

Mental Health Strike Team Minutes

September 21, 2009

In Attendance: Kerry Dennis, Susan Goffard, Christine Griffith, Rik Jimison, Barbara Kopp, Miriam Lacher, Cheryl LaFlame, Elaine Levesque, Inaki Rezola, Kristie Skoglund

August 31, 2009 minutes were approved with a motion by Kristie Skoglund, 2nd by Kerry Dennis.

- *Assessment Tool Discussion* – A discussion ensued regarding what the Red Cross already has in place at the general population shelters. Inaki explained that they do not have an assessment tool and stay within the confines of psychological first aid. Their workers will make contact with an individual a maximum of three times. If a higher level of care is needed, they will contact the Emergency Operation Center and/or law enforcement for further assistance. If a situation occurs during lockdown, it becomes a law enforcement issue, and the person will be provided a warm comfortable room away from the general population. The Red Cross also has a Spiritual Care Team to assist those that are more comfortable speaking with someone ordained of their faith. In regards to Special Needs Shelters (SpNS), the shelters are staffed with numerous nurses as well as either a physician or ARNP, so an assessment tool is not necessary. It was decided that a standard assessment tool was not practical.
- *Mental Health Professionals* – The need for mental health professionals will increase in the general population shelters post disaster when law enforcement leaves the shelters to attend to the immediate needs in the community. A gap arose regarding credentialed professionals being given the privilege to provide mental health services **in a shelter**. Licensed professionals need to be either credentialed with the Red Cross or the Medical Reserve Corp. (MRC) in order to assist individuals in a SpNS or Red Cross shelter. If the Red Cross asks an agency to provide some sort of support group, in a separate area away from the general population, and individuals voluntarily participate, then pre-credentialing is not necessary. Some suggestions to resolve this gap include: mental health professionals in an agency pre-register with the MRC; ask Red Cross to provide in-house credentialing at an agency's site; or have a Memorandum of Understanding (MOU) between the Red Cross and the agency. This also brings up the question regarding Project Hope professionals being allowed in shelters. Miriam stated she has never heard of this before and will speak with Pauline Tracy to bring this to the attention of COAD. Any other suggestions are welcome. Elaine will speak with Larry Allen at Project Hope and see if he is available to speak at the next COAD meeting on October 8th.
- *Next Steps* – Continue to work on the process, discuss Baker/Marchman Acts, and what role does Tapestry play within the process?
- *Next Meeting* – October 19, 2009, 3:30 p.m., Room 2063

Process

1. Red Cross contacts the EOC requesting mental health professionals.
2. EOC contacts the Mental Health Strike Team at HHSOps (Health & Human Services Operations).
3. Mental Health Strike Team member puts in a request to the MRC for credentialed professionals.
4. If a mental health professional is available, the MRC provides the name of the Red Cross contact person at the shelter for instruction upon the professional's arrival.
5. If not available, the Mental Health Strike team member at HHSOps contacts 1st resource on Resource list for availability. **This is where the gap occurs regarding entrance into the shelter.**