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Avoid Carbon Monoxide Poisoning

Signs of carbon monoxide poisoning

- Carbon Monoxide (CO)
    o Colorless
    o Odorless
    o Toxic
- Ensure adequate ventilation
- Never use generator indoors
- Do not place generator near vents, doors or windows
- Symptoms of CO poisoning
    o Dizziness
    o Nausea
    o Headaches
    o Tiredness
- Get victim to fresh air immediately and seek medical attention

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Heat Stress

- Factors leading to heat stress:
    o High temperature
    o High humidity
    o Limited air movement
- Symptoms of Heat Exhaustion
    o Headaches, dizziness, lightheadedness, fainting
    o Weakness or moist skin
    o Mood changes such as confusion or irritability
    o Upset stomach or vomiting
- Symptoms of Heat Stroke
    o Dry, hot skin with no sweating
    o Mental confusion or losing consciousness
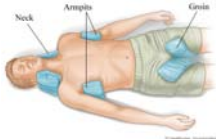   o Seizures or convulsions

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

Heat Stroke First Aid

- Move victim to cooler environment immediately
- Remove unnecessary clothing to expose skin to cooling
- Apply ice packs to groin, neck and armpits (large blood vessels are close to skin)
- NO fever reducing meds

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

General Decontamination

- Hand Decontamination
  - o Wear proper gloves for the job
  - o Wash hands with soap and clean water, if available
  - o ¼ teaspoon bleach/gal of water
  - o Hand sanitizer
  - o Wound care
- Clothing, tool/equipment
  - o Soap and clean water, if available
  - o ¼ cup bleach/gal of water
  - o Immerse objects for 10 min (gently agitate clothes/fabric)
- Surface (Severe)
  - o Mix 1 ½ cups of bleach/gal of water
  - o Douse surfaces and allow to sit for 3 min
  - o Wipe from surface with paper towels, then douse with hand wash solution
- Prepare bleach solutions daily and label each

STABLE. COMPREHENSIVE. COST EFFECTIVE.

Injuries

- Report injuries to SO
- Seek medical attention
  - o ER/Medic or HC provider
  - o Wound treatment
- Report injury to employer (if applicable)
- Infection control (MRSA, etc)
- Hygiene

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Demobilization Safety Considerations

- Hydration/food
- Pace of work
- Fatigue
- Powered equipment
- Loading/unloading
- Vehicle traffic
- Ability to stop unsafe operations
- Returning home safely

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

Safety First!!!

SAFETY FIRST
BE CAREFUL
BE AWARE
BE SAFE

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

Questions?

STABLE. COMPREHENSIVE. COST-EFFECTIVE.

Contact Information

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STABLE. COMPREHENSIVE. COST-EFFECTIVE.