Colorado Crisis Education and Response Network

A Disaster Behavioral Health Partnership

Colorado Department of Human Services
people who help people
Division of Behavioral Health

C-SEAP
Colorado State Employee Assistance Program

Colorado Society of School Psychologists

COVA
Colorado Organization for Victim Assistance
building solutions. leading change.

The Salvation Army

American Red Cross
Mile High Chapter

Colorado Crisis Support Network

Protocols and Guidelines

Partnership Agreement

The purpose of this document is to establish the terms of agreement between the agencies and organizations that comprise the Colorado Crisis Education and Response Network (CoCERN). The agreement will serve as a broad framework within which the partner agencies and organizations may coordinate and integrate their efforts throughout Colorado to offer comprehensive and professional behavioral health services to survivors of natural or man-made disasters and to the disaster workers responding to the survivors' needs.

Each party to this CoCERN Protocol and Guidance document is a separate and independent organization. As such, each organization retains its own identity in providing service and is responsible for establishing its own policies. Each party acknowledges that federal and state law address the respective roles of State and County authorities and private agencies, including actions to be taken in the event of the declaration of a State disaster.

This document provides the necessary guidance to a partnership designed to increase the level of effectiveness, efficiency and professionalism to disaster behavioral health planning and response. However, this agreement does not bind any agency, organization or individual. It does not require complete adherence. The following agencies and organizations, by signing this document, agree to be a part of the Colorado Crisis Education and Response Network and agree to follow the protocols and guidelines laid out within. Signing individuals have been given the authority from their agency or organization to represent the party and to enter into this community partnership.

Cooperating Partners

Charley Shimanski
Chief Executive Officer
American Red Cross Mile High Chapter

Patricia L. Tritt, RN, MA
Coordinator
Colorado Crisis Support Network

Janet Wood, MBA, MEd
Director
Division of Behavioral Health
Department of Human Services

Nancy Lewis
Executive Director
Colorado Organization for Victim Assistance

Charlotte Armstrong, EdS, NCSP
Coordinator
Colorado Society of School Psychologists Statewide Crisis Response Team

Randi Wood, PhD
Director
Colorado State Employee Assistance Program
Department of Personnel and Administration

Gerald Koch,
Envoy
The Salvation Army

Assisting Partners

Scott R. Thoemke, MEd, CACIII
CEO/Executive Director
Arapahoe/Douglas Mental Health Network

Rick Doucet, MA
Chief Executive Director
Community Reach Center

Sue Zasadil, LPC
Response Coordinator, Larimer
Crisis Counseling and Resilience Enhancement (CARE) Team

Randy Stith, PhD
Executive Director
Aurora Community Mental Health Center

Anthony P Young, Psy.D
President: Denver/Rocky Mountain Association of Black Psychologists

James Barclay
President and CEO
Lutheran Family Services of Colorado

Elizabeth Hickman, Ph.D
Executive Director
Centennial Mental Health Center

Connie Allen, BSW, CACII
Disaster Response Coordinator
El Paso County Mental Health Response to Critical Incidents (MHRCI)

Carl Clark, MD
Chief Executive Officer
Mental Health Center of Denver

Michael Bright
Chair
Colorado Voluntary Organizations Active in Disaster

Tom Olbrich, LCSW
Director of Access and Emergency Services
Jefferson Center for Mental Health

Beth Lonergan, PsyD
Director of Clinical Operations
The Mental Health Center Servicing Boulder and Broomfield Counties

Daniel J Mosley, EdD
Disaster Response Coordinator
Colorado Psychological Association

Randolph E Ratliff
Executive Director
Larimer Center for Mental Health

Jason Chippeaux, MSW, LCSW
Director of Operations
Pikes Peak Mental Health

John DiMatteo, MSW, LCSW
Coordinator
Pueblo Behavioral Health Response Team

Fernando A. Martinez
Executive Director
San Luis Valley Mental Health Center

Richard L. Vogt, MD
Executive Director
Tri-County Health Department

Gilbert A Sanchez, MSW
Chief Executive Officer
Spanish Peaks Mental Health Center

Key disaster response leadership in Colorado recognizes the importance of a strong disaster behavioral health response. Specifically, the Colorado Department of Local Affairs Division of Emergency Management and the Colorado Department of Public Health and Environment Emergency Preparedness and Response Division, while not members of CoCERN, commit to offering guidance and consultation when and where needed to the CoCERN partnership.

Hans Kallam
Director
Division of Emergency Management
Department of Local Affairs

Chris Lindley
Director
Emergency Planning and Response Division
Department of Public Health and Environment

On December 19, 2006, the Colorado Department of Human Services, Division of Behavioral Health launched a two-year project to develop a statewide partnership and structure for behavioral health disaster response. That effort resulted in this document and the statewide partnership that is now known as the Colorado Crisis Education and Response Network. This endeavor was led by Dr. Curt Drennen and the Behavioral Health Disaster Planning and Response Program, which included PJ Havice-Cover, Jonathan Gunderson, Dianne Miller, Beth Roome, Katie Wells, DBH State Substance Abuse Disaster Response Coordinator and Laura Williams.

At that first meeting, 59 people representing 44 agencies gathered to begin the development process. This initial "Disaster Planning Council" Chaired by Dr. Drennen and for a period of time Co-Chaired with Ms Sally Mather, formed four subcommittees (Command – Chair Ms Carnita Groves, Resource Management – Chair Ms. Laura Williams, Communications – Chair Ms. Beth Roome and Credentialing – Chair Ms. PJ Havice Cover) to develop the structure that was needed to assure an effective, efficient and professional disaster behavioral health effort. Later, an Education subcommittee formed to address issues specific to school response. The resulting two-year, 1900 + documented hours of effort included a total of 110 people and 60 agencies.

We would like to honor and thank those that committed themselves to the process of developing CoCERN. Because these individuals offered their expertise, time and talents, we have a partnership that strengthens the efficiency, effectiveness and professionalism of disaster behavioral health throughout Colorado.

Respectfully Submitted

Curt H Drennen, PsyD, RN
Disaster Behavioral Health Response Planner and Coordinator
Colorado Department of Human Services, Division of Behavioral Health

The following notes signify subcommittee membership: Command= (C), Resource Management (R), Communications (Cm), Credentialing (Cr), and Education (E).

Adams County Office of Emergency Management
Heather McDermott (E)

American Red Cross – Mile High Chapter
Jonathan Comyn
Sally Mather: (C) Council Co-Chair

American Red Cross – Pikes Peak Chapter
Charles Franklin (Cr)

Aurora Comprehensive Community Mental Health Center
Marlene Husson (R)

Centennial Mental Health Center
Russell Bonamo
Deb Rykken

Colorado Crisis Support Network
Hal Goldberg (C)
Patricia Tritt (Cm, Cr), Editor

Colorado Department of Public Health and Environment, Emergency Planning and Response Division
Natalya Verscheure (Cm)
Barbara Beiser (Comm Consultant)
Dawn James

Colorado Department of Local Affairs, Division of Emergency Management
Kerry Kimble
Polly White (Cm Consultant)
Bob Wold

Colorado Department of Public Safety
Lance Clem (Comm Consultant)

Colorado Department of Public Education
Sarah Cannon
Jackie Zheleznyak

Colorado Mental Health Institute at Fort Logan
Kent Heath (Cm Consultant)
Holly Lutz (Cm Consultant)

Colorado Mental Health Institute at Pueblo
Gene Wilcoxson
Teresa Williams

Colorado Organization for Victim Assistance
Ami Gerstner (C)
Nancy Lewis (C)

Colorado Psychological Association
Martha Pearse (C, Cr), Chief Editor

Colorado Springs District 11
Monika Hannan (E)

Colorado Society of School Psychologists
Char Armstrong (Cr, E)
Susan Compton (R)
Franci Crepeau-Hobson (Cr)
Linda Kanan (Cm, E)
Susy Ruof (Cr, E)
Kathy Sievering (C, E)

Colorado State Employee Assistance Program
Randi Wood (C)
Taylor Ray

Colorado Voluntary Organizations Active in Disaster
Michael Bright (C)

Community Reach Center
Wendy Gielow (R)

Denver Public Health
Charles Smedly

Denver Environmental Health
Bill Benerman
Matt Mueller

Denver/Rocky Mountain Association of Black Psychologists
Carnita Groves – Command Chair
Anthony Young

Denver Office of Emergency Management
Carolyn Bluhm (Cm Consultant)

El Paso MHRCI
Michael Baker (Cr)

Elbert County Department of Social Services
Joanne McLain

Federal Emergency Management Agency
Jon Wallace (C)

Harrison School District
Cayth Brady (E)

Inter-Agency Consortium
Jen Poitras

Jefferson Center for Mental Health
Tom Olbrich

Larimer Center for Mental Health
Roy True (Cm)
Sue Zasadil
Lisa Downs

Lutheran Family Services of Colorado
George Cummings

Mental Health Center of Denver
Faye Copenhaver (C)

Mental Health Center Serving Boulder and Broomfield Counties
Cynthia Crouch (R)

Pikes Peak Mental Health
Gerald Albrent (C)
Michael Rovaris (C)

The Salvation Army
Gerald Koch
Robyn Morgan (Cr)

San Luis Valley Comprehensive Community Mental Health Center
Dave Hayden

Spanish Peaks Mental Health Center
John DiMatteo

Tri-County Health Department
Julie Uhernik (Cm, E)

Department of Veterans Affairs
Joan Collins (Cm)
Jon Heikka
Carol Selby-Huckles

At Large
Francisco Gonima (Cr)
Philippe Marquis

Executive Summary

The Colorado Crisis Education and Response Network (CoCERN) is a statewide asset based in community partnerships formed to deliver effective, efficient and professional disaster behavioral health services. These services incorporate a variety of resources within the human service field including mental health services, victim assistance, substance abuse treatment services, pastoral care, school-based crisis services and debriefings.

CoCERN is envisioned as an inclusive, organized, collaborative and cooperative network for disaster behavioral health response. The network will be activated if the local disaster behavioral health response resources are depleted or overwhelmed. When requested, the member organizations will provide support and services to the lead local responding behavioral health agency, survivors, responders, responder families and the public following any large-scale event. Our values include trust, collaboration, cooperation, coordination, communication and inclusion.

The Guidance and Protocol document covers the following core areas of the partnership:

- **Contextual Framework**
  This section of the document lays out the foundational elements of CoCERN including Vision, Mission and Values statements. It illustrates the variety of partner agencies that have been assembled for a strong behavioral health disaster response. Finally, it asserts partner agency "Authorities" and communicates response and situational assumptions.

- **Behavioral Health Unified Command**
  This is a core aspect of the document and describes how the partnerships will provide a coordinated response during a critical event. The section identifies specific roles and responsibilities of behavioral health command personnel, tying the behavioral health response to the structures of the Incident Command System.

- **Resource Management**
  This section identifies key structures of responding teams and their response.

- **Communications**
  This section addresses issues of technology and processes for assuring sound lines of communication during a response.

- **Credentialing**
  A standard for training that has been accepted to create a broad sense of understanding and trust among responding agencies is presented. Standardized credentialing increases the capacity for cross-agency partnership and greater consistency in service delivery.

Representatives of the partnering agencies have been instrumental in the development of the guidance and protocols contained in this document. It is in the best interest of the people of the State of Colorado for partner agencies to incorporate the guidelines set forth in this document to ensure a comprehensive, organized and timely response to catastrophic events.

Table of Contents

PARTNERSHIP AGREEMENT 1-4

EXECUTIVE SUMMARY 5

TABLE OF CONTENTS 6-7

CONTEXTUAL FRAMEWORK 8-13
- I. CoCERN DEFINED 8
- II. VISION 8
- III. MISSION 8
- IV. VALUES STATEMENT 9
- V. CoCERN PARTNERSHIP 9
  - A. Cooperating Agencies
  - B. Assisting Agencies
- VI. CoCERN COUNCIL 10
- VII. AUTHORITIES AND REFERENCES 10
  - A. CDHS, Division of Behavioral Health
  - B. American Red Cross, Mile High Chapter
  - C. Victim Assistance, Colorado Organization for Victim Assistance
- VIII. SITUATIONAL ASSUMPTIONS 12
- IX. RESPONSE ASSUMPTIONS 13

BEHAVIORAL HEALTH UNIFIED COMMAND 14-23
- I. RESOURCE ACTIVATION 14
  - A. Invitation/Activation
  - B. Response Planning Coordinator Responsibilities
- II. ESTABLISHING BEHAVIORAL HEALTH COMMAND STRUCTURE 17
  - A. Lead Agency or Command Agency
  - B. Behavioral Health Command/ CoCERN Command:
  - C. CoCERN Commander
  - D. CoCERN Deputy Commander
  - E. CoCERN Trainee
  - F. CoCERN Command Staff
- III. CoCERN AND MACC 22
- IV. DEMOBILIZATION 22
  - A. Post-Demobilization
  - B. Negative Events

RESOURCE MANAGEMENT AND DEPLOYMENT 24-33
- I. BEHAVIORAL HEALTH DISASTER RESPONDERS 24
  - A. BH Group Manager
  - B. Behavioral Health Disaster Response Teams (BHDRT)
- II. DEPLOYMENT 28
  - A. Entering the Field
  - B. Cross-Resource Cooperation
  - C. Demobilization

III. DISASTER BEHAVIORAL HEALTH RESPONSE 30
A. Triage
B. Assessment
C. Basic Support
D. Psychological First Aid (PFA)
E. Referral
Flowchart 1: Disaster Behavioral Health Response Parameters 33

COMMUNICATIONS 34-38
I. ACTIVATION PROTOCOL 34
A. Initiation
B. Field Response
C. PIO/JIC Response
D. Information Exchange
II. TECHNOLOGY 35
A. WebEOC
B. Low-Tech/No Tech Communication
III. CoCERN COMMAND AND THE JOINT INFORMATION CENTER (JIC): 36
A. PIO – Behavioral Health Filter
B. CoCERN Marketing
Flowchart 2: CoCERN Communication System for Disaster Behavioral Health Response 38

CREDENTIALING 39-43
I. BEHAVIORAL HEALTH DISASTER RESPONDER 39
A. Educational Requirements
B. Training Requirements
II. BEHAVIORAL HEALTH DISASTER SPECIALIST 41
A. Educational Requirements
B. Training Requirements
C. Suggested Voluntary Training
III. COLORADO VOLUNTEER MOBILIZER 42
IV. EVOLUTIONARY ISSUES: 43

APPENDIXES 44-72
APPENDIX A – COCERN PARTNER OVERVIEW 44-50
Cooperating Agencies
Assisting Agencies
APPENDIX B – CoCERN AND THE INCIDENT COMMAND SYSTEM 51-54
APPENDIX C – FIELD EXPERIENCE EXAMPLES 55
APPENDIX D – DEFINITIONS 55
APPENDIX E – ACRONYM GLOSSARY 56
APPENDIX F – GO BAG GUIDELINES 57
APPENDIX G – MASS CASUALTY BEHAVIOR TRIAGE 58-59
APPENDIX H – PSYCHOLOGICAL FIRST AID GUIDE CARD 60
APPENDIX I – STEPPED SYSTEM FOR TRAINING AND CREDENTIALING 61-62
APPENDIX J – ICS FORMS 63-72

Contextual Framework

Colorado Crisis Education and Response Network

I. CoCERN Defined

In Incident Command System (ICS) language: CoCERN is a Multi-Agency Coordination Entity that operates within a Unified Command structure to coordinate the provision of disaster behavioral health services during an emergency. In an ICS organizational chart, CoCERN would most likely be appointed to direct the Mental Health/Behavioral Health Section under the Emergency Support Function (ESF)-8 (Health & Medical) Branch or the ESF-6 (Mass Care, Housing and Human Services) Branch. CoCERN supports the participation of Assisting Agencies such as community mental health centers, Cooperating Agencies such as the American Red Cross and Salvation Army, and qualified Volunteers to ensure that the behavioral health needs of individuals affected by disaster are properly addressed. Through Assisting Agencies and people identified as Volunteers, CoCERN acts as an administrative entity to provide oversight, indirect services and referrals, as well as being a direct provider of services to clients in meeting the identified needs from the event. In the coordination of Cooperating Agencies, it delegates Assignments that are appropriate to the protocols, resources and authorities of the tasked entity to be carried out as part of the incident command structure.

II. Vision

CoCERN is to be an inclusive, organized, collaborative and cooperative network for behavioral health disaster response. This network functions for state responses and will provide efficient and effective services to survivors, responders, responder families and the public following any large-scale event.

Behavioral health disaster response is defined as all psychosocial activities which serve to support the individual, group and/or community in dealing with the cognitive, emotional and spiritual impacts of a disaster. This includes mental health, substance abuse assessment/referral, victim assistance and spiritual or pastoral care interventions.

III. Mission

CoCERN is a coordinated response network of trained resources whose mission is to address the immediate behavioral health needs of communities affected by an all-hazards incident.

IV. Values Statement

The members of the CoCERN Partnership have identified its core values as:

Trust: Trust is a requirement for effective partnership. It is expected that all CoCERN Partner Agencies will act in accordance with a trust in the whole and will work to support all partner agencies in their primary missions whenever possible.

Collaboration: Behavioral health disaster planning requires the ongoing collaboration of individuals from different organizations and agencies. Collaboration must exist at all levels of the planning process.

Cooperation: Cooperation during a disaster response among all partnering groups is a core responsibility. Without it, a strong response is impossible. Cooperation must exist at all levels of the response process, including Unified Command and in–the-field response while respect for each agency's mission is maintained.

Coordination: CoCERN is a body functioning with multiple parts, and it is expected that all partnering agencies will work to coordinate respectfully with each other before, during and after a response effort.

Communication: Strong, clear communication among entities and individuals is a functional requirement for a strong disaster behavioral health response. This includes efforts to address performance issues following the event (see demobilization section).

Inclusion: CoCERN strives to meet the needs of all Colorado citizens during crisis and recovery. Thus CoCERN will work with all survivors regardless of national origin, political affiliation, sexual orientation, religious/faith background; CoCERN includes agencies and individuals that represent and provide services to underrepresented cultures and communities. CoCERN will consciously and deliberately reach out to any and all in need and will work deliberately to prevent any inappropriate marketing or proselytizing during a disaster response.

V. CoCERN Partnership

A. Cooperating Agencies

The Colorado Crisis Education and Response Network—CoCERN—includes a variety of disaster behavioral health resources available in Colorado. The core partners represent those "cooperating" agencies and organizations that have a statewide presence and are responsible for leading or supporting a disaster response no matter where the event has taken place.

These partner organizations are:

American Red Cross, Mile High Chapter

Colorado Crisis Support Network (CCSN)

Colorado Department of Human Services Division of Behavioral Health

Colorado Organization for Victim Assistance (COVA)

Colorado Society of School Psychologists (CSSP)

Colorado State Employee's Assistance Program (C-SEAP)

The Salvation Army

B. Assisting Agencies

In addition, this partnership includes a variety of "assisting" organizations and community assets that have response resources, but either do not have a primary disaster response focus or have a disaster response focus in a specific county or region of the state:

The 6 American Red Cross Chapters in Colorado

The 17 Colorado Community Mental Health Centers and 6 Specialty Clinics in the public mental health system

COVA-Associated Victim Advocates

The Colorado Psychological Association

The Denver Veterans Administration

The Association of Black Psychologists

Lutheran Family Services of Colorado

Colorado Community Response Teams including:

BHRT (Pueblo Behavioral Health Response Team)

JGCCRT (Jefferson/Gilpin Counties Community Response Team)

Crisis Counseling and Resilience Enhancement (CARE) Team of Larimer County

MHRCI (El Paso Mental Health Response to Critical Incidents)

State and local Public Health Agencies

Colorado Substance Abuse Treatment System

See Appendix A for a brief description of all CoCERN Partner Agencies.

VI. CoCERN Council

A representative Council, comprised of individuals from the agencies and organizations mentioned previously, governs CoCERN. These representatives have agreed to this responsibility and have been given the authority by their agencies and organizations to develop an overarching structure for disaster behavioral health response. The Council is tasked with the development and maintenance of the protocol and guidance documents that structure the behavioral health response effort. In addition, the Council is responsible for the development and implementation of associated Memorandums of Understanding and Mutual Aid Agreements.

VII. Authorities and References

Several CoCERN partners have identified responsibilities in disaster response arenas specified in law or public policy.

A. CDHS, Division of Behavioral Health

The Colorado Department of Human Services has the following statutory authorities:

Federal

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, Title VI provides fiscal support to recovering communities through the Crisis Counseling Program following a Presidential Declaration of Disaster. The State Mental Health Authority is the responsible agency.

State

The Colorado Disaster Emergency Act of 1992, Title 24, Article 32, Part 2101 et. Seq., Colorado Revised Statutes (CRS), as amended: The Division of Emergency Management is charged to "Prepare for prompt and efficient search, rescue, recovery, care, and treatment of persons lost, entrapped, victimized, or threatened by disasters or emergencies," and within the state, with the Governor as "Commander in Chief," any and all state government entities can be utilized to fulfill these responsibilities during a state emergency.

The Colorado State Emergency Operations Plan, State Emergency Function #8a Mental Health, October 2007 states: "The Colorado state Emergency Operation Plan identifies the Colorado Department of Human Services, Division of Behavioral Health as the lead agency in coordinating disaster behavioral health services."

B. American Red Cross, Mile High Chapter

Authority and Legal Status of the American Red Cross to Provide Disaster Services Authority to perform disaster services was formalized when Congress chartered the Red Cross in 1905, as amended May 11, 2007 (36 U.S.C. § 300101-300311). Among other provisions, the Congressional Charter charges the Red Cross

> *...to carry out a system of national and international relief in time of peace and apply that system in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry out measures for preventing those calamities.* ***-Congressional Charter 36 U.S.C. § 300102.***

In 1918, US Solicitor General John W. Davis wrote an opinion describing in broad terms the obligations of the Red Cross to the nation, to disaster victims and to the people who generously support its work with their donations:

> *When any question arises as to the scope and activities of the American Red Cross, it must always be remembered that its Charter is not only a grant of power, but an imposition of duties. The American Red Cross is a quasi-governmental organization, operating under Congressional charter, officered in part, at least, by governmental appointment, disbursing its funds under the security of a government audit, and designated by Presidential order for the fulfillment of certain treaty obligations into which the government has entered. It owes, therefore, to the government which it serves, the distinct duty of discharging all those functions for which it was created.*

The authority of the Red Cross to provide disaster services was reaffirmed in federal law in Sec. 302(b) (3) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, Pub. L. 93-288, as amended, which states:

> *...nothing contained in this Act shall limit or in any way affect the responsibilities of the American National Red Cross under the Act of January 5, 1905.*

The Red Cross has a special role in major aviation disasters. Under the provisions of the Aviation Disaster Family Assistance Act of 1996 (PL 104-264), airlines, the National Transportation Safety Board (NTSB) and a "designated independent nonprofit organization" are given specific responsibilities with regard to coordinating the emotional care and support of the families of passengers involved in aviation disasters. The NTSB, as part of its Federal Family Assistance Plan for Aviation Disasters, has designated the Red Cross as the organization responsible for family care and mental health, and the Red Cross has accepted this role.

C. Victim Assistance, Colorado Organization for Victim Assistance

C.R.S. §§24-4.1-301-304, Colorado's Crime Victim Rights Act (VRA), delineates the responsibilities of criminal justice agencies as to victims of VRA crimes. The legislative declaration to Colorado's VRA states the following:

> *The general assembly hereby finds and declares that the full and voluntary cooperation of victims of and witnesses to crimes with state and local law enforcement agencies as to such crimes is imperative for the general effectiveness and well-being of the criminal justice system of this state. It is the intent of this part 3, therefore, to assure that all victims of and witnesses to crimes are honored and protected by law enforcement agencies, prosecutors, and judges in a manner no less vigorous than the protection afforded criminal defendants. C.R.S. §24-4.1-302.*

The criminal justice agencies with responsibilities under the VRA include law enforcement agencies, district attorneys' offices, the courts, probation departments and correctional agencies. The crimes covered by Colorado's VRA are primarily violent, person crimes, including crimes such as sexual assault, domestic violence, homicide, vehicular assault and robbery.

While non-profit organizations, such as the Colorado Organization for Victim Assistance (COVA), do not have statutory responsibilities under the VRA, non-profit organizations act as watchdogs for the criminal justice system by informing victims of crime about their rights under the VRA and the process for enforcing those rights. In addition to helping ensure that victims of crime are informed of the rights specified in the VRA, COVA provides VRA training to non-profit organizations and law enforcement agencies, many of which would act as responding agencies in the event of a major crime.

VIII. Situational Assumptions

A. Any natural or human caused disaster affects the psychosocial functioning of the community. This includes individuals (both survivors and responders) as well as schools, faith organizations, businesses and government. The long lasting negative effects include behavioral, cognitive, emotional and relational changes in individuals, and systemic shifts in functioning for large groups.

B. No single agency or system can meet the needs of the citizens of Colorado in times of major crisis. CoCERN incorporates and utilizes the wealth of knowledge, skills and expertise found in a wide variety of agencies.

C. CoCERN focuses on the immediate disaster response period—from the initial impact of the event until all first responder groups are redeployed, or when the Incident Commander relieves the behavioral health response.

D. CoCERN partners will work together to build a unified command to organize and operate the behavioral health response.

E. CoCERN will address effectively the issues of command, resource management, training, credentialing, communications and response standards.

F. All CoCERN members will have specialized training in disaster behavioral health and the National Incident Command System.

G. CoCERN is primarily responsible for the invitation and coordination of its member agencies, organization and groups. It then becomes the responsibility of those entities to activate their individual resources. An administrator for CoCERN will have access to the Colorado Volunteer Mobilizer (CVM) to activate individual assets.

H. Deployment of CoCERN resources is managed through the Incident Command System (ICS), which employs a hierarchical method of command and control. Resources are deployed as teams, with an identified Team Lead. Individual deployment is to be avoided whenever possible and self deployment is never permitted.

IX. Response Assumptions

A. No one who sees a disaster is untouched. There are primary, secondary and tertiary survivors. However, normal recovery is expected.

B. While CoCERN intends to provide psychosocial support, it is expected that communities will work together following crisis events and that many individuals will not need any direct support from CoCERN partners.

C. Immediate response efforts may include intervention formats, such as Mass Casualty Behavior Triage, basic support (food, drink, shelter, warmth and familial connection), Psychological First Aid and referral for follow-up to behavioral health services.

D. Stress, grief, shock, confusion, disorientation, anger, anguish and the responses that accompany these reactions are normal and are not to be pathologized.

E. Immediate response efforts must support individual and community resilience, and must avoid interfering with natural healing processes.

Behavioral Health Unified Command

All disasters are local. Following any all-hazards event, whether natural or human caused, emergency personnel are deployed for service. These personnel (emergency management, police/sheriff, fire and emergency medical) respond immediately to address community needs. After initial assessment, response entities may contact any CoCERN Partner Agency to address the behavioral health impact of the event.

I. Resource Activation

CoCERN Partners may be requested or invited to provide disaster behavioral health services to victims, survivors, and/or responders in affected communities following a critical event, trauma or disaster. The response invitation channels include emergency dispatch, local or state emergency management, schools (primary, secondary and college/university), sheriff/police departments, district attorney's office, a private business entity, local or state departments of public health or other response agencies.

When an event strikes the community that overwhelms initial behavioral health response resources, CoCERN will be invited to provide response support (See Table 1 for activation guidance). The agencies that receive the original invitation/request for disaster behavioral health support will be the primary decision makers for the early response. They will use the guidelines listed above.

Table 1: Definitions of Overwhelm

The following definitions of "overwhelm" may be used as guidance for requesting further CoCERN resources:

The Event:

Affects more than 10 housing units;

Happens in a school and has resulted in 2 or more deaths;

Includes more than 10 victims of violent crime;

Happens at a large community gathering of more than 100 people;

Affects more than 20% of the housing units in a community;

Is the result of an act of terrorism;

Involves a large transportation accident (airlines or Amtrak);

Has the potential to grow quickly and affect the entire community (e.g., a public health emergency, such as pandemic flu or SARS);

Requires more disaster behavioral health professionals than the initial agency/organization can provide.

Affects multiple communities, jurisdictions or catchment areas, and covers an extended geographic area.

Involves anything that does not meet the above guidelines but that the agency experiences as overwhelming

When in doubt:
CALL

It is possible for more than one CoCERN partner to be invited to provide services. **Therefore, once responding in the field, all CoCERN partners are obligated to partner in a collaborative and cooperative manner and build a unified command.**

A. Invitation/Activation

Upon a CoCERN partner's invitation to the scene, that Partner Agency (PA) will activate resources and assess the psychosocial needs of responders and survivors. It is recommended that the PA call CoCERN (See Communications section) to inform all CoCERN PAs and organizations of the immediate response activities, and request further support if needed.

Early information improves response success.

If the event approaches CoCERN thresholds (See Table 1), the PA should contact CoCERN and request a **Response Planning Coordinator** (a PA representative) to support the initiation and coordination of CoCERN Partner assets. Once requested, the Response Planning Coordinator will work in collaboration and cooperation with that initial PA to ensure the most appropriate resources are requested.

B. Response Planning Coordinator Responsibilities

When a CoCERN Response Planning Coordinator is activated, that individual has the following responsibilities to be completed in partnership with the Initiating Agency (IA):

The Response Planning Coordinator is a position filled by a CoCERN partner agency, which provides consultation support to the initiating partner agency on how best to commence a CoCERN response.

1. Report to the IA at the time and place directed.

2. Initiate a working relationship that emphasizes collaboration and support of the IA.

Assess . . .

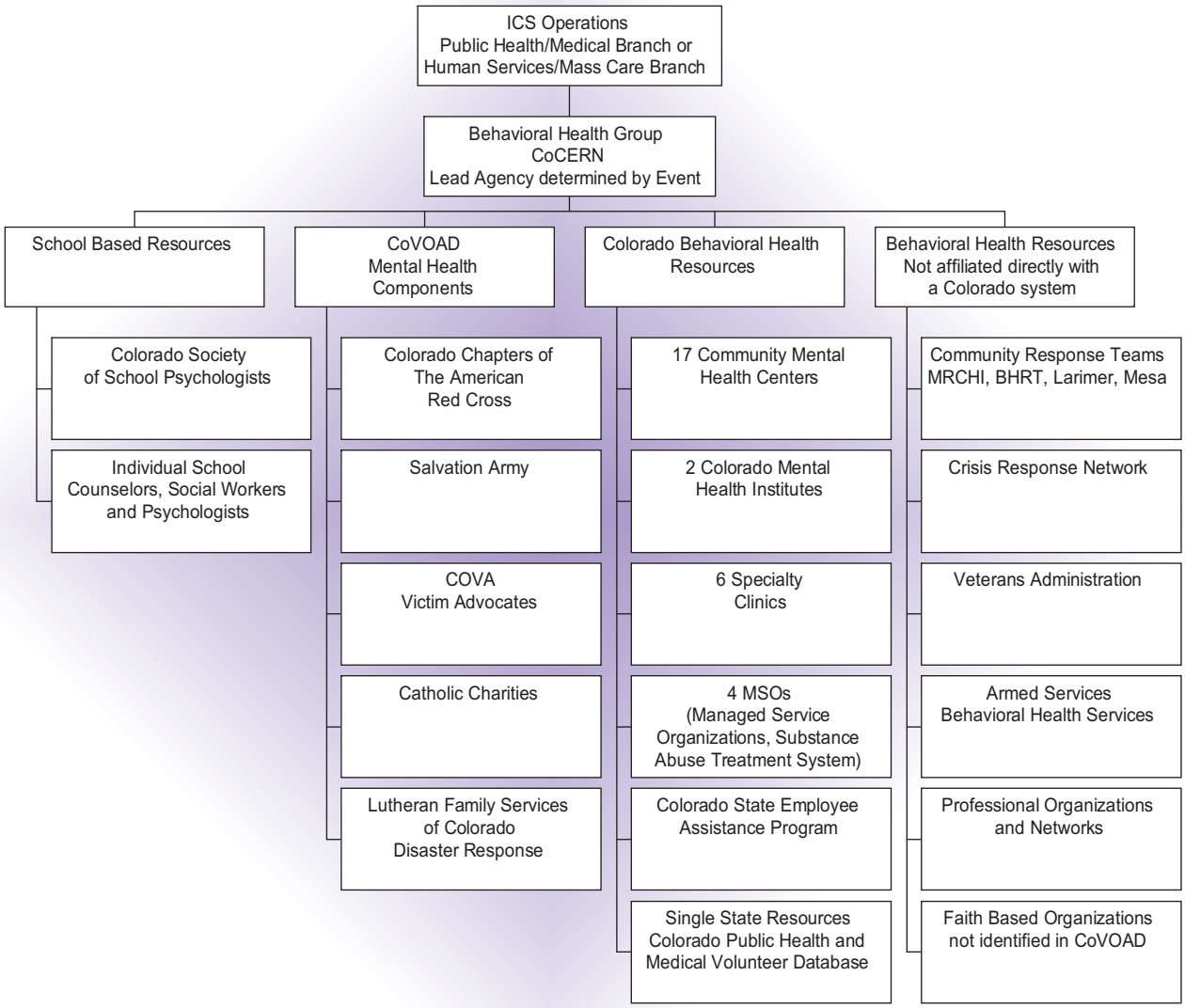
3. In conjunction with the IA's Behavioral Health lead, review the initial needs assessment and make recommendations concerning any additional response.

4. Offer suggestions to the IA regarding:
   a. Resource needs: What parts of CoCERN should be activated (see CoCERN Resource Chart – Chart 1)
      – Number of teams
      – Types of teams
      – Makeup and structure of teams
   b. Response focus
   c. Potential length of response
   d. Just-in-time training needs

Suggest . .

5. Upon direction from the IA, begin CoCERN call down (See Communications section).

Chart 1 - CoCERN Resource Schematic



6. Consider the intermediate (1-4 weeks) and the long-term (4 weeks to 1 year) response needs of both the community and IA. From the point of view of a consultant to the Initiating Agency, consider:
   a. Does the IA have the resources and expertise for each of the stages of this response?
   b. Are there situational issues that make the IA ineffective, such as being too "close" to the event? How can CoCERN best assist in this situation?
   c. Is the need for long-term response planning anticpated?
   d. Is this an event that requires another CoCERN PA to assume command, such as a criminal incident or transportation accident? See Table 2 for suggested lead agencies for specified events.

Consider . . .

7. Offer to take a lead responsibility in coordinating logistic issues with CoCERN until Unified Command is fully functional.

8. Offer to coordinate and implement initial just-in-time training for behavioral health disaster response resources.

Note: It is imperative that the *Response Planning Coordinator* has training and experience consistent with a Behavioral Health Disaster Specialist as identified in the training and credentialing section of this document. (See page 41)

Once Unified Command has been created and a CoCERN Commander identified, the individual who has been the Response Planning Coordinator should become a member of the Command Staff throughout the remainder of the response effort.

II. Establishing Behavioral Health Command Structure

As members of CoCERN, partner agencies and organizations have a joint responsibility to work together to deliver behavioral health disaster services and to establish a unified command structure that fits within the larger Incident Command structure and supports the obligations and responsibilities of all CoCERN partners. The following provides the basic structure.

A. Lead Agency or Command Agency

This is the agency that receives the initial invitation from emergency management, dispatch, Incident Command, etc., to initiate CoCERN. If more than one agency receives this initial request, all CoCERN partners have the responsibility to work collaboratively to select a Lead/Command Agency for CoCERN based on experience, mandates, directions or needs of the community. See Table 2 regarding suggestions for likely lead agency depending on type of event.

Table 2: Suggested Lead Agency

Event	Lead Agency
Transportation Incident	American Red Cross (Directed by the National Transportation Safety Board)
Criminal Event	COVA (Colorado Organization for Victim Assistance).
State Employees	Colorado State Employee Assistance Program (C-SEAP)
Public Health Emergency	CDHS, Division of Behavioral Health
School Event	CSSP Crisis Response Team
Governor/President declared disaster.	CDHS, Division of Behavioral Health

B. Behavioral Health Command/ CoCERN Command:

This position, within the larger incident command structure (ICS), is the behavioral health group leader, and may be a part of the Medical Branch or the Human Services Branch of the Operations Section. In some situations, behavioral health may have its own branch within the incident command structure. These positions depend on the type of incident, the number of casualties and the potential long-term consequences of the event. See Appendix B for illustrated examples of CoCERN within the larger Incident Command System.

C. CoCERN Commander

The Initiating Agency (IA) shall retain responsibility for leading the behavioral health disaster response and, if willing and able, shall retain responsibility for appointing the CoCERN Commander. The IA can request at any time that another CoCERN partner assume responsibility of the Command Agency (CA) and relinquish the command position to another Partner Agency (PA), e.g., if the IA does not have an adequately trained person. Alternately, it can request an individual from another PA to become the CoCERN Commander within the IA. The actual incident command title for this position will be one of the following: Branch Director, Division or Group Supervisor, or Unit/Team Leader.

> CoCERN Commander leads the behavioral health response.

1. Suggested Training for CoCERN Commander:
The Commander should have the necessary training and experience for behavioral health disaster response. This includes:

a. Incident Command System 100, 200, 700, 800 and preferably, 300, 400 and 288

b. Psychological First Aid

c. One of the following disaster behavioral health training courses:
- Colorado Behavioral Health Disaster Response System: "Field Response Training"
- American Red Cross "Foundations of Disaster Mental Health"

d. One of the following specialty care service training programs:
- Colorado Behavioral Health Disaster Response System: Trauma Therapy
- Emotional and Spiritual Care in Disaster Relief (The Salvation Army)
- National Association of School Psychologists' school-based training, "PREPaRE" (School Crisis Prevention and Intervention Training Curriculum Workshop 1 and 2)
- National Organization of Victims Assistance (NOVA)
- Critical Incident Stress Management (CISM)
- American Red Cross Spiritual Care in Disasters

e. At least 20 hours of field-based disaster behavioral health service delivery. See Appendix C for listings of suggested experience.

> Responsible for:
> 1. Safety
> 2. Organization
> 3. Response

2. CoCERN Commander Responsibilities

The CoCERN Commander will make decisions for the behavioral health response, and is responsible for ensuring that the following are prioritized and completed. (The CoCERN Commander may delegate these to other Command Staff):

a. Attend all incident briefings.

b. Assess the incident for behavioral health needs, including the needs of first responders.

c. Determine behavioral health objectives and strategies and build consensus for response effort priorities among CoCERN Partners. (See Appendix J: Incident Objectives form – ICS 202).

d. Establish a CoCERN unified command post that includes representatives from all participating CoCERN Partner Agencies. They will comprise the CoCERN Command Staff.

e. Approve the Incident Action Plan developed with the CoCERN Command Staff (See Appendix J: ICS Forms – ICS 201, 202, 203, and 204).

f. Ensure that planning meetings are scheduled as required in ICS.

g. Maintain safety of response assets (personnel) in conjunction with the safety officer.

h. Approve requests for behavioral health resources and release of those resources.

i. Reassign assets not presently needed.

j. Assign assets to response duties as identified in the Incident Action Plan (IAP).

k. Communicate with the Branch Director, the Section Chief and/or the Incident Commander regarding the needs of CoCERN and of the behavioral health response.

l. Communicate with the Branch Director, the Section Chief and/or the Incident Commander regarding identified behavioral health needs and priorities.

m. Communicate all activities, concerns and safety issues to new personnel at change of shift. (See Appendix J: ICS Forms – ICS 214).

n. Order the demobilization of behavioral health resources when appropriate and/or when directed by the Incident Commander.

o. Assure that coordination and planning for long term behavioral health needs are assigned.

p. Assure that second and third shift personnel are identified, notified and prepared to relieve current personnel within the CoCERN Command Staff, including the Commander and Deputy Commander.

D. CoCERN Deputy Commander

CoCERN Deputy Commander is a position from a partner agency.

a. Selection of CoCERN Deputy

The CoCERN Commander should have at least one and possibly two Deputy Commanders. It is strongly suggested that the IA work closely with the Command Staff to identify a deputy commander from a PA. This will increase positive partner relationships, build response knowledge and experience, and augment CoCERN's response capacity.

b. Responsibilities of CoCERN Deputy

The CoCERN Deputy reports directly to the CoCERN Commander, regardless of agency affiliation. The deputy is responsible for supporting the commander and accomplishing any duty assigned. The deputy is responsible for working with the Command Staff to maintain inter-agency coordination and collaboration in the field. The commander will assign responsibilities to the CoCERN Deputy from the list of commander responsibilities.

The CoCERN Deputy must be able to fulfill all duties of the commander and be prepared to assume command responsibilities if the commander can no longer serve in that capacity.

E. CoCERN Trainee

A command trainee will be identified early in the response effort. This person can be a member of the command agency (CA) or a CoCERN PA. This is to increase knowledge, breadth and depth of behavioral health incident management and response. This individual must meet the training requirements of a Disaster Behavioral Health Responder and preferably those of the Disaster Behavioral Health Specialist (see Credentialing and Training Section of this document). This is a command position that reports directly to the CoCERN Commander.

The CoCERN Council will maintain a list of individuals within the partnership who wish to participate in this type of training.

F. CoCERN Command Staff

A Command Staff formed from participating agencies' behavioral health leads will support the CoCERN Commander. The following responsibilities will be included:

CoCERN Command Staff =
1. Safety Officer
2. Liaison Officer
3. Communications Officer

- Work together as a team.
- Create the behavioral health incident action plan.
- Assess field needs.
- Address communications issues.
- Maintain the safety of those in the field and in command.

- Take responsibility for the assets of their agencies or organizations. Each lead will be individually responsible for the following:
  - Communicating response instructions from the CoCERN commander to those in the field.
  - Communicating team needs to the Commander and Command Staff.
  - Helping maintain the safety of teams in the field.
  - Solving problems and planning for future issues.

- Assure that the CoCERN Commander and Command Staff implement shift change protocol and identify second and third shift personnel when necessary.

Additionally, three primary roles are assigned specifically to the Command Staff.

a. CoCERN Command Staff Safety Officer:

CoCERN Safety Officer assures physical and psychological safety for all.

This position has the authority and responsibility for the health and efficiency of the behavioral health response effort. This includes assurance that any impaired individual is given the necessary support or referrals. Other responsibilities include:

1. Continuous assessment of all individuals in the Command Staff, including the CoCERN Commander. Priority items include assessments of:
   a. Physical safety
   b. Alertness, readiness and or endurance
   c. Emotional stress/distress
   d. Cognitive processes, decision making, focus and memory

2. Communication with field-based safety officers who are assessing the physical and emotional safety of responders.

3. Transitional interpersonal information processing (individual and team information sharing along with defusing situations related to the personal impact of the work) between shifts and at the end of the response.

4. Provision of post event referral resources for behavioral health responders.

b. CoCERN Command Staff Liaison Officer:

This position monitors and maintains inter-agency (CoCERN PAs) communication and support for the commander. Specifically, this position works to assure CoCERN communication with ICS Command Staff as well as with Group, Branch and Operations' leadership.

c. CoCERN Command Staff Communications Officer:

This position is responsible for connecting CoCERN and its PAs with the incident Public Information Officer (PIO) or larger communications structure. This may include working with the larger Joint Information Center (JIC) to support the release of public information and risk communications from a CoCERN perspective. Responsibilities include:

1. Communication between PAs' administration, and CoCERN Command Staff regarding ongoing needs, response development issues and successes.

2. Collaboration with the PIOs of PAs to authorize the release to the news media of public behavioral health information in cooperation with the Joint Information Center (when established) and/or with the IA PIO.

3. Communication with other state and federal response agencies and recovery personnel as requested.

III. CoCERN and MACC

During any state declared disaster, the Colorado Division of Emergency Management will open and run the Multi-agency Coordination Center (MACC). While several Partner Agencies are invited to the MACC during a disaster response, the Colorado Department of Human Services Division of Behavioral Health (DBH) has the responsibility of coordinating the behavioral health aspect of any response. Therefore, the DBH's Disaster Coordinator (or designee) will be the liaison between CoCERN and the MACC and will coordinate all CoCERN activities between the CoCERN Commander and the MACC.

IV. Demobilization

The CoCERN Commander, in partnership with the ICS Command Staff, will assess the need for a behavioral health response continually. Once it is deemed that CoCERN should stand down, redeployment protocols will take effect. Redeployment has several required functions.

> Self-care is a must!

- Transferring response efforts to those entities responsible for long-term recovery efforts, if a long-term recovery program is needed and available.

- Addressing psychological effects on the individual responder by utilizing:
  - Defusings
  - Vicarious trauma assessments
  - Out-processing (e.g., exit interviews)
  - Employee assistance programs
  - Education regarding self-care and return to work

- Participating in any organized "hotwash" in association with the larger ICS (hotwash is the emergency management term given to the informational briefing following any exercise or response event in order to immediately communicate lessons learned).

A. Post-Demobilization

After demobilization, the CoCERN Commander and Command Staff will hold a separate hotwash that includes all CoCERN partners. They will also compile an After Action Report and file it with the lead response agency and CoCERN partners. The report should include:

1. Introduction
2. Overall synopsis of the incident
3. Duration of the incident
4. Chronology
5. Participating agencies
6. Issues to be discussed (A general category)
7. Specific items (Within the above category)
8. Discussion (Detailed information.)
9. Recommendation/Takeaways: What agency should be responsible for correction or commended for accomplishments.

Steps 1 through 9 can be repeated as necessary.

B. Negative Events

If an adverse event is identified as predicated by CoCERN or its partners, the commander will present the issues to the CoCERN council. The council then will:

1. Review the event or events that have caused concern.

2. Examine protocols and procedures that may have affected the adverse event.

3. Suggest changes to protocols and procedures to protect against such events in the future.

4. Suggest actions that CoCERN Partner Agencies can take for a more favorable outcome and, if necessary, make amends toward the individual or community which experienced the negative outcome.

(Reference Appendix D and E for associated definitions and acronyms.)

Resource Management and Deployment

The National Incident Management System (NIMS) and the Colorado Disaster Operations Plan, dictate that behavioral health disaster responders function within the Operations Section, supporting Emergency Support Functions 6 (Mass Care) and/or 8 (Medical). NIMS refers to the management of personnel, teams, facilities, equipment and supplies within the term "Resource Management," defined as "coordinating and overseeing the application of tools, processes, and systems that provide incident managers with timely and appropriate resources during an incident." The tasks are:

- Inventorying, requesting, and tracking defined resources
- Activating these systems prior to and during an incident
- Dispatching resources prior to and during an incident
- Demobilizing or recalling resources during or after an incident

Elements that most directly apply to deployment include:

- Advance planning for resource typing, response team development and management of resources in the field
- Assisting Communications in developing automated resource management information systems
- Development of procedures for resource identification
- Inventorying, tracking, and reporting of resources
- Mobilization of dispatched resources
- Assisting Command to demobilize and recover resources

The following section describes response team development as well as the management of resources in the field. Resource typing is a continuing issue for CoCERN and will be addressed in later editions of this document.

I. Behavioral Health Disaster Responders

Although being a Behavioral Health Disaster Responder (BHDR) can be very rewarding, it is important to recognize that not everyone is suited for this work, even with the appropriate training. Some may be better suited for other aspects of the disaster response. The BHDR selection process should be based on a variety of personal qualifications, including levels of experience, past trauma exposure, present state of mind, relationship of the responders to the community, culture, language, health, skills, interest and training.

CoCERN partner agencies bear a responsibility to support their individual volunteer responders in keeping a healthy perspective on disaster work and understanding the response goals. Team leads (see below) will assist responders in maintaining clear professional boundaries and exercising good self-care. The job of the BHDRs is to provide practical, useful assistance and support, in a compassionate manner, to those survivors who may need and/or want it. They will look for the strengths and areas of resilience each person possesses and assist the person in using those factors to facilitate recovery.

Behavioral Health Disaster Responders in Colorado must meet the training, education and experience requirements appropriate to the responsibilities and activities they will most likely perform. Requirements are outlined in the Training and Credentialing section of this document. Behavioral Health Disaster Responders in Colorado must register with the Colorado Volunteer Mobilizer (see page 42).

In the field, there are two potential levels of Behavioral Health Disaster Responders. The first is a single position Behavioral Health Group Manager (BHGM), and the second is the collective Behavioral Health Disaster Response Team (BHDRT). To distinguish between CoCERN and the larger Incident Command System, all CoCERN positions are preceded with a "BH" to identify a behavioral health asset.

A. BH Group Manager

The BH Group Manager is deployed by CoCERN Command if there are more than two BHDRTs in the field. The responsibilities are:

BH Group Manager is deployed once there are more than 2 BHDRTs.

- Receiving and assigning group tasks as designated by CoCERN Command
- Coordinating response activities between teams
- Facilitating team collaboration, communication and cooperation
- Consulting with team leads at the beginning and ending of each shift for no more than 30 minutes to clarify individual team goals
- Providing final updates and communications to all teams regarding successes, needs and plans for next response shift
- Communicating team needs to CoCERN Command

B. Behavioral Health Disaster Response Teams (BHDRT)

Behavioral Health Disaster Responders are organized into teams (BHDRTs) of three to eight individuals. This helps maintain coordination, communication, safety, purpose and focus for the response effort. The workload is excessive for a team of two, and the group may become unmanageable if there are more than eight members. Responding as a team helps protect the individual responder as well as survivors. The team helps maintain boundaries, self-care and good communication within the larger effort.

Although CoCERN is implementing a team model for behavioral health disaster response, it is important that all Partner Agencies (PAs) and individual responders understand the functional implications. BHDRT members must avoid a "pack" mentality and instead work to imbed behavioral health responders into other aspects of the response (e.g., Red Cross shelters, runners for Incident Command, janitorial crews, food service with The Salvation Army Team Leads, medical support, etc.) and avoid functioning as a separate "behavioral health team" when possible.

All BHDRTs have sets of responsibilities—first to the survivors (e.g., triage, assessment, basic needs, psychological first aid, etc.) and then to the response team itself. Five roles are assigned within the BHDRT, which define the responsibilities of team members to assure the functioning of the team. These are:

- BH Team Leader
- BH Logistics Officer
- BH Safety Officer
- BH Communications Officer
- BH Transition Coordinator

1. BH Team Leader

The Team Leader is the central coordinator and primary contact for the team to other response entities and to CoCERN Command or the BH Group Manager. This individual is responsible for the overall functioning of the DRT and includes but is not limited to the following responsibilities:

- Assurance that the BHDRT is carrying out the mission assigned to it by Command
- Team decision making in collaboration with the BH Group Manager (or CoCERN Command if no BH Group Manager exists)
- Overall team safety during deployment, including use of a buddy system
- Assignment of team roles
- Regular updates to immediate BH Group Manager or CoCERN Command
- Collaboration and cooperation with other teams
- Additional requests for support to immediate BH Group Manager or CoCERN Command
- Supervision of overall behavioral health services
- Incorporation of changes to the Incident Action Plan (IAP) as necessitated by the incident and as communicated by CoCERN Command
- Provision and communication of written IAP to CoCERN Command
- Brief and debrief (informational debrief) staff before and after operation periods or more frequently if necessary
- Practical support to team members, survivors and first-responders

NOTE: Individual Team Leaders are not authorized to discuss their work with the media. All media requests are handled through the Public Information Officer with the Incident Command Staff and referrals are to be made accordingly.

2. BH Logistics Officer

This person is responsible for:

- Coordination of all logistic aspects of the team with the larger ICS logistics section
- Coordination of team transportation
- Assuring the team has basic needs (food, water and shelter)
- Provision of equipment, printed educational material (e.g., brochures, handouts, referral lists, personal protective equipment, identification vests and badges) requested by the team
- Safe BHDRT entry into and exit from the field (coordinated with the Team Lead)

3. BH Safety Officer

The BH Safety Officer is responsible for the overall safety of the team. This includes:

- Continually assessing the safety of the environment, the team and individual responders
- Assuring that each person on the team has appropriate support, backup and coverage with regard to working with individual survivors (example: assuring that no team member is left alone with a highly agitated, highly fearful or aggressive individual)
- Informing the BH Team Leader if there are credible risks to the team or individuals and developing appropriate protocols for maintaining safety in the field
- Assuring that each member of the team is hydrated and taking reasonable breaks
- Assuring that proper informational debriefing of the team takes place at the end of each operational period and at the end of the incident response
- Monitoring staff for stress, fatigue or other needs

4. BH Communications Officer

This person is responsible for the overall communications for the team as outlined in the CoCERN communications plan (See Chapter IV). This includes:

- Facilitating intra- and inter-team communications
- Maintaining communication equipment
- Assisting communication between BH Team Leader and CoCERN Command
- Assisting communication among team members and their supporting agencies on an ongoing basis. This may be the same agency for all members of the team or separate agencies for individual members of the team. Communications must be maintained among supporting agencies and the respective members of the response team.
- Assisting the BH Team Leader with information management as necessary.

NOTE: All media requests are handled through the Public Information Officer within the Incident Command Staff. Inquiries are to be directed to the PIO.

5. BH Transition Coordinator

This is a direct support role for the BH Team Leader. The BH Transition Coordinator is responsible for issues related to the transition of response duties between teams during a shift change. In order to assure that duties are implemented appropriately, the coordinator should:

- Maintain records of team activities and utilization of team resources
- Record survivor needs and types of interventions
- Record inter-team cooperative efforts, e.g., sheltering, medical, transportation and security
- Prepare activity reports as outlined in the IAP
- Provide report of activities to relief team to maintain continuity of services

6. BH Responder Team Member

In addition to the above roles, each team member has a responsibility for the following:

- Arrive on-scene with identification and Go Bag (Refer to Appendix D) that is supplied, prepared and packed for themselves by each team member
- Work as a team with the BH Team Leader and/or BH Safety Officer to assure proper entry and exit from the field
- Inform the BH Team Leader and/or BH Safety Officer if there are credible risks to the team or to the survivors
- Provide practical and responsive behavioral health support to team members, survivors and first-responders, e.g., Behavioral Health Triage, basic support, PFA and referral resources.
- Provide immediate support to team members when needed, limiting exposure to the event and the stories associated with the event\

II. Deployment

Deployment to the "field" (i.e. the assignment for the BHDRT) must be a coordinated effort. PA teams will deploy only when instructed and assigned by the CoCERN Command.

Always wait to be called. Self-deployment is not allowed.

The deployment period will depend on factors including:

- The health and safety of the BHDRs
- The scale, type, intensity and level of devastation associated with the disaster
- Level of the BHDR's experience and training
- Changing needs of the response effort

As a general *guideline*, a **shift is no longer than 8 hours** and is followed by a minimum break of 10 hours. Each individual's participation will be reviewed by the CoCERN Command Staff and if possible by their PA to assure the safety of the responder and of survivors.

A. Entering the Field

Once the BHDRT is deployed, the following procedures will be observed:

- Have your badge and Go Bag with you

- Check-in upon entering the field

- Team Lead attend orientation/briefing meeting

1. Check–In:

The BH Team Lead must report to the Operations Section Chief, the Branch Director or the Group Supervisor (depending on placement of Behavioral Health within the ICS response structure) upon arrival at the designated deployment site. Those leading the overall response (Incident Commander and ICS Command Staff) need to know who is on-scene and ready to respond. **Identification will be verified.**

CoCERN Command, as well as the BHDRTs' Team Leaders, must know the resources that have been activated and are in the field. Table 3 and Appendix J indicate the information necessary in the report.

Table 3: Behavioral Health Resource Tracking Sheet

BHDRT - TRACKING FORM

Team #	Name of Team Lead	Agency or Organization	# of Responders (<8)	Unit Focus	Field Entry Time	Field Exit Time	Time of Command Contact	Reason for Contact
1	Jane W.	CSSP	4	School Triage	0830	1630	0800	Local school impact
2								
3								

2. Attend Orientation Meetings and Briefings

The BH Team Leader and/or the BHDRT will attend response orientation meetings and briefings held by the Incident Commander, the Operations Chief or the Branch Director. The BH Team Leader must then hold an orientation meeting with his or her team to address:

- New operational information provided by Incident Command
- Results of triage (if conducted)
- Check-in location and time of next briefing
- Locations of facilities, water, food and survivor services
- Contact information for referral services
- Additional information as necessary

During orientation and subsequent briefings, please remind responders to practice self, buddy, and scene awareness. Their safety is of paramount importance.

3. Know Your Surroundings

As you enter the field, each BHDRT member should survey the landscape thoroughly. Observe where you are, note any potential hazards and think of any possible unanticipated problems. Note the locations of food, water, supplies, medical facilities, case management services, bathrooms and other resources you or survivors may need. Create a base location where you and your team can check-in and store supplies.

B. Cross-Resource Cooperation

CoCERN PA BHDRTs must cooperate to achieve the necessary and desired goals of the response effort. This can take at least two forms, based on team assignments or team integration.

1. Team Assignments

Each team is deployed from its affiliated PA and receives a distinct assignment that relates to the current needs of survivors, needs of the larger response effort and utilizes the specific strengths of the PA. Teams will work together or with the BH Group Manager to ensure that team

.

assignments are clear and understood. This structure should utilize natural PA strengths and expertise

2. Team Integration
Partner Agency teams will deploy to a single site, and individual assets will be assigned to specific multidisciplinary/multi-PA teams. Teams will receive their assignments from CoCERN Command. This structure is employed to enhance cross-agency knowledge, relationship and trust.

C. Demobilization

The demobilization process is important, and thus is planned from the beginning of the response. The plan requires approval from CoCERN Command. The BH Team Leaders normally demobilize the teams as a whole, but if there is an individual exception, the lead must provide for that circumstance ahead of time. BH Team Leaders report all demobilizations to the CoCERN Commander. The following should be included for every demobilization:

- Informational debriefing to review actions taken and to note any responders' concerns
- Time of next report (if any)
- Development of individual self-care plan for time off, or for the week/month following a final demobilization
- Expected time for team to reconstitute at the hotwash

III. Disaster Behavioral Health Response

Disaster behavioral health response differs from traditional psychotherapeutic interventions. The goal is to support normal behavioral functioning and decrease stress. This allows for normal executive functioning of the brain, such as decision making, problem solving and cognitive processing.

Disaster behavioral response is NOT therapy.

The behavioral health disaster responder is not practicing therapy, but is instead providing a range of basic services through a "tiered" response effort that is designed to support normal functioning during and after times of trauma and chaos. The intent is to promote individual, family and community resilience. Disaster response helps affected individuals return to a pre-event level of functioning as quickly as possible. Methods used include triage, basic support, Psychological First Aid and making appropriate professional referrals in the community. These services are provided both to survivors and first responders. Actual methods depend on the type of event, the number of people affected and the availability of resources. (See Flowchart 1 on page 32 for a visual description.)

A. Triage

> Triage is used when resources are few and the need is great.

Triage is for identification of response priorities only! It is a method for quickly identifying those most in need of service. Behavioral health triage is the first part of a "tiered" disaster behavioral health response and may be conducted by either medical or behavioral health personnel. Responders utilize a "red, yellow, green" categorization process, whereby survivors are quickly identified by observed levels of functioning. This can include direct requests for support and/or verbalizations of harm to self or others. It is primarily a visual system, designed for quick identification of those most in need. The BHDR avoids engaging with survivors interpersonally and takes cues from the survivor's behavior as well as the behavior of those nearby. This information is communicated to the team lead, who then informs other BHDRs of the need for quick intervention. See Appendix G for more information on the Mass Casualty Behavioral Health Triage System.

B. Assessment

The two types of behavioral assessments used in disaster response are Community Assessment and Individual Screening. The former is continuous and is the primary means of identifying supports/services that communities may need after an event.

Individual screenings are limited to those individuals whose behavior indicates they are most affected. A post-disaster screening tool available to CoCERN is PsySTART. This tool covers basic mental status, current functioning, level of exposure and status of social support systems. Such screenings are utilized when there are sufficient behavioral health responders to meet the initial needs of survivors.

> Screening may occur as part of Psychological First Aid. It is an ongoing process based in interpersonal engagement.

C. Basic Support

Most survivors' psychosocial needs are basic and are driven by survival issues, such as shelter, food, water, safety, medical care, clothing, etc. These needs comprise approximately 90% of the required support. The next level of support focuses on each individual's connection to a natural support system, e.g. family and friends. Behavioral health assets thus will be connected to a wide variety of the services from a variety of response groups.

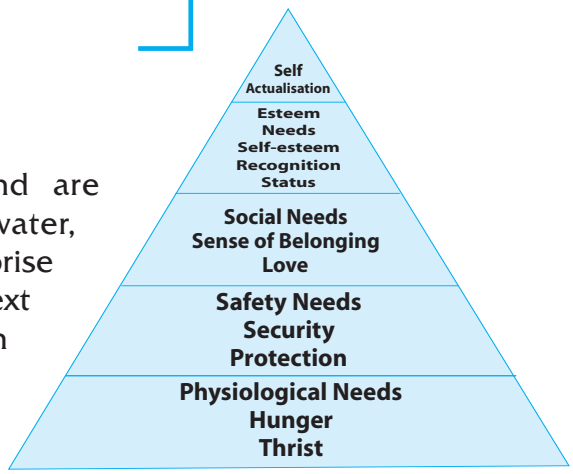


Figure 1: Maslow's Hierarchy of Needs
Abraham Maslow, Motivation and Personality, 2nd ed., Harper & Row, 1970

D. Psychological First Aid (PFA)

PFA is designed to assist survivors in the immediate aftermath of a disaster. The goal is to reduce initial distress and to foster short-term and long-term adaptive functioning and resilience. The emphasis is on providing practical assistance, information and referral. PFA does not develop in-depth psychotherapeutic relationships.

Core Elements of PFA:

- Contact and engagement
- Safety and comfort
- Stabilization
- Information gathering regarding current needs and concerns
- Practical assistance
- Connection with social supports
- Information on coping
- Linkage to collaborative services
- Respecting limitations

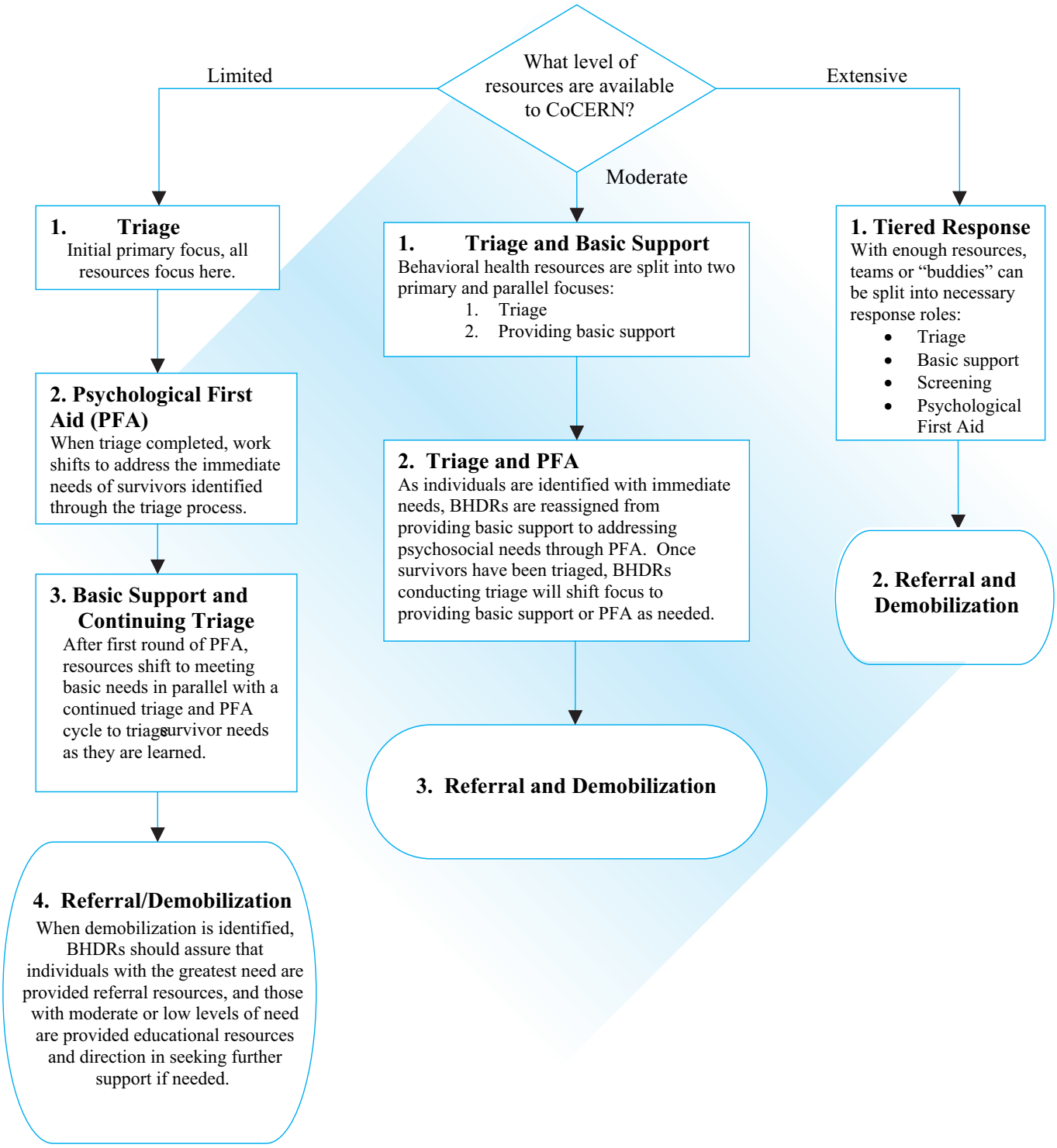
Please note that PFA is neither a therapy nor an "intervention." It is a job aid that guides the BHDRs' actions and interactions in times of crisis and chaos. It is expected that all responders have a thorough understanding of PFA concepts and that they have been trained in their implementation. (See Appendix H for a wallet/pocket card guidance on PFA).

E. Referral

> An important part of preparing for behavioral health disaster response is the development of solid referral resources for disaster survivors.

Most disaster survivors are normal people who are in a state of temporary disruption because of abnormal circumstances. These individuals respond well to the aforementioned basic services, which are designed to restore stability and self-confidence. A few, however, such as those with mental illness, substance abuse or chronic illness will have additional needs. They will be identified and referred to the appropriate resources. Each responder will have a referral list.

Flowchart 1: Disaster Behavioral Health Response Parameters



Communications

CoCERN Hub
303-866-7066

I. Activation Protocol

A. Initiation

1. CoCERN is activated when the initial responding agency's resources are overwhelmed. The Initiating Agency calls the CoCERN hub: **303-866-7066**

2. The CoCERN hub will work with Partner Agencies (PAs) to identify a BH Response Planning Coordinator

3. Upon approval of the Initiating Agency (IA), the Response Planning Coordinator invites other PAs as appropriate. Each agency will activate its individual resources.

4. The CoCERN Commander and the IA identify a BH Public Information Officer (BHPIO) to work as part of the Joint Information System (JIS)/Joint Information Center (JIC) in preparing messages with a behavioral health emphasis.

5. The planning coordinator identifies needs for BHDRs and BHPIOs as necessary for the response.

6. If an event overwhelms all CoCERN PAs, individuals will be contacted utilizing the Colorado Volunteer Mobilizer.

B. Field Response

1. Responding agency identifies a BH Safety Officer (job description p. 27) and a BH Communication Officer (job description p. 27) for the site.

2. BH Communication Officer (CO), who may be the BH Team Lead, initiates communication coordination with other responding agencies upon arrival at the site. Subsequent BH COs transition to site upon arrival.

3. BH CO determines level of system (high tech vs. low/no tech) and establishes an appropriate operation system (radios, HAM radio, runners, chalking, etc.).

4. Responders check-in with the BH Team Lead and the BH CO if not the same person.

5. BHDRs receive radios or alternate information on the communication system being utilized. They become active responders with radios for information gathering and sharing.

C. PIO/JIC Response

1. BH COs to the PIO/JIC will check-in. They will then be responsible for information gathering and message generation and support to the JIC.

D. Information Exchange

1. There will be regularly scheduled information exchange meetings for BHDRs. These meetings allow representatives in the JIC to disseminate information necessary in the field and for public dissemination. This allows field responders to share observations and identified needs for further information generation and messaging from the JIC/JIS.

2. Field responders disseminate public information as necessary/available.

II. Technology

Following are the methods used to activate responders and maintain communications in the field:

- Cell phone
- Home or office phone (landline)
- Email
- Pager/alpha pager
- Text messaging
- Voice bulletin board
- 800Mhz radio
- HAN (Health Alert Network)
- HAM Radio
- Voice mail attached to specific numbers
- Nextel two-way radio/walkie-talkie

Technology always has its limitations. For some individuals, texting, use of 800Mhz radios, or using a voice bulletin board is outside their knowledge and experience. Other technologies are limited by geography, such as dead zones for cell phones. Therefore, depending on the event, technologies available and access to resources, a variety of technologies will be used to activate and maintain communications during an event.

A. WebEOC

The Colorado Division of Emergency Management uses WebEOC for emergency response communication and tracking. There are also several web-based technologies that could be utilized both for information sharing and response history archiving. These include wikis, podcasting (reports and current information) and internet sites (public information gathering and dissemination). This would simplify mass distribution of timely information while being affordable. The same information could be formatted and distributed in written form for those who do not possess these technologies.

B. Low-Tech/No Tech Communication

CoCERN must be prepared to respond even if there are power outages and communication/satellite lines are not functional. What if…

- there is no electricity thus affecting computer technology?
- landlines are down?
- cell booster towers are down or we are in a remote area where cell phones do not work?

The following are the current contingency plans for CoCERN to communicate during times of low level or absent functional electrical infrastructure. Such plans will be important throughout a response in order to adapt to changing needs and possible system shortcomings.

The following are low-tech methods that could be utilized for information sharing during a response:

- Signage: Posting message boards in strategic, high traffic areas for quick updates and meeting information (all should utilize purple as BH-specific information)
- Bike messengers/runners (depending on the site area and mobility issues)
- Regularly scheduled check-in/meeting times for updates and information sharing; adhere to all times even if there is no new information
- Chalk messages
- Doorknob hangars (depending on scope of incident)
- Educational posters and flyers

Additionally, behavioral health responders will be easily identifiable by their purple vests/identifiers.

Low-tech for special needs populations: We will create a series of laminated cards printed with pictures of incident specific symbols (e.g., water, food, bathroom, child, parent, first aid, etc.) on a key ring that can be attached to a belt loop, a wheelchair or worn around the neck, they will be carried by all BH specialists. Persons with disabilities, children and non-English speakers can identify their needs without the added stress of verbal limitations.

III. CoCERN Command and the Joint Information Center (JIC):

Once CoCERN Command is operational, the communication protocol will be established.
Key aspects include:

- Selection of a BH communications officer
- Assessment of technology systems available
- Feasibility of ongoing systems operation
- Assignment of behavioral health representation at the Joint Information Center (JIC).

In extreme cases such as contamination or infectious disease, information may be disseminated from a web-based virtual location. The Colorado Red Pages: A Crisis Management Resource Guide for Mental Health/Substance Abuse Agencies Providing Disaster Response is a great resource for public information and education.

A. PIO – Behavioral Health Filter

Ideally, public information surrounding an incident should be filtered through a behavioral health lens. Assuring that messages are clear, concise and directive whenever possible helps to reduce the stress response in the public. Therefore, it is important to develop a pool of BH PIOs with behavioral health backgrounds within CoCERN to ensure that vital behavioral health information is included in all public announcements disseminated from the JIC.

B. CoCERN Marketing

Several populations will be addressed as CoCERN is put into service.

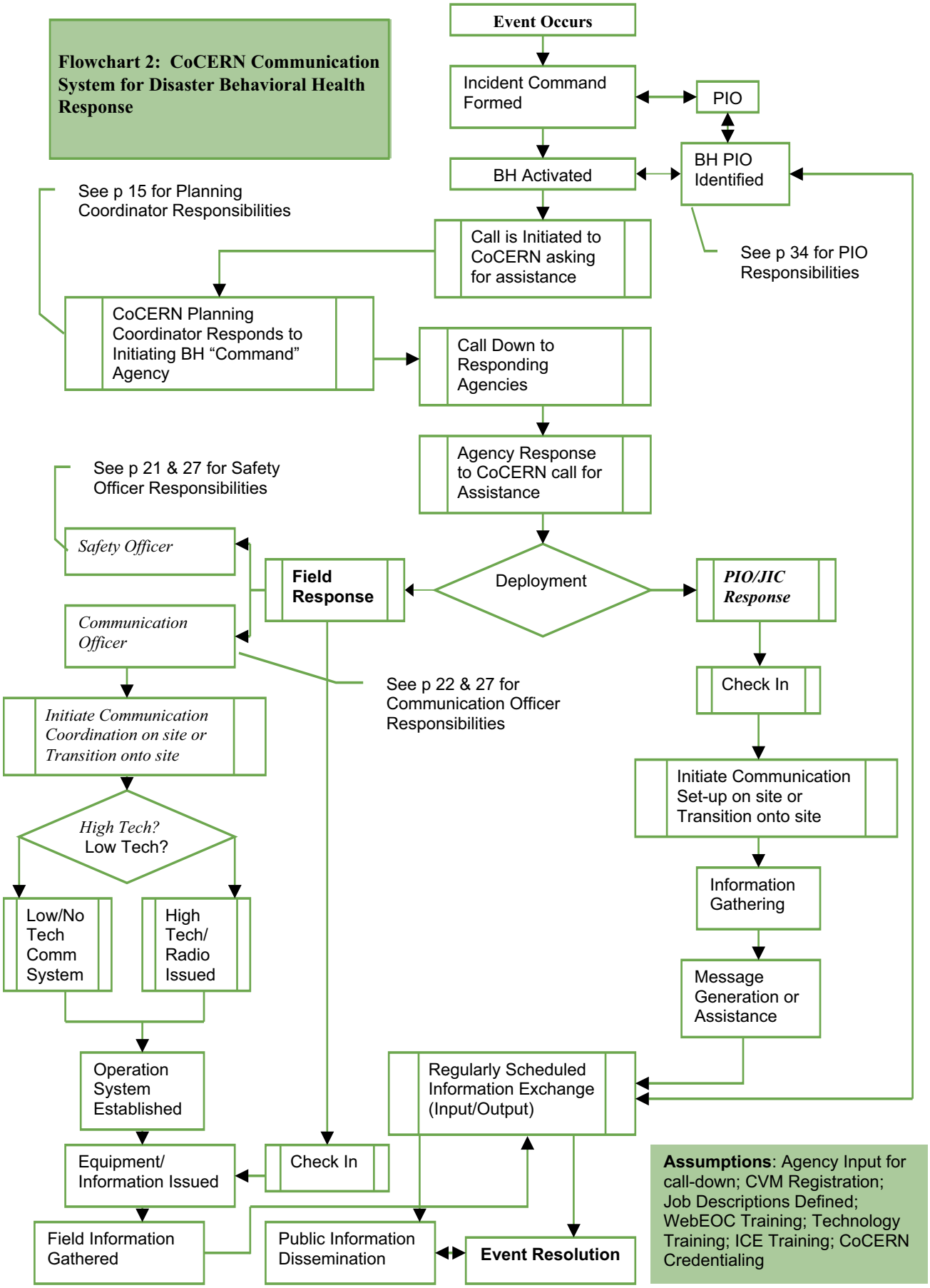
1. Community mental health professionals will be notified of the requirements for disaster response.

2. Emergency response agencies will be informed of the new behavioral response system.

3. A multi-dimensional public information campaign will be created for the community.

The following are suggestions for informing potential behavioral response professionals:

- Informational flyer in license renewal notice
- Department of Education
- Professional association and board meeting presentations
- Professional workshops; continuing education classes
- Conferences and training events
- Newsletters, listservs and mail.


Flowchart 2: CoCERN Communication System for Disaster Behavioral Health Response
Event Occurs
Incident Command Formed
PIO
BH Activated
BH PIO Identified
See p 15 for Planning Coordinator Responsibilities
Call is Initiated to CoCERN asking for assistance
See p 34 for PIO Responsibilities
CoCERN Planning Coordinator Responds to Initiating BH "Command" Agency
Call Down to Responding Agencies
Agency Response to CoCERN call for Assistance
See p 21 & 27 for Safety Officer Responsibilities
Safety Officer
Field Response
Deployment
PIO/JIC Response
Communication Officer
See p 22 & 27 for Communication Officer Responsibilities
Check In
Initiate Communication Coordination on site or Transition onto site
Initiate Communication Set-up on site or Transition onto site
High Tech? Low Tech?
Information Gathering
Low/No Tech Comm System
High Tech/ Radio Issued
Message Generation or Assistance
Operation System Established
Regularly Scheduled Information Exchange (Input/Output)
Equipment/ Information Issued
Check In
Assumptions: Agency Input for call-down; CVM Registration; Job Descriptions Defined; WebEOC Training; Technology Training; ICE Training; CoCERN Credentialing
Field Information Gathered
Public Information Dissemination
Event Resolution

Credentialing

It is very important to have a consistent and well-trained cadre of responders. A shared foundation of training increases trust and cooperation across agencies resulting in a higher level of professionalism and effectiveness during the chaos of the response. CoCERN also acknowledges that a variety of Partner Agencies have uniquely trained personnel who provide emotional, spiritual, and behavioral support as a part of that agency's disaster services mission. When representing that Partner Agency in this capacity, responding individuals are under the management of that agency and are bound by its policies. In addition, CoCERN encourages PA personnel to pursue the following recommended training, thereby increasing the common core of knowledge among responders. CoCERN has adopted a stepped system of responder training and credentialing. These two levels are:

- Behavioral Health Disaster Responder (BHDR, or "Responder")
- Behavioral Health Disaster Specialist (BHDS, or "Specialist")

A Behavioral Health Disaster Responder (BHDR) is identified as a basic provider of care in the field. The Behavioral Health Disaster Specialist (BHDS) is seen as an advanced supervisory or team lead position. Responders must meet all credentialing requirements for BHDR. Additional training is required for the specialist level. In both cases, the individual responder and the agency are responsible for assuring that appropriate training is completed. See Appendix I for a side-by-side comparison of the stepped system.

I. Behavioral Health Disaster Responder

The Behavioral Health Disaster Responder is the basic behavioral health credential and includes both professionals and paraprofessionals. Most responders will remain at this level as a member of a Disaster Response Team (BHDRT, see Resource Management section) or as an assigned single resource for service in a variety of roles as directed by a team leader.

A. Educational Requirements

Minimum requirements are:

- A high school diploma or GED, and
- A specialty certificate in a human services field (e.g., Certified Addictions Counselor); or
- An associate's degree in a human services field, **or**
- A minimum of 2 years of clinically based experience

B. Training Requirements

The following specific disaster related training is required:

1. NIMS/ICS (National Incident Management System and Incident Command System)

Required
NIMS/ICS Training:
IS 100
IS 700

a. ICS- 100: Introduction to the Incident Command System.
b. ICS- 700: National Incident Management System (NIMS).
Both are available through any local office of emergency management or through FEMA at http://training.fema.gov/EMIWeb/IS/is100.asp.

ICS 100 is a basic overview of the Incident Command System and the functions within it.

ICS 700 is a basic overview of the National Incident Management System.

There are several ICS trainings that are equal to ICS 100 that are specialized to a specific profession that may be used in the place of these basic trainings.

2. Specialized Disaster Behavioral Health Trainings

All deployable behavioral health personnel meet the following requirement:

a. Psychological First Aid: Each BHDR must take or teach a 90-minute course in Psychological First Aid.
b. Each deployable person will complete one of the following and provide proper documentation of completion:

- Colorado Mental Health Disaster Response System: "Field Response Training"
- American Red Cross "Foundations of Disaster Mental Health"

c. Each individual must also be able to document participation in a minimum of one yearly exercise/simulation (i.e., participation in a local or statewide exercise where a behavioral health response is exercised).

d. Each individual must renew his or her certification every three years (i.e. complete ICS 100, ICS 700, Psychological First Aid, and Field Response or Foundations every three years or an appropriate refresher course in place of each of these required courses). This assures that all responders are maintaining a minimal level of knowledge in the field of behavioral health disaster response.

It is important to note, acceptance into any course is at the discretion of the sponsoring organization.

Required

1. Psychological First Aid
and
2. Colorado Field Response Training
Or
ARC Foundations of Disaster Mental Health

II. Behavioral Health Disaster Specialist

The Specialist credential is a professional level credential requiring an advanced degree and licensure in behavioral health (psychology, social work, counseling, etc.). A Specialist is expected to be a leader in the disaster response (e.g., BH Team Lead, BH Group Manager, Unified Command, BHDRT Member, single resource/consultant) and/or a specialist in a particular area, such as victim assistance, school response, faith-based response or first responder support. A specialist must meet all previous level requirements for the Behavioral Health Disaster Responder. For the advanced or lead Behavioral Health Disaster Specialist (BHDS), the following additional requirements must be met.

A. Educational Requirements

The BHD Specialist must have a behavioral health related license issued from one of the following:

- Department of Regulatory Agencies (DORA)
- Colorado Department of Education (CDE)
- Board of Medical Examiners

B. Training Requirements

1. In addition to the Field Response Training or the Foundations of Disaster Mental Health Training, each specialist must take **at least one** of the following:
    - Colorado Behavioral Health Disaster Response System: Introduction to Trauma Therapy
    - Emotional and Spiritual Care in Disaster Relief (Salvation Army)
    - Assisting Individuals in Crisis - Critical Incident Stress Management - advanced (CISM)
    - Group Crisis Intervention (CISM)
    - National Organization of Victims Assistance (NOVA)
    - PREPaRE: The National Association of School Psychologist's school-based training (School Crisis Prevention and Intervention Training Curriculum Workshop 2)

    These trainings are made available within Colorado on a routine basis. It is the responsibility of the individual seeking the credential to locate by contacting CoCERN Partner Agencies to ascertain when trainings may be available.

2. The ICS system is a dynamic and flexible system. The more knowledge an individual responder has of the system, the better prepared he or she is to function within it. It is expected that a BHD Specialist will have expanded knowledge of this system and therefore must take at least one of the following training courses:
    Introductory online training http://training.fema.gov/EMIWeb/IS/
    - ICS 200: Provides ICS supervisory training
    - ICS 800: National Response Framework: Introduces key elements of the framework

In depth, two-day live training (check your local office of emergency management):

- ICS 300: Provides training in staffing, command transfer, unified command, ICS data and forms and resource management
- ICS 400: Training regarding command and general staff, deputies and assistants, unified command, and organizational functional relationships between Area Command, Unified Command, Multi-Entity Coordination Systems and Emergency Operations Centers

3. Each individual must also be able to document participation in a minimum of one yearly exercise/simulation (i.e., participation in a local or statewide exercise where a behavioral health response is exercised).

4. Each individual must renew his or her certification every three years (i.e. complete ICS 100, ICS 700, Psychological First Aid, and Field Response or Foundations every three years or an appropriate refresher course in place of each of these required courses). This assures that all responders are maintaining a minimal level of knowledge in the field of behavioral health disaster response.

C. Suggested Voluntary Training

As the field of disaster behavioral health grows, the availability for training will move toward specialization. CoCERN suggests the following training central to effective response:

Training/competency classes for specific roles (group supervisor, triage officer, etc.), i.e.:

- Mass Casualty Behavioral Health Triage (available through DBH)
- ICS 240 Leadership and Influence (check FEMA website)
- ICS 244 Developing and Managing Volunteers (check FEMA website)

The following courses also are recommended and are available online through CoTRAIN at www.co.train.org. They can help the individual responder better understand the response system.

- Online course: Disaster Behavior Health Awareness
- Online course: Disaster in Colorado

III. Colorado Volunteer Mobilizer

The Colorado Volunteer Mobilizer system will manage credentialing verification and the associated database of behavioral health responders. It is suggested that all CoCERN Partner Agencies have their trained personnel register with this system. All other/unaffiliated volunteers, however, must register with the Mobilizer and be fully credentialed prior to deployment.

In addition to maintenance of training records, the system will administer background checks and licensure/education status.

https://covolunteers.state.co.us/VolunteerMobilizer/

> The Colorado Volunteer Mobilizer is the system for credentialing behavioral health disaster responders in Colorado.

In order to increase the level of specificity in requesting resources, the database recognizes up to three types of specialties and/or work experience. When an individual registers with the CVM, it allows them to select their top three areas of specialization. These areas are:

- Clergy or faith-based
- Substance abuse
- Special needs populations
- Military
- Bereavement
- Clerical
- Management
- Severe and persistent mental illness
- K-12 school setting
- University setting
- Early childhood populations
- Correctional setting
- Adult populations
- Geriatric populations
- Child/adolescent populations
- Culturally or ethnically diverse populations _____
- Other _____

Disciplinary Actions/Sanctions
Violations of professional standards will compel an ethical review by the CoCERN Council.

IV. Future issues to be considered:

The following are development issues that will be addressed over time by the CoCERN Council:

A. Exercise and drill with state and community disaster response partners
B. Addressing and building cultural competency
C. Building collaborative and comparable school response/protocols
D. Building partnership with institutions of higher education in Colorado
E. Including pastoral care/counseling
F. Building a CoCERN training curriculum.

Appendixes

Appendix A – CoCERN Partner Overview

This is a grassroots process with all partners taking responsibility for the development and maintenance of inter-agency working relationships. Other behavioral health stakeholders are invited to participate in the process at any time. The following is a brief statement from each of the original partners regarding their core missions and CoCERN partnership.

Cooperating Agencies

Colorado Department of Human Services, Division of Behavioral Health (DBH)

Colorado's public mental health and substance abuse treatment systems are comprised of community-based mental health programs and treatment providers who provide services directly to and within the community. The Division of Behavioral Health is the federally designated State Mental Health Authority and the Single State Substance Abuse Authority who is responsible for providing leadership, oversight, advocacy, technical assistance and other forms of support to address the behavioral health needs of the citizens of Colorado.

In its role in disaster planning and response, the Division of Behavioral Health has developed a nationally recognized effort in training, technical assistance and system development. DBH is identified as the lead agency for disaster behavioral health response in the State of Colorado Emergency Operations Plan – 2008. DBH has taken a leadership role in the development of CoCERN, the CoCERN Council and the writing of this document. However, CoCERN is not a "State" asset and is not owned or controlled by DBH. CoCERN and this protocol are community resources, to be maintained and supported by all CoCERN Partners.

American Red Cross - Disaster Mental Health (ARC-DMH)

The American Red Cross is a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Committee of the Red Cross. The Red Cross will provide relief to victims of disasters and help people prevent, prepare for and respond to emergencies. The Fundamental Principles of the International Red Cross and the Red Crescent Society are: Humanity; Impartiality; Neutrality; Independence; Voluntary Service; Unity; and Universality.

American Red Cross Disaster Mental Health responds to the emotional/behavioral needs of the people served and those serving during a disaster. Our volunteers are licensed mental health professionals including clinical counselors, marriage and family therapists, psychiatrists, psychologists, registered nurses with documented psychiatric training and experience as well as clinical social workers. Graduate students studying psychology or a related field may serve on relief operations if they are accompanied by their faculty supervisor.

Disaster Mental Health personnel provide the following services:

1. Psychological triage, crisis intervention, psychological support
2. Instrumental support (taking action in support of an individual)
3. Advocacy (taking action on behalf of an individual)
4. Referrals
5. Support Red Cross workers providing Psychological First Aid
6. Monitoring and alleviating organizational stress
7. Casualty support
8. Disaster Mental Health personnel also provide exit interviews to departing disaster relief workers

Colorado Association for Victim Assistance (COVA)

The Colorado Organization for Victim Assistance is committed to fairness and healing for all crime victims, their families and communities through leadership, education and advocacy. By operating in an inclusive and compassionate manner, COVA creates solutions and positive change.

COVA has provided on-site, courtroom and/or follow-up assistance for victims of:

Oklahoma City bombing	1996
Columbine High School shooting	1999
9-11	2001
Hayman fire (Colorado)	2002
Katrina evacuee relocation to Colorado	2005
Platte Canyon High School shooting	2006

COVA has also provided consultation and information to authorities responding to:

Virginia Tech shooting	2007

The Salvation Army

The Salvation Army is an international Christian organization that is motivated by God's love to meet human needs without discrimination. The Emergency Disaster Services (EDS) division of The Salvation Army has a trained Critical Incident Stress Management (CISM) team available for local and regional deployment. In addition, many members of the EDS division are trained to give emotional and spiritual support.

The Salvation Army's ability to provide spiritual and emotional support, as well as disaster behavioral health, offers a unique and frequently requested element to disaster response. The Salvation Army volunteers are often among the first responders in a crisis, which also gives them the opportunity to assist in transitioning survivors to disaster behavioral health services.

The Salvation Army identifies itself as a partner member of CoCERN and supports the collaboration and coordination of disaster behavioral health in Colorado.

Colorado Crisis Support Network (CCSN)

The Colorado Crisis Support Network was established to provide a form of crisis intervention, specifically designed to help emergency and health-care personnel mitigate distress following particularly challenging events. Crisis support techniques allow personnel to explore the physical, cognitive, emotional and behavioral reactions to critical incidents or crisis events and include both psychological support and educational components.

The Colorado Crisis Support Network recommends that activation of a crisis support team be included in county and agency plans for large-scale incidents, mass casualty events and other similar incidents, such as line of duty death.

Colorado Society of School Psychologists (CSSP)

The Colorado Society of School Psychologists (CSSP) is the state-wide professional organization that represents school psychologists in Colorado and is affiliated with the National Association of School Psychologists (NASP). CSSP members are drawn from practicing school psychologists and school mental health administrators, faculty from the school psychology university training programs in Colorado, graduate students in school psychology, as well as school psychology representatives from the Colorado Department of Education. The CSSP State-Wide Crisis Response Team (CSSP S-W CRT) is comprised of school psychologists especially trained in crisis response for the school-age population and within the organization of a school system; they provide both crisis training and crisis response services to school districts throughout the state.

The CSSP State-Wide Crisis Response Team has been involved in helping to build a crisis prevention and response capacity in Colorado school districts for many years through ongoing training in best practices, both in school districts and through the university training programs. Schools are an integral part of the communities they serve, and most responses to school crises necessarily involve other agencies (police, social services, fire and medical, etc.). Therefore, CSSP has been very involved in the CoCERN process from the beginning in order to help provide the school organizational prospective and specialized knowledge of crisis impact on children. CSSP's involvement with CoCERN has the goal of helping to facilitate a coordinated and supportive school and community response to any crisis in the schools.

Colorado State Employee Assistance Program (C-SEAP)

C-SEAP, the Colorado State Employee Assistance Program, offers cost-free counseling and coaching to over 70,000 eligible state employees concerning personal and work-related issues through offices located in Denver, Colorado Springs, Pueblo, Canon City, Grand Junction and Northern Colorado. C-SEAP also provides organizational assistance, a system-wide approach to the comprehensive management of behavioral risk through consultation and problem solving regarding workplace conflict, violence risk, poor communication, sexual harassment and many other workplace issues.

In addition to consultation, management tools include workplace facilitation, organizational development, on-site crisis response, mediation and training. Currently, C-SEAP has six licensed EAP professionals statewide and five interns (one masters-level and four doctoral-level). All six C-SEAP staff members have training and experience in crisis response. Should a crisis event impacting Colorado State employees require assistance beyond the capacity of C-SEAP to respond, the program now has a working relationship with CoCERN. Given the reality that the State of Colorado is the largest employer in Colorado, C-SEAP is likely to be involved in a cross-agency crisis response involving multiple CoCERN partners to help meet the needs of impacted communities.

Assisting Agencies

The Association of Black Psychologists (D-RMABPsi)

The Denver-Rocky Mountain Association of Black Psychologists (D-RMABPsi) is a community-based professional organization that primarily consists of mental health professionals (Doctoral and Master's level) providing psychological services in cities along the Front Range in a geographical area that extends from Laramie, Wyoming to Pueblo, Colorado. Since 1977 the D-RMABPsi has provided hundreds of mental health seminars, symposiums, and workshops to enhance the capacity of mental health professionals to provide culturally appropriate interventions, treatment, and assessments for people of color in clinical, community, and criminal justice settings. As a chapter of the national Association of Black Psychologists, the D-RMABPsi has a longstanding history of being a resource during times of crises in the Denver metropolitan area in general, and within the African American community in particular. The D-RMABPsi provided assessment and mental health referrals for evacuees relocated to the area from Louisiana during Hurricanes Katrina and Rita.

Colorado Community Mental Health Center System

The Colorado Community Mental Health Center System is comprised of 17 Community Mental Health Centers and 6 Specialty Clinics (CMHC). This system contracts with the State of Colorado to provide services to individuals with serious emotional disorders and or serious and persistent mental illness. The centers are community based and are viewed as leadership organizations. During times of disaster or community emergency, CMHCs are relied upon to provide disaster behavioral health response services. In times of statewide emergency, the Colorado Department of Human Services Division of Behavioral Health will support and partner with the CMHCs to provide teams of trained behavioral health disaster responders to help meet the needs of the impacted communities.

Colorado Community Substance Abuse Treatment System

The Colorado Community Substance Abuse Treatment System includes four managed service organizations (MSOs) that subcontract with approximately 185 sites in 7 geographical areas of Colorado for treatment services. In addition, there are approximately 400 additional substance abuse treatment providers licensed by DBH. In the event of a disaster, DBH State Substance Abuse Disaster Response Coordinator will partner with CoCERN leadership to reach out to people in treatment, those in recovery and those involved in Opioid Medication Assisted Treatment to provide trained responders to help meet the needs of those affected by the event.

Colorado Psychological Association (CPA)

The Colorado Psychological Association, the voice of psychology in Colorado, has approximately 500 members, most of whom are doctoral level direct providers of mental health services. Others represent higher education, supervision, training, public/private health and related services. CPA commits to a continuing effort to promote training in the growing field of disaster mental health and to alert members of related volunteer opportunities. CPA is an affiliate of the American Psychological Association and its long established Disaster Resource Network, a group of disaster trained psychologist leaders from every state in the USA.

Colorado Community Crisis Response Teams

PBHRT

Spanish Peaks Mental Health Center (SPMHC), in association with the Pueblo Behavior Health Response Team (PBHRT), Emergency Medical Services and the Pueblo City-County Health Department (PCCHD), maintains a Disaster Response Team of more than twenty trained, licensed and non-licensed mental health professionals, and stands ready to deploy at the request of state and/or local authorities to provide mental health triage services. Our team consists of professionals trained to work with adults, children and special populations in a crisis environment. Additionally, SPMHC offers a full spectrum of follow-up therapeutic services for these populations, including individual, family and group therapy, as well as intensive case management services.

The SPMHC Disaster Response Team is designed to provide 24/7 on-site coverage. All team members are NIMS trained and have taken the Colorado Mental Health Disaster Response Training course.

SPMHC has been designated by PBHRT as the lead agency to mobilize area behavioral health disaster first responders, when the incident commander and/or PCCHD indicate the need.

JGCCCRT

The Jefferson/Gilpin County Community Crisis Response Team (JGCCCRT) is made up of members from the American Red Cross; the Arvada, Lakewood and Westminster Police Departments; the Jefferson County Sheriff's Office: Gilpin County Victim Services; Victim Outreach Information (Victim Services for Golden, Wheat Ridge, Edgewater, Mountain View, and Colorado School of Mines): and Jefferson Center for Mental Health. JGCCRT attempts to include representatives from the faith community as well.

The JGCCCRT believes that victims of a community disaster are best serviced by an integrated approach provided by professionals who are skilled in crisis intervention and risk assessment. It is our intention and responsibility to partner with CoCERN in an effort to establish a collaborative disaster response network system in Colorado.

CARE

The CARE (Crisis Counseling and Resilience Enhancement) Team of Larimer County was created to meet the mental health needs of the community following the tragic Flood of 1997 which claimed five lives and left several families homeless. The CARE Team is a collaboration between Larimer Center for Mental Health and the Health District of Northern Larimer County. CARE maintains a data base of approximately 55 local mental health professionals that includes employees of both Larimer Center for Mental Health and the Health District and private mental health professionals who have completed the required training to qualify them as Mental Health Disaster Responders. CARE also has developed partnerships with the Centennial Chapter of the American Red Cross, the Larimer County Department of Health and Environment, the Medical Reserve Corps of Larimer County, and CoCERN (the Colorado Crisis and Education Response Network). The CARE Team responds to local critical incidents as well as large-scale disasters such as the Windsor Tornado of 2008. Several members of the Team are fully trained Disaster Specialists and are also qualified to respond at the state and/or national level.

Colorado Voluntary Organizations Active in Disasters (COVOAD)

The Colorado Voluntary Organizations Active in Disaster (COVOAD) is the Colorado State chapter of the National Voluntary Organization Active in Disaster (NVOAD) group. The primary mission of all VOADs is to Communicate, Coordinate, Cooperate and Collaborate with each other to provide response and recovery assistance to people affected by all-hazards disasters. The group meets monthly to plan and execute the four C's mentioned above. The organizations that are active usually have national ties, but sometimes there are local groups that apply for and become members of a local, regional or State VOAD. A full roster of national members may be found on the internet website www.nvoad.org. A list of the Colorado organizations may be found on the site www.coloradovoad.org.

COVOAD actively collaborates with partners from the governmental sector, the private sector, and the nonprofit sector, including: FEMA and other Federal agencies as well as State and local governmental agencies; Business Executives for National Security (BENS) and the Colorado Emergency Preparedness Partnership (CEPP), Colorado Crisis Education and Response Network - CoCERN; and the many non governmental agencies that are active in disasters like Red Cross, Salvation Army, Adventist Disaster Response, Lutheran Disaster Response, United Way 211, and many others. These agencies provide a range of disaster response services that includes but is not limited to: damage assessment, individual needs assessment, debris removal, food preparation and delivery, donations management, spontaneous volunteer management, case management, long term recovery, spiritual needs, and unmet needs.

Denver Veterans Administration (DVA)

On Feb 28, 2003 the President signed The Homeland Security Presidential Directive (HSPD)-5. This directive required the Secretary of Homeland Security to develop and administer a National Response Plan (NRP), which specifies how the resources of the Federal Government will work in concert with state, local and tribal governments, and the private sector, to respond to Incidents of National Significance. The NRP is predicated on the National Incident Management System, or NIMS. Together, the NRP and the NIMS provide a nationwide template to facilitate all government, private sector and non-governmental organizations to work together to prevent or respond to threats and incidents regardless of cause, size or complexity.

The VAHCS (Veteran's Administration Health Care System) is a signatory partner to the National Response Plan and as such may assist in providing medical support to both state and local governments within a disaster area. Such services may include triage, medical treatment and the utilization of surviving VA Medical Centers within the disaster area. The VA may provide available medical supplies for distribution to mass care centers and medical center locations being operated for disaster victims and provide assistance in managing human remains, including victim identification and disposition.

Essential relationships are already in place to facilitate a rapid and smooth VA response in supporting the needs of the community in time of disaster.

Lutheran Family Services of Colorado

Lutheran Family Services of Colorado (LFSCO) is a private, statewide, non-profit, human care agency, serving Colorado since 1948. Core program areas include foster care, adoption, refugee resettlement, older adult services, parent education, teen pregnancy prevention and disaster response, touching the lives of nearly 20,000 people per year.

LFSCO is an affiliate of the national office of Lutheran Disaster Response in Chicago, IL. When a federally declared disaster occurs in Colorado, New Mexico or Wyoming, LFS organizes and implements broad based disaster response efforts designed to minister to the urgent needs of people who are affected. LFS/LDR has previously provided services in response to: the trial of Oklahoma City bomber, Timothy McVeigh in 1996; the Ft. Collins flood in 1997; the school shootings at Columbine High School in 1999; and the multiple Wildfires of 2002. In 2005-2007, LFS provided long-term case management, employment services, crisis counseling and volunteer training to support the resettlement of thousands of Hurricane Katrina/Rita evacuees who were displaced to Colorado. In 2007-09, LFS responded to Tornado disasters in Clovis, New Mexico and Windsor, CO. Typical LFSCO response services include: Long-term Case Management, Crisis Counseling; Employment Services; Volunteer Recruitment and Management; Emotional Recovery Day-Camps for Children; Hardship Grants for individuals and congregations; Emotional and Spiritual care; and Fundraising for Community Long Term Recovery Committees.

Public Health System

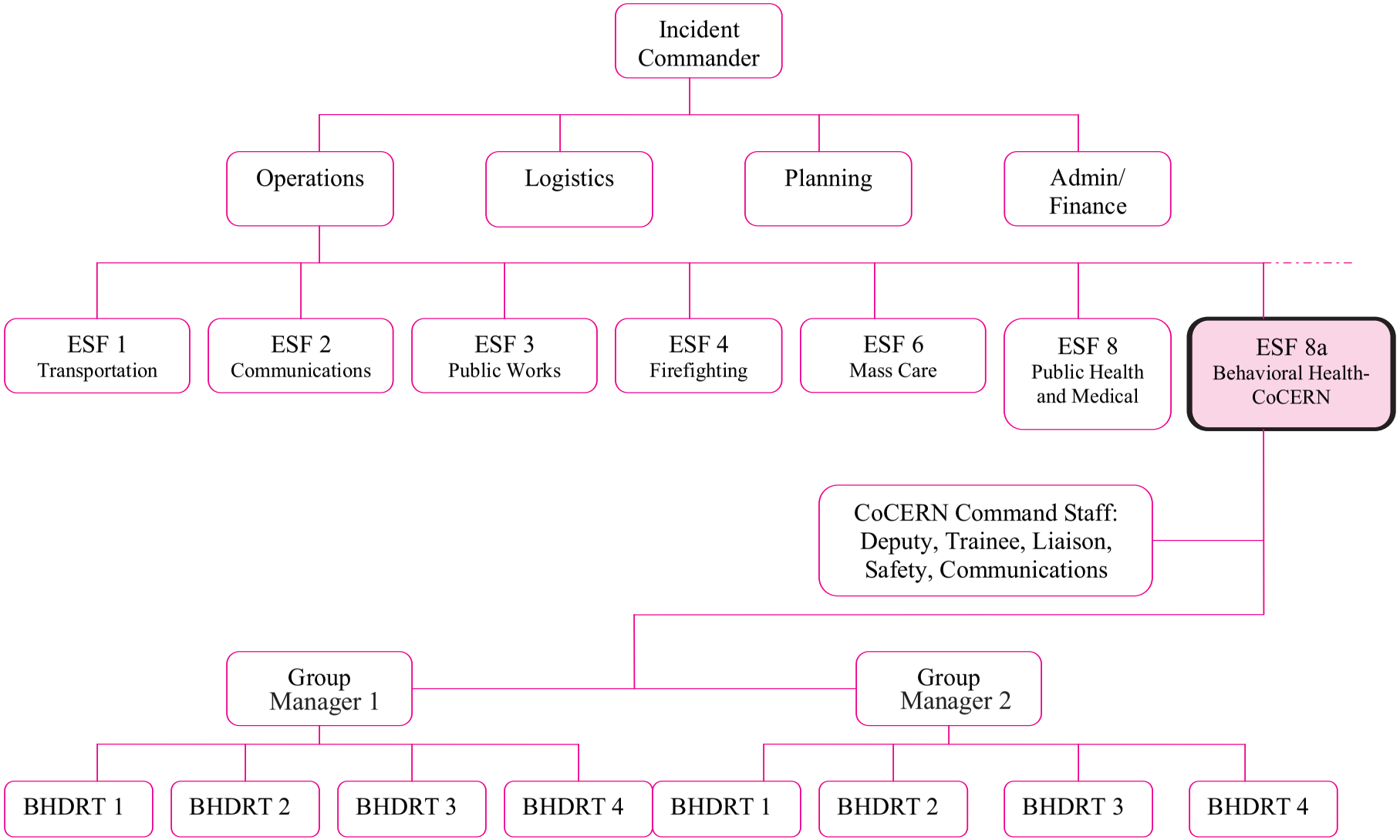
The role of public health in emergency response is multi-faceted and includes preparedness planning, training, response and recovery following a public health emergency. These efforts are based on an all-hazard approach to emergency preparedness. In the event of a local, regional or large-scale emergency, a public health response would be integrated into the existing emergency response structure. This will include lead and/or support roles coordinated with city/county emergency management. Multi-agency collaboration is also a key expectation.

It is anticipated that there will be a need for behavioral health support to assist public health efforts in areas including but not limited to providing behavioral health support to public and staff at mass prophylaxis clinics, assisting in risk communication efforts aimed at minimizing public anxiety and maximizing compliance, and planning for larger societal impacts of pandemic influenza or other outbreaks.

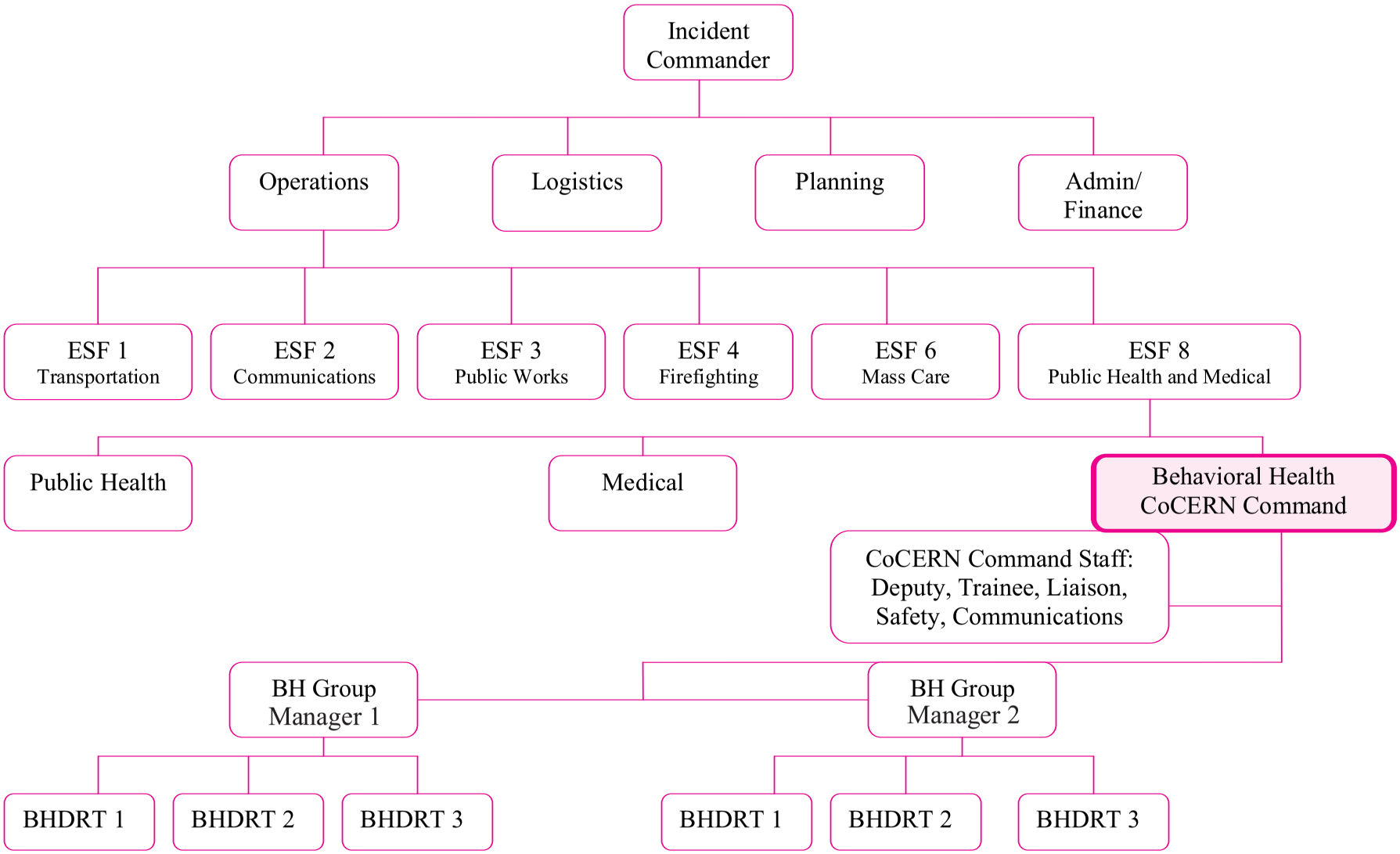
Public Health is represented on the CoCERN steering committee as a secondary partner in disaster behavioral health planning efforts. In time of disaster, implementation of associated Memorandums of Understanding and Mutual Aid Agreements, as well as requests for assistance through the CoCERN response team and/or Colorado Public Health and Medical Volunteer System, could occur. Public Health supports the cooperative efforts and resource assistance provided by CoCERN.

Appendix B – CoCERN and the Incident Command System

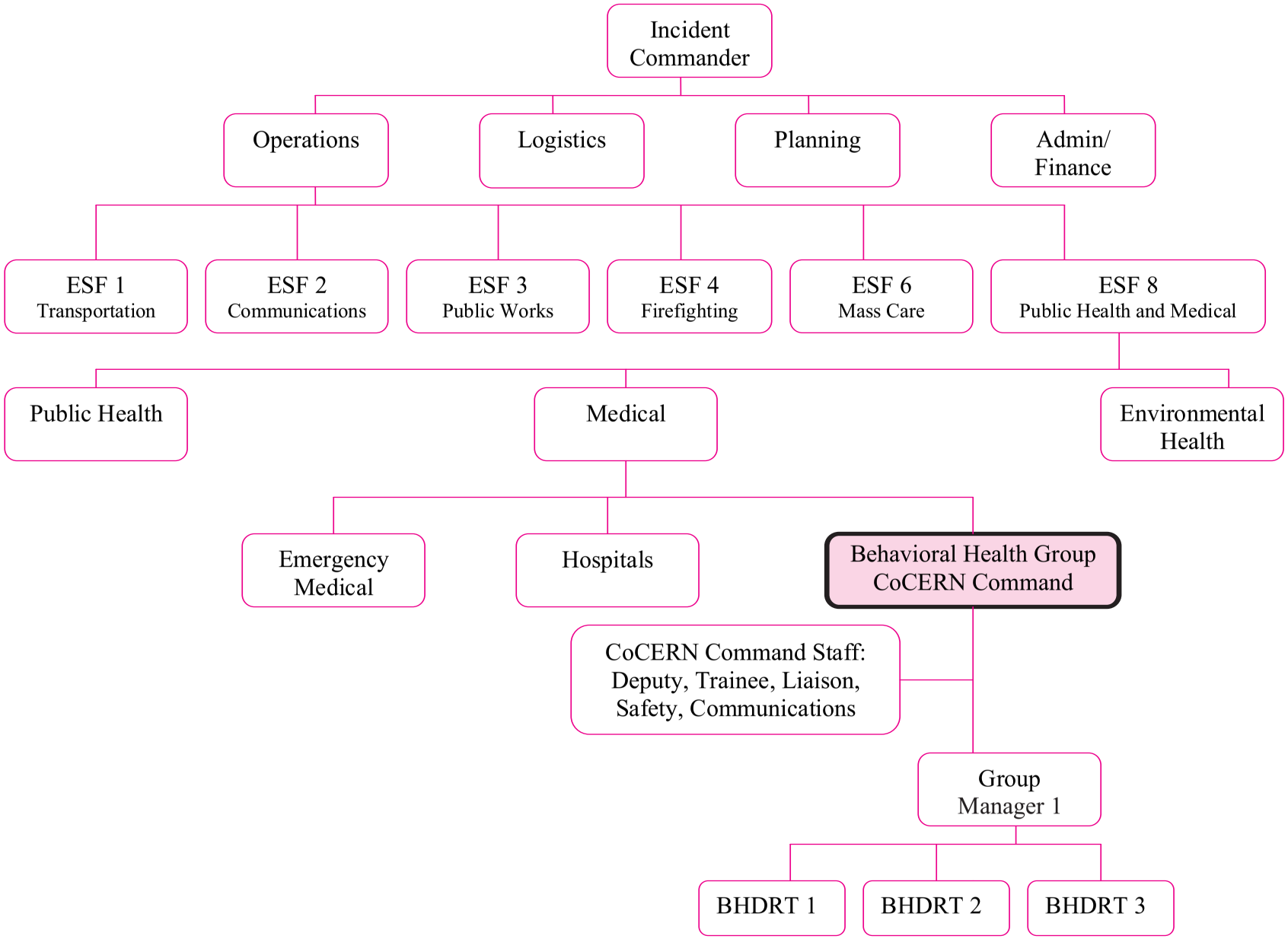
Incident Command – Co CERN at Branch Level (Very Large BH Response)



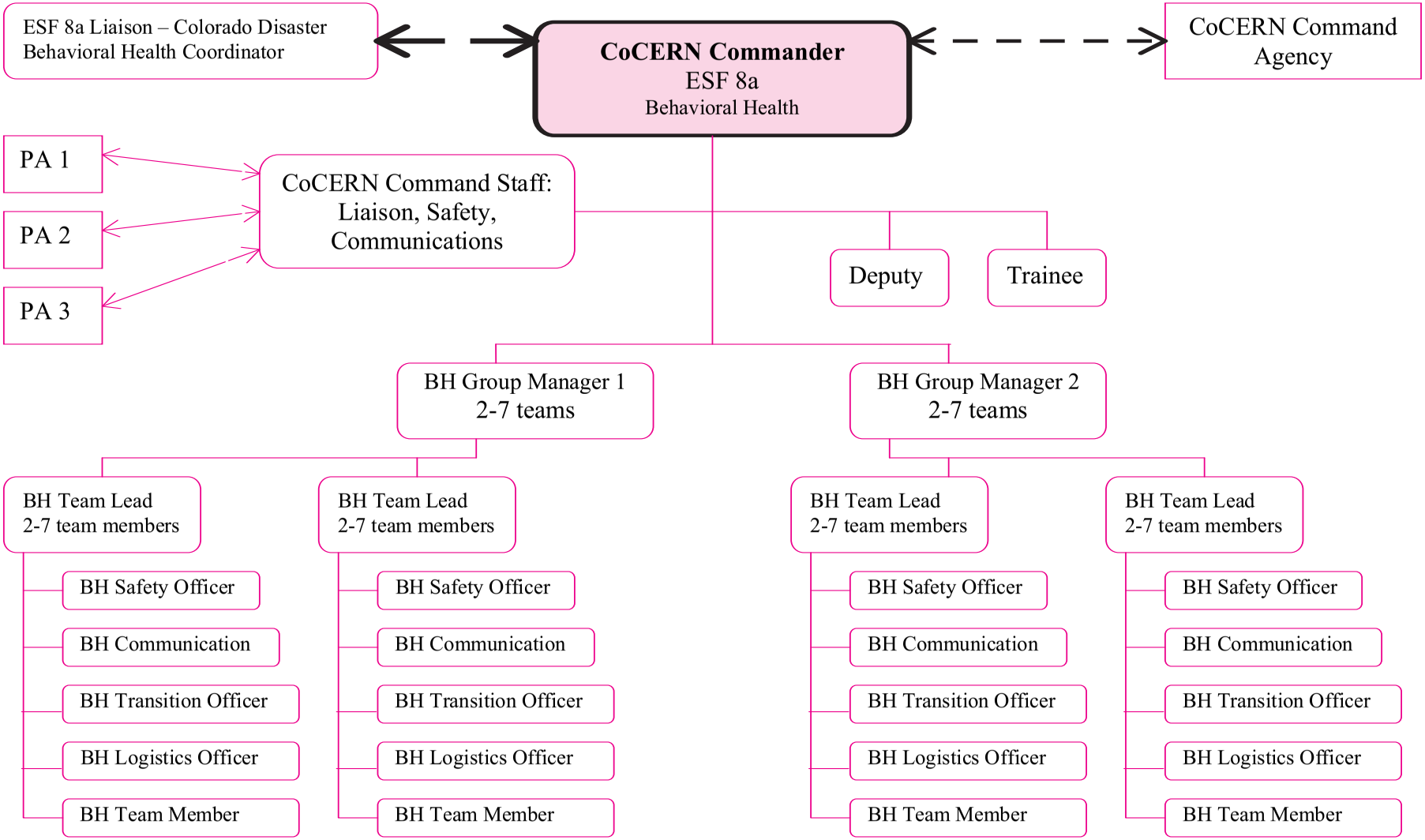
Incident Command – CoCERN at Section Level (Large BH Response)



Incident Command – CoCERN at Group Level (Moderate BH Response)



Basic CoCERN Incident Command



Appendix C – Field Experience Examples

The following are examples of experiences that are necessary to be a CoCERN Commander.

- Field Response – Team leader or higher level experience at localized or regional disaster responses

  Holly or Weld County tornadoes, Alamosa salmonella incident, 2002 wild fires, Red Cross sheltering, 2005 Hurricane Evacuee reception or similar events
- Exercises – Team leader or higher level experience during a resource activation exercise/drill

  Mountain move, TOPOFF, Pueblo Chemical Stock pile exercise, POD Squad, etc.
- National Response Experience – Through the American Red Cross, Salvation Army, National Disaster Medical Assistance Team or other national deployment mechanism Response examples include responding to California

Appendix D – Definitions

CoCERN Command Agency: Normally the IA that requests a CoCERN response. This is flexible and can be different at the request of the IA.

CoCERN Partner Agency (PA): Those organizations that have joined to create CoCERN and who have agreed to respond utilizing CoCERN protocols during a disaster, critical incident or terrorism event in Colorado.

Initiating Agency (IA): The agency that contacts CoCERN and requests mobilization of CoCERN resources.

Incident Command System: The Incident Command System is the organizational structure for multidisciplinary disaster response and is the standard used by the State of Colorado and the United States Federal Government.

Survivor: Anyone who experiences either directly or indirectly a disaster, community crisis, terrorism event, infrastructure failure or any widespread event that is life threatening.

See Appendix E for an Acronym Glossary.

Appendix E – Acronym Glossary

BH	Behavioral Health
BHDR	Behavioral Health Disaster Responder
BHDS	Behavioral Health Disaster Specialist
BHRT	Behavioral Health Response Team
CA	Command Agency
CCSN	Colorado Crisis Support Network
CDE	Colorado Department of Education
CDHS	Colorado Department of Human Services
CISM	Critical Incident Stress Management
CMHC	Community Mental Health Center
CO	Communication Officer
COVA	Colorado Organization for Victim Assistance
CoVOAD	Colorado Volunteer Organizations Active in Disaster
CPA	Colorado Psychology Association
C-SEAP	Colorado State Employee's Assistance Program
CSSP	Colorado Society of School Psychologists
CSSP S-W CRT	CSSP State-Wide Crisis Response Team
CVM	Colorado Volunteer Mobilizer
DBH	Division of Behavioral Health
DORA	Department of Regulatory Agencies
D-RMABPsi	Denver-Rocky Mountain Assoc. of Black Psychologists
BHDRT	Behavioral Health Disaster Response Team
EDS	Emergency Disaster Services
HAN	Health Alert Network
HSPE	Homeland Security Presidential Elective
IA	Initiating Agency
IAP	Incident Action Plan
ICS	Incident Command System/Structure
JIC	Joint Information Center
JIS	Joint Information System
MHRCI	Mental Health Response to Critical Incidents
MSO	Managed Service Organizations
NASP	National Association of School Psychologists
NIMS	National Incident Management System
NOVA	National Organization of Victims Assistance
NRP	National Response Plan
NTSB	National Transportation Safety Board
PA	Partner Agency
PBHRT	Pueblo Behavioral Health Response Team
PCCHD	Pueblo City-County Health Department
PFA	Psychological First Aid
PIO	Public Information Officer
SPMHC	Spanish Peaks Mental Health Center
VAHCS	Veteran's Administration Health Care System
VRA	Victim Rights Act

Appendix F – Go Bag Guidelines

- ✓ Water
- ✓ Protein bars
- ✓ Book
- ✓ Playing cards
- ✓ Bug repellent
- ✓ 1 AA flashlight (electric torch)
- ✓ 1 AA transistor radio
- ✓ 1 spare pack of AA batteries
- ✓ 1 pack moleskin (thick adhesive-backed cotton felt used to protect against blisters)
- ✓ Anti-chafing ointment
- ✓ 1 space blanket
- ✓ 1 disposable poncho
- ✓ Whistle
- ✓ $100 in ten-dollar bills (enough for two nights in a cheap motel or an inter-state bus/train ticket)
- ✓ $10 in quarters (most common coin for vending machines, toll booths, and pay phones)
- ✓ Disposable butane lighter
- ✓ 1 pre-paid phone card
- ✓ Lists of phone numbers
- ✓ 2 pens (black or blue)
- ✓ 1 notepad or pack of 3x5 cards
- ✓ Personal medications (including Tylenol or ibuprofen)
- ✓ Extra socks
- ✓ Sunscreen
- ✓ Hat
- ✓ Clothing layers
- ✓ Cell phone charger
- ✓ Consider: regional map

Appendix G – Mass Casualty Behavior Triage

Red - Immediate
Take to advance care

Yellow - Delayed
Needs Intervention

Green - Basic Support if
resources available

Instructions for Behavior Health Triage System

The BHDRT Team Leader should assign one BHDRT team member or buddy pair to triage duties. These Triage Officers (TOs) should use the triage tickets (see Figure 2 below) and scan the crowd for disruption. TOs maintain a triage focus by avoiding conversations with survivors. As they scan the crowd, they should periodically use non-verbal acknowledgements such as a head nod, "hi" sign or a verbal "hang in there." The TO should work to remain on the front line and avoid being pulled into the BHDRT survivor support activities until a full crowd scan has been completed.

When the TO identifies an individual who meets the criteria for Red, circle the red square on the card and signal another BHDRT member for immediate assistance. This may also require intervention from an emergency medical technician or police officer. When an individual meets the criteria for Yellow, but not Red, intervene with a "Can I talk to you for a moment please?" and circle the Yellow square on the card, check adult, child or staff and enter today's date. Ask them to take the card over to one of your team members. For example: "I'd like for you to talk with someone. Can you take this card over to Jennifer? She's the lady with the clipboard over there." He or she will probably need help to do this. Have a runner take people where they need to go if an assist is required.

For those individuals triaged as Green (everyone else), there is no need to use a triage ticket it is for reference only. For mass casualty behavioral health triage, stress reactions are identified as Green unless they also meet the criteria for Red or Yellow. Typical stress reactions are listed on the back of the card.

Tracking form: The BHDRT Team Leader should collect all triage tags from the TOs and other BHDRT members. Using the tracking form to keep a record of the number of individuals triaged as Red and Yellow. If possible, also keep an accounting of all individuals triaged (count of total survivors, subtract the number of Yellow plus Red from the total and enter it in the Green tally).

Triage Ticket Categories

Red

An individual is triaged as a Red if they display the following:

- ✓ Suicidal or homicidal ideation or action
- ✓ Dangerous aggression
- ✓ Conscious but, non responsive individual
- ✓ Unable to care for self or children

Yellow

An individual is triaged as a Yellow if they display the following:

- ✓ Difficulty understanding and following directions
- ✓ Strong stress reaction interfering with functioning
- ✓ Disruptive and aggressive behaviors
- ✓ Difficulties caring for self or children
- ✓ Anxious behavior impacting those around them or impacting the response community.

Figure 2: Mass Casualty Behavior Triage card

BH Triage & Tracking Form Name of Clinician Adult___ Child___ Staff___ Date_____				
	Red-Immediate Take to advanced care	Suicidal, homicidal, child/ elder abuse Aggressive behavior	Unable to understand and follow directions	Unable to care for self or children
	Yellow- Delayed needs intervention	Difficulty understanding and following directions	Stress reaction interfering with functioning	Unable to self soothe
	Green give coping information	Stress reactions		

Back of Card.

Common Stress Reactions

Physical: Stomach upset/ sleep disruptions since the event/ exhaustion/pounding heart/ rapid breathing/ headache/ sweating/excess smoking, alcohol, drugs, food/ vague aches and pain.

Emotional: Crying/ nervous/ fearful/ irritable/ easily upset/ negative view of self or others/ being over controlling/ withdrawal/ misinterpreting others intent as hostile/exceedingly worried/ hopeless about the future/ trouble concentrating/ constantly alert/ edginess

Appendix H – Psychological First Aid Guide Card

The following will be printed on into a wallet-sized card for responders.

Core Elements of PFA

1. Contact & Engagement
2. Safety & Comfort
3. Stabilize and Orient
4. Gather Info on Current Needs & Concerns
5. Practical Assistance
6. Connection w/ Natural Supports
7. Coping Information
8. Referral/Linkage to Services
9. Respect Limits (Self & Others)

The other side of the card will list general guidelines of disaster behavioral health response.

REMINDERS

Disaster Behavioral Health is about providing practical help

NOT THERAPY

Hierarchy of Needs – 1. Physical 2. Safety 3. Connection
Presume Strength & Resilience – you will find what you look for.
Take deep breaths, drink water, eat when hungry, rest when tired,
and connect with others.

Appendix I – Stepped System for Training and Credentialing

Responder Designation	Behavior Health Disaster Responder (BHDR)	Behavior Health Disaster Specialist (BHDS)
Purpose	To define the minimum requirements for a deployable volunteer by CoCERN (See training requirements) (pg. 39)	Pre-credentialed according to the requirements listed for Behavior Health Disaster Responder and meet the additional requirements listed below. (pg. 40)
Education Requirement	1. Associate's degree in a human services field; or 2. H.S. diploma and documented completion of a behavior health certification program 3. Two years of clinical experience in a human services delivery program	Behavior health related license; 1. Department of Regulatory Agencies (DORA); or 2. Colorado Department of Education (CDE); or 3. Board of Medical Examiners CoCERN may exercise discretion in this requirement. *
Training	1. Registration with CVM http://www.cphmvs.com/ 30 min. 2. Incident Command System 100 and 700 (online-free) 1-3 hours each class 3. Psychological First Aid class, 90 minutes 4. Documented completion of one of the following: ➢ Colorado Behavioral Health Disaster Response System: "Field Response Training" 8 hrs- cost: free. ➢ American Red Cross Foundations of Disaster Mental Health 8 hrs- cost: free. Course acceptance into any of these courses is at the discretion of the sponsoring organization.	All of the training listed for BHDR and at least one additional training experience to include any of the following: ➢ Colorado Behavioral Health Disaster Response System: Introduction to Trauma Therapy ➢ Emotional and Spiritual Care in Disaster Relief (Salvation Army) ➢ National Association of School Psychologists' school-based training, "PREPaRE" (School Crisis Prevention and Intervention Training Curriculum Workshop 1 & 2) ➢ Assisting Individuals in Crisis - Critical Incident Stress Management – advanced (CISM) ➢ Group Crisis Intervention (CISM) ➢ National Organization of Victims Assistance (NOVA) Additionally: ➢ Training/competency for identified roles (e.g., group supervisor, triage officer, etc.)

Behavioral Health Work Experience	Specialty area/work experience, up to **three** deployable fields ❑ Clergy or faith-based ❑ Substance abuse ❑ Special needs populations ❑ Military ❑ Bereavement ❑ Clerical ❑ Management ❑ Second language _____ ❑ K-12 School Setting ❑ University Setting ❑ Early Childhood Populations ❑ Correctional Setting ❑ Adult Populations ❑ Geriatric Populations ❑ Child/ Adolescent Populations ❑ Culturally or ethnically diverse populations _____	All requirements for BHDR
Continuing education requirements	At least one documented yearly exercise/simulation. A renewal process every 3 years.	At least one documented yearly exercise/simulation. A renewal process every 3 years.
Disciplinary actions/ **Sanctions**	License revocation, violation of professional standards, expulsion from or dismissal from a BH organization for ethical violations, crimes against people, or with just cause as determined by the CoCERN Council will result in being ineligible for deployment. If felony charges are filed against a responder, the CoCERN Council must be contacted for an individual review/appeal process to determine deployment eligibility.	

*From years 2009 to 2011, Behavior Health Disaster Specialists (BHDS) who have written approval from the CoCERN Council may be exempt from the licensing requirement through a grandfather clause. This applies to experienced disaster response administrators who are not degreed in a mental health field and are not providers of mental health services.

Appendix J – ICS Forms

1. **ICS 201 – Incident Briefing**
   CoCERN Command should complete form or gain a copy of form from the ICS Command Staff to assure that Group has full understanding of scope of event and behavioral health requirements.

2. **ICS 202 – Incident Objective**
   CoCERN Command should complete form prior, identifying CoCERN objectives for the event.

3. **ICS 203 – Organizational Assignment List – Modified for CoCERN**
   CoCERN Command should utilize this form to track PAs and teams.

4. **ICS 204 – Division Assignment List**
   CoCERN Command should utilize this form in a dual fashion. First, use the 204 to operationalize CoCERN goals and objectives for the next 24 hours. Second, each BHDRT Leader should utilize this form to operationalize the goals and objectives of the individual team.

5. **ICS 214 – Unit Log**
   Like the Divisional Assignment, CoCERN Command should utilize this form in a dual fashion. First, use the 214 to keep track of all assignments given to BHDRTs and second, instruct BHDRT Leaders to utilize this form to clearly track all activities in the field.

6. **Behavioral Health Disaster Response Team Tracking**
   CoCERN Command should utilize this form to track individual response teams' organization, makeup, mission, and field actions.

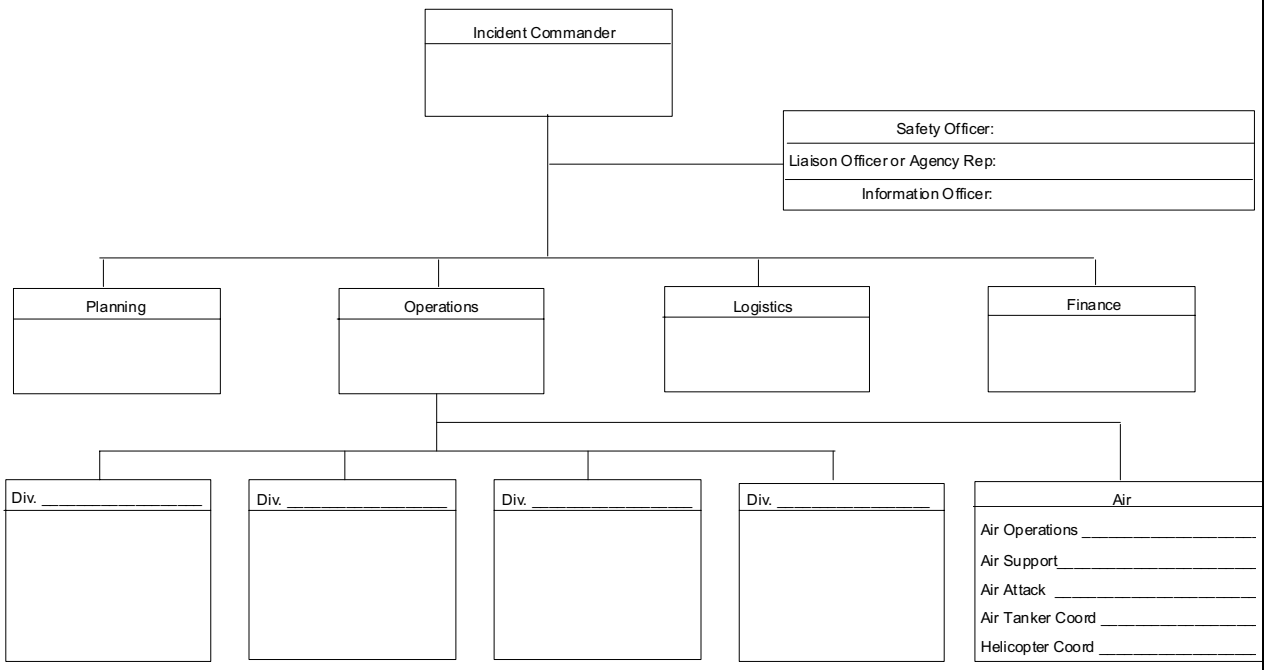
ICS Form 201

INCIDENT BRIEFING	1. Incident Name	2. Date Prepared	3. Time Prepared
4. Map Sketch			
ICS 201 Page 1 of 4	**5. Prepared by (Name and Position)**		

http://www.fema.gov/pdf/emergency/nims/ics201.doc

6. Summary of Current Actions

7. Current Organization



8. Resources Summary				
Resources Ordered	**Resource Identification**	**ETA**	**On Scene**	**Location/Assignment**

http://www.fema.gov/pdf/emergency/nims/ics201.doc

ICS Form 202

INCIDENT OBJECTIVES	1. INCIDENT NAME	2. DATE	3. TIME
4. OPERATIONAL PERIOD (DATE/TIME)			
5. GENERAL CONTROL OBJECTIVES FOR THE INCIDENT (INCLUDE ALTERNATIVES)			
6. WEATHER FORECAST FOR OPERATIONAL PERIOD			
7. GENERAL SAFETY MESSAGE			

8. Attachments (☑ if attached)

- ☐ Organization List (ICS 203)
- ☐ Assignment List (ICS 204)
- ☐ Communications Plan (ICS 205)
- ☐ Medical Plan (ICS 206)
- ☐ Incident Map
- ☐ Traffic Plan
- ☐ Weather Forecast
- ☐ _____
- ☐ _____

9. PREPARED BY (PLANNING SECTION CHIEF)	10. APPROVED BY (INCIDENT COMMANDER)

http://www.fema.gov/pdf/emergency/nims/ics202.doc

Organization Assignment List, ICS Form 203

ORGANIZATION ASSIGMENT LIST	1. INCIDENT NAME	2. DATE PREPARED	3. TIME PREPARED
	4. OPERATIONAL PERIOD (DATE/TIME)		
5. CoCERN COMMAND STAFF			
POSITION	NAME		
CoCERN COMMANDER			
DEPUTY			
SAFETY OFFICER			
COMMUNICATIONS OFFICER			
LIAISON OFFICER			
6. AGENCY REPRESENTATIVES- AGENCY	**NAME**		
7. CoCERN Teams - NAME	**NAME**		
Team 1 Leader			
Team 2 Leader			
Team 3 Leader			
Team 4 Leader			
Team 5 Leader			
PREPARED BY (RESOURCES UNIT)			

http://www.fema.gov/pdf/emergency/nims/ics203.pdf

	DIVISION ASSIGNMENT LIST	1. Branch	2. ESF

3. Incident Name	4. Operational Period
	Date: Time:

5. Operations Personnel			
Operations Chief			
Branch Director			

6. Resources Assigned this Period

7. Control Operations

8. Special Instructions

Prepared by (RESL)	Date	Time

ICS 204

UNIT LOG	1. Incident Name	2. Date Prepared	3. Time Prepared

4. Unit Name/Designators	5. Unit Leader (Name and Position)	6. Operational Period	
		Date	Time

7. Personnel Roster Assigned		
Name	ICS Position	Home Base

8. Activity Log	
Time	Major Events

9. Prepared by (Name and Position)

ICS-214

BHDRT - TRACKING FORM

Team #	Name of Team Lead	Agency or Organization	# of Responders (<8)	Unit Focus	Field Entry Time	Field Exit Time	Time of Command Contact	Reason for Contact
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								

Colorado Department of Human Services
Division of Behavorial Health
3550 W. Oxford Avenue
Denver, Colorado 80235