COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH

DEPARTMENT EMERGENCY PLAN

Jonathan E. Sherin, M.D., Ph.D.
Director

June 2019

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i. Preface

All Los Angeles County departments are required to develop department emergency plans (DEPs) in accordance with Chapter 2.68.170 of the Los Angeles County Emergency Services Ordinance. At the minimum, DEPs address the following:

- Department's role and responsibilities in managing internal emergency operations
- System for supporting Countywide emergency preparedness, response, and recovery
- Department's training and exercise program for designated personnel

DEPs are intended to provide management and staff, as well as other County departments an understanding of the critical functions and contingencies for performing them during an incident; means for supporting countywide response and recovery operations; and strategies for preparing all personnel. DEPs supplement, but do not replace the department's standard operating procedures, tactical, and continuity plans which provide detailed operational information.

DEPs are to be reviewed annually. Plan revisions will be conducted and recorded on the Record of Revisions page, as necessary. The revised plan (one hard copy and electronically) shall be submitted to the County Office of Emergency Management (OEM) on or before June 30 of each year. In addition, each Department Head shall certify the review and revision of the DEP by completing the Plan Certification Form. The original signed Plan Certification Form shall be kept in the master DEP on file with the DEC. A copy of the signed form will be included in the submitted plan. OEM will ensure the proper security and confidentiality of submitted materials. OEM will annually review department emergency plans, training reports, and other related activities.

OEM staff is available to provide technical assistance for each department to ensure plans are completed and maintained in accordance with guidelines and policy. Updated plans should be forwarded to the following address:

Department Emergency Coordinator Program Manager
Los Angeles County Office of Emergency Management
1275 N. Eastern Avenue
Los Angeles, CA 90063

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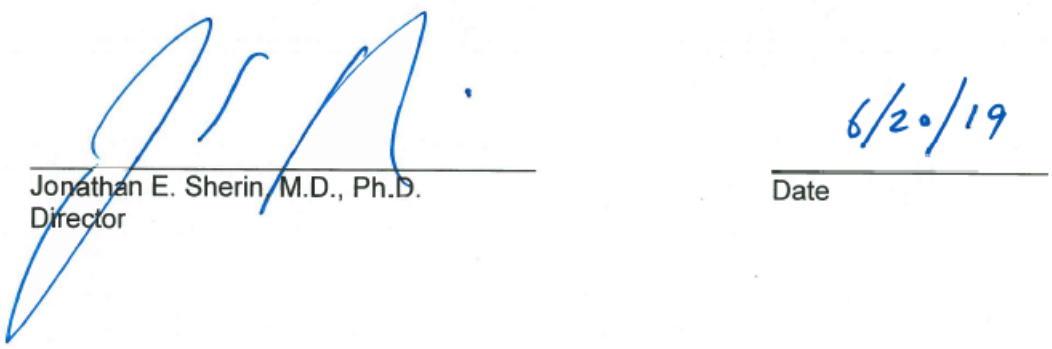
ii. Plan Certification

As Director of the Department of Mental Health, I acknowledge and certify the Department Emergency Plan (DEP) submitted to the County Office of Emergency Management has been reviewed and revised in accordance to current emergency preparedness and mitigation activities, as well as current emergency response and operations procedures as they pertain to this Department.

I acknowledge this certification is valid until June 30 of the next calendar year or until any significant changes to this plan takes place, whichever comes first.



Jonathan E. Sherin, M.D., Ph.D.
Director

6/20/19
Date

(A new certification must be completed each June and added to the revised plan. A new certification must be completed if significant changes are made to the plan before the annual review, which would cause this plan to be revised prior to the annual review.)

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iii. Record of Revisions

Review and Revision Date	Name of Person Coordinating Review and Revision	Description of Change	Page Number of Change	Date Revised Plan Submitted to OEM
05/16/19	Laura Relph	2.4.1 Los Angeles County Operational Area Capability	6-8	06/27/19
05/23/19	Laura Relph / Sandra Shields	2.4.2 Los Angeles County Health Agency Capability	8	06/27/19
05/23/19	Sandra Shields	2.4.3 Department Capability	8	06/27/19
05/22/19	Sandra Shields	2.5 Planning Assumptions	10-11	06/27/19
05/28/19	Sandra Shields	3.5 Operational Strategies	13	06/27/19
05/17/19	Laura Relph	3.7.2 SEMS Functions	15-16	06/27/19
05/17/19	Laura Relph	3.9.3 Post-incident Awareness and Education	19	06/27/19
05/30/19	Laura Relph	3.10.2 Vital Records	20	06/27/19
05/17/19	Laura Relph	4.2 Organization Roles and Responsibilities	23-27	06/27/19
03/21/19	Laura Relph	5.3.7 Notifications	31	06/27/19
05/28/19	Sandra Shields	5.4.2 Resource Credentialing – Disaster Mental Health Responder and Emergency Response Team	33	06/27/19
05/29/19	Sandra Shields	5.4.3 Resource Requests – Mutual Aid/Mutual Assistance Requests	35	06/27/19
05/17/19	Laura Relph	8.1.2 After Action Reporting	43	06/27/19

iv. Record of Distribution

All employees are to have available a copy of DMH's Department Emergency Plan (DEP). All new employees are to receive a copy of the DEP as part of the orientation training process. The Disaster Services Unit is responsible for the redistribution of the revised DEP, as necessary.

Receiving (Office/Bureau/Division)	Delivery Date	Hard Copy/Electronic
Mental Health Commission	June 2019	1 Hard Copy and Electronically
Director of Mental Health	June 2019	1 Hard Copy and Electronically
Strategic Communications	June 2019	1 Hard Copy and Electronically
Clinical Operation	June 2019	1 Hard Copy and Electronically
Administrative Operations	June 2019	1 Hard Copy and Electronically
Child Welfare	June 2019	1 Hard Copy and Electronically
Prevention and Outcomes	June 2019	1 Hard Copy and Electronically
Emergency Outreach and Triage	June 2019	1 Hard Copy and Electronically
Outpatient Services	June 2019	1 Hard Copy and Electronically
Countywide Outpatient Services	June 2019	1 Hard Copy and Electronically
Intensive Care Services	June 2019	1 Hard Copy and Electronically
Public Guardian	June 2019	1 Hard Copy and Electronically
Forensic Psychiatry	June 2019	1 Hard Copy and Electronically
Consumer & Family Affairs	June 2019	1 Hard Copy and Electronically
Office of the Administrative Deputy	June 2019	1 Hard Copy and Electronically
Chief Information Office	June 2019	1 Hard Copy and Electronically
Quality Management	June 2019	1 Hard Copy and Electronically
MHSA Administration	June 2019	1 Hard Copy and Electronically

1. Table of Contents

2. Introduction

2.1 Purpose

The Department Emergency Plan (DEP) addresses the Los Angeles County (LAC) Department of Mental Health's (DMH) planned preparedness, response, and recovery efforts associated with natural, human-made, and technological disasters. The plan provides an overview of operational concepts, identifies components of the Department's emergency management organization within the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS), and describes the overall responsibilities of federal, state, and local entities for protecting life, property, and assuring the wellbeing of the population.

This plan contains the following three components:

Basic Plan. The Basic Plan outlines how DMH will respond to, recover from and mitigate the impact of a disaster. The plan contains sections on concept of operation; organization and assignment of responsibilities; direction; control and coordination; communications; administration; finance; logistics plan development and maintenance, and training and exercises.

Appendices. The Appendices provide supplemental reference information.

Annexes. Separate operational annexes would provide detailed response information and procedures.

2.2 Scope

This plan establishes a system for coordinating preparedness, response, recovery, and mitigation emergency management concepts. It is flexible enough for all hazards and can be used in any public emergency situation.

2.3 Plan Review, Approval, and Implementation

2.3.1 Review and Approval

The Department Emergency Coordinator (DEC) for LAC DMH is responsible for reviewing, revising, and submitting the DEP to the County's Office of Emergency Management (OEM). The DEP is reviewed annually, and revisions and the internal approval of the plan are completed by June 30 of each year. The revisions are recorded on the Record of Revision page.

Annually, the Director for LAC DMH completes the Plan Certification Form upon review and approval. The original signed Plan Certification Form shall be kept in the master DEP on file with the DEC (a copy of the signed form will be included in the submitted plan). The approved DEP is then submitted to OEM in both hard copy and electronically by June 30 of each year.

2.3.2 Implementation

This DEP addresses DMH's planned response to extraordinary emergency situations associated with natural, human-made, and technological disasters. The plan does not address normal day-to-day emergencies. Alternately, the operational concepts reflected in this plan focus on potentially large-scale disasters, which usually generate unique situations requiring escalated emergency response. Such disasters pose major threats to life, the environment and property, and can affect the well-being of large numbers of people.

This plan creates an emergency management uniform structure integrating regulations pertaining to SEMS, while meeting the requirements of the concepts and principals established in NIMS. This plan is designed to be read, understood, and exercised prior to an incident. It provides a planning foundation for hazard identification, disaster preparedness, emergency response, and recovery efforts.

2.4 Situation Overview

The effects from incidents include a wide range of emotional trauma from expected stress response that may not require any mental health intervention. However, those affected who may require disaster mental health services include the impacted communities as well as County staff responding to the incident. Mental health issues also cause further stress on an overwhelmed health care system trying to respond to an incident, and can disproportionally affect specific populations such as children and other "at-risk" or "vulnerable" populations. Disaster mental health includes all phases of disasters (mitigation, preparedness, response, and recovery), and is distinguished from other forms of mental health in that it is specifically focused on the impact of disasters.

The following sections describe the capabilities and potential hazards that influence DMH's ability in providing services, effectively, to populations affected by an incident:

2.4.1 Los Angeles County Operational Area (OA) Capability

Building Emergency Coordinator (BEC) Program

As directed by the Board of Supervisors, the Building Emergency Coordinator (BEC) program is designed to simultaneously increase the safety of County employees and the public in County facilities while ensuring continuity of government services after a major incident. The program focuses on:

- Developing a building-specific emergency plan for each building occupied by 10 or more employees
- Enhancing and supporting BEC skills through training seminars
- Establishing an appropriate initial response strategies and priorities based on the nature, scope, and severity of the incident

The Building Emergency Plan (BEP) is developed and maintained by the BEC or Sub-BEC for each specific building. The purpose of the plan is to give clear, specific instructions to staff faced with handling any emergency situation in their building. The components of the BEP include:

- Building Emergency Response Team (BERT) roles and responsibilities
- Emergency notification and communication
- Hazard guidelines
- Building evacuation and reentry procedures
- Shelter-in-place procedures
- Emergency telephone lists and contacts
- Floor and plot plans
- Emergency evacuation plan exit and evacuation route sign placement
- Forms

(All DMH employees are to have an available copy of their building-specific BEP.)

DMH participates in the Countywide BEC Program. The Disaster Services Unit manages the Program and provides training.

Disaster Service Worker Program (DSWP)
This program is based on the California Emergency Services Act. The Disaster service, as defined for the DSWP, is designed to aid in the response and recovery phases of a disaster. It does not include the day-to-day emergency response activities typically associated with law enforcement, fire services, or emergency medical services. Section 3100 of the California Government Code states "*All public employees are hereby declared to be disaster service workers subject to such disaster service activities as may be assigned to them by their superiors or by law.*"

The program is mandatory for all non-sworn, full-time, and part-time County employees. LAC's Chief Executive Officer (CEO) can:

- Activate any County officer or personnel for emergency service;
- Requisition necessary personnel and/or material from any County department or agency;
- Assign County staff to any emergency duty they are capable of performing safely.

No supervisor is authorized to release any staff from work in the event of an emergency without the approval of the Director or designee. Personnel that leave without such authorization may be subject to disciplinary action.

Compliance with Section 3100 of the California Government Code requires non-sworn employees to have on file, a signed Loyalty Oath. To ensure the County is in compliance, an online training program about what it means to be a Disaster Service Worker (DSW) is hosted on the County's online learningnet website. The course provides a copy of the Loyalty Oath, which must be signed in the presence of one of the department's staff deputized by the County to administer the Loyalty Oath. The original copy of the signed Loyalty Oath should be placed in the employee's Human Resources personnel folder. DSW Online Training and Loyalty Oath compliance is required within 30 days of hire for all new employees.

The Los Angeles County Department of Human Resources requires all employees to take the DSWP training and sign the County's Loyalty Oath.

Operational Response Plans
Below are operational response plans developed to provide response guidance for extraordinary emergency situations associated with natural, human-made, and technological incidents within the OA:

- Los Angeles County Dam Failure Evacuation Plan
- Los Angeles County All-hazards Mitigation Plan
- Los Angeles County OA Family Assistance Center Plan
- Los Angeles County OA Emergency Response Plan

2.4.2 Los Angeles County Health Agency Capability

Pre-positioned Antibiotics Program
The pre-positioning of antibiotics for prophylaxis strengthens the ability of all response agencies to provide protection for their work force during an anthrax incident quickly and safely. If additional antibiotics are needed, requests will be made through the Health Services Department Operations Center; additional resources will come from other local, regional, and/or State caches or the Strategic National Stockpile.

Planning and preparation speeds subsequent distribution to the public and reduces morbidity and mortality, while assuring continuity of day-to-day operations. It will be the responsibility of each agency to store and secure the pre-positioned antibiotics in bulk. Distribution of the antibiotics to individuals will occur only upon the direct order of the County Health Officer. (See ***Department of Mental Health Pre-Positioning of Antibiotics Storage and Distribution Annex*** for detailed information on the program.)

Operational Response Plans
Below are operational response plans developed and implemented by the Los Angeles County Health Departments to provide response guidance for extraordinary emergency situations associated with natural, human-made, and technological incidents within the OA:

- Los Angeles County Department of Public Health Pandemic Influenza Operational Plan
- Los Angeles County Department of Public Health Smallpox Plan
- Los Angeles County Medical and Health OA Coordination Program – Allocation of Scarce Resources Guide
- Los Angeles County Medical and Health OA Coordination Program – Emerging Infectious Disease Healthcare System Annex Concept of Operations

2.4.3 Department Capability

Service Area Disaster Coordinators and Service Area Emergency Response Teams
DMH has eight Service Areas (SAs). Each SA has a designated SA Disaster Coordinator responsible for coordinating preparedness, response, and recovery operations within their SA. In the event of an incident, the SA Disaster Coordinator will form an emergency response team of appropriate and trained staff to fulfill requests for assistance. Below are examples of requests for disaster mental health services:

- Assist existing DMH clients who have lost their psychiatric medications or need to be reconnected to services
- Assist disaster survivors who need follow-up trauma-related mental health services
- Provide disaster mental health services at disaster shelters or government assistance centers
- Provide disaster mental health and spiritual care support at Family Assistance Centers (FAC) or hospital-based Family Information Centers
- Provide coping and resiliency information brochures and presentations at post-disaster community/town hall meetings
- Respond to requests from county departments for resiliency support and crisis mental health services for County staff affected by the incident including first responders and other disaster response workers
- Respond to requests from the Los Angeles County Health Agency to assist people and communities affected by public health emergencies including responding to a surge of disaster-related psychological casualties at hospitals and health clinics
- Provide staff for Functional Assessment Service Teams who conduct assessments of individuals, and facilitate the process of getting essential resources needed by individuals in shelters that have access and functional needs

(See ***Department of Mental Health – SOP 2 Services Area Disaster Responsibilities*** for additional information.)

Airport Response Strike Teams
DMH Airport Response Strike Teams address unique needs of airport related disaster incidents. These teams are readily available to deploy within a short period to an airport related incident upon the request of the airport, affected local jurisdiction, or partner agency. The strike teams will ensure services are provided to meet the emotional and mental health needs of survivors, family members, friends, and others impacted by the incident. (See ***Department of Mental Health – Airport Response Strike Team Annex*** for detailed information.)

2.4.4 Community Profile

The County of Los Angeles is the most populous county in the United States, with more than 10 million inhabitants. It has 88 incorporated cities and many unincorporated areas, and is 4,083 square miles. The County is home to more than one-quarter of California residents and is one of the most ethnically diverse counties in the US. An elected five-member Board of Supervisors governs the County.

2.4.5 Threats and Hazards

The following is a specific list of identified threats/hazards within Los Angeles County that have the potential to prevent normal business operation as well as hinder the performance of any DMH essential function:

- Agricultural Loss
- Biological & Health Emergency
- Civil Unrest
- Drought
- Earthquake
- Explosion
- Flooding
- Hazardous Materials
- Infrastructure Loss (Utility, Telecommunications)
- Landslide
- Large Venue Structure Fire
- Radiological Incident
- Terrorism
- Transportation Incident
- Tsunami
- Water/Wastewater Emergency
- Wildfire
- Windstorm

(See ***County of Los Angeles All-hazard Mitigation Plan*** for detailed information on the threats and hazards, and mitigation measures.)

2.5 Planning Assumptions

The following is a list of planning assumptions for DMH during an incident:

- Health and safety take precedence over all other response activities, including mental health response.
- Disaster mental health is an integral part of the overall public health and medical preparedness, response, and recovery system.
- Mental factors directly and indirectly influence individual and community risks, health, resilience, and the success of emergency response strategies and public health directives.
- Disaster mental health is usually (but not always) part of a larger, multi-layer, multi-disciplinary disaster response. Disaster mental health responders typically work in concert with health care providers, public health, emergency management, first responders, and voluntary organizations.
- The response to any sudden onset or slow onset catastrophic incident includes continued delivery of routine mental health and healthcare services to the community.
- Incidents may seriously affect and disrupt patient care in both hospital and community-based health and mental health settings, which initiates tracking of severe clients in all settings.
- Disaster mental health interventions may be immediate, systemic, and long-term, with the early goal of stabilizing the psychosocial reactions of survivors, and the later goal of restoring or rebuilding community resiliency.
- Individual disaster mental health services must be appropriately delivered and adjusted, by gender and age; culturally sensitive; linguistically and developmentally appropriate; and suitable for the type, scope, and phase of the disaster.

- Interventions during disaster response and recovery are based on accepted professional standards and practices. Interventions directed at treatment of trauma or disaster-related problems should be evidence-informed.
- The majority of people are resilient and may only require minimal psychological support to cope with a catastrophic incident.
- Some people directly affected by the incident may require long-term mental health follow-up beyond the initial phase of the incident including:
    - Individuals who are a danger to themselves or others
    - Individuals who are experiencing concerning reactions out of the norm
    - Those with poor coping skills
    - Individuals who experienced the death of family member(s), friend(s), or pet(s)
    - Those who witnessed death/injury of others
    - Children separated from family/caregivers
    - Individuals who lack support systems and are socially isolated
    - Individuals whose communities were destroyed and no longer habitable
- Panic may occur in a localized or widespread manner when there is a perceived:
    - High risk and/or high lethality from the threat
    - Limited chance for escape or evacuation
    - Limited effective treatment options / resources available
    - Ineffective response by authorities
    - Loss of credibility by authorities
- Those who have experienced panic due to a life-threat to themselves or others may be at higher risk of developing a new disaster-related mental health disorder.
- Private mental health providers, hospital-based and outpatient, non-profit mental health community, and social service agency staff may assist with a surge response to a catastrophic incident to the extent they are trained, prepared, and integrated into the local disaster response systems.
- Psychological distress following disasters may cause considerable adverse economic consequences as a result of indirect social, infrastructure, and workplace disruption.
- There are limitations to the County's capacity to respond to a mental health surge event for the impacted communities.

3. Concept of Operations

3.1 General

During and after an incident, it is common for affected people, including first responders and disaster response workers, to experience distress and anxiety about their current health, safety and recovery, as well as any associated grief and loss. Disaster mental health provides services based on the hazard, including public information, education, and access to clinical mental health services. These services help mitigate the progression of adverse human reactions into a serious physical and mental health condition.

3.2 Mission Statement

Department of Mental Health's disaster response and recovery mission is two-fold:

- Assess the impact of the incident on DMH facilities, staff, and clients. Conduct necessary actions to resume mental health services as quickly as possible.
- Provide disaster mental health services and resources in coordination with other responding government agencies, non-government organizations, and the private sector.

3.3 DEP Activation

The DEP may be activated under the following situations:

Board of Supervisors Declaration of Local Emergency

When the Board of Supervisors declares a local emergency, all departments will activate their plans.

Department Declaration of Plan Activation

When the Director, Deputy Director in charge of Disaster Services, or Disaster Services Unit Senior Disaster Analyst declares a department emergency, the Director is obligated to activate the DEP when a threat exists to the department's resources, or its ability to carry out its mission. When activating the DEP, the Disaster Services Unit will notify the LAC OEM Duty Officer. The Disaster Services Unit is responsible for the activation and coordination of the DEP.

3.4 Operational Priorities

Operational priorities govern DMH's resource allocation and response strategies during an incident. Below are the operational priorities in response to the community's disaster service's needs:

- Ensure the well-being of county employees, visitors, and clients within each DMH building, with emphasis on evacuation, management of causalities, and other immediate emergency care.
- Provide emergency psychiatric intervention to persons in crisis who are a danger to themselves or others.

- Participate in legally mandated proceedings which must meet specified immediate statutory deadlines, such as judicial and administrative hearings, unless suspended by the court.
- Provide rapid disaster mental health services, to minimize psychological distress to disaster victims and others in the impacted community.
- Support the post-incident emotional well-being of County staff impacted by the incident.
- Assist with referrals and provide follow up services for those who need intermediate and long-term trauma focused treatment following incidents.
- Provide for the continuation of essential services to existing DMH clients.

3.5 Operational Strategies

In view of Los Angeles County's susceptibility and vulnerability to natural, technological, and national security emergencies, DMH will consider the following operational strategies:

- **Meet Basic Human Needs** – All possible efforts must be made to supply resources to meet basic human needs, including food, water, shelter, medical, public and mental health services, and security during the incident.
- **Access the Incident Impact to the Mental Health of the Whole Community** – Determine the scope and potential adverse mental health impact of the incident including:
    - Community demographics in the affected area
    - Existing and available mental health staff and infrastructure needs for a disaster mental health response
    - Scope of the crisis and ongoing mental health needs in disaster shelters, government disaster assistance centers, field response/outreach teams, and community meetings
    - Surge of psychological causalities in hospitals and other public health and healthcare systems
    - Needs of County employees and other disaster responders
- **Address Needs of At-risk Populations to include People with Disabilities and others with Access and Functional Needs** – People with access and functional needs and limited English-proficiency are more vulnerable to harm during and after an incident. The needs of people with access and functional needs and limited English-proficiency must be considered and addressed.
- **Support Community and Economic Recovery** – Support community resilience, so the community has the ability to take deliberate, purposeful, and collective actions to alleviate the detrimental effects of the incident.

3.6 National Incident Management System (NIMS)

NIMS provide a comprehensive national framework for incident management applicable at all jurisdictional levels and across all functional disciplines. NIMS establish standardized incident management processes, protocols, and procedures for all responders (Federal, State, and local) to use while coordinating and conducting response actions.

3.7 Standardized Emergency Management System (SEMS)

SEMS is the statewide system for managing responses to multi-agency or multi-jurisdictional emergencies in California. SEMS is intended to facilitate communication and coordination between all levels of the system and among all responding agencies. SEMS provides the structure and foundation for the OA's emergency organization. SEMS is required by the California Emergency Services Act 11 for managing multi-agency and multi-jurisdictional responses to emergencies in California. The system unifies all elements of California's emergency management community into a single integrated system and standardizes key elements. SEMS incorporates the use of the Incident Command System (ICS), California Disaster and Civil Defense Master Mutual Aid Agreement (MMAA), the OA concept and multi-agency or inter-agency coordination. SEMS integrates the concepts and principles of NIMS into the existing SEMS structure.

3.7.1 SEMS Coordination Levels

Field Response

Affected jurisdictions will respond as feasible. Multiple Incident Command Posts (ICP's) may be established at various sites throughout the disaster area. Resource requests are made to the jurisdiction/agency Emergency Operations Center (EOC) and/or Department Operations Center (DOC).

Local Government

Local governments retain responsibility for managing the response within its jurisdiction. Local EOC/DOCs shall establish priorities, mobilize and allocate available resources to support field units, and provide situation reports and resource requests to the OA.

Operational Area (OA)

The OA is comprised of the county and all political subdivisions within the county area. Political subdivisions include cities, a city and county, counties, district or other local governmental agencies, or public agencies. The OA is responsible for:

- Coordinating information, resources, and priorities among local governments within the OA.
- Coordinating information, resources, and priorities between the regional and local government level.
- Using multi-agency or inter-agency coordination to facilitate decisions for overall operation area level emergency response activities.

Regional

Responds to resource requests for the OA including tasking of State agencies, tracking of State resources, and coordinating regional mutual aid resources.

State

The State level manages state resources in response to incident needs of the other levels and coordinates mutual aid among the mutual aid regions, and between the regional level and state level. The state also serves as the coordination and communication link between the state and federal disaster response system.

3.7.2 SEMS Functions

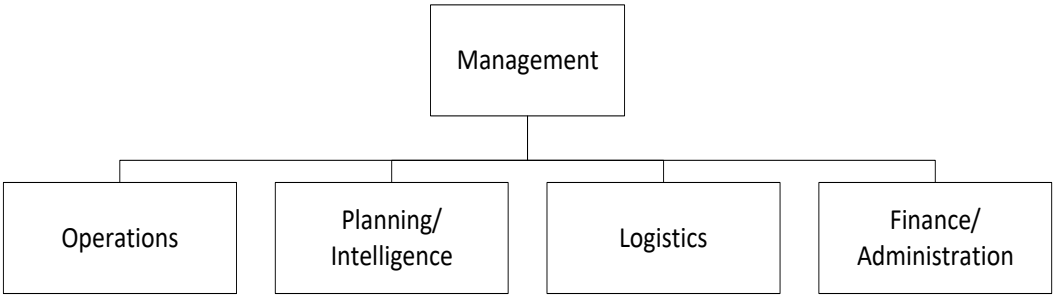

Figure 3.1: SEMS Functions

Management
The overall responsibility of the Management Section, through executive decision making, is to provide oversight for multiagency coordination of emergency response and recovery operations. In addition, this Section will:

- Establish priorities and resolve any conflicting demands for support
- Prepare and disseminate emergency public information to inform, alert, and warn the public
- Ensure all DOC Sections are aware of and follow documentation procedures to recover all eligible disaster response and recovery costs

Operations
The overall responsibility of the Operations Section is to coordinate and support all operations in response to the incident or disruption event. This Section also carries out the objectives of the Action Plan and requests addition resources as needed.

Planning/Intelligence
The overall responsibility of the Planning/Intelligence Section is to collect, verify, analyze, display, and disseminate situational information related to the incident. In addition, this section will:

- Prepare and distribute periodic situational reports (hard-copy and web-based)
- Facilitate the action planning meetings in order to prepare and distribute the DOC Action Plan
- Coordinate advanced/recovery planning activities
- Provide technical support services to the various DOC Sections
- Document and maintain DOC activities files

Logistics
The overall responsibility of the Logistics Section is to provide all necessary facilities, personnel, equipment, transportation, services, and supplies to support the response effort for the incident. In addition, this section will:

- Develop the DOC Staffing Plan
- Maintain resource tracking

- Provide support to incoming and outgoing mutual aid activities

Finance/Administration
The overall responsibility of the Finance/Administration Section is to maintain, to the greatest extent possible, the financial systems necessary to keep DMH functioning during an incident. These systems include:

- Documentation, timekeeping, and tracking
- Cost analysis and recovery documentation
- Claim processing
- Revenue collection

3.8 Emergency Management Phases

Emergency management activities during peacetime and national security emergencies are often associated with five emergency management phases indicated below. However, not every disaster necessarily includes all indicated phases.

Prevention
The prevention phase includes actions taken to avoid an incident or to intervene and stop an incident form occurring. This involves actions taken to protect lives and property. It also involves applying intelligence and other information to a range of activities that include such countermeasures as:

- Deterrence operations
- Heightened inspections
- Improved surveillance
- Vulnerability reduction
- Interconnections of health and disease prevention among people, domestic animals, and wildlife

Preparedness
The preparedness phase involves activities taken in advance of an incident. These activities develop operational capability and effective response to an incident. These actions primarily focus on planning, training, and exercising the department's capability. The development and strengthening of pre-existing plans, systems, and mental health educational materials build on the effective delivery of disaster mental health services.

Preparedness is also a collaborative community-based activity with public agencies and private sector stakeholders.

This phase also includes educating personnel about the importance of personal and family emergency preparedness. Personnel, especially those assigned to perform critical functions, need to know what to do before, during, and after an incident in order to be prepared in the work place and at home. Personnel preparedness may also include pre-incident education on traumatic and cumulative emotional impact of disasters as well as strategies for maintaining post-disaster emotional resiliency.

Response
During this phase, the priority is saving lives and minimizing the effects of the incident. DMH's response activities focus on support, strength-based interventions such as Psychological First Aid (PFA), community education, crisis counseling, risk communication, and responder support. Mental health professionals, as well as non-clinical DMH staff who are trained in disaster response may provide these services.

Recovery
Recovery is the phase designed to assist bringing the community back to "normal" following an incident. Recovery includes physical (restoration of homes, businesses, and infrastructure); economic (business recovery, return to employment, and recovery of financial losses); and community well-being (return to normal civic life). During this phase, mental health concerns often emerge or evolve, including the potential that additional individuals may develop reactions that require mental health care and treatment. If this happens, DMH will facilitate referrals for clients and staff.

Mitigation
Mitigation efforts occur before and after certain incidents. Post-incident mitigation is part of recovery. Eliminating or reducing the impact of hazards that are a threat to life and property within Los Angeles County are part of the mitigation process. Some of DMH's mitigation projects are listed in the ***County of Los Angeles All-Hazard Mitigation Plan***.

Mental health mitigation actions often refer to activities that:

- Support individual and community resiliency
- Have the potential to reduce the need for disaster mental health interventions

3.9 Public Information
The emotional response and recovery of the community following any incident is based on their understanding of that incident and its potential hazards. Providing timely, accurate, and easy to understand information about the incident to the public as well as county staff is critical to mitigating psychological distress.

3.9.1 Public Information Officer (PIO)
LAC Public Information Officers (PIOs) prepare and distribute disaster information using all available media and communication methods. Public information will be phased in according to the size and scope of the incident.

For DMH, the PIO's role during incidents includes:

- Working with DMH's Disaster Services Unit to develop communications about the affected facilities and services, as well as any activation/deployment of field response efforts.

- Working with subject matter experts to develop key messages about mental health during and after disaster incidents, which includes:
    - Summarizing typical psychological reactions in response to an incident;
    - Ways to provide emotional support to self and others;
    - How to get mental health services and support, particularly if normal operations are interrupted.
- Drafting and issuing public notices and updates on available communication channels, such as:
    - DMH Website Homepage Message
    - Emails
    - DMH 24/7 ACCESS Center Helpline, including "Greeting" or "Hold Messages"
    - Social Media
    - Posting Flyers and Posters at DMH Facilities
    - Countywide Communication Resources and Channels
- Drafting and disseminating media bulletins, as well as handling incoming media requests, coordinating interviews, and holding news conferences, as needed.
- Providing timely responses to public inquiries about the incident, connecting them with available mental health resources.

In a large-scale incident, the PIO function will be conducted from a Joint Information Center (JIC) coordinated through Los Angeles County's EOC. The purpose of the JIC is not to control the activities of other County departments and jurisdictions, but to provide a forum for the sharing of information between all agencies, and serve as a central point for the media to obtain information.

In large-scale incidents, DMH's PIO will work in collaboration with other local, state, and federal government agencies to develop and disseminate appropriate messaging that has been approved by Incident Command and Lead PIO. Where needed, DMH PIO will provide communication and subject matter expertise to support the crisis communication team's efforts, such as educating the public about mental health tools, resources, and services available after the incident.

3.9.2 Pre-Incident Awareness and Education

Providing public awareness and education programs, prior to an incident, lays the foundation for a successful public response to an incident. These programs must be viewed as equal in importance to all other preparation for emergencies and receive an adequate level of planning. The following are some of the pre-incident awareness and education programs DMH coordinates or supports:

- **Brochures and Flyers** – Develop and disseminate disaster mental health related "coping with disaster" flyers and brochures, including translating materials into the twelve threshold languages when appropriate.
- **Preparedness Expos** – Develop and disseminate educational information for community outreach.
- **Public Service Announcements** – Develop and disseminate announcements to the community through DMH's Website.

- **Community Outreach Meetings** – Brings government departments and community agencies together to provide all-hazards emergency preparedness information, and to address community concerns and questions.

3.9.3 Post-Incident Awareness and Education

In compliance with the requirements of SEMS, NIMS, the LAC Operational Area Emergency Response Plan (OAERP), and Federal Emergency Support Function #15, the following are examples of post-incident awareness and education programs and services used by DMH that are available to the public immediately following an incident and during a sustained response operation:

- **ACCESS Center/Helpline**
  After a major incident, DMH's ACCESS Center will become a hotline where the public can receive information on mental health services, such as screenings, assessments, referrals, and crisis counseling. The hotline telephone number will be announced on the radio and television, along with social media.
- **Local Assistance Center (LAC)**
  Provides a single facility at which individuals, families, and businesses can access available disaster assistance programs and services.
- **Town Hall Meetings**
  Meetings that serve as a recovery forum to provide resources for residents, and answer questions that arise after the incident.

3.10 Continuity of Operations (COOP) Plan

The purpose of the DMH COOP Plan is to ensure the continuation of DMH essential functions and services when normal, standard operations become unavailable, and/or overwhelmed due to an unusual incident that affects one of the buildings where DMH conducts business. The plan identifies recovery strategies for essential functions (EFs) only. It specifically covers those processes that are mission and time critical.

The COOP Plan provides a framework to continue or resume all EFs within the associated periods during an extended stoppage in service delivery. (See DMH's ***Continuity of Operations Plan – Base Plan*** for detailed information.)

3.10.1 Essential DMH Functions

The following are DMH's EFs that must be performed or rapidly and efficiently resumed, during a disruption event that affects the department, county, or state:

- Communication of Immediate Emergency Care
- Monitor In-patient Services
- Coordinate Situational Intervention
- Maintain General Mental Health Services
- Ensure Legally Mandated Commitments
- Conduct Centralized Administration
- Assess All other DMH Services

- Defer Non-essential Functions

3.10.2 Vital Records

Vital records refers to information systems and applications, electronic and hard copy documents, references, and records, to include classified or sensitive data, needed to support essential functions during a disruption event.

To the greatest extent possible, DMH will back up electronic files, pre-position duplicate vital records at a separate facility, and update vital records on a regular basis. Each division within DMH maintains a complete inventory of vital records along with primary and back-up locations, and instructions on accessing those records.

3.11 Recovery

Following an incident, immediate response operations for saving lives, protecting property, and meeting basic human needs have precedence over the long-term objectives of **recovery**. However, initial recovery planning should commence at once and in tandem with response operations. Recovery components are embedded in every aspect of response and continue after the response activities cease.

Recovery activities span a continuum of months to years and are broadly categorized into two phases:

- Short-term Recovery (30 days – 90 days or less after the initial event)
- Long-term Recovery (greater than 90 days)

Disaster Mental Health Recovery Function

Individual reactions including substance abuse conditions can emerge or intensify during recovery, impeding individual and community resilience – particularity for people who are directly impacted by the incident. Mental health is a critical part of a multi-sector recovery approach that engages the whole community to foster partnerships among government and local agencies; the private for-profit and non-profit sectors; and voluntary, community, cultural, and faith–based groups.

Recovery disaster mental health may include:

- Assessment of disaster-related structural, functional, and operational impacts to mental health facilities and programs;
- Leveraging existing resources to meet community needs that have developed during the response phase, such as increasing surge capacity of existing mental health service systems;
- Engagement with mental health partners to assess needs, provide assistance, and identify best practices (including those for prevention) and connect practitioners with resources;
- Engagement with stakeholders to develop strategies, including population-base strategies, to address ongoing mental health assessment, surveillance and long-term treatment needs; and

- Development and dissemination of consistent messaging and guidance concerning stress management and mitigation strategies.

3.11.1 Disaster Mental Health Recovery Programs and Services

Psychological First Aid (PFA)

PFA is an evidence-informed approach to help survivors and/or emergency response personnel in the immediate aftermath of a traumatic incident. It is designed to reduce initial distress caused by these events and to foster short and long-term adaptive functioning and coping. PFA is designed for delivery in diverse settings such as shelters, field hospitals/medical triage areas, acute care facilities, staging area/respite centers for first responders/relief workers, emergency operations centers, feeding locations, local assistance centers/disaster recovery centers, family reception centers, homes, businesses, and other community settings.

There are multiple PFA models available aimed at different levels of PFA providers, including the America Red Cross model, the National Child Traumatic Stress Network and the National Center for PTSD model, and the Listen-Protect-Connect model.

It should be noted, PFA is most appropriate for those individuals who are experiencing normal, expected and transitory distress following an incident. Individuals who were highly exposed to the incident (e.g., experienced the death or injury of loved ones, children separated from caretakers, lost their home, or who are experiencing the exacerbation of a previous mental health disorder) may require a referral for short- or long-term trauma-focused mental health intervention including assessment, crisis counseling, grief counseling, and other mental health treatment strategies such as Trauma Focused Cogitative Behavioral Therapy.

Crisis Counseling Assistance and Training Program (CCP)

The CCP is authorized under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, and require a presidential declaration of disaster for individual assistance. The CCP is intended for short-term mental health support when disaster response needs are beyond state, local, territorial, and tribal capacity. CCP is funded by Federal Emergency Management Association (FEMA) and administered through an interagency federal partnership between FEMA and Substance Abuse and Mental Health Services Administration.

The CCP consists of <u>two</u> grant programs:

- **Immediate Services Program** – which is 60 days in duration
- **Regular Services Program** – which is 9 months in duration

State, local, territorial, and tribal nations are eligible to apply for CCP grants with services typically provided to the affected areas by mental health organizations through contracts with a State's department of mental health. CCP uses a combination of mental health professionals and paraprofessionals, who are trained and supervised to deliver an array of crisis counseling services, including individual and group crisis counseling; basic

supportive or educational contact; public education; community networking and support; assessment, referral, and resource linkage; and development and distribution of educational materials and media or public service announcements. CCP's staff is culturally competent, understanding, respectful, and sensitive to the cultural makeup of the communities served. Staff is also usually indigenous to the affected communities, and is sometimes survivors themselves. Following a presidential disaster declaration for Los Angeles County, DMH will assess the need for CCP programs and coordinate CCP efforts with the California Department of Healthcare Services, who is the state coordinator for the CCP grant in California.

4. Organization and Assignment of Responsibilities

4.1 General

All participating response and recovery departments, organizations, and agencies have various roles and responsibilities throughout an incident. Therefore, it is critical DMH's emergency structure supports response and recovery efforts and maintain a significant amount of flexibility to expand and/or contract as the situation evolves. Typical duties may also change depending on the severity and size of the incident and the availability of local resources. It is also important to develop and maintain depth within the command structure and other response organizations.

DMH conducts all emergency management functions in accordance with SEMS and NIMS. During an incident, DMH has the responsibility to assist with emergency response and recovery activities. In the event of DMH's DOC activation, selected skilled staff is assigned specific functions to support emergency management operations. These assignments may involve direct participation within the DOC or provide indirect support.

4.2 Organization Roles and Responsibilities

Disaster mental health response efforts primarily address the needs of three population groups:

- Survivors directly affected by the incident
- Incident responders and workers
- Existing recipients of services or providers of the mental health care infrastructure

DMH's DOC is structured using ICS. The structure consists of the Management, Operations, Planning/Intelligence, Logistics, and Finance Sections. This organizational structure within the DOC will allow coordinated strategic operations and planning efforts.

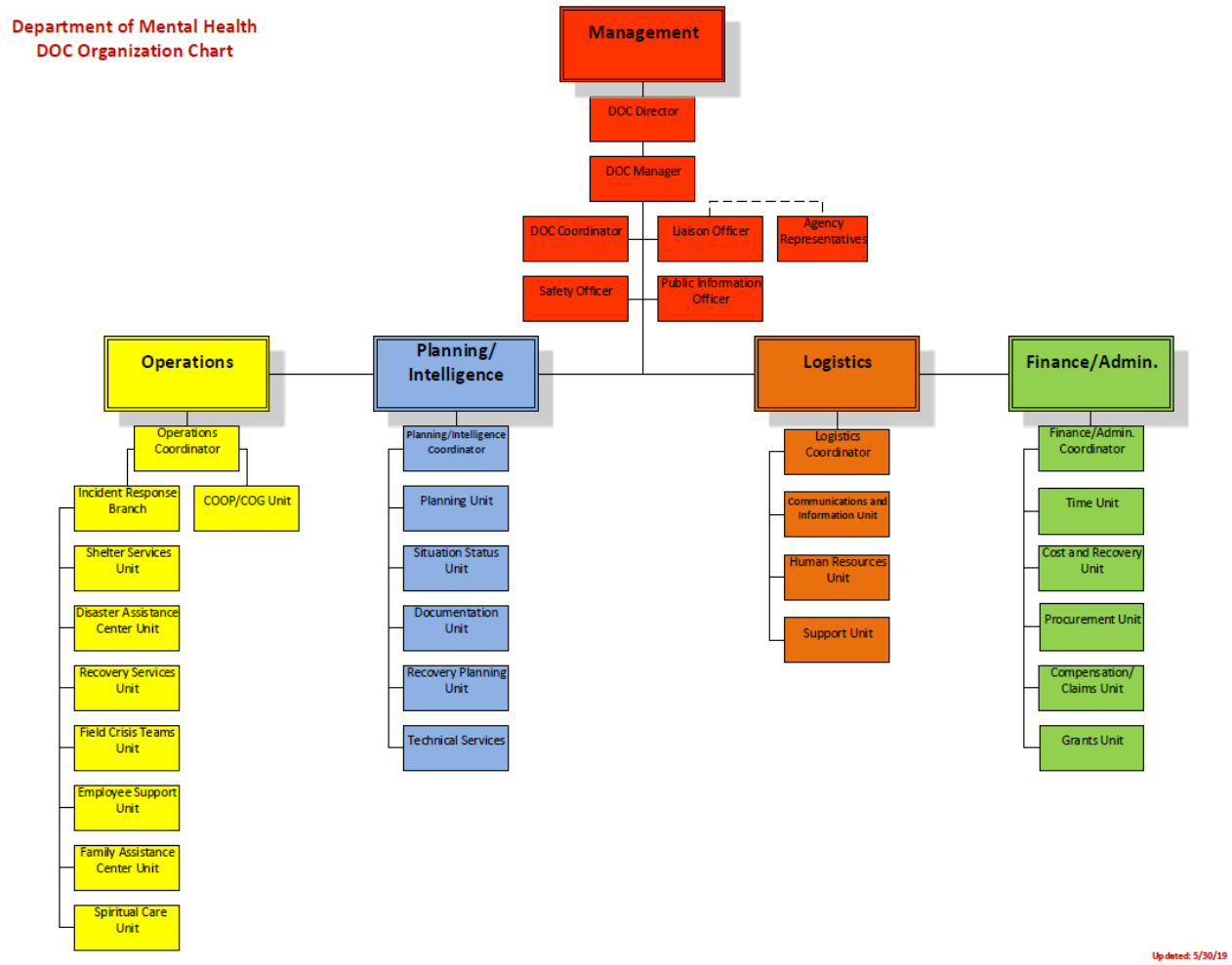

Figure 4.1: DMH DOC Organization Chart

4.2.1 Management Section

DOC Director

Provide overall management and interface with other County department heads and executives regarding policy decisions.

DOC Manager

Ensure DOC operations and adequate staffing.

DOC Coordinator

Facilitate overall function of the DOC by providing professional, emergency management advices on policies, procedures, and operation.

Safety Officer

Ensure all buildings and other facilities used in support of the DOC are in safe operating condition; making sure DOC operations are conducted in a safe Manner.

Liaison Officer
Coordinate with outside agency representatives assigned to the DOC and handling requests from other DOCs/EOCs agency representatives.

Public Information Officer
Coordinate information dissemination and media relations.

Agency Representatives (May or may not be located in the DOC)
Speak on behalf of their agencies, within established policy limits, acting as a liaison between their agency and the DOC.

4.2.2 Operations Section

Operations Coordinator
Ensure operation objectives are carried out in a timely manner. Manage disaster mental health operations for the incident, along with the coordination needed during a COOP Plan activation.

Incident Response Branch
Coordinate and oversee all emergency response teams formed to assist with the incident.

Shelter Services Unit
Coordinate the provision of DMH disaster mental health services in disaster shelters.

Disaster Assistance Center Unit
Coordinate the provision of DMH disaster mental services in government-led Local Assistance Centers, Disaster Assistance Centers, and Disaster Recovery Centers.

Recovery Services Unit
Coordinate the provision of disaster mental health support services for clients and communities in the affected DMH Services Areas(s), including community/town hall meetings; outreach events; and disaster-related clinical services operations.

Field Crisis Teams Unit
Coordinate the operation of field response teams to support other County Departments and responding organizations such as Fire, Health Services, Public Health, Public Social Services, FEMA Outreach Teams, etc.

Employee Support Unit
Coordinate the provision of disaster mental health services to affected County employees and their families.

Family Assistance Center Unit
Coordinate the provision of DMH disaster mental health services in a Family Assistance Center and/or hospital-based Family Information Center.

Spiritual Care Unit
Coordinate the deployment of DMH spiritual care staff to support DMH incident response operations.

COOP/COG Unit
Assess the nature of the incident, activate the COOP Plan, and decide which response actions that are needed.

4.2.3 Planning/Intelligence Section

Planning Intelligence Coordinator
Responsible for:

- Collecting, analyzing, and displaying situation information
- Preparing periodic Situation Reports
- Conducting advance planning activities and reports to include demobilization
- Preparing and distributing the DOC Action Plan and facilitating the Action Planning Meeting
- Documenting and maintaining files on all DOC activities
- Providing technical support services to the various DOC sections

Planning Unit
Analyze the current incident situation. Facilitate the Action Planning Meeting and gather information from the other DOC Sections. Include this information in the DOC Action Plan that needs to be prepared and distributed. An advanced planning component needs to be included consisting of potential response and recovery related issues likely to occur beyond the next operation period, generally within 36 – 72 hours, along with a demobilization strategy.

Situation Status Unit
Collect information on the current situation; prepare situation displays, maps, and summaries.

Documentation Unit
Collect and maintain all incident-related documentation.

Recovery Planning Unit
Coordinate mental health crisis counseling, outreach, advocacy, linkage, and consultation services in the affected communities.

Technical Services
Provide technical observations and recommendations to the DOC in specialized areas, as required, such as Geographic Information Systems (GIS), cultural competency advisory.

4.2.4 Logistics Section

Logistics Coordinator
Oversee the acquisition, distribution, and tracking of resources to assist with the incident.

Communications and Information Unit
Ensure telephone, radio, and computer equipment and services are provided and tracked for the field operations and DOC staff.

Human Resources Unit
Provide and track personnel, as requested, in support of the field operations and DOC. This would include time keeping, compensation, and any claims. If volunteers are needed, this unit would manage this function.

Support Unit
Procure, distribute, and track transportation, supplies, facilities, medical, and food support for the incident. Also responsible for facility security and maintenance services, such as sanitation, lighting, and cleanup.

4.2.5 Finance/Administration Section

Finance/Administration/Recovery Coordinator
Oversee financial, administrative, and recovery support to all DMH DOC Sections as required. Ensure all recovery documentation is accurately maintained during the response.

Time Unit
Track hours worked by paid personnel, contract labor, mutual aid, volunteers, and all others – ensuring daily personnel time recording documents are prepared and in compliance with DMHs policy.

Cost and Recovery Unit
Maintain the Disaster Accounting System and procedures to collect and document costs relating to the incident, in coordination with other DOC Sections; liaison with disaster assistance agencies; coordinate recovery of costs as allowed by law; and maintain records in such a manner that will pass an audit. Submit documentation of all disaster documentation for reimbursement from the Federal Emergency Management Agency (FEMA) and/or Cal OES.

Procurement Unit
Responsible for the purchase or lease of approved equipment, supplies, medications and other materials needed to coordinate and support the response and recovery.

Compensation/Claims Unit
Receive, investigate and document all claims reported that are alleged to be the result of a physical injury occurring during the response/recovery activities associated with the incident.

Grant Unit
Develop, submit, and manage all matters related to the FEMA Crisis Counseling Assistance and Training Program (CCP) grant.

4.2.6 Service Area Disaster Services Coordinator

The role of the SA Disaster Services Coordinator is to communicate and coordinate disaster response activities within their SA with the DOC, if activated or the Disaster Services Unit during an incident. (See ***SOP #2 – Service Area Disaster Responsibilities*** for further detail.)

4.2.7 County EOC Responders

Personnel from DMH assigned a role and responsibilities with the County EOC (CEOC) will undergo specific training related to the CEOC operations. DMH's Disaster Services Unit coordinates the training and maintains a working list of CEOC Responders with OEM.

DMH's position in the CEOC is the **Mental Health Unit Leader**. This position, along with Medical Health Unit Leader and Public Health Unit Leader, directly reports to the Medical Health Branch Coordinator and are part of the Operations Section. As the Mental Health Unit Leader, the overall function is to assist in coordinating the provision of disaster mental health services to the community and county employees following incidents and other public health emergencies. The Mental Health Unit Leader will obtain relevant incident information and provide updates to the CEOC and DMH's DOC or DEC.

In the event the CEOC is activated, representatives from DMH may be required to report to the CEOC to support its operation. During an incident, OEM's Duty Officer will contact DMH's DEC and request appropriate CEOC Responders based on the needs of the County. DMH's DEC or designee will then make notifications and provide necessary information to DMH's CEOC Responders.

5. Direction, Control, and Coordination

5.1 Multi-agency Coordination System (MACS)

DMH responds to routine emergencies and small disasters that occur on a regular basis in Los Angeles County. However, in the event of a disaster which causes DMH to activate the DOC and/or the County to activate the CEOC a multi-agency coordination system (MACS) will be followed. MACS provide the basic structure for facilitating the allocation of resources, incident prioritization, coordination, communication, and integration of multiple agencies for large-scale incidents.

5.2 County Emergency Operations Center (CEOC) Activation

In the event of an incident that causes the CEOC to be activated, OEM will initiate administrative notifications to members on its basic notification group using Operational Area Response and Recovery System (OARRS), and/or CEOC/OA EOC emergency mass notification system. For DMH, the CEOC will contact the Disaster Services Unit and/or DEC.

5.2.1 Coordination between Office of Emergency Management Duty Officer and Disaster Services Unit

For low-level incidents requiring CEOC activation to provide centralized emergency management, primarily of event monitoring and information coordination, the OEM Duty Officer in coordination with the Sheriff's Emergency Operations Bureau Duty Officer may remotely coordinate CEOC Response activities with the Disaster Services Unit.

5.3 Department Operations Center (DOC) Coordination

DMH's DOC serves as the centralized point for collection and dissemination of information and coordination of department resources for response, recovery, and employee safety during emergency situations or during any other event/incident that warrants the activation of the DOC.

5.3.1 Coordination with Field Operations

Generally, the SA Disaster Services Coordinator will communicate and coordinate field operations and DMH response teams with the DEC or Disaster Services Unit designee. However, depending on the incident, some communication and coordination may go directly through the DOC, usually to the Field Response Unit in the Operations Section. If the DOC is directly overseeing the SA Incident Management Teams, the DOC is operating in a centralized coordination and direction mode. In large-scale incidents, the SA Disaster Services Coordinator may be tasked to establish a SA Incident Management Team to coordinate SA DMH response teams and provide disaster response operations in coordination with the DMH DOC Operation Section.

5.3.2 Coordination with Service Areas

Communication and coordination will be established, as soon as possible between the DOC and SAs. The SA Disaster Services Coordinator will assist with requests to provide DMH services to disaster victims. The DOC Operations Coordinator will initiate and

monitor these requests from the County departments, organizations, and agencies within the SAs. (See ***SOP #2 – Service Area Disaster Responsibilities*** for further detail.)

5.3.3 Coordination with County Emergency Operation Center

Direct communication and coordination will be established between DMH's DOC and the CEOC. At the onset of the incident, DMH will provide the CEOC with situational awareness and resource status. To accomplish centralized emergency coordination and support, DMH will provide damage assessment information and the status of emergency response and recovery activities. DMH will also assist with coordinating public information messaging.

5.3.4 DOC Location

Primary Location	Alternate Location	Alternate Location
DMH Headquarters 550 S. Vermont Avenue Los Angeles, CA 90020	ACCESS 12440 Imperial Highway Norwalk, CA 90650 (800) 854-7771	San Fernando Valley MHC 10605 Balboa Blvd. Granada Hills, CA 91344 (818) 832-2400

Access to the DOC will be limited to assigned staff, key administrators, and Agency Representatives approved by the DOC Manager, DEC or designee.

5.3.5 DOC Activation Levels

Activation Level	Event/Situation Types	Minimum Staffing
Monitoring/Remote Activation	▪ Severe weather advisory (e.g., heat, cold) ▪ Minor earthquake 4.0 – 4.9 magnitude ▪ Flood watch ▪ Planned event (e.g., parade, sports event, political event, concert)	▪ Disaster Services Unit staff ▪ DEC
Level Three	▪ Severe weather ▪ Small incident involving two or more departments ▪ Localized flooding	▪ Disaster Services Unit staff ▪ DEC
Level Two	▪ Moderate earthquake (5.0 – 5.9) ▪ Wildfire affecting developed area ▪ Major wind or rainstorm ▪ Two or more large incidents involving two or more departments / agencies	▪ Disaster Services Unit staff ▪ DOC Manager ▪ PIO ▪ Section Coordinators
Level One	▪ Major city or regional emergency, multiple departments with heavy resource involvement ▪ Major earthquake (6.0+)	▪ All DOC positions

Table 5.1: DOC Activation Levels

5.3.6 Authority to Activate the DOC

The individuals below have the authority to activate DMH's DOC:

- Director
- Deputy Director in charge of Disaster Services
- DEC
- Disaster Services Unit, Senior Disaster Services Analyst

5.3.7 Notifications

In the event the DOC is activated, personnel will be required to report to the DOC to assist with its operation. Upon DOC activation, the DEC or designee will notify DMH's Director and Executive staff along with CEOC, if activated. The DEC or designee is also responsible for contacting the DOC Responders to fill the necessary positions.

5.3.8 Mobilization of Personnel

In the event of an emergency, personnel assigned to carry out the critical emergency functions in the field and in the DOC during an incident are deemed to be Essential Personnel. Mobilization of the Essential Personnel may change as the incident develops, or as needs of the incident are assessed. It may be necessary to staff the DOC 24-hours a day during the first two or three days of operation.

5.3.9 DOC Operational Periods

There are two 12-hour operational periods. The first operational period is 6:00 a.m. – 6:30 p.m. and the second operational period is 6:00 p.m. – 6:30 a.m. (The shift change allows ½-hour overlap to brief incoming personnel.) After the initial response, DOC operations can return to a normal workday schedule.

5.3.10 DOC Deactivation

Once the immediate emergency needs have subsided, the DOC Director or Manager can deactivate the DOC. However, long-term recovery efforts will continue outside DOC operations. The CEOC, if activated, needs to be notified of the DOC deactivation.

5.4 Resource Management

Resource management involves the coordination and oversight of tools, processes, and systems that provide managers with timely and appropriate resources during an incident. Resources include personnel, teams, facilities, equipment, and supplies. Resource management includes four primary tasks:

- Establish systems for describing, inventorying, requesting, and tracking resources
- Activate these systems prior to and during an incident;
- Dispatch resources prior to and during an incident; and
- Deactivate or recall resources during or after an incident.

5.4.1 Resource Typing

Resource typing refers to the capability level of a resource that can be requested, deployed and used during an incident. Typing provides managers with specialized information to aid in the selection and best use of resources needed to respond to incidents. This provision requires the identification of specific positions and job titles, based on a standard of responding personnel.

The primary resource DMH provides in disasters is clinical staff to fill the Department's disaster mental health mission. Currently there are five resource types:

DMH DOC Responder
Responders that have been approved by DMH's DEC to fill staff positions in the DMH DOC, when activated.

CEOC Responder and/or County Department of Public Health and Health Services DOC Responder
Responders that have been approved by DMH's DEC to deploy to the CEOC or the Public Health or Health Services DOC to coordinate DMH activities following an incident.

Disaster Mental Health Responder and Emergency Response Team
Licensed and unlicensed DMH staff and contract agency providers that have been deemed qualified to deploy to an incident by the Service Area District Chief, Service Area Disaster Services Coordinator, or Program Manager. Specific Disaster Mental Health resource types with the Emergency Response Team are described in the ***California Public Health and Medical Emergency Operations Manual (EOM), Resource Typing for Mental/Behavioral Health and Spiritual Care.***

Airport Strike Team
Three teams of Team Leaders and Team Members are pre-selected to provide services for the LAX/Santa Monica, Burbank/Van Nuys, and Long Beach Airports.

Mutual Aid/Mutual Assistance Team
Licensed and unlicensed DMH staff and contract agency providers vetted and deemed qualified for deployment to an out-of-county incident in response to a request for mutual aid or mutual assistance.

5.4.2 Resource Credentialing

Qualifying and credentialing personnel ensures the identity and attributes of individuals or members of a team are validated against an established set of minimum criteria and qualifications for specific job titles. Qualifications of personnel under a credentialing program are determined by the functions and missions personnel will perform during an incident.

At this time, credentialing and training standards for all resource types are under development. Accordingly, staff are selected and credentialed by approval of DMH's DEC

and/or Service Area District Chief or Program Manager. Specific qualifications for each resource type include the following:

DMH DOC Responder
DMH's DOC responders are recruited from DMH Executives, managers, and essential staff whose daily job duties and qualifications most closely match their DOC position.

CEOC Responder and/or County Department of Public Health and Health Services DOC Responder
CEOC and County Department of Public Health and Health Services DOC responders are recruited from key management staff whose daily duties and qualifications would authorize them to represent DMH, commit resources, and coordinate DMH activities during an incident.

Disaster Mental Health Responder and Emergency Response Team
The basic credentialing requirement for DMH staff deployed during an incident is mental health licensure. However, some unlicensed staff, including Registered Associates/Interns and other unlicensed staff, are also deployed. Credentialed DMH staff deployed for disaster responses includes the following:

<u>County Management Level Clinical Staff</u>
- Deputy Director
- District Chief
- Program Manager

<u>Behavioral Health Specialist – Licensed</u>
- Licensed Psychologists
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapists
- Licensed Professional Clinical Counselor

<u>Behavioral Health Specialist – Psychiatric Nurse and Nurse Practitioner MH</u>

<u>Behavioral Health Specialist Supervisor</u>
- Behavioral Health Specialist – Licensed and/or Mental Health Clinical Supervisor who is deployed as a team led in the field

<u>Behavioral Health Specialist – Registered Associates (Interns)</u>
- Psychological Assistant
- Associate Clinical Social Worker
- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor

<u>Certified Drug and Alcohol Counselor</u>

Behavioral Health Specialist – Other

- Unlicensed staff for community outreach or other non-clinical disaster response
- Unlicensed Master's or Doctorate level mental health staff (County DMH staff, e.g., Mental Health Services Coordinator, Health Program Analyst or contract provider agency equivalent.)
- Psychiatric Technicians
- Unlicensed Community Workers (Promatoras Program)

Airport Strike Team
Airport Strike Team members are selected and credentialed as specified in the ***Los Angeles County Department of Mental Health Airport Response Strike Team Annex***.

Mutual Aid/Mutual Assistance Team
Statewide training and credentialing standards for disaster mental/behavioral health staff have not been established; therefore, staff offered for deployment by DMH are vetted and trained in disaster mental health response according to department standards.

5.4.3 Resource Requests

A local incident can affect heavily LAC's resources, especially to those resources pertaining to immediate response efforts. Following an incident, the DMH DEC, Duty Officer, or DOC (if activated) may receive requests for disaster related assistance that requires coordination with the appropriate DMH Service Area Disaster Services Coordinator.

DMH responds to resource requests as follows:

Routine Requests for DMH Services to Disaster Clients
The Disaster Services Unit receives requests from the American Red Cross Los Angeles Region for assistance with disaster clients who have experienced a single family or apartment fire. If the disaster victim is an existing DMH client or is a new client who needs a referral for disaster-related mental health services, the DMH Duty Officer or DMH DEC will work with the appropriate Service Area Disaster Services Coordinator to reconnect the DMH client with services or facilitate a referral for DMH services.

County Requests for the Deployment of DMH Staff and Emergency Response Teams
DMH receives request for DMH staff to provide mental health support following a disaster. All requests for assistance are routed to the DMH DEC or DMH Duty Officer through OEM. When a request is received, the strategy for response is discussed with the DMH DEC, who tasks the Disaster Services Unit's staff with managing the response. The assigned DSU staff works with the Service Area(s) Disaster Services Coordinator(s) in the DMH Service Area closest to the disaster area to recruit sufficient staff for the disaster assistance request.

Mutual Aid/Mutual Assistance Requests
Mutual Aid/Mutual Assistance requests for DMH resources are coordinated with OEM and the Medical and Health Operational Area Coordinator (MHOAC) program. Guidance for requesting medical, health, and mental health resources, including resource typing of

Mental/Behavioral Health staff, is contained in the ***California Public Health and Medical EOM***.

The EOM contains two pertinent sections relevant to DMH and other County departments of mental/behavioral health in the state. Theses sections are Disaster Behavioral Health and Resource Typing Guidance Disaster Mental/Behavioral Health and Spiritual Care. Both sections provide relevant guidance on the coordination of disaster mental/behavioral health services as well as the standardized resource typing system for county-to county mutual aid/mutual assistance.

When DMH's DEC receives a Mutual Aid/Mutual Assistance request from another County through the CEOC, details of the request requirements and a roster is created and sent to the Service Area Disaster Services Coordinators. The Service Area Disaster Services Coordinators determine appropriate staffing and send the completed roster back to the DEC or designee. The DEC along with DMH's Disaster Services Unit, develop a combined 'availability' roster (including adding the resource type for Behavioral Health). That roster is then submitted to the CEOC and County MHOAC who will forward the roster to the requesting County for review and possible acceptance. If the Mutual Aid offer is accepted, the DMH DEC (or the DMH DOC Logistics Section, if activated) will work with the CEOC and MHOAC to complete the appropriate paperwork and deploy DMH staff to the requesting County.

Allocation of Scarce DMH Resources
In large-scale incidents, DMH may receive requests for DMH services that exceed available resources. In this case, the DMH DOC Logistics Section will work with DOC management to determine the priority of requests and the ethical and equitable distribution of DMH resources using the procedures outlined in the ***Los Angeles County Medical and Health Operational Area Coordination Program – Allocation of Scare Resources Guide***.

5.4.4 Volunteers
Currently, the Department does not have a volunteer recruitment and training program.

5.4.5 DMH Personnel Incident Response Responsibilities
As registered DSWs, DMH personnel have a civic responsibility to perform disaster services during an incident.

If an incident occurs **during** normal business hours:

1. If there is significant damage or the potential for significant damage to the building, refer to the ***County of Los Angeles Emergency or Disaster-related Building Closure Policy***. If it is safe to leave, management will provide instructions to personnel to either report to an alternate work site(s) or go home.
2. If the work site is safe and it is safe to leave, management will coordinate orderly release of personnel to check on the safety of their family and the condition of their property. If personnel have been instructed to do so and are assured their family and home are safe, they are expected to return to their work site.

3. Personnel not at their work site during the incident are to report their status to the Department in a timely manner and await instructions.
4. Management will determine priorities for work production requirements based upon availability of personnel, status of buildings, and nature of the incident.
5. Personnel may be temporarily reassigned to a different building or function based upon the needs of the Department.

If an incident occurs **outside** normal business hours:

1. Personnel are to ensure the safety of themselves, their family, and home.
2. Personnel are instructed to contact their supervisor to provide and receive information and instruction.
3. If telephones are not operating, personnel can obtain incident information and instruction by:
    a. Monitoring local radio and television stations
    b. Utilizing the Internet
4. If personnel are unable to reach their supervisor, no other source of guidance information is available, and it is safe to travel, personnel are instructed to report to their alternate work site near their home.

5.4.6 Alternate Work Sites/Reporting Locations

During an incident, the employee's primary work site will remain unchanged, as long as the building is not damaged and the incident does not require staff to be redeployed to the DOC or other incident locations. If there is damage to roads, freeways, or primary work sites that prevent staff from reporting to their primary work site, in such case, each individual should report to the DMH clinic nearest their home.

5.5 Mutual Aid

California participates in a statewide mutual aid system that is designed to ensure additional resources are provided to jurisdictions whenever their own resources are overwhelmed or inadequate. The basis for this system is the California Disaster and Civil Defense MMAA. The agreement obligates each signatory entity to provide aid to each other during an incident without expectation of reimbursement. Under specific conditions, federal and state funding may be appropriated to reimburse public agencies who aid other jurisdictions. If other agreements, memoranda, and contracts are used to provide assistance for consideration, the terms of those documents my affect disaster assistance eligibility and local entities may only be reimbursed if funds are available.

5.5.1 Mutual Aid Regions

To facilitate the coordination and flow of mutual aid and other emergency related activities, the State is divided into six Mutual Aid Regions. Los Angeles County is located in Region I.

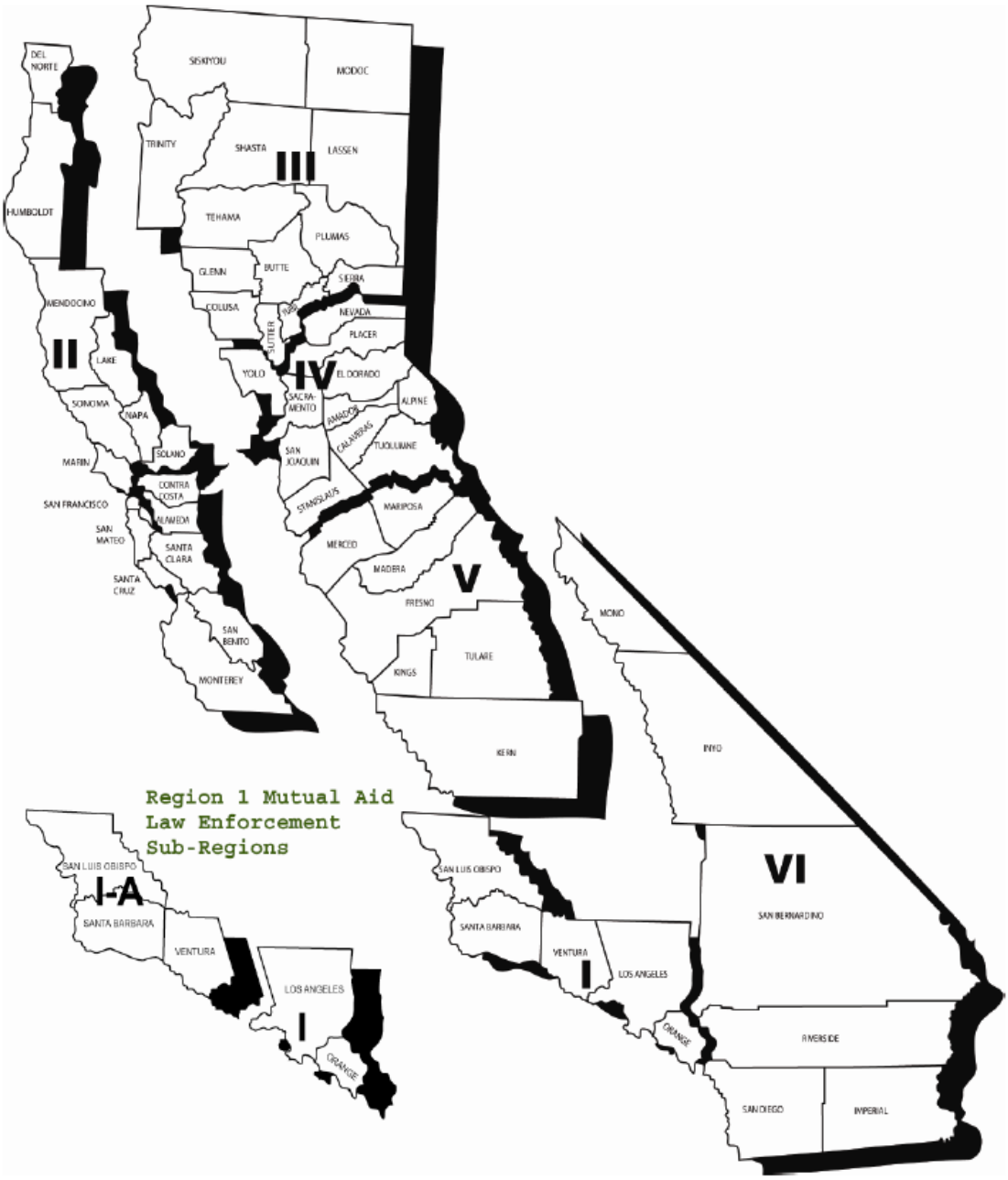

Figure 5.1. State Mutual Aid Region Map

5.5.2 Public Health and Medical Mutual Aid System

The Emergency Medical Services Authority (EMSA) and the California Department of Public Health (CDPH) coordinate inter-regional and State agency activity relating to mutual aid as described in the ***California Public Health and Medical EOM***).

The EOM establishes a coordinated system to provide public health and medical resources e.g., medical equipment and supplies, medical transportation, or healthcare

personnel from both the private and public sectors to requesting local jurisdictions impacted by the disaster. In addition to EMSA and CDPH, the coordination system includes the Regional Disaster Medical and Heath Coordination program within each of California's six mutual aid regions (established by the California Health and Safety Code, Division 2.5, Chapter 3, Article 4, Section 1797.152), the Medical Health Operational Area Coordination program within the OA (established by the California Health and Safety Code, Division 2.5, Chapter 3, Article 4, Section 1797.153), and partners at the local level including local health departments, local environmental health departments, and local emergency medical services agencies. Incidents with public health and medical impact often require the coordinated involvement of public Health, environmental health, health care providers, and emergency medical services. (Refer to the **California Public Health and Medical EOM and Los Angeles County Medical and Health Operational Area Coordination Program Manual** for detailed information and procedures.)

5.5.3 Emergency Management Mutual Aid (EMMA)

The Emergency Management Mutual Aid (EMMA) program provides emergency management personnel and technical specialists (collectively, "EMMA resources") to affected jurisdictions in support of emergency operations and response.

EMMA is used to deploy emergency managers and/or other technical specialists not covered by other mutual aid/assistance systems, such as Law Enforcement, Fire and Rescue, Medical/Health, California Building Officials, California Water/Wastewater agency Response Network, in support of emergency operations and response throughout California.

Depending on response requirements and resource needs, EMMA resources can be deployed, in accordance with SEMS, as an individual, multiple individuals, or as an organized team. The requesting local jurisdiction, in coordination with the OA and regional EMMA Coordinators, will fill the request with available, qualified local emergency management or technical specialist resources. (Refer to the ***Los Angeles County Operational Area Deployment Guidelines*** for detailed information and procedures.)

5.5.4 Mutual Aid Coordination

Formal mutual aid requests follow specified procedures and are processed through pre-identified mutual aid coordinators. Mutual aid requests follow discipline-specific chains from one level of government to the next. The mutual aid coordinator receives the mutual aid request and coordinates the provision of resources from within the coordinator's geographic area of responsibility. In the event resources are unavailable at one level of government, the request is forwarded to the next higher level of government to be filled.

5.5.5 Emergency Management Assistance Compact (EMAC)

California is a member of the Emergency Management Assistance Compact (EMAC), a congressionally ratified organization that provides form, structure, and procedures for rendering emergency assistance between states. After a state of emergency declaration, California can request and receive reimbursable assistance through EMAC from other member states quickly and efficiently, without issues of liability.

6. Information Collection, Analysis, and Dissemination

During an incident, gathering timely, accurate, accessible, and consistent information is essential for the Department and Los Angeles County. Information collection that is vetted into intelligence provides situational awareness to leadership and promotes informed decision-making. Accordingly, whether or not DMH's DOC is activated, DMH has a designated process to collect, analyze, and disseminate information during an incident to both internal and external groups as well as the public.

6.1 Information Collection

Information will be collected from a variety of sources, such as personnel in the field, OAARS notifications, county departments, television, social media, etc.

If DMH's DOC is activated, information will be collected through the Planning/Intelligence Section. If the DOC is not activated, DMH's DEC or designee will collect the incoming information on the incident.

6.2 Analyze Information

After information has been collected, it must be analyzed to determine its operational relevance and if it needs to be disseminated to various groups.

If DMH's DOC is activated, the **Planning/Intelligence Section** will analyze the received information and prepare intelligence reports (e.g., Initial Report, Situation Report, and Action Plan).

If the DOC is not activated, DMH's DEC or designee will analyze the information and prepare the appropriate intelligence report(s).

Initial Reports

Initial Reports are developed and disseminated during the first two (2) hours of an incident to provide an initial picture, scope, and magnitude of the current situation.

Situation Reports

Situation Reports are brief narratives that present a concise picture of the incident situation and are prepared for a specific time period. At the beginning of an incident response, either the DOC Manager or the DEC will determine appropriate times for submitting data and issuing these reports. The Situation Report is intended for use after the first two (2) hours of an incident and can be updated as requested or needed.

6.3 Dissemination

Information that is now in the form of an "intelligence report" will be disseminated to the appropriate internal and external groups.

If DMH's DOC is activated, the **Planning/Intelligence Section** is responsible for the dissemination of the intelligence report(s). If information needs to be disseminated to the public, this activity would go through the PIO. If DMH's DOC is not activated, either the

DEC or designee or the Strategic Planning and Communications Bureau would disseminate the intelligence depending on the severity of the incident.

7. Communications

Disaster information reporting is a progressive process starting with simple, and in some cases, incomplete reports of status and proceeds to more detailed and complete information. A local incident can heavily affect Los Angeles County's communications systems affecting immediate response efforts.

7.1 Primary Systems

Below is a list of DMH communication methods and tools used for notifications and information sharing:

- Landline Telephone
- Cellular Phone
- Email
- Text Message
- Fax
- Operational Area Response and Recovery System (OARRS)

7.1.1 Operational Area Response and Recovery System (OARRS)

The County's OARRS is the primary means of communicating disaster information and requests. OARRS is a computer system that includes a relational database and GIS with several pre-formatted reports. OARRS is accessed through the Internet by persons who have previously registered with County OEM as an OARRS user and been provided with an OARRS user name and password. If OARRS is not available, paper copies of OARRS reports can be faxed, or telephone or radio messages can be used to transfer data. Paper copies of OARRS forms are available in a separate OA Forms document issued with the Disaster Information Reporting Procedures.

7.1.2 Government Emergency Telecommunications Service (GETS)

The Government Emergency Telecommunication Service (GETS) provides national security and emergency preparedness personnel with a high probability of completion of their telephone call during periods of server network congestion or disruption. GETS works through a series of enhancements to the landline telephones, but also provides priority calling to most cell phones on major carrier networks.

DMH Staff who have critical and essential functions during an incident have been issued a GETS card. These cards are to be used when staff is unable to complete emergency calls through normal means.

7.2 Alternate Systems

Alternate methods of communication may become necessary due to a large increase in traffic in switchboard activity or Internet bandwidth usage. DMH would use the Countywide Integrated Radio System and/or Satellite Phones as alternate communication methods. In extreme cases, runners carrying handwritten notes may be used to communicate. (Refer to the ***Los Angeles County Department of Mental Health Countywide Integrated Radio System Annex*** for detailed information and procedures.)

7.3 Alert and Warning Mechanisms

In coordination with LAC OEM, DMH will manage the dissemination of timely and suitable warnings to its employees in the most effective and possible manner. Warning information will be issued as quickly as a threat is detected. Typically, a warning will be issued during flash flooding events, major hazardous material incidents, public health emergencies, fast-moving fires, sever weather conditions, and a potential act of violence. Warnings may also be issued whenever a threat is perceived and the potential for assuring public safety is possible through rapid alerting.

Depending upon the threat and time availability, alerts and warnings will be issued through any of the following methods:

- Email
- Emergency Telephone List(s)

8. Administration, Finance, and Logistics

8.1 Administration

The administration function manages administrative, financial, and cost analysis aspects of the incident. Initially, this work may be done in the DOC, but after the DOC is deactivated the activities can also be conducted from the departmental regular work locations.

8.1.1 Documentation

During DOC activation, the administration function during an incident is a support role and requires proper and accurate documentation of all actions taken. This function coordinates with other sections in the DOC to collect the necessary documentation pertaining to the incident for cost recovery purposes. This function also acts as a liaison with other disaster assistant agencies and coordinates the recovery of costs as allowed by law. The documentation gathered must be maintained and becomes an official record of the incident in order to pass an audit. Accurate and timely documentation is essential to financial recovery for the Department.

8.1.2 After Action Reporting

SEMS requires any city, city and county, or county declaring a local emergency for which the governor proclaims a state of emergency to complete and transmit an After Action Report (AAR) to Cal OES within ninety (90) days of the close of the incident period, as specified in the California Code of Regulations, Title 19, § 2450.

DMH's AAR will serve as a documented source for the Department's emergency response during the incident and may be rolled-up as part of the OA submission to the State. The AAR will contain an overview of the incident including response and recovery activities, and provide specific SEMS functions assessments. The AAR is a tool for developing a work plan for implementing improvements.

The Senior Disaster Services Analyst will assist the Finance/Administration Coordinator in completing and distributing the AAR within the required timeframe. (See Appendix C – Cal OES After-Action Report Template.)

8.2 Finance

DMH may be reimbursed from insurance, state and/or federal sources for disaster-related expenses. Accurate record keeping will assist the recovery process for the said expenses after an incident.

8.2.1 Eligible Expenses

Eligible expenses are extraordinary costs incurred while providing emergency services required by the direct impact of a declared disaster and which service was the responsibility of the applicant agency. Eligible costs are generally considered to be the net costs over and above any increased revenue or subsidy for the emergency service. Ineligible expenses include costs for standby personnel and/or equipment and lost revenue.

8.2.2 Recordkeeping Requirements

State and federal governments require detailed information to support claims for reimbursement. Funding will be approved or denied based on the information supplied by applicant agencies. Documentation supporting all costs claimed will be required, and all information must relate back to the original source records.

8.3 Logistics

The logistics function provides facilities, services, resources, and other support services both to agencies responding to the incident, and to meet internal DOC operating requirements.

8.3.1 Damage Assessment Reporting

Damage assessment is the process of identifying and quantifying damages that occur as a result of an incident. Initial damage assessments provide situational awareness on the state of DMH's critical and essential functions to help facilitate moving from response into recovery. It also facilitates the decision to appropriately direct resources and teams throughout the County. (**See *SOP 3 – Building Damage Assessment Reporting*** for detailed instructions).

9. Plan Development and Maintenance

9.1 Plan Development

This DEP was developed and will be maintained in accordance with the planning approach outlined in FEMA's Comprehensive Preparedness Guide 101. This comprehensive risk-informed planning engages and educates personnel on disaster operations that enhanced organizational capabilities.

The DMH's Disaster Services Unit conducted the development of the DEP.

9.2 Plan Maintenance

DMH's DEC is responsible for maintaining the DEP. The DEP will be reviewed every year and revised as required based on identified deficiencies experienced in drills, exercises, or an actual incident. A current copy of the DEP will be sent to LAC OEM.

10. Training and Exercises

The Disaster Services Unit is responsible for ensuring department personnel are trained to perform critical functions identified throughout this plan. (This is a required element for all department emergency plans.)

The first step in training personnel is to brief or orient them on policies, plans, and procedures. This orientation can take many forms – office meetings, emails, videos, presentations, etc. The Disaster Services Unit in concert with the Deputy Directors will identify personnel to receive training based on their disaster response roles and responsibilities. In an effort to meet DMH's emergency preparedness, incident management, and response needs, staff will be assigned to the following groups:

- Executive, Leadership, Command Personnel
- Supervisor, Managerial Personnel
- Responder, General Personnel

Appropriated Federal, State, Los Angeles County, and departmental training will be provided to all responders, commensurate with individual responsibilities. (See DSU's – ***Multi-year Training Plan*** for further details.)

Training Documentation

It is the policy of DMH to maintain NIMS, SEMS, and disaster mental health training documentation for their employees. It is also the responsibility of each individual completing these courses to maintain a copy of their certificate or document of completion. For the SA disaster mental Emergency Response Teams, the SA Disaster Coordinator is tasked with maintaining a training matrix to track the training of all disaster mental health responders in their SA. (See ***Department of Mental Health – SOP 2 Services Area Disaster Responsibilities*** for additional information.)

Exercises

Once personnel have a sufficient understanding of their emergency duties, the next step is to test the employee's competence in a realistic emergency environment as part of an exercise. DMH is responsible for develop or participating in regularly scheduled exercises, both internal and inter-agency, which test the knowledge of this plan and any other emergency procedures or plans and ensuring the plan meets the County's Policy of Non-discrimination on the Basis of Disability. Most exercises will be developed using the Homeland Security Exercise and Evaluation Program approach.

11. Appendices

11.1 Appendix A – Authorities and References

11.1.1 Authorities

Federal

- Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (Public Law 93-288, as amended)
- Federal Civil Defense Act of 1950 (Public Law 920), as amended
- Homeland Security Presidential Directive 5, Management of Domestic Incidents, February 28, 2003
- Homeland Security Presidential Directive 8, National Preparedness, December 17, 2003

State

- California Health and Safety Code - HSC § 1797.153
- California Emergency Services Act (CA government Code Section 8550 et. seq.)
- California Disaster Assistance Act (CA government Code Section 8680 et. seq.)
- California Code of Regulations Title 19, (Standardized Emergency Management System)
- California Civil Code, Chapter 9, Section 1799.102 – Good Samaritan Liability

Local

- Los Angeles County Code Chapter 2.68
- Inter-region Cooperative Agreement for Emergency Medical and Health Assistance, Adopted June 28, 1997

11.1.2 References

Federal

- The Code of Federal Regulations, Title 44, Chapter 1, Federal Emergency Management Agency, October 1, 2007
- National Incident Management System (NIMS)
- National Response Framework, as revised
- Department of Homeland Security Comprehensive Preparedness Guide (CPG) 101
- Emergency Support Function #15 – External Affairs Annex

State

- California State Emergency Plan, July 2009 edition
- Standardized Emergency Management System (SEMS)
- California Disaster Assistance Act (CDAA)
- California Public Health and Medical Emergency Operations Manual
- State of California Mental/Behavioral Health Disaster Framework

Local

- Department of Mental Health Standard Operating Procedure #2 – Service Area Disaster Responsibilities
- Los Angeles County Operational Area Emergency Response Plan
- Los Angeles County Operational Area Emergency Response Plan – Emergency Public Information Annex
- Los Angeles County Emergency Operations Center/Operational Area Emergency Operations Center Standard Operating Guide
- Los Angeles County Operational Area Mass Care and Shelter
- Los Angeles County Medical and Health Operational Area Coordination Program – Allocation of Scarce Resources Guide

11.2 Appendix B – Acronym List

AAR	After Action Report
ARC	American Red Cross
BEC	Building Emergency Coordinator
BEP	Building Emergency Plan
BERT	Building Emergency Response Team
Cal OES	California Office of Emergency Services
CCP	Crisis Counseling Assistance and Training Program
CDPH	California Department of Public Health
CEO	Chief Executive Officer
CEOC	County Emergency Operations Center
COOP	Continuity of Operations Plan
DEC	Department Emergency Coordinator
DEP	Department Emergency Plan
DMH	Department of Mental Health
DOC	Department Operations Center
DSW	Disaster Service Worker
DSWP	Disaster Service Worker Program
EF	Essential Functions
EMAC	Emergency Management Assistance Compact
EMMA	Emergency Management Mutual Aid
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOM	Emergency Operations Manual
FAC	Family Assistance Center
FEMA	Federal Emergency Management Agency
GETS	Government Emergency Telecommunication Service
GIS	Geographic Information System
IAP	Incident Action Plan
ICP	Incident Command Post
ICS	Incident Command System
JIC	Joint Information Center
LAC	Local Assistance Center
LAC	Los Angeles County
MACS	Multi-agency Coordination System
MHOAC	Medical and Healthy Operations Area Coordinator
MMAA	Master Mutual Aid Agreement
NIMS	National Incident Management System
OA	Operational Area
OAERP	Operational Area Emergency Response Plan
OARRS	Operational Area Response and Recovery System
OEM	Office of Emergency Management
PFA	Psychological First Aid
PIO	Public Information Officer

SA	Service Area
SAIMT	Service Area Incident Management Team
SEMS	Standardized Emergency Management System

11.3 Appendix C – After Action Report Template

CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES
Standardized Emergency Management System
AFTER ACTION REPORT

PART I - GENERAL INFORMATION

NAME OF AGENCY:	**TYPE OF AGENCY**: [ ] City [ ] State Agency [ ] Other **[ ]** County [ ] Federal Agency _____ [ ] Operational Area [ ] Special District
OES ADMINISTRATIVE REGION: [ ] Coastal (Walnut Creek Office) [ ] Inland (Sacramento Office) [ ] Southern (Los Alamitos Office)	**INCIDENT PERIOD OR DATE(S) OF EXERCISE:**(Month / Day/ Year) Began: _____/_____/_____ Ended: _____/_____/_____
INCIDENT, PLANNED EVENT, OR EXERCISE: EXERCISE TYPE: [ ] INCIDENT [ ] Table-top [ ] PLANNED EVENT: [ ] Functional _____ [ ] Full-scale (specify)	**TYPE OF HAZARD OR EXERCISE SCENARIO:** [ ] Avalanche [ ] Flood [ ] Terrorism [ ] Civil Disorder [ ] Fire (Structural) [ ] Tsunami [ ] Dam Failure [ ] Fire (Wild) [ ] Winter Storm [ ] Drought [ ] Landslide [ ] Other (Specify) [ ] Earthquake _____

PART II SEMS FUNCTIONS EVALUATED

SEMS FUNCTIONS	**TOTAL PARTICIPANTS** (Each Function)	**EVALUATION** Circle: (S) or (NI) (Satisfactory) (Needs Improvement)	**CORRECTIVE ACTION REQUIREMENTS**: (Check to indicate corrective actions required) PLANNING | TRAINING | PERSONNEL | EQUIPMENT | FACILITIES				
Management: Public Information Safety, Liaison, Inter-agency Coordination, Security, etc.		S NI					
Command (Field) Public Information Safety, Liaison, Inter-agency Coordination, Security, etc.		S NI					
Operations: Law Enforcement, Fire/ Rescue, Const. & Eng., Medical/ Health, Care & Shelter etc.		S NI					
Planning/ Intelligence: Situation Status & Analysis, Documentation, Advance Planning, Demobilization etc.		S NI					
Logistics: Services, Support, Facilities, Personnel, Procurement, Supplies, Equipment, Food etc.		S NI					
Finance Administration: Purchasing, Cost Unit, Time Unit,		S NI					

Compensation and Claims etc.							
Other Participants: Exercise Staff, Community Volunteers, etc.							
Grand Total:							

PART III - AFTER ACTION REPORT QUESTIONNAIRE

Complete this questionnaire for all functional or full-scale exercises, and actual INCIDENTS. Responses to questions 18-26 should address areas identified as "needing improvement and corrective action" in Part I, as well as any "No" answers given to questions 1-17 below:

INCIDENT NAME:	**PLANNED EVENT / EXERCISE NAME:**

QUESTION:	**YES**	**NO**	**N/A**
1. Were procedures established and in place for response to the incident?			
2. Did your jurisdiction organize the response using established procedures?			
3. Did field command use ICS to manage field response?			
4. Did field command use all ICS Sections?			
5. Did field command establish a Unified Command?			
6. Was your EOC and/or DOC activated?			
7. Was the EOC and/or DOC organized according to SEMS?			
8. Did your jurisdiction assign sub-functions in the EOC / DOC around the five SEMS functions?			
9. Did your jurisdiction use trained response personnel in the EOC / DOC?			
10. Did your jurisdiction use action plans in the EOC / DOC?			
11. Did field level personnel use action-planning processes?			
12. Did your jurisdiction coordinate with volunteer agencies?			
13. Did your jurisdiction request and receive Mutual Aid?			
14. Was Mutual Aid coordinated from the EOC / DOC			
15. Did your jurisdiction establish an inter-agency coordination group established at the EOC / DOC level?			
16. Did your jurisdiction conduct public alert and warning according to procedures?			
17. Did your jurisdiction coordinate public safety and incident information media?			

18. During your response, was there any part of SEMS that did not work for your agency? If so, how would (did) you change the system to meet your needs?

19. As a result of your response, are any changes needed in your plans or procedures? Please provide a brief explanation:

20. Identify any specific areas not covered in the current SEMS Approved Course of Instruction or SEMS Guidelines.

21. Did your jurisdiction identify any issues for people with access and functional needs during sheltering, evacuation, alert and warning or access to assistance centers? If so, provide a brief explanation.

22. Did your jurisdiction identify any issues during coordination with any Emergency Function (EF)? If so, provide a brief explanation including the EF number and the issue.
23. Did your jurisdiction use volunteers during this incident or event? If so, please elaborate on the activities performed and any organizational affiliation if any.
24. Did your jurisdiction establish shelters during this incident of event? If so, how many shelters?
25. Did your jurisdiction identify any issues during this incident of event regarding pets or livestock? Please elaborate what the issues were and what actions your jurisdiction took to resolve the issues.
26. Did your jurisdiction establish an assistance center?

PART IV - NARRATIVE

Use the space below to provide additional comments pertaining to Part III questions 18-26, or for any additional observations:

FORM COMPLETED BY:	**YOUR AGENCY NAME:**	**REPORT DUE DATE:**	**OES USE ONLY**
_____(Print Name) **BUSINESS PHONE:**		_____/_____/_____ **DATE COMPLETED**: _____/_____/_____	DATE RECEIVED: _____/_____/_____ RECEIVED BY: _____

PART V- RESPONSE SUMMARY

State and local agencies response activities chart

The following chart summarizes the wide array of activities that local and state agencies/departments performed during the *(Name of Incident)*. It reflects the various mutual aid systems (fire and rescue, law enforcement, medical), as well as other state response capabilities.

Note: Agencies and organizations not required to provide specific information on personnel and equipment deployment. However, if available, include the information in the matrix. N/A= data not available, not submitted.

Agency/Dept.	Period of Commitment	Personnel	Equipment
Name of State or Local Agency			
Activities:			

Agency/Dept.	Period of Commitment	Personnel	Equipment
Name of State or Local Agency			
Activities:			

Agency/Dept.	Period of Commitment	Personnel	Equipment
Name of State or Local Agency			
Activities:			

PART VI - RECOVERY SUMMARY

State and local agencies recovery activities chart

Agency/Dept.	Period of Commitment	Personnel	Equipment
Name of State or Local Agency			
Activities:			

Agency/Dept.	Period of Commitment	Personnel	Equipment
Name of State or Local Agency			
Activities:			

Agency/Dept.	Period of Commitment	Personnel	Equipment
Name of State or Local Agency			
Activities:			

AFTER-ACTION REPORT INSTRUCTION SHEET

REASONS FOR COMPLETING THIS FORM:

[Note: Pursuant to §2450(a), Chapter 1, Division 2, Title 19 CCR, "any city, city and county declaring a local emergency for which the governor proclaims a state of emergency, and any state agency responding to that emergency, shall complete and transmit an after-action report to OES within ninety (90) days of the close of the emergency period as specified in CCR, Title 19, §2900(j)."]

Beyond the statutory requirement for after-action reports, information collected through this process is important for the California Governor's Office of Emergency Services in ensuring the effectiveness of the Standardized Emergency Management System. Information can also demonstrate grant performance activity associated with FEMA training and exercise programs; thus providing justification for future grant funded emergency management programs for California.

Affiliated agencies such as contract ambulance companies, volunteer agencies to include the American Red Cross and Salvation Army, and any other agency providing a response service during an actual occurrence or functional or full-scale exercise should complete this form.

PART I – GENERAL INFORMATION:

Please fill this information out completely. Check all boxes that apply. The following information provides additional clarification:

Type of Agency: If "other," indicate volunteer, contract, private business, etc.

Dates of Event: Beginning date is the date your agency first became involved in the response to the event or exercise. Ending date is the date the response phase or exercise officially ended.

Type of Event: Planned events are parades, demonstrations, or similar occurrences.

PART II – SEMS FUNCTIONS EVALUATED:

SEMS Functions: Descriptors under the principal SEMS functions (Management, Command, Operations, Planning/Intelligence, Logistics, and Finance Administration) are examples only. We recognize that terminology describing the elements of an "Operations Function" may vary according to the type of agency. Provide clarification in Parts III and IV, if necessary.

Total Participants: All participants in each principal SEMS function. It is not necessary to itemize the number participating in each element under the principle function.

PART III – SEMS FUNCTIONS EVALUATED:

Evaluation: If all elements of principal SEMS function was generally satisfactory, circle (S). If you noted deficiencies, circle (NI).

Corrective Action: If you circled (NI) under EVALUATION, indicate whether the corrective action pertains to "planning, training, personnel…" etc. Further clarification should be provided in Part II, Questions 18-26, and Part III Narrative as desired.

Other Participants: This box generally applies to exercises. Please indicate the total number of exercise staff, i.e.: controllers, simulators etc., and any community volunteers (simulated victims, moulage, etc.), in the parenthesis. Add this number to the Grand Total box.

PART IV – AFTER ACTION REPORT QUESTIONNAIRE:

Questions 1-17: Answer "YES, NO, or N/A (Not applicable)".

Questions 18-26: Responses to these questions should address areas identified as "N/I" or requiring "Corrective Action," in Part I; as well as any "NO" answers given to questions 1-19.

PART V – NARRATIVE:

This is optional space provided for further clarification and information relating to Parts II & III.

Form Completed By: Please print your name legibly in the space provided.

Report Due Dates: Please indicate the due date (Ninety days from the end of the response phase, or completion of the exercise).

Date Completed: The actual date the report is completed and sent to OES.

PART VI – RESPONSE SUMMARY:

This is an optional space for field level response activities if the information is available.

PART VII – RECOVERY SUMMARY:

This is an optional space for field level recovery activities if the information is available.

Please forward completed reports to Cal OES at SharedMail.CalAAR@CalOES.ca.gov. If you have questions or need further assistance, please contact Scott Marotte at call (916) 845-8780. Agencies are encouraged to maintain copies of this report on file for recordkeeping purposes.

12. Annexes

- Airport Response Strike Team Annex
- Building Emergency Plan Annexes
- Countywide Integrated Radio System (CWIRS) Annex
- Pre-Positioning of Antibiotics Storage and Distribution Annex