



Georgia Department of
Human Resources
Division of Public Health



**GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF PUBLIC HEALTH
EMERGENCY OPERATIONS PLAN:
DIVISION OF MENTAL HEALTH,
DEVELOPMENTAL DISABILITIES AND
ADDICTIVE DISEASES
BEHAVIORAL HEALTH ALL
HAZARDS RESPONSE PLAN
SUPPORT ANNEX A6
10 FEBRUARY 09**

ACRONYMS AND ABBREVIATIONS

AAR – after action report

ACS – alternate care site

AD – Office of Addictive Diseases Services

An **event** - emergency, disaster or terrorist attack

CCP – Crisis Counseling Program

CMHS – Center for Mental Health Services

DD – Office of Developmental Disabilities Services

DHR – Georgia Department of Human Resources

DMHDDAD – Division of Mental Health, Developmental Disabilities and Addictive Diseases

ERO – External Review Organization

ESF – Emergency Support Function

FEMA – Federal Emergency Management Agency

GCC – Georgia Crisis Consortium

GDPH – Georgia Division of Public Health

GEMA – Georgia Emergency Management Agency

HCO – healthcare organization

ICS – Incident Command System

Large providers - for the purpose of this plan, agencies that contract with DMHDDAD for more than \$250,000 a year

MH – Office of Mental Health Services

NIMS – National Incident Management System

OFS – Office of Financial Services

PPE – personal protective equipment

SAMHSA – Substance Abuse and Mental Health Services Administration

SERVGA – Georgia’s web-enabled secure volunteer data-base

Small providers - for the purpose of this plan, this term refers to agencies that contract with DMHDDAD for less than \$250,000 a year

WebEOC - web-enabled crisis information management system that provides real-time information sharing among response partners during an event

I) Introduction

The Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD), a division of the Georgia Department of Human Resources (DHR), in accordance with the Georgia Emergency Operations Plan Emergency Support Function (ESF) 8 Health and Medical, is responsible for behavioral health and community disaster mental health services during times of emergency, disaster or terrorist attack (an event). Maintenance of continued behavioral health services to Georgia consumers during emergencies and disasters is essential. In addition, DMHDDAD is required under ESF 8 to offer mental health care to disaster survivors, bystanders, responders and their families and other community caregivers. This Behavioral Health All Hazards Response Plan establishes a comprehensive and coordinated plan for preparation, prevention, response, recovery and mitigation of behavioral health and community disaster mental health services for Georgia.

II) Purpose

This is a comprehensive plan that establishes the general organization of a statewide disaster behavioral health system. Whether the event is man-made or natural, the activities described in this plan will apply.

This plan explains the activities involved at all phases (Preparedness and Prevention, Detection and Response, and Recovery and Mitigation) and includes the following tools that are utilized in carrying out those activities:

- a) Activation
- b) Operational Communication
- c) Public Information/Risk Communication
- d) Volunteer Coordination
- e) Continuity of Operations
- f) Surge Capacity
- g) Community Support
- h) Administration/Finance/Logistics

In the Preparedness and Prevention section of the plan specific training models are described.

MHDDAD services are provided across the state through contracts with 25 community service boards, boards of health and various private providers, and through state-operated regional hospitals. Daily, these providers deliver treatment and support services to people of all ages with severe and persistent mental illnesses and addictive diseases, and support to people with mental retardation and related developmental disabilities. During an event, under ESF 8 and according to DHR Online Directive # 6001-401¹, large providers² expand their mission to offer mental health care to survivors, bystanders, responders and their families and other community caregivers.

¹ DHR Online Directive Information System (ODIS) Directive # 6001-401 (Emergency Preparedness and Disaster Response – Basic Requirements for DMHDDAD Hospitals and Community Providers)

² For the purpose of this plan, agencies that contract with DMHDDAD for more than \$250,000 a year

III) Situation and Assumptions

Situation

We want to be prepared for a situation in which a large provider cannot meet the needs of enrolled consumers and all of the survivors, bystanders, responders and their families and other community caregivers.

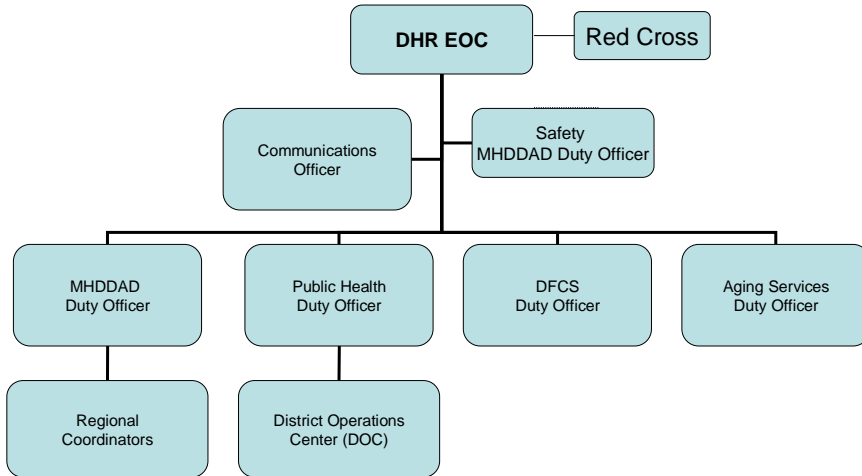
Assumptions

- The basic assumptions of disaster mental health will apply. They are:
 - No one who sees a disaster is untouched by it
 - Recovery can be expected
 - People pull together
 - Stress and grief are normal reactions
 - There are multiple types of trauma
- DMHDDAD residential facilities and regional hospitals, as well as public community providers with residential programs, will ensure the safety of and service to consumers during an event.
- Large providers will respond to incidents when their assistance is requested.
- Other disaster response agencies (i.e.: American Red Cross) will be part of the disaster mental health response.
- DMHDDAD will respond to incidents of behavioral health significance.
- Non-essential DMHDDAD services will be halted and resources redirected for response to the incident, if necessary.
- DMHDDAD information and resources will be coordinated between the DMHDDAD State Office, Regional Offices, regional hospitals and public community providers through the DHR Emergency Operations Center.
- Communication systems will be in place and operational.
- Resources, including funding for response to the incident, will be identified, coordinated and documented. Requests for reimbursement will be initiated through proper channels.
- Community service boards, boards of health and various private providers, and state-operated regional hospitals are part of the planning phase and will develop and are able to implement emergency response plans appropriate for their facility.
- Large providers and state regional hospitals meet the standards for emergency and disaster preparedness established by the national accreditation or certification they are required to maintain (for example: The Joint Commission and/or the Commission on Accreditation of Rehabilitation Facilities).
- Small providers³ meet the requirements for emergency and disaster preparedness established by the Division of MHDDAD and found in the Provider Manual under Standards for all Providers in order to receive provider certification.
- Assisted living facilities, personal care homes, child caring institutions and nursing homes meet the standards of the Rules of Georgia Department of Human Resources Public Health Chapter 290-5-45 Disaster Preparedness Plans in order to receive a license and/or certification from the DHR Office of Regulatory Services.

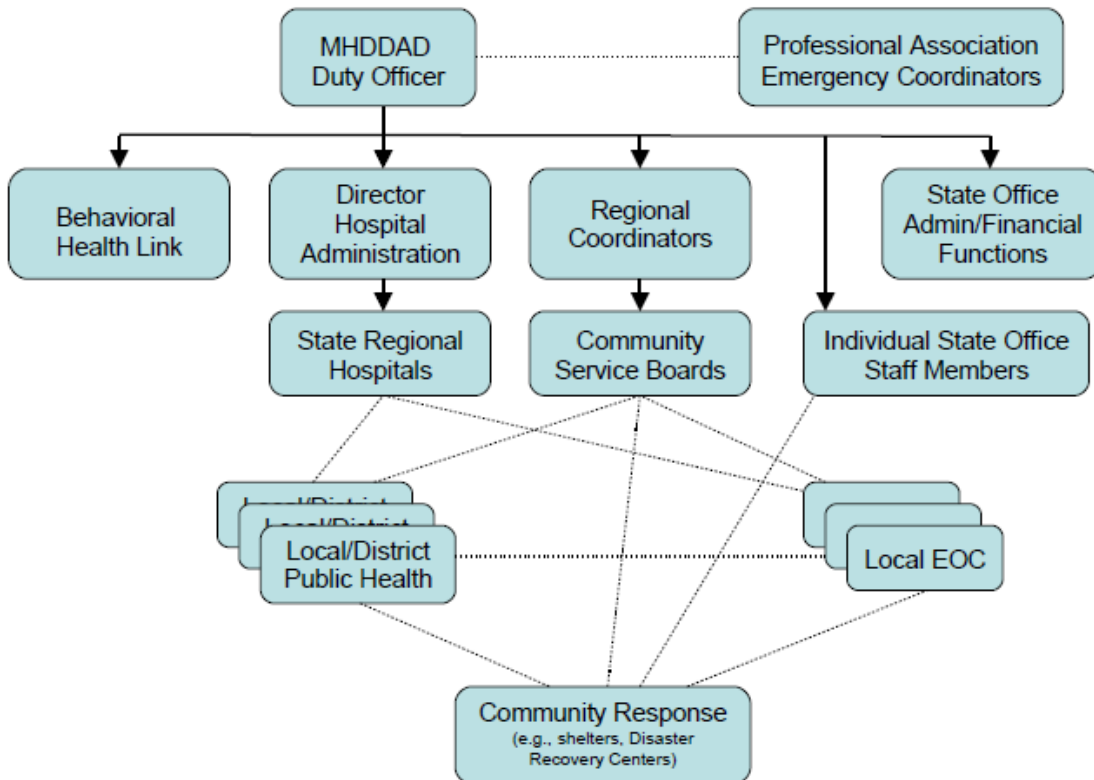
³ For the purpose of this plan, this term refers to agencies that contract with DMHDDAD for less than \$250,000 a year

IV) Roles and Responsibilities

DHR Emergency Operations Center (DHR EOC)



MHDDAD Response Structure



The functional role of the DHR EOC is as a Multiagency Coordination Center (MACC).

The DHR EOC MACC coordinates the full emergency management cycle of DHR support throughout Georgia and is the conduit to State and federal resources for the local community. Most responses can be coordinated by the DHR Emergency Manager (EM) and other Division level Emergency Coordinators (EC) while at their work stations. As an event becomes more complex, it may become necessary to open the DHR EOC. DMHDDAD's EC is the Disaster Mental Health Services Coordinator (DMHSC). When the DHR EOC is opened for a 24 hour period or longer than six days in a row, members of the DMHDDAD DHR EOC Team (Attachment A) will provide back-up.

The Georgia Division of Public Health (GDPH) EC will coordinate with the DHR EM, establishing the DHR EOC Command structure, ensuring it is posted on WebEOC and in the DHR EOC. WebEOC is a web-based emergency management communications system that provides for real-time information sharing. This software links emergency responders together and helps to facilitate decision-making in emergency situations.

Roles and Responsibilities

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
DMHDDAD Director	<ul style="list-style-type: none"> • Approves plans, policies and agreements • Ensures overall preparedness that is required to support the Behavioral Health All Hazards Response Plan to be achieved. • Provides current emergency contact information for DMHDDAD Management Team staff • Ensures back-up for the DHR EOC by providing staff members who participate in EOC orientations and training • Staff participates in disaster mental health and other related training 	<ul style="list-style-type: none"> • Ensures that DMHDDAD resources are managed effectively in response to events • Communicates with DMHDDAD personnel and DHR Management regarding the Division's response activities • The Division Director may require that Division staff be deployed to provide support services in the community • In the case of a Presidential Declaration of Disaster, approves Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) Immediate Services Program (ISP) grant application if needs assessments determine it is warranted 	<ul style="list-style-type: none"> • Coordinates with Division staff concerning on-going recovery and mitigation activities • In the case of a Presidential Declaration of Disaster, approves FEMA CCP Regular Services Program (RSP) grant application if needs assessments determine it is warranted • Deployed staff debriefings will be held and modification to this plan will be made based on the lessons learned.

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Disaster Mental Health Services Coordinator	<ul style="list-style-type: none"> • Provides leadership to the Georgia Crisis Consortium (GCC) and overall planning process • Serves as the DMHDDAD liaison with other members of the state emergency response network • Maintains the DMHDDAD emergency contact list • Serves as the primary point of contact for DMHDDAD regarding emergency preparedness activities and communicates important issues throughout the Division • Provides technical assistance and training to DMHDDAD assets throughout the planning process • Serves as Administrator of the Disaster Mental Health Response Team in SERV-GA⁴ 	<ul style="list-style-type: none"> • Staffs the DMHDDAD desk in the DHR EOC • Provides support in response related activities to DMHDDAD providers and regional hospitals • Coordinates communication and dissemination of information related to response activities to DMHDDAD State Office, regional hospitals and providers • With the DMHDDAD Office of Policy and Training and PH Office of Training and Workforce Development, coordinates the delivery of disaster mental health just-in-time training • In the case of a Presidential Declaration of Disaster, contacts Regional Coordinators to request needs assessments from providers who cover the declared counties • In the case of a Presidential Declaration of Disaster, completes FEMA CCP ISP grant application if needs assessments determine it is warranted 	<ul style="list-style-type: none"> • In the case of a Presidential Declaration of Disaster, completes FEMACCP RSP grant application if needs assessments determine it is warranted • Assists the Division in transitioning back to normal operations

⁴ State of Georgia Emergency System for Advance Registration of Volunteer Health Professionals

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Director of Regional Operations	<ul style="list-style-type: none"> Assists in the identification of disaster related needs & capabilities of the regional offices 	<ul style="list-style-type: none"> Assists regional offices and providers during response activities including the Federal Emergency Management Agency (FEMA) Crisis Counseling Programs (CCP) 	<ul style="list-style-type: none"> Assists with the contract process associated with recovery activities, including the FEMA CCP
Office of Addictive Diseases Services (AD)	<ul style="list-style-type: none"> Provides input to the planning process regarding the needs of people with addictive diseases. Provides a staff member to serve as a member of the DMHDDAD DHR EOC Team 	<ul style="list-style-type: none"> Provides instructions for MHDDAD providers related to meeting the needs of addictive diseases consumers Notifies the Regional Coordinators of any special expectations related to disaster response In the case of a Presidential Declaration of Disaster and needs assessments determines a FEMA CCP ISP grant is warranted, provides input to CCP grant application Provides direct instructions to State Operated Therapeutic Programs Provides personnel to serve as back-up to MHDDAD DHR EOC desk 	<ul style="list-style-type: none"> In the case of a Presidential Declaration of Disaster and needs assessments determines a FEMA CCP RSP grant is warranted, provides input to CCP grant application Prepares required reports Transitions to normal operations

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Office of Budget and Finance	<ul style="list-style-type: none"> • Establish procedures that will expedite the processing of contracts for CCP grants 	<ul style="list-style-type: none"> • Processes contracts and invoices associated with response activities, including the CCP 	<ul style="list-style-type: none"> • Processes contracts and invoices associated with recovery activities, including the FEMA CCP
Office of Consumer Relations and Recovery	<ul style="list-style-type: none"> • Give consumer perspective to current plans and initiatives • Design a network of communication for peers in a crisis • Prepare individuals in each region to take lead response role • Prepare peer support disaster curriculum for training • Examine the training of other states • Create policies and procedures • Phone conference with peer leadership in this area 	<ul style="list-style-type: none"> • Test/revise the system of communication/response • Link peers to weather warnings/disaster warnings • Provide active peer support & technical assistance at site • Act based on preparation/training 	<ul style="list-style-type: none"> • Ensure partners billing processes are maintained • Ensure communications stay open • Ensure linkages to aide/resources • Provide active peer support & technical assistance at site

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Office of Developmental Disabilities Services (DD)	<ul style="list-style-type: none"> • Provides input to the planning process regarding the needs of people with developmental disabilities. • Provides a staff member to serve as a member of the DMHDDAD DHR EOC Team 	<ul style="list-style-type: none"> • Provide accurate and comprehensive information regarding the emergency • Maximize the use of available resources, collect and organize situational information • Manage Staffing needs • Provides personnel to serve as back-up to MHDDAD DHR EOC desk • Provides direct instructions to Intake and Evaluation staff as needed • 	<p>Through the Regional Offices</p> <ul style="list-style-type: none"> • Assist with the identification, location, procurement, mobilization and deployment of additional services for DD consumers. • Continue assessment of developmental disabilities disaster response needs for all affected areas within the state <p>Through the State Office</p> <ul style="list-style-type: none"> • Prepares required reports • Transitions to normal operations

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Office of Forensic Services	<ul style="list-style-type: none"> Provides input to the planning process about the needs of inpatient and outpatient forensic consumers and other stakeholders in forensic mental health in the state. 	<ul style="list-style-type: none"> Provide information to inpatient and outpatient forensic staff, consumers, judicial staff, and other stakeholders concerning the Division's response. As needed, redirect outpatient and administrative forensic personnel to provide support for inpatient consumer care. 	<ul style="list-style-type: none"> Provide information to inpatient and outpatient forensic staff, consumers, judicial staff, and other stakeholders concerning the Divisions transition to resumption of regular services. Direct outpatient and administrative forensic personnel back to regular duties
Hospital Systems Administration	<ul style="list-style-type: none"> Provides input into the planning process regarding issues related to the regional hospitals 	<ul style="list-style-type: none"> Support DMHDDAD-wide emergency response by serving as coordination point to assist with additional responses using Hospital system detection and/or response resources. 	<ul style="list-style-type: none"> Support DMHDDAD recovery and mitigation by serving as coordination point to assist with additional recovery and mitigation responses using Hospital system resources.

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Office of Incident Management	<ul style="list-style-type: none"> Provides input into the planning process regarding issues related to provider capacity 	<ul style="list-style-type: none"> Provides input into the selection and designation of alternate residential providers during evacuation Provide support and assistance for providers Assist with moving consumers 	<ul style="list-style-type: none"> Provides input into the selection and designation of alternate residential providers following evacuation Assist with moving consumers
Office of Legal Services and Government Relations	<ul style="list-style-type: none"> Provides guidance and interpretation of mental health, developmental disability and addictive diseases laws and regulations related to emergency preparedness Reviews plans and policies to ensure they meet legal requirement 	<ul style="list-style-type: none"> Provides guidance and interpretation of mental health, developmental disability and addictive diseases and regulations Reviews plans and policies to ensure they meet legal requirements Takes steps to resolve mental health, developmental disability and addictive diseases legal issues 	<ul style="list-style-type: none"> Takes steps to resolve mental health, developmental disability and addictive diseases legal issues Conducts mitigation activities to include review of lessons learned
Medical Director	<ul style="list-style-type: none"> Provide Guidance and instruction on appropriate expectations during a response to an emergency Provide guidelines for appropriate focus and interventions specific to our facilities 	<ul style="list-style-type: none"> Coordinate emergency medical responses at the hospitals that are affected. Assist in procuring additional resources as needed 	<ul style="list-style-type: none"> Activate appropriate management of psychological and psychiatric sequela Assist in restoring pre-emergency levels of care

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Office of Mental Health Services(MH)	<ul style="list-style-type: none"> • Provides input to the planning process regarding the needs of people with mental illness • Provides a staff member to serve as a member of the DMHDDAD DHR EOC Team 	<ul style="list-style-type: none"> • Provides instructions for MHDDAD providers related to meeting the needs of mental health consumers • Notifies the Regional Coordinators of any special expectations related to disaster response • In the case of a Presidential Declaration of Disaster and needs assessments determines a FEMA CCP ISP grant is warranted, provides input to CCP grant application • Provides direct instructions to State operated MH programs • Provides personnel to serve as back-up to MHDDAD DHR EOC desk 	<ul style="list-style-type: none"> • In the case of a Presidential Declaration of Disaster and needs assessments determines a FEMA CCP RSP grant is warranted, provides input to CCP grant application • Prepares required reports • Transitions to normal operations

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Office of Provider Certification	<ul style="list-style-type: none"> Ensures providers with contracts under \$250,000 have emergency preparedness plans by conducting Certification Reviews using the <u>Special Review Tool – Community Service Standards for All Providers (Attachment B)</u> Provide technical assistance and support to providers in development of their disaster plans 	<ul style="list-style-type: none"> Check with Providers in the certification process to ensure they have trained staff in implementing their Disaster Plan Be available to assist providers who are in direct path of the disaster. Staff of the Cert Unit are nurses and Social Workers who can assist if needed 	<ul style="list-style-type: none"> Conduct After Action Report to evaluate effectiveness and adequacy of plans with the providers. Identify problem areas and also plans that worked best for providers and consumers. Provide technical assistance and support to providers in development of their disaster plans

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Office of Provider Network Management	<ul style="list-style-type: none"> • Assists in the distribution of preparedness information to providers • Works with specific regional offices to assist in planning to facilitate on-going services to consumers during events 	<ul style="list-style-type: none"> • Maintain contact with the Georgia Crisis and Access Line (GCAL) management team to provide administrative support. • Offer data and administrative support to the Certification Unit and the Disability offices. 	<ul style="list-style-type: none"> • Use data to review services provided and work as a liaison with the funding sources to brainstorm billing problems and facilitate payment. • Work closely with Office of Financial Services (OFS) to facilitate payments to Georgia's External Review Organization (ERO) and GCAL.

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Quality and Operational Support	<p><i>Policy and Training Unit</i></p> <ul style="list-style-type: none"> Ensures that disaster behavioral health policies and guidelines are current Supports the delivery of disaster related training 	<p><i>Evaluation Unit</i></p> <ul style="list-style-type: none"> In the case of a Presidential Declaration of Disaster and if needs assessment determines a CCP ISP is warranted, provides data analysis to support CCP application <p><i>Information Management Unit</i></p> <ul style="list-style-type: none"> Perform updates to Methadone Registry as needed In the case of a Presidential Declaration of Disaster and if needs assessment determines a CCP ISP is warranted, provides MHDDAD service area maps to support CCP application <p><i>Policy and Training Unit</i></p> <ul style="list-style-type: none"> Supports the delivery of just-in-time training 	<p><i>Evaluation Unit</i></p> <p>In the case of a Presidential Declaration of Disaster and if needs assessment determines a CCP RSP is warranted:</p> <ul style="list-style-type: none"> Provides data analysis to support the CCP application Supports the evaluation process of the CCP RSP <p><i>Information Management Unit</i></p> <ul style="list-style-type: none"> Perform updates to Methadone Registry as needed In the case of a Presidential Declaration of Disaster and if needs assessment determines a CCP ISP is warranted, provides MHDDAD service area maps to support CCP application <p><i>Policy and Training Unit</i></p> <ul style="list-style-type: none"> Supports the incorporation of lessons learned in the development of future policy and training

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Office of Sexual Offender Registration Review Board	<ul style="list-style-type: none"> • Develop a system that will allow for sharing of information regarding the assigned risk levels of released sex offenders • Share information regarding the need for sex offender registration in emergency shelters with emergency planners 	<ul style="list-style-type: none"> • To the extent possible, share information regarding assigned risk levels of released sex offenders with emergency shelter administration 	<ul style="list-style-type: none"> • Evaluate effectiveness of plan and make necessary corrective adjustments
Regional Offices	<ul style="list-style-type: none"> • Provide input to the planning process regarding the role of the DMHDDAD Regions • Develop an emergency response plan that is appropriate for their facility and provides continuity of operations • Communicate important issues related to emergency preparedness to contracted providers within their Region • Staff participates in disaster mental health and other related training 	<ul style="list-style-type: none"> • Communicate information regarding response activities to the providers within their Region and the DMHSC, including information pertaining to the Federal Emergency Management (FEMA) Crisis Counseling Programs (CCP) 	<ul style="list-style-type: none"> • Work with providers on the contract process associated with the FEMA CCP

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Regional Hospitals	<ul style="list-style-type: none"> • Provides input to the planning process regarding the role of the regional hospitals • Develops an emergency response plan that ensures continuity of operations and continued care of consumers • Staff participates in disaster mental health training, semi-annual emergency preparedness exercises, and other related training • Hospital Management Teams complete training in IS-700, IS-100.HC and IS-200.HC. Hospital Command Center personnel complete training in IS-800.B. • Hospital designates an Emergency Coordinator who certifies as a CHEC-II within one year of designation 	<ul style="list-style-type: none"> • Implements their emergency operations plans ensuring (to the extent possible and necessary), continuity of operations and continued care of consumers • Continues secondary detection efforts to identify response opportunities not identified in Phase One 	<ul style="list-style-type: none"> • Assesses the effectiveness of emergency plans and emerging resource needs required to sustain operations necessary to ensure (to the extent possible), continuity of operations and continued care of consumers • Identifies surplus resources that may be deployed to other DMHDDAD Hospitals to support their efforts to ensure (to the extent possible), continuity of operations and continued care of consumers • Identifies additional surplus resources that may be deployed to other DHR emergency service sights that may assist in them meeting their emergency response mission.

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
DHR Office of Communications	<ul style="list-style-type: none"> • Provides input into the planning process as a member of the Georgia Crisis Consortium (GCC) • Works with the DMHSC to identify standard messages that will promote mental health resiliency for the community 	<ul style="list-style-type: none"> • Provide Public Information Officer for the event • Works with the DMHSC to ensure accurate information is available regarding the DMHDDAD response • Develops and delivers appropriate messages concerning the DMHDDAD response to the media 	<ul style="list-style-type: none"> • In the case of a Presidential Declaration of Disaster, works with the DMHSC to coordinate public awareness campaign for CCP

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
State run facilities	<ul style="list-style-type: none"> • Develops an emergency response plan appropriate for their type of facility that ensures continuity of operations and continued care of consumers • Staff participates in disaster mental health and other related training 	<ul style="list-style-type: none"> • Implements their emergency operations plans ensuring (to the extent possible), continuity of operations and continued care of consumers • Continues secondary detection efforts to identify response opportunities not identified in Phase One 	<ul style="list-style-type: none"> • Assesses the effectiveness and emerging resource needs required to sustain operations necessary to ensure (to the extent possible), continuity of operations and continued care of consumers • Identifies surplus resources that may be deployed to other DMHDDAD facilities to support their efforts to ensure (to the extent possible), continuity of operations and continued care of consumers • Identifies additional surplus resources that may be deployed to other DHR emergency service sights that may assist in them meeting their emergency response mission.

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Providers	<ul style="list-style-type: none"> • Develops an emergency response plan appropriate for their type of facility that ensures continuity of operations and continued care of consumers • Staff participates in disaster mental health and other related training 	<ul style="list-style-type: none"> • Implements their emergency operations plans ensuring (to the extent possible), continuity of operations and continued care of consumers <p><i>Large providers</i></p> <ul style="list-style-type: none"> • Offer mental health care to disaster survivors, bystanders, responders and their families and other community caregivers 	<ul style="list-style-type: none"> • Assesses the effectiveness and emerging resource needs required to sustain operations necessary to ensure (to the extent possible), continuity of operations and continued care of consumers • Conducts and/or participates in After Actions Conferences to determine lessons learned and corrective actions for existing response plans

STATE AND LOCAL AGENCY/ORGANIZATION	PHASE ONE: PREPAREDNESS AND PREVENTION	PHASE TWO: DETECTION AND RESPONSE	PHASE THREE: RECOVERY AND MITIGATION
Behavioral Health Link (BHL) – Georgia Crisis and Access Line (GCAL)	<ul style="list-style-type: none"> • Provides input to the planning process through membership in the GCC • Participates in disaster mental health and other related training • Develops an emergency response plan appropriate for their type of agency 	<ul style="list-style-type: none"> • Dispatch Mobile Crisis Teams trained in Critical Incident Stress Debriefing as needed, depending on location • Serve as state-wide call center for emergency/disaster-related referrals • Connect crisis counseling teams with callers • Track bed availability in the larger mental health network • Have contact with all contracted core providers and can redirect callers to alternate providers as necessary • Post emergency/disaster-related information on BHL web site 	<ul style="list-style-type: none"> • Serve as state-wide call center for emergency/disaster-related referrals • Connect crisis counseling teams with callers • Post emergency/disaster-related information on BHL web site
Georgia Crisis Consortium (GCC) and member organizations	<ul style="list-style-type: none"> • Serves as a steering committee for the overall planning process • Assists with plan development by providing subject matter expertise and experience • Supports State staffing capability through volunteer recruitment 	<ul style="list-style-type: none"> • Distributes/shares disaster related information among GCC members and groups served by members • Serves as subject matter resource on issues related to response activities 	<ul style="list-style-type: none"> • Serves as subject matter resource on issues related to recovery activities • Assists in plan modification using lessons learned from response activities

V) Phase 1 - Preparedness and Prevention (Ongoing Activities)

A) Goal of Preparedness and Prevention Activities

The goal of preparedness and prevention activities is to ensure that DMHDDAD and its providers are in a state of readiness. Through preparedness activities, we will be minimizing risk and maximizing our ability to provide continuity of care to consumers and successfully meet the behavioral health needs of survivors, bystanders, responders and their families, and other community caregivers who have been impacted by an event.

C) Process

- 1) The planning process began with an honest assessment of Georgia's disaster mental health resources. Results of this assessment showed the need to include outside partners and stakeholders in the State's plan in order to meet the potential need.
- 2) The Georgia Crisis Consortium (GCC) was formed to bring together the key stakeholders in the establishment of Georgia's disaster mental health plan. Members of the GCC represent DHR Divisions and Offices, mental health associations, consumer advocates and providers, emergency response partners and non-government organizations that are part of the disaster response network. The purpose of the GCC is to establish roles and responsibilities of the various agencies involved in disaster mental health response and serve as a steering committee for the plan writing process.

Members of the GCC serve as master trainers for Georgia Disaster Mental Health Field Response Training, are leaders in the Georgia's mental health disaster response and deliver talks and presentations on the topic of disaster mental health. The GCC contributed to the writing of this plan and was instrumental in the development of the State of Georgia Behavioral Health Emergency Response Planning Kit (see Tools section below).

- 3) The MHDDAD DMHSC is a member of the Georgia Division of Public Health's (GDPH) Health Emergency Assistance and Resource Team (HEART). The HEART meets monthly, and they provide oversight, review and approval of GDPH Emergency Operations Plan (EOP) updates and changes and ensure appropriate DPH staffing of the DHR EOC during emergency activities. In addition, the DMHSC is part of the GDPH Office of Emergency Preparedness and a member of DHR EOC team. As such, the DMHSC is kept abreast of the events and situations that may cause the DHR EOC to be activated. Generally the DHR Director of the Office of Facility Safety and Security and the PH Medical Director set the overall tone for the response activities.

Planning activities ensure that the needs of at-risk individuals and issues of cultural responsiveness are addressed. At-risk stakeholders and subject matter experts serve as a resource to the State in the development and maintenance of this plan. They provide expertise and technical assistance to ensure that the needs of vulnerable and at-risk populations and issues of cultural responsiveness are appropriately considered.

The State has reviewed disaster mental health plans from other States and keeps informed of the latest trends in emergency preparedness through attendance at state and national conferences and publications on the topic. DMHDDAD is an active participant in planning meetings with other

State agencies to ensure the inclusion of behavioral health concerns and consumers in those plans.

D) Tools

1) Hazard Analysis – A template for a hazard vulnerability analysis that examines the impact of an event in a particular community is under development.

2) Tools for Providers

The State of Georgia Behavioral Health Emergency Preparedness Planning Kit provides guidance and tools that providers may use in completing each step in the development of an emergency response plan. The key elements of the kit are:

- Hazard Vulnerability Analysis
- Continuity of Operations Planning
- Surge Capacity Planning
- Personnel Planning for Continuity of Operations and Surge Capacity
- Planning for Support of the Community Response
- Planning for Other Response Capabilities such as communication, etc.

To address the needs of small providers, emergency preparedness planning kits have been developed for Small Residential Providers and Small Outpatient Providers. All three kits are available by going to the DMHDDAD web site at www.mhddad.dhr.georgia.gov and clicking on Disaster Mental Health. Information about the availability of these kits is communicated to providers through the DMHDDAD Regional Coordinators and Georgia's behavioral health professional associations.

The Georgia Disaster Mental Health web site, located on the MHDDAD web site, provides information related to disaster mental health training and psycho-educational material.

The planning kits and web site are tools that may be used by providers and regional hospitals during their planning process.

3) Tools for Division–Level Planning

Worksheets have been developed to facilitate the discussion of response planning at the Division level, and document the decisions made during the planning process. Worksheets cover the following planning areas:

- a. Activation - All incidents occur locally and are handled by the local jurisdiction. As incidents mature, assistance may be requested from one or more DMHDDAD agencies. To coordinate that assistance, Georgia's Behavioral Health All Hazards Response Plan will be activated using the information found in the Activation Worksheet (Attachment C).
- b. Operational Communication – DMHDDAD State Office, Regional Office, regional hospital and provider leadership and staff are not trained as and are not expected to be certified/licensed communications technicians. However, they are expected to know how

to use the various communication devices issued to them; maintain the physical security of computers; maintain the communications security of what they send by email and say on the telephones and radios; all to ensure a secure and safe work environment.

All members of the DMHDDAD disaster response network maintain a fully functioning communication device that is accessible 24/7/365. Members of the DMHDDAD DHR EOC Team have home computers that are able to access WebEOC.

- c. Public Information/Risk Communication – Ongoing communication activities include the maintenance of the Georgia Disaster Mental Health web site. This web site was developed through a contract with University of West Georgia, and it maintains up-to-date psycho-educational material. UWG hosts the site and provides on-going updates to the material. Fact sheets on the web site that contain information on coping during disasters, stress management and other psycho-educational material are readily available for use by disaster mental health responders. Many of the fact sheets have been translated into Spanish, and there are fact sheets for additional languages that have been downloaded from other sources.

In the event of a major disaster that impacts Georgia, it will be critical to coordinate information about mental health and substance abuse response and issues. Human-caused disasters, such as biological terrorism or the use of weapons of mass destruction, can cause widespread panic and have a serious impact on the mental health of the community. During an event, fact sheets and other psycho-educational material will be disseminated through high priority email to the following:

- Regional Offices for distribution to providers
- Regional hospitals
- Georgia Crisis Consortium

Information on stress management will be disseminated to:

- Georgia Emergency Management Agency (GEMA) for distribution to responder agencies
- GDPH for distribution to local health departments and acute care hospitals.

Outreach to special populations will be achieved through the constituencies listed on the Public Information/Risk Communication Worksheet (Attachment D).

The DMHSC will maintain good working relationships with the GDPH Risk Communicator and DHR MHDDAD Public Information Officer

- d. Volunteer Coordination – the State of Georgia Emergency System for Advance Registration of Volunteer Health Professionals is SERVGA. Volunteers register in SERVGA at www.servga.gov if they have completed approved disaster mental health training and required National Incident Management System courses. The Volunteer Coordination Worksheet (Attachment E) is completed during the Preparedness and Prevention phase.
- e. Continuity of Operations - The workplan for the State Office COOP is included as Attachment F.

- f. Surge Capacity – This refers to the ability to increase capacity to meet the needs of additional consumers when an event occurs. Division staff participate in disaster mental health and other related training in preparation of supporting the regional hospitals and providers with surge capacity.
- g. Community Support - Under ESF 8, DMHDDAD is required to offer mental health care to consumers, as well as disaster survivors, bystanders, responders and their families and other community caregivers. The Community Support Worksheets (Attachment G) in the planning kit assist in the development of plan.
- h. Administration/Finance/Logistics –The State Office and Regional Offices will follow reimbursement measures established by DHR.

The completed Worksheets are included to be used as a reference during an emergency. This is to ensure that information about the decisions made during the planning process is easily accessible no matter who has to assume key response roles.

4) Training

Due to the fact that disaster mental health is a unique intervention only implemented during an event, special training is required. The purpose of the training is to increase response capacity and enhance the quality of the services provided to Georgia’s citizens during and after a disaster. Basic training prepares professionals and paraprofessionals to respond to incidents using a variety of skills designed specifically for crisis intervention. Mental health clinicians and substance abuse counselors may also receive advanced training that enables them to serve in supervisory and administrative positions. Both of these training programs are provided by the State and offered to staff at the DMHDDAD State Office, regional hospitals, providers and to general community volunteers through the state’s mental health professional associations.

The State also supports training specifically designed to meet the needs of first responders as well as hospital and other medical personnel. In addition, many first responder agencies, hospitals and medical facilities have their own team of crisis counseling responders for whom they provide ongoing training.

National publications that contain disaster mental health training information are distributed to regional hospitals, providers and community volunteers through professional associations.

NIMS training is offered on line at <http://training.fema.gov/IS/NIMS.asp>. Some NIMS courses are taught through the GDPH Office of Training and Workforce Development.

5) Exercises

This plan will be exercised by September 30 of each year, and it will be updated based on the After Action Reports (AAR) and corrective actions that are identified.

DMHDDAD is involved in the planning of and participates in Public Health state-level exercises and routinely participates in state-level exercises involving community partners.

All providers are required to conduct exercises to test their internal response to an event and are encouraged to participate in exercises with community partners.

E) Outcome Measures

The DMHSC will coordinate annual updates to this plan by September 30 of each year. Outcome measures will be used to determine how well we've met the goals of Preparedness and Prevention. The evaluation process to determine whether desired outcomes have been attained will include:

- Review of after action reports from exercises and actual events
- Review of data on training and enrollment of volunteers
- Review of changes in regulations, accreditation standards, and other accepted standards
- Assessment of the changes in society as a whole that may have an impact on the plan

Examples of outcome measures to be used in evaluating preparedness include:

- 1) Training – 200 responders have received training in disaster mental health each year
- 2) Volunteers – 100 new disaster mental health community volunteers have registered in SERVGA each year
- 3) Communications –
 - Communication equipment has been acquired and distributed to
 - The State Office
 - Regional Offices
 - State regional hospitals
 - Large providers
 - Communication standards are established and disseminated to users
 - 100% of users have been trained in proper use of the equipment
 - Statewide communication drills are conducted quarterly
- 4) Risk Communication –
 - GDPH Risk Communicator is a member of the Georgia Crisis Consortium and participates in disaster mental health planning activities
 - GDPH Risk Communicator provides input to the Georgia Disaster Mental Health web site
 - Methods of contacting partners and stakeholders are identified
 - Pre-scripted messages and fact sheets for public consumption that can be posted on the Georgia Disaster Mental Health and GDPH web site are developed
- 5) Surge Capacity
 - 10 Division staff have received training in disaster mental health and NIMS each year
 - Regional hospitals and large providers develop plans that include the ability to handle surge capacity

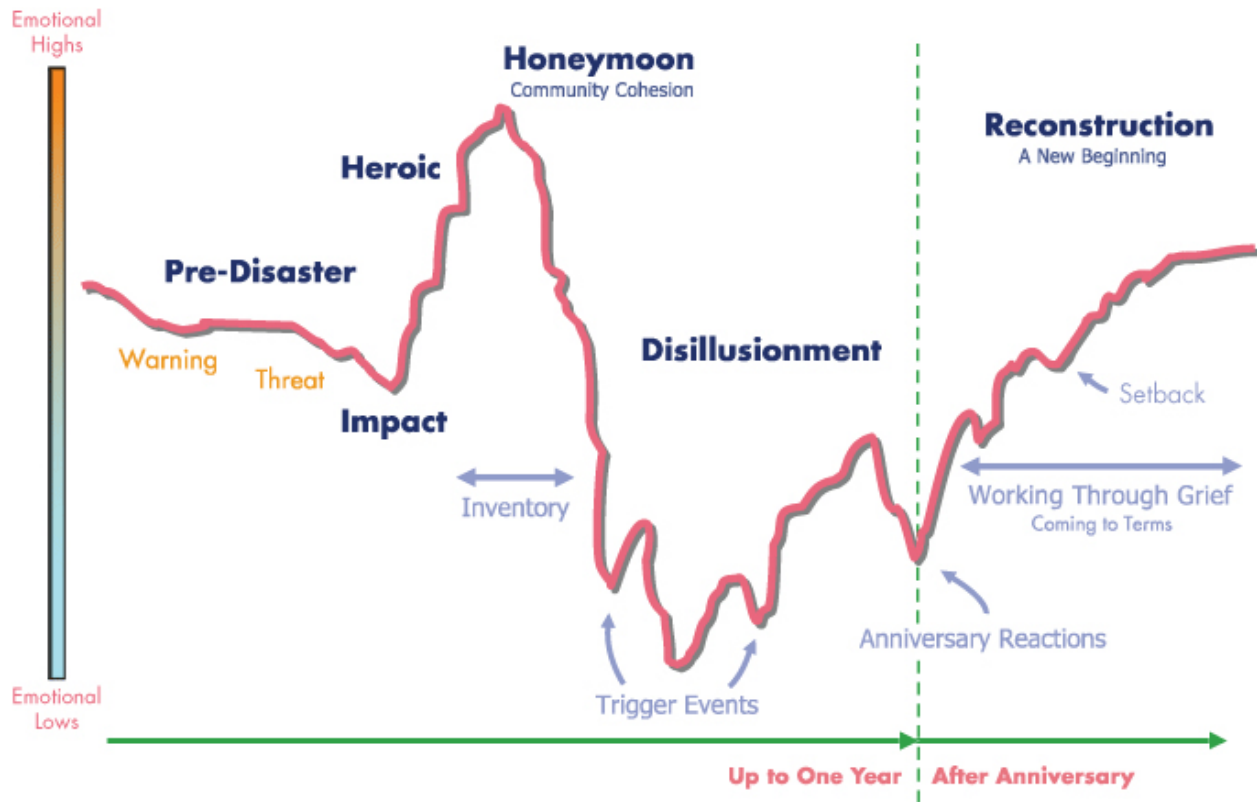
Phase II – Detection and Response

A) Goal of Response Activities

The goal of response activities is to provide continuity of care to DMHDDAD consumers and crisis counseling to survivors, bystanders, responders and their families and other community caregivers immediately before, during and immediately after an event.

The Centers for Disease Control and Prevention Disaster Mental Health Primer: Key Principles, Issues and Questions (Attachment H) contains highlights of the kinds of mental-health related information that might be beneficial in a disaster.

MENTAL HEALTH PHASES OF DISASTER



Source: Substance Abuse and Mental Health Services Administration Crisis Counseling Program Application Tool Kit 2008

B) Roles and Responsibilities

See the table in the Preparedness and Prevention section of this plan beginning on page 24.

C) Process and Tools

1) Activation

Georgia's Behavioral Health All-Hazards Response Plan is automatically activated whenever the DHR EOC is activated. In addition, the following DMHDDAD staff members have the authority to activate this plan:

Division Director

Director of Hospital Operations

Deputy Director of Administrative Services

DMHSC

The On-Call Representative (OCR) for DMHDDAD is listed on the GPH State Electronic Notifiable Disease Syndromic Surveillance (SendSS) web site Public Health On-Call Calendar at <http://sendss.state.ga.us>. A back-up representative is also listed on the SendSS calendar, and this person may be activated if the primary designee is unavailable or if the EOC is opened for a 24 hour period or longer than six days in a row.

DMHDDAD maintains an emergency contact list (Attachment A) that is updated quarterly. This list contains the names of all members of the Division's DHR EOC team and key members of DMHDDAD management.

When this plan is activated, the DMHDDAD OCR will determine what other Division key staff and facilities should be notified, based on the nature of the emergency. The most likely key staff and facilities to be notified are so indicated on the DMHDDAD Emergency Contact lists.

These notifications will be made via desk phone and high priority email between 9:00 AM and 5:00 PM Monday through Friday and by alternate contact numbers provided on the Emergency Contact List (Attachment A). If the primary method of notification fails, the OCR may request the assistance of the Division Director, Director of Hospital Operations and/or Assistant Director of Administrative Services in making these notifications, if necessary. The DHR EOC Contact Information sheet (Attachment I) will be used to contact EOC staff during an event.

2) Response

- a. (Attachment J) contains Operations Guides for Key Roles (e.g., MHDDAD Duty Officer, Director of the Office of Mental Health Services)
- b. Operational Communication - For daily communications, the primary device for direct discussions is the desk phone. If personnel are out of the office, then the various cell phones/radios/PDAs should be utilized. Though convenient, emails should never be considered the primary method for initial emergency communications, but may be sent for follow-up communications, especially with a large number of personnel.

The specific numbers (phone, cell, PDA, radio) for specific individual or institutional contacts are contained in the MHDDAD Emergency Contact List (Attachment A). This list is updated quarterly.

If an event occurs after hours, the alternate contact number on the Emergency Contact List is used to make initial contact.

The Operational Communications Worksheet documents the technology to be used to communicate with emergency response partners. It also identifies the location of equipment and who is responsible for maintaining it and resolving technical problems.

- c. Public Information/Risk Communications - DMHDDAD hosts a disaster mental health web site located on the DMHDDAD web site at <http://mhddad.dhr.georgia.gov>. This web site contains links and PDF files of psycho-educational material that may be downloaded and printed. Dissemination of this information is achieved by posting the information on WebEOC and through high priority email to:
- Regional Coordinators who will distribute it to providers
 - Regional hospitals
 - Georgia Crisis Consortium who will distribute it to their affiliated groups

The Public Information/Risk Communication Worksheet (Attachment D) documents the staff responsible for Risk Communication during an emergency. It also documents the emergency response partners that will assist with reaching various populations with information about the emergency and the availability of relevant informational materials.

Volunteer Coordination - The Volunteer Coordination Worksheet (Attachment E) documents the staff responsible for coordinating volunteers during an emergency and the method that will be used to notify, activate and track volunteers during response. Attachment M is used to track the deployment of volunteers in community support.

- d. Continuity of Operations - The COOP Worksheets in (Attachment F) will be used to ensure continuity of operations at the state office. The COOP is under development at the time of the writing of the plan.
- e. Surge Capacity – Regional hospitals and providers are responsible for developing their own surge capacity plans. Assistance in developing these plans is available in the Behavioral Health Emergency Preparedness Planning Kits available on Georgia’s disaster mental health web site at www.georgiadisaster.info.

Regional hospitals and large providers will activate the surge capacity portion of their facility response plans.

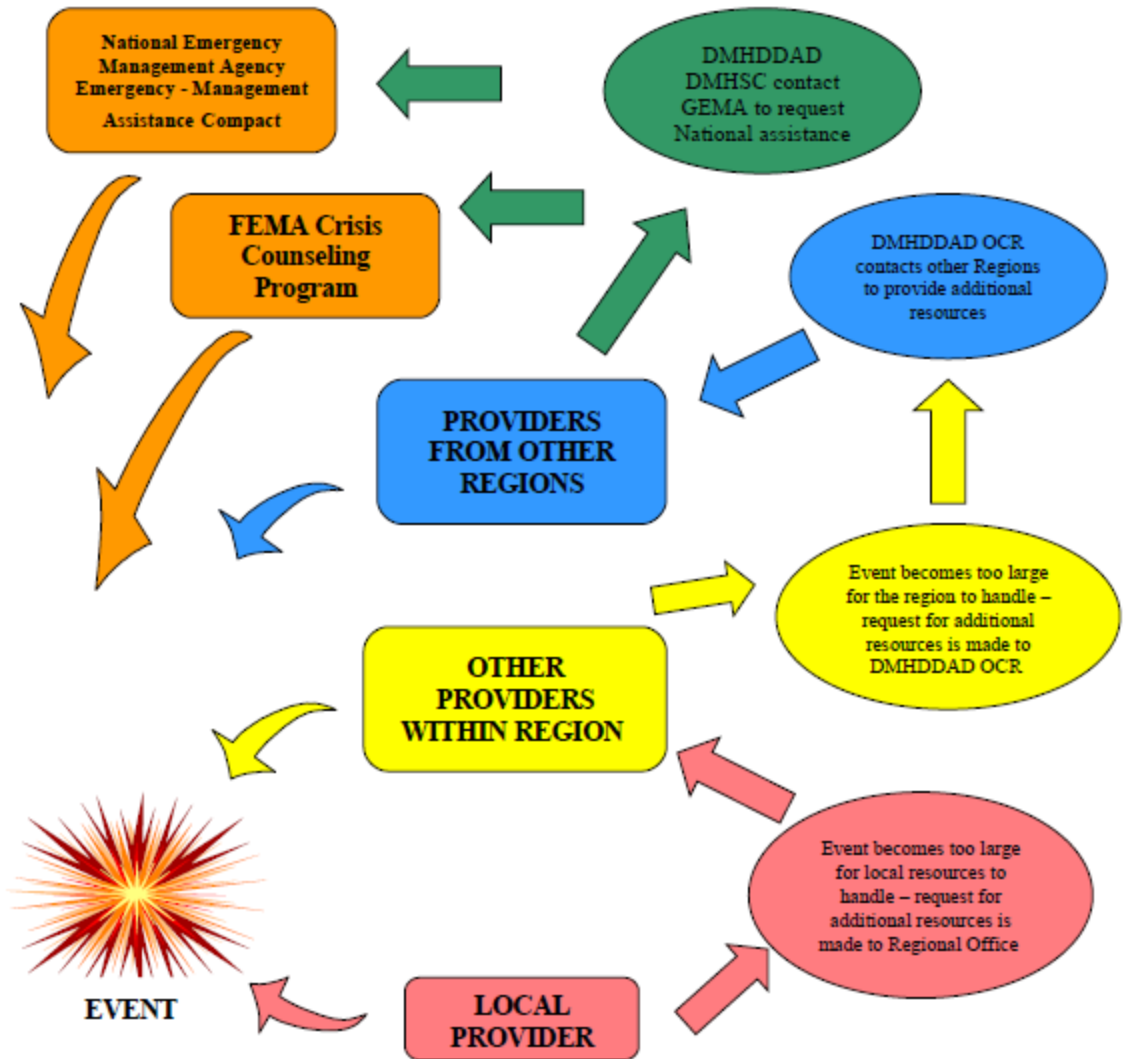
- f. Community Support – In addition to providing continuity of care to consumers during and after disasters, DMHDDAD large providers are required to offer mental health care to consumers, as well as disaster survivors, bystanders, responders and their families and other community caregivers.

The Community Support Worksheet (Attachment G) documents the staff responsible for coordinating efforts to support affected communities. It also documents organizations (e.g., Georgia Voluntary Agencies Active in Disaster) that also provide disaster mental health services. The Division Director may require that Division staff be deployed to provide support services in the community. Attachment K is used to track the deployment of personnel in community support.

Tiered Response

- Large providers (agencies that contract with DMHDDAD for more than \$250,000 a year) will deploy local resources as available upon the request of a local authority (e.g. county emergency management agency) and/or the Regional Office.
- If an event becomes too large for the local resources to handle, a request for additional resources is made by the large provider to the Regional Office that serves the area where the event occurred.
- The Regional Office contacts other providers within that Region to provide resources to the support the response.
- If an event becomes too large for the Region to handle, the Regional Office contacts the DMHDDAD OCR, who contacts the other Regions to provide support.

DMHDDAD TIERED RESPONSE



FEMA Crisis Counseling Program

In the case of a Presidential Declaration of Disaster, the DMSC will contact the Regional Coordinator(s) responsible for counties included in the Declaration to request needs assessments from providers who cover the declared counties. If needs assessment(s) determine a CCP ISP is warranted, the State Office, with assistance and input from the Regional Coordinator(s) and provider(s), will complete and submit a CCP ISP application.

- g. Administration/Finance/Logistics - DMHDDAD follows the DHR Policy for Emergency Response and Subsequent Overtime Compensation and supply reimbursement procedures and this is coordinated by the DMHSC.

Large providers maintain separate records of all expenses associated with disaster response using the Georgia Mental Health Disaster Response Crisis Counseling Program Grant Funding document (Attachment L). Details of managing reimbursement are coordinated by the State Office at the time of the emergency or disaster.

E) Outcome Measures

The DMHSC will compile AARs using feedback from hotwashes, and after-action conferences. Corrective actions will be taken to ensure plan and training modifications based on after-action reports.

Examples of outcome measures to be used in examining a response include:

1. Interoperable Communications
 - a. System-wide communication functioned as planned.
 - b. Communication between field locations and the rest of the response system was maintained.
 - c. Operational communication was maintained even when higher order systems fail.
2. ESAR-VHP
 - a. Volunteers were successfully notified, and reporting volunteers were credentialed using the ServGA system.
 - b. Reporting volunteers were credentialed using the online credentialing portal.
 - c. One or more Disaster Mental Health Response Teams were successfully deployed
3. Evacuation
 - a. Patients were safely evacuated in accordance with evacuation plans.
 - b. Evacuation of inpatient consumers was accomplished consistent with the goal of evacuating consumers and transporting them to safe locations while providing for their medical and behavioral health needs and maintaining appropriate contact with family members.
4. Alternate Care Sites (ACS)
 - a. Behavioral health professionals were deployed to temporary facilities
5. Personal Protective Equipment (PPE)
 - a. Responding behavioral health professionals received appropriate PPE, if necessary

6. NIMS
 - a. NIMS was used effectively to manage the response.
 - b. Community partners had Incident Command System (ICS) structures to coordinate with those of public health, emergency management, and public safety in an emergency.

7. Evaluations and Corrective Actions
 - a. After-action reports were completed
 - b. Corrective action plans were implemented by HCOs and public health
 - c. Emergency management plans were amended, as needed

8. Partnership Development
 - a. DMHDDAD response integrates with the community response.
 - b. Private providers participated in event.

All of the above activities will be evaluated in AARs from hotwashes, and after-action conferences. Appropriate modifications to this plan and training will be made based on the feedback gathered in these reports.

Phase III – Recovery/Mitigation

A) Goal of Recovery Activities

The goal of recovery is the transition to normal operations. Recovery is event specific, may overlap with the Response Phase, focuses on returning to normalcy and may take months to years, depending on the magnitude of the disaster. Specific recovery activities in the 6-12 months following a disaster are actions taken to assist a communities' return to a normalcy.

B) Roles and Responsibilities

See the table in the Preparedness and Prevention section of this plan beginning on page 24

C) Process and Tools

1. In the event of a Presidential Declaration of Disaster in Georgia, DMHDDAD State Office, in partnership with the Georgia Emergency Management Agency, is responsible for apply for and submitting a Federal Emergency Management Agency (FEMA) Crisis Counseling Program (CCP) application. Needs assessments to determine whether an application will be made are conducted by the large provider(s) that serves the county(s) covered by the Declaration. The CCP provides short term federal funds to serve eligible survivors of a disaster. Funding from the CCP covers the following services:
 - Individual crisis counseling
 - Basic supportive or educational contact
 - Group crisis counseling
 - Public education
 - Community networking and support
 - Assessment, referral, and resource linkage to other services

- Development and distribution of educational materials
- Media and public service announcements

The Value of the Crisis Counseling Approach

Although a disaster may leave most people physically unharmed, it affects everyone who experiences it. A key step to recovery is regaining a sense of control. Crisis counseling provides survivors with the support, education, and skills they need to regain a sense of control and rebuild their lives. Crisis counseling assistance is practical in nature. Many survivors will not seek help, and some may even reject it. While survivors may not want “psychological counseling” or “mental health services,” they usually will welcome the genuine concern and concrete support offered by crisis counselors. Crisis counseling also is valuable because it addresses the needs of the community as a whole, in addition to those of the individual. During a disaster, both individuals and communities experience a range of emotional highs and lows that typically are associated with the phases of disaster recovery. Communities may move from a sense of heroism and altruism to a sense of hopelessness and abandonment, all in a short period of time. Crisis counselors provide support, education, and resource linkage that empower individuals and communities, and assist them in reaching the reconstruction phase of recovery. (Source: Substance Abuse and Mental Health Services Administration Crisis Counseling Program Application Tool Kit 2008)

There are two separate funding processes for the CCP. Both applications and any requests for extensions go through GEMA – the Governor’s Authorized Representative (GAR).

- For the ISP grant, which responds to immediate needs (for up to 60 days after the Declaration), funds are transferred from FEMA to GEMA, and then an inter-agency transfer moves those funds to DHR/DMHDDAD
- The Regular Service Program (RSP) grant runs for 6 to 9 months after the Declaration, and in some cases, an extension may be applied for and granted, allowing the CCP to run through the anniversary of the event. For the RSP, funds from FEMA are obligated to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS). CMHS then transfers funds through the Notice of Grant Award (NOGA) to DHR/DMHDDAD.

At the conclusion of the CCP, a transition plan is established that will identify the survivors who are the most at-risk and may require on-going services and determine the capacity of the State and local agencies to meet the needs of survivors.

2. DMHDDAD participates in After Action Reviews (AAR) with other state-level response partners.
3. Modifications to this plan are made based on the corrective actions identified areas of weakness in the AAR.
4. The state will continue to provide psycho-educational material to increase community resilience and this information will be posted on the Georgia Disaster Mental Health web site and shared with partner agencies.
5. Deployed staff and volunteer debriefings will be held and modification to this plan will be made based on the lessons learned.

D) Outcome Measures

1. Did the CCP accomplish its intended goal?
2. Did DMHDDAD participate in AARs?
3. Was this plan modified to include the appropriate corrective actions that were identified in the AAR?
4. Was follow-up psycho-educational material identified and distributed?
5. Were volunteers' recommendations incorporated in the volunteer administration portion of this plan?

WEBSITE REFERENCES

DHR, Division of Mental Health, Developmental Disabilities and Addictive Diseases - www.mhddad.dhr.georgia.gov

Federal Emergency Management Agency, National Incident Management Independent Study training - <http://training.fema.gov/IS/NIMS.asp>

Georgia's Emergency System for Advanced Registration of Volunteer Healthcare Professionals, SERVAGA – www.servga.gov