

ANNEX O

HUMAN SERVICES



APPROVAL AND IMPLEMENTATION

Annex O

Human Services

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RECORD OF CHANGES

Annex O

Human Services

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ANNEX O

HUMAN SERVICES

I. AUTHORITY

See Basic Plan, Section I

II. PURPOSE

The purpose of this annex is to make provisions for providing human services support to University of Texas at Arlington (UTA) community who require food, clothing, mental health services, and victim's compensation in the aftermath of an emergency. The primary responsibility for this function is assigned to the Texas Division of Emergency Management (TDEM).

This annex applies to UTA students, and staff, in the aftermath of incidents, minor or major emergencies and disasters. The services would apply to emergencies which directly impact UTA and services required to meet the needs of community members temporarily related to UTA during a crisis.

III. EXPLANATION OF TERMS

A. Acronyms

ARC	American Red Cross
Arlington	City of Arlington
BPG	Best Practice Guidelines
CISM	Critical Incident Stress Management
DADS	Department of Aging and Disabilities Services
DDC	Disaster District Committee
DRC	Disaster Recovery Center
EMC	Emergency Management Coordinator
EOC	Emergency Operations Center
EAP	Employee Assistance Program
FEMA	Federal Emergency Management Agency
MHO	Mental Health Officer
TSA	The Salvation Army
TDEM	Texas Division of Emergency Management
UTA	University of Texas at Arlington
VOAD's	Volunteers Active in Disasters

B. Definitions

1. Crime Victim's Compensation

A state program that provides monetary assistance to survivors of a crime. Assistance would include paying for hospital care, traditional counseling, burial, and/or other appropriate expenses that are incurred as a result of a crime. The Office of the Attorney General coordinates this program.

2. Crisis Counseling

A short-term therapeutic intervention process that utilizes established mental health techniques to lessen adverse emotional conditions that can be caused by sudden and/or prolonged stress. The counseling is designed for “normal individuals who have experienced an abnormal event,” and is not traditional therapy and often delivered within the victim’s home environment. Crisis counseling is normally set up for survivors and secondary responders who have been involved in an emergency situation, while Critical Incident Stress Management (CISM) is designed for first responders.

3. Crisis Counseling Program

The programs utilize traditional and non-traditional mental health practices with the disaster-impacted area. The Department of Aging and Disabilities Services (DADS) coordinate these programs through the local mental health authority. DADS facilitates mental retardation services and state school programs, community care, nursing facilities, and long-term care regulatory services, and aging services and programs. For more information, please visit the DADS website: www.dads.state.tx.us.

4. CISM

A comprehensive, integrated, and multi-component crisis intervention system for the reduction and control of the harmful effects of stress. This process is primarily intended and usually designed for first responders such as law enforcement, fire, and emergency medical service personnel. Peers with guidance and oversight by mental health professionals normally conduct CISM. The Department of State Health Services is responsible for coordination of the Texas CISM network.

5. Campus Consortium of Mental Health Providers

University of Texas at Arlington (UTA) provides human service support to students, faculty, and staff who require mental health support services. The team consists of licensed mental health professionals in counseling services, mental health services, School of Social Work, Office for Students with Disabilities. Many members of the consortium have received American Red Cross (ARC) Foundations of Disaster Mental Health Certification.

6. Disaster Mental Health Services

Disaster mental health services include crisis counseling, CISM, and victim’s services. This includes assessing short and long-term mental health needs, assessing the need for additional mental health services, tracking on-going support needs, providing disaster mental health

training programs, and identifying disaster worker stress issues and needs. It is the responsibility of DADS to coordinate this assessment for state and/or federal emergencies.

7. Disaster Recovery Center (DRC)

A location established in a centralized area within or near the disaster area at which individuals, families, and/or businesses apply for disaster aid. In general, a DRC is established after a major disaster or state of emergency declaration by the president of the United States.

8. Special Needs Individuals/Groups

Includes the elderly, medically fragile, mentally and/or physically challenged or disabled individuals with mental illness, and the developmentally delayed. These individuals would need specially trained health care providers to care for them, special facilities equipped to care for their needs, and specialized vehicles and equipment for transport in order to meet their daily needs and maintain their health and safety during emergency situations.

9. Texas CISM Network

Established to assist emergency service personnel who have experienced a critical incident. These teams are composed of peers, clergy, and mental health professionals, all of whom are volunteers. Teams are available on a 24-hour basis and individual teams respond on the basis of availability. More information on the Texas CISM Network is available at www.dshs.state.tx.us/hcqs/ems/epcism.htm.

10. State Crisis Team

Consists of several state agencies and is designed to ensure that all mental health resources are coordinated in an appropriate manner. For more information, see paragraph V.B.1.c in this annex.

IV. SITUATION & ASSUMPTIONS

A. Situation

1. As outlined in section IV.A and Figure 1 in the Basic Plan, UTA is vulnerable to a number of hazards. These hazards could result in the evacuation, destruction of or damage to residence halls and buildings, loss of personal property, and disruption of food distribution, and other situations that adversely affect the daily life of the campus. Although TDEM is primarily responsible for this plan, the UTA community would need to provide temporary and limited assistance, until TDEM is available.
2. In the aftermath of emergency situations, surviving students, staff, and faculty would need assistance in obtaining food, clothing, mental health services, and other essential life support needs as well as cleaning up and making temporary repairs to facilities or buildings.

3. Emergency responders, survivors, and others who were affected by the emergency would experience stress, anxiety, and other physical and psychological effects that adversely impinge on their daily lives.

B. Assumptions

1. Disaster survivors evacuated from UTA and housed in temporary shelters, those that remain on campus under adverse conditions, and emergency responders would need human services support in the aftermath of a disaster.
2. In the aftermath of an emergency situation, survivors (UTA students, faculty, and staff) would need mental health services and other essential support to address their personal response to the emergency. In this case, the campus mental health officer (MHO) would coordinate a response to meet the mental health needs of the campus through the Campus Consortium of Mental Health Providers, (see Support Document 6, Disaster Mental Health Provider Members). Additional, faculty and staff would utilize the Employee Assistance Program (EAP) administrated by human resources (see Support Document 7, Campus Consortium of Mental Health Providers).
3. In the aftermath of an emergency situation requiring the temporary relocation of members of the UTA community. The MHO would serve as a secondary contact to the lead organization coordinating temporary placement. The MHO would provide support only if requested by the coordinator of the shelter and/or the UTA emergency management coordinator (EMC). If additional mental health providers are needed, the MHO would coordinate providers through the Campus Consortium of Mental Health Provider Members.
4. In the event UTA is overwhelmed by the event, the following groups and organizations would be notified for assistance to disaster survivors:
 - a. UTA Campus Consortium of Mental Health Provider Members
 - b. EAP, for faculty and staff only
 - c. Other non-governmental organizations
 - d. Local professional and volunteer organizations and charitable groups, including religious groups, normally responding to emergency situations.
 - e. State assistance would be available to supplement local human services resources
 - f. Professional mental health organizations
 - g. ARC

V. CONCEPT OF OPERATIONS

A. General

1. UTA has the general responsibility for ensuring the welfare of UTA students, faculty and staff. The Office of Human Resources also provides services to address the mental health needs of faculty and staff through the EAP.
2. A MHO should be appointed to:
 - a. Coordinate with local human services organizations and organized volunteer disaster assistance organizations to ensure basic human services are provided in the aftermath of an emergency.
 - b. Coordinate the operation of shelter facilities, whether operated by local government, local volunteer groups, or organized disaster relief agencies such as the ARC.
 - c. Coordinate with ARC special care requirements for disaster victims such as the aged, special needs students and staff, and others as needed.
 - d. Coordinate the provisions of disaster mental health service with ARC to disaster victims, emergency workers, and/or others suffering trauma due to the emergency incident/disaster.
3. UTA should establish working relationships with and would call on the ARC, The Salvation Army (TSA), City of Arlington (Arlington), University of Texas System, other professional mental health organizations, and non-governmental organizations to provide support for disaster survivors.
4. Some emergency situations would not require implementation of large-scale mental health support, but instead generate a need for a limited amount of mental health services. For these situations, UTA's MHO would coordinate with UTA Campus Consortium of Mental Health Provider Members.
5. Like other disaster survivors, special needs groups would require support to meet their needs for mental health assistance. Working relationships with campus and community providers that offer expertise in meeting special needs would be established. The Office for Students with Disabilities would be included as a campus provider. Community providers would include, but are not limited to, Tarrant County Mental Health/Mental Retardation, Millwood Hospital, John Peter Smith Hospital, and ARC.
6. UTA would request Arlington, Tarrant County, Disaster District Committee (DDC), University of Texas System and State Human Services for support if UTA resources prove inadequate see Support Document 5, Website and Phone Numbers of State and Federal Agencies.

B. Mental Health Services

1. Crisis counseling for disaster survivors

- a. Some disaster survivors and emergency responders would need mental health services in the aftermath of a disaster. Many seeking such help can obtain aid from existing local mental health programs and religious groups. As the demand for such services would increase significantly after a disaster and some university community members would become disaster survivors, there would be a need for additional mental health resources.
- b. If existing local resources are inadequate to meet the need for disaster mental health services, DADS would provide disaster survivors emergency counseling services. Local mental health providers and members of the local ministerial association and other local support groups would augment these services as seen in Support Document 1, Organization and Groups.
- c. State crisis team
 1. The state crisis team is a multi-agency state organization that is comprised of the Texas Department of Public Safety Victim Services, Office of the Attorney General Crime Survivors' Compensation Division, the Department of State Health Services CISM Network, and the DADS Disaster Assistance Program. The DADS Disaster Assistance Program coordinates the state crisis team during state or federally declared disasters when multiple state agencies would be required to respond to a single disaster. Additional resources would include:
 - a. Texas Psychological Association
 - b. Texas Counseling Association
 - c. National Association of Social Workers
 - d. American Psychological Association
 - e. American Counseling Association
 - f. Texas Association of Social Workers
 - g. ARC
 - h. Tarrant County Ministerial Association
 - i. Texas Department of Public Safety Victim Services
 2. The State Crisis Team is designed to ensure that all mental health resources are coordinated in an appropriate manner. The purpose of the team is to support local government through:
 - a. Assessing both short and long-term support needs of responders and survivors.
 - b. Assessing the unmet needs and the need for outside additional support.

- c. Working with local entities including government, local service providers, and local/regional agency offices to ensure a coordinated response.
 - 3. When the incident results in a federal declaration, the state crisis team would work with local government and support agencies to:
 - a. Track costs and resources allocated to relief efforts.
 - b. Track the need for referrals and on-going support needs.
 - c. Coordinate private, federal, and voluntary resources.
 - d. In addition to local and state mental health providers, some campus departments would provide volunteer groups active in disasters, Volunteers Active in Disasters (VOAD's) to provide crisis counseling to disaster survivors. These departments would include the following:
 - a. UTA Mental Health Services
 - b. UTA Counseling Services
 - c. UTA School of Social Work
 - d. School of Nursing Psychiatric Nurse Practitioner Program
2. Mental health support for emergency responders
- a. UTA would activate the Campus Consortium of Mental Health Provider members to support mental health services and/or support for emergency responders.
 - b. The Texas CISM network was established to assist emergency service personnel who have experienced critical incidents such as line of duty deaths, mass casualties, multiple fatalities, and local disasters. CISM teams are available upon request on a 24-hour basis regardless of whether a state or federal disaster has been declared. For more information on the Texas CISM network see Support Document 2, Resource List - Private.

3. Requesting state disaster mental health services

Local government requests for state crisis counseling, CISM, and victim's services assistance would be made by the EMC to the Arlington EMC, then to Tarrant County EMC and then, if appropriate to the DDC chairperson.

C. Emergency Water Supplies

Water is essential to maintain life and preserve public health. If water supply systems are disrupted in an emergency, timely provision must be made to provide water to UTA when normal supply has been disrupted. Support Document 3, CISM Brochure outlines a number of options for providing emergency water supplies.

D. Emergency Food

In the aftermath of an emergency, UTA community may be unable to obtain food from normal sources, preserve perishable food, or prepare meals due to damage to buildings and food stores or the loss of electrical or gas service. Food would be provided to disaster survivors in a variety of ways, depending on the situation in the local area in the aftermath of a disaster. Among the options are:

1. Mass feeding at fixed sites, using operable kitchen facilities at schools, community centers, churches, and other community facilities.
2. Mass feeding at fixed sites using transportable kitchens operated by non-governmental groups.
3. Distribution of prepared food using mobile canteens operated by non-governmental groups.
4. Distribution of foodstuffs obtained from food banks that can be used by disaster survivors to prepare meals.
5. Distribution of restaurant or grocery store vouchers.

Note: The ARC, TSA, and other volunteer organizations can provide many of these services.

E. Other Needs of Disaster Survivors

1. Where emergencies result in federal emergency or major disaster declarations by the president, disaster survivors would be eligible for specific human services programs as part of the recovery process. As found in Annex J, Recovery.
2. VOAD's would be able to assist in meeting a number of the needs of disaster survivors, including:
 - a. Basic clothing
 - b. Basic furnishings and household goods
 - c. Job-related tools
 - d. Transportation
 - e. Home clean-up and debris removal
 - f. Home repairs

See Support Document 1, Organization and Groups that provide services during an emergency.

F. Phases of emergency management

1. Mitigation

Identify population groups who may require special assistance during an emergency (e.g., senior citizens, disabled, etc.).

2. Preparedness

- a. Identify volunteer groups that can provide emergency food and clothing in the aftermath of emergency situations and other sources of emergency food and clothing.
- b. Identify agencies or groups that can provide disaster mental health services and survivor's services during and in the aftermath of emergency situations.
- c. Identify and train human services representatives who would staff the emergency operations center (EOC).
- d. Conduct emergency planning with human services agencies and organized VOAD's and develop appropriate best practice guidelines (BPG's)/ standard operation guidelines and execute agreements where appropriate.
- e. Determine tentative emergency assignments for available personnel and volunteers.
- f. Encourage VOADs to participate in emergency exercises.
- g. Review and update this annex and related BPG's.

3. Response

- a. Provide food, clothing, and mental health support services to disaster survivors, to include students, faculty, and staff as needed.
- b. Register evacuees or survivors or assist volunteer groups in performing this task.
- c. Provide contact information to survivors who need human services assistance.
- d. Provide human services staff support for the EOC.

4. Recovery

- a. Assess needs of survivors and provide assistance, including, but not limited to, temporary housing, food, clothing, clean-up services, minor home repairs, and other support.
- b. Coordinate with the public information officer to inform the public of the availability of human services programs.

- c. Assess the need for disaster mental health services for emergency responders and disaster survivors. Coordinate and arrange for such support if required.
- d. Provide human services personnel to staff the DRC, if one is activated.

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. UTA emergency organization as described in Section VI.A of the Basic Plan should carry out the function of providing human services in emergency situations.
2. The director of health services should provide university policy guidance with respect to emergency human services operations. The MHO would manage the university human services function during emergency operations.
3. TDEM would be the primary owner for human services guidelines. UTA would assist in coordination of this plan and supporting BPGs, through the coordinated efforts of Campus Consortium of Mental Health Provider Members, local human services professionals, human service agencies, local volunteer groups, the ARC, TSA, and other non-governmental organizations.
4. State and federal agencies may be requested to assist in human services activities conducted in the aftermath of a major emergency or disaster.

B. Task Assignments

1. The TDEM would:
 - a. Ensure that a human services program for emergency situations is developed.
 - b. Provide general guidance and direction for UTA human services operations during emergencies.
2. The director of mental health services would serve as the MHO and would:
 - a. Identify volunteer groups and agencies that can provide goods and services to satisfy human services needs and develop agreements with them.
 - b. In the aftermath of emergencies, coordinate distribution of clothing, food, and services by various agencies and organizations. See Annex M, Resource Management for a list of food, clothing, and water resources.
 - c. Coordinate the registration of evacuees/survivors.
 - d. Coordinate with the shelter officer to provide for human services needs of evacuees in shelters.

- e. Coordinate with ARC human services support for special needs groups.
 - f. Coordinate the provision of disaster mental health services for disaster survivors, emergency workers, and others suffering trauma due to the emergency situation.
 - g. Work with the transportation officer to coordinate transportation assistance for those who need it.
3. Campus Consortium of Mental Health Provider Members would:
Provide limited mental health services to the UTA community.
 4. The transportation officer would:
 - a. Coordinate transportation support for human services operations if necessary.
 - b. Coordinate with the Arlington Office of Emergency Management in identifying local public and private transportation resources and coordinate their use in emergencies.
 - c. Coordinate deployment of transportation equipment such as food, clothes, drinking water, or other supplies to support emergency operations.
 5. The public information officer would:
 - a. Coordinate with the Arlington public information officer to distribute appropriate information to the media and university community about assistance programs available for disaster survivors.
 - b. Provide updates on the emergency situation to MHO to be passed on to Executive Policy Group and Arlington.
 6. The EMC would:
Support human services assistance identified by the MHO upon request.
 7. The ARC would:
 - a. Provide mass feeding for victims and emergency workers.
 - b. Provide emergency assistance for other essential needs.
 - c. Process inquiries from concerned families outside the disaster area.

VII. DIRECTION & CONTROL

A. General

1. The TDEM would establish priorities for and provide policy guidance for human services programs conducted after a disaster.
2. The Executive Policy Group would provide direction to the MHO regarding human services operations in the aftermath of an emergency.
3. The MHO and ARC would coordinate, in the EOC, staffing needs for human services program activities.

B. Line of Succession

The line of succession for the MHO is:

1. Director of mental health services
2. Director of counseling services
3. EMC

VIII. READINESS LEVELS**A. Normal Conditions - Level 4**

See the mitigation and preparedness activities in section V.F.1 and V.F.2.

B. Increased Readiness - Level 3:

1. Review plans and procedures and update them if needed.
2. Meet with local human service agencies to determine possible human services requirements based on the threat and assess resources on hand.
3. Determine the availability of human services personnel and equipment for emergency duty.

C. High Readiness - Level 2:

1. Alert and brief human services personnel for possible emergency operations.
2. Identify personnel that would staff the EOC.
3. Identify and alert external resource sources.

D. Maximum Readiness - Level 1:

1. Put human services staff on call.

2. Consider precautionary staging of personnel, equipment, and supplies.
3. Provide trained staff to the EOC if it is activated.

IX. ADMINISTRATION & SUPPORT

A. Records Maintenance

All records generated during an emergency would be collected and filed in an orderly manner so a record of events is preserved for use in determining response costs, settling claims, and updating emergency plans and procedures.

B. Preservation of Records

Vital mental health records would be protected from the effects of a disaster to the maximum extent possible in accordance with the state and professional requirements and Health Insurance Portability and Accountability Act standards. Should records be damaged during an emergency situation, professional assistance preserving and restoring those records would be obtained as soon as possible.

C. Training & Exercises

1. Human services personnel who participate in EOC operations would receive training for their specific job. The MHO is responsible for coordinating training with the TDEM.
2. Non-governmental groups that would be providing human services support during emergency situations should be invited and encouraged to participate in emergency drills and exercises where appropriate.

D. State and Federal Assistance

If state or federal assistance is required, the MHO would brief the EMC on the assistance required. The EMC or his/her designee would make the request for assistance first to the Arlington EMC and then to Tarrant County EMC and then if appropriate, to the DDC chairperson.

X. DEVELOPMENT & MAINTENANCE

A. Development

Office of Emergency Management and director of counseling are responsible for developing this annex based on the guidance provided by TDEM. The annex would be maintained in the Office of Emergency Management.

B. Maintenance

This annex would be reviewed every two years and updated in accordance with the schedule outlined in Section X of the Basic Plan.

XI. REFERENCES

- A. ARC/Federal Emergency Management Agency (FEMA) brochure: *Food & Water in an Emergency*, ARC-5055 & FEMA L-210.
- B. ARC Fact Sheet: *Water Storage Before Disaster Strikes*.
- C. ARC Fact Sheet: *Water Treatment After Disaster Strikes*.
- D. FEMA brochure, *Emergency Food & Water Supplies*, FEMA-215.
- E. DADS, “Disaster Mental Health Reference Bibliography” at the Disaster Assistance Program website: www.mhmr.state.tx.us/CentralOffice/MedicalDirector/daphomepage.html.
- F. Texas CISM Network website: www.dshs.state.tx.us/compreg/cism/default.shtm. This site provides information on CISM Teams, classes, and critical incident stress.
- G. Texas ARC website: www.redcrosstexas.org. This site provides information on the service areas for the Texas ARC chapters and addresses and phone numbers for those chapters.
- H. Annex C (Shelter & Mass Care) to the *State of Texas Emergency Management Plan*
- I. Annex V (Food & Water) to the *State of Texas Emergency Management Plan*

SUPPORT DOCUMENTS

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