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SA D – Behavioral Health

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SA D Tasked Agencies	
Primary Agencies	Health, Housing, and Human Services
Supporting Agencies	Emergency Management Fire Defense Board Public and Government Relations Sheriff's Office Transportation and Development

1 Purpose and Scope

This Support Annex (SA) outlines a system to ensure the provision of mental health services to regular clients, emergency workers, and disaster victims.

2 Policies and Authorities

None at this time.

3 Situation and Assumptions

- The Clackamas County Department of Health, Housing, and Human Services (H3S), Behavioral Health Division, is the mental health authority within the entire County; cities do not provide mental health services, although some may have Chaplains or employee assistance programs.
- During and immediately following an emergency, the Behavioral Health Division will be required to focus its efforts in three areas:
 - Behavioral health clients
 - Emergency workers suffering from critical incident stress
 - Normally stable disaster victims overwhelmed by their circumstances

4 Roles and Responsibilities

4.1 Primary Agencies

Emergency Behavioral Health programs will be administered by the Behavioral Health Division. A Behavioral Health Representative will be assigned within the Incident Command System structure at the Emergency Operations Center (EOC), and mental health operations will be coordinated using that system.

Staff support and equipment will be provided to the Behavioral Health function as it is available from local, State, and Federal sources.

Behavioral health reports and records will be completed as required. Within the confines of confidentiality, all pertinent facts and information will be documented

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and, with the Incident Action Plan, become part of the permanent Incident Record.

4.1.1 Behavioral Health Division

- Conduct civil commitment investigations as required by the Oregon Revised Statutes.
- Ensure mental health crisis intervention.
- Ensure services to clients in community residential facilities.
- May provide evaluation of mental health of emergency workers and coordinate delivery of critical incident stress debriefings, as appropriate.
- Work with the Public Information Officer to develop emergency behavioral health information for dissemination to employees and the public.
- Serve as a liaison to other groups with the capability of providing behavioral health services in the County.
- Serve as the lead agency in developing follow-up treatment plans or proposals for crisis counseling programs.

4.2 Supporting Agencies

County emergency personnel shall be alert to signs of high stress, emotional instability, or unusual behavior among disaster victims and emergency workers and will notify the Behavioral Health Division or EOC of such conditions.

Agencies with in-house programs in place to assist in the delivery of mental health services may coordinate with the Behavioral Health Representative to ensure effective and efficient use of such resources.

4.2.1 Clackamas County Emergency Management

Clackamas County Emergency Management (CCEM) coordinates closely with H3S and Unified Command to:

- Implement the Emergency Operations Plan.
- Activate the Situation Assessment Team.
- Activate the EOC.
- Assist Unified Command.
- Advise the County Administrator and Board of County Commissioners (BCC).

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- Facilitate the Emergency Declaration process.
- Coordinate with city, regional, and State counterparts.
- Serve as EOC Manager.

4.2.2 Clackamas County Sheriff's Office

- Provide information to Behavioral Health regarding status of community behavioral health problems, as appropriate.
- Assign trained personnel to assist in delivering behavioral health services, as available.

4.2.3 Fire Defense Board

- Provide information to Behavioral Health regarding the status of community behavioral health problems, as appropriate.
- Assign trained personnel to assist in delivering behavioral health services, as available.

4.2.4 Public and Government Relations

- Staff will serve as the Public Information Officer, coordinating all releases of information to ensure that they are consistent and timely. It is likely that multiple jurisdictions will be involved in a pandemic influenza outbreak and that one or more Joint Information Centers will be established.

4.2.5 Department of Employee Services

- Coordinate with Behavioral Health for crisis counseling services for employees.
- Assist Behavioral Health in developing and disseminating behavioral health information to employees.
- Assist in coordinating services from the Employee Assistance Program (EAP) as needed.

4.2.6 American Red Cross

- Staff behavioral health positions in any shelters that are established according to American Red Cross policies

5 Concept of Operations

Community Health Division employees will be expected to report for work in the event of a disaster unless they are the direct victims of the disaster. Impacted employees will not be asked to report for work until their personal and family

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disaster-related needs are met. Employees will notify their immediate supervisors of availability.

If an employee's normal work location is inaccessible or non-functional, that employee will report to the nearest available functioning mental health site unless directed otherwise by a supervisor.

The Behavioral Health Division will maintain a list of employees who have been trained in disaster relief and have indicated a willingness to participate in direct disaster relief services. The agency will provide training on a regularly scheduled basis to ensure those employees' skills in the area of behavioral health services to disaster victims.

Employees may be assigned to alternate work sites and functions, as needed, within the County. They may be assigned to work sites outside the County through mutual assistance agreements among regional government agencies.

Designated disaster response staff will be provided with photographic identification, which will indicate each employee's degree, certification, and position within the agency.

Upon notification of an emergency, a Crisis Services Program Manager may be assigned as Agency Disaster Coordinator, depending on the size and scope of the emergency. The Agency Disaster Coordinator will immediately report to the EOC to serve as the Behavioral Health Representative.

The Behavioral Health Representative will:

1. Survey and assess mental health response requirements and capabilities.
2. Direct assignment of agency staff, as required.
3. Communicate with State Mental Health to determine the availability of statewide assistance in the event that regional resources are insufficient to meet mental health needs within the region.
4. Screen, approve, and assign non-County mental health workers.
5. Coordinate support and volunteer organizations to ensure efficient and effective delivery of service.

In order to meet the needs of clients requiring residential care, a survey will be conducted to determine the status of clients living in residential treatment facilities. If required, clients may be served in the following ways:

1. May be offered alternative placement by the residential provider (in consultation with the Behavioral Health Division) should their residence become uninhabitable.

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2. May be offered reassignment by the residential provider (in consultation with the Behavioral Health Division) to available alternative sites to permit placement of other clients who have been displaced.
3. May be temporarily housed in emergency shelters or other temporary housing while continuing to be served by the Behavioral Health Division.

Behavioral Health representatives will assist victims in identifying available mental health resources, will serve as advocates with behavioral health providers, and will report serious deficiencies to the State.

If American Red Cross shelters are opened, Red Cross mental health volunteers will be assigned to such shelters.

Emergency mental health services will be provided under existing rules of confidentiality. If a client has physical or material needs that require consultation with other service providers, "Consent for Release of Information" will be requested to allow for referral. Information released will be limited to that necessary to meet the unmet needs of the client.

6 Direction and Control

6.1 General

The provision of behavioral health services will be coordinated from the County EOC, if activated. If needed, the Behavioral Health Representative will report to the EOC and will identify behavioral health needs. Once a plan is developed for provision of behavioral health services, agencies providing such services may operate and administer programs from their normal working locations or on-scene, as assigned and appropriate. At a minimum, the Behavioral Health Representative will attend daily meetings and briefings and will assure that behavioral health activities are included in the Incident Action Plan.

County staff will have the EAP available to them for critical incident stress issues. Coordination of the EAP during an emergency event may be provided by the Behavioral Health Division.

The BCC may declare an emergency to allow emergency actions or to request additional behavioral health resources. In addition, the BCC may enter into contracts or mutual assistance agreements for the provision of behavioral health services.

Lines of Succession of Authority

1. Succession of authority within the Behavioral Health Division shall be as assigned by the Director of Health, Housing, and Human Services.

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2. The Crisis Services Program Manager is designated as the Behavioral Health Representative. Lines of Succession for this position are:
 - a. Clinical Services Program Supervisor
 - b. Director of the Behavioral Health Division.
 - c. As designated by the Director of Community Health or Director of Human Services

6.2 Cities

No direct behavioral health services are provided by city government in Clackamas County. Some emergency service agencies may have trained personnel to augment the delivery of critical incident stress debriefings or provide advice and assistance to victims.

6.3 County

H3S is the primary/lead agency responsible for overseeing behavioral health activities throughout the County and participates in Unified Command to coordinate the County's response to the behavioral health aspects of any emergency.

Behavioral health services for residents of Clackamas County are provided by the Clackamas County Department of Human Resources, Behavioral Health Division. The Sheriff's Department and some fire agencies have chaplain programs that provide mental health services to employees. The Department of Employee Services also can contract for services under the EAP. Members of the Victim Assistance Program may be cross-trained to support community mental health services.

6.4 Regional

There are a number of public and private support agencies that can assist in the delivery of behavioral health services. These include the American Red Cross, the Oregon Critical Incident Response Team, local psychiatric associations, and other volunteer groups. The Behavioral Health representative will coordinate the use of such groups. Emergent mental health volunteers will not be used unless credentials are approved by the Behavioral Health Division.

6.5 State

The Oregon Department of Human Resources, Mental Health & Developmental Disabilities Services Division, provides oversight, funding, and guidance for local mental health programs. State mental health resources beyond those available on a day-to-day basis may be requested during a declared emergency. The State will be responsible for the acquisition and coordination of the delivery of resources needed by local governments and will administer any Disaster Mental Health

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Programs funded by the Federal Emergency Management Agency following a presidentially declared emergency or disaster.

6.6 Federal

On declaration of an emergency, the Public Health Service may assist in assessing mental health needs; provide mental health training materials for disaster workers; assist in arranging training for mental health outreach workers; assess the adequacy of applications for Federal crisis counseling grant funds; and address worker stress issues and needs through a variety of mechanisms. In addition, some of the Federally supported response teams, such as the Disaster Mortuary Teams, may include a mental health component.

7 Annex Development and Maintenance

H3S will review this plan at least every two years. CCEM is available to assist. The plan will also be reviewed to implement lessons learned during exercises, organizational changes, and revisions in Federal or State planning guidance.

8 Supporting Plans and Procedures

- None at this time.

9 Appendices

- None at this time.

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