

ALL-HAZARDS RESPONSE PLAN

DEPARTMENT OF MENTAL HEALTH
64 New York Ave NE

October 4, 2002



Government of the District of Columbia
Anthony A. Williams, Mayor

Department of Mental Health
Martha B. Knisley, Director

BASIC PLAN

I. Overview

The Department of Mental Health developed this All-Hazards Response Plan (AHRP) to complement the District Response Plan (DRP). The DRP establishes the framework that ensures preparedness for a range of events from severe weather to hazardous material spills to terrorist attacks. Just as the DRP structures the response for District agencies and departments, the AHRP provides a plan for DMH employees, the Community Services Agencies and St. Elizabeths Hospital. Where relevant, collaboration with non-governmental and voluntary organizations as well as regional and federal partners is detailed.

The AHRP has the following components:

- The **Basic Plan** outlines how DMH will respond to, recover from and mitigate the impact of a disaster. The Basic Plan contains sections on policies, planning assumptions, concept of operations, operational life cycle, responsibilities, and preparedness cycle.
- The **Functional Annexes** list the Emergency Support Functions (ESF) in which DMH plays a role. The District has identified 15 ESFs, a structure patterned after the system outlined in the Federal Response Plan (FRP). DMH plays a supporting role to nine of the 15 ESFs.
- **DMH Emergency Response and Disaster Plans** contains the individual emergency response plans for 77 P St NE and the Community Services Agencies (CSAs) as well as the DMH Data Center Recovery Plan, the DMH 24-hour Disaster Plan and the Saint Elizabeths Disaster Plan.
- **Appendices** contain additional information such as catalog of agreements, authorities, references, definitions and acronyms, and hazards affecting the District of Columbia, media outlets and the Mayor's Cabinet.
- **Forms** has tools to record volunteer offers and CSA debriefings.

A. Executive Summary

SF Note 10/2/02: This was not assigned to anyone and would be the last thing created prior to publication. This is not required so you can either delete or assign someone to handle. Review the overview section and perhaps that will suffice.

B. Letter of Agreement

The District of Columbia Department of Mental Health All-Hazards Response Plan describes the mechanisms and structure by which the Department mobilizes resources and conducts activities in response to any major disaster or emergency within the District of Columbia. By signing this letter of agreement, the following DMH leaders commit to support the Department’s emergency operations and to carry out their assigned functions. In addition, these leaders will continue to develop and refine the DMH All-Hazards Plan and participate in exercise and training activities to ensure an efficient and effective response.

Marti Knisley
Director

Cheryl Edwards
Chief of Staff

Marie-Claire Brown
Director, Contracts &
Procurements

Winford Dearing
Sr. Deputy for Fiscal &
Administrative
Services

Joy Holland
CEO
St. Elizabeths Hospital

Juanita Price
CEO
Community Services

Marcia Jones
Director
of Accountability

Laurie Davis
General Counsel

Salvatore Rotella
Chief
Compliance Officer

Linda Grant
Director
of Public Affairs

Steve Steury
Acting Chief
Clinical Officer

Shauna Spencer
Project DC
Coordinator

Anthony Young
Chief Information
Officer

Richard Warsh
Director
Of Facilities Planning

Kevin Elphick
Director
CPEP

Venida Hamilton
Director
Of Risk Management

Mildred Williams
Need Title

Ivy McKinley
Need Title

C. Plan Development and Maintenance

II. Introduction

A. Purpose

The Department of Mental Health All Hazards Response Plan provides the framework for how the Department of Mental Health will respond to a public emergency.

B. Scope

The DMH All Hazards Response Plan concepts apply to any public emergency, which is defined in DC Code 7-2301 as a disaster, catastrophe, or emergency situation where the health, safety or welfare of persons in the District is threatened by actual or imminent consequences within the District of

- Enemy attack, sabotage, or other hostile action;
- Severe and unanticipated resource shortage;
- Fire;
- Flood; earthquake, or other serious act of nature;
- Serious civil disorder;
- Any serious industrial, nuclear or transportation accident;
- Explosion, conflagration, power failure: or
- Injurious environmental contamination that threatens or causes damage to life, health, or property.

The all-hazards approach to disaster response means the plan can be used in any public emergency situation and therefore does not address specific scenarios. According to a vulnerability assessment of the District, there are five major categories of hazards that may pose a threat to the District:

- Natural Hazards—Severe weather, hurricanes, tornadoes, flooding, or earthquakes;
- Infrastructure Disruptions—utility and power failures, water supply failures, critical resource shortages, or exploding manhole covers;
- Human-caused Events and Hazards—urban fires, special events, civil disorder, or transportation accidents;
- Technological Hazards—hazardous materials, radiological, biological, or computer-related incidents; and
- Terrorist Incidents—bomb threats, sabotage, hijacking, or armed insurrection, which threaten life or property. Traditional terrorist attacks can also be conduits through biological, chemical, and radiological agents can be employed.

Regardless of the threat, the DMH all-hazard plan structures a response in coordination with the District Response Plan (DRP) The DRP is designed for collaboration with federal response partners and their emergency response plans such as the Federal Response Plan, the National Oil and Hazardous Substances Pollution Contingency Plan (NCP), the Federal Radiological Emergency Response Plan (FRERP) and other national emergency program plans and initiatives.

C. The Emergency Response Plans

Agency Heads should create internal plans and procedures as necessary to ensure mission continuity and protection of employees. The following are attached to this document under DMH Emergency Response and Disaster Plans:

- A. Emergency Response Plan: 77 P Street NE
- B. Emergency Response Plan: CSAs
- C. DMH Authority Data Center Recovery Plan
- D. DMH Authority 24-hour Disaster Plan
- E. Saint Elizabeths Disaster Plan
Includes 24-hour disaster plan

IN DEVELOPMENT: DMH to ensure:

- ✓ **Internal plans and procedures will be captured in existing plans and presented to DMH workforce during the All-Hazards Plan Training program to be developed and scheduled following review and approval of this plan.**
- ✓ **Internal evacuation plans and disaster procedures may be posted on the DMH website/intranet as appropriate.**

D. Regional Response Implications

Following the guidance of the DRP, DMH will be involved with regional partners in the development and coordination of regional response plans through the Metropolitan Washington Council of Governments (COG). COG coordinates among the 17 local governments surrounding the District. The most important interface is coordinating information among the regional partners. COG is working to establish a regional incident communications center (RICC) to handle this function.

IN DEVELOPMENT: DMH to include its role in RICC when details established by COG. Assign DMH rep to follow-up on this.

III. Policies, Authorities and References

A. District Policies

IN DEVELOPMENT:

Laurie Davis following up on this information for inclusion in the plan.
See page 9 of DRP.

B. Federal Policies

IN DEVELOPMENT:

Laurie Davis following up on this information for inclusion in the plan.
See page 10 of DRP.

C. Authorities

IN DEVELOPMENT:

Laurie Davis following up on this information for inclusion in the plan.
See appendix B of DRP

D. Resource Coordination and Management

DC DMH will use existing resources to their fullest extent. They will partner with voluntary agencies and the private sector to develop MOUs as appropriate.

IN DEVELOPMENT

Detail how this will be accomplished. See page 11 of DRP.

E. Outreach and Information Dissemination

According to the DRP, the EMA operates an Emergency Communications Center (ECC) at the Emergency Operations Center (EOC) that is the central point of communication for operations. The corresponding coordination point for law enforcement is the Synchronized Operations Command Complex (SOCC) operated by the Metropolitan Police Department (MPD) in close coordination with the EOC.

The District's communication plan and the DMH role in that is outlined under ESF 14—Media Relations and Community Outreach on page XX of this document.

Regarding the Department, Martha B. Knisley, DMH Director, and Linda Grant, Director of Public Affairs, are the Department's official spokespeople; however, message delivery during a crisis/emergency/disaster will be coordinated through the Emergency Operations Center/Joint Information Center. According to the District's

Response Plan, ESF #14, the Mayor's Director of Communications is the lead spokesperson for D.C. government and individual departments will coordinate with the EOC.

The DMH director and the Public Affairs Director are cleared to speak on topics that are specific to the actions of the Department of Mental Health and its volunteer Community Crisis Support Network, after consultation with the Joint Information Center (JIC).

As of October 2002, the JIC protocol are being updated. DMH will follow the existing protocol of consulting the JIC prior to delivering any public messages during a crisis.

In DEVELOPMENT. Detail how emergency information will be disseminated internally to DMH staff to ensure safety of workforce and deployment of relevant employees..

IV. Planning Assumptions

A. Assumptions

1. District-wide

- A **minor emergency** is classified as any emergency within the response capabilities of the District government with minimal need for regional or federal assistance.
A **major public emergency** is any emergency that will likely exceed District capabilities and require a broad range of regional and federal assistance.
A **catastrophic disaster** will require massive regional and federal assistance, including immediate military involvement.
- A public emergency in the District may occur with little or no warning, and may escalate more rapidly than District response organizations can manage.
- A public emergency may cause injury, possible fatalities, property loss, and disruption of normal support systems. A large number of casualties, heavy damage to buildings and basic infrastructure, and disruption of essential public services may overwhelm the capabilities of the District to meet the needs of the situation.
- Achieving and maintaining effective citizen and community preparedness reduces the immediate demands on response organizations. Public awareness and education programs are required to ensure citizens will take appropriate advance actions to reduce their

vulnerability especially during the first 72-hours after a public emergency.

- The District will use available resources for requesting regional and federal assistance. When District resources are overwhelmed, the additional resources will be requested through mutual aid agreements with the Commonwealth of Virginia and the State of Maryland and through requests to the federal government
- If there is a terrorism incident in the District, the Mayor and the District government will coordinate directly with the Federal Emergency Management Agency (FEMA) Headquarters, the Federal Bureau of Investigation Field Office, the Department of Justice, the White House, and other relevant agencies.
- The Emergency Operations Center (EOC) will be activated and staffed by the Consequence Management Team (CMT) to manage emergency operations.
- District agencies will be required to repined on short notice to provide timely and effective assistance through the District Response Plan (DRP) structure. Advance planning for these efforts will be based on pre-identification of resource shortfalls and contingencies.
- Each District agency and volunteer organization will document and seek reimbursement, as appropriate, for expenses incurred during public emergency operations.
- Each District Agency will participate in the development of plans and procedures, training opportunities and exercises in order to achieve and maintain a high state of readiness.

2. DMH Specific.

- Disaster and injury definitions (from CMHS Policy 50000.651.2G)include:
 - a. **Emergency.** Any situation in which the Department (Commission) is called upon to care for casualties that are greater in number than can be cared for under existing day-to-day capabilities or situations (such as utility disruptions and major structural damage) which can adversely impact on the delivery

of care to DMH (CMHS) patients. An emergency can be internal or external.

- b. **Internal Disaster.** An internal emergency situation is one which occurs within the confines of a DMH (Commission) building (does this include CSA sites?), either on or off the St. Elizabeths campus. The emergency can result from a disturbance or unrest, fire, flood or utility power, gas, electric or communication failure.
- c. **External Disaster.** An external emergency situation is one which occurs outside of a building , e.g. severe rain or snow storms, lightning, tornados or other acts of nature, gasoline spillage, disrupted water or gas mains, vehicle accidents, or any major physical damage to building, such as roof cave-ins.
- d. **Accidental Disaster.** Is one which occurs per chance or accidentally, e.g., multiple alarm fires, serious vehicular accidents, or any occurrence resulting in the uncontrolled release of hazardous materials, such as poisons, gases or flammable liquids from a fixed site or during transport that is capable of posing a risk to health, safety and property.
- e. **Major injury.** Patients with the following findings will be designated RED RIBBON (MAJOR) patients and will be triaged red (MAJOR)
 - (1) Airway or respiratory compromise
 - (2) Second and/or third degree burns (20% total body surface area (TBSA) or greater, who are hemodynamically unstable)
 - (3) Uncontrollable hemorrhage
 - (4) Open chest or abdominal wounds
 - (5) Spinal cord injuries
 - (6) Shock
 - (7) Severe head injuries, or
 - (8) Cardiac problems
- f. **Moderate injury.** Patients with the following findings will be designated YELLOW RIBBON (MODERATE) patients and will be triaged yellow (MODERATE)
 - (1) Second and/or third degree burns (20% TBSA or greater, who are hemodynamically stable)
 - (2) Major bone fractures; or
 - (3) Uncomplicated head injuries
- g. **Minor injury.** Patients with the following findings will be classified GREEN RIBBON (MINOR) patients and will be triaged green (MINOR)

- (1) Minor fractions or wounds; or
- (2) Burns (less than 20% TBSA, who are hemodynamically stable)

- Events may seriously impact and disrupt patient care both directly impacting existing patients and those programs serving them. There will be a need to track and serve patients in both hospital and community based settings.
- Need for mental health intervention geared toward the general population. This may include provision of comfort, information regarding mental health sequelae and counseling.
- As an employer, ensuring employees understand their role during times of crisis and critical events including evacuation from work site, reporting to emergency staging areas, safeguarding of critical documents and data for business continuity and provision for information exchange with families.

IN DEVELOPMENT

Assign person to expand upon limits of DMH & to identify highest probability scenarios including terrorism, bioterrorism, floods, tornadoes, hurricanes, snowstorms, civil unrest, etc.

B. Situation

IN DEVELOPMENT

Assign person to detail Probable impact, vulnerable/special facilities & populations, include low probability/high impact events, etc.

V. Concept of Operations

A. General

1. Overview of approach

IN DEVELOPMENT

Assign person to detail what should happen, when, at whose direction

B. Operation Levels

DC DMH uses the same operation level definitions as the District Emergency Response Agency. Those operation levels are:

1. **Normal:** Normal operations consist of the daily operations agencies must carry it, in the absence of an emergency situation, to ensure readiness. During the course of Normal Operations agencies should be engaging in preparedness, training, and exercise activities to ensure continual readiness. Operations plans should be reviewed and equipment should be checked to ensure everything is ready to go, should the need arise.
2. **Operation Level 1:** Level 1 is a typically a monitoring phase triggered by the potential for an event that could threaten life, property, or the environment.

EMA will alert those District agencies and ESFs that would need to take action as part of their everyday responsibilities. The EOC will be staffed with EMA personnel.

3. **Operation Level 2:** Level 2 indicates a full activation of the CMT. It is triggered by highly probable hazardous conditions and a strong potential for property damage or loss of life. All Emergency Support Functions (ESF) primary agencies are notified. The EOC is staffed with EMA personnel and the necessary ESF representatives.
4. **Operation Level 3:** Level 3 indicates a full activation of the Consequence Management Team. It is triggered by extremely hazardous conditions that imminent or occurring. All primary and support agencies under the DRP are notified. The EOC will be on full activation with 24-hour staffing by EMA personnel and all necessary ESF representatives.

C. Concurrent Implementation with Other Emergency Plans

1. District Response Plan (DRP) only

The Department of Mental Health All-Hazards Response Plan is always in place and available for implementation. The plan was designed to complement the District Response Plan. DMH services and responses will be integrated into the overall District response as outlined in this document, and the DRP. Whenever the DRP is initiated, DMH will be ready to respond.

2. DRP & Other Federal Plans

The District Response Plan may be implemented with other federal agency plans without a Presidential Disaster Declaration. Any response would be coordinated with the DRP and in coordination with the senior federal official of the lead federal agency for the applicable federal plan. Again, whenever the DRP is initiated, DMH will be ready to respond.

3. DRP & the Federal Response Plan (FRP)

The DRP was designed to be compatible with the Federal Response Plan (FRP) based on the planning assumption that for major incidents, it is likely that the Mayor would declare a state of emergency followed by a request for specific types of federal assistance from the President under the authority of the Stafford Act. The DRP assumes that the FRP will be used by the Federal Emergency Management Agency (FEMA) and the federal agencies to provide support to the District. In this situation, a major Disaster or an emergency will be declared by the President at the request of the Mayor and federal assistance will be provided in accordance with the Emergency Support Function (ESF) structure of the FRP.

4. DRP & the National Capital Region Plan

In terrorism scenarios within the boundaries of the National Capital Region (NCR), FEMA and the federal government have agreed to respond with a national level Emergency Response Team (ERT) designated as the NCR ERT, in lieu of the normal FEMA Region IIIERT. The National Capitol Region is defined as:

- District of Columbia
- Montgomery County, MD
- Prince George's County, MD
- Arlington County, MD
- Fairfax County, VA
- Loudon County, VA
- Prince William County, VA
- All cities within the above mentioned counties.

In Fall 2001 the DMH director spoke of receiving funding from SAMHSA for a DC regional response. This would include DC, Maryland and Virginia. We have not followed up on this idea.

IN DEVELOPMENT: Assign person to follow-up on and outline actions for DC DMH involvement in National Capital Region Plan/regional response.

D. Integration of Response, Recovery and Mitigation Actions

The DC DMH All-Hazards follows the philosophy outlined in the DRP which is listed here.

Following a public emergency, immediate response operations to save lives, protect property, and meet basic human needs have precedence over longer term objectives of recovery and mitigation. However, initial recovery planning should commence at once in tandem with response operations. Actual recovery operations will be initiated commensurate with District priorities and based on availability of resources immediately required for response operations.

In recognition that certain response and recovery activities may be conducted concurrently, coordination at all levels is essential to ensure consistent federal actions throughout the emergency.

Mitigation opportunities should be actively considered throughout emergency operations. Decisions made during response and recovery operations can either enhance or hinder subsequent mitigation activities. The urgency to rebuild as soon

as possible must be weighed against the longer term goal of reducing future risk and lessening possible impacts should another emergency occur.

E. Warning/Mobilization (Internal/External)

1. Internal: Links with EMA Warning Activities

IN DEVELOPMENT: Assign person to document EMA notification procedure to DMH and DMH internal links with EMA warning activities.

2. Each Agency should have a plan for the protection of its employee in a wide range of hazards. Therefore, the following DMH Emergency Response and Disaster Plans are attached to this document:

- A. Emergency Response Plan: 77 P Street NE
- B. Emergency Response Plan: CSAs
- C. DMH Authority Data Center Recovery Plan
- D. DMH Authority 24-hour Disaster Plan
- E. Saint Elizabeths Disaster Plan
Includes 24 hour Emergency Plan

3. Internal: Describe **methods and procedures for notifying staff (p.25)**, facilities, service providers, other as appropriate (link to Agency risk management as appropriate)

Depending on the situation certain protocol should be followed in regards to notifying key personnel and others as appropriate. A document that identifies which staff to notify during a particular situation must be designed and readily available in an emergency. Notification can be accomplished utilizing communication devices stated previously which could include broadcasts through facsimile machines, phones, pagers or two-way portable radios.

IN DEVELOPMENT: Assign person to create and maintain the methods, procedures and documentation for notifying staff, facilities, service providers, etc. including:

- ✓ **How and by whom are key personnel identified and selected.**
- ✓ **Detail the protocol for contacting and deploying staff.**
- ✓ **List the descending order of notification of personnel and methods of communication.**

CSAs. In the midst of a disaster response, clearly defined and pre-established lines of communication are essential. Accordingly the Public Core will look to the Office of the Director of the Department of Mental Health for first notification of activation of the District Response Plan and the need for CSA response. The Chief Executive Officer of the CSA will be notified of this need

(or in her absence, the Chief Operating Officer), who will in turn notify appropriate Executive State, the Director of Emergency and Crisis Services, and the Emergency Response Team Leader. Consultation shall ensue among the CEO, COO, Clinical Director, DECS and ERSTL, with a subsequent

4. Internal: Policies and Procedures for DMH offices and facilities (e.g. sending staff home, holding staff in place, recall of essential staff, facilities evacuation, etc.)

IN DEVELOPMENT: DMH Staff to follow-up with McKinley/Chapman..
NOTE: S. Flanigan: Talked to Ivy McKinley 9/27 who referred to Naomi Chapman at 645-3515. Left message on voice mail 9/27.

5. External: Identifies groups with special warning needs (e.g. MI who are deaf)
6. External: Notify mental health system (providers, etc.)
7. External: Notification of private sector mental health resources

In DEVELOPMENT: Assign person to address identification and notification of external groups listed in 5-7 above

F. Continuity of Operations—DMH

1. Overview of Goals of Continuity of Operations Plan (e.g. to maintain/reestablish vital functions of DMH during the first 72 hours following an event that would seriously compromise or halt normal operations.

Documentation will be maintained which specifically identifies an overview of the goals of operating vital functionality to the operations of DMH. This documentation will clearly identify which services must be maintained for a minimum of 72 hours without disruption following an event that would compromise normal operations.

In DEVELOPMENT:

- ✓ Assign person to create and maintain the documentation that identifies critical functions and operations of DMH for the first 72 hours.

2. Documents coordination with overall District Continuity of Operations Plan
Follow-up with Emergency Management Agency
DMH to obtain a copy, review and ensure coordination with District Continuity of Operations Plan if different from District Response Plan.

3. Identifies vital functions to be maintained within first 72 hours.

In DEVELOPMENT:

- ✓ Assign person to create and maintain the documentation that identifies critical functions and operations of DMH for the first 72 hours.

4. Identifies vital records/data necessary to function with in first 72 hours

Vital information that must be readily available for the first 72 hours following an event will include the following. Listing of key personnel and contact information for those personnel is critical. Any vital records or data that is needed for those personnel in an emergency should also be recorded and identified prior to the emergency as well as updated regularly. This data must be maintained in the strictest confidence to protect the privacy of the individuals

In DEVELOPMENT. Assign person to compile the listing of key personnel and contact as well as vital records/data information.

- ✓ How often is personnel list updated? Where are copies stored in hard and electronic copy?
- ✓ What are the identified vital records/documents/data? Who makes that determination? How often is this information updated and stored?

Regarding St. Elizabeths, the hospital has identified the medical record as the vital data necessary to function within the first 72 hours. The medical records are on the units and stored in the medical records department (2 copies?) There are no back-up copies. The director of medical records is responsible for securing these records during times of peace and times of need

Key Contact:	Jacqueline Clancy Director Medical Records
Work number	202.645.6989
Cell number:	none
Fax	202.645.6718
Home phone.	XXX.XXX.XXXX
E-mail:	Jacqui.Clancy@dc.gov

5. Describes plans related to human resources (e.g. essential staff, staff notification, family support).

IN DEVELOPMENT. DMH person to follow-up with Naomi Chapman 645-3515. S. Flanigan left message on 9/27.

6. Describes alternative locations of essential operations

Primary site	Alternate Location
DC DMH	Building 14

77 P St. NE, 4 th Floor Washington, DC 20002	DC General Hospital <i>(need more specific address)</i> 35 K Street NE Washington, DC 20001 821 Howard Rd. SE Washington, DC. 20020
Access Help Line 77 P St. NE, 4 th Floor Washington, DC 20002	CPEP 1905 E. St. SE Washington, DC 20003
Community Services Agencies. Note: 3 sites are listed as follows and these three sites may be interchanged as alternate sites as determined by the event: 35 K Street NE Washington, DC 20001 CPEP 1905 E. St SE Washington DC 20003 Multicultural Center 1542 U St. NW Washington, DC.	35 K Street NE Washington, DC 20001 <i>(best site to centralize staffing)</i> CPEP 1905 E. St SE Washington DC 20003 <i>(set up for emergency care)</i> Multicultural Center 1542 U St. NW Washington, DC. 20009 <i>(known by consumers and providers)</i>
St. Elizabeths Hospital	

7. Describes transportation and staff support

DMH

IN DEVELOPMENT. Assign person to explain transportation procedure for 77 P St. NE

St. Elizabeths:

Transportation needs, after assessed, will be provided through the St. Elizabeths Hospital motor pool. Drivers will be recruited from the service in need of the transportation and backed up by the Hospital drivers.

Staff support will be provided through the stock of food and equipment stored on the grounds of St. Elizabeths Hospital to include, canned goods, bedding, flashlights, to cover a period of 72 hours.

St. Elizabeths employees responsible for transportation are:

Key Contact:	Jasper Burnett
Work number	202 634 5888
Cell number:	202 438 1809
Fax	202 645 7360
Home phone.	301 599 8619
E-mail:	Jasper.Burnett@dc.gov

Back-up:	Michael Young
Work number	202 645 7420
Cell number:	none
Fax	202 645 7420
Home phone.	202 546 8158
E-mail:	Michael.young@dc.gov

CSAs:

Government vehicles currently operated by the CSA and needed for emergency situations would be returned to a specified site (**St. Es?**) by CSA staff under the direction of the CSA's Chief Administrative Officer in accordance with the District Response Plan (1-14, no 9) for appropriation by District Authorities. If the CSA ERT itself had need of automobiles for transportation, the Chief Administrative Officer again would coordinate this effort.

8. Describes alternate vital record/document sites (e.g. assurance of access to Disaster Plan, staff rosters, patient vital medical records if existing sites are destroyed or inaccessible.)

Alternative backup sites will be identified to provide redundancy of critical vital records and data at a minimum of two additional remote sites. This data must be stored in synchronization at each location both electronically and in hard copy media. This information must also be kept in a secure location at those facilities to protect the data as needed. This will provide backups in case primary sites are destroyed or made inaccessible.

IN DEVELOPMENT: Assign person to identify alternative backup sites plus

✓ who maintains inventory and back up of identified vital records/documents/data?

✓ Are St. Es medical records on eCura?

- ✓ Name the areas other than the unites where St. Es disaster plan/staff roster/patient records are located

Regarding St. Elizabeths, the disaster plan/staff rosters/patient medical records are in other areas (name them) including the units There are no electronic copies. The working document is on the units. Medical Records Department has the non-working document. (ask about eCura)

Key Contact:	Joy Holland
Work number	202 645 5460
Cell number:	202.320.9245
Fax	202.645.5697
E-mail:	Joy.Holland@dc.gov

Back-up	Robert Winfrey
Work number	202.645.5460
Cell number:	240.603.5930
Fax	202 645 XXXX
Home phone.	301.218.5106
E-mail:	Robert.Winfrey@dc.gov

G. Organizational Roles and Relationships and assignment of responsibilities
(Matrix of primary/secondary/shared responsibility)

1. DMH Director, Executive Team and Central Office
2. St. Elizabeths
3. Emergency Management Agency
4. American Red Cross
5. Department of Health
6. Other Key Agencies

Community Services Agencies.

See Other DMH Emergency & Response Plans, B: Emergency Response Plan CSAs pg XXX.

In DEVELOPMENT. Assign person to create matrix to illustrate relationships of 1-6 in G; include primary/secondary/shared responsibility. Refer to page 19 of DRP for guidance.

H. Resource Management

1. Purpose: Documents means, organization, and process by which DMH will find, obtain, allocate and distribute necessary resources.
2. Personnel

In DEVELOPMENT. Assign person to document (1)the purpose of resource management and (2) how personnel will be assessed, assigned and deployed

3. Transportation for staff

DMH

IN DEVELOPMENT. Document transportation of staff from 77 P St.NE

St. Elizabeths

The St. Elizabeths staff will be shuttled to various sites by the transportation staff at the hospital.

Key Contact:	Jasper Burnett
Work number	202 634 5888
Cell number:	202 438 1809
Fax	202 645 7360
Home phone.	301 599 8619
E-mail:	Jasper.Burnett@dc.gov

Back-up:	Michael Young
Work number	202 645 7420
Cell number:	none
Fax	202 645 7420
Home phone.	202 546 8158
E-mail:	Michael.young@dc.gov

CSAs:

Government vehicles currently operated by the CSA and needed for emergency situations would be returned to a specified site (**St. Es?**) by CSA staff under the direction of the CSA's Chief Administrative Officer in accordance with the District Response Plan (1-14, no 9) for appropriation by District Authorities. If the CSA ERT itself had need of automobiles for transportation, the Chief Administrative Officer again would coordinate this effort.

4. Communications equipment

Emergency communication equipment shall be identified and distributed to key personnel as warranted. This equipment will be inventoried and tested on a regular basis to verify good working condition at all times.

IN DEVELOPMENT: Identify person to specify emergency communication equipment as well as

- ✓ To whom it will be distributed and under what warranted circumstances?
- ✓ Who inventories and tests this equipment?

✓ What is the timeframe of a “regular basis”?

5. Emergency equipment as necessary

The department will stock on the grounds of St Elizabeths food, flashlights, emergency generator, fuel, bedding to maintain 100 staff for 72 hours with the capability to be delivered to any of the designated emergency sites.

IN DEVELOPMENT: Identify who is responsible for maintaining this equipment at St Es? Where will it be stored? Who will dispatch this equipment during a disaster, based upon what information/criteria/communication chain?

6. Material necessary for temporary repair

IN DEVELOPMENT: Identify someone to create inventory/list of material for temporary repair . Where is it stored? Who inventories?

7. Mass care supplies for DMH resources

IN DEVELOPMENT: Provide detail on supplies, location at each site and who maintains/distributes.

8. Mutual Aid agreements with surrounding States/Counties:

In DEVELOPMENT: Detail mutual aid agreements with MD, VA and also Address involvement with Metropolitan Washington Mental Health Community Response Coalition and the Council of Governments.

9. Management of offers of assistance and invited/uninvited volunteers

DMH. DMH has established a Clearing House Communication Center for volunteers to provide mental health services for those seeking assistance. This clearing house also acts as a referral service for local community members seeking such support.

The Access HelpLine will receive call from potential mental health volunteers. The Chief Clinical Officer will review the experience and training and call volunteers when needed. The Mental Health Crisis Network list of trained volunteers will be maintained by the CCO.

Proposed form for recording offers from MH professionals to volunteer as well as donations of supplies, clothing, etc. appears on page XX of this document.

- In DEVELOPMENT.** DMH will assign someone to detail
- ✓ the process of screening volunteers
 - ✓ How will MH volunteers be trained in protocol/procedures, deployed, etc.?
 - ✓ How often will volunteer list be updated by CCO?

CSAs. When requested by DMH, the CSA will cooperate with the Clearinghouse Communication Center to incorporate and deploy appropriate volunteers in their Critical Incident Stress Management (CISM) efforts.

10. Availability of aid from other States and Federal Government

In DEVELOPMENT. DMH will describe linkage with other entities such as the Council of Governments, Maryland, Virginia, etc.

11. Plan for maintaining financial and legal accountability

DC DMH will follow the District Personnel Manual standard practices and procedures to maintain financial and legal accountability.

12. Resources for needs assessment.

In DEVELOPMENT: Provide list of resources and form/tool if available. Check with FEMA.

I. Public Information

1. Identification of Responsibility

Linda Grant, Public Affairs Director, is responsible for the Department of Mental Health's public information program.

Key Contact:	Linda Grant
Office Phone	202.673.1937
Cell Phone	202.345.3769
Pager	877.402.3990
Home Phone	202.332.3579
E-mail:	Linda.Grant@dc.gov
Alternate e-mail	lpgrant@mindspring.com

Grant's back-up is DMH Department Director Martha B. Knisley.

Back-up	Marti Knisley
Office Phone	202..673.2200
Cell Phone	202.359.4455
Pager	877.383.7812
Home Phone	202.244.8789
E-mail:	marti.knisley@dc.gov
Alternate e-mail	n/a

2. Policies for public information (who can speak on what with what authority)

Martha B. Knisley, DMH Director, and Linda Grant are the Department's official spokespeople; however, message delivery during a crisis/emergency/disaster will be coordinated through the Emergency

Operations Center/Joint Information Center. According to the District's Response Plan, ESF #14, the Mayor's Director of Communications is the lead spokesperson for D.C. government and individual departments will coordinate with the EOC.

The DMH director and the Public Affairs Director are cleared to speak on topics that are specific to the actions of the Department of Mental Health and its volunteer Community Crisis Support Network, after consultation with the Joint Information Center (JIC).

As of October 2002, the JIC protocol are being updated. DMH will follow the existing protocol of consulting the JIC prior to delivering any public messages during a crisis.

3. Existence of PI materials (fact sheets, guides, multiple languages, access to services, distribution of materials, etc).

Three information brochures about emergency-related mental health issues:

- When Terror Strikes: Tips for Handling the Crisis
- When Terror Strikes: Rebuilding Our Lives
- Taking Control of Emergency Situations

are available in English and are being produced in Spanish, Chinese, Korean, Amharic and Vietnamese to be available in Fall 2002. They were distributed widely in English. Also, Spanish versions of the two "When Terror Strikes" brochures also were distributed widely. These existing materials are stored in hard copy in the Office of the Director's storage room at the Mental Health Authority's headquarters, 77 P Street, N.E., fourth floor. Electronic versions as PDF files, will be stored on the Public Affairs Office computers and on the DMH Web site, which will be launched in late 2002. Note: As of 9/26/02, these files need to be obtained from the designer for storage at DMH and on our Web site. Translations are still underway, to be followed by design/formatting to match the English versions

Additional materials, more generic mental health materials, are to be produced and distributed after October 1, 2002. As to information materials about public information policies, the District's Response Plan, ESF #14 Media Relations & Community Outreach, sets the policies for public information in an emergency. The Mayor's Office of Communications is developing the Joint Information Office operations

manual to guide its work during an emergency. This guide will be available by the end of 2002.

IN DEVELOPMENT. Public Affairs is establishing a DMH website and will post the following emergency related mental health publications:

- ✓ When Terror Strikes: Tips for Handling the Crisis
- ✓ When Terror Strikes: Rebuilding Our Lives
- ✓ Taking Control of Emergency Situations

In addition, the following general mental health information will be developed and posted on the website:

- ✓ Information on the District/DMH mental health services
- ✓ How to access services
- ✓ Links to mental health and emergency websites.

4. Relationship with EMA PIO

That will be defined through the policies established for the Joint Information Center. This guide will be available by the end of 2002.

5. Identified means of disseminating information

Through the JIC, DMH will use the standard media outlets listed in Appendix F – broadcast and cable television, radio, newspapers – along with the Web site and direct materials distribution through the ESF #14 community outreach staff.

IN DEVELOPMENT: Public Affairs will collaborate with CSA representative(s) and other key DMH personnel to design and document protocol on how the DMH community outreach workers will be integrated into the structure established through the Mayor's Office of Community Outreach and Neighborhood Services.

A listing of media outlets is Appendix F. Web sites and direct materials are available at **XXXXXXXXXX** (perhaps they are posted on the DMH website or as an appendix to this document)

6. Identification of internal and external experts & resources

Internal DMH resources are listed below.

DMH staff:

Martha B. Knisley, Director – overall DMH operations and administration, access to services, expectations of providers, and activation of the Community Crisis Support Network in response to an emergency
Cheryl Edwards, Chief of Staff – same as the director

Steven Steury, MD, Acting Chief Clinical Officer – pharmaceuticals stockpile, medical issues

Joy Holland, CEO, St. Elizabeths Hospital – hospital operations, family-related issues

Craig Krause, St. Elizabeths Hospital Medical Director—same as hospital CEO

Juanita Price, CEO, Community Services Agency – CSA operations, family-related issues, psychiatric emergency/crisis issues

Deborah Hobbs, Community Services Agency Chief Operating Officer – same as CSA CEO

Velva Spriggs, Director, Children’s Services – children, youth and family issues

Olga Acosta, Ph.D., Director, School Mental Health Program – school-based mental health program issues.

Winford Dearing, Acting Senior Deputy Director; Deputy Director for Finance and Administrative Services – DMH financial and administrative issues, e.g., procurement, vendor payments

Venida Hamilton, Director of Risk Management – security, emergency response preparations and operations

Shauna Spencer, Project Manager, Project DC – community-based outreach and access to Project DC services

Senora Simpson, Chair, DMH Partnership Council – external community issues

Bilingual Internal Media resources:

Amharic:	no one identified
Chinese:	no one identified
Korean:	no one identified
Spanish:	Dr. Acosta
Vietnamese:	no one identified

External resources

The Mayor’s Cabinet list is attached as Appendix G.

IN DEVELOPMENT: Public Affairs will:

- ✓ Identify additional external experts/resources to include in the DMH overall public affairs plan.
- ✓ Identify internal employees who speak other languages to serve as experts and resources to multicultural communities, the media and other identified groups
- ✓ Develop media training

7. Pre-event relationships with media

Existing relationships with the media are intact. A list of media outlets is attached as Appendix F.

IN DEVELOPMENT: Public Affairs will conduct additional outreach to educate media regarding DMH emergency operations, how media can obtain information based upon the District's Response Plan, and available mental health materials, including emergency and non-emergency.

The following information and templates will be produced pre-event in English, Spanish, Chinese, Vietnamese, Korean and Amharic include

- ✓ A generic news release announcing the type emergency, how DMH is responding and what is expected of the general public.
- ✓ A generic media advisory with the same information.
- ✓ Generic audio and video spots (in English and Spanish only) to air as PSAs about DMH preparedness and what to expect of DMH.
- ✓ Generic DMH brochure that includes the Department's emergency preparedness and access to services information.

J. Emergency Operating Facilities

DMH Emergency Operations Center(EOC): The DMH Emergency Operations Center will be established in conference room XXXX at 77 P St. NE (is this accurate?). The alternate hot site is Building 14 at DC General Hospital (need more specific address) with the EOC located (state where in Bldg. 14). The alternate warm sites, in order, are 35 K Street NE, Washington, DC 20001 and 821 Howard Rd. SE, Washington, DC. 20020

DMH Emergency Communications Center (ECC) and Joint Information Center (JIC): List the DMH site if applicable/conference room at 77 P NE?. DMH will have a presence at the District ECC and JIC. They are both located adjacent to the District Emergency Operations Center at the Frank D. Reeves Center, 2000 14th St. NW, 8th Floor, Washington, DC 20009. The District's Alternate Emergency Operations Center is located at the Metropolitan Police Department Headquarters at 300 Indiana Avenue NW, Washington, DC 20001.

CSA Operational Posts: Three CSA Operational Posts are proposed with the intention that any one (or more) site(s) might be operationalized according to specific needs imposed by the event. It is anticipated that the CSA CEO Executive Staff will identify the operational post at their initial

Consultation and Deployment Meeting. The sites, along with the strengths and weaknesses of each are listed below:

- 35 K Street, NE. Washington, DC 2001 202.442.4100. *Strengths:* Centralization of staff; greatest connectivity. Known by consumers & providers; off-street parking. *Deficits:* Near US Capital/terrorist target.
- CPEP, 1905 E. St. SE, Washington, DC 20003 202.673.9319. *Strengths:* Set up for emergency care. Known by consumers & providers, first responders and helicopter accessible. Near DC General & St. Elizabeths. *Deficits:* Near stadium/terrorist target; near District morgue/potential traffic congestion in mass casualties situation. No backup generator.
- Multicultural Center, 1542 U St. NW, Washington, DC 20009 202.671.1224. *Strengths:* Known by consumers & providers; near the District's Emergency Management Agency Command Center. **Deficits:** Near Command Center/terrorist target.

IN DEVELOPMENT: DMH will identify and fill in details on DMH specific Emergency Operations Facilities and Emergency Communications Center.

K. Emergency Operations Teams

IN DEVELOPMENT. DMH leadership structure should be defined and roles delineated.. See page 29 of DRP for District structure.

CSA Emergency Response Team (ERT): The CSA ERT is composed of 18 trained CSA staff divided into teams of six. A field coordinator heads a team of five debriefers. These teams are trained in Critical Incident Stress Management (CISM) for groups, individuals or families. They can be deployed into the field or the CSA Operational Posts. An ERT Leader coordinates the work of the teams.

VI. Operational Life Cycle

A. Initial Actions

1. Notification

District-wide

- Upon indications of an imminent or actual public emergency, Emergency Management Agency (EMA) notifies key personnel and agencies following the tiered notification system outlined in the District Notifications Matrix (insert as attachment). Based upon the type and seriousness of the event, appropriate personnel are notified with essential elements of information outlining the scope of the incident. The four tiers of key personnel and agencies may be notified depending

on the severity of the event and at the direction of the top tier of personnel.

- EMA contact select regional and federal response partners based on the severity of the event and the potential for the incident to create an impact outside District boundaries.
- An **advisory** is issued to provide an early warning that a possible event being monitored may result in activation. The advisory is for information only and requires no formal actions.
An **alert** is issued when an imminent or actual event is likely to result in activation. It puts District responders on notice that they need to be ready for immediate deployment.
An **activation** directs immediate deployment to the location specified in the notice.
A **cancellation** indicates that no further action is required of that an activation notification is being terminated.
- Following an alert, EMA convenes a conference call with the Mayor and key advisory personnel to discuss the situation and evaluate the operational level.
- The Consequence Management Team members may be notified to convene at the EOD for an initial meeting, depending on the nature of the event. CMT members or alternate remain on call to meet at any time during the response.
- Emergency Preparedness Council (EPC) member also may be notified for an initial meeting, depending on the nature of the emergency. EPC members or alternates remain on call to meet at any time during the response..

DMH Specific

In DEVELOPMENT: Assign person to detail how staff at 77P and ST. Es are notified and activated

CSAs

- The DMH Director or designee will notify the CSA Chief Executive Officer of the need for a CSA response. If CSA CEO is absent, CSA Chief Operating Officer is notified

- CSA CEO notifies appropriate Executive State, Director of Emergency and Crisis Services, and the Emergency Response Team Leader (ERTL)
- Consultation ensues among the CEO, COO, Clinical Director, DECS and ERSTL with subsequent call-up and deployment of the CSA Emergency Response Team.

2. Activation

District-wide

- With an increase to Operations Level 2 or Level 3 (see definitions V.B. pg. **XX**), DC EMA informs ESF primary agencies of a Consequence Management Team activation and provides a time for each activated ESF to report to the EOC, as part of the CMT.
- Primary agencies are responsible for activation of their support agencies if required
- Agencies may activate their headquarters EOCs to provide coordination and direction to their response elements in the field.

DMH Specific

- DMH is an ESF support agency and will be contacted by the ESF primary agency.

3. Evacuation (if required)

a. Plan for evacuation and census of DMH offices and facilities

77 P St NE, 4th Floor

The plan for evacuation of the DMH Office is in Appendix A, page 6 of the 77 P St. NE Emergency Response Plan. That plan is attachment A to this document in the section titled DMH EMERGENCY RESPONSE AND DISASTER PLANS.

St. Elizabeths

The plan for the evacuation of patients at St. Elizabeths Hospital will follow the evacuation guideline on **page XXX** of the hospital disaster plan. The St. Elizabeths Hospital Disaster plan is attachment F to this document in the section titled DMH EMERGENCY RESPONSE AND DISASTER PLANS.

b. Plan for alternative sites (hot, warm, cold as appropriate)

Building #14 on the grounds of the former DC General Hospital (**include address**) shall be designated as the hot site and will serve as the Department of Mental Health's command center in the event other sites become inoperable. The site will

have an independent diesel operated generator as well as an independent compressor for air conditioning. In the event of a power company failure all electrical systems will convert to the independent emergency generator. In the event the Department decides to vacate Building #14, the generator and compressor will be installed at the alternate hot site which will then become the DMH command center.

Warm sites will be designated as 35 K Street NE and 821 Howard Rd. SE. Both sites are owned by the DC Department of Mental Health.

- c. Clear linkage with EMA evacuation plans and operations
In development: Need detail.
- d. Plan for services at shelters, mass care facilities
In development: Need detail

4. Who is authorized to request aid in what situations

In development: This is required and should be carefully crafted by DMH.

B. Continuing Actions

1. Response Operations

In development: Need detail. See page 32 of DRP. Once DMH leadership teams and roles are delineated this can be completed.

C. Recovery Operations

In development: Need detail. See page 33 of DRP. Once DMH leadership teams and roles are delineated this can be completed

1. Stand Down

Following the District DRP, when a centralized DMH coordinating presence is no longer needed, the **(Name Leader/DMH Director?)** will transfer responsibilities to the mental health recovery assistance program oversight. This may be a FEMA crisis counseling program. The Department will resume normal business activities.

2. After Action Critique

DMH will keep records of its activities throughout the event to prepare an after action report and to develop lessons learned. This information will be shared with the District's Emergency Management Agency.

In DEVELOPMENT: DMH to create a form for use by employees during event to track response efforts (personnel, expenditures, in-kind, etc.)

VII. Responsibilities

A. Emergency Support Functions—Primary

None

B. Emergency Support Functions—Secondary (include matrix)

DMH will:

- Support the ESF primary agency when requested by conducting operations using its authorities, cognizant expertise, capabilities, or resources
- Support the primary agency mission assignments
- Provide status and resource information to the primary agency;
- Follow established financial and property accountability procedures; and
- Support planning for short- and long-term emergency operations

DMH serves as secondary support for the nine emergency support functions listed below.

DMH Support Agency Functions	
Emergency Support Function	Primary Agency
ESF 1 Transportation	District Dept. of Transportation
ESF 4 Firefighting	DC Fire & Emergency Medical Services Dept.
ESF 5 Information and Planning	Emergency Management Agency
ESF 6 Mass Care	Department of Human Services
ESF 8 Health & Medical Services	Department of Health
ESF 9 Urban Search & Rescue	DC Fire & Emergency Medical Services Dept.
ESF 11 Food	Department of Human Services
ESF 14 Media Relations & Community Outreach	Executive Office of the Mayor
ESF 15 Donations and Volunteer Management	Emergency Management Agency

- C. District of Columbia Schools and Area Universities
- D. Non-Profit and Volunteer Organizations
- E. Hospitals and Health Care
- F. Private Businesses
- G. International Interests

In DEVELOPMENT. For items C-G above, review pages 37-38 of DRP to tailor and document information regarding DMH links to these groups.

- B. Organization and Assignment of Responsibilities

In DEVELOPMENT. The following list of items (1-8) needs to be documented.

1. Listing by position and organization, of what types of tasks are to be performed (matrix of primary/secondary/shared responsibilities)
2. Document tasks of DMH in FEMA format: definition of objective, characterization of the situation, general plan of action, delegation of responsibilities, information on resources and administrative support necessary to accomplish tasks. Includes description of treatment responsibilities. (internal/external)
3. Describe tasks outside MH Authority
4. Tasks related to other governmental levels and organizations (Military, Federal Government, Red Cross, Faith organizations, FEMA, CMHS/SAMHSA, DoJ, etc.
5. Describes coordination with other components District government including Health Department, Substance Abuse Authority, Criminal Justice, Law Enforcement, Fire and Rescue, Parks and Recreation, Animal Care and Control, Victims Services, Social Services, Education
6. Relationship/coordination with District Response Plan insured, complete, and described
7. Linkage with private MH Resources

In progress.

8. Linkage with institutions of higher learning (academic departments, student health services centers.

No action or plan.

C. Administrative, Logistics and Legal

1. Administrative: Recording and Reporting of
 - a. Program activities

DMH has adapted forms from Project DC, the FEMA Crisis Counseling Program, to gather information on direct services. The information located in the FORMS section attached to this document include:

- C. Individual Crisis Counseling Information
- D. Individual Services Demographics
- E. Individual Services for Reactions and Referrals
- F. Group Crisis Counseling Weekly Tally
- G. Group Crisis Counseling Information
- H. Education Services Weekly Tally

IN DEVELOPMENT: Review the forms adopted from Project DC which are attached to this document. Also develop forms to track administrative and public information activities which support these program efforts. Check with Shauna Spencer to see if FEMA has existing forms..

b. Expenditures & Obligations

During large scale emergencies, the DC Emergency Management Agency has several purchase cards with a \$100,000 cap for use by all departments.

IN DEVELOPMENT

In FY03, the DMH Director of Contracts and Procurements will explore DMH-specific purchase cards for smaller essentials such as emergency support needs (food, water, etc.), office supplies, etc. These purchase cards may have a limit of \$2500. In addition to purchase card receipts, what other procedures/forms will be use to record and report expenditures & obligations?

c. Human Resources Utilization

The recording and reporting of human resource utilization will be done by supervision at St. Elizabeths on those instruments provided for this purpose.

Key Contact:	Robert Winfery
Work number	202 645 5460
Cell number:	240.603.5930
Fax	202.645.5697
Home phone.	301.218.5106
E-mail:	Robert.Winfrey@dc.gov

Back-up	Joy Holland
Work number	202 645 5460
Cell number:	202.320.9245
Fax	202 645 5697
E-mail:	Joy.Holland@dc.gov

NOTE: Check with and review info from Shauna Spencer to see if FEMA already has a reporting form could be included as an attachment.

d. Services Provided by volunteer agencies

In DEVELOPMENT. Develop DMH form to track services provided by volunteer agencies.

2. Administrative: Expectations of Situation Reports (format & frequency)

In DEVELOPMENT. As DMH leadership roles are designed, the need for situation reports from throughout the DMH network will be addressed as to format, frequency and communication links to DMH leadership.

3. Administrative: Management of Volunteer Offers/Services

A form is attached to record volunteer offers. See FORMS: A. Record of Volunteer offers.

IN DEVELOPMENT: DMH to

- ✓ Identify person to be in charge of managing donated goods and services
- ✓ Develop process for deploying and tracking volunteer resources

4. Logistics: Arrangements for support needs (food, water, fuel, etc)

A supply of food and water will be stored at a site on the St. Elizabeths campus to sustain a population of 100 persons for a period of 72 hours and which can be delivered to anyone in the affected sites. Food will be canned non-perishables and water will be in sealed containers. Neither will require refrigeration. Fuel will be stored at the St. Elizabeths motor pool.

IN DEVELOPMENT.

DMH/St. Es to specify the location where the food and water for 100 individuals will be stored on St. Es campus. A person (and back-up) will be identified to determine the criteria, location, etc. for distribution. This information will be repeated in 5 below.

5. Logistics Provisions for self support for at least 72 hours for

- a. DMH Central Office
- b. CSAs
- c. St. Elizabeths

IN DEVELOPMENT: DMH will expand the information in 4 above for this section or will explain why the back-up resources for the 100 persons listed in 4 are the only preparation required.

6. Logistics: Replacement/repair of damaged/destroyed essential equipment

Inventoried stock items shall be located in two primary locations to provide backup or replacement to essential equipment. The stock items will be tested monthly to verify working condition. Each item shall be identified with a service tag to identify purchase date and testing dates

IN DEVELOPMENT: Identify someone to:

- ✓ List stock items and the two primary locations.
- ✓ Identify who conducts the monthly testing as well as who places and reviews the service tags?

7. Logistics: Access of personnel to impacted area (badging, transportation)

DC DMH will follow the DC Office of the Chief Technology Officer (OCTO) credentialing/badging initiative. As of **June 20, 2002 update** (ensure this is the most current), the OCTO is developing tamper-proof IDs for all District employees that will be recognized by Federal and Regional public safety partners and will enable critical employees access to the Emergency Operations Center (EOC) and other operation and response areas in the case of an emergency. Also in development are mobile credentialing facilities with the capability to rapidly deploy in the event of an emergency.

District employees are listed in one of five badge categories which are color-coded as follows:

Public Safety/Black – employees directly involved in ensuring public safety (not including administrative/support staff)

Health Services/Yellow – employees directly involved in all health services (not including administrative/support staff). **Mental health responders will be included here (please verify that this is correct).**

Employee/Blue – general full-time employee classification (including all administrative/support staff)

Temporary/Volunteer/Green – employees on loan from federal agencies, volunteers, or part-time employees.

Contractor/Red – full-time and part-time contract employees

The DC OCTO has a two-phased approach to credentialing/badging:

- a. Phase I –
 - i. First 72 hours after incident occurs
 - ii. Distribute stockpiled, color-coded, laminated badges
 - iii. Determine need for mobile credentialing facility deployment

- iv. Design incident specific IDs
 - v. Deploy mobile credentialing facility to designated location
 - b. Phase II –
 - i. 72+ hours after incident occurs
 - ii. Credential emergency responders with need to access incident site
 - iii. Establish access tracking via bar code readers at access points
- 8. Logistics: Availability, transport, administration, safeguarding and recording of medications

DMH will stockpile a supply of "psychiatric" medications at the Saint Elizabeths pharmacy that will meet the needs of patients in the hospital and those served in the community. The Saint Elizabeths pharmacists will be responsible to rotate the medications so as to maintain a supply of un-expired medications.

The medications shall be safeguarded in the secured areas of the Saint Elizabeths pharmacy. Pharmacists shall dispense medications as prescribed by treating physicians. The Core Service Agency shall be responsible to present the prescriptions to the pharmacists and transport the medications to the consumers. The hospital will maintain the usual medical records, including a record of administered medications, of hospitalized consumers. The CSA will maintain usual clinical records, including prescribed medications.

It is expected that most outpatients will ordinarily receive at least a 30-day supply of medications. Therefore, 25/30 or more than 80% of actively treated consumers in the community will have at least a 5-day supply of medications

- 9. Logistics: Existence and scope of mutual aid agreements
 - In DEVELOPMENT. Provide a list of DMH mutual agreements here and attach copies of the agreements to the document.**

10. Legal Issues

a. Licensing

Professional licensure can be suspended so that professionals licensed in other states can assist during emergencies. If the professional is licensed in another jurisdiction and employed by the District of Columbia government, they don't have to be licensed in DC.

In DEVELOPMENT

✓ Check with DCRA and go with their practices.

✓ Also check with Health Department

b. Informed consent

In DEVELOPMENT

✓ Check with DC Dept. of Health on their protocol

c. Confidentiality

In DEVELOPMENT

✓ Check with DCRA and go with their practices.

✓ Also check with Health department

d. Providers licensed in other jurisdictions

In DEVELOPMENT

✓ Check with DCRA and go with their practices.

✓ Also check with Health department

e. Personal, professional and organizational liability

In DEVELOPMENT

✓ Follow-up with Corporation Counsel for details

f. Safeguarding and access of legal documents

Currently legal documents and contracts are stored on a share drive that cannot be accessed from a remote location.

IN DEVELOPMENT.

✓ Marie Claire Brown is developing a process for electronically copying and safeguarding legal and business documents. This may include documents on CD for off-site storage with the Director, Chief of Staff and Director of Contracts & Procurement

g. Patients records management

In DEVELOPMENT: Detail this and tie-in eCura system.

VIII. Preparedness Cycle

In DEVELOPMENT: Determine process at DMH. Refer to pages 39-40 of DRP for guidance.

FUNCTIONAL ANNEXES

Emergency Support Functions (ESF) Support-Specific

ESF #1

Transportation

1. DMH will provide “U Drives” to the District government in emergency situations on an as-needed basis. Vehicle drivers will not be provided from DMH Staff (p. ESF1-14).

2. DMH specific information

- The “U Drives” are stationed at the motor pool on the grounds of St. Elizabeths Hospital.
- Information concerning how many and where will be given to our command center
 - Our command center will have the vehicles ready for pick up
 - Sign in/out sheets will be utilized
 - Mileage will be recorded
- As of September 2002, the specific number of U-drives to be used has not been determined by DC DMH.
- The key contact person and their back-up designee for the motor pool follow:

Key Contact:	Jasper Burnett
Work number	202 634 5888
Cell number:	202 438 1809
Fax	202 645 7360
Home phone.	301 599 8619
E-mail:	Jasper.Burnett@dc.gov

Back-up:	Michael Young
Work number	202 645 7420
Cell number:	none
Fax	202 645 7420
Home phone.	202 546 8158
E-mail:	Michael.young@dc.gov

ESF #2

Communication

1. No required primary or secondary support to DC ESF #2.
2. DMH specific information:
 - a. situation assumptions (types of situation likely to occur should relate to earlier assumptions, types of communication necessary such as telephone, data, etc.)

Many situations can present the need to communicate between personnel during emergencies. All media avenues

must remain open to provide a means of communication that will allow key personnel to continue to offer services and keep informed of the current status of the emergency. ISDN digital LAN phones, two-way portable radios, Satellite Phones, two-way Pagers, Email and access to the Internet will provide communication and information flow. Utilizing mass media avenues should be considered as well to reach the maximum amount of people as warranted by notifying television and radio outlets for broadcasts.

IN DEVELOPMENT:

Provide list of situation assumptions. Page 13 of the DC DRP lists planning assumptions. We could insert these in section IV Planning Assumptions and refer back to them here.

- b. Methods of communications necessary among DMH, St. Elizabeths Hospital, other psychiatric facilities, community-based treatment facilities, EMA, emergency medical services, hospitals and clinics and shelter facilities. Assure DMH is on notification list from EMA

Proper posting and identification of key personnel to other agencies will assure communication in times of emergencies between the agencies and other facilities

IN DEVELOPMENT:

- ✓ List job titles of key DMH personnel and the agencies to which they could be posted.
- ✓ Define/identify communication linkages between personnel, agencies and facilities.

- c. Alternatives in the event of failed communication capacity

Alternative methods of communication will have to be used due to the huge increase of traffic over the normal means of correspondence. Alternatives such as the two-way portable radios or pagers may be the only practical way to converse.

IN DEVELOPMENT: List in descending order communication alternatives for DMH.

- d. Availability of technical expertise

Alternative methods to communicate will need to be tested and taught to key personnel to proactively train for a situation. Key technical personnel will need to assist with maintaining communication equipment or locating the best alternatives in an emergency. The technical expertise will have to be present to continue the feasibility of equipment not failing during an emergency. Those alternatives will be documented and posted to allow for transition from one technology to another as needed.

IN DEVELOPMENT. A DMH employee (and their back-up)

- ✓ will identify specific alternative communication methods to be tested and taught to identified key personnel.
- ✓ will maintain communication equipment and locate/determine the best alternatives in an emergency.
- ✓ will clearly document and post the communications alternatives and establish parameters to transition from one technology to another.

ESF #3 Public Works and Engineering

No required primary or secondary support to DC ESF #3

ESF #4 **Firefighting**

1. DMH will coordinate MH activities within the District through needs assessment and provision of critical incident management (CISM) for first responders and crisis counseling for victims/families and special vulnerable populations. (ESF4-7)

2. DMH specific information

CSAs have established Emergency Response Teams composed of an Field Team Leader and five debriefers. These teams can serve first responders, families/individuals and community groups.

ESF #5 **Information & Planning**

1. DMH will provide the Consequence Management Team with regular assessment of first responder “burn out” symptoms and report on counseling and preventive mitigating actions for the public. (ESF5-11)

2. DMH specific information

St. Elizabeths

- The nursing supervisory staff will do the reporting as part of their duties
- The checking of staff as it relates will be monitored with relief staff ready to step in if needed
 - Relief staff will be working in shifts
 - Relief staff will also be working “as needed” in other than patient areas
- Nursing staff will be assigned to units and deployed to units. The specifics as to how many and where nursing staff members are deployed is determined at the time of the event. As with all disasters, all staff on site stay at St. Elizabeths until an assessment is made of when other nursing staff members will report for duty.
- Nursing supervisory staff will assign and deploy employees to first responders (police, fire, EMS, etc.) for the “burn out” assessment for the CMT after patients needs are addressed.

ESF #6

Mass Care

1. DMH will coordinate with private and federal mental health professionals to serve the mental health needs of disaster victims (ESF6-12)

DMH will monitor the mental health of first responders, support agency staff, and volunteers providing mass care services.

DMH will support continued patient care; provide emergency psychiatric care for District residents, workers, and visitors; and coordinate with mental health service providers to monitor mental health issues and ensure appropriate crisis management support to victims, responders, their families, and others impacted by the public emergency.

St. Elizabeths

- Patient care is an automatic/regular part of duty at St Elizabeths. Therefore it is worked into all jobs and monitored the same as though there were no disaster.
- This will be done at the point of entry to the work place
- Supervisory staff will complete this task and it will take place/be apart of ESF#5
- District Residents
 1. as part of the District Plan the hospital will provide space and professional help at the hospital site
 2. Our psychiatrist and Internist will provide the appropriate care specific to their discipline for those persons presenting themselves to our campus
 3. when necessary we will move individuals to another site if the care so warrants

2. DMH Specific information

Provide recovery program information, advice, counseling at Disaster Recovery Centers (p. 33)

Linkage with Red Cross Special Populations Facilities and other VOAD agencies.

We will meet with DOH and Red Cross to establish a MOA to define our responsibilities.

In DEVELOPMENT

**Who is responsible for meeting with Health and Red Cross?
What is the status of the meetings and when will a MOA be in place? MOA should be an attachment to this document.**

ESF #7 Resource Support

No required primary or secondary support to DC ESF #7.

ESF #8 Health and Medical Services

1. **DMH will provide laboratory services, medical personnel, pharmacists, and mental health providers as needed to supplement Department of Health medical teams and the National Pharmaceutical Stockpile Plan.**

The Department of Health, lead agency for ESF 8, is responsible for activating support agencies under the ESF. The Department of Mental Health is a support agency. In the event of a bioevent, Public Health serves as the First Responder. Passive surveillance systems are alerted by medical triggers and active surveillance mechanisms may warrant a public health alert. While Public Health is charged with surveillance, risk assessment, and medical management of the bioevent, Mental Health must take the lead in managing its scope of the crisis response. When the medical health system is alerted to a potential bio-event, DMH goes on alert status and prepares to deploy resources. Once public notice is given, DMH must initiate interventions to manage fear and allay panic.

Regarding laboratory services, the Blackburn Building on the St. E's campus is the primary site for the hospital patients who need these services.

The laboratory services at the Blackburn are the secondary site for the District , if needed.

At all stages of the event, DMH must assure appropriate clinical support to its long-term/chronic consumers.

IN DEVELOPMENT: DMH will elaborate on the resources deployed and the interventions initiated to manage fear. This will include how DMH will provide laboratory services, medical personnel, pharmacists and mental health providers to supplement the DoH medical plans and the National Pharmaceutical Stockpile Plan.

2. DMH specific information

A. Documentation of coordination with DRP health and medical plan (ESF-8) staffing, logistics, costs, availability of pharmaceuticals

DMH will support DOH through operational, communications, coordination and planning functions; DMH will coordinate with and support other ESF lead agencies to assure timely, accurate and appropriate information and advice are communicated to the public at large.

In DEVELOPMENT. Address staffing, logistics, costs and availability of pharmaceuticals.

B. Provision of mental health services/consultation as part of
DRP's emergency medical plan (ESF-8, VA resources, etc.)

DMH (**list person**) will deploy trained mental health workers to:

- the incident scene to provide crisis support for victims and responders;
- high-risk locations to provide interventions in crisis response; and
- strategic community settings to offer reassurance, information and crisis support to minimize public panic and deter medically healthy individuals from seeking care at hospital emergency rooms;

DMH will apply for FEMA and other disaster relief grant(s) in the event of a disaster declaration.

In the long-term, DMH will:

- Lead in the design and implementation of community support and educational services, addressing fears of potential exposure, future events and rebalancing lives after disruption
- Plan, assess and provide long-term post-traumatic support

In DEVELOPMENT: DMH will assign someone to identify:

- ✓ Who deploys the workers
- ✓ is there a list of pre-approved MH cadre members?
- ✓ What personnel at DMH coordinates the long-term programs with DoH and other relevant agencies which should be listed here?

C. Roles identified in areas of services/consultation to primary victims, secondary victims, response and recovery workers, incident command, public information, body identification and recovery, mortuary services, other State Agencies and Departments (e.g. Health epi, education social services, children's specialist)

DMH will initiate strategies to expand the system's capacity, which may quickly become overwhelmed by the need to provide crisis support to victims—including individuals who are

asymptomatic and potentially exposed—families, first responders and the public at large.

In DEVELOPMENT: Assign DMH rep to: list specific roles and strategies as they relate to the above-mentioned groups.

D. Documentation and Coordination with Red Cross Mental Health Services.

We will meet with DOH and Red Cross to establish a MOA to define our responsibilities. There currently exists an MOU between the District and Red Cross.

In Development. Assign DMH person to provide update on MOA. Final MOA should be an attachment to this document...

ESF #9 Urban Search and Rescue

The DC Fire and Emergency Medical Services Department is the lead agency for this activity.

1. DMH will coordinate MH activities within the District through needs assessment and provision of critical incident stress management (CISM) for first responders and crisis counseling for victims/families and special vulnerable populations.

3. DMH specific information

Emergency Response Teams. The Emergency Response Team (ERT) is composed of 18 trained Community Service Agency (CSA) staff divided into multiple teams headed up by Field Coordinators, under the leadership of the ERT Leader. The CSA will have the capacity to deploy three field teams composed of five debriefers each and headed by a Field Coordinator. The teams can provide Critical Incident Stress Management (CISM) for groups, individuals or even families. Teams can be deployed to recovery sites, designated community sites, or the CSA Operational Post. Multiple teams allow for simultaneous group work and parallel individual work in the same or various locations according to triaged needs. If

acuity and triage needs allow, one team may be held in reserve to “debrief the debriefers” as necessity dictates and resources allow.

In the event that CSA CISM resources are decimated by the disaster or CSA debriefing resources are exhausted, a preexisting contract with an external resource is recommended. This same resource would be utilized when all CSA debriefers are deployed and subsequent debriefing of the debriefers is indicated. Additionally, it is recommended that CSA begin a process of cross-training its staff so that critical services (CPEP, pharmacy, crisis counseling, etc.) be immediately available through staff reassignment in the event that staff resources are depleted or elsewhere deployed.

St. Elizabeths Hospital. The hospital is the second responder for this need

- DMH will notify St. Elizabeths Hospital if personnel are needed for this effort
- St. Elizabeths Hospital administration will coordinate any integration having to do with their staff.
- Hospital personnel will be integrated with guidelines used for others working in this effort

In DEVELOPMENT. CSA will assign someone to:

- ✓ Follow up on a contract or MOU for debriefing resources.
- ✓ Ensure CSA staff cross-trained for reassignment during critical times
- ✓ Note: This is repeated in ESF 10

ESF # 10

Hazardous Materials

1. DMH will activate its emergency plan to perform assessment, critical incident stress management (CISM) for first responders, crisis counseling and mitigation activities.

2. DMH specific information

Emergency Response Teams. The Emergency Response Team (ERT) is composed of 18 trained Community Service Agency (CSA) staff divided into multiple teams headed up by Field Coordinators, under the leadership of the ERT Leader. The CSA will have the capacity to deploy three field teams composed of five debriefers each and headed by a Field Coordinator. The teams can provide Critical Incident Stress Management (CISM) for groups, individuals or even families. Teams can be deployed to recovery sites, designated community sites, or the CSA Operational Post. Multiple

teams allow for simultaneous group work and parallel individual work in the same or various locations according to triaged needs. If acuity and triage needs allow, one team may be held in reserve to “debrief the debriefers” as necessity dictates and resources allow.

In the event that CSA CISM resources are decimated by the disaster or CSA debriefing resources are exhausted, a preexisting contract with an external resource is recommended. This same resource would be utilized when all CSA debriefers are deployed and subsequent debriefing of the debriefers is indicated. Additionally, it is recommended that CSA begin a process of cross-training its staff so that critical services (CPEP, pharmacy, crisis counseling, etc.) be immediately available through staff reassignment in the event that staff resources are depleted or elsewhere deployed.

In DEVELOPMENT. CSA will assign someone to:

- ✓ Follow up on a contract or MOU for debriefing resources.
- ✓ Ensure CSA staff cross-trained for reassignment during critical times.

ESF # 11 Food

1. DMH will provide bag meals in emergency situations. A three-hour lead-time will be required for preparation of meals. DMH will provide storage space, refrigeration, and food preparation at St. Elizabeths Hospital for bulk meals/food supply stockpiles.

- St. Elizabeths will provide bag lunches for all those it presently supplies lunches to at this time. Those groups are listed below:

Name	Bag lunches	Bulk Snack
Payne Therapeutic	220	330
Child & Family NE	108	108
Child & Family SE	108	108
Parent & Infant NE	110	110
45 individual milk		
45 individual cereal		

Moten Therapeutic Nurs	75	
5 case of dry cereal		
5 cases of milk		
5 cases of juice		
5 cases of cookies		
Kenilworth Therapeutic	75	
Community Outreach	330	330
150 individual milks		
Cpep Homeless Program	220	
Cpep Crisis Service	775	
Central Intake Division	220	
80 individual milk		
Paul Robeson School	570	
Name	Bag lunches	Bulk Snack
North Center	135	
233 hot meals		
14 cases juice		
Rose School	572	
5 cases dry cereal		
5 cases milk		
5 cases juice		
Jackie Robinson Center	330	
Geriatrics 35K	185	
Hearing Impaired 35K	294	
132 individual milk		
Northwest Family Center		
5 cases juice		
5 cases cookies		
CT 1A (old Q Building)	1012	
5 cases milk		

K Building	1540	22
44 gallons juice		

TOTAL	Bag lunches 6879	Bulk Snack	1008
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- The hospital will provide the storage space/refrigeration/food preparation as needed and available for other special populations during emergency and critical incidents.

PLEASE NOTE: The following comments are from Joy Holland:

This may have been enhanced but the question becomes, can we do this? At this point it's wishful thinking. The problem is resources. We can continue to supply those that we presently serve today.

Key contact:	Grace Rogers
Work number	202 645 6969
Cell number:	none
Fax	202 645 6940
Home phone.	301 390 4747
E-mail:	no e-mail

Back-up:	Jasper Burnett
Work number	202 645 5888
Cell number:	202 483 1809
Fax	202 645 7360
Home phone.	301 599 8619
E-mail:	Jasper.Burnet@dc.gov

2. DMH specific information

ESF #12 Energy

No required primary or secondary support to DC ESF #12.

ESF #13 Law Enforcement

No required primary or secondary support to DC ESF #13.

ESF #14 Media Relations & Community Outreach

1. DMH will provide Staff and resources to support the collection of information and the dissemination of messages and information to disaster victims and the general public to promote health and safety.

2. DMH specific information

In DEVELOPMENT. Linda Grant is working with EMA on outlining this process.

ESF #15 Donations and Volunteer Management

1. DMH has established a Clearing House Communication Center for volunteers to provide mental health services for those seeking assistance. This clearing house also acts as a referral service for local community members seeking such support.

The Access HelpLine will receive call from potential mental health volunteers. The Chief Clinical Officer will review the experience and training and call volunteers when needed. The Mental Health Crisis Network list of trained volunteers will be maintained by the CCO.

Proposed form for recording offers from MH professionals to volunteer as well as donations of supplies, clothing, etc. appears on page XX of this document.

In DEVELOPMENT. DMH will assign someone to detail

- ✓ the process of screening volunteers**
- ✓ How will MH volunteers be trained in protocol/procedures, deployed, etc.?**
- ✓ How often will volunteer list be updated by CCO?**

2. DMH specific information

DMH EMERGENCY RESPONSE AND DISASTER PLANS

- A. Emergency Response Plan: 77 P Street NE
- B. Emergency Response Plan: CSAs
- C. DMH Authority Data Center Recovery Plan
- D. DMH Authority 24-hour Disaster Plan

- E. Saint Elizabeths Disaster Plan
 - Includes 24-hour disaster plan

SF NOTE 10/2: Need current electronic versions of #C-E.

APPENDICES

- Appendix A: Catalog of Agreements
 - 1. MOA with Red Cross
- Appendix B: Authorities
- Appendix C: References
- Appendix D: Glossary of Terms, Definitions and Acronyms
 - Include District, Emergency Management, Public Health and Mental Health*
- Appendix E: Hazards Affecting the District of Columbia
 - (Under Development by EMA)
- Appendix F: Media Outlets
- Appendix G: Mayor's Cabinet

FORMS

- A. Record of Volunteer Offers
- B. CSA Debriefing Form (**hard copy available from Kevin Elphick**)
- C. Individual Crisis Counseling Information
- D. Individual Services Demographics
- E. Individual Services for Reactions and Referrals
- F. Group Crisis Counseling Weekly Tally
- G. Group Crisis Counseling Information
- H. Education Services Weekly Tally

**District of Columbia Department of Mental Health
Office of Planning, and Policy
Updating of the All Hazards Response Plan
Statement of Work**

C.1 Scope:

The District of Columbia Department of Mental Health (DC DMH), Office of Strategic Planning, Policy, and Evaluation is seeking a contractor with technical knowledge in the areas of disaster mental health, and emergency preparedness and response to develop an Operational Disaster Mental Health Response Plan by updating the existing DC DMH All Hazards Response Plan.

The Operational Plan shall specifically address DC DMH’s response role and responsibilities as a Support Agency in accordance with the District Response Plan (DRP). The Plan shall contain NIMS (National Incident Management System) compliant operational Incident Command Structure (ICS) for DC DMH, and identify the NIMS compliant ICS training necessary for each role. The Plan shall address the use of Disaster Mental Health Response Teams as part response as a Support Agency, including activation, community outreach strategies, and demobilization; and identify the personnel, supplies, and training necessary to establish the Teams. The Plan shall also address the use of volunteers and paraprofessionals in conjunction with the Disaster Mental Health Response Teams and all necessary training.

Disaster mental health is a specialized service that requires distinct training. The skills, knowledge, and attitudes required for disaster mental health and crisis counseling are quite different from those needed in therapeutic, clinical mental health services.

The period of performance to include both phases shall be from date of award through August 1, 2008

C.1.1 Applicable Documents

Document Type	Title	Date
Plan	DC DMH All Hazard Response Plan (copy provided by DMH Point-of-Contact)	Most Current Version
Plan	District of Columbia Response Plan http://dcema.dc.gov/dcema/lib/dcema/drp(underrevision2007)copy.pdf	Most Recent Version
Manual	Training Manual for Mental Health and Human Service Workers in Major Disasters (Publication No ADM 90-538) http://www.mentalhealth.samhsa.gov	Most Recent Version
Plan	National Response Framework http://www.fema.gov/emergency/nrf/mainindex.htm	March 2008

Manual	Field Manual for Mental Health and Human Services Workers in Major Disasters, DHHS (SAMHSA CMHS) Publication No. ADM 90-537 http://www.mentalhealth.samhsa.gov	Most Recent Version
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C.1.2 Definitions

Operational – Identifies the processes or series of actions needed for achieving a result.

District Response Plan (DRP) – Provides the framework for District government entities to respond to public emergencies in the metropolitan Washington area. The DRP provides a unified command and control structure for District emergency response operations to ensure a coordinated and effective operation.

- The DRP describes how District agencies will work collaboratively within the District and with our regional and federal partners.
- The ultimate goal is to protect the public and respond efficiently and effectively to significant incidents that threaten life, property, public safety, and the environment in the District of Columbia.
- The DRP incorporates the concepts and processes of the National Incident Management System (NIMS) and the National Response Plan (NRP), predecessor to the National Response Framework (NRF).

Department of Health and Human Services (DHHS) Substance Abuse and Mental Health Services Administration (SAMHSA) Centers for Mental Health Services (CMHS) - CMHS is the agency within DHHS SAMHSA that leads national efforts to improve and increase the quality and range of treatment, rehabilitation, and support services for people with mental health problems, their families, and communities.

Emergency Support Function (ESF) – Emergency Support Functions (ESFs) are areas of responsibility; the DRP identifies 16. A District agency is the designate ESF Primary Agency because of on its authorities, resources, and capabilities in a particular functional area. An array of Support Agencies that have similar functional roles and responsibilities support the Primary Agency.

- District response assistance is provided using some or all of the District ESFs as necessary. In addition, each District ESF collaborates with the federal agency that leads the corresponding Federal ESF under the NRF.

Incident Command System (ICS) – A standardized on-scene emergency management construct specifically designed to provide for the adoption of an integrated organizational structure that reflects the complexity and demands of single and multiple incidents, without being hindered by jurisdictional boundaries.

- ICS is the combination of facilities, equipment, personnel, procedures, and communications operating with a common organizational structure, designed to aid in the management of resources during incidents.
- ICS is used for all kinds of emergencies and is applicable to small, as well as large, and complex incidents. ICS is used by various jurisdictions and functional agencies, both public and private, or organized field-level incident management operations.

National Incident Management System (NIMS) – A system mandated by Homeland Security Presidential Directive – 5 (HSPD-5) that provides a consistent, nationwide approach for Federal, State, local, and tribal governments; the private sector; and NGOs to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.

- To provide for interoperability and compatibility among Federal, State, local, and tribal capabilities, NIMS includes a core set of concepts, principles, and terminology.
- HSPD-5 identifies these as the ICS; multiagency coordination systems; training; identification and management of resources (including systems for classifying types of resources); qualifications and certification; and the collection, tracking, and reporting of incident information and incident resources.

National Response Framework (NRF) – Replaces the National Response Plan (NRP) and presents the guiding principles that enable all response partners to prepare for and provide a unified national response to disasters and emergencies – from the smallest incident to the largest catastrophe.

- The NRF establishes a comprehensive, national, all-hazards approach to domestic incident response.

C.2 Background

Mental health intervention has become a valued dimension of immediate and long-term disaster response. Psychological recovery is recognized as a focus for relief efforts, along with repairing homes and rebuilding bridges. Emergency responders, disaster workers, and community members now receive mental health support following most large-scale disasters. Mental health professionals have readily stepped into the disaster milieu to provide counseling, debriefing, school interventions, case management, and consultation.

The goal of the Department of Mental Health (DMH) is to develop, support, and oversee a comprehensive, community-based, consumer-driven, culturally competent, quality mental health system. DMH strives to provide a dynamic, innovative, outcome-oriented mental health system for the residents of the District of Columbia; in order to maximize consumer choice, offer flexible and responsive services, and collaborate with competent mental health providers committed to providing quality care.

Under the District Response Plan (DRP) in the event of a public or public health emergency, DMH as a Support Agency provides patient care and the movement, as well as psychiatric care for District residents, workers, and visitors. DMH also monitors and responds to mental health issues and coordinates with mental health services providers to ensure appropriate support to victims, responders, their families, and others impacted by the emergency.

C.3 Requirements

In collaboration with DC DMH, the contractor shall develop a Disaster Mental Health Response Plan that shall operationalize the role and responsibilities as a Support Agency in accordance with the District Response Plan (DRP); including activation, community outreach strategies, and demobilization.

In developing the plan, the contractor shall develop an operational Incident Command Structure (ICS) for DC DMH, and identify the ICS training necessary for each role. The Plan shall address the use of Disaster Mental Health Response Teams and identify the personnel, supplies, and training necessary to establish the Teams, and the use of volunteers and paraprofessionals in conjunction with the Disaster Mental Health Response Teams and all necessary training.

The operational Disaster Mental Health Response Plan shall be consistent with current Disaster Mental Health and Incident Command plans and manuals cited as “applicable documents.” Following tasks shall be performed in development of the operational Disaster Mental Health Response Plan:

- C.3.1** The contractor shall hold initial “kick-off” meeting with DC DMH’s Director of Disaster Mental Health Services and all DMH identified key staff and stakeholders within 7 days of award of contract; and meet as deemed necessary by DMH Point-of-Contact.
- C.3.2** The contractor shall submit to the designated DMH Point-of-Contact a work plan within 10 days of contract award.
- C.3.3** The contractor shall develop and detail basic assumptions for Disaster Mental Health Response.
- C.3.4** The contractor shall identify and detail all ESFs, its role, and the Primary Agencies to which DMH is a designated Support Agency and indicate DMH’s responsibilities for each per the District Response Plan.
- C.3.5** Using the Incident Command System (ICS) and the District Response Plan, the contractor shall develop an operational Incident Command Structure for DMH.
 - C.3.5.1** The contractor shall identify the ICS training necessary for each ICS role utilizing existing FEMA ICS training levels.

- C.3.6** In developing the operational Plan, the contractor shall delineate the procedures for activation, deployment, community outreach strategies, and reinforcing staffing, removing staff, and demobilization.
- C.3.7** The contractor shall address the concept of the Mental Health Response Team, identifying the personnel, supplies, and training necessary to establish an optimal Team.
- C.3.8** All plans developed shall include provisions for the incorporation and use of volunteers and paraprofessionals as part of Mental Health Response Teams and identify all necessary training to prepare them to respond as part of a Team.
- C.3.9** The contractor shall provide to the DMH Point-of-Contact the first draft of the plan 45 days before the end of the award period for review and feedback.
- C.3.10** The contractor shall provide the DMH Point-of-Contact the final draft of the plan 30 days before the end of the award period for review and feedback.
- C.3.11** The contractor shall provide the DMH Point-of-Contact with the final plan by the end of the award period.

Deliverables

CLIN	Deliverable	Quantity	Format and Method of Delivery	Due Date
C.3	The contractor shall develop a Disaster Mental Health Response Plan that shall operationalize DMH’s responsibilities for each per the District Response Plan. <ul style="list-style-type: none"> • Please refer to Requirements Section. 	1 Electronic Copy and 2 hard copies	Electronic copy delivered in Microsoft Word 2003. Printed copies shall be GBC bound with cover.	August 1, 2008
C.3.1	The contractor shall hold initial “kick-off” meeting with DC DMH within 7 days of award of contract; and meet as deemed necessary by DMH Point-of-Contact.	1 “kick-off” meeting	In person at DC DMH	5 days after contract award
C.3.2	The contractor shall submit to the designated DMH Point-of-Contact a work plan within 10 calendar days of contract award.	1 Electronic Copy	Electronic copy delivered by email in Microsoft Word 2003.	10 days after award of contract

C.3.9	The contractor shall provide to the DMH Point-of-Contact the first draft of the plan 45 days before the end of the award period for review and feedback.	1 Electronic Copy	Electronic copy delivered by email in Microsoft Word 2003.	45 days before the end of the contract
C.3.10	The contractor shall provide the DMH Point-of-Contact the final draft of the plan 30 days before the end of the award period for review and feedback.	1 Electronic Copy	Electronic copy delivered by email in Microsoft Word 2003.	30 business days of contract award
C.3.11	The contractor shall provide the DMH Point-of-Contact with the final plan by the end of the award period.	1 Electronic Copy	Electronic copy delivered by email in Microsoft Word 2003.	August 1, 2008

WD 05-2103 (Rev.-4) was first posted on www.wdol.gov on 07/10/2007

REGISTER OF WAGE DETERMINATIONS UNDER
THE SERVICE CONTRACT ACT
By direction of the Secretary of Labor

U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
WAGE AND HOUR DIVISION
WASHINGTON D.C. 20210

William W.Gross Division of
Director Wage Determinations

Wage Determination No.: 2005-2103
Revision No.: 4
Date Of Revision: 07/05/2007

States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide
Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's,
St
Mary's
Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier,
King
George, Loudoun, Prince William, Stafford

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	MINIMUM WAGE RATE
01000 - Administrative Support And Clerical Occupations	
01011 - Accounting Clerk I	13.79
01012 - Accounting Clerk II	15.49
01013 - Accounting Clerk III	18.43
01020 - Administrative Assistant	23.59
01040 - Court Reporter	18.43
01051 - Data Entry Operator I	12.67
01052 - Data Entry Operator II	13.82
01060 - Dispatcher, Motor Vehicle	16.50
01070 - Document Preparation Clerk	13.29
01090 - Duplicating Machine Operator	13.29
01111 - General Clerk I	13.72
01112 - General Clerk II	15.32
01113 - General Clerk III	18.74
01120 - Housing Referral Assistant	21.66
01141 - Messenger Courier	10.23
01191 - Order Clerk I	14.74
01192 - Order Clerk II	16.29
01261 - Personnel Assistant (Employment) I	15.60
01262 - Personnel Assistant (Employment) II	18.43
01263 - Personnel Assistant (Employment) III	21.66
01270 - Production Control Clerk	21.29
01280 - Receptionist	12.72
01290 - Rental Clerk	15.60
01300 - Scheduler, Maintenance	15.60
01311 - Secretary I	17.03
01312 - Secretary II	18.39
01313 - Secretary III	21.66

01320 - Service Order Dispatcher	15.82
01410 - Supply Technician	23.59
01420 - Survey Worker	18.43
01531 - Travel Clerk I	12.07
01532 - Travel Clerk II	13.01
01533 - Travel Clerk III	13.99
01611 - Word Processor I	13.76
01612 - Word Processor II	15.60
01613 - Word Processor III	18.43
05000 - Automotive Service Occupations	
05005 - Automobile Body Repairer, Fiberglass	25.26
05010 - Automotive Electrician	21.37
05040 - Automotive Glass Installer	20.14
05070 - Automotive Worker	20.14
05110 - Mobile Equipment Servicer	17.31
05130 - Motor Equipment Metal Mechanic	22.53
05160 - Motor Equipment Metal Worker	20.14
05190 - Motor Vehicle Mechanic	22.53
05220 - Motor Vehicle Mechanic Helper	16.81
05250 - Motor Vehicle Upholstery Worker	19.66
05280 - Motor Vehicle Wrecker	20.14
05310 - Painter, Automotive	21.37
05340 - Radiator Repair Specialist	20.14
05370 - Tire Repairer	14.43
05400 - Transmission Repair Specialist	22.53
07000 - Food Preparation And Service Occupations	
07010 - Baker	13.18
07041 - Cook I	11.97
07042 - Cook II	13.28
07070 - Dishwasher	9.76
07130 - Food Service Worker	10.25
07210 - Meat Cutter	16.07
07260 - Waiter/Waitress	8.59
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	18.05
09040 - Furniture Handler	12.78
09080 - Furniture Refinisher	18.39
09090 - Furniture Refinisher Helper	14.11
09110 - Furniture Repairer, Minor	16.31
09130 - Upholsterer	18.05
11000 - General Services And Support Occupations	
11030 - Cleaner, Vehicles	9.67
11060 - Elevator Operator	9.79
11090 - Gardener	15.70
11122 - Housekeeping Aide	10.89
11150 - Janitor	10.89
11210 - Laborer, Grounds Maintenance	12.07
11240 - Maid or Houseman	10.84
11260 - Pruner	11.37
11270 - Tractor Operator	14.19
11330 - Trail Maintenance Worker	12.07
11360 - Window Cleaner	11.31
12000 - Health Occupations	
12010 - Ambulance Driver	16.06
12011 - Breath Alcohol Technician	17.67
12012 - Certified Occupational Therapist Assistant	20.31
12015 - Certified Physical Therapist Assistant	19.99

12020 - Dental Assistant	16.90
12025 - Dental Hygienist	40.68
12030 - EKG Technician	24.34
12035 - Electroneurodiagnostic Technologist	24.34
12040 - Emergency Medical Technician	17.67
12071 - Licensed Practical Nurse I	18.60
12072 - Licensed Practical Nurse II	20.82
12073 - Licensed Practical Nurse III	21.79
12100 - Medical Assistant	14.23
12130 - Medical Laboratory Technician	18.04
12160 - Medical Record Clerk	14.96
12190 - Medical Record Technician	16.67
12195 - Medical Transcriptionist	16.46
12210 - Nuclear Medicine Technologist	28.93
12221 - Nursing Assistant I	9.75
12222 - Nursing Assistant II	10.96
12223 - Nursing Assistant III	12.99
12224 - Nursing Assistant IV	14.58
12235 - Optical Dispenser	16.67
12236 - Optical Technician	14.41
12250 - Pharmacy Technician	15.75
12280 - Phlebotomist	14.58
12305 - Radiologic Technologist	27.61
12311 - Registered Nurse I	24.92
12312 - Registered Nurse II	31.22
12313 - Registered Nurse II, Specialist	31.22
12314 - Registered Nurse III	37.77
12315 - Registered Nurse III, Anesthetist	37.77
12316 - Registered Nurse IV	45.28
12317 - Scheduler (Drug and Alcohol Testing)	18.04
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	18.55
13012 - Exhibits Specialist II	23.33
13013 - Exhibits Specialist III	28.11
13041 - Illustrator I	18.73
13042 - Illustrator II	23.42
13043 - Illustrator III	28.82
13047 - Librarian	25.45
13050 - Library Aide/Clerk	12.52
13054 - Library Information Technology Systems Administrator	22.99
13058 - Library Technician	17.88
13061 - Media Specialist I	16.58
13062 - Media Specialist II	18.55
13063 - Media Specialist III	20.68
13071 - Photographer I	14.67
13072 - Photographer II	17.18
13073 - Photographer III	21.52
13074 - Photographer IV	26.05
13075 - Photographer V	29.15
13110 - Video Teleconference Technician	16.58
14000 - Information Technology Occupations	
14041 - Computer Operator I	16.72
14042 - Computer Operator II	18.71
14043 - Computer Operator III	20.86
14044 - Computer Operator IV	23.18
14045 - Computer Operator V	25.66
14071 - Computer Programmer I (1)	21.60

14072	- Computer Programmer II (1)	26.37
14073	- Computer Programmer III (1)	27.62
14074	- Computer Programmer IV (1)	27.62
14101	- Computer Systems Analyst I (1)	27.62
14102	- Computer Systems Analyst II (1)	27.62
14103	- Computer Systems Analyst III (1)	27.62
14150	- Peripheral Equipment Operator	16.72
14160	- Personal Computer Support Technician	23.18
15000	- Instructional Occupations	
15010	- Aircrew Training Devices Instructor (Non-Rated)	34.39
15020	- Aircrew Training Devices Instructor (Rated)	42.72
15030	- Air Crew Training Devices Instructor (Pilot)	50.66
15050	- Computer Based Training Specialist / Instructor	31.26
15060	- Educational Technologist	29.09
15070	- Flight Instructor (Pilot)	50.66
15080	- Graphic Artist	24.95
15090	- Technical Instructor	23.87
15095	- Technical Instructor/Course Developer	29.19
15110	- Test Proctor	19.04
15120	- Tutor	19.04
16000	- Laundry, Dry-Cleaning, Pressing And Related Occupations	
16010	- Assembler	8.95
16030	- Counter Attendant	8.95
16040	- Dry Cleaner	12.21
16070	- Finisher, Flatwork, Machine	8.95
16090	- Presser, Hand	8.95
16110	- Presser, Machine, Drycleaning	8.95
16130	- Presser, Machine, Shirts	8.95
16160	- Presser, Machine, Wearing Apparel, Laundry	8.95
16190	- Sewing Machine Operator	12.30
16220	- Tailor	13.01
16250	- Washer, Machine	9.81
19000	- Machine Tool Operation And Repair Occupations	
19010	- Machine-Tool Operator (Tool Room)	18.95
19040	- Tool And Die Maker	23.05
21000	- Materials Handling And Packing Occupations	
21020	- Forklift Operator	17.26
21030	- Material Coordinator	21.29
21040	- Material Expediter	21.29
21050	- Material Handling Laborer	12.65
21071	- Order Filler	13.21
21080	- Production Line Worker (Food Processing)	17.28
21110	- Shipping Packer	14.46
21130	- Shipping/Receiving Clerk	14.46
21140	- Store Worker I	10.44
21150	- Stock Clerk	14.35
21210	- Tools And Parts Attendant	17.26
21410	- Warehouse Specialist	17.26
23000	- Mechanics And Maintenance And Repair Occupations	
23010	- Aerospace Structural Welder	25.68
23021	- Aircraft Mechanic I	24.46
23022	- Aircraft Mechanic II	25.68
23023	- Aircraft Mechanic III	26.97
23040	- Aircraft Mechanic Helper	16.61
23050	- Aircraft, Painter	23.42
23060	- Aircraft Servicer	18.71
23080	- Aircraft Worker	19.90

23110 - Appliance Mechanic	20.60
23120 - Bicycle Repairer	14.43
23125 - Cable Splicer	24.98
23130 - Carpenter, Maintenance	20.36
23140 - Carpet Layer	18.70
23160 - Electrician, Maintenance	25.37
23181 - Electronics Technician Maintenance I	22.08
23182 - Electronics Technician Maintenance II	23.44
23183 - Electronics Technician Maintenance III	24.70
23260 - Fabric Worker	17.90
23290 - Fire Alarm System Mechanic	21.46
23310 - Fire Extinguisher Repairer	16.50
23311 - Fuel Distribution System Mechanic	22.81
23312 - Fuel Distribution System Operator	19.38
23370 - General Maintenance Worker	20.91
23380 - Ground Support Equipment Mechanic	24.46
23381 - Ground Support Equipment Servicer	18.71
23382 - Ground Support Equipment Worker	19.90
23391 - Gunsmith I	16.50
23392 - Gunsmith II	19.18
23393 - Gunsmith III	21.46
23410 - Heating, Ventilation And Air-Conditioning Mechanic	21.96
23411 - Heating, Ventilation And Air Contdconditioning Mechanic (Research Facility)	
23.13	
23430 - Heavy Equipment Mechanic	21.46
23440 - Heavy Equipment Operator	21.46
23460 - Instrument Mechanic	21.46
23465 - Laboratory/Shelter Mechanic	20.36
23470 - Laborer	14.27
23510 - Locksmith	19.76
23530 - Machinery Maintenance Mechanic	21.77
23550 - Machinist, Maintenance	21.52
23580 - Maintenance Trades Helper	15.10
23591 - Metrology Technician I	21.46
23592 - Metrology Technician II	22.61
23593 - Metrology Technician III	23.72
23640 - Millwright	23.30
23710 - Office Appliance Repairer	21.00
23760 - Painter, Maintenance	20.36
23790 - Pipefitter, Maintenance	22.76
23810 - Plumber, Maintenance	20.99
23820 - Pneudraulic Systems Mechanic	21.46
23850 - Rigger	21.46
23870 - Scale Mechanic	19.18
23890 - Sheet-Metal Worker, Maintenance	21.46
23910 - Small Engine Mechanic	20.05
23931 - Telecommunications Mechanic I	25.22
23932 - Telecommunications Mechanic II	26.58
23950 - Telephone Lineman	24.43
23960 - Welder, Combination, Maintenance	21.46
23965 - Well Driller	21.46
23970 - Woodcraft Worker	21.46
23980 - Woodworker	16.50
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	11.58
24580 - Child Care Center Clerk	16.15

24610 - Chore Aide	9.58
24620 - Family Readiness And Support Services Coordinator	12.95
24630 - Homemaker	16.75
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	24.98
25040 - Sewage Plant Operator	20.23
25070 - Stationary Engineer	24.98
25190 - Ventilation Equipment Tender	17.56
25210 - Water Treatment Plant Operator	20.23
27000 - Protective Service Occupations	
27004 - Alarm Monitor	17.66
27007 - Baggage Inspector	11.51
27008 - Corrections Officer	19.83
27010 - Court Security Officer	23.26
27030 - Detection Dog Handler	17.66
27040 - Detention Officer	19.83
27070 - Firefighter	22.39
27101 - Guard I	11.51
27102 - Guard II	17.66
27131 - Police Officer I	23.94
27132 - Police Officer II	26.60
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	12.35
28042 - Carnival Equipment Repairer	13.30
28043 - Carnival Equipment Worker	8.40
28210 - Gate Attendant/Gate Tender	13.01
28310 - Lifeguard	11.59
28350 - Park Attendant (Aide)	14.56
28510 - Recreation Aide/Health Facility Attendant	10.62
28515 - Recreation Specialist	18.04
28630 - Sports Official	11.59
28690 - Swimming Pool Operator	16.85
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	20.55
29020 - Hatch Tender	20.55
29030 - Line Handler	20.55
29041 - Stevedore I	19.18
29042 - Stevedore II	21.64
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (2)	34.71
30011 - Air Traffic Control Specialist, Station (HFO) (2)	23.94
30012 - Air Traffic Control Specialist, Terminal (HFO) (2)	26.36
30021 - Archeological Technician I	17.06
30022 - Archeological Technician II	19.03
30023 - Archeological Technician III	23.76
30030 - Cartographic Technician	24.85
30040 - Civil Engineering Technician	22.19
30061 - Drafter/CAD Operator I	17.92
30062 - Drafter/CAD Operator II	20.06
30063 - Drafter/CAD Operator III	22.36
30064 - Drafter/CAD Operator IV	27.51
30081 - Engineering Technician I	20.19
30082 - Engineering Technician II	22.67
30083 - Engineering Technician III	25.37
30084 - Engineering Technician IV	31.43
30085 - Engineering Technician V	38.44
30086 - Engineering Technician VI	46.51

30090 - Environmental Technician	21.36
30210 - Laboratory Technician	22.36
30240 - Mathematical Technician	26.31
30361 - Paralegal/Legal Assistant I	20.03
30362 - Paralegal/Legal Assistant II	24.82
30363 - Paralegal/Legal Assistant III	30.35
30364 - Paralegal/Legal Assistant IV	36.73
30390 - Photo-Optics Technician	24.85
30461 - Technical Writer I	20.69
30462 - Technical Writer II	25.30
30463 - Technical Writer III	30.61
30491 - Unexploded Ordnance (UXO) Technician I	22.06
30492 - Unexploded Ordnance (UXO) Technician II	26.69
30493 - Unexploded Ordnance (UXO) Technician III	31.99
30494 - Unexploded (UXO) Safety Escort	22.06
30495 - Unexploded (UXO) Sweep Personnel	22.06
30620 - Weather Observer, Combined Upper Air Or Surface Programs (2)	22.14
30621 - Weather Observer, Senior (2)	23.98
31000 - Transportation/Mobile Equipment Operation Occupations	
31020 - Bus Aide	11.99
31030 - Bus Driver	17.54
31043 - Driver Courier	12.71
31260 - Parking and Lot Attendant	9.06
31290 - Shuttle Bus Driver	13.89
31310 - Taxi Driver	13.98
31361 - Truckdriver, Light	13.89
31362 - Truckdriver, Medium	17.09
31363 - Truckdriver, Heavy	18.40
31364 - Truckdriver, Tractor-Trailer	18.40
99000 - Miscellaneous Occupations	
99030 - Cashier	10.03
99050 - Desk Clerk	10.45
99095 - Embalmer	21.77
99251 - Laboratory Animal Caretaker I	10.47
99252 - Laboratory Animal Caretaker II	10.85
99310 - Mortician	27.25
99410 - Pest Controller	14.54
99510 - Photofinishing Worker	11.59
99710 - Recycling Laborer	15.73
99711 - Recycling Specialist	18.72
99730 - Refuse Collector	14.01
99810 - Sales Clerk	11.87
99820 - School Crossing Guard	11.37
99830 - Survey Party Chief	19.76
99831 - Surveying Aide	12.28
99832 - Surveying Technician	18.78
99840 - Vending Machine Attendant	12.61
99841 - Vending Machine Repairer	16.37
99842 - Vending Machine Repairer Helper	12.61

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.16 per hour or \$126.40 per week or \$547.73 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE PARENTHESES AFTER THEM RECEIVE THE FOLLOWING BENEFITS (as numbered):

1) Does not apply to employees employed in a bona fide executive, administrative, or professional capacity as defined and delineated in 29 CFR 541. (See CFR 4.156)

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am.

If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dying, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives. Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials

which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at

<http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)}

When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation) and computes a proposed rate).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title), a Federal grade equivalency (FGE) for each proposed classification), job description), and rationale for proposed wage rate), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor,

for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).

4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour decision to the contractor.

6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.