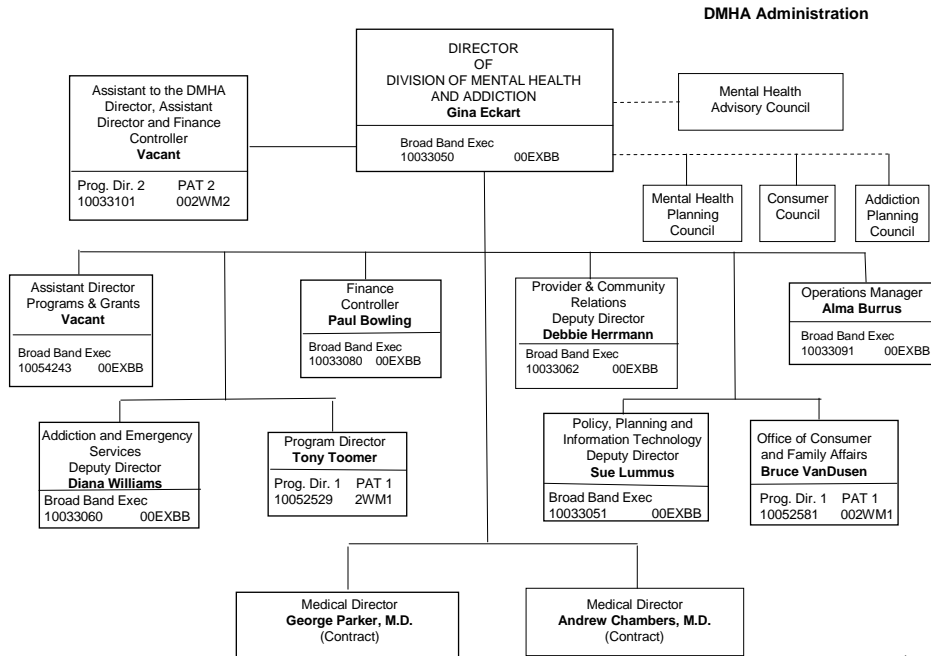


APPENDIX 1: INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION ORGANIZATIONAL CHARTS

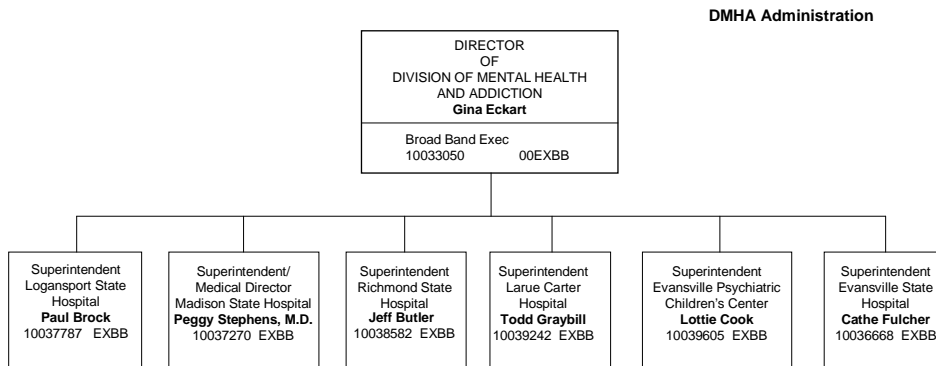
Family and Social Services Administration
DIVISION OF MENTAL HEALTH AND ADDICTION



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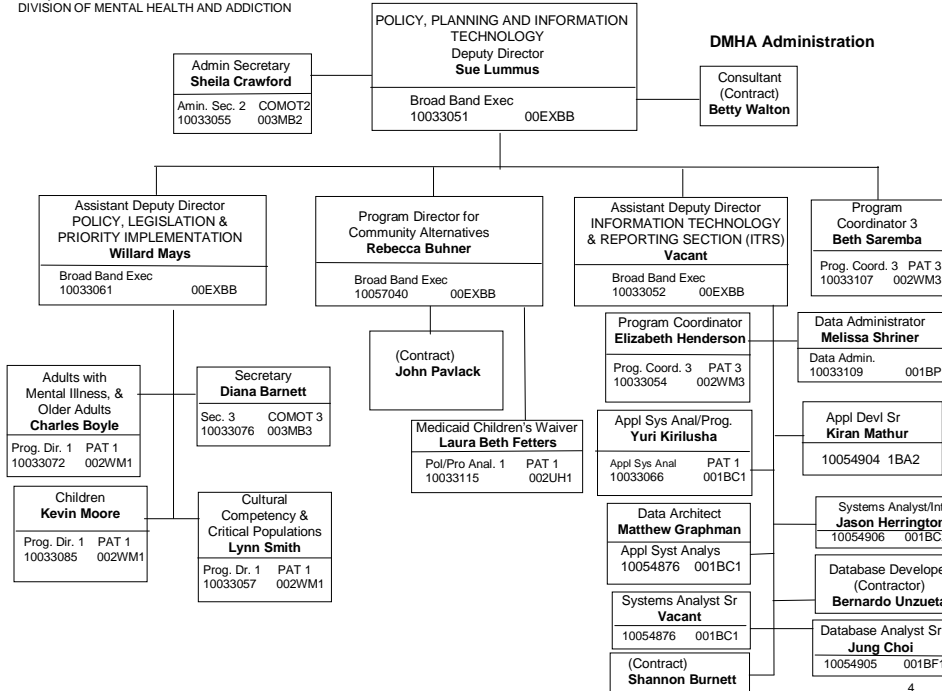
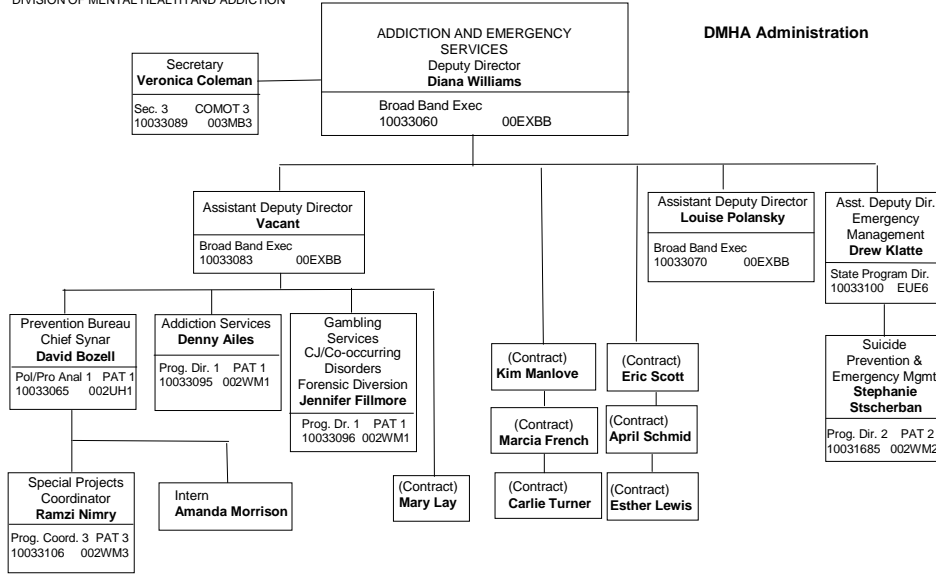
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DIVISION OF MENTAL HEALTH AND ADDICTION

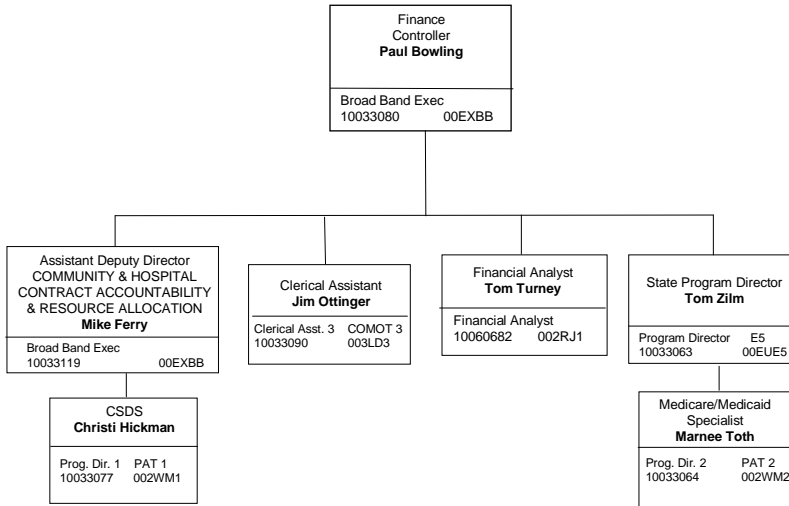


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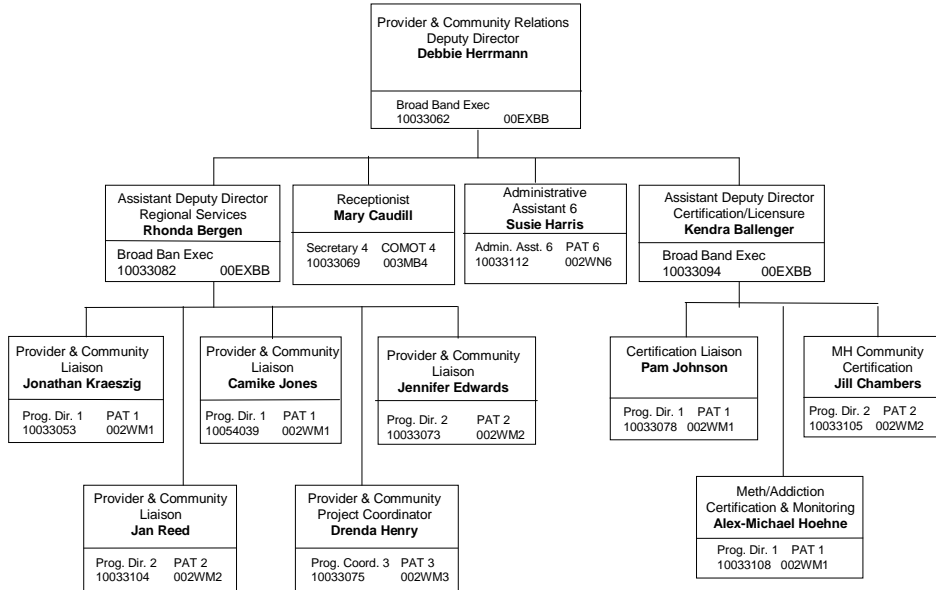
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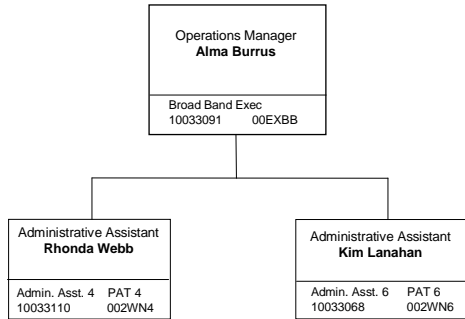
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DMHA Administration



APPENDIX 2: EXAMPLE OF INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION STATE BUDGET LETTER

TO: Dick Rhoad, CFO, Family and Social Services Administration
FROM: Cathy Boggs, Director, Division of Mental Health and Addiction
DATE: January 26, 2005
RE: Office of Homeland Security, Federal Emergency Management
Agency; Crisis Counseling Program

On January 10, 2005 Governor Mitchell E. Daniels, Jr. declared a Disaster Emergency for the State of Indiana due to severe flooding that has affected the state from January 1, 2005 to the present.

On January 21, 2005 President George W. Bush declared a major disaster existed in the State of Indiana and ordered Federal aid to supplant State and local Recovery efforts in the area struck by severe winter storms and flooding beginning January 1, 2005.

The Indiana Division of Mental Health and Addiction will receive Disaster Relief Funds from the Office of Homeland Security, Federal Emergency Management Agency through the Indiana Department of Homeland Security to provide crisis-counseling services for people affected by the severe flooding. This funding source is time sensitive and has a very short response time. This is 100% federal monies and does not require any state funds what so ever.

This request is for approval to pay through claim voucher those agencies that are providing crisis-counseling services for people affected by the severe flooding. This funding source is time sensitive and has a very short response time. This is 100% federal monies and does not require any state funds what so ever.

This request is for approval to pay through claim vouchers those agencies that are providing crisis counseling service for the disaster (through the Indiana Division of Mental Health and Addiction) that was declared January 21, 2005: FEMA-1573 DR-IN. These agencies are: the Marion County Mental Health Association in Indianapolis; Southwestern Mental Health in Evansville; Quinco Mental Health Center in Columbus; Hamilton Center in Terre Haute these are contracted providers for the Indiana Division of Mental Health and Addiction.

Based on severity of this disaster and from previous crisis counseling programs the budget for this disaster will be approximately **\$150,000**. Feel free to contact me or Andrew P. Klatte at 232-7935 or via e-mail Andrew.Klatte@fssa.IN.gov if you, or your staff has questions. Thank you for your consideration.

APPENDIX 3: INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION CRISIS RESPONSE DIRECTIVE

Procedures Indiana Division of Mental Health and Addiction Crisis Response for FEMA Crisis Counseling program

Effective March 19, 2002

I. Purpose

To have in place a set of procedures in order for the Indiana Division of Mental Health and Addiction to activate a Crisis Counseling Program in an event of a man made or natural disaster, that triggers a presidential declaration.

II. Application

This procedure applies to all members of the Crisis Response Team appointed by the Director of the Indiana Division of Mental Health and Addiction. This procedure also applies to central office and state hospital staff as needed.

III. Procedures

Immediate Services

1. The Director of the Indiana Division of Mental Health and Addiction must be notified immediately that a presidential disaster has been issued through the Federal Emergency Management Agency and that IDMHA will be applying for a crisis-counseling grant.
2. The Director will notify the Secretary of the Family and Social Services Administration.
3. The Crisis Counseling Coordinator will contact the Indiana Department of Homeland Security to communicate that the DMHA Crisis Response Team as been activated.
4. The State Disaster Mental Health Program Director will contact the Emergency Branch of the Center of Mental Health Services to inform CHMS that a presidential disaster as been declared and the state intend to apply for a Federal Emergency Management Agency Crisis Counseling Immediate Services grant.

5. The State Disaster Mental Health Program Director will notify the Community Mental Health Center in the counties of the disaster area.
6. The State Disaster Mental Health Program Director will ask the Community Mental Health Center provider to appoint a Crisis Counseling contact.
7. Identify, with the Community Mental Health Center:
 - A. If victims are in need of immediate evacuation.
 - B. Where will these victims be sheltered?
 - C. How soon can the mental health center have staff at the shelter:
 1. To triage victims in the shelter
 2. Provide Counseling as needed
 - D. Identify special populations that may need assistance:
 1. Older Adults
 2. Children
 3. Disabled
 4. Non-English speaking victims
 5. Deaf
8. The Crisis Response Team will begin to gather damage assessment of the declared counties; this information is needed as part of the crisis counseling grant application
 - A. Damage assessment information can be obtained from:
 1. Indiana Department of Homeland Security
 2. Federal Emergency Management Agency
 3. Local emergency management agency
 4. Red Cross
 5. News media
 6. Local Family and Social Services Administration agencies to determine if they can assist in collecting data
 - B. Contact DHMA data center for demographic information for each declared county, to be used in grant application.
 - C. In conjunction with the Community Mental Health Center begin to prepare a preliminary budget using on the format from the Center of Mental Health Services, this format is found in the immediate services application package.

Immediate Services Grant

1. Must be completed within 14 days from declaration date

2. Include description of Crisis counseling Program
3. Include the recruitment of outreach staff
 - A. Training protocol for all crisis counseling staff, including outreach workers
 - B. Budget for each CMHC affected by the disaster
4. Work with the CMHS consultant in preparation of the Immediate Services Grant
5. Follow FEMA guidelines in the preparation of the Immediate Services Grant, found in the Immediate Services application package
6. Grant to be turned into Federal Emergency Management Agency by the 14th day of the declaration

Immediate Services Grant ends 60 day following the declaration

Determining the need for a Regular Services Grant

1. The Regular Grant unlike the Immediate Services Grant is a Grant to the Center of Mental Health Services instead of FEMA
2. In consultation with the providers SEMA, FEMA and CMHS the team decides whether a Regular Services Grant is appropriate
3. If a regular services grant needs to be written, CMHS will offer technical assistance and this grant will go through peer review process through CMHS for approval.

Regular Services Grant is for up to the year anniversary of the disaster

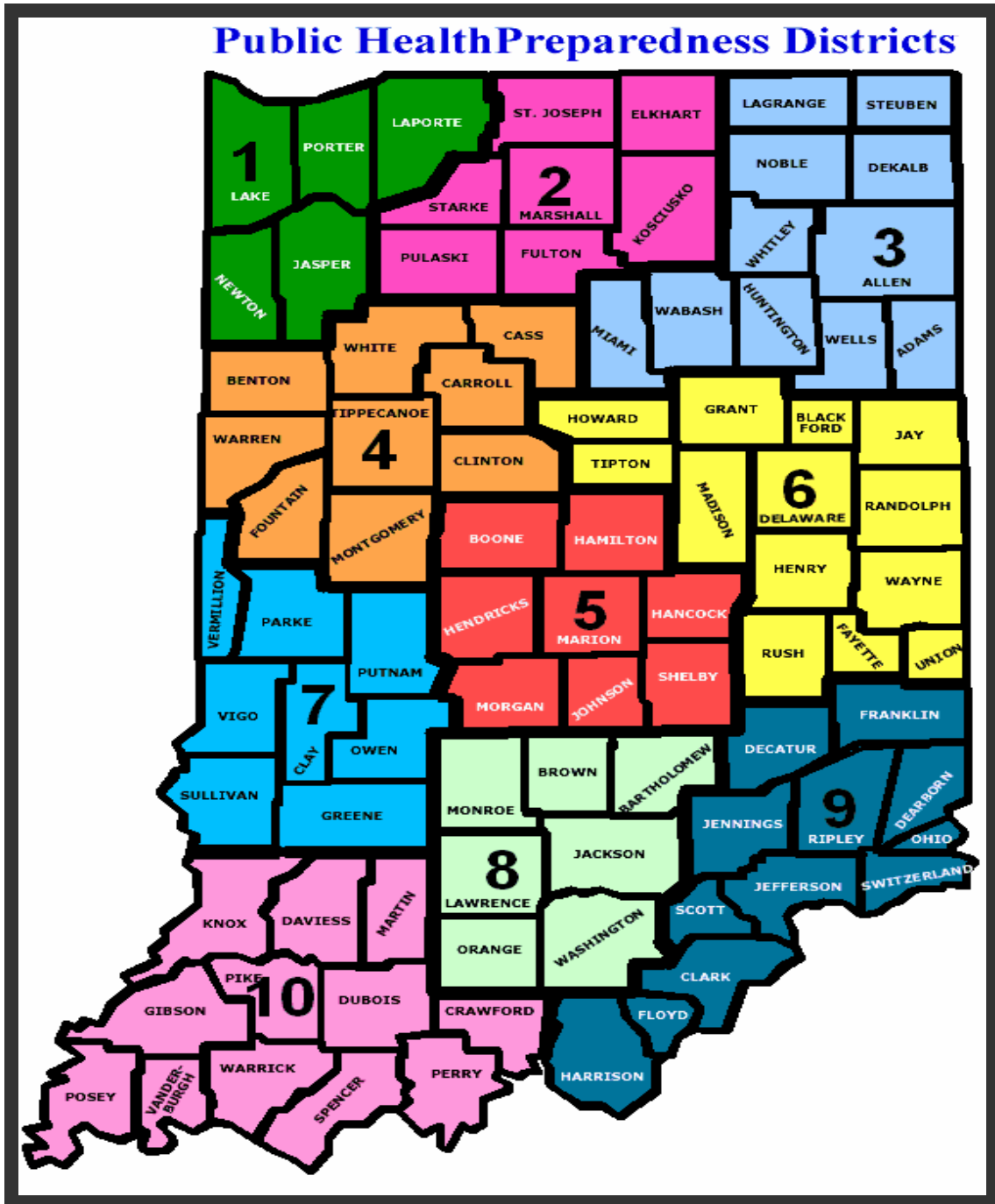
Cathy Boggs

Diana Williams

Director
Division of Mental Health and Addiction

Assistant Deputy Director
Division of Mental Health and
Addiction

APPENDIX 4: INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION/ INDIANA DEPARTMENT OF HOMELAND SECURITY/INDIANA STATE DEPARTMENT OF HEALTH 10 REGIONAL DISTRICTS



APPENDIX 5: INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION OFFICE OF EMERGENCY PREPAREDNESS & RESPONSE

Mission Statement

The Mission of the Indiana Division of Mental Health and Addiction, Office of Emergency Preparedness and Response (IDMHA) is to coordinate all mental health and addiction activities prior to, during, and after any emergency or disaster, including acts of terrorism and to ensure the continuity of operations of these mental health and addiction agencies. The Indiana Division of Mental Health and Addiction, Office of Emergency Preparedness and Response will assist to lessen the adverse mental health effects of trauma for victims, survivors and responders of traumatic events, whether those events are natural or man-made. The Indiana Division of Mental Health and Addiction, Office of Emergency Preparedness and Response will create an All Hazards Advisory Committee.

Office of Emergency Preparedness and Response All Hazards Advisory Committee Responsibilities

1. Complete an assessment of the mental health and addiction services provider system's ability to respond to a major disaster.
2. Educate State-level staff of the Family and Social Service Administration, Indiana Department of Homeland Security, and the Indiana State Department of Health about the critical need for crisis counseling following a disaster.
3. Educate county emergency management officials on the need to coordinate their local/county emergency plans to respond to the crisis counseling needs of victims of a disaster.
4. Train substance abuse and mental health services providers with whom IDMHA contracts in crisis counseling programs and techniques.
5. Provide and coordinate participation of IDMHA mental health and addiction service providers in county mock training drills.
6. Establish pre-disaster baseline information on mental health and substance abuse needs.

7. Develop inter-agency coordination into the emergency disaster response in all phases of planning.
8. Identify and train a cadre of mental health responders and crisis counselors.
9. Coordinate services with the American Red Cross and Office of Faith Based Community Initiatives (OFBCI).
10. Identify concerns and issues for a mental health/crisis counseling response in Indiana state owned facilities.
11. Seek funding for continuation of programs.
12. Create linkages with mental health and addiction services providers not under contract with DMHA.

Programs Offered by Office of Emergency Preparedness and Response

1. Crisis Counseling Program: (CCP)

- a. During and after a state or federally declared emergency, the Office of Emergency Preparedness and Response is tasked to provide a coordinated crisis counseling response.
- b. During a federally declared disaster, the Office Emergency Preparedness and Response works with local mental health resources in the development, submission and management of FEMA funded Crisis Counseling Programs (CCP).
- c. The Office of Emergency Preparedness and Response will assist those impacted by the disaster in recovering, the CCP provides direct services to alleviate or decrease psychological distress and adverse emotional reactions as a result of the disaster.
- d. Crisis counseling services will be targeted toward any individual, family, group or community that has been impacted by an event.
- e. CCP services will include: outreach, screening and assessment, counseling, information and referral, and public education.

2. Education and Training:

- a. Provide education and information on the psychological and physical symptoms and causes of traumatic stress and stress management.
- b. Provide education and training in stress management related to disaster preparedness, response and recovery.
- c. Coordinate Crisis Counseling Program training to include information on the nature, goals, scope of services, rules, regulations, and purpose of the CCP grants.

- d. Participate in Indiana Department of Homeland Security staff training programs to raise the awareness of disaster response personnel about disaster victim and responder issues and needs.
- e. Provide/coordinate Behavioral Health Awareness in Terrorism and Disasters level training to public health, mental health, addiction, emergency management officials and first responders.

4. Emergency Management:

- a. Provides consultation and technical assistance to community providers of mental health services and government agencies during a local, state, or federally declared disaster.
- b. Works in conjunction with the Indiana Department of Homeland Security Agencies state hospitals, community mental health centers, and local government in providing or assisting with basic emergency disaster mental health management activities.
- c. Assists community mental health centers, state and local government in preparing for, responding to, and recovering from local, state, or federally declared disaster.
- d. Provides technical assistance to assist local and state mental health facilities in obtaining federal resources in preparation for, responding to, and recovering from federally declared disasters.

For more information contact Andrew Klatte at 317-232-7935 or email Andrew.Klatte@fssa.IN.gov

APPENDIX 6: INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION DISASTER MATRIX

LOCAL EMERGENCIES/DISASTERS

A local emergency is any event, which threatens the well being, life or property of citizens in a municipality and is manageable by local officials without a need for outside resources. The local emergency response is under the auspices of the local government, such as a police, fire chief, mayor or county judge and/or other legal authority of local government.

When a local disaster exhausts local resources and subsequently requires outside resources, the chief elected official(s) of the affected jurisdiction are responsible for officially declaring a disaster and submitting the formal request to the State Department of Homeland Security. The local emergency management agency may request that the local disaster mental health plan be activated as indicated in the county emergency management plan. The District Disaster Mental Health Team may choose to respond to the local officials' request.

Local disasters are not reimbursable by State or Federal funds.

STATE DECLARED DISASTERS

A state disaster is any event which threatens the well being of citizens in multiple cities/counties/regions, overwhelms a local jurisdiction's ability to respond, and/or affects a state owned property or interest.

Only the Governor or his/her designee can designate a state declared emergency. Response and recovery is the responsibility of the Indiana Department of Homeland Security. A mental health response may be required depending upon the magnitude, nature and duration of the emergency or disastrous event. The Indiana Division of Mental Health and Addiction and the Indiana Department of Homeland Security will jointly determine the duration of response for this category of disaster. It is anticipated that a mental health response will continue for the duration of the event or until a response is no longer necessary.

This type of disaster will be reimbursable only upon approval by the State and Federal authorities.

FEDERALLY DECLARED DISASTERS

A federally declared disaster is any event, real and/or perceived, which threatens the well being of citizens, overwhelms the local and state ability to respond and/or recover, and/or the event affects federally owned property or interests.

A federally declared disaster can only be declared by the President of the United States. The Governor of Indiana must first declare a state of emergency and request a presidential declaration. A response by the District Disaster Mental Health Response Team will be required. The level of response will be determined by the needs assessment completed by the Indiana Division of Mental Health and Addiction. The duration of the mental health response for a Presidential disaster declaration will be for the duration of the event or until it is jointly determined by the Indiana Division of Mental Health and Addiction and the Indiana Department of Homeland Security, that a response is no longer necessary.

A FEMA Crisis Counseling Program (CCP) grant application will be made for a Presidential disaster declaration in counties that have been approved for "Individual Assistance" and if a needs assessment dictates. If a FEMA CCP is approved, federal funding for these services will be reimbursable. The duration of an approved FEMA CCP is approved; duration may be for two to eighteen months depending upon the extent of the disaster. This type of disaster will be reimbursable only upon approval by the State and Federal authorities.

If a disaster is approved for "Public Assistance", a municipality, non-profit or state agency may apply for partial reimbursement for emergency protective measures, debris removal and repair not covered by insurance.

APPENDIX 7: INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION PROCEDURES FOR REVIEWING THE LOCAL MENTAL HEALTH MANAGEMENT PLAN

REVIEW AND APPROVAL OF COUNTY COMPREHENSIVE EMERGENCY MENTAL HEALTH MANAGEMENT PLAN

Definitions

(1) "County Emergency Management Agency" means the emergency management agency authorized and directed to be established and maintained by each county of the state pursuant to Indiana Code Title 10-4-1 Civil Defense and Disaster Law 1975

(2) "Division" means the Indiana Division of Mental Health and Addiction.

(3) "State Plan" means the State Comprehensive Emergency Management Plan, as developed and adopted pursuant to Indiana Code Title 10-4-1 Civil Defense and Disaster Law 1975

(4) "County Comprehensive Emergency Management Plans" are the county counterparts of the State Plan.

County Comprehensive Emergency Management Plans

(1) Each Community Mental Health Center that is under contract with the Indiana Division of Mental Health and Addiction shall develop and submit to the Division of Mental Health and Addiction a County Comprehensive Emergency Mental Health Management Plan. This Plan shall be reviewed and approved by the Office of Addiction and Emergency Preparedness.

(2) County Comprehensive Emergency Mental Health Management Plan will be coordinated and consistent with the provisions of the County's Comprehensive Emergency Management Plan, with the local Public Health Disaster and Emergency Management Plan, the Regional Districts Preparedness Plan, and with the local Red Cross Disaster Management Plan. This plan must utilize the All Hazards format as outlined by the Federal Emergency Management Agency. The County Comprehensive Emergency Mental Health Management Plan will include providing crisis counseling to victims of a disaster and/or a terrorist event. This Plan must include an evacuation component, a shelter component (risk and host events), and a post-disaster and recovery component. This Plan will consist of provisions addressing aspects of preparedness, response, recovery and mitigation. The County Comprehensive Emergency Mental Health Management

Plan will assign lead and support responsibilities for county agencies and personnel that coordinate with the emergency support functions outlined in the State Plan.

(3) The County Comprehensive Emergency Mental Health Management Plan shall be specific and shall address responses and actions in the event of an emergency. It shall clearly identify those positions or agencies responsible for specific functions under given circumstances. Responsibilities must be assigned by position title or agency name, and specific duties for each position or agency must be listed. Checklists and other readily accessible and easy-to-use guidelines are encouraged. Where appropriate, the County Comprehensive Emergency Mental Health Management Plan shall contain maps, diagrams and other visual aids. Copies of the forms the local government will use shall be available for review.

(4) Upon the review and approval of the County Comprehensive Emergency Mental Health Management Plan the Indiana Division of Mental Health and Addiction certify the community mental health center as a provider of disaster mental health.

(5) The County Comprehensive Emergency Mental Health Management Plan shall cover county agencies and resources and should cover applicable municipal agencies and resources. County plans shall interface with plans of contiguous jurisdictions, regional, municipalities and the state comprehensive emergency management plans.

(6) The County Comprehensive Emergency Mental Health Management Plan shall or supporting operating procedures referred to in the plan shall provide a detailed description of the process to be followed at the local level whenever an emergency or disaster occurs as a result of the many consequences generated by natural, technological or manmade causes. Such emergencies include, but are not limited to: tornadoes, flooding, snow emergencies, disease outbreaks, wildfires, terrorism, drought, hazardous materials releases or spills, civil disturbances or public health emergencies as determined by the Indiana State Department of Health. The plan shall identify and describe pre-emergency warning systems, evacuation and sheltering plans, hazard mitigation and other anticipatory actions as well as post-event response and recovery actions.

(7) Counties are encouraged to follow the format of the State Plan in development of the County Comprehensive Emergency Mental Health Management Plan. County emergency management agencies are not required to duplicate the suggested format, but should be able to demonstrate the ability to communicate with those emergency support functions and state agencies that support the State Plan.

APPENDIX 8: INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION PROCEDURES FOR FINANCIAL RECORD KEEPING

POLICY & PROCEDURE FOR RECORD MANAGEMENT

Effective: 10-03-07

Purpose:

To establish a project wide set of standards for recording and maintaining clinical, fiscal and property records.

Application:

This procedure applies to all Contractors providing Crisis Counseling Program (CCP) services and applies upon activation of a CCP event.

RECORD RETENTION:

At the conclusion of the CCP, all original records will be forwarded to Indiana Division of Mental Health and Addiction.

PROPERTY:

- A. All equipment purchased with Federal funds will be returned to Indiana Division of Mental Health and Addiction for reissue to the next CCP Project.
- B. Copies of purchase orders, leases and rental agreements will be retained in CCP records and, as necessary, at secondary service sites. Copies, to include model and serial number, shall also be mailed/faxed to Indiana Division of Mental Health and Addiction as a component of invoice documentation.
- C. A list of CCP property, including model and serial number, will be forwarded to the Indiana Division of Mental Health and Addiction and updated as necessary.

FISCAL:

- A. The contractor will bill (via invoice or) the Crisis Counseling Project monthly (or at the end of the project) with invoices submitted to the Indiana Division of Mental Health and Addiction.
- B. All submitted billing requires corroborating documentation such as a store receipts, travel logs and time sheets.

C. Indiana Division of Mental Health and Addiction will track expenditures on a monthly basis via:

1. The monthly "Report on expenditure of funds" and,
2. An internal spreadsheet reflecting budgeted amount, categories, and expenditures by month, unspent balance and variance.

PARTICIPANT RECORDS:

There are no specific participant records collected or maintained on participants of a Crisis Counseling Program. (see Forms).

FORMS:

Upon receiving a Crisis Counseling Grant, a Data Collection Toolkit is sent from SAMHSA. The Crisis Counseling Program must be trained on the guidelines and procedures for program Data Collection. Note: These forms and guidelines are updated frequently, so each program must follow the toolkit received with each grant award.

REPORTS:

The required reports for a Crisis Counseling Program are dependant on if it is an Immediate and/or Regular Services Program. Outlined below are the reports.

1. Mid Program Report – ISP

- a. If applying for a Regular Services Program grant, Federal Emergency Management Agency (FEMA) requires a mid-program ISP report, which includes a narrative portion detailing Team efforts and results, including assessment of ongoing need and a budget section.
- b. This report will generally be due to the Indiana Division of Mental Health and Addiction approximately two weeks prior to being sent in order to collate all information and generate a comprehensive report.

2. Final Report - ISP

- a. FEMA requires an end of CCP ISP report, which includes a narrative portion and budget section.
- b. This report will generally be due to Indiana Division of Mental Health and Addiction approximately four weeks after ISP closure in order to collate all information.

3. Quarterly Report – RSP

- a. FEMA requires quarterly RSP reports which include a narrative portion and budget section.
- b. This report will generally be due to Indiana Division of Mental Health and Addiction office approximately two weeks after the quarter end date.

4. Final Report - RSP

- a. FEMA requires an end of project RSP report which includes a narrative portion and budget section.
- b. This report will generally be due to Indiana Division of Mental Health and Addiction approximately four weeks after RSP closure.

Records Storage

Crisis Counseling Program records, including but not limited to, fiscal and data collection forms and documentation are the responsibility of the Community Mental Health Center to organize and store. Items must be boxed up following guidance for State Library record retention and must be easily accessible to the Division of Mental Health and Addiction. Materials used to prepare records for the State Library are billable to the grant.

APPENDIX 9: INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION POLICIES & PROCEDURES

Policy: Disaster Mental Health Response Team Composition
Effective: 10/3/07

I. PURPOSE

The Disaster Mental Health Response Team Composition policy ensures a standard definition and criteria for personnel assigned to a disaster mental health response team.

II. APPLICATION

This policy applies to all employees of the Indiana Division of Mental Health and Addiction and to personnel deployed on behalf of the Division as members of a Disaster Mental Health Response Team.

III. POLICY STATEMENT

A. Each team deployed as a Type I Disaster Mental Health Response Team for in-State or out-of-State deployment shall consist of:

1. Team Leader,
2. Clinical Director,
3. Chaplain, and
4. Team Member(s)/Crisis Counselor(s).

B. The composition of each team deployed as a Type II Disaster Mental Health Response Team for in-State deployment shall be based on the nature of the disaster, availability of personnel, and Team Leader assessment and will consist of at least the following:

1. Team Leader,
2. Clinical Director, and
3. Team Member(s)/Crisis Counselor(s).

C. Each team member will comply with the Indiana Family and Social Services Administration Division of Mental Health and Addiction policy on credentialing.

D. Each team and team member will be National Incident Management System (NIMS) compliant.

IV. DEFINITIONS

Type I Disaster Mental Health Response Team for in-State or out-of-State deployment shall consist of Team Leader, Clinical Director, Chaplain, and Team Member(s)/Crisis Counselor(s).

Type II Disaster Mental Health Response Team for in-State deployment shall be based on the nature of the disaster, availability of personnel, and Team Leader assessment and will consist of at least the following Team Leader, Clinical Director, and Team Member(s)/Crisis Counselor(s).

V. LEGAL REFERENCES AND AUTHORITY

IC 10-14-3; IC 10-14-3-19

VI. ATTACHMENTS

REVIEWED AND ENDORSED by DMHA Policy Development Committee.

Deputy Director for Public Policy

Date

Director, Division of Mental Health and Addiction

Date

Policy: Disaster Mental Health Response Team Credentialing
Effective: 10/3/07

I. PURPOSE

The Disaster Mental Health Response Team Credentialing policy ensures a standard definition and criteria for personnel assigned to a disaster mental health response team based on verifiable accreditation and certification of standardized training.

II. APPLICATION

This policy applies to all employees of the Indiana Division of Mental Health and Addiction and to personnel deployed on behalf of the Division as members of a Disaster Mental Health Response Team.

III. POLICY STATEMENT

E. Each Team Member deployed with a Type I and/or Type II Disaster Mental Health Response Team for in-State or out-of-State deployment shall comply with the Indiana Family and Social Services Administration Division of Mental Health and Addiction policy on credentialing and meet minimum qualifications:

1. **Successfully complete National Incident Management System (NIMS) 100, 200, 700,** and subsequent required courses,
2. Successfully complete IDMHA-approved Psychological First Aid training,
3. Be a rostered member of a District Disaster Mental Health Response Team,
4. Adhere to the Disaster Mental Health Response Team Code of Conduct,
5. Adhere to the Disaster Mental Health Response Team Code of Ethics,
6. Demonstrate the knowledge and ability to execute duties and expectations as defined in the job description of a Team Member, and
7. Be NIMS compliant and follow incident command.

B. Each Team Leader deployed with a Type I and/or Type II Disaster Mental Health Response Team for in-State or out-of-State deployment shall meet the requirements of a Team Member and shall, in addition, do the following:

1. Successfully complete NIMS 800 and subsequent required courses,

2. Know the job descriptions of all team positions,
3. Have experience as a leader, manager and/or supervisor,
4. Possess background/experience in crisis intervention/disaster response,
5. Possess the skills necessary to conduct community assessments and develop community contacts,
6. Possess the organizational skills necessary to assure that daily and follow up team debriefing and self-care occurs,
7. Possess the organizational skills necessary to assure that all Indiana Mobile Support Unit members are debriefed,
8. Possess skills necessary to make appropriate assignments in pairs
9. Manage all record keeping of data collection and reporting,
10. Follow incident command, and
11. Participate in an after action review.

C. Each Clinical Director deployed with a Type I and/or Type II Disaster Mental Health Response Team for in-State or out-of-State deployment shall meet the requirements of a Team Member and, in addition, shall:

1. Successfully complete NIMS 800 and subsequent required courses,
2. Possess a Master's degree (or higher) in a mental health related clinical field and have five (5) years of clinical supervisory experience,
3. Possess background/experience in crisis intervention/disaster response,
4. Act as clinical resource for education, consultation, assessment, and team member assignments,
5. Demonstrate knowledge of the job descriptions of the clinical director and team members,
6. Gather, summarize, and analyze clinical information from Incident Command to effectively respond to community needs and make mission assignments,
7. Gather, summarize, and analyze clinical information obtained by team members to effectively respond to community needs and to make mission assignments,
8. Continually assess and respond to the psychological needs of the team,

9. Report to the Team Leader and follow incident command, and
10. Participate in an after-action review.

D. Each Chaplain deployed with a Type I and/or Type II Disaster Mental Health Response Team for in-State or out-of-State deployment shall meet the requirements of a Team Member and, in addition, shall:

1. Successfully complete NIMS 800 and subsequent required courses,
2. Successfully complete Spiritual First Aid training,
3. Be rostered on a District Disaster Mental Health Response Team as a Chaplain, and
4. Follow Guiding Principles for Disaster Chaplains.
5. Report to the Team Leader and follow incident command, and
6. Participate in an after action review.

IV. DEFINITIONS

Type I Disaster Mental Health Response Team for in-State or out-of-State deployment shall consist of Team Leader, Clinical Director, Chaplain, and Team Member(s)/Crisis Counselor(s).

Type II Disaster Mental Health Response Team for in-State deployment shall be based on the nature of the disaster, availability of personnel, and Team Leader assessment and will consist of at least the following Team Leader, Clinical Director, and Team Member(s)/Crisis Counselor(s).

V. LEGAL REFERENCE AND AUTHORITY

IC 10-14-3; IC 10-14-3-19

IV. ATTACHMENTS

REVIEWED AND ENDORSED by DMHA Policy Development Committee.

Deputy Director for Public Policy _____
Date

Director, Division of Mental Health and Addiction _____
Date

Policy: Disaster Mental Health Response Team Code of Conduct
Effective: 10/3/07

I. PURPOSE

The Disaster Mental Health Response Team Code of Conduct policy ensures that a set of principles is established to guide behaviors and decisions during deployment of the Indiana Disaster Mental Health Response Team.

II. APPLICATION

This policy applies to all employees of the Indiana Division of Mental Health and Addiction and to personnel deployed on behalf of the Division as members of a Disaster Mental Health Response Team.

III. POLICY STATEMENT

- A. The Indiana Division of Mental Health and Addiction will set forth principles to outline responsibilities, best practices, and a set of rules to guide behavior and decisions of team members while representing the State of Indiana on deployment with a Disaster Mental Health Response Team.
- B. The Disaster Mental Health Response Team Code of Ethics will establish a set of core values, ethical principles and standards for team members.
- C. The Code of Conduct for Disaster Mental Health Response Team members will reflect the core values of respect, competence, self care, care of team members and fidelity to the adopted program model. The model will be determined by the All Hazard Committee.
- D. Team Members will be expected to adhere to the Disaster Mental Health Response Team Code of Ethics and Code of Conduct. If deployed under another agency's authority (i.e. Indiana Department of Homeland Security, Indiana State Department of Health), members will [also?] follow guidelines established by that agency.

IV. DEFINITIONS

IV. LEGAL REFERENCE AND AUTHORITY

IC 10-14-3; IC 10-14-3-19

III. ATTACHMENTS

- A. Indiana Disaster Mental Health Response Team Code of Ethics
- B. Indiana Disaster Mental Health Response Team Code of Conduct

REVIEWED AND ENDORSED by DMHA Policy Development Committee.

Deputy Director for Public Policy

Date

Director, Division of Mental Health and Addiction

Date

INDIANA DISASTER MENTAL HEALTH RESPONSE TEAM CODE OF ETHICS

Team Members will:

- Do no harm.
- Follow the Code of Ethics/Code of Conduct for their respective disciplines/licenses.
- Follow the Code of Ethics/Code of Conduct for their employers.
- Maintain competence in psychological first aid and disaster mental health services.
- Perform as part of a team, which provides service in accordance with established and approved program models adopted by the All Hazard Committee.
- Maintain personal responsibility through self-care and care of other team members.
- Respect privacy and confidentiality.

INDIANA DISASTER MENTAL HEALTH RESPONSE TEAM CODE OF CONDUCT

Team Members will:

- Do no harm.
- Follow the National Incident Management System (NIMS) protocols.
- Work within the scope of their practice and training.
- Refrain from discussions with any media source during active deployment unless authorized by the Public Information Officer (PIO) and/or Team Leader.
- Refrain from entering into unauthorized contracts for goods or services individually or in the name of the Team.
- Refuse gifts.
- Avoid any gaming activities.
- Wear designated blue shirts and khaki or blue pants on deployment.
- Refrain from wearing team uniforms into bars, taverns or other establishments which would reflect poorly on the Team or the State of Indiana unless acting in an official capacity.
- Not engage in illegal drug use or prescription medication abuse.
- Not engage in the consumption of alcoholic beverages while deployed.
- Not use inappropriate, foul or profane language.
- Not engage in sexual harassment.
- Not engage in sexual involvement with anyone while on deployment.
- Not engage in hazing, public/private intimidation or humiliation tactics directed toward anyone.
- Respect and honor all cultural, racial, ethnic, political and sexual orientations, beliefs and values.
- Respect and honor all religious and spiritual beliefs and values.
- Not promote or solicit their own beliefs and values onto or with others.

- Not proselytize.
- Be responsible for their own actions and activities during deployment.
- Be responsible for reporting to their disaster work assignment at the designated time and place scheduled.
- Work with a partner at all times during deployment and remain with the designated assignment area. The Team Leader must approve any exception to this rule.
- Recognize that local government laws and ordinances apply and will be respected. Deployment to another town, city, or county within Indiana or to another state via an Emergency Management Assistance Compact (EMAC) does not allow team members to ignore local laws. In the event a team member is incarcerated, s/he will be immediately removed from the Team and the Task Force resources and shall face prosecution according to local laws.

Policy: Disaster Mental Health Response Team Deployment
Effective Date: 10/3/07

I. PURPOSE

The Disaster Mental Health Response Team Deployment policy ensures a standard and credible practice of activating and deploying qualified personnel for a disaster mental health response team to respond to a state, federal, gubernatorial-declared or presidential-declared disaster.

II. APPLICATION

This policy applies to all employees of the Indiana Division of Mental Health and Addiction and to personnel deployed on behalf of the Division as members of a Disaster Mental Health Response Team.

III. POLICY STATEMENT

- A. A team must be recognized and approved by the Indiana Division of Mental Health and Addiction in order to be deployed as a member of a Disaster Mental Health Response Team.
- B. If there is a Presidential disaster declaration, then the DMHA Office of Addictions and Emergency Preparedness and Response will activate a Disaster Mental Health Response Team to operate according to the guidelines for a crisis counseling program of the Federal Department of Homeland Security, the Indiana Department of Homeland Security, and the Substance Abuse and Mental Health Services Administration.
- C. If the Governor through the Indiana Department of Homeland Security establishes a mobile support unit under IC 10-14-3-19, then the DMHA Office of Addiction Services and Disaster Management will activate a Disaster Mental Health Response Team to operate under the mobile support unit incident command.
- D. If there is an Emergency Management Assistance Compact (EMAC) deployment, then the DMHA Office of Addiction Services and Disaster Management will activate a Disaster Mental Health Response Team to be part of a mobile support unit and subject to the operational control of the incident command.
- E. If there is a local disaster, the District Disaster Mental Health Team Leader(s) may request that DMHA do the following:
 - 1. Acknowledge a need for additional disaster mental health resources in a district;
 - 2. Activate a District Disaster Mental Health Team; and

- 3. Approve the Team to operate under the DMHA policies and procedures as a Disaster Mental Health Team.
- F. Local response groups not approved by DMHA will not be recognized nor provided resources as a Disaster Mental Health Response Team.
- G. Each Disaster Mental Health Response Team will do at least the following:
 - 1. Conduct a community assessment of the psychological needs of the affected area,;
 - 2. Provide Psychological First Aid to victims, survivors and responders, and
 - 3. Maintain accurate records for financial and program reporting.
- H. When the Indiana Disaster Mental Health Response Team is deployed, every effort will be made to seek reimbursement.

IV. DEFINITIONS

Type I Disaster Mental Health Response Team for in-State or out-of-State deployment shall consist of Team Leader, Clinical Director, Chaplain, and Team Member(s)/Crisis Counselor(s).

Type II Disaster Mental Health Response Team for in-State deployment shall be based on the nature of the disaster, availability of personnel, and Team Leader assessment and will consist of at least the following Team Leader, Clinical Director, and Team Member(s)/Crisis Counselor(s).

V. LEGAL REFERENCES AND AUTHORITY

IC 10-14-3; IC 10-14-3-19 (Mobile Support Units)

VI. ATTACHMENTS

REVIEWED AND ENDORSED by DMHA Policy Development Committee.

Deputy Director for Public Policy _____ Date

Director, Division of Mental Health and Addiction _____ Date

Procedure Title: Disaster Mental Health Response Team Deployment
Effective: 10/3/07

I. PURPOSE

The Disaster Mental Health Response Team Deployment policy ensures a standard and credible practice of activating and deploying qualified personnel for a disaster mental health response team to respond to a gubernatorial-declared or presidential-declared disaster.

II. APPLICATION

This policy applies to all employees of the Indiana Division of Mental Health and Addiction and to personnel deployed on behalf of the Division as members of a Disaster Mental Health Response Team.

III. PROCEDURES

1. When there is a State or Federal Declarations of Disasters, gubernatorial- or presidential-declared disaster, the Assistant Deputy Director of the Office of Addiction Services and Disaster Management will:
 - a. Assess the situation to determine the appropriate mental health disaster response;
 - b. Contact District Disaster Mental Health Response Team Leaders to request personnel appropriate to the necessary disaster response; and,
 - c. Make the final determination on Team composition including
 - i. Number,
 - ii. Team Leader(s),
 - iii. Clinical Director(s),
 - iv. Team Member(s), and
 - v. Chaplain.

2. When there is a local disaster, the District Disaster Mental Health Response Team Leaders may contact the Assistant Deputy Director of the Office of Addiction Services and Disaster Management to request activation of a Disaster Mental Health Response Team. The Team Leader will:
 - a. Report all local services which have responded to the event;
 - b. Provide information on the community assessment findings; and
 - c. Recommend an appropriate mental health disaster response.

3. District Disaster Mental Health Response Team Leaders will:
 - a. Certify that rostered Team Members recommended for deployment meet the DMHA policies on Team Composition and Deployment;
 - b. Report all local services which have responded to the event;

- c. Provide information on unmet need; and
 - d. Recommend an appropriate mental health disaster response.
- 4. When the Governor of Indiana establishes a mobile support unit to respond to a disaster, public health emergency, public safety emergency or other event that requires emergency action, the Assistant Deputy Director of the Office of Addiction Services and Disaster Management will:
 - a. Assess the situation to determine the appropriate mental health disaster response;
 - b. Contact District Disaster Mental Health Response Team Leaders to request personnel appropriate to the necessary disaster response; and
 - c. Make the final determination on Team composition including
 - i. Number,
 - ii. Team Leader(s),
 - iii. Clinical Director(s),
 - iv. Team Member(s), and
 - v. Chaplain.
- 5. When the Governor of Indiana establishes a mobile support unit to be deployed outside Indiana under the emergency management assistance compact, the Assistant Deputy Director of the Office of Addiction Services and Disaster Management will:
 - a. Assess the situation to determine the appropriate mental health disaster response;
 - b. Contact District Disaster Mental Health Response Team Leaders to request personnel appropriate to the necessary disaster response, and
 - c. Make the final determination on Team composition including
 - i. Number,
 - ii. Team Leader(s),
 - iii. Clinical Director(s),
 - iv. Team Member(s), and
 - v. Chaplain.

APPENDIX 10: INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION CONTRACTED PROVIDERS SPECIAL CONDITIONS FOR A DISASTER EVENT

Sub-Service: Disaster Relief for Mental Health and Addiction Services Special Conditions

Funds specified in this Attachment are made available during a time of a local, state or federal declared emergency or when an emergency condition exists in the contractor's local area, the Division and/or the Federal government may determine that disaster mental health services are needed.

1. The funding sources which may support services in this attachment are:
Disaster Relief Mental Health – Account number 6000/119200
Funds received from state and federal entities for the purpose of assisting with the mental health and addiction needs of victims of disasters, emergencies, and crisis situations.
2. Funds dispersed under this Attachment will be used to:
 - 2.1 Provide mental health and/or addiction services for individuals experiencing a behavioral health crisis due to an emergency condition or disaster in the contractor's service area.
 - 2.2 Provide outreach services to individuals in communities affected by a disaster or an emergency condition
 - 2.3 Provide training and education to local staff and volunteers on the psychological effects of disasters and emergency conditions.
 - 2.4 Provide crisis counseling to mitigate the psychological trauma experienced by victims, survivors, and responders to an emergency situation
 - 2.5 Assist individuals and families in returning to a pre-disaster level of functioning.
 - 2.6 Pay for personnel, travel, materials and supplies necessary to carrying out the activities outlined in 1.1 through 1.5.
3. Funds dispersed under this Attachment may not be used to:
 - 3.1 Pay for services to individuals not affected by the crisis, disaster or emergency situation;
 - 3.2 Purchase equipment valued at over \$1000;
 - 3.3 Purchase or improve land;
 - 3.4 Satisfy any requirements for expenditures of non-federal funds as a condition for receipt of federal funds.
4. The Contractor shall provide the following information to the Division of Mental Health and Addiction:
 - 4.1 Information requested by the Division necessary for the completion of any application for emergency, crisis, disaster and/or continuation grant;
 - 4.2 Demographic data requested by the Division related to the emergency, disaster, crisis.

- 4.3 Cost data requested by the Division related to the emergency, disaster, crisis;
- 4.4 Service data requested by the Division related to the emergency, disaster, crisis;
- 4.5 Expenditure data requested by the Division related to the provision of emergency, disaster, crisis ;
- 4.6 Other data requested by the Division related to the emergency, disaster, crisis situation or data necessary for the documentation of activities performed as part of emergency services grant.

APPENDIX 11: GLOSSARY & ACRONYMS:

All-Hazards: Describing an incident, natural or manmade, that warrants action to protect life, property, environment, and public health or safety, and to minimize disruptions of government, social, or economic activities.

American Red Cross (ARC): An organization chartered by Congress to "carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry on measures for preventing the same." The ARC ensures nationwide disaster planning, preparedness, community disaster education, mitigation, and response that provides the American people with quality services delivered in a uniform, consistent, and responsive manner

Community Mental Health Center (CMHC): A community-based mental health provider certified by IDMHA to provide a full continuum of comprehensive behavioral health managed care services to cover all counties in Indiana.

County Emergency Management Agency: The emergency management agency in each Indiana county responsible for design and implementation of mitigation, preparation, response, and recovery to emergency situations and disasters.

County Comprehensive Emergency Mental Health Management Plan: Outlines provision of crisis counseling to victims of a disaster and/or terrorist event and also includes evacuation, sheltering, and recovery components.

Crisis Counseling Program (CCP): A FEMA program which provides short-term mental health services to individuals and groups affected by large-scale disasters.

Department of Homeland Security (DHS): The agency mandated to prevent and deter terrorist attacks and protect against, and respond to, threats and hazards to the nation. DHS leads national, state, local and private sector efforts to restore services and rebuild communities after acts of terrorism, natural disasters, or other emergencies.

District Disaster Mental Health Response Team (DDMHRT): Teams organized by the Indiana Division of Mental Health and Addiction, which are trained to respond with psychological first aid and crisis counseling to regional, state and nationally declared disasters if needed. There are 10 District teams corresponding with the 10 Indiana Homeland Security districts.

Emergency Management Assistance Compact (EMAC): A congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster-affected State can request and receive assistance from other member States quickly and efficiently.

Emergency Manager: The person who has the day-to-day responsibility for emergency management programs and activities. The role is one of coordinating all aspects of a jurisdiction's mitigation, preparedness, response, and recovery capabilities.

Emergency Operations Center (EOC): The physical location at which the coordination of information and resources to support incident management (on-scene operations) activities normally takes place.

Emergency Support Function (ESF): Used by the Federal Government and many State governments as the primary mechanism at the operational level to organize and provide assistance. The ESF aligns categories of resources and provides strategic objectives for their use. ESFs utilize standardized resource management concepts such as typing, inventorying, and tracking to facilitate the dispatch, deployment, and recovery of resources before, during, and after an incident.

Emergency Support Function # 8 (ESF #8): The mechanism for coordinated Federal assistance to help communities address the health and medical impacts of incidents. The Department of Health and Human Services is the ESF8 coordinator and primary agency.

Federally Declared Disaster: Any event which threatens the well being of citizens, overwhelms the local and state ability to respond or recover, and/or the event affects federally owned property or interests. A federally declared disaster can only be implemented by the President of the United States after the governor first declares a state disaster and requests a presidential declaration.

Federal Emergency Management Agency (FEMA): The lead federal government agency serving as the primary coordinating agency for disaster response and recovery activities. Its mission is to provide leadership and support to reduce the loss of life and property, and protect our institutions from all types of hazards through a risk-based, all-hazards emergency management program of mitigation, preparedness, response, and recovery.

Incident Command System (ICS): A standardized on-scene incident management concept designed specifically to allow responders to adopt an integrated organizational structure equal to the complexity and demands of a single incident or multiple incidents without being hindered by jurisdictional boundaries.

Indiana Division of Mental Health and Addiction (DMHA): The agency which is responsible for certification of community mental health centers, addiction treatment services, and managed care providers. It administers federal funds earmarked for substance abuse prevention projects, licenses inpatient psychiatric hospitals, and operates the State mental health hospitals. DMHA is a division of the Indiana Family and Social Service Administration and provides funding support for mental health and addiction services to target populations with financial need, through a network of managed care providers.

Indiana Division of Mental Health and Addiction All-Hazard’s Advisory

Committee: The Indiana Division of Mental Health and Addition’s All-Hazards Advisory Group was established to guide and facilitate collaboration across a broad spectrum of resources for the Office of Emergency Preparedness & Response. Members of the appointed committee include, but are not limited to, mental health/addiction services providers, consumers, public officials, faith-based organizations, emergency management personnel, education and other key stakeholders. The group meets regularly to discuss assessment, planning, training, funding, resource development and testing efforts under the direction of the disaster response program director.

Indiana Division of Mental Health and Addiction All-Hazard’s Emergency State

Plan: A comprehensive framework for statewide mental health and addiction mitigation, preparedness, response, and recovery activities. The plan is the framework for IDMHA’s role as state coordinator of mental health care following a disaster, and a template for local mental health disaster planning.

Indiana Division of Mental Health and Addiction Office of Emergency Preparedness

and Response: The entity responsible for coordination of all mental health and addiction activities prior to, during, and after an emergency or disaster, including acts of terrorism, to ensure the continuity of operations of mental health and addiction agencies.

Indiana Department of Homeland Security:

The Indiana Department of Homeland Security, in collaboration with citizens, government, and private entities acts to prevent, protect against, respond to, and recover from man-made or natural threats and events to people, property, and the economy.

Indiana Family and Social Service Administration (FSSA):

A health care and social service funding agency established by the General Assembly to consolidate and better integrate the delivery of human services by State government. The Secretary of FSSA is appointed by the Governor and is a member of the Governor's cabinet.

Indiana State Department of Health:

The Indiana State Department of Health actively facilitates the integration of public health and health care activities to improve Hoosiers’ health.

Indiana Voluntary Organizations Active in Disaster (INVOAD):

The Indiana chapter of a consortium of more than 30 recognized national organizations active in disaster relief. Their organizations provide capabilities to incident management and response efforts at all levels. During major incidents, National VOAD typically sends representatives to the National Response Coordination Center to represent the voluntary organizations and assist in response coordination.

Local Disaster:

Any event which threatens the well being (life or property) of citizens in one municipality, and is manageable by local officials without the need for outside resources.

Local Emergency: Any event which threatens the well-being (life or property) of citizens in one municipality and is manageable by local officials without a need for outside resources.

Local Emergency Operations Plan (LEOP): Comprehensive plan by local jurisdictions for the delivery of services during response during a major disaster.

Major Disaster: Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, any natural catastrophe (including any hurricane, tornado, storm, high water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, or drought) or, regardless of cause, any fire, flood, or explosion in any part of the United States that, in the determination of the President, causes damage of sufficient severity and magnitude to warrant major disaster assistance under the Stafford Act to supplement the efforts and available resources of States, local governments, and disaster relief organizations in alleviating the damage, loss, hardship, or suffering caused thereby.

Mitigation: Activities providing a critical foundation in the effort to reduce the loss of life and property from natural and/or manmade disasters by avoiding or lessening the impact of a disaster and providing value to the public by creating safer communities. Mitigation seeks to fix the cycle of disaster damage, reconstruction, and repeated damage. These activities or actions, in most cases, will have a long-term sustained effect.

Mutual Aid and Assistance Agreement: Written or oral agreement between and among agencies/organizations and/or jurisdictions that provides a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services. The primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and/or after an incident.

National Incident Management System (NIMS): System that provides a proactive approach guiding government agencies at all levels, the private sector, and nongovernmental organizations to work seamlessly to prepare for, prevent, respond to, recover from, and mitigate the effects of incidents, regardless of cause, size, location, or complexity, in order to reduce the loss of life or property and harm to the environment.

National Organization for Victim Assistance (NOVA): A nonprofit organization which provides national advocacy, direct crisis services to victims, educational resources to victims, and fosters better communications among its diverse membership.

Office of Faith Based and Community Initiatives (OFBCI): The Office of Faith-Based and Community Initiatives (OFBCI) was created to insure that the faith-based institutions of Indiana were provided equal access to state and federal resources and services. With the establishment of the OFBCI, the responsibilities of the Indiana Commission on Community Service and Volunteerism (ICCSV) were folded in under the auspices of this new office. Together the OFBCI with assistance from the ICCSV, provides information, training, technical assistance and limited grant funding to both community based and faith-based organizations seeking to make Indiana a better place to live for all citizens.

Preparedness: Actions that involve a combination of planning, resources, training, exercising, and organizing to build, sustain, and improve operational capabilities. Preparedness is the process of identifying the personnel, training, and equipment needed for a wide range of potential incidents, and developing jurisdiction-specific plans for delivering capabilities when needed for an incident.

Psychological First Aid (PFA): An evidence-informed approach for providing behavioral health support for survivors and responders in the aftermath of disaster and terrorism. PFA is designed to reduce the initial distress caused by traumatic events, and to foster short and long-term adaptive functioning.

Public Information Officer (PIO): A member of the Command Staff responsible for interfacing with the public and media and/or with other agencies with incident-related information requirements.

Recovery: The development, coordination, and execution of service- and site-restoration plans; the reconstitution of government operations and services; individual, private-sector, nongovernmental, and public-assistance programs to provide housing and to promote restoration; long-term care and treatment of affected persons; additional measures for social, political, environmental, and economic restoration; evaluation of the incident to identify lessons learned; post-incident reporting; and development of initiatives to mitigate the effects of future incidents.

Response: Immediate actions to save lives, protect property and the environment, and meet basic human needs. Response also includes the execution of emergency plans and actions to support short-term recovery.

Special Needs Populations: Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.

State Declared Disaster: Any event which threatens the well being of citizens in multiple cities, counties, regions, which overwhelms a local jurisdiction's ability to respond, or affects a state owned property or interest. Only the governor or his/her designee can declare a state emergency. Response and recovery is the responsibility of the Indiana Department of Homeland Security.

State Emergency Operations Plan (SEOP): The State's plan for delivery of assistance to local jurisdictions following major disasters and emergencies.

Stafford Act: The Robert T. Stafford Disaster Relief and Emergency Assistance Act, P.L. 93-288, as amended. This Act describes the programs and processes by which the Federal Government provides disaster and emergency assistance to State and local governments, tribal nations, eligible private nonprofit organizations, and individuals affected by a declared major disaster or emergency. The Stafford Act covers all hazards, including natural disasters and terrorist events.

Substance Abuse & Mental Health Services Administration (SAMHSA): An agency of the U.S. Department of Health and Human Services (HHS) was established by an act of Congress in 1992 under Public Law 102-321. SAMHSA was created as a services agency to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders.