
National Children's Disaster Mental Health Concept of Operations

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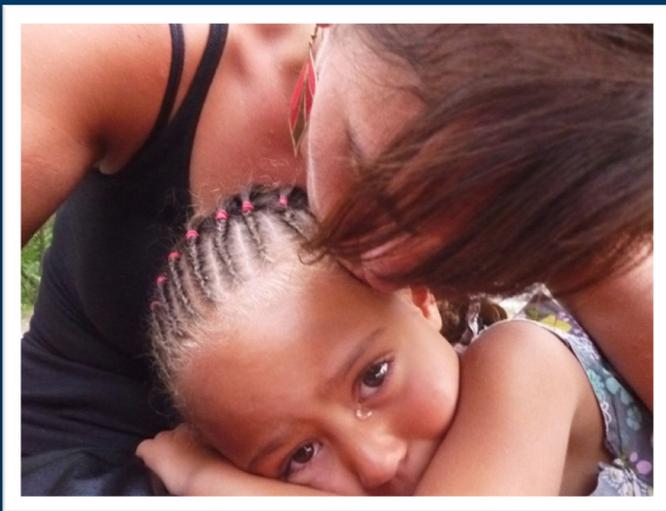
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National Children’s Disaster Mental Health Concept of Operations

The National Children’s Disaster Mental Health Concept of Operations (NCDMH CONOPS, CONOPS) is the first effort to comprehensively address the needs of children in disasters operationally. The NCDMH CONOPS outlines a triage-enhanced children’s disaster mental health incident response strategy for “seamless” preparedness, response, and recovery operations. It contains essential elements needed for an interoperable, coordinated next generation incident command system (ICS) response for the mental health needs of children that can be immediately adopted by local communities, counties, regions, and states to protect its children affected by disasters and terrorism incidents.

Research reveals that children are at differential risk for disaster-engendered mental health consequences and require specialized plans heretofore not coherently developed and operationalized. Children’s disaster reactions fall along a continuum ranging from new disorders with complex comorbidities at one extreme, to short-term distress and a trajectory toward resilience and possible posttraumatic growth for others. Recent longitudinal evidence from Hurricane Katrina reveals that approximately four years post event, 40% of parents in Louisiana and almost 50% of parents in Mississippi reported that their children still had mental health disorders as result of the hurricane. These findings suggest that critical windows of opportunity may be missed to intervene early with best-practice and evidence-based care for high risk children.



The NCDMH CONOPS leverages existing national best practices by matching the continuum of risk to a corresponding continuum of timely, evidence-based care through the use of a rapid disaster mental health triage system that includes key local children’s disaster systems of care. The NCDMH CONOPS continuum of scalable, evidence-based disaster mental health interventions and practices should be integrated with public health, medical, human services, educational, and disaster

preparedness/resilience-building efforts as a key aspect of homeland security preparedness activities in communities.

The NCDMH CONOPS includes the following action elements:

- Timely delivery of specific evidence-based practices to certain high risk children may improve clinical outcomes.
- Triage-driven rapid needs estimates, which identify locations, risk types, and numbers of children at risk, quickly determining needs and scaling response for services based on level of risk for a “graded range” of acute and long term evidence-based interventions for children.
- Flexible, engaged partnerships within communities and across the national response for integrated “unity of effort.” The national response for children should be flexible with the partnerships it employs to achieve mutually-supportive disaster systems of care serving children (e.g., American Red Cross, child congregate settings including schools, Medical Examiner, Federal Medical Stations, volunteers, and federal disaster mental health sources).
- Rapid, consistent, and clear communication directly with disaster mental health response elements and families. The goal is to communicate using a common language of risk and requirements to achieve a “common operating picture” permitting parity to other emergency operations functions.
- Disaster mental health messaging that speaks to parents and those who serve children based on evidence-informed strategies (e.g., the *Listen, Protect and Connect* psychological first aid intervention for children delivered by parents and adapted for public messaging and social networking venues).
- Evidence-based and timely clinical disaster mental health services delivered to symptomatic and at-risk child victims and parents who require and desire them.
- A discrete child-specific disaster mental health tactical element in the planning and operations section of the next generation incident command system across sites (e.g. hospitals, schools, etc.) at local, county and state levels.



Highlighted Operational Features

Underlying the NCDMHCONOPS are a set of key operational features that define the practical features of this approach.

Principle 1	Adopt an “All Hazards” approach to address the unique effects of disaster-specific features on children, especially with respect to the impact of chemical, radiological, and nuclear incidents where children may be at enhanced risk.
Principle 2	Assess individual and population-level impact.
Principle 3	Implement a local rapid mental health triage-driven, next generation incident management system, characterized by a seamless triage-to-care service delivery system across diverse children’s disaster systems of care.

The PsySTART Rapid Mental Health Triage and Incident Management System is an essential element of Principle 3. The PsySTART system collects evidence-based rapid individual triage data obtained across key disaster systems of care including hospitals, clinics, schools, decontamination sites, mass casualty collection points, and disaster relief settings such as American Red Cross shelters. PsySTART includes the aggregation of individual-level triage data to generate an estimate of the population-level impact of a disaster or terrorism incident across sentinel sites. This system permits aggregated triage risk data to be shared across “children’s disaster systems of care” in near real time, permitting shared situational awareness of triage levels and specific risk indicators. This information can then be used to determine levels, types, and location of children’s mental health needs. This forms the first known model for a children’s mental health “incident action plan” from the planning and operations functions within local, state, or national incident command systems. When needs outstrip resources an ethical strategy to align limited resources or “crisis standards of care” is required. PsySTART includes a “floating triage algorithm to permit the rational allocation of limited resources to those most in need by using flexible prioritization.” For example, based on available resources those with a greater number of risk factors are prioritized for next steps. This floating algorithm prioritizes relatively higher-risk children for services within the larger high risk category.

Accordingly, the National Children’s Disaster Mental Health CONOPS has developed two new components within the traditional incident command system with the following:

1. A new Incident Command System (ICS) compliant “Children’s Response Coordination Group/Operations Section” (CRCG) structure has been designed to augment the traditional ICS Operations section. In this new structure, the CRCG facilitates coordination to all jurisdictional operations in support of the emergency response by implementing the organizational level’s Incident Action Plan (IAP). At the field-level, the CRCG within the traditional ICS Operations Section is responsible for the coordinated tactical response directly applicable to, or in support of, the response objectives in accordance with the IAP. The CRCG provides overall tactical management of disaster mental health operations and establishes “unity of effort” in a defined incident operational area within the children’s disaster systems of care. Finally, the CRCG supports field disaster mental health efforts in accord with the “Children’s Mental Health Incident Action Plan.”



2. Within the Incident Command System planning/intelligence section, the NCDMH CONOPS has created a new “Children’s Response Planning Group” (CRPG). The CRPG is responsible for collecting, evaluating, and disseminating operational information including aggregated triage information and resources related to an incident for the preparation of the IAP.

More specifically, the CRPG functions include:

- Situational awareness processes focused specifically on risk factor issues affecting children and their families.
- Child-specific IAP for use during pre-event, response, and recovery.
- Advance Planning Processes including, for example, preparation of a pre-scripted Crisis Counseling Program application and support for requesting enhanced or specialized crisis counseling services using aggregated triage data.

- Mutual aid linkage for additional mental health resources across sites and localities.

The CRPG is supported by local mental health professionals, “reachback” subject matter experts, and/or others on an incident-specific basis. The CPRG may flexibly include a virtual subject matter “reachback” advisory component in addition to “in person” subject matter expert inputs based on incident-specific features and needs.

The local CRPG will assume primary responsibility for the planning and intelligence functions within an existing mental health emergency plan and operational response structure. The CPRG also maintains information on the current and forecasted situations and on the status of resources assigned to the incident by the emergency operations center (EOC) specific to the mental health needs of children. In large events, Unit Coordinators are appointed as needed to:

- collect and analyze triage data
- prepare situation reports
- develop incident action plans
- set triage priorities
- compile and maintain documentation
- conduct advance planning
- manage technical specialists
- coordinate demobilization

National Children's Disaster Mental Health CONOPS:
Incident Action Plan
Merritt Schreiber, Ph.D.
Betty Pfefferbaum, M.D., J.D.
Terrorism and Disaster Center

Incident goals (desired response related mental health outcomes at the end of response)

Operational period objectives (major areas that must be addressed in the specified operational period to achieve the goals or control objectives)

Response strategies (priorities and the general approach to accomplish the objectives)

Response tactics (methods developed by Operations to achieve the objectives)

Organization list with ICS chart showing primary roles and relationships

Assignment list with specific tasks

Critical situation updates and assessments
Incident map (i.e., map of incident scene)

Additional component plans, as indicated by the incident

PsySTART Aggregated Triage System
-Geographic mapping
-Floating Triage Algorithm

Mental Health Resources:
-Numbers
-Types
-Locations

National Children's Disaster Mental Health Concept of Operations

Phase-Specific Preparedness Elements for Community Resilience

The NCDMH CONOPS also includes actions to enhance community resilience with respect to the needs of children. By completing the actions listed below, communities have taken proactive steps to anticipate the needs of children and establish cooperative agreements among disaster systems of care.

Pre-event/preparedness Phase

1. Conduct a Children's Disaster Mental Health GAP analysis¹.

- Identify local disaster scenarios for GAP analysis (based on local hazard identification and risk assessment).
- Estimate response capability requirements for children's needs across response and sustained recovery phases based on incident-specific scenarios including local hazards and national planning scenarios.
- Assess current (baseline) capabilities and capacities for the disaster mental health needs of children following a continuum of evidence-based interventions.
- Estimate population level children's disaster mental health needs using PsySTART triage system risk factors which are then aggregated based on scenario specific indicators and population demographics.
- Using estimated aggregated triage estimate of needs, estimate specific capability and capacities gaps for high risk children (beyond psychological first aid or crisis intervention).

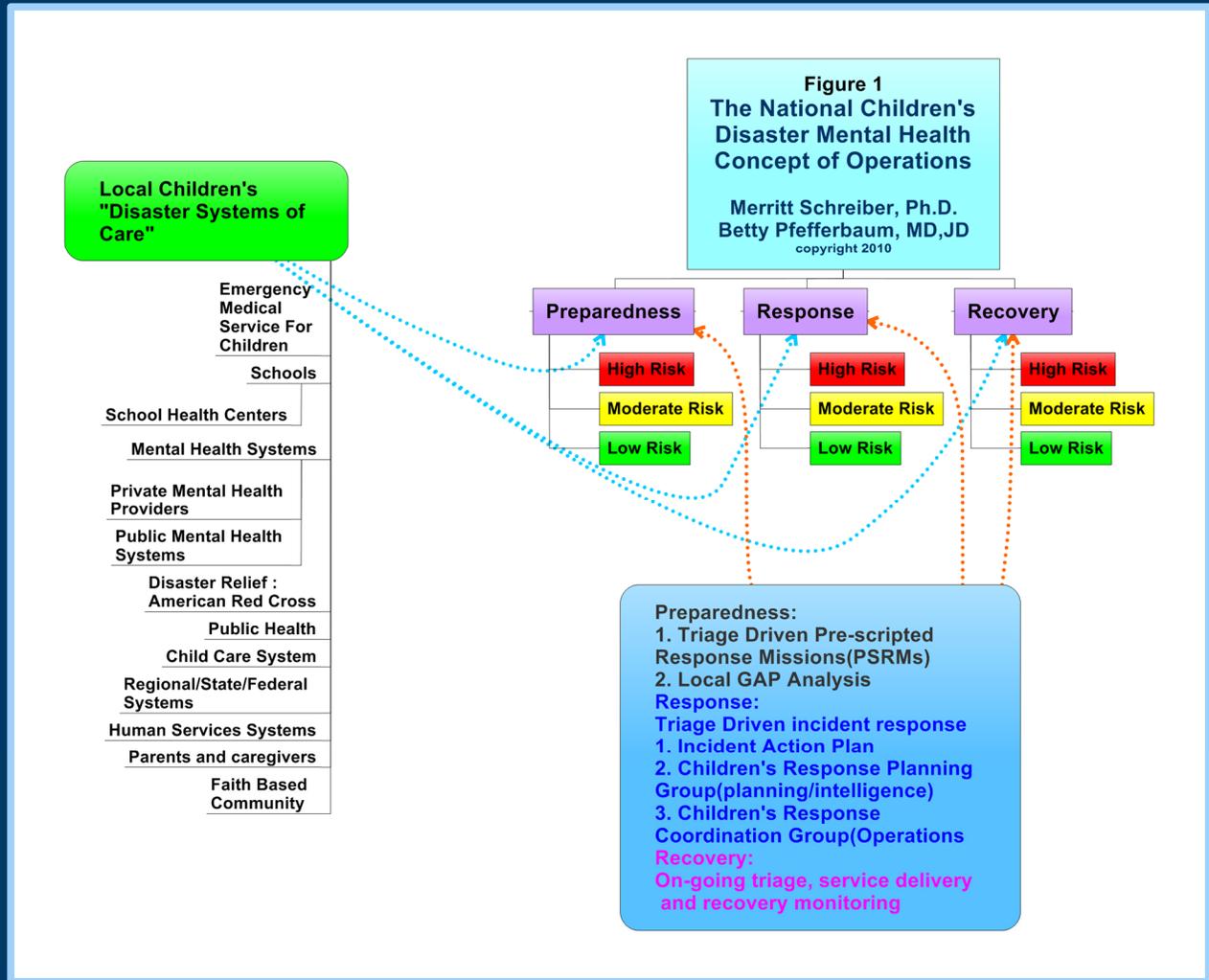


¹ A gap analysis in the NCDMHCONOPS refers to a FEMA process for comparing the estimated impact of a specific incident with current resources. The difference between needs and resources identifies the gap.

- Estimate the number of children with the following conditions for local GAP analysis:
 - Functional or special health care needs, including severely emotionally disturbed
 - Juvenile justice system involvement
 - Homeless

This approach was developed by the author for the US Geological Survey “Shakeout Scenario” and further modified for the Southern California Catastrophic Earthquake Planning Group.

When communities address incident specific gaps for children’s mental health needs, the way forward to address specific gaps with metrics is achieved, the floating algorithm can be shaped, and ultimately community resilience is enhanced.



2. Develop Pre-scripted Children's Disaster Mental Health Response Missions.

The pre-scripted children's disaster mental health response missions (PSRM) approach proposed in this CONOPS pre-identifies or "pre-scripts" probable children's mental health response/recovery actions at the county level. The PSRMs include deploying mental health providers, initiating rapid triage, conducting just time mental health risk surveillance and providing parents and caregivers coping messaging tools (such as the "Listen, protect and connect" Psychological First Aid for Children for mental health risk messaging) that specifically address children's unique needs.. Examples include providing PsySTART rapid triage at key disaster systems of care touch points and providing disaster crisis intervention/secondary assessment for those at higher risk based on the floating triage algorithm.

3. Targeted preparedness actions.

- Family level: Parents/caregivers develop a customized “personal resilience plan” based on their own local community “hazard vulnerability analysis” and other pre-incident risk factors.

- Parents/caregivers use the “Anticipate, Plan and Deter” family resilience approach which is comprised of three basic modules:

Stress inoculation for anticipated stressors and needs (“anticipate”)

Customized planning for identified child and family needs (“plan”)

Activation of the personal coping strategy during a disaster (“deter”) that includes self-triage of risk exposure for all family members

- Community level: Based on GAP analysis, local disaster systems of care engage to eliminate or mitigate identified GAPs yielding enhanced community resilience via:

- Establish common rapid disaster mental health triage for incident operations, estimating system capacity across all community disaster systems of care.

- Create interoperability, a common operating picture for near real time situational awareness based on Integrated PsySTART triage into incident operations interoperability and establishing this CONOPS model locally.



- Delineate core competencies and training in evidence-based capabilities.
- Train all responders in rapid mental health triage as a “core competency.”
- Pre-identify incident-specific “reachback” subject matter experts in child disaster mental health (local or otherwise) to advise the Children’s Response Planning Group within the local ICS.

**Figure 2
Children's Disaster Mental Health Gap
Planning
Aggregated Triage Estimation Tool**

National Disaster Mental Health
CONOPS for Children
Merritt Schreiber, Ph.D.
Betty Pfefferbaum, MD

Specify:
1. Incident type: _____
2. Location _____
3. Child Population size/demographics: _____
-Special population estimates(SED,etc)_____

PsySTART® Disaster Mental Health Triage System

LAST NAME _____ FIRST NAME _____ MEDICAL RECORD NUMBER _____

AGE _____ GENDER MALE FEMALE HOME ZIP CODE _____

	INDICATE 'YES' ANSWERS BELOW	MARKING EXAMPLES
EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?	<input type="checkbox"/>	
FELT OR EXPRESSED EXTREME PANIC?	<input type="checkbox"/>	
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?	<input type="checkbox"/>	
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?	<input type="checkbox"/>	
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?	<input type="checkbox"/>	
DEATH OF IMMEDIATE FAMILY MEMBER?	<input type="checkbox"/>	
DEATH OF FRIEND OR PEER?	<input type="checkbox"/>	
DEATH OF PET?	<input type="checkbox"/>	
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?	<input type="checkbox"/>	
TRAPPED OR DELAYED EVACUATION?	<input type="checkbox"/>	
HOME NOT LIVABLE DUE TO DISASTER?	<input type="checkbox"/>	
FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR?	<input type="checkbox"/>	
CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS?	<input type="checkbox"/>	
FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION/STATUS DURING DISASTER?	<input type="checkbox"/>	
PRIOR HISTORY OF MENTAL HEALTH CARE?	<input type="checkbox"/>	
CONFIRMED EXPOSURE/CONTAMINATION TO AGENT?	<input type="checkbox"/>	
DE-CONTAMINATED?	<input type="checkbox"/>	
RECEIVED MEDICAL TREATMENT FOR EXPOSURE/CONTAMINATION?	<input type="checkbox"/>	
HEALTH CONCERNS TIED TO EXPOSURE?	<input type="checkbox"/>	
NO TRIAGE FACTORS IDENTIFIED?	<input type="checkbox"/>	

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Original - Patient Chart

For designated incident, calculate each estimated item totals for each triage factor: yields estimated total # of children projected for each factor to yield aggregated estimate for each triage level

- Immediate Danger:**
ESTIMATED TOTAL #
- High (Immediate) Risk:**
ESTIMATED TOTAL #
List each item:
- Moderate (Delayed) Risk:**
ESTIMATED TOTAL #
List each item:
- Low Risk**
ESTIMATED TOTAL #

Response and Recovery Phase

In response and recovery phases, the CONOPS provides for a seamless continuum of triage to care incident operation. For operational purposes, individual triage data are aggregated from local disaster systems of care to enable near real time, geographic mapping of aggregated, population level risk levels and Graphical Information Systems (GIS) based near real time situational awareness of population-level risk. This information permits the rational allocation of limited acute phase resources to maximize the ability to reach as much of the high risk population as feasible. This information also informs mutual aid requests and provides the basis to justify federal funding for crisis counseling after presidentially declared disasters.

In the recovery phase of complex, evolving disasters, this CONOPS specifies on-going sustained assessment of emerging on-going and persistent life event stressors using the (PsySTART) triage platform for timely linkage to appropriate interventions as new risk accrues.

Figure 3
Seamless Continuum of Triage to Care:
Response Phase

**PsySTART Rapid Disaster
 Mental Health Triage System**

Immediate Danger

Emergent Intervention
 Involuntary Hospitalization
 Respite care
 FMS(ESF8)

High(Immediate) Risk

Immediate Solution Focused Disaster
 Crisis Intervention

Psychological First Aid: Listen,
 protect, connect adapted for
 targeted behavioral health information
 and messaging

Secondary screening/assessment by
 trained child mental health
 professionals

Timely evidence based care:
 1. Trauma Focused CBT for
 Children with traumatic grief
 component (TFCBT,
 TFCBT-CTG)
 2. CBT for Depression
 3. Other EBTs: _____

Moderate(Delayed) Risk

Psychological First Aid: Listen, protect,
 connect
 Targeted behavioral health information
 and messaging

Solution Focused Disaster Crisis
 Intervention

Secondary screening/assessment by
 surge mental health professionals

1.Cognitive Behavioral
 Intervention for Trauma in
 Schools (CBITS)
 SSET
 EBT for parents

Low risk

1. "Anticipate, Plan, Deter" Personal
 and Family Resilience System
 (Schreiber, 2007-08)
 Listen, protect, connect PFA
 Targeted behavioral health information
 and messaging(coping risk
 messaging)
 Opportunities to support other families
 via disaster volunteerism

Acute phase Tactical Response Actions

Activation

Upon learning of an incident or possible incident with significant surge or mass casualty consequences, the CRPG will posture to develop situational awareness and a common operating picture (COP)² focused on particular children's disaster systems of care inputs.

The CRPG will develop a Children's Incident Action Plan (IAP) and direct assets according to the IAP. An operations IAP will describe:

- Current situational awareness of numbers of high risk children including locations, types of risk factors using the rapid triage platform
- Determination of floating triage algorithm to prioritize available resources for those at greater levels of risk
- Specification of staffing needs
- A communications plan for deployed assets and resources
- Information technology requirements



² A **common operational picture** (COP) is a single identical display of relevant (operational) information, in the case of the NCDMH CONOPS, it refers to shared aggregated PsySTART triage data across disaster systems of care.

Summary

The National Children’s Disaster Mental Health Concept of Operations (NCDMH CONOPS) is the first known effort to create an evidence-based national strategy for use by local communities, schools, states, and others to improve the response to our nation’s most vulnerable population. The NCDMH CONOPS is fueled by an evidence based rapid triage system (PsySTART) that creates near real time situational awareness and a common operating picture across diverse systems. The individual triage data are used to link higher risk children to needed services when indicated, and when individual triage data are aggregated at the community level, a projection of need for children in the entire community is achieved.



The NCDMH CONOPS uses the aggregated triage data to create a common data metric to guide operations. In addition, the NCDMH CONOPS has created two new Incident Command System (ICS) functional components within next generation ICS. The CPRG is the planning intelligence ICS function adapted for mental health response and uses the triage data to drive response, identify gaps, and support requests for mutual aid using geo-coded resource allocation. The CRCG creates an operational linkage between diverse disaster systems of care providing services to children and facilitates coordination among the lead agency for children’s mental health response, parents and caregivers, local disaster systems of care and outside resources that may be requested.

In the pre-event/preparedness phase, the needs of children are estimated by using the disaster scenario to estimate total numbers of triage risk factors and estimated immediate and long term recovery needs. Current resources, capabilities, and capacities are compared to projected needs for the first known children’s disaster mental health GAP analysis. When communities work to address identified GAPs, create common triage among varied disaster systems of care and create child focused Incident Action Plans (IAP), community resilience is facilitated.

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