

STATE MENTAL HEALTH AUTHORITY ALL-HAZARDS PLANNING WORKSHEET

HOW TO USE THIS WORKSHEET

The following worksheet outlines tasks for the State Mental Health Authority (SMHA) Disaster Coordinator or their designee to prepare for and to design, develop, and deploy a mental health response to *any* hazard. Although this document focuses on State-level organizations, the reader should include regional and local branches of these organizations when planning, testing, and training. SMHAs are encouraged to use and modify this worksheet to document key contacts with other agencies and to assign an SMHA representative to each specific relationship or task. Tasks are organized into three major topic areas:

Planning. (Page 2) This section will assist the SMHA in organizing a comprehensive disaster response plan that includes identifying special populations, conducting training, and developing information dissemination strategies.

Partnering. (Page 12) Tasks in this section involve identifying and linking with key State and local agencies and organizations to plan and deploy a coordinated response effort.

Funding and Fiscal Management. (Page 24) This section addresses sources for Federal funding for emergency preparedness, response, and recovery, as well as tips on managing and tracking expenditures.

Once the SMHA representative responsible for each task is identified and the key contacts for relevant organizations are determined, this worksheet should be used to guide discussions and planning activities. For example, to achieve the first action item, the SMHA Disaster Coordinator should assign a member of his or her staff to identify contacts within the Governor's Office, the Mayors' Offices, and the State Emergency Management Agency (SEMA). When speaking with each of these contacts, the SMHA representative should use the planning strategies provided to guide the discussion.

Additional information on disaster mental health and the Crisis Counseling Program (CCP) is available through the Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB) of the Center for Mental Health Services (CMHS) at:

www.mentalhealth.org/cmhs/EmergencyServices/default.asp.

Disaster mental health and substance abuse is a dynamic field, with new resources being developed all the time. This worksheet will be updated and revised as new information becomes available. To obtain an electronic copy of this worksheet or to ask questions or suggest changes to the document, please contact:

Substance Abuse and Mental Health Services Administration
Disaster Technical Assistance Center (SAMHSA DTAC)
7735 Old Georgetown Road, Suite 400
Bethesda, MD 20814
1.800.308.3515
DTAC@esi-dc.com

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DRAFT

I. Planning

	Action Item	Planning Strategies
1	Ensure the State Mental Health Authority (SMHA) is on the call-down list from: <ul style="list-style-type: none"> • Governor's Office • Mayors' Offices • State Emergency Management Agency (SEMA) 	Have mental health interests and presence represented at State's Emergency Operations Center. Carefully select a credible and competent representative.
2	Develop supportive relationship with SMHA Commissioner and senior management.	Educate about importance of dedicated staff to coordinate disaster mental health services, funding sources, etc.
3	Review and understand: <ul style="list-style-type: none"> • State Emergency Operations Plan • SMHA All-Hazards Plan 	Be familiar with <i>Federal Response Plan</i> , which can be obtained from the Federal Emergency Management Agency's (FEMA) Web site. Review Emergency Support Function #8. Please note that the <i>Federal Response Plan</i> is currently under revision and will be known as the <i>National Response Plan</i> . The initial <i>National Response Plan</i> and its final version can be found on the Department of Homeland Security Web site.
4	Ensure these groups/issues are addressed in SMHA All-Hazards Plan: <ul style="list-style-type: none"> • Consumers • Children • Elderly persons • Hearing and/or vision impaired • Disabled and/or special medical needs populations • First responders • Ethnic minorities/refugees • Persons who are homeless • Substance abusers/persons who are chronically mentally ill • Domestic violence/trauma survivors • People with mental retardation/developmental disabilities • Others as demographics mandate 	Include procedures for continuing services to special, at-risk populations without interruption. Develop a comprehensive community profile to include demographic information on subgroups and special populations.

Resources	Key Contact(s) Name/title/ phone/fax/e-mail	SMHA Liaison Name/title/ phone/fax/e-mail	
National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA03-3829, <i>Mental Health All-Hazards Planning Guidance</i>			1
National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA03-3829, <i>Mental Health All-Hazards Planning Guidance</i>			2
www.fema.org/rrr/frp www.dhs.gov			3
National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA03-3828, <i>Developing Cultural Competence in Disaster Mental Health Programs</i> DHHS Pub No. SMA03-3829, <i>Mental Health All-Hazards Planning Guidance</i> DHHS Pub No. ADM86-1070R, <i>Psychosocial Issues for Children and Adolescents in Disasters</i> DHHS Pub No. SMA99-3378, <i>Disaster Mental Health: Crisis Counseling Programs for the Rural Community</i> DHHS Pub No. SMA96-3077, <i>Responding to the Needs of People with Serious and Persistent Mental Illness in Times of Major Disasters</i>			4

	Action Item	Planning Strategies
5	<p>Develop grant application/disaster management team with the following expertise:</p> <ul style="list-style-type: none"> • Fiscal/contracts • Public Information Office • Human resources • Behavioral health • Mental retardation/developmental disabilities • Administrative support 	<p>Review content, eligibility requirements, and submission timelines for various funders such as FEMA, SAMHSA, the Health Resources and Services Administration (HRSA), the Centers for Disease Control and Prevention (CDC), etc. Determine data and narrative needs. Bookmark Web sites and identify other content resources (annual reports, Block Grant, etc.).</p> <p>Develop a library of resources to include standard language and/or templates for use in funding applications.</p> <p>After the disaster, begin gathering preliminary damage assessment information from FEMA, SEMA, and the American Red Cross (ARC); start needs assessment, survey community mental health centers, and keep Commissioner and Medical Director informed of findings.</p>
6	<p>Send Disaster Coordinator or other key staff to FEMA's annual Crisis Counseling Program (CCP) training in Emmitsburg, Maryland.</p>	<p>Network with neighboring and experienced State Disaster Coordinators for tips and networks for State-to-State technical assistance (TA) and support. Get to know your SEMA and FEMA region representatives.</p>
7	<p>Develop and coordinate the following cadre lists and protocols:</p> <ul style="list-style-type: none"> • List of State employees and specialized teams (Rapid Response Team, Crisis Management Team, etc.) with current contact information and special skills • List of pre-screened volunteers who are trained and trusted to deliver crisis response services • Activation plan for notifying, mobilizing, transporting, and deploying pre-identified staff/teams/volunteers to response site(s) 	<p>Maintain and exercise these lists, databases, and protocols on a regular basis.</p> <p>Work with various licensing boards to ensure rapid access to licensing information and to design a mechanism for a reliable database or procedure that permits only qualified disaster workers to participate in the response.</p>
8	<p>Contact the Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB) at the Center for Mental Health Services (CMHS) and/or the Substance Abuse and Mental Health Services Administration's Disaster Technical Assistance Center (SAMHSA DTAC) for TA and have your Commissioner contact the National Association for State Mental Health Program Directors (NASMHPD) for support services that may be available post-disaster.</p>	<p>Enlist EMHTSSB and/or SAMHSA DTAC as needed to assist pre- and post-disaster by arranging State-to-State TA, providing program consultants, conducting trainings, and arranging meetings.</p>

Resources	Key Contact(s)	SMHA Liaison	
www.fema.gov www.samhsa.gov www.hrsa.gov www.cdc.gov			5
SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com			6
National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA03-3829, <i>Mental Health All-Hazards Planning Guidance</i>			7
EMHTSSB/CMHS 301-443-4735 SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com NASMHPD 703-739-9333			8

	Action Item	Planning Strategies
9	<p>Plan for all hazards, but pay special attention to these aspects of terrorism response:</p> <ul style="list-style-type: none"> • Be prepared for accelerated response pace and mental health workers to be first responders • Plan to spend more money for media outreach • Hire or work with agency's Public Information staff from day 1 of the event • Hire more mental health professionals vs. paraprofessionals (1:4 in terrorism vs. 1:6 in natural disaster) • Consider special circumstances in predominantly urban, diverse areas where terrorists may strike 	<p>Keep in mind that there won't be time to wait in a terrorism response. Create informational messages in advance for use under various scenarios. Link first with primary care and first responders. Remember that terrorism impacts EVERYONE in the affected area; impacts include economic, transportation, tourism, infrastructure, etc. Know that the different segments of the community will respond in unique ways at different times.</p> <p>Use the media as an effective vehicle for delivering information related to mental health and emotional issues; have talking points drafted and supply these to the Governor, congressmen, or anyone who may conduct a press conference about the disaster.</p>
10	<p>Work with the SMHA Public Affairs staff on the public information and education messages you want to provide during critical times.</p>	<p>Prepare templates, public service announcements, messages, and distribution methods for critical information, i.e., consequences of specific bioterrorist agents, what to do for children, typical stress reactions, etc. Provide flyers and Web site links. Consider multicultural and multilingual needs of the community.</p>
11	<p>Develop or obtain public information and educational materials.</p>	<p>Promote resilience by reminding the community to go about their daily lives, keep their schedules, and participate in their regular activities. Educate the community about normal reactions to abnormal events.</p> <p>Take advantage of existing mental health materials developed by States for various disasters, in multiple languages, and targeting a wide range of special populations. Contact SAMHSA DTAC, which houses an extensive resource library of State-developed materials and SAMHSA publications.</p>
12	<p>Participate in disaster training exercises with SEMA and other partners as well as resource review.</p>	<p>Make sure Commissioners, Disaster Coordinators, and Medical Directors are aware of and identify staff to participate in local/State exercises and training opportunities with SEMA, Public Health, Education, ARC, and other groups as identified above. Link with SAMHSA DTAC for regular review of disaster literature, Web sites and information on grants and workshops that may be funded through SAMHSA, FEMA, CDC, the Department of Justice, etc.</p>
13	<p>Work with your SEMA and check in on the response priorities outlined in your agency's all-hazards plan.</p>	<p>Link with the Emergency Management Agency and provide staff as agreed to at the Emergency Operations Center and other locations.</p>

Resources	Key Contact(s)	SMHA Liaison	
<p>National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA03-3829, <i>Mental Health All-Hazards Planning Guidance</i></p>			9
<p>National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA02-3641, <i>Communicating in a Crisis: Risk Communications Guidelines for Public Officials</i></p>			10
<p>SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com</p>			11
<p>SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com</p>			12
<p>National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA03-3829, <i>Mental Health All-Hazards Planning Guidance</i> SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com</p>			13

	Action Item	Planning Strategies
14	Anticipate the following:	
	<ul style="list-style-type: none"> • Unrequested volunteers (in-State and out-of-State) 	Assign someone to take names and contact information. Have a pre-screened, trained cadre of local volunteer professionals available.
	<ul style="list-style-type: none"> • Donations 	Devise a system to manage donations. The local community may want to donate money, food, clothing, or other supplies to victims, survivors, and their families. If the disaster receives national media coverage or is of a particularly large scale, donations may be made from across the country.
	<ul style="list-style-type: none"> • People wanting something to do 	Have a list of small but meaningful tasks for employees and volunteers.
	<ul style="list-style-type: none"> • FEMA, CMHS, ARC, Salvation Army, and other “sanctioned” disaster organizations showing up 	Know the leaders and understand their organizational culture and response roles in advance. Coordinate SMHA crisis response with ARC. Contact the local ARC, Salvation Army, and FEMA offices for complete information on the program; be familiar with anticipated mental health needs, shelter operations, and FEMA disaster recovery centers. Review fact sheets and program guidance documents on organization Web sites.
	<ul style="list-style-type: none"> • Overdedication of management and staff 	Devise shift limits and promote stress management and physical well-being. Provide regular stress management training and staff debriefing and help prevent diminished effectiveness and burnout by ensuring staff get adequate rest. For strategies, review chapters on stress management in the <i>Training Manual for Mental Health and Human Service Workers in Major Disasters</i> .
	<ul style="list-style-type: none"> • Flexibility and creativity in response 	Recruit indigenous workers knowledgeable about the affected community. Tailor services to needs and cultural traditions of community. Not everything will be a success—if a service does not work, try something else. For strategies, review sections on developing culturally sensitive services in <i>Developing Cultural Competence in Disaster Mental Health Programs</i> and <i>Training Manual for Mental Health and Human Service Workers in Major Disasters</i> .

Resources	Key Contact(s)	SMHA Liaison	
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<p>www.redcross.org www.salvationarmyusa.org www.fema.gov www.mentalhealth.org/cmhs/ EmergencyServices</p>			
<p>National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA96-0538, <i>Training Manual for Mental Health and Human Service Workers in Major Disasters</i></p>			
<p>National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA03-3828, <i>Developing Cultural Competence in Disaster Mental Health Programs</i> DHHS Pub No. SMA96-0538, <i>Training Manual for Mental Health and Human Service Workers in Major Disasters</i></p>			

	Action Item	Planning Strategies
15	Develop training plan on disaster response and recovery for your local providers.	Crisis counseling is a specialized service that requires distinct training. Conduct trainings regularly and update your training plan and curricula.
16	Obtain and organize funding, resources, and staff for the long-term, and plan accordingly.	Consider that the psychological impact may continue for 3-5 years; one-third of those directly impacted and 10 percent of those in the vicinity of the event will have ongoing posttraumatic stress disorder (PTSD) and/or depression. Think long-term to ensure adequate services and staffing.

Resources	Key Contact(s)	SMHA Liaison	
National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA96-0538, <i>Training Manual for Mental Health and Human Service Workers in Major Disasters</i>			15
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II. Partnering		
	Action Item	Planning Strategies
1	Build relationships with other State agencies (see items 2–24 for details).	Appoint a statewide disaster mental health advisory group comprised of major stakeholders to increase visibility of and commitment to disaster mental health. Include local emergency managers, Public Health and State Emergency Management Agency (SEMA) reps, and first responder groups, in addition to mental health, substance abuse, and Mental Retardation/ Developmental Disabilities (MRDD) representatives. Determine which organizations/relationships will require formal memorandums of understanding (MOUs). Establish clear lines of authority and delineate roles and responsibilities.
2	Link with the State Emergency Management Agency (SEMA).	Considering the paramilitary culture of SEMA and stigma associated with mental health, send the right person as liaison and show how mental health can help with and improve disaster response and recovery. Work with local emergency management and local emergency planning committees, Citizen Emergency Response Teams, and Medical Reserve Corps.
3	Link with the Federal Emergency Management Agency (FEMA) Region’s Human Services Officer(s) (HSO).	Be aware that the FEMA HSO may have information or resources beyond those of the SEMA.
4	Link with the State and local Public Health Department.	Ensure that mental health response is coordinated with and integrated into overall public health emergency planning and response.
5	Link with the State Homeland Security Office/Regions.	Let the State Office of Homeland Security know that the SMHA is involved in disaster preparedness and response and define the SMHA’s role.

Resources	Key Contact(s) Name/title/ phone/fax/e-mail	SMHA Liaison Name/title/ phone/fax/e-mail	
Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center's (SAMHSA DTAC) MOU Library 1-800-308-3515 DTAC@esi-dc.com			1
			2
www.fema.gov/regions			3
http://www.apha.org/public_health/state.htm			4
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	Action Item	Planning Strategies
6	Link with the American Red Cross (ARC).	Be familiar with ARC disaster mental health services. Define how SMHA roles will be complementary to ARC disaster mental health services and how SMHA will ensure delivery of mental health services after ARC leaves.
7	Link with the Salvation Army.	Be familiar with the Salvation Army and the types of services they provide. Develop plans to coordinate activities.
8	Link with National Voluntary Organizations Active in Disaster (NVOAD) and with regional/local chapters in your State.	Keep these groups in mind for help with unmet needs of victims/survivors.
9	Link with State Substance Abuse Authority	If your agency does not provide these services, link with the State/local agency that does.
10	Link with the Department of Mental Retardation/Developmental Disabilities (MRDD).	If your agency does not provide these services, link with the State/local agency that does.

Resources	Key Contact(s)	SMHA Liaison	
www.redcross.org			6
www.salvationarmyusa.org			7
www.NVOAD.org			8
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	Action Item	Planning Strategies
11	Link with the National Alliance for the Mentally Ill (NAMI).	Review disaster information from this consumer group on its Web site.
12	Link with the National Mental Health Association (NMHA).	Review disaster fact sheets on Web site.
13	Link with State and local Medical Societies.	Identify organizations in your State and identify contacts within those organizations.
14	Link with professional groups and their respective State Licensing Boards: <ul style="list-style-type: none"> • Psychiatrists • Psychologists • Social Workers • Psychiatric Nurses • Counselors • Others as identified 	Recruit, pre-screen, and train cadre of mental health professionals to serve as outreach workers. Use a similar core curriculum for each professional group and develop a plan to manage volunteers.
15	Link with the State Department of Education.	Work with State leadership as well as school districts, superintendents, principals, counselors, teachers groups, and parent teacher associations (PTAs). Provide in-service trainings on children and disasters, and stress management for staff. Be familiar with the literature on school safety and crisis planning and response.

Resources	Key Contact(s)	SMHA Liaison	
www.nami.org			11
www.nmha.org			12
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American Psychiatric Association: www.psych.org American Psychological Association: www.apa.org National Association for Social Workers: www.naswdc.org American Psychiatric Nurses Association: www.apna.org			14
U.S. Department of Education: www.ed.gov/admins/lead/safety/emergencyplan/index.html National Association of School Psychologists: www.nasponline.org/index2.html			15

	Action Item	Planning Strategies
16	<p>Link with first responders:</p> <ul style="list-style-type: none"> • Fire • Police • Emergency Medical Services (EMS) 	<p>Establish a primary contact at each organization.</p>
17	<p>Link with the State Attorney General.</p>	
18	<p>Link with hospitals & State Hospital Association.</p>	<p>Understand their roles in disaster/terrorism response. Ensure staff is familiar with disaster mental health concepts and stress management.</p> <p>Contact your State Hospital Bioterrorism Preparedness Coordinator [grant program funded by the Health Resources and Services Administration (HRSA)].</p>
19	<p>Link with private benefit plans and Employee Assistance Programs (EAPs), Health Maintenance Organizations (HMOs), and Managed Care Organizations (MCOs).</p>	<p>Explore mechanisms to continue service to clients without interruption post-disaster, i.e., medications, home health care, medical equipment, etc. Ensure staff are familiar with disaster mental health concepts and stress management techniques for employees.</p>
20	<p>Link with academic centers:</p> <ul style="list-style-type: none"> • Medicine • Nursing • Pharmacy • Social work • Psychology • Public health • Others as identified 	<p>Collaborate on education, needs assessment, research, and evaluation. Recruit, pre-screen, and train cadre of mental health professionals to serve as outreach workers. Use a similar core curriculum for each group and develop a plan to manage volunteers.</p>

Resources	Key Contact(s)	SMHA Liaison	
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	Action Item	Planning Strategies
21	<p>Link with State Department of Agriculture:</p> <ul style="list-style-type: none"> • Livestock disease • Crop disease • Extension services 	<p>Collaborate on designing response plan for biological events that include zoonotic diseases. Include the State Veterinary Association and State Veterinarian who may also be housed at the Department of Agriculture.</p>
22	<p>Link with the faith community:</p> <ul style="list-style-type: none"> • Interfaith • Specific groups as identified (i.e., Catholic Charities, Salvation Army, etc.) 	<p>Keep in mind as a source of help with unmet needs and funding or food donation for events and meetings (see food entry under fiscal information). Include in emergency planning and training.</p>
23	<p>Link with State Environmental Department.</p>	<p>Collaborate on designing response plan for environmental events, i.e., chemical spills, water contamination, etc.</p>
24	<p>Link with not-for-profit agencies and organizations representing special populations, including tribal entities.</p>	<p>Call on organizations representing diverse cultural groups and other special populations including children, elderly, disabled, etc., to assist with public education and outreach work. Such organizations may include civic associations, social clubs, neighborhood groups, faith-based organizations, interfaith groups, mutual aid societies, voluntary organizations, and advocacy organizations. Invite these groups to trainings.</p>
25	<p>Get your agency involved in external/internal consultation and assessment by working with the Governor/Mayor's Office, SEMA, and other key response leaders.</p>	<p>Begin by determining if/when a formal mental health response is appropriate: What mental health response does the external situation require? Is there a need for crisis counselors to be on site at impacted locations? If not now, when? What is the stress level of key leaders? Is mental health at the table with the primary leadership team? Should stress management be available for strategy teams and key responders? Assess the internal situation as well: How are your employees faring? How has the daily mission of the organization been impacted? Ensure your Commissioner's communication to staff is clear and provides the information needed by the workforce. Determine if it is time to activate and deploy crisis response teams or other specialized groups.</p>

Resources	Key Contact(s)	SMHA Liaison	
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<p>National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA03-3828, <i>Developing Cultural Competence in Disaster Mental Health Programs</i></p>			24
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	Action Item	Planning Strategies
26	Cross-utilize staff from other agencies/entities when possible.	Link nurses and other health professionals from Public Health and social workers from Department of Social Services with teaching hospitals.
27	Participate in Disaster Unmet Needs Committee or Disaster Recovery Coordinating Committee.	<p>Contact FEMA or ARC to locate these broad-based working groups composed of voluntary agencies—including faith-based relief organizations—that provide services or resources to families recovering from the effects of a disaster.</p> <p>If no such committee exists, spearhead one.</p>

Resources	Key Contact(s)	SMHA Liaison	
			26
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III. Funding and Fiscal Management		
	Action Item	Planning Strategies
1	Determine where and how Federal funds are managed and disbursed within your organization.	<p>Educate fiscal, grants, and contracts staff about Federal disaster funding requirements. Teach service providers how to invoice or otherwise request reimbursement; educate your staff about the need for rapid processing of payment requests.</p> <p>Know how to access Federal funds through your State fiscal structure. For example, find out how Federal funds flow from the Governor's Office to the State Emergency Management Agency (SEMA), the State Mental Health and/or Substance Abuse Authority, and on to local providers.</p>
2	Examine budget structure and flexibility of the Crisis Counseling Program (CCP) and other funding sources.	Investigate whether funds can be shifted as needs change during the response to the event.
3	Understand and, if possible, test the Budget Estimating and Reporting Tool (BERT) Excel database and its connection to SMARTLINK to pull down Federal funds.	If there is not an active disaster in your State, check with your Federal Emergency Management Agency (FEMA) region and contact a neighboring State for helpful hints on how to manage this new system.
4	Determine communication and equipment needs and how to reassign or procure items that may be essential for staff in the central office and in the field.	<p>Communication needs may include cell phones, Nextel phones, BlackBerries, pagers, laptops, desktops, and other equipment. Be sure your communication systems are compatible with the State Emergency Management Agency (SEMA).</p> <p>Consider the need for Personal Protective Equipment (PPE) and collaborate with State Emergency Management Agency (SEMA) and State's public health emergency preparedness program to identify items to be acquired and training needs.</p>
5	Review State Procurement and Hiring System and develop protocols for acquiring materials, human resources, and services during critical events.	<p>Pre-identify to your best ability situations and procurement requirements you may encounter. Can you buy what you need or accept donations directly? Can you hire staff immediately? Review State laws and be familiar with waivers that facilitate the rapid hiring and contracting that are common in disaster situations.</p> <p>Review other State legislation geared toward disaster planning—some States have legislation that allows them to hire staff and purchase materials quickly in disaster situations.</p>

Resources	Key Contact(s) Name/title/ phone/fax/e-mail	SMHA Liaison Name/title/ phone/fax/e-mail	
Review <i>Fiscal Guidelines for the Crisis Counseling Training and Assistance Program</i> www.mentalhealth.org/cmhs/EmergencyServices/progguide.asp EMHTSSB/CMHS 301-443-4735 SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com			1
			2
For a copy of the BERT program, contact: EMHTSSB/CMHS 301-443-4735 SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com			3
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National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA03-3829, <i>Mental Health All-Hazards Planning Guidance</i>			5

	Action Item	Planning Strategies
6	Know in advance about allowable and non-allowable costs, specifically supplanting issues.	Develop a staffing configuration to hire new staff or backfill staff who will be providing disaster services. Research mechanisms for hiring staff.
7	Determine how to pay for food.	Since this is not an allowable expense under FEMA/CMHS—yet critical in facilitating interaction with victims/survivors—team with interfaith groups, large corporations and other public sector entities, local restaurants and grocery stores for funding or donation mechanisms.
8	Develop and document policies, procedures, and forms for maintaining financial accountability and service statistics.	Customize existing FEMA reporting forms from Immediate Services Program (ISP) and Regular Services Program (RSP) applications.
9	Have SMHA General Counsel review emergency laws and statutes to determine potential difficulties in service delivery during critical times.	Ideally, have General Counsel work with appropriate State entity on licensure/ reciprocity issue for out-of-State pre-screened health and mental health volunteers.
10	Obtain budget allocation/fiscal line item for disaster mental health immediate response.	Ensure that if no disaster occurs, funds may be used for preparedness, training, and exercises.

Resources	Key Contact(s)	SMHA Liaison	
For copies of grant application materials, including restrictions on funding, contact: EMHTSSB/CMHS 301-443-4735 SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com			6
For copies of grant application materials, including restrictions on funding, contact: EMHTSSB/CMHS 301-443-4735 SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com			7
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	Action Item	Planning Strategies
11	Be aware of all Federal reporting requirements for emergency/disaster response grants.	Obtain weekly/regular reports from local providers to help compile reports for your project officer.
12	Keep records of all resources expended so you can be reimbursed as well as prove that you spent and obligated funds appropriately.	Start tracking your expenditures from the day you begin consultation and assessment as you may be reimbursed for these costs. Remember that FEMA provides clear guidelines on how the CCP funds may be used. Be aware that Federal auditors may review your program and this possibility increases with large funding amounts and high media attention. Consider scheduling a State audit mid-program. Track the time spent early on by SMHA staff over and above regular duties/hours.
13	Ensure that the Mental Health Commissioner or trusted representative is sitting at the table when charitable contributions are dispersed.	Keep in mind that funding for long-term mental health care may be needed and usually donations are the only source for treatment.
14	Develop a management strategy and internal management plan.	Conduct regular site visits with program. Meet at least once per month with CCP project managers. Host conference calls bi-weekly. Hold Project Team quarterly meetings to debrief and discuss issues, concerns, and changes in programming.
15	Understand CCP phase down and termination.	Be sure that crisis counselors are appropriately dealing with program termination and their personal separation from their duties. Prepare community for the program's departure. Understand reporting requirements, especially fiscal procedures for closing down program.

Resources	Key Contact(s)	SMHA Liaison	
<p>For TA related to SAMHSA emergency/disaster response grants, contact: EMHTSSB/CMHS 301-443-4735 SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com</p>			11
<p>Review Crisis Counseling Training and Assistance Program Guidances at www.mentalhealth.org/cmhs/EmergencyServices/progguide.asp For TA related to SAMHSA emergency/disaster response grants, contact: EMHTSSB/CMHS 301-443-4735 SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com</p>			12
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<p>National Mental Health Information Center www.mentalhealth.org 1-800-789-2647 DHHS Pub No. SMA96-0538, <i>Training Manual for Mental Health and Human Service Workers in Major Disasters</i> For TA related to the CCP, contact: EMHTSSB/CMHS 301-443-4735 SAMHSA DTAC 1-800-308-3515 DTAC@esi-dc.com</p>			15