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Foundations of Disaster Mental Health Training

**Version 11.3
May 14, 2011**





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Welcome and Introductions

Tell us your:

- ◆ **Name**
- ◆ **The type of work you do**



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Course Objective

- ◆ **To prepare first time, independently-licensed Disaster Mental Health (DMH) workers to deploy to a disaster relief operation.**





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Mental Health Association Partners

- ◆ **American Counseling Association (ACA)**
- ◆ **American Association of Marriage and Family Therapy (AAMFT)**
- ◆ **American Psychiatric Association (APA)**
- ◆ **American Psychiatric Nurses Association (APNA)**
- ◆ **American Psychological Association (APA)**
- ◆ **National Association of Social Workers (NASW)**
- ◆ **National Association of School Psychologists (NASP)**
- ◆ **American School Counselors Association (ASCA)**



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DMH Mission

- ◆ **DMH has a dual mission to provide mental health support to **disaster survivors** and **workers** across the disaster continuum of preparedness, mitigation, response and recovery.**



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Red Cross DMH

- ◆ **4,000 independently-licensed, master's level (or higher) DMH volunteers, based out of 600 chapters**
- ◆ **Respond to 70,000 disasters/year**





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- ◆ **Humanitarian organization with a Congressional charter that is guided by seven fundamental principles:**
 - **Humanity**
 - **Impartiality**
 - **Neutrality**
 - **Independence**
 - **Voluntary service**
 - **Unity**
 - **Universality**



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Readiness to Deploy

- ◆ **Disaster relief operations are stressful.**
- ◆ **Assess:**
 - **You and your family's readiness to deploy**
 - **Personal support for doing volunteer disaster work**
 - **Job-related support for doing volunteer disaster relief work**
 - **Personal history of trauma or mental health issues**
 - **Comfort levels in stressful environments**



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Disaster Relief Services

- ◆ **Sheltering,**
- ◆ **Feeding**
- ◆ **Distribution of bulk supplies**
- ◆ **Emergency aid stations**
- ◆ **Outreach**
- ◆ **Safe and Well Web Site**
<http://www.redcross.org/safeandwell>





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Disaster Relief Services (cont.)

- ◆ **Client Casework - information and referral**
- ◆ **Disaster Health Services (HS)**
- ◆ **Integrated Care Teams**
- ◆ **National Spiritual Care Response Teams**





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Disaster Mental Health Activities

- ◆ Deployed throughout operation
- ◆ Intervene with both staff and survivors
- ◆ Staff involvement
 - **Workers trained in PFA enhance ability of DMH to provide support to survivors**
 - **DMH works with staff to reduce stress on operation and mitigate adverse outcomes**
- ◆ Two supervisors: Site and Technical



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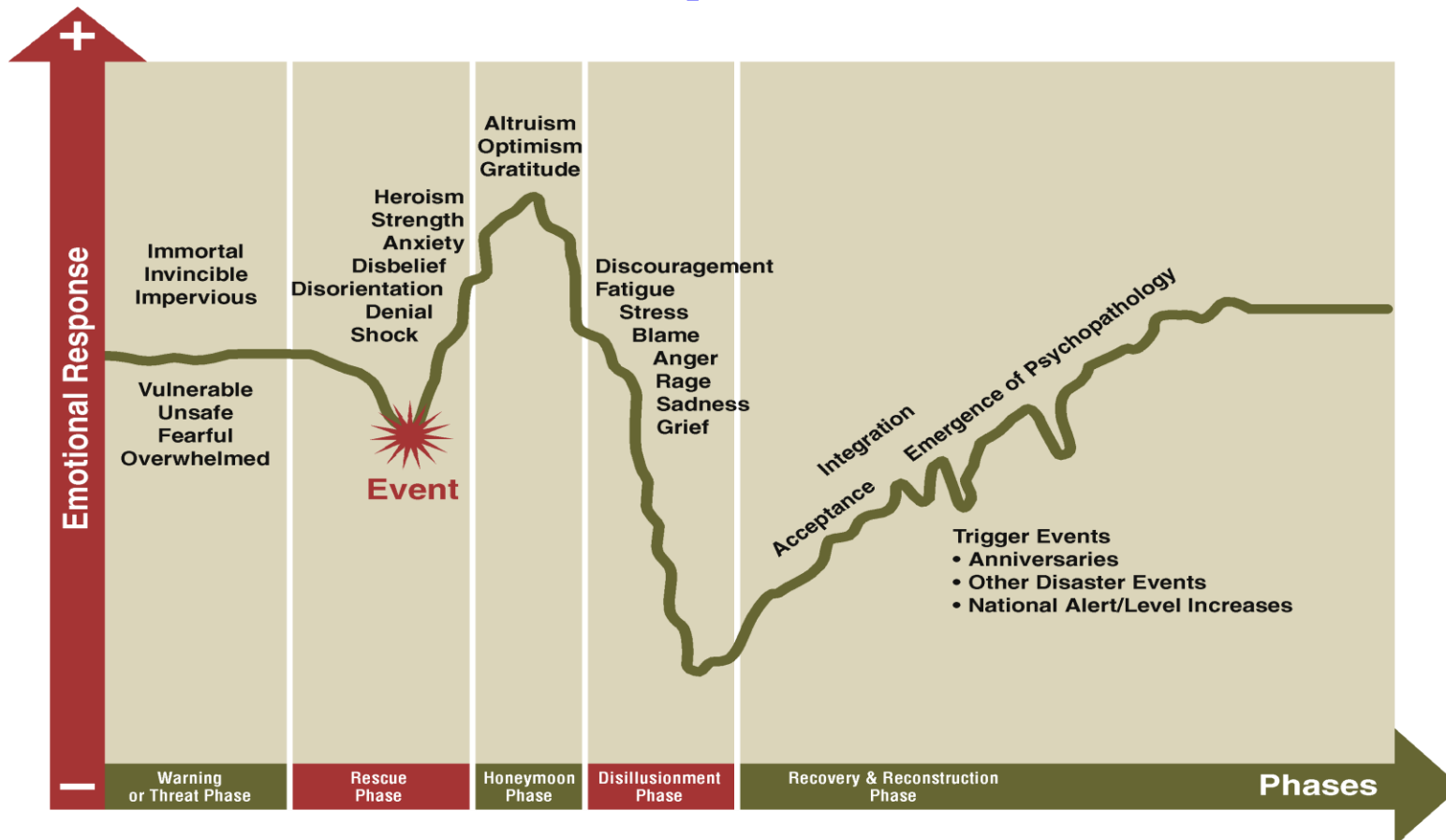


Expected Stress Reactions

- ◆ **Can range widely**
- ◆ **Dependent on individual factors, such as age, culture, previous functioning, etc.**
- ◆ **Occur in all domains of functioning**
 - **Emotional**
 - **Cognitive**
 - **Physical**
 - **Behavioral**
 - **Spiritual**
- ◆ **Avoid pathologizing**
- ◆ **Most people are resilient!**



Disaster Response Phases





Three Phases of DMH Response

- ◆ **Assess the situation and triage using exposure-based risk factors**
- ◆ **Promote resilience and coping skills**
 - **People are resilient**
 - **Most return to pre-incident functioning**
- ◆ **Intervene to mitigate psychological complications of disaster**
 - **30-40% of direct victims of disaster at risk for new incident disorders**
 - **Early triage, intervention and referral to services can reduce risk**



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Phase 1: Assessment and Triage

- ◆ ***Psychological triage:*** All workers utilize the Red Cross PsySTART triage tool to refer high risk clients to DMH
- ◆ ***Behavioral Surveillance:*** Deployment of workers to areas with higher numbers of risk factors



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Psychological First Aid: Triage/Force Multiplier

- ◆ **All volunteers to be trained in PFA**
- ◆ **4-hour curriculum**
- ◆ **PsySTART triage**
 - **“saw/heard death or serious injury”**
 - **highly predictive, especially in contrast to transient post-disaster Sx**
- ◆ **Provide emotional support to survivors and other workers**
- ◆ **DMH works with**
 - **higher risk survivors**
 - **more difficult tasks**





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PsySTART wallet card

PsySTART™ Mental Health Triage System		
DANGER TO SELF OR OTHERS?		<input type="checkbox"/> Y <input type="checkbox"/> N
FELT/EXPRESSED EXTREME PANIC?		<input type="checkbox"/> Y <input type="checkbox"/> N
FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER?		<input type="checkbox"/> Y <input type="checkbox"/> N
SAW / HEARD DEATH or SERIOUS INJURY OF OTHER?		<input type="checkbox"/> Y <input type="checkbox"/> N
DEATH OF PARENT, CHILD or FAMILY MEMBER?		<input type="checkbox"/> Y <input type="checkbox"/> N
DEATH OF PET?		<input type="checkbox"/> Y <input type="checkbox"/> N
SIGNIFICANT DISASTER-RELATED ILLNESS or PHYSICAL INJURY TO SELF or FAMILY MEMBER?		<input type="checkbox"/> Y <input type="checkbox"/> N
TRAPPED or DELAYED EVACUATION?		<input type="checkbox"/> Y <input type="checkbox"/> N
FAMILY MEMBER CURRENTLY MISSING or UNACCOUNTED FOR?		<input type="checkbox"/> Y <input type="checkbox"/> N
UNACCOMPANIED CHILD?		<input type="checkbox"/> Y <input type="checkbox"/> N
HOME NOT LIVABLE?		<input type="checkbox"/> Y <input type="checkbox"/> N
SEPARATED FROM IMMEDIATE FAMILY DURING EVENT?		<input type="checkbox"/> Y <input type="checkbox"/> N
PRIOR HISTORY OF MENTAL HEALTH CARE?		<input type="checkbox"/> Y <input type="checkbox"/> N
NO TRIAGE FACTORS IDENTIFIED		
If yes, contact site supervisor and DMH immediately. If yes, contact DMH as soon as possible. Contact DMH at the end of your shift for all other risk factors.		
<small>© 2001-2011 Merritt D. Schreiber, Ph.D. 2011-04-25</small>		



If stats called in: Time ____ : ____ to ____
(supervisor / manager)

DRO# _____ DRO District / Site: _____

Date: _____ Person completing form: _____

DMH contact with staff tally box	Total numbers of DMH contacts with staff: _____	Total numbers of DMH exit interviews with staff: _____
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Sheet ____ of ____

	Client 1	Client 2	Client 3	Client 4	Client 5	Client 6	Client 7	Client 8	Client 9	Client 10	Client 11	Client 12	Client 13	Client 14	Client 15	Client 16	Client 17	Client 18	Client 19	Client 20	Total							
EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	PURPLE	Triage Level					
FELT OR EXPRESSED EXTREME PANIC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2			RED				
FELT DIRECT THREAT TO LIFE OF SELF and/or FAMILY MEMBER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3				YELLOW			
SAW / HEARD DEATH or SERIOUS INJURY OF OTHER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4					GREEN		
DEATH OF PARENT, CHILD OR FAMILY MEMBER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5						Total Adults: _____	
DEATH OF PET?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6							Total Minors: _____
SIGNIFICANT DISASTER RELATED ILLNESS or PHYSICAL INJURY of SELF or FAMILY MEMBER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7							
TRAPPED or DELAYED EVACUATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8							
HOME NOT LIVABLE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9							
FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10							
CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11							
FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION / STATUS DURING AN EVENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12							
PRIOR HISTORY OF MENTAL HEALTH CARE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13							
PRIOR HISTORY OF DISASTER EXPERIENCE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14							
NO TRIAGE FACTORS IDENTIFIED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15							
Adult Client 18 years or over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Adults: _____						
Child Client under 18 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Total Minors: _____						



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Phase 2: Promote Resilience and Coping

Psychological First Aid

Make a connection

Help people be safe

**Be kind, calm and
compassionate**

Meet people's basic needs

Listen

Give realistic reassurance

Encourage good coping

Help people connect

**Give accurate and timely
information**

**Make a referral to a Disaster
Mental Health worker**

End the conversation

Take care of yourself



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Phase 3: Disaster Mental Health Interventions

- ◆ **Advocacy**
- ◆ **Crisis Intervention**
- ◆ **Casualty and Grief Support**
- ◆ **Family support**
- ◆ **Referrals**
- ◆ **Public health messaging and consultation**



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What We Don't Do

- ◆ **Psychotherapy**
 - Individual
 - Child
 - Group
- ◆ **Formal evaluations or diagnosis**
- ◆ **“pick-up orders”**
- ◆ **Critical Incident Stress Debriefings**
- ◆ **Long-term trauma therapies, such as**
 - EMDR
 - Cognitive Processing Therapy



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Why not?

- ◆ **Work is short term**
- ◆ **Building strong therapeutic alliance is not appropriate**
- ◆ **Some interventions have concerns about efficacy or secondary trauma**
- ◆ **Best time to talk is...when you feel like it, not necessarily when a group debriefing is scheduled**
- ◆ **Lack of pre-screening can be problematic for groups**



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Tips for Working with Disaster Survivors

- ◆ **Remember Maslow's hierarchy**
- ◆ **Your services won't always be welcome.**
- ◆ **Be mindful of individual and cultural context (clients and workers)**
- ◆ **Help clients help themselves**
- ◆ **Volunteers are relatively homogenous group**
- ◆ **Focus first on connecting people to existing supports, including religious and faith-based systems**



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Tips for Working with Disaster Survivors (cont.)

- ◆ **Utilize the Initial Intake & Assessment Tool (shelters only)**
- ◆ **Offer realistic reassurances (fast-changing environment)**
- ◆ **Remember that people are resilient**
- ◆ **Be aware of disaster phases (threat, heroic, honeymoon, disillusionment and reconstruction)**
- ◆ **When possible, check w/ parents before helping children**
- ◆ **Support children by supporting their parents. Help them help others, need schedules, support to school system**



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Staff Mental Health Role (Your most important role)

- ◆ **On large DROs there will be DMH teams designated to focus solely on staff mental health; on small DROs you will frequently change staff and client mental health hats**
- ◆ **Make yourself available throughout the DRO**
- ◆ **Participate in DRO orientations—stress & coping skills**



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Staff Mental Health Role (continued)

- ◆ **Get to know the Staff Relations team immediately upon arrival and review roles and contact information**
- ◆ **Work with the Staffing Lead to get worker “out-processing” dates**
- ◆ **Offer post deployment support**
- ◆ **Be familiar w/ Red Cross “Zero Tolerance” policy**



DMH Support for Clients with Functional Needs Support Services (FNSS)

- ◆ **Individuals with disabilities, access and functional needs will be accommodated in general population shelters**
- ◆ **The term “functional” replaces “special needs”**
- ◆ **Applies to individuals who, under usual circumstances, are able to function on their own *with support* in the areas of:**
 - ***Communication***
 - ***Medical, health or mental health needs***
 - ***Maintaining independence***
 - ***Supervision***
 - ***Transportation***



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DMH responsibilities related to FNSS

- ◆ **Plan and coordinate services with local community partners, e.g.**
 - *State & local agencies focusing on disabilities*
 - *Public health agencies*
 - *Faith and community-based organizations*
 - *National Alliance for the Mentally Ill (NAMI)*



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DMH FNSS Responsibilities (continued)

- ◆ **Assess and refer the seriously ill/injured to an appropriate level of care**
- ◆ **Advocate for the appropriate resources to assist people in maintaining their usual level of independence**
- ◆ **Coordinate with and support shelter staff in addressing clients' functional and access needs**



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Obstacles to Self-Care: Every Task Appears Urgent!

- ◆ **Every task can be seen as an emergency**
- ◆ **Worker needs appear to “pale” in comparison to survivor needs**
- ◆ **Self care and other critical tasks are lost amidst the homogeneity of all things being urgent**
- ◆ **Chaotic environment begets micro-management or too little involvement**





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Mission Critical vs. Non Mission Critical

- ◆ Divide work into mission critical vs. non-mission critical (*easier said than done*)
- ◆ Put worker self care at the top of the mission critical list
- ◆ Supervisors need to resist the urge to either micro-manage or spend too little time with their workers
- ◆ Avoid making *everything* mission critical – then *nothing* is!





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So, What's Mission Critical in DMH?

- ◆ **Take care of yourself first**
- ◆ **Triage and work first with clients w/ acute symptoms**
- ◆ **Set achievable goals as you utilize the PsySTART risk factors to prioritize those w/ greater exposure-based risk**
- ◆ **Stay in contact with your team**
- ◆ **Stay within the DMH intervention standards**
- ◆ **Don't do anything unprofessional or unethical**



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DMH Self Care Strategies

- ◆ **Be a flexible worker**
- ◆ **Do an end of day/shift review**
- ◆ **Provide your own structure daily**
- ◆ **Acknowledge your limits, set boundaries, assert yourself and get help if needed**
- ◆ **Accept what belongs to you and tolerate what does not**
- ◆ **Contribute to a collaborative work environment**
- ◆ **Be attentive to stress symptoms in yourself & coworkers**
- ◆ **Stay connected to family and friends**



Disaster Relief Operation (DRO) Challenges

- ◆ **Infrastructure and basic services impaired**
- ◆ **Hardship working conditions and staff shelters**
- ◆ **Work along side of strangers, staff conflicts**
- ◆ **Inexperienced workers and supervisors**
- ◆ **Workers constantly transitioning in and out**
- ◆ **Personality differences become exaggerated**
- ◆ **Local chapters/service providers transitioning to national responders**
- ◆ **DRO structure is complex and regimented**



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DRO Challenges (cont.)

- ◆ **Inexperienced volunteers can struggle to navigate assigned “levels”—service associate, supervisor, manager, administrator, etc. (One lead DMH manager)**
- ◆ **DMH Interventions occur in context of integrated service delivery plan which is specific to each disaster**
- ◆ **Service provided today will change tomorrow**
- ◆ **Can’t do our work without partners (Gov, NGO), but this brings planning and coordination challenges**
- ◆ **Mentoring and teaching opportunities are infrequent**
- ◆ **What happens in any community, happens on a DRO**



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Challenges Unique to DMH

- ◆ **Informed Consent:** obtained by informing the client that you're DMH (timing on disclosure is challenging)
- ◆ **Multiple Role:** embedded into multi-function teams, you may have to alternate peer/friendship/staff mental health
- ◆ **Confidentiality:** staff and survivors will talk about personal issues in the open...find a private space
- ◆ **HIPAA:** ARC not a “covered entity” but info shared only on business “need-to-know” basis and releases used
- ◆ **Ethics:** no referrals to yourself or your agency
- ◆ **Mandatory Reporting:** ask supervisor about state laws



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REFERRAL AND RELEASE FORMS

- ◆ **Referral Form (1475) is used to make client referrals across ARC activities (i.e., health services to DMH)**
 - **No confidential information on 1475 (use 2077)**
- ◆ **ARC Referrals to DMH also come electronically via Client Assistance System (CAS)**
- ◆ **Set up notebook or protocol for tracking and following up on paper referrals (1475) and computer (CAS) referrals**
- ◆ **Casual in-person referral from co-worker doesn't require a referral form to be filled out**
- ◆ **Client Release of Information form used prior to passing information on to other agencies**



DMH Contacts (stats) & Client Health Record (2077)

- ◆ **DMH contact defined as a significant assessment or intervention (usually more than 15 minutes)**
- ◆ **PsySTART aggregate contact worksheets to tally total client contacts by risk level and site**
- ◆ **Client Health Record (Form 2077) is completed if an acute mental health condition is assessed requiring immediate intervention or follow-up**
 - **Consult w/ supervisor**
 - **Sign, date and time every entry**
 - **Keep this confidential form secure**



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DMH Involvement at the Local Chapter

- ◆ **Join your local Red Cross Chapter**
- ◆ **Take chapter's core courses and fulfill requirements**
- ◆ **Complete background check online**
- ◆ **Be flexible and willing to help where help is needed**



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DMH Involvement at the Local Chapter

- ◆ **Disaster action teams (DAT)**
- ◆ **DMH committees**
- ◆ **Trainings/disaster course instruction**
- ◆ **Support for returning workers**
- ◆ **Local mental health agency relationship-building**
- ◆ **Chapter disaster planning and drill participation**



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National Disaster Relief Operation Assignments

- ◆ **Volunteer inputs availability dates into online national database**
- ◆ **Disaster event takes place**
- ◆ **Disaster Staffing Center recruits from database starting first with volunteers in closest proximity to event (minimum of 10 day deployment)**
- ◆ **If recruited, chapter contacts member regarding recruitment status and next steps (e.g., receiving travel debit card)**
- ◆ **Chapter provides post-deployment support.**



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For More Information:

Your name

Disaster Mental Health

Your chapter info and contact information

Find your local Red Cross chapter:

www.redcross.org