

Quick Reference Guide for Voluntary Organizations & VALS

Voluntary Organization Assistance

What do voluntary organizations do?

Voluntary Agencies (including faith based and community based organizations) begin providing immediate emergency assistance at the onset of a disaster and often provide help when all other government avenues have been exhausted.

What is National VOAD?

National Voluntary Organizations Active in Disaster (National VOAD): is the coordinating and convening mechanism for voluntary agencies that are national in scope and have disaster response and recovery programs. National VOAD provides the forum for agencies to work together cooperatively in their preparedness, response and recovery efforts. Presently, there are 49 active members. Additional information on National VOAD and the state VOADs can be found on the National VOAD web site (<http://www.nvoad.org>).

What do State VOAD's do?

State VOADs: Replicate the coordination efforts among the state representatives of national voluntary agencies; and expand their membership to include other voluntary agencies and the private sector that are active in State and/or local jurisdictions, but are not national in scope.

Who provides immediate emergency assistance?

Immediate Emergency Assistance: Voluntary Agencies provide assistance, as needed, even if the emergency does not receive a Presidential Declaration. Assistance may include:

1. Emergency shelter at congregate care facilities when a disaster is anticipated (hurricane or severely hot/cold weather); or immediately post-disaster (earthquake, tornado, flood).
2. Feeding: meals are provided either at congregate care facilities or by mobile feeding units in the field.
3. Other Services: medicine, clothing, comfort kits, pet support, transient accommodations, health care, cleaning supplies, emotional and spiritual care, crisis counseling, etc.

What are Long-Term Recovery Committees?

Long-Term Recovery Committee (LTRC): LTRCs organize post-disaster and consist of voluntary agencies, community based organizations, local government and the private sector that have resources available for recovery assistance. The participating organizations agree to work together cooperatively according to their respective missions and guidelines. Included as a part of the committee is a disaster case

management component that verifies the disaster caused unmet needs. The FEMA VAL works closely with the LTRCs providing technical assistance and guidance as they establish themselves, establishing a referral mechanism for applicants that have exhausted government resources or are ineligible for FEMA disaster assistance and providing FEMA assistance information within the parameters of the Privacy Act to help avoid duplication of benefits (DOB). Assistance is provided on a case-by-case basis in accordance with the guidelines established by the particular LTRC. Types of assistance might include, housing repair, building of houses, personal property needs, medical assistance, child care, transportation, etc.

What are disaster caused unmet needs? (Urgent need of the survivor that is hindering recovery)

Definition of disaster caused unmet need: The FEMA Inspected Damage dollar amount minus an applicant's resources (Homeowner, Content, Flood Insurance, FEMA Individual and Household program assistance) equals the disaster unmet need when the dollar amount is greater than zero.

What does the FEMA Voluntary Agency Liaison (VAL) do?

The FEMA VAL keeps the voluntary agencies active with the disaster informed about the disaster situation and also reports on the services they are providing or plan to provide. Additionally, the VAL will schedule conference calls and host a coordination meeting with the primary response voluntary agencies, other Community-based (CBO) and Faith-based (FBO) organizations and the private sector organizations that may be independent from State or local VOAD.

VAL Responsibilities:

- Serves as the link or Liaison between FEMA Regional Response Coordination Center (RRCC) and/or the Joint Field Office (JFO) and the voluntary agencies and community based and faith based organizations and the private sector groups involved in disaster response and recovery. This includes but is not limited to:
 - Sharing key mass care and damage assessment information
 - Keeping agencies informed of the status of declarations, location of JFO and/or DRC locations and recovery program information
 - Participating in community and voluntary agency meetings
 - Presenting the Individual Assistance (IA) Disaster Assistance process to assist voluntary agencies in understanding the FEMA IA program and help the agencies avoid duplicating benefits
 - Identifying trends in recovery needs and resolving issues.
- Manage the Voluntary Agency Group at the Joint Field Office. Activities may include:
 - Internally arranging space for voluntary agency representatives to operate within and meet at the JFO, as appropriate
 - Coordination of voluntary agency communication to other JFO functions, such as the Federal Coordinating Officer (FCO) staff, External Affairs, Community Relations (CR), Congressional Liaison staff and other pertinent program offices
 - Sharing voluntary agency information with the Individual Assistance Programs and providing a contact list of agencies assisting with the disaster recovery efforts to IA and other stakeholders for referral purposes
 - Reporting voluntary agency activities to ESF-5 Planning Section, FCO briefings, and other program areas
 - Reporting FEMA activities to the voluntary agencies
 - Developing Long Term Recovery Committees
- Establishing functional referral systems
 - Identifying voluntary agency hotline referral point(s) for emergency needs and a formal system of referrals to Long Term Recovery Committees

PA Department of Labor & Industry

PennSERVE: The Governor's Office of
Citizen Service

651 Boas Street, Room 1306 |
Harrisburg, PA 17121



National Service: AmeriCorps

The federal funding for AmeriCorps is provided to states via the Corporation for National & Community Service.

CNCS' mission is to improve lives, strengthen communities, and foster civic engagement through service and volunteering.

AmeriCorps has the following focus areas:



AmeriCorps Focus Areas:

- **Disaster Services**
- Economic Opportunity
- Education
- Environmental Stewardship
- Healthy Futures
- Veterans and Military Families based
- Within these Focus Areas- Capacity Building



Resources

- Corporation for National & Community Service
 - Preparedness toolkits
 - Partnership Guidance
 - Local AmeriCorps programs
 - National AmeriCorps NCCC/ FEMA Corps

Disaster Services



AmeriCorps members can

- provide support to increase the preparedness of individuals for disasters,
- improve individuals' readiness to respond to disasters,
- help individuals recover from disasters, and/or
- help individuals mitigate disasters.

Grantees also have the ability to respond to national disasters under CNCS cooperative agreements and FEMA mission assignments.



AmeriCorps PRIORITY AREA

- **Disaster Services –**
 - improving community resiliency through disaster preparation, response, recovery, and mitigation.



PennSERVE: The Governor's Office of Citizen Service

Currently supports 16 AmeriCorps programs

- 8 AmeriCorps programs in Philadelphia
- 8 AmeriCorps programs outside Philadelphia





Example PennSERVE AmeriCorps

Experienced AmeriCorps Programs	Counties in which members are available to serve	# of Members (counties)	Member Qualifications	Typical Member Service Activities	Member Limitations
Outside Philadelphia					
Compass AmeriCorps	Allegheny	19	CPR (all) CERT (most)	Social Services, Teaching English as a Second Language, Community Service Projects, Nonprofits	Lack of transportation for some
Family Service Corps of Butler Memorial Hospital	Butler and Lawrence	36	CPR, CERT training	Education, Healthy Futures, Veterans & Military Families	Lack of transportation
KEYS Service Corps AmeriCorps	Allegheny	75	CPR/First Aid (all) Disaster Prep Training (75%)	Education	50% of members lack own transportation; about 10% of members have physical limitations
Keystone SMILES AmeriCorps	Allegheny, Clarion, Clearfield, Elk, Erie, Jefferson, Lawrence, McKean, Mercer, Venango	143	CERT, CPR, First Aid. Participate in a Disaster Simulation	Education	About 10% need transportation.
PMSC	Cambria, Somerset, Bedford, Blair	30-50	CERT, CPR, First Aid	Education, Environment	Transportation/physical limitations

PennSERVE

Despite being a Priority Focus Area
PennSERVE **does not** currently fund an
AmeriCorps program designed specifically to
address Disaster Services – improving
community resiliency through disaster
preparation, response, recovery, and mitigation.



AmeriCorps NCCC

- AmeriCorps NCCC (National Civilian Community Corps) partners with non-profits—secular and faith based—local municipalities, state governments, federal government, national and state parks, Indian tribes, and schools, members complete service projects throughout the region they are assigned.
- AmeriCorps NCCC is a full-time, team-based residential program for men and women age 18-24. Members are assigned to one of five campuses — Denver, CO; Sacramento, CA; **Baltimore, MD**; Vicksburg, MS; and Vinton, IA.
- Drawn from the successful models of the Civilian Conservation Corps of the 1930s and the U.S. military, AmeriCorps NCCC works with local communities to address pressing needs.



NCCC Service Examples

- Filling and installing sandbags for local communities to mitigate the impacts of natural disasters
- Educating people on sustainability and energy conservation practices
- Constructing or repairing hiking trails in local and national parks across America
- Receiving, inventorying, and distributing donated food and other goods
- Removing exotic vegetation and planting new trees
- Making facilities handicap accessible and installing informative public signs
- Directly assisting veterans, homeless, and senior citizen populations
- Constructing and rehabilitating low-income housing



NCCC: Expectations of host organizations?

There is no direct charge or match for a team's services.
Project sponsors must provide:

- Lodging that includes access to a full kitchen, bathroom facilities, sleeping areas, and parking.
 - *Lodging options might include: volunteer centers, churches, youth hostels, recreation centers, vacant apartments, college dorms, summer camps, etc.*
- Orientation to your organization and community
- Support for service learning activities that help the team understand social issues related to the project
- Project materials and special tools/equipment
- Project supervisor or liaison to support the team

NCCC / How to get started?

Two-step process to apply for a team:

- 1) the *Project Concept Form*
- 2) the *Project Application*

Upon successful review of the Concept Form, you will receive an invitation to submit a Project Application.

A staff person within the NCCC program department is available to provide technical assistance with developing your project idea, developing a work plan, and preparing the application.

NCCC FEMA Corps

FEMA Corps members focus on disaster preparedness, mitigation, response, and recovery activities, providing support in areas ranging from working directly with disaster survivors to supporting disaster recovering centers to sharing valuable disaster preparedness and mitigation information with the public. **FEMA CORPS** works solely on emergency management and long-term recovery activities within FEMA.



NCCC FEMA Corps Service Examples

- Partnering with agencies for prevention education.
- Educating communities, assessing needs, and collecting information
- Developing materials that promote disaster preparation to the public
- Ordering materials, tracking inventory, loading supplies, and managing IT equipment
- Updating electronic files, managing data, and compiling reports
- Working with nonprofits and government agencies to coordinate services for disaster survivors
- Helping survivors complete applications for disaster assistance
- Assessing and reporting damage to public facilities
- Setting up shelter operations and re-unification of families and pets

For more information Information

PennSERVE: The governor's Office of Citizen Service

651 Boas St, Harrisburg PA 17121

PennSERVE@pa.gov

Pat Schwartz, Executive Director

pschwartz@pa.gov

AmeriCorps NCCC Atlantic Region

6726 Youngstown Avenue Baltimore, MD 21222

443.503.8569



Children's Disaster Services

Nurturing Children ~ Equipping Volunteers ~ Supporting Families





Children's Disaster Services

Nurturing Children

Equipping Volunteers

Supporting Families



Do you see
the children?

Children in disasters need:



- A **safe** place, involving
- Interaction with caring, calm adults & children,
- To play, *using all senses, including their imaginations*
- To reconcile the disaster by resuming normal life,
- with access to parents if the need arises.



CDS Nurtures Children



- Sets up child care centers across the nation in shelters and service centers



CDS Nurtures Children



- Provides certified volunteers who
 - provide a calm, safe and reassuring presence in the midst of chaos.
 - encourage children to express themselves – thereby starting the healing process.

CDS Equips Volunteers



Volunteers from across the country

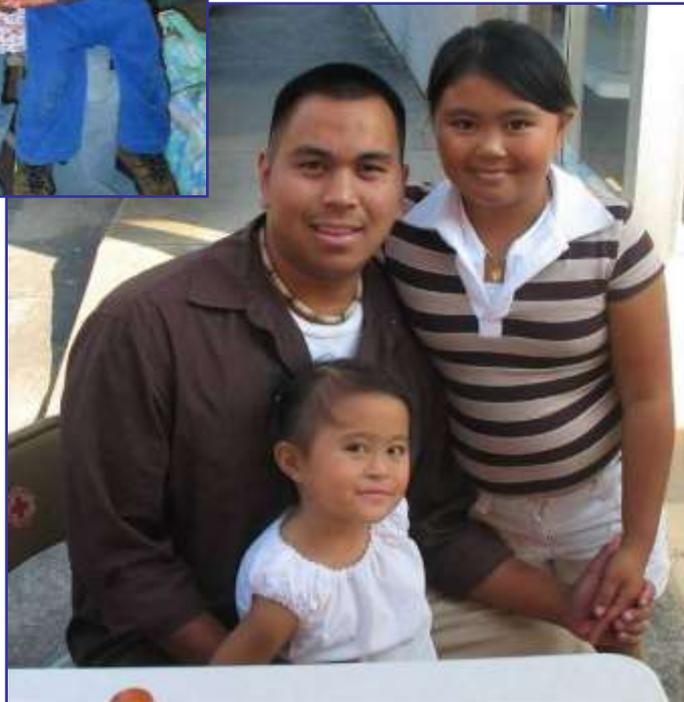
- participate in a 27 hour experiential workshop
- learn to work with children after a disaster
- undergo a rigorous screening process
- are able to respond quickly to both local and national disasters





CDS Provides:

- respite for parents
- an experience of calm in the midst of the chaos of disaster for families and communities
- information on how to support the unique needs of children in disaster



CDS Supports Communities



- help identify and meet the special needs of children during or after a disaster
- consultation / workshops specifically tailored to each situation for
 - parents
 - community agencies
 - schools
 - churches



Work with Partners



- American Red Cross



- FEMA



- Local emergency management agencies

- Partner Denominations

- Other disaster response organizations

CDS Supports Partners



Partner agencies report CDS creates an environment that makes it easier to give aid to those in need.



Current Statistics



CDS currently has about 600 certified caregivers across the country.

From 1980 to the present, Children's Disaster Services has served in:

233 disasters
with 3,106 caregivers
and 87,779 children

Critical Response Childcare



- Since 1997, Critical Response Childcare volunteers:
 - Are experienced and capable CDS volunteers
 - Who receive additional training in responding to the needs of children in crisis
 - And are able to deploy quickly
 - To provide respite and support to children and families after a catastrophe, such as airline or mass casualty disaster



Houston, TX, 2016 Floods



- 10 CDS volunteers, including one from Pennsylvania, helped almost 400 young children and their families in April-May 2016, in a Red Cross Recovery Center in Houston.



Trauma healing with children in Nigeria



Two CDS Critical Response Trainers traveled to Nigeria in April 2016 to train 14 women theologians in trauma healing with children affected by the violence of the Boko Haram. A practicum experience was included, and 123 children experienced trauma healing sessions with the compassionate care of the new trainers.



"My burden is gone, so I have peace in my mind," a Nigerian boy in the trauma healing session.



Middletown, California 2015 Wildfire Response





Oso, Washington 2014 Mudslide Response



*"I hope you keep doing this for the children because it makes me feel better and it occupies the children. I like to paint and play with play dough. I like to draw. I love it when you do this."
- 9-year-old girl*

It is in the shelter of each other that people live. - Irish Proverb



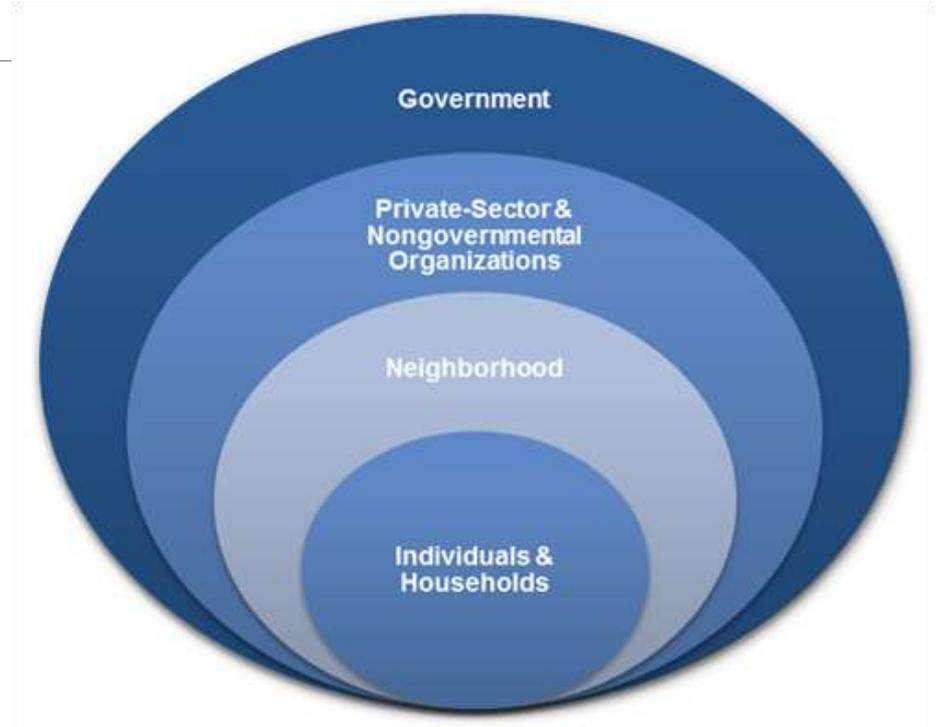
- **For more information on Children's Disaster Services, contact:**
 - **Kathleen Fry-Miller, Associate Director**
 - kfry-miller@brethren.org

260-704-1443

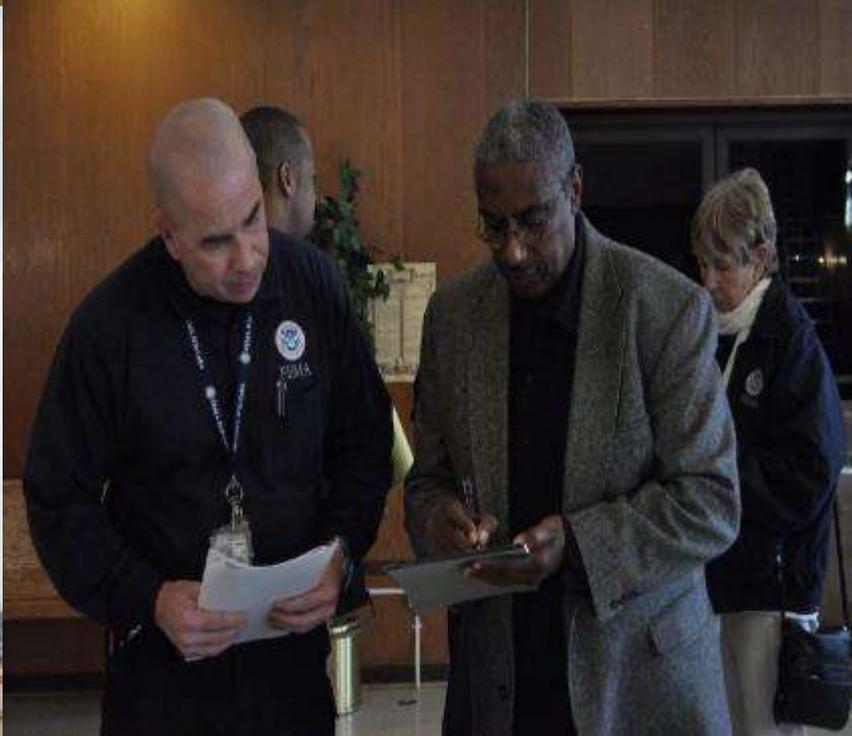


BRIDGES TO RESILIENCE

Partnering with the Whole Community







Challenges



Solutions

Readiness



Resilience

Preparedness



Long

Term

Recovery

Neighbor

Knowing

Neighbor



Neighbor

Helping

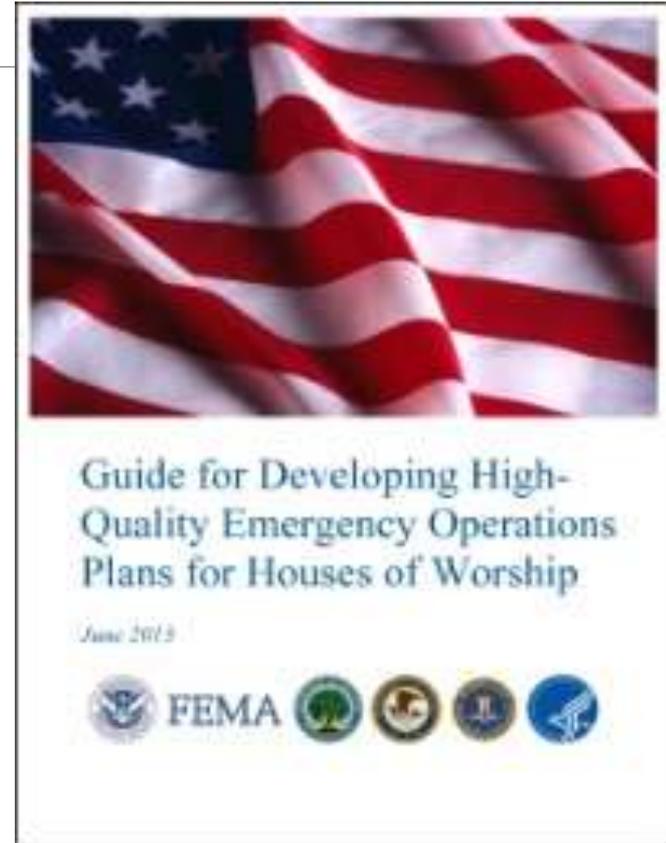
Neighbor

**How do we position ourselves to
build these bridges?**

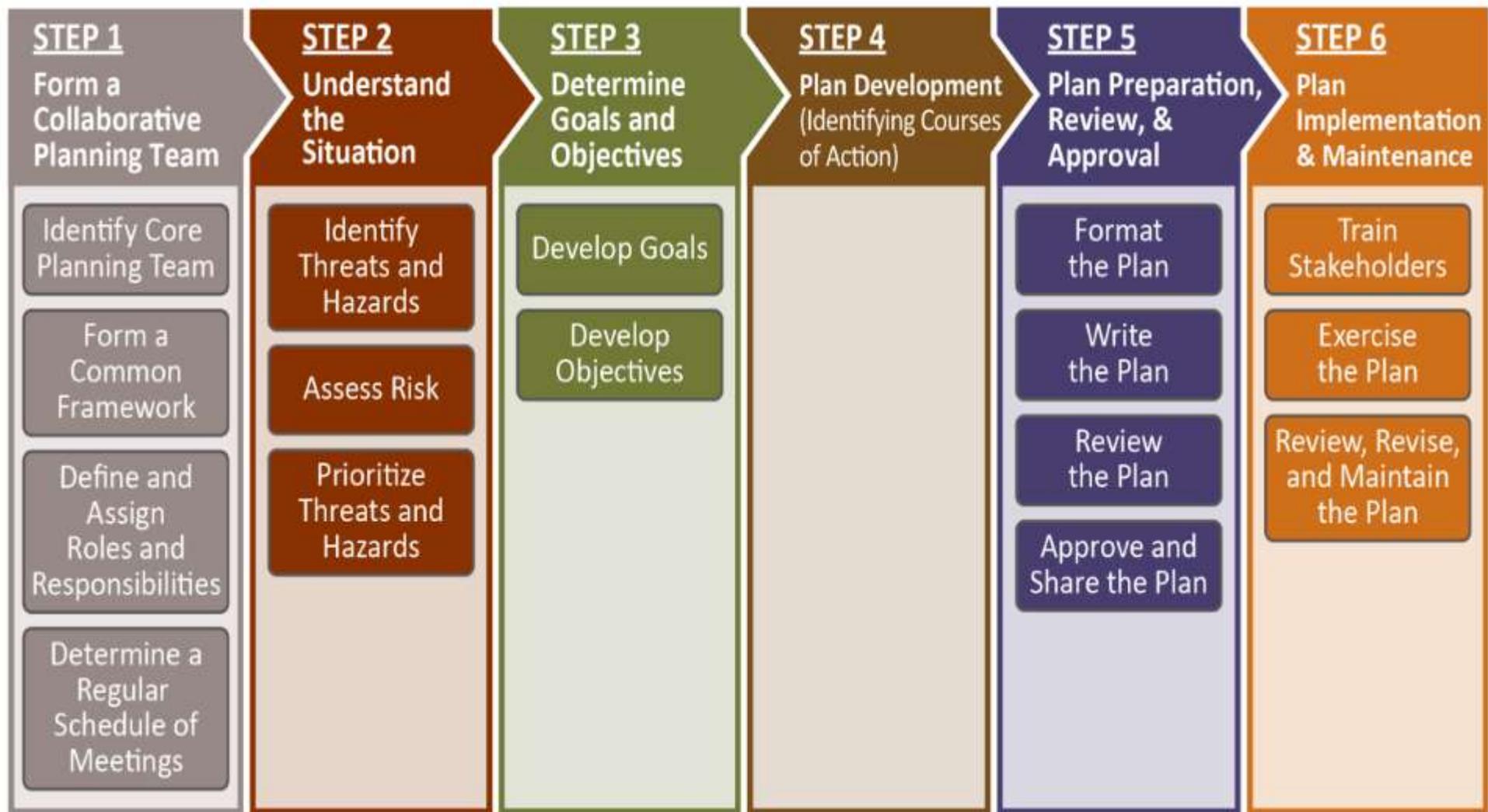
Substance  Strategy

Guide for Developing High Quality Emergency Operations Plans for Houses of Worship

- ★ Informal guidance on creating emergency operations plans
- ★ Assess potential roles and actions to take in an emergency
- ★ Provides a perspective on responding to active shooter incidents



The Planning Process (on page 4)



Emergency Operations Planning



what people think
it looks like

Emergency Operations Planning

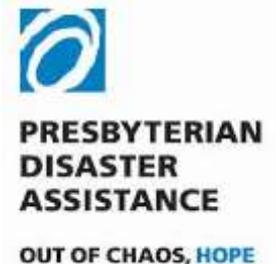
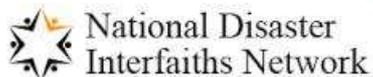


what it really
looks like

Religious and Community Organizations that are promoting emergency operations planning



THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS



Some State, County and Local Jurisdictions Providing Emergency Operations Planning focused outreach



Effort



Effectiveness

Religious & Cultural Competency in Disaster is Key to Effective Partnerships

Religious and cultural competency is:

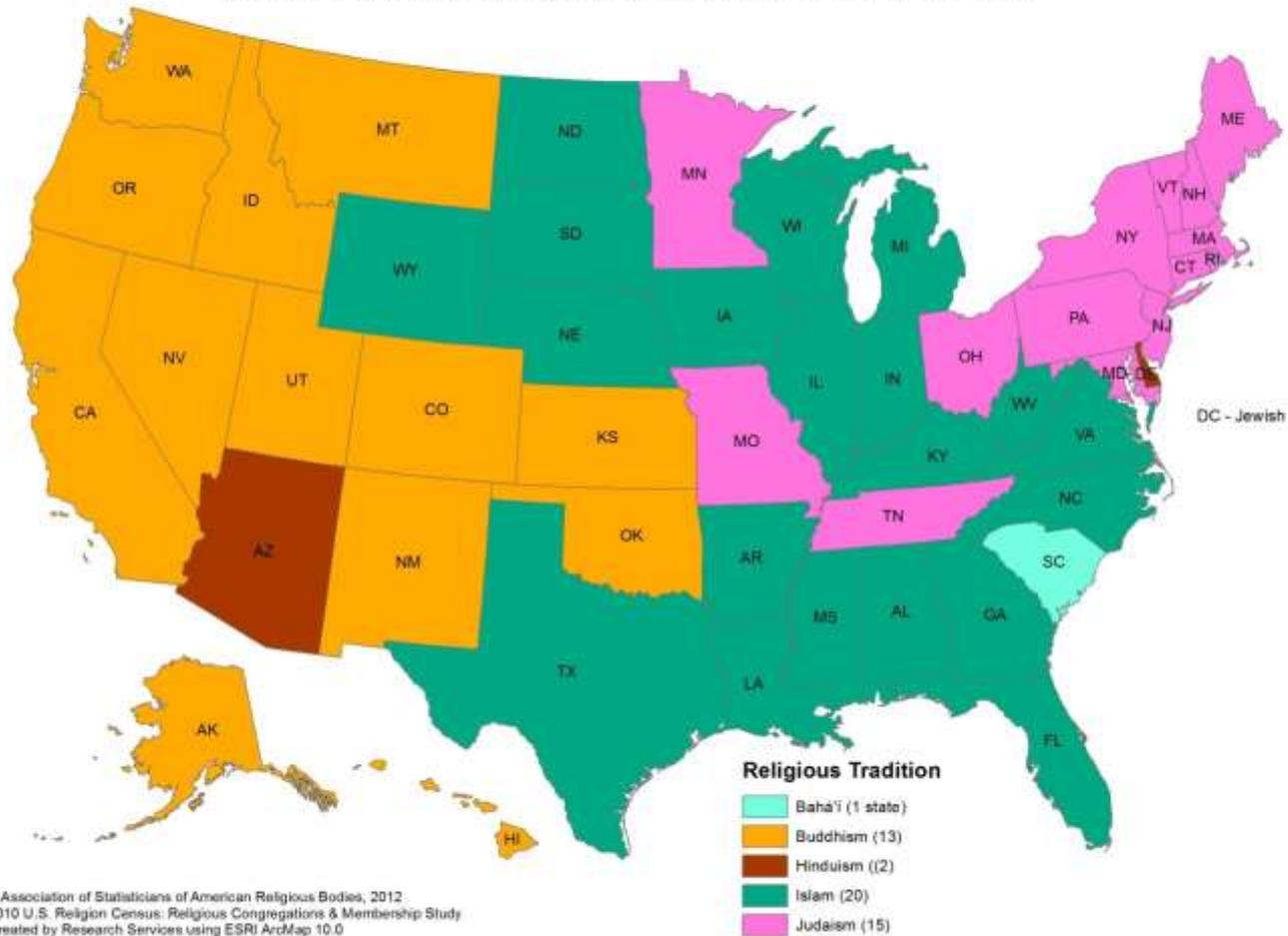
- Providing culturally and religiously appropriate disaster services to the whole community.
- Knowing and understanding the community where you work.
- Understanding the needs, concerns and missions of your partners both locally and nationally.
- Relationship-building that is trustworthy and sustainable.
- Being more effective in the field.

Religious and cultural competency is not:

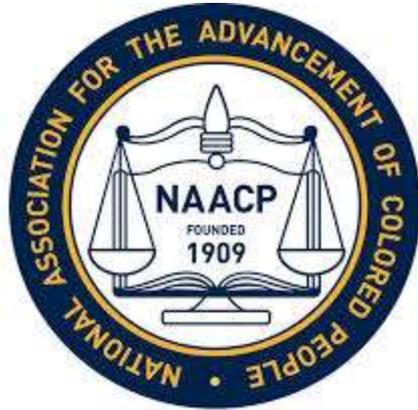
- Checking the box.
- Being politically correct.
- Meeting potentially “inappropriate” needs.

Second Largest Religion by State

Second Largest Religious Tradition in Each State, 2010
(Christianity remains the largest religious tradition in every state)



Expanding community partnerships



More Resources: Faith Community Engagement Tip Sheets

More detail can be found in the Tip Sheets accompanying IS-505.



Engagement Best Practices:

- LEADER Process: Creating an Engagement Plan
- Cultural Competency Tips
- Resources and Tools

Engagement Guidelines: Religious Leaders

- Buddhist Leaders
- Christian Leaders (7 tip sheets):
 - Black Church Protestant
 - Church of Jesus Christ of Latter-Day Saints (Mormon)
 - Evangelical Megachurch
 - Latino Protestant
 - Orthodox Christian
 - Protestant
 - Roman Catholic
- Hindu Leaders
- Jewish Leaders
- Muslim Leaders
- Sikh Leaders

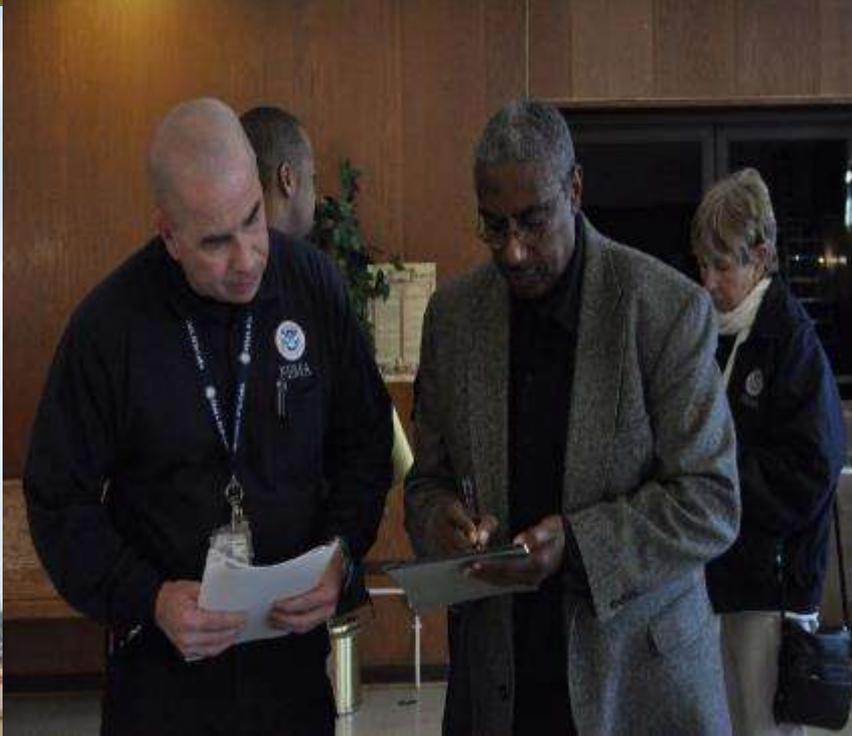
Gift



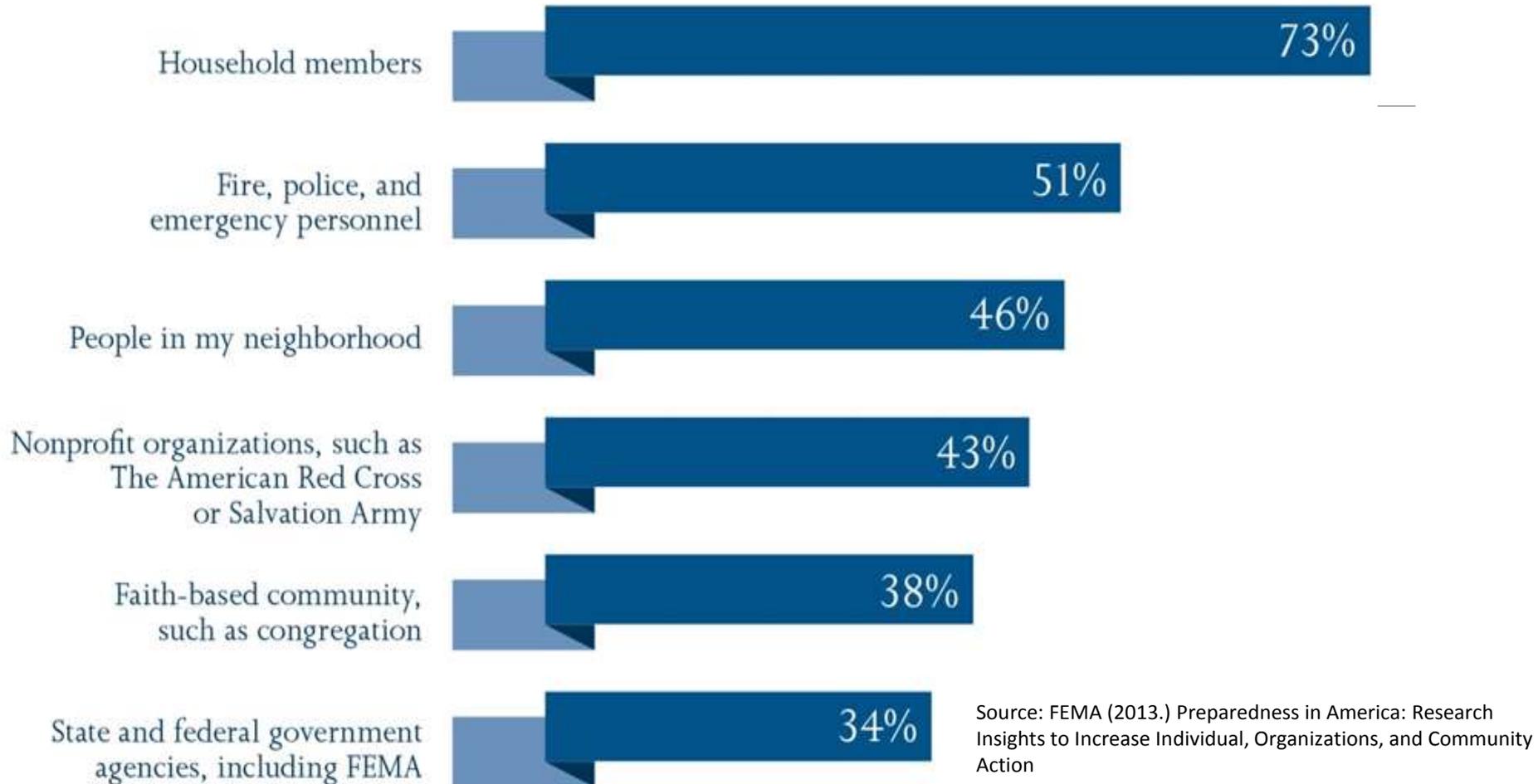
Growth

A large, solid blue circle is centered on a white background. Inside the circle, the text "House of Worship & Voluntary Organizations Active in Disasters" is written in a bold, black, sans-serif font, centered horizontally and vertically.

**House of Worship &
Voluntary Organizations Active
in Disasters**

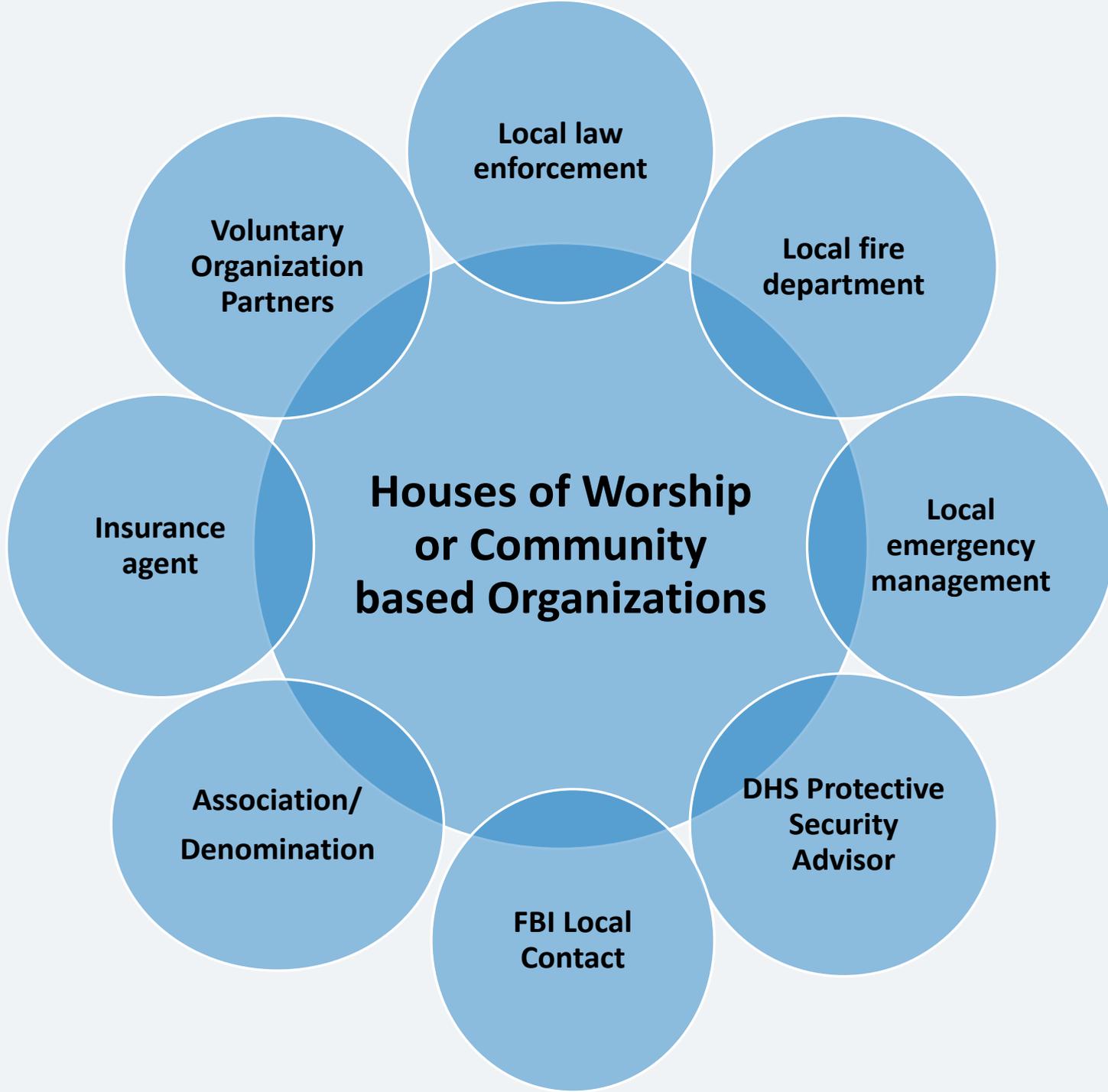


Whom Do Individuals Expect to Rely On?



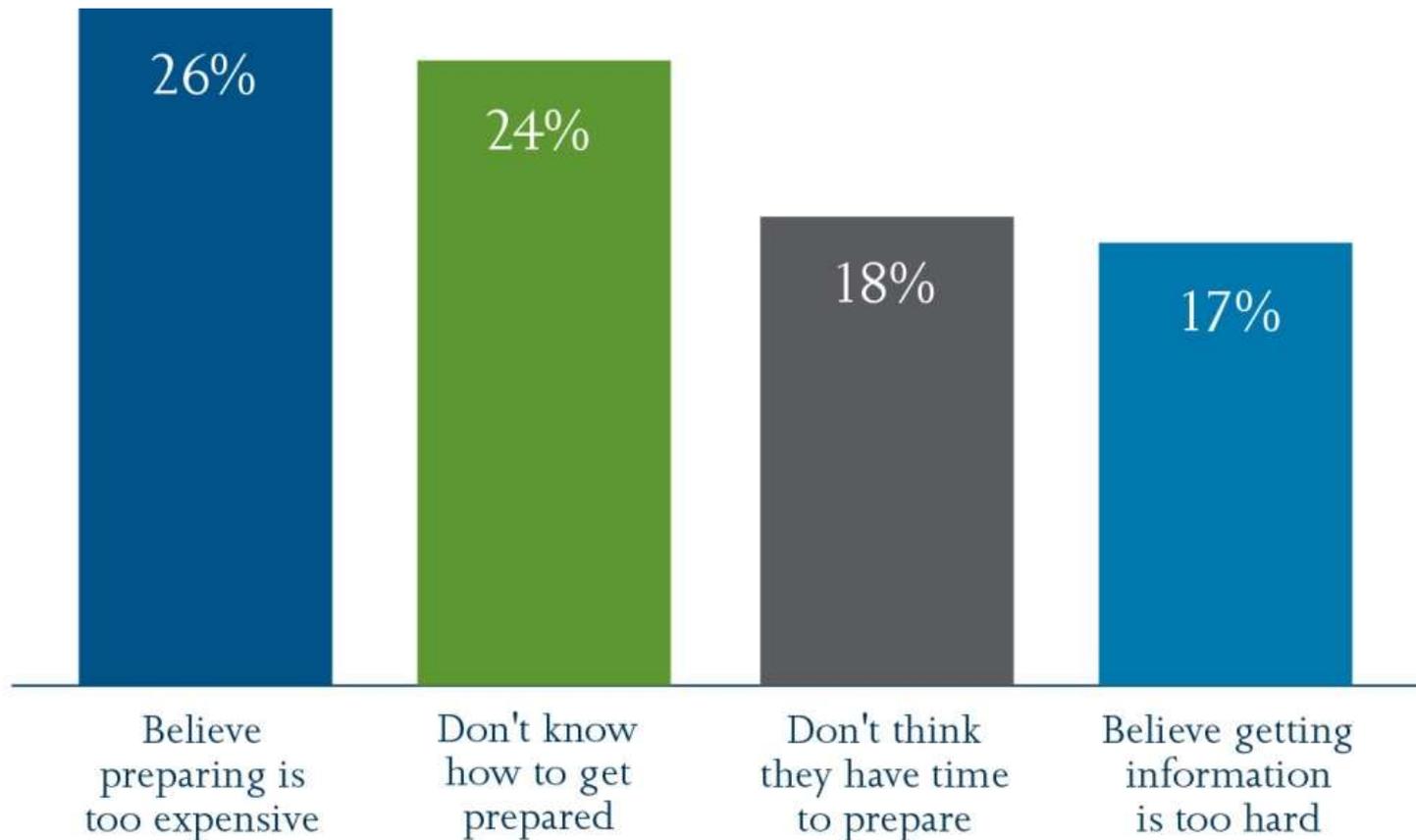








Perceived Barriers to Preparedness



Influence



Inconvenience

Step #1: Forming a collaborative planning team



Resistance  Reason



Tale of two faith leaders who balanced
resistance and reason

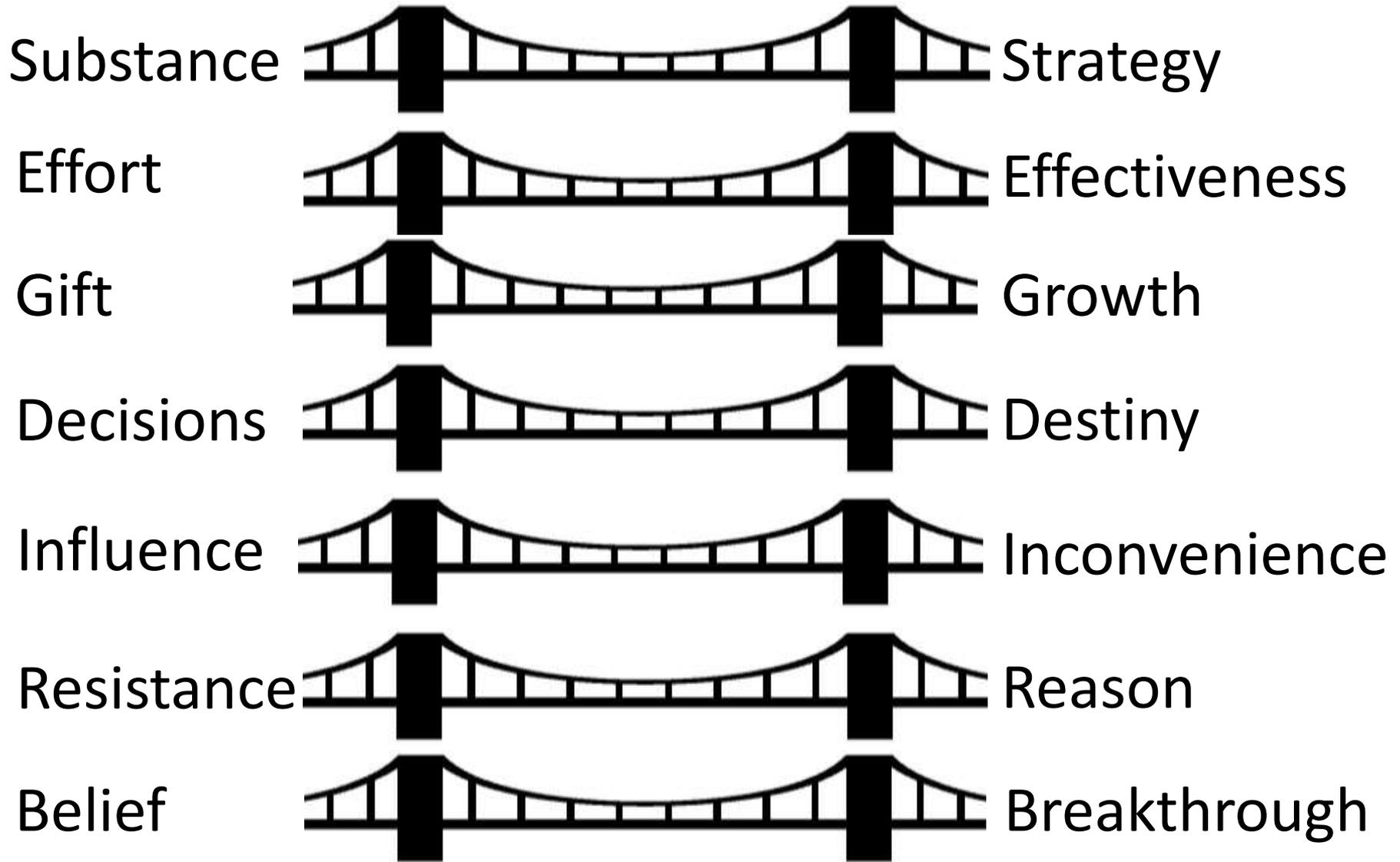


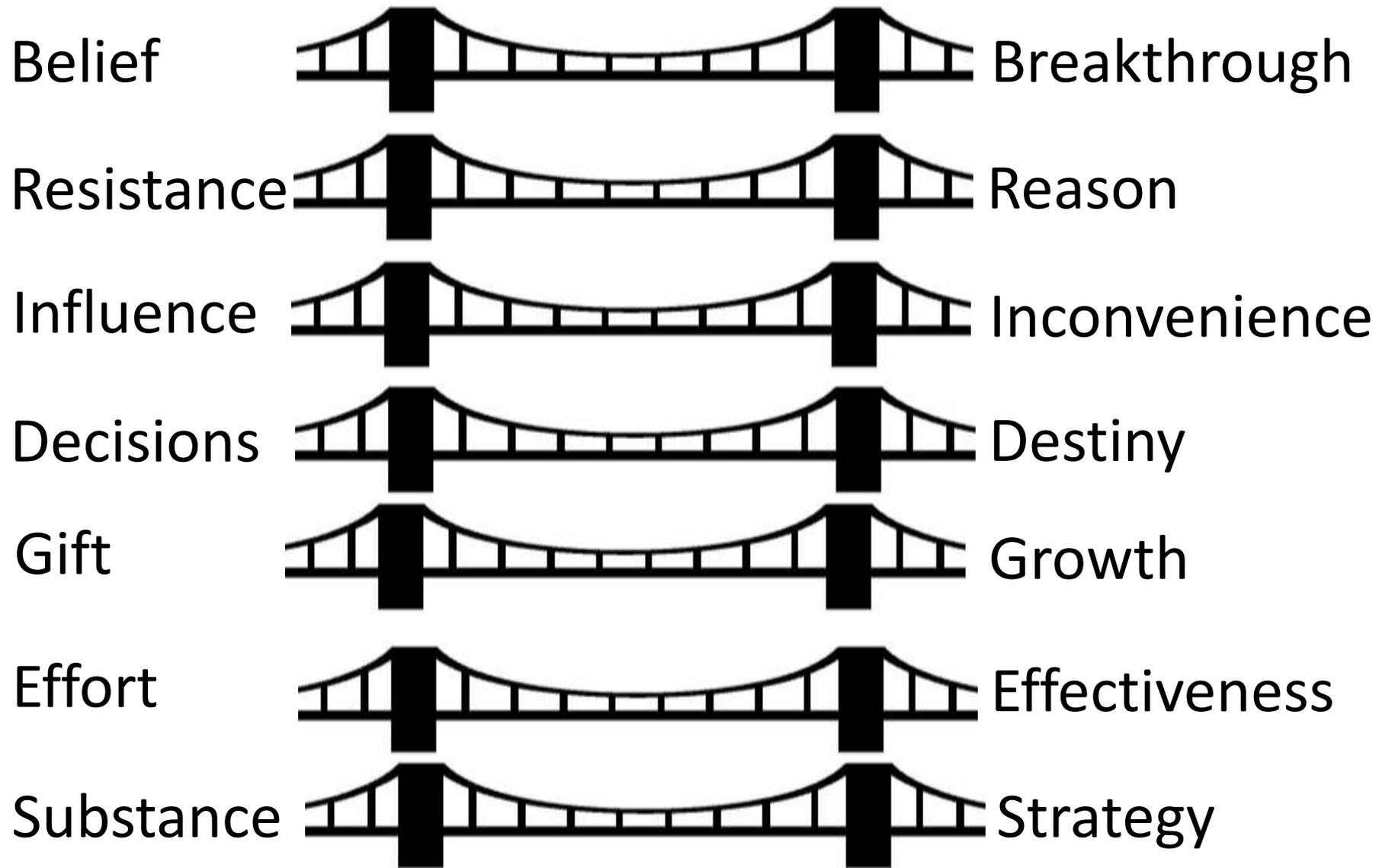
Belief

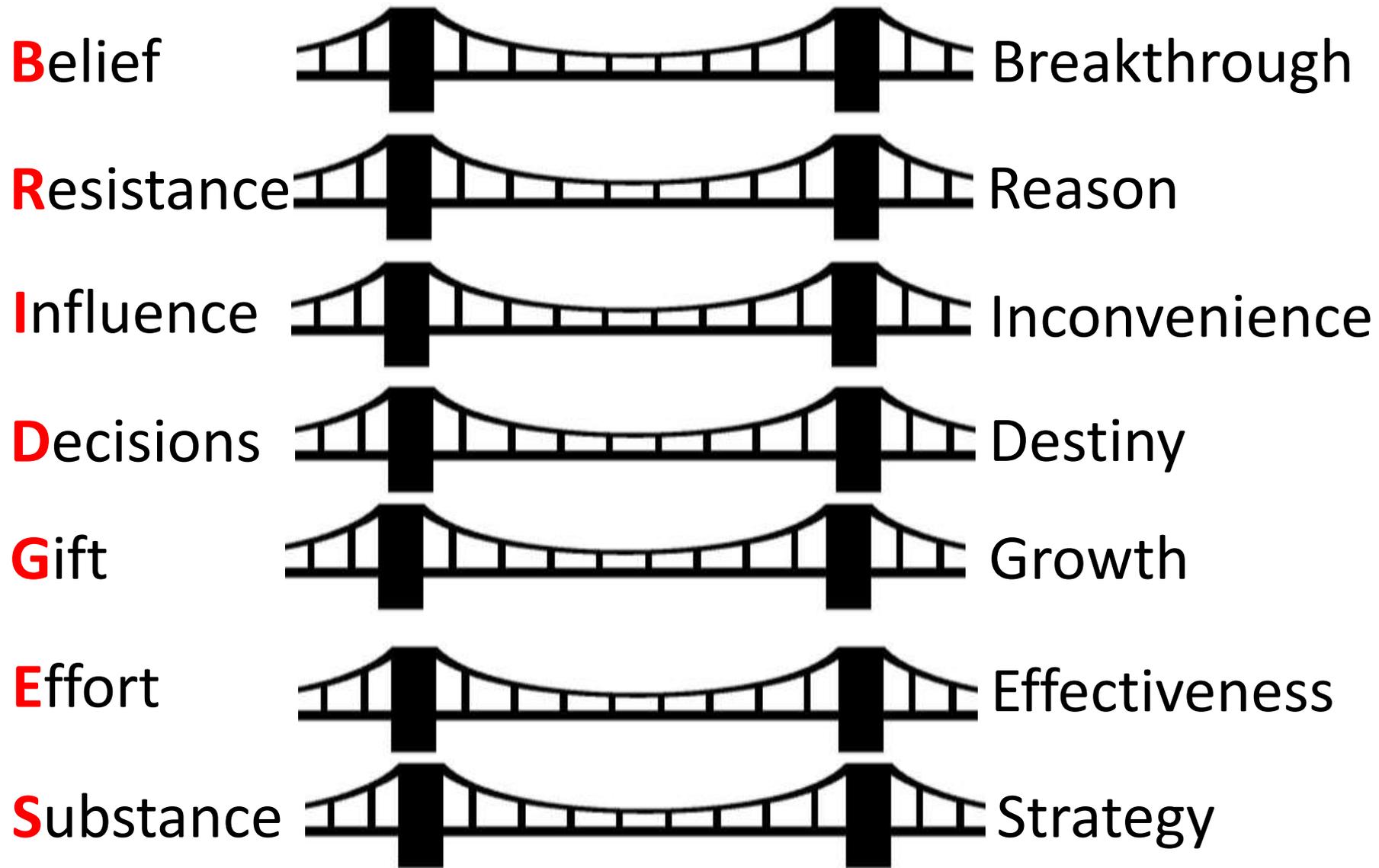


Breakthrough



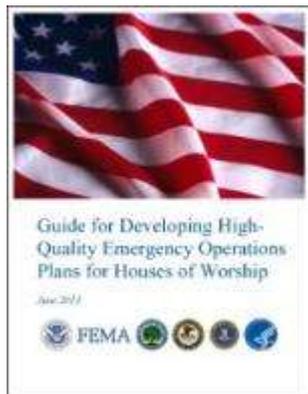






Resources You Can Use

Workshops on house of worship preparedness



Youth

Preparedness/Intergenerational Preparedness Programming



Increasing use of Preparedness Mobile Apps



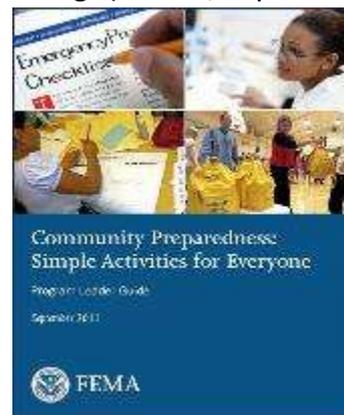
Family Communication Planning Workshops



Tabletop Exercises



Trainings (on-line/in-person)



Social media messaging



Financial Preparedness



PROTECTING PA'S CHILDREN: WHAT ADULTS WORKING OR VOLUNTEERING WITH CHILDREN NEED TO KNOW



Pennsylvania

Voluntary Organizations
Active in Disaster

Background Checks – Volunteers

Unpaid adult volunteers **WITH A CHILD-CARE SERVICE, SCHOOL OR A PROGRAM, ACTIVITY OR SERVICE AS A PERSON** responsible for the child's welfare or having **direct VOLUNTEER contact with children** are required to submit State Police and Department of Human Services Child Abuse background checks. Some, not all, also need FBI background check.

DEFINING PERSON RESPONSIBLE FOR THE CHILD'S WELFARE

“A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control”

Removed effective 7/1/15 is the following:

“The term includes any such person who has direct or regular contact with a child through any program, activity or service sponsored by a school, for-profit organization or religious or other not-for-profit organization.”

DEFINING DIRECT VOLUNTEER CONTACT WITH CHILDREN

Direct **VOLUNTEER** contact with children is defined as “The care, supervision, guidance or control of children **AND** routine interaction with children.”

NOTE this is a new definition impacting **ONLY** which volunteers require background checks (not which volunteers must report suspected child abuse). The distinction is that the **OR** became **AND** in this new “direct volunteer contact” definition.

Background Checks- WHAT?

Two background checks are required of adult volunteers:

#1 PA State Police Criminal History

#2 Child Abuse Clearance through Department of Human Services

- A 3rd check (FBI clearance w/fingerprinting – approximately \$28) is required of volunteers who have not lived in PA for 10 years.

Background Checks— What limits volunteering?

A person convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state:

Criminal homicide

Aggravated assault

Stalking

Kidnapping

Unlawful restraint

Rape

Statutory sexual assault

Sexual assault

Involuntary deviate sexual intercourse

Aggravated indecent assault

Background Checks– What limits volunteering?

(continued)

Indecent assault

Indecent exposure

Incest

Concealing death of child

Felony drug offense committed **within the five-year** period immediately preceding verification under this section.

Named as a perpetrator of a founded report of child abuse **within last 5 years.**

NOTE: the provision is about founded not indicated child abuse reports.

Background Checks- Portability & Best Practice

AS OF 7/25/15, VOLUNTEERS ARE NOT REQUIRED TO PAY THE FEES FOR PSP & DHS CERTIFICATIONS. THE FEE IS WAIVED 1 TIME IN A 57 MONTH PERIOD. ALSO, THE FEE FOR EMPLOYEES TO OBTAIN THESE TWO STATE CERTIFICATIONS WILL BE REDUCED TO \$8 PER CHECK.

Background Checks- Portability & Best Practice

Provisional period for volunteers –

A person who can show compliance with clearance standards in another state can volunteer for a total of 30 days in a calendar year in PA without obtaining PA background checks.

Background checks are portable - a volunteer who has background checks because of paid employment can use those checks to volunteer (showing, not giving up the original document).

A person does not need another set of background checks to volunteer in multiple settings.

Background Checks- Portability & Best Practice

Checks ARE NOT portable for employment if obtained for volunteering.

If an employee or volunteer is arrested or convicted of a crime (outlined in state law) that limits contact with children or placed on the state child abuse registry, the volunteer must notify the agency where they work or volunteer within 72 hours. Presumption of good faith in “identifying individuals required to submit the certifications” and then maintain the records.

Background Checks- Portability & Best Practice

Agencies have to have processes in place to record and keep copies (not originals) of background checks for employees and volunteers. The agency must remember a person's child abuse history information **must** remain confidential (so designating limited number of individuals who have access to these files will be important).

Remember the presumption of good faith.

Background Checks- Minors

ONLY adult volunteers require background checks. A minor volunteering does not need any background checks, but an agency OR organization could require them (remember the law is the floor not ceiling).

Minors – between the ages of 14 and 17 – holding or applying to hold a “**paid position** as an employee who is a person responsible for the child’s welfare or a person with direct contact with children through a program, activity, or service prior to the commencement of employment... shall be required to submit only.....” a PA State Police Criminal History and a PA DHS Child Abuse Certification.

Background Checks- WHEN?

- New volunteers must have the checks completed before beginning their service.
- Existing volunteers with older background checks or never have had background checks **have until 7/1/16** to get the comprehensive background checks.
- All Employees should have their checks by now.
- Once checks are in place they are required **every 60 months** (5 years) for both employees and volunteers.

These rules were updated on 7/1/15

Background Checks- WHEN?

Updated clearances must be obtained as follows:

- If the clearances were obtained prior to Dec. 31, 2014 and are more than 60 months old: by Dec. 31, 2015.
- If the clearances were obtained prior to Dec. 31, 2014 and are less than 60 months old: by 60 months from the date of the oldest clearance.

Example: For a child abuse clearance obtained Jan. 1, 2014, Pennsylvania State Police clearance obtained Feb. 1, 2014 and FBI fingerprint clearance obtained March 1, 2014, updated clearances for all three must be obtained by Jan.1, 2019.

Background Checks- WHERE?

1. Pennsylvania State Police Criminal History Check.

Conducted by PSP <https://epatch.state.pa.us/Home.jsp>

*Can be processed and paid for entirely online

2. PA Child Abuse Clearance. Conducted through

ChildLine www.compass.state.pa.us/cwis

*Can be processed and paid for entirely online

3. The FBI fingerprinting. Conducted by Cogent.

<https://www.pa.cogentid.com/index.htm>

(select Department of Human Services icon)

*Can be paid for online

4. This website summarizes the 3:

<http://www.dhs.pa.gov/publications/findaform/childabusehistoryclearanceforms/#.VzYkRfkrLIU>

Mandated Reporter Training

No current required training for volunteers.

However ... Best Practice shows training informs and prepares mandated reporters to protect children.

Trainings approved to meet ACT 31 of 2014:

Network of Victim Assistance - 215-343-6543

www.novabucks.org

mandy@novabucks.org

PA Child Welfare Resource Center

online training: www.reportabusepa.pitt.edu

Family Support Alliance (717) 238-0937

<http://www.pa-fsa.org/>

A complete list of approved training providers is available at: <http://keepkidssafe.pa.gov/>

Mental Health
Crisis Response
in the Community
For First Responders

A Crisis is defined as a Critical Incident which threatens to overwhelm normal ability to adapt and problem-solve.

First Responders react to Critical Incidents (e.g., accidents, fires, acts of violence) on a daily basis. While the general public or those directly affected by the incident might see these events as a “crisis”, the responders might assess these events as: “not too bad” or “bad, but we got everyone out” or “really bad, but could have been a lot worse.”

Critical Incidents are “unusually challenging events that have the potential to create significant human distress and can overwhelm one’s usual coping mechanisms” (Everly, 2016).

The Federal Emergency Management Agency (FEMA) defines three levels of Critical Incidents:

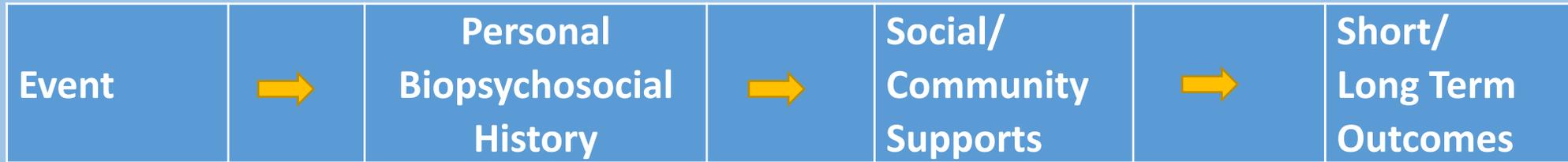
1. Emergencies (Local events that can be effectively managed by local responders)
2. Disasters (Events that exceed local resources)
3. Catastrophies (Events which exceed all response capacity)

Crisis is the psychological and physical distress that occurs in direct response to the Critical Incident. “Normal” ability to cope and manage the mental, emotional and behavioral reactions is temporarily suspended. This is an extremely uncomfortable state in which the person is flooded with contradictory thoughts and emotions, and there is a strong desire to escape this state as rapidly as possible.

Trauma is the sum of the Critical Incident and Crisis reaction, and refers to the short and long-term impacts of the event on person(s). Trauma has biological, psychological and social impact on a person or group.

1. Biological – Release of stress hormones (epinephrine, norepinephrine, dopamine), which then are depleted.
2. Psychological – shock, numbing, intense anxiety, anger, confusion, dissociation, time distortion
3. Behavioral – Fight, Flight or Freeze

For a Crisis to become a Trauma, there is a complex interaction between the intensity and duration of the Critical Incident, the Personal Biopsychosocial history of the persons effected and the availability of mitigating supports.



Terrorism is a general description for deliberate events, perpetrated by humans, designed to create/evoke trauma and intentionally destabilize individuals and the social support system. Terrorism has also been described as “Psychological Warfare” or “Asymmetric Warfare” as the goal is to defeat the target by demoralizing and engendering fear.

Whether terrorism or not, often the most traumatic events are those wherein a deliberate, purposeful act by one human being on others is committed. These can be large events (e.g., 9/11/2001) or small events (e.g., rape, assault, murder). These types of events often evoke the most powerful feelings (e.g., rage, confusion, blaming).

“Trauma destroys cognitive schemas (our maps about how the world should operate) regarding safety and self efficacy” (Bessel Vanderkolk, 1989).

Crisis Response and Crisis Intervention

1. Crisis Response is the deployment of appropriate resources to the individuals impacted by the event.
2. Crisis Intervention is what those resources do.

Crisis Intervention is to Psychotherapy
as First Aid is to Surgery

(Everly and Mitchell, 1999)

Crisis Intervention is an immediate, supportive intervention designed to mediate and stabilize the crisis, not the event. The immediate goal is stabilization, symptom reduction and restoration of normal functioning, or referral for more intensive intervention (Caplan, 1964).

The PIE Model:

1. Proximity – Go to where you are needed
2. Immediacy – Go as quickly as possible to the persons affected
3. Expectancy – The reactions are viewed as “normal reactions to abnormal events”, and that stabilization will happen; that the reactions are not pathological.

World War I and World War II

For combat fatigue (acute stress disorders) “treatment within the sound of artillery” returns 70-80% of soldiers to duty within hours (Salman, 1917)

Removing the soldier from the front returns only 5% of soldiers back to duty (Artiss, 1963)

Common Models of Crisis Intervention

1. Psychological First Aid (e.g., American Red Cross)
2. Mental Health First Aid (Adult and Children)
3. SAFER-R (Everly, 1995)
4. RAPID PFA (Johns Hopkins' CPHP)
5. Resilient Moment Communications Model
6. Pastoral Crisis Intervention (Everly, 2000)
7. Critical Incident Stress Management (Primarily for first responders)

All Crisis Intervention Models have Key Elements

(U.S. Department of Health and Human Services, 2004)

1. Protection from future harm
2. Providing opportunity to talk, but without pressure
3. Non-judgmental listening and reflection
4. Displaying genuine compassion
5. Identify basic needs and get these met
6. Ask for feedback and try to address concerns
7. Discourage negative coping (e.g., alcohol)
8. Encourage positive coping (e.g., return to family routines, exercise, relaxation techniques)
9. Encourage social connections
10. Offer further support if appropriate (e.g., followup)
11. Referral to professional or support services as appropriate

Example: The SAFER-R Model (Everly, 1995)

1. Stabilization - Remove the persons from the immediate event area if needed. Connect with the person and meet basic needs (e.g. get a cup of coffee, water. Introduce yourself and your role. Ask: “What do you need right now? How can I be of help?”

Example: The SAFER-R Model (Everly, 1995)

2. Acknowledgment of the Crisis - This is the person describing the event, often with emotions, but sometimes in a numbed state. “What can you tell me about what happened?” The effort here is not to evoke more emotions, but to honor the reaction and keep the person more cognitive to gain some emotional regulation. “How are you doing now?” can anchor the person into the current moment.

Example: The SAFER-R Model (Everly, 1995)

3. Facilitation of Understanding - This is often referred to as “normalization of the reaction to terrible”. Human emotional reaction to overwhelming stress are normal reactions to abnormal events. Hormonal changes in response to stress are part of our normal adaptive reactions. People react in many ways, but these reactions are temporary and reflect our brain resetting itself after an overload.

Example: The SAFER-R Model (Everly, 1995)

4. Encourage Adaptive Coping - The use of social support is key to recovery. Being able to talk about and reflect is critical, but in the initial moments of crisis, often there is a loss of future orientation and a diminished capacity to use normal coping skills. Here, the intervention allows for emotional release, cognitive restructuring, delaying of impulsive reactions, drawing from the person's own coping history to find things that may help. Simple things such as slowing down breathing rate, pacing conversation at a normal rate, making good eye contact, and being present can be the key.

Example: The SAFER-R Model (Everly, 1995)

5. Restoration of Adaptive, Independent Functioning or Referral - Here, the goal is to summarize the previous four steps and have a plan for the next step. Most persons will have achieved a level of consolidation at this point, and may require little follow up. Others may need a referral to more structured services such as mental health assessment, ongoing pastoral counseling, or emergency room if the distress is so intense that safety cannot be assured. Integration into the normal support system is the best outcome, enlisting family, friends, church and other social networks.

Resilience

In crisis intervention, resilience refers to the “ability of an individual, group, organization, or even entire population, to rapidly and effectively rebound from psychological and/or behavioral perturbations associated with critical incidents, terrorism, and even mass disasters” (Everly, 2012, p.7).

Elements that Factor Resilience:

1. Actively facing fears and trying to solve problems
2. Regular physical exercise
3. Optimism
4. Having a moral compass
5. Promotion of social supports, friendships and positive role models
6. Being open minded and flexible in problem solving

The key purpose of crisis intervention is to support, stabilize, normalize, and build resilience. To that end, crisis intervention fosters but does not interfere with natural supports and recovery.

Special Issues in Crisis Intervention: When more may be needed

On occasion, more serious acute symptoms may develop in response to a traumatic event. Recognizing these symptoms is helpful to decide when a referral may be needed. Individuals exposed to Critical Incidents may have histories of mental health concerns that may worsen during the immediate crisis, or in the short/longer term timeframe.

Common Traumatic Reactions (Acute)

The initial reaction to acute traumatic stressors are often shock, disbelief and a strong need to restore some type of equilibrium. Often an immediate sense of being numb, dissociated, and time “standing still” or slowing occurs. Extreme reactions can be Acute Stress Disorder, where the individual initially is numb, then becomes flooded with intense anxiety, flashbacks, nightmares, depersonalization, derealization, anhedonia, and denial/avoidance. In an extreme case, Brief Psychotic Disorder can occur, wherein the individual loses contact with reality and develops delusions, hallucinations, incoherence and disengaged or catatonic behavior. A total delusional denial of the event can occur. Children may regress to earlier developmental functioning (bed wetting, clinging to caretakers) and emotions may swing eventually from intense fear, anger, and sadness to numbing emptiness.

Common Traumatic Reactions (Chronic)

Bereavement refers to the common reaction to loss, usually of a significant other. The other common term is Grief. Even an expected loss can be traumatic, and normal reactions include sadness, emptiness, sleep disturbances, loss of appetite, moodiness, irritability, social withdrawal and temporary disruption of “normal” activities. The dysphoria tends to come in waves and is associated with the lost person or activity (job). Positive recollections are mixed with feelings of sadness, and these reactions tend to balance over time. While the individual may have thoughts of joining deceased or have fantasies of restoration, full suicidal thoughts are not usually seen. Everyone grieves at their own pace, and there is no timetable for “getting over it”. The quality of coping with the loss changes over time.

Common Traumatic Reactions (Chronic)

Major Depression occurs when deep sadness or loss of pleasure in activities (anhedonia) presents for at least two weeks and is accompanied by highly negative thoughts (self-blame, worthlessness, excessive guilt) and biological symptoms of sleep, appetite and energy disturbances. Loss of mental focus and suicidal thoughts are also present. Major Depression is not simply tied to the loss or trauma, but spreads out into overall self-perception, where deep suffering and loss of hope develop. Major Depression is highly associated with completed suicide, with overall estimates of 10% mortality.

Common Traumatic Reactions (Chronic)

Persistent Complex Bereavement Disorder (with or without traumatic loss) is offered in DSM-5 as another possible loss/trauma disorder. Here, after the death of a significant other, the individual continues to be obsessed with the deceased for at least 12 months after the death. Here, the person who died becomes a life focus to the exclusion of personal identity and functioning. The death is not accepted, positive memories are not incorporated, bitterness, anger, withdrawal from other social connections, a loss of future goals/planning and avoidance of reminders of the loss are noted. A major risk for this disorder is a dependent relationship on the deceased or the loss of a child. Prevalence is 2.4 – 4.8%.

Common Traumatic Reactions (Chronic)

Post Traumatic Stress Disorder occurs when the impacts of the traumatic event become sealed in a person's reactions. After an exposure to a traumatic event or events, there are four major sets of symptoms which can slowly emerge over the course of six months: 1) intrusive recollections (flashbacks, nightmares), 2) persistent avoidance of triggers associated with the trauma, 3) negative alterations in mood/cognition such as amnesia numbing, detachment, anhedonia, 4) alterations in arousal and reactivity (exaggerated startle response, hypervigilance, reckless or self-destructive behaviors). For children, re-enactment in play and regression to earlier developmental levels is seen with temper tantrums, withdrawal, clinging as symptoms. Risk for PTSD is associated with biological, psychological and social factors prior to trauma, and recovery is associated with ability to use supports. The prevalence is 8.7% in the U.S., with symptoms in most individuals slowly reducing over months and years. However, persistent PTSD may occur in 5-10% of those diagnosed.

Other Types of Reactions to Loss/Trauma

While all persons experience loss and trauma, each person's own unique biopsychosocial and cultural background greatly influences how these stressors are experienced. There is no "right" or "wrong" reaction. Anxiety, sadness, anger and temporary loss of normal functioning is not unusual. A failure to openly express emotions is also not unusual, and should not imply that the individual is reacting badly. It is necessary to connect with an individual and dialogue with them without imposing any assumptions about how they "should" react. When severe symptoms emerge as noted above, professional assessment may be warranted.

Special Issue: Suicide Risk and Assessment

- Suicide is defined as the intentional taking of one's own life
- Suicide kills approximately 42,000 persons each year in the U.S. (CDC, 2014)
- Crisis events can increase suicide risk in vulnerable individuals (e.g., those with pre-existing mental health concerns)
- Suicides may increase after a natural disaster (the population rate after Hurricane Katrina increased from 9/100,000 to 21-28/100,000 by 2005)

THE BIG LIE

If you ask someone if they are thinking of killing themselves, it will cause them to do it.

NOT ASKING INCREASES RISK

ASK

“Have you been thinking of hurting or killing yourself?”

If yes, use the C-C-D-R Crisis Intervention. (Everly, 2015)

1. Clarify: “Do you really want to die, or do you simply want to change your life?”
2. Contradict:
 - Suicide is a permanent solution to a temporary problem
 - Suicide will damage others by creating “permission effect”
 - Suicide is a reaction to hopelessness; help is available
3. Delay: This is not a time to decide this.
4. Refer: Always refer for mental health assessment

Special Issue: Burnout in Crisis Responders

Called “Compassion Fatigue”, this syndrome reflects a psychological breakdown in the ability to maintain effectiveness in service. May show up as irritability, depression, fatigue, pessimism, procrastination, sleep disturbance, and substance use.

How to Burnout Well

(Everly, 2015)

1. Be a perfectionist, accept nothing less
2. Never exercise
3. Remember: the glass is half empty
4. Never eat breakfast and load up on junk food
5. Blame all of your life failures on everyone else, your parents, your boss, the government, etc.
6. Accept responsibility for everyone all the time
7. Control everyone and everything at all times
8. Sleep as little as possible
9. Feel guilty and never take time off
10. Use drugs and alcohol to cope

A Better Plan

1. Physical exercise
2. Cognitive exercise
3. Meditation/relaxation response
4. Interpersonal support
5. Active optimism – positive attitude
6. Know your limits – respect yourself
7. Faith – something more than you

Questions And Discussion



PENNSYLVANIA DISASTER SPIRITUAL CARE NETWORK

Lucille Underwood – mlucilleu@yahoo.com

Tom Kadel – thomaskadel@gmail.com

Disaster Spiritual Care

- ❖ What is disaster spiritual care?
- ❖ National VOAD's Points of Consensus
- ❖ Religious Care and Spiritual Care
- ❖ The Pennsylvania Disaster Spiritual Care Network
 - History
 - Competencies
 - Partnerships
 - Credentialing
- ❖ Deployment of PDSCN volunteers
- ❖ Questions



8 Things You Should Know about Disaster Spiritual Care

... and some wisdom to go with them

Disaster Spiritual Care ...



#1

is about hope.

Disaster Spiritual Care helps those affected by disaster to draw upon their own emotional and spiritual resources to find the hope necessary for recovery.

Disaster Spiritual Care ...



is about hope.

WISDOM:

“Hope is the foundation for resiliency.”

Disaster Spiritual Care ...



#2

is about *spiritual* care.

Disaster Spiritual Care provides care to all persons regardless of religion. When possible and welcomed, the care-giver will facilitate contact with one's religious community or tradition.

more

Disaster Spiritual Care ...



#2

is about spiritual care.

WISDOM (1):

“All persons have a spiritual core even if it is not part of a religion.”

Disaster Spiritual Care ...



#2

is about spiritual care.

WISDOM (2):

“A national poll sponsored by the Red Cross after 9/11 reported that 60 percent of respondents said they would be more likely to seek help from a spiritual caregiver than either a physician (45%) or a mental health professional (40%).”

-- Koenig, Harold G. *In the Wake of Disaster: Religious Responses to Terrorism and Catastrophe* . Templeton Press, 2008

Disaster Spiritual Care ...



#3

does not proselytize.

Spiritual Care providers recognize that survivors of disaster are often extremely vulnerable and will not abuse this imbalance of power to serve any ends except the survivor's well-being.

Disaster Spiritual Care ...



#3

does not proselytize.

WISDOM:

“It is all about recovery, not recruitment.”



#4

is effective throughout a disaster's life-cycle.

Survivors often go from “why” questions to “how” questions.

- “Why did this happen?”
- “How do I go on?”

Throughout, these questions have both practical levels and deeply spiritual ones.

Disaster Spiritual Care ...



#4

is effective throughout a disaster's life-cycle.

WISDOM:

“Every disaster has a life-cycle and so do its survivors.”

Disaster Spiritual Care ...



#5

is team-oriented.

Spiritual care works cooperatively with other responders – especially Behavioral Health providers and local faith-based leaders.

more

Disaster Spiritual Care ...



#5

is team-oriented.

Spiritual care providers are trained to detect underlying psychological and emotional conditions which are to be referred to specialists in those areas.

They also recognize that each faith tradition has intricacies which they may not be qualified to interpret. Those intricacies are best addressed by leaders from the survivor's own faith tradition.

Disaster Spiritual Care ...



#5

is team-oriented.

WISDOM:

“No one is everyone and anything is too often nothing.”

Disaster Spiritual Care ...



#6

recognizes the power of stories.

Stories can not only knit people together, but can re-knit hope and resiliency within the individual.

Spiritual stories (even when not framed in spiritual language) have the power to give shape to individual stories and allow the spiritual provider to accompany survivors on what may well be the most difficult journey of their lives.



#6

Disaster Spiritual Care ...

**recognizes the power of
stories.**

WISDOM:

*“The most powerful accompaniment is
being with others through their stories.”*

Disaster Spiritual Care ...



is about presence.

The most powerful tool the spiritual care provider has is the power of presence. Words are frequently far less important than the provider's presence with the survivor.

Disaster Spiritual Care ...



#7

is about presence.

WISDOM (1):

“Presence commonly trumps words.”

WISDOM (2):

*“If you cannot improve on silence,
don't try.”*

Disaster Spiritual Care ...



#8

**is about being well-trained
and committed to common
principles.**

Wanting to help those in distress is common human nature. But, as in other response disciplines, harm can result from untrained response or compromised principles.

Disaster Spiritual Care ...



#8

is about being well-trained
and committed to common
principles.

WISDOM (1):

“Always know how to ‘do no harm.’”

WISDOM (2):

*“Wanting to help is eclipsed by
knowing how and why.”*



Two final pieces of wisdom.

WISDOM (1):

“God/The Deity (however understood) always precedes responders to the site of a disaster and is always present after those responders have departed.”



Two final pieces of wisdom.

WISDOM (2):

“Spiritual Care providers are the hands, arms, feet and speech of God/The Deity and not of themselves.”



These are 8 things you should know about Disaster Spiritual Care

1. It is about **hope**.
2. It is about ***spiritual*** care.
3. It does not **proselytize**.
4. It is effective throughout a disaster's **life-cycle**.
5. It is **team-oriented**.
6. It recognizes the power of **stories**.
7. It is about **presence**.
8. It is about being **well-trained** and **committed** to common principles.



NATIONAL VOLUNTARY ORGANIZATIONS ACTIVE IN DISASTER

POINTS OF CONSENSUS

DISASTER SPIRITUAL CARE

- Ratified by NVOAD member organizations in 2009
- All member organizations must operate according to these Points of Consensus
- Have become the *de facto* standard across the nation
- Each PDSCN credentialed responder must sign a statement indicating that he/she will operate in accordance with the Points of Consensus



Religious care and Spiritual care are different

Religious Care is care provided to others with whom one shares a common faith tradition. In Religious Care, the symbols, doctrines, literature, prayer forms and belief systems are used to assist the affected person(s) to rediscover and connect with the source of hope that the common faith tradition offers.

Spiritual Care is care offered to persons of diverse religious (or no religious) backgrounds. It seeks to assist the affected person(s) to discover the “spiritual” resources within them. Spiritual Care does not seek to convert or change that person’s spiritual belief system. National VOAD asserts, “There may well be as many definitions of Spirituality as people on the globe. Many definitions, however, share common elements involving the struggle for meaning and the relationship of the Human Spirit to transcendence and hope.” (*Light Our Way*)



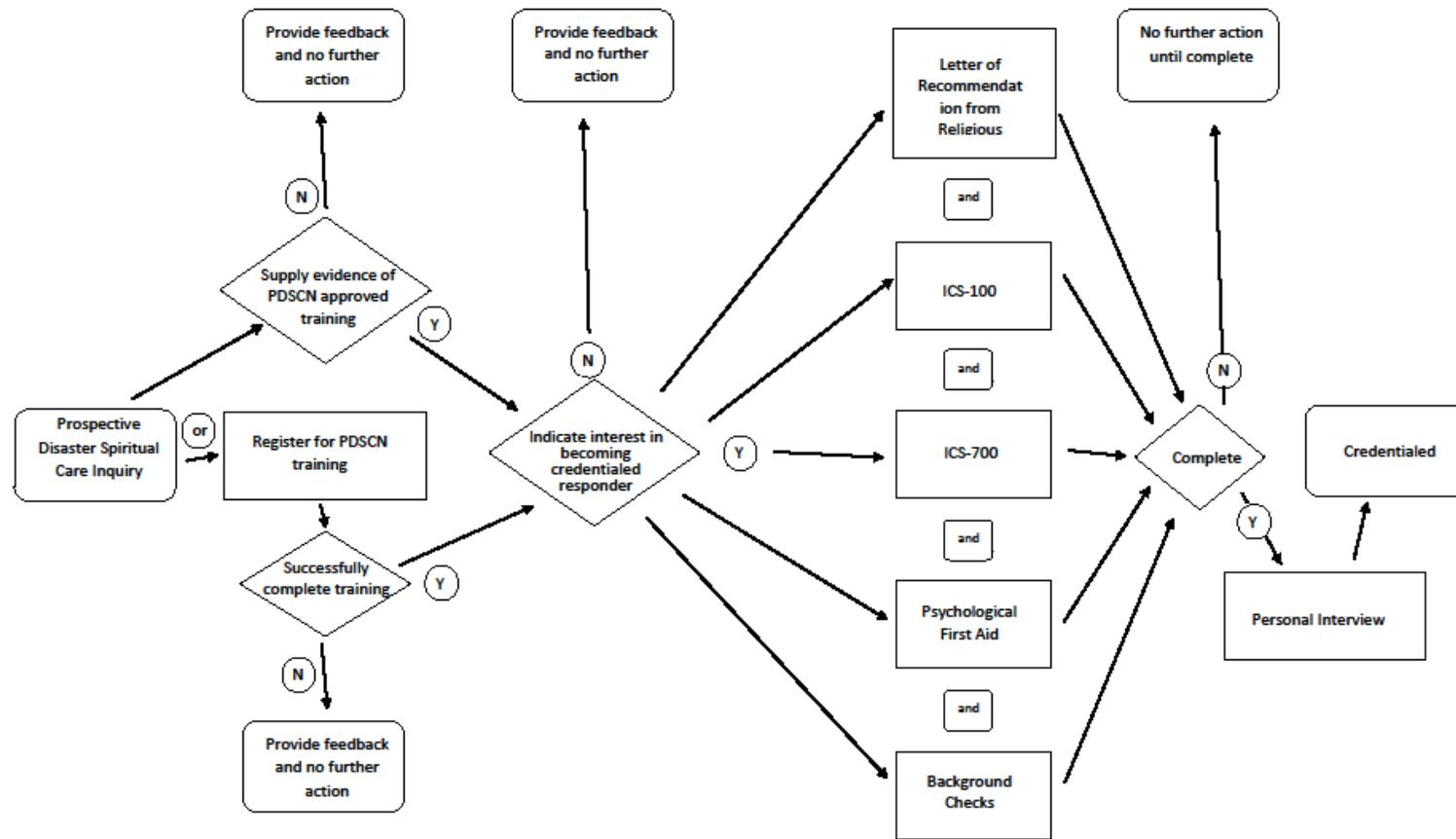
PDSCN Competencies

PDSCN Capability	Explanation
Provide Comfort	DSCPs will be trained in the best practices of providing comfort to those who have been affected by a disaster, including death notification, bereavement, shock, depression and factors indicating when to refer persons to mental health professionals. In addition, they will be trained in providing a service of “ presence ” which carries the message to the affected, “You are not alone.” Disaster Spiritual Care is based upon “presence” and often words are not even necessary.
Assist in rediscovery of Meaning	Chaos is the root opponent of well-being and may well be the experience human beings tolerate least well. DSCPs will be trained to assist affected persons in the discovery or recovery of their own sense of meaning in life. Meaning, in this context, is that which introduces a sense of order .
Nurturance of Hope	All spiritual systems are based upon a belief that there is a transcendent power (which they may or may not call God) and that hope is based upon the presence of this transcendent power. DSCPs will be trained in assisting affected persons to anticipate a future time of well-being. All recovery, whether personal or community, is based upon the hope that things can get better.
Assist in discovery of assets for personal and community Resiliency	In the context of hope and meaning lay one’s discovery of the personal qualities and characteristics that can lead to expectation of well-being. DSCPs will be trained in assisting affected persons to discover their own personal assets that can be employed to enable their own resiliency and others that can be employed to participate in the resiliency of the community they are a part of.
Become conduits of Information (Communication)	Each of these competencies require special sensitivities and skills in communicating with affected persons. In addition, DSCPs will have access to timely information about the present disaster and the response to it. Sharing this information with affected people will assist in the mitigation of the experience of chaos . DSCPs will be required also to successfully complete FEMA’s IS-100 and IS-700 courses thus assisting them to have an understanding of the larger response which can be communicated to affected persons.



PDSCN Credentialing

PDSCN Process for Credentialing Disaster Spiritual Care Providers into Network





Deployment



Questions and Contact

Lucille Underwood: mlucilleu@yahoo.com

Tom Kadel: thomaskadel@gmail.com

www.pdscn.org

EMERGENCY BEHAVIORAL HEALTH INTEGRATION IN EMERGENCY MANAGEMENT

Presented By:
Pennsylvania Department of
Human Services
Office of Mental Health and
Substance Abuse Services

- Effective and organized intervention
- Strives to stabilize emotions and reactions to a crisis or disaster
- When emotional health and welfare are threatened
- Survivor, family members, first responders and community



- Most people affected by crisis/disaster function normally within the stress of everyday life
- Reactions to disaster are normal and understandable



3 Types of Responses

Physiological

- Fatigue
- Headache
- Sleeplessness
- Increased heart rate

Cognitive & Intellectual

- Disorientation
- Inability to make decisions
- Confusion
- Intrusive thoughts
- Distorted logic, judgment, reasoning

Emotional & Behavioral

- Sorrow/sadness
- Grief
- Fear
- Irritability
- Shame
- Anger
- Lashing out
- Reckless behavior

- Prevents unnecessary disruptions of Emergency Response Operations
- Reduces the likelihood/occurrences of PTSD & ASD
- Contributes to the safety, security and comfort of those affected by crisis/disaster
- Contributes to community cohesion necessary for recovery

- PFA - Psychological First Aid
- DCORT - Disaster Crisis Outreach & Referral Team
- CCP - Crisis Counseling Program
- CISM - Crisis Incident Stress Management
- KCIT - Keystone Crisis Intervention Team
- NOVA - National Organization for Victim Assistance



Psychological First Aid (PFA)

- Establishes human connections in a non-intrusive, compassionate manner
- Enhances safety while providing physical and emotional comfort
- Calms and orients emotionally overwhelmed and distraught survivors
- Helps survivors identify immediate needs
- Gathers information as necessary
- Offers practical assistance and information to address immediate needs and concerns

Disaster Crisis Outreach & Referral Team (DCORT)

- Team of individuals trained in EBH interventions
- Assists individuals impacted by crisis/disaster
- Provides emotional support and therapeutic activities
- Eases stress, fosters compassionate presence, aids in community resilience
- On-scene interventions
- Deployed by county EMA and/or the county mental health authority
- Not all counties use the term DCORT to describe their EBH response teams

Crisis Counseling Program (CCP)

- Grant program offered through FEMA and SAMHSA after a Presidentially Declared Federal Disaster
- Assists individuals and communities in recovering from effects of natural & human-caused disasters
- Community based outreach & psycho-educational services
- Goal to return survivors to pre-disaster level of functioning
- Provides in-community disaster assistance

Crisis Incident Stress Management (CISM)

- Method of helping first responders and others involved with incidents that leave them emotionally and/or physically affected
- A process that enables peers to help their peers understand problems that might occur after an event
- This process also helps people prepare to continue to perform their services or in some cases return to a normal lifestyle

<http://www.icisf.org/about-us/>

Keystone Crisis Intervention Team (KCIT)

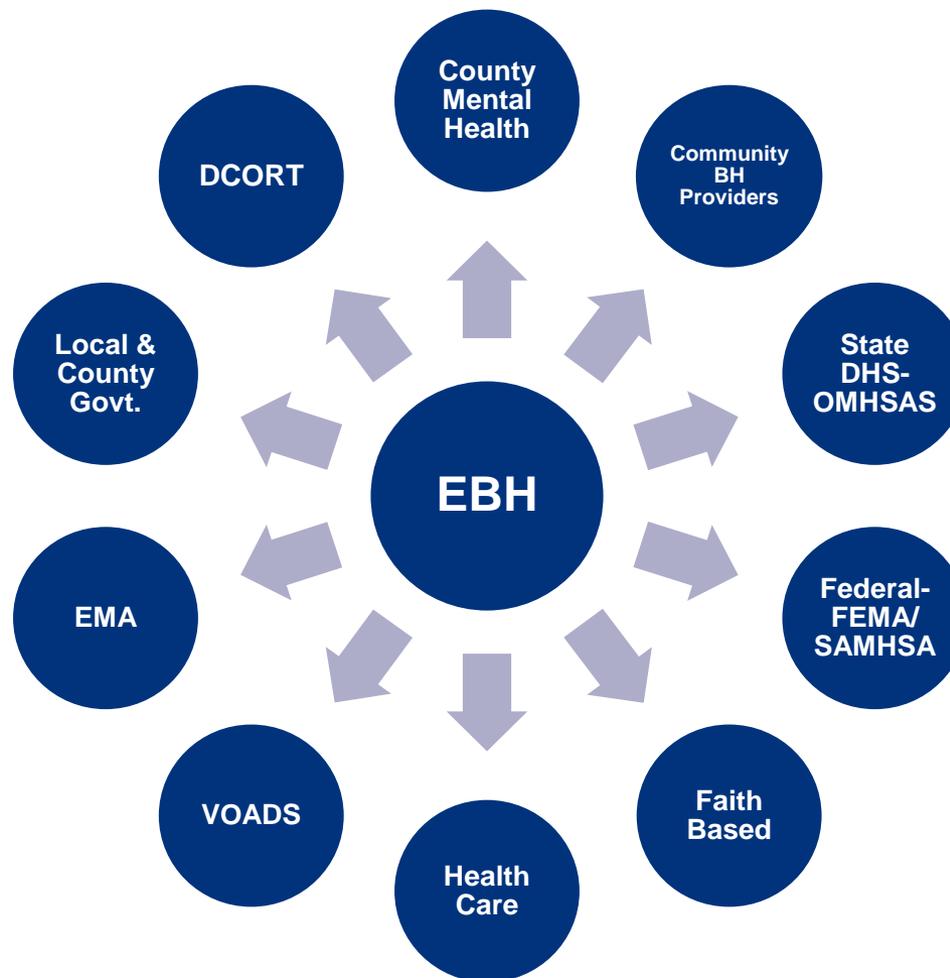
- Empowers local communities to support crime victims in recovery from traumatic incidents
- Activation: Official request made by person or agency having authority at the crime scene
- Toll-free 24/7 Hotline 855-SOS-KCIT or 855-767-5248

National Organization for Victim Assistance (NOVA)

- Private, non-profit membership organization of victim assistance and witness assistance professionals
- Assists individuals, groups and communities
- Develops, utilizes, and builds natural resources of strength and resilience in emotional aftermath of disaster
- Response dependent upon community invitation
- Values of NOVA: compassion, accountability, collaboration, and passion

EBH Needs:

- Survivors, families & friends, and communities at large have different EBH needs during different phases of crisis and disaster
- No single source can address all necessary services & needs
- Awareness of community partners and assets and planning in advance for collaboration is a necessary part of an EBH Plan



VOADS – Voluntary Agencies Active in Disaster Examples:

American Red Cross	Salvation Army	Lutheran Disaster Relief	Mennonite Disaster Services & UMCOR	Team Rubicon
<ul style="list-style-type: none">• EBH/PFA• FAC• Shelter/ Mass Care	<ul style="list-style-type: none">• Food Canteen	<ul style="list-style-type: none">• Child Care• Spiritual Care• Long Term Recovery	<ul style="list-style-type: none">• Recovery• Rebuilding• Community Development	<ul style="list-style-type: none">• US Military Veterans• Self-contained to clean up & re-build



- Use preparedness events to promote EBH educational readiness and awareness
- Discuss EBH planning needs in advance
 - FAC logistics
 - Quiet rooms
 - Training
 - Procedures

Prior to Event

During Event

- Type of response
- Determination of teams/responders
- Logistics
 - Child Care
 - Resources and resource materials
 - Counseling
 - Spiritual care, etc.

- EBH referrals
- Community meetings, memorials etc.
- Comprehensive Emotional Health (physical needs)
 - Economic/Social Service Benefits
 - Recovery/Re-building needs
 - Connection with collaborative services

Post Event

Three I's for Successful Integration

- IDENTIFY
- INVITE
- INTEGRATE



Identify:

- Utilize planning meetings to identify potential EBH needs and response protocols- Who, What, When & Where
- Familiarize yourself with available county resources and with the processes for requesting outside assistance
- Determine which response systems will be utilized for each potential event
- Design deployment protocols

Invite:

- County resources/teams to the planning table
- EBH training
- EBH teams to community meetings and AAR meetings
- EBH teams to participate in trainings and exercises

Importance of inviting EBH teams to trainings and exercises:

- Increases EBH team knowledge of the roles of other disaster responders
- Increases knowledge of other responders about EBH concerns and capabilities
- Keeps teams connected, ready, and motivated
- Strengthens relationships

Integrate:

- Formalize plans to include EBH response in the County Emergency Operations Plan
- By integrating the response, survivors will receive a spectrum of assistance not confined to one discipline
- Consultation services and assistance available through DHS OMHSAS EBH Program
- Robyn Kokus 717-510-8563 or rkokus@pa.gov

- www.paprepared.net

