

Preparing for Mass Casualty Events

What Every CEO Should Do

Health Opportunities Workgroup, Texas Council of Community Centers

Introduction

Since 2016, mass shooters took sixty-nine lives in the Texas communities of Dallas, El Paso, Midland-Odessa, Santa Fe, and Sutherland Springs.

These tragedies devastated generations of Texas families and continue to affect community life in profound ways. Texas communities changed how they protect their classrooms, police their neighborhoods, and equip their ambulances and emergency rooms. These incidents also continue to radically alter how ordinary citizens perceive their personal safety.

Community Centers play a role in many of these changes. Increasingly, Community Centers are called upon not only to respond to the urgent mental health needs of survivors, witnesses, and first responders, but to act as a cornerstone for immediate and long-term community needs encompassing response and recovery.

Know:

No two disasters are alike. The incidents, like the communities in which they occur, and the responses they require, are unique. Both natural and manmade disasters cause great damage and sudden loss. Unlike a disaster where survivors lose control to nature, manmade disasters are attributed to acts of a human intentionally stripping another human of personal safety, creating a heightened sense of danger in the broader public.

You may learn about the disaster in a number of ways, including social media, the news, or an official phone call from someone at the crime scene. All notifications, if reasonably determined not to be a hoax, are legitimate and should activate a response.

"I called a staff person and asked if we had a disaster plan for a mass shooting. She said we could have the Texas Council Risk Management Fund do a presentation on it. I said I needed something in the next ten minutes."

The CEO/ED will be called upon to respond and serve as the single point of contact during a disaster. Regardless of expertise and training of other Center staff, the community will look to the CEO/ED as the point person, face, and leader of the Center's response.

The first several hours will be incredibly chaotic with dozens, possibly even hundreds of incoming phone calls. Center leaders should prioritize communication with law enforcement, local emergency response officials, Texas Council, HHSC, and OOG.

HHSC will promptly contact your Center, using contact information previously provided through Form T. Anticipate conducting an immediate incident assessment to report to HHSC such items as: staffing needs, availability of physical space for use as a Family Information Center (FIC), and any other high priority needs for response and recovery. HHSC may work with other Community Centers with open Victims of Crimes Act (VOCA) grants, not necessarily your closest neighbors.

You will receive hundreds of offers of help. Expect emails, phone calls, and social media posts, offering some form of help from other Community Centers, state agencies, universities, subject matter experts, and survivors of other incidents. Expect self-deployment of many different types of agencies and people: first responders, chaplains, non-profit agencies, and providers. You will be responsible to maintain oversight and communication with community, local, and state entities, along with unsolicited volunteers who be offer response assistance. Utilize your best judgment to manage volunteer services.

Individuals supported through your services will experience trauma associated with the event. While the trauma may manifest differently and could require different modalities of care, particularly for individuals with IDD, the impact is just as real.

The state and federal agency personnel with whom you will interact are responding to a set of expectations and associated pressures from the Office of the Governor, the Federal Emergency Management Association (FEMA), and others. As part of the local community, you will need to find a balance between direct response and communication to the State.

As you already know, every community has a distinct culture. This culture will impact response to a disaster and requires awareness and sensitivity on the part of responders, as cultural considerations arise in ways both expected and unexpected.

A crisis may place your community in a state and national spotlight. Before many facts are known, real-time speculation about the role of mental illness in the incident is likely to occur from various

quarters, including reporters, pundits, and even mental health professionals. This narrative can lead to unfounded, general characterizations of all people with mental illness as violent. Additionally, the event may become politicized, soliciting commentary about gun control, immigration, racism, and other divisive topics. HHSC recommends maintaining neutrality in interactions with the public, media, and stakeholders; your statements should focus on the goals for the Crisis Intervention Response Teams (CIRT) and other functions. Additionally, cooperation with other local entities around timing and consistency of messages can be beneficial.

To Prepare:

- Ensure staff contact information provided to HHSC through Form T is kept up to date and includes after-hours contacts and back-up contacts.
- Familiarize yourself and your staff with Incident Command Structure. Those responding to the incident must understand the language, first responder/emergency management culture, and key functions of the incident command structure and be willing and able to work within the structure.
- Build trust with emergency management leadership and elected officials associated with crisis response; this is key to ensuring behavioral health concerns are prominent, especially in the early minutes and hours after the incident
- Determine if your Community Center is named in your local municipalities' (city, county) disaster response plan. If not, coordinate with local municipalities to establish the role of the Community Center and CIRT to ensure expectations are clear. Consider establishing your role in an official plan.
- Know who is in charge through the incident command structure and understand the role state and federal Victim Assistance will play in the Notification and Information Center.
- Develop an **internal** communication plan including the regular update of staff contact information and make sure it is disseminated to all pertinent partners/stakeholders. Criminal incidents often occur outside regular business hours, so you will need to ensure your Center is equipped with a communication system to alert response team of critical incidents outside of business hours. Utilize an automatic notification system to alert critical staff to the incident.
- Develop an **external** communication plan that streamlines requests for assistance and offers of help. Identify a single point of contact to assist with oversight of incoming communications and keep leadership apprised,

- Develop and train a multi-disciplinary team to deploy in an emergency. Begin with assessing the skill sets, language proficiencies, training credentials, and aptitude for creative problem-solving of your staff. Specifically, identify professionals with strengths in CBT and EMDR for a trauma-informed response. When determining which staff will receive training in Criminal Incident Stress Management (CISM) and similar functions, consider prioritizing ability to deploy over relatedness of job duties—and deploy multiple teams over 7-day deployment periods. One CEO reported MCOT staff who were trained in CISM were unavailable to assist during a mass shooting response because they needed to continue to respond to typical calls.
- Establish a plan to deploy staff to local entities, such as: hospitals, local police departments, the crime scene(s), emergency centers, and Family Information Centers to respond to immediate mental health needs of survivors, loved ones, first responders, and medical staff. As first responders may delay seeking relief, consider making trained peer resources available to first responders. Ensure your plan includes working in collaboration with the FBI and/or DPS Victim Assistance (whichever agency is the lead) to ensure coordination with Incident Command before self-deploying.
- Develop an alternate Staffing Plan allowing for deployment(s) without diminishing delivery of critical care. Consider availability through relief pools and contractors.
- Develop an All Hazards Response Policy & Procedure, as well as manual for staff.
- Train staff in the role of the Community Center in disaster response, roles of local partners, including Victims Assistance, and stages of recovery.
- Familiarize yourself with information on mass violence and available resources and toolkits. Develop and maintain a mass violence resources notebook and update accordingly.
- Identify local large venues able to effectively and conveniently serve as a Family Resilience Center without disrupting the recovery of the community.
- Coordinate and collaborate with local media representatives in preparation for an incident. Establish a standardized set of questions that can be answered after an incident has taken place. Develop talking points guidance and establish guidelines for staff in responding to the media. Choose and disseminate existing guidance to local media, such as that available through reportingonmassshootings.org/, and encourage reporters to follow these guidelines.
- Develop a media strategy in response to a disaster. Train all staff not to speak to the media without express authorization. Generate a small number of talking points focused

on the availability of resources through the Center to which you will adhere. The media may encourage you to comment on politically charged topics in light of the disaster; you will need to express in advance and possibly throughout an interview that you are limiting your comments to your talking points.

- Identify and build relationship with local partners and in partnership with HHSC, including:
 - Department of Public Safety (DPS)
 - District Attorney's Office
 - Education Service Centers (ESCs)
 - Federal Bureau of Investigation (FBI)
 - Hospital system leadership
 - Independent School District leadership
 - Institutions of Higher Education
 - Other mental health providers in the community
 - Local Bar Association
 - Local branches of national and state relief organizations: Red Cross, Salvation Army, BCFS
 - Local Emergency Operation Center or Emergency Management officials
 - Local, state, and federal Victims' Services Divisions
 - Local foundations or charitable organizations that will lead fundraising efforts for victims and overall recovery efforts
- Build relationships with city and county emergency management personnel in preparation for any hazard, taking an all hazards approach. Know how to access resources through emergency management in support of the response.
- Work with local partners in preparation exercises to identify strengths and weaknesses to identify solutions to establish a seamless response structure.

Anticipate:

You may be called upon to do some or all of the following activities.

Immediate

- Maintain oversight of staff to ensure self-care is initiated and communicate with staff and individuals in your services who may have been affected by the incident. For example, have IT run a report of staff and individuals, filtering by zip code, then reach out to those in affected zip code(s).

- Assess your staff's ability to deploy. Encourage staff members to be forthcoming about emotional limitations they may have, especially if they have a connection to the affected community (school, church, etc.).
- Assign a lead on each team and empower the lead to take actions necessary to ensure the mental health and well-being of team members.
- Establish a plan to deploy staff to local entities, such as: hospitals, local police departments, the crime scene, emergency centers, FIC to respond to immediate mental health needs of survivors, loved ones, first responders, and medical staff. As first responders may delay seeking relief, consider making trained peer resources available to connect on a personal and professional level.
- Participate in a Family Information Center (FIC). An FIC streamlines the process of family reunification and death notifications and provides access to other immediate services.
 - A Community Center's role at an FIC is generally a supporting one, with law enforcement establishing and operating the FIC. However, at times Community Centers have established and operated the FIC by necessity or stepped into a leadership role as the demands of the day changed.
 - In some cases, hospitals discharged individuals directly to the FIC with an expectation that the individuals would receive one-on-one counseling immediately.
- Immediately set-up a way to address unsolicited volunteers and self-deployment of agencies and personnel through security check-in, vetting, and resource management. Strong community relationships and a solid understanding of incident command structure will assist with this.
- Coordinate and possibly participate in teams of professionals providing death notifications to loved ones (teams generally led by DPS or FBI, but may include a chaplain and a mental health professional). Staff who may participate in death notifications should be sufficiently trained. See "We Wish to Inform You" training in the Resources section.
- Establish a crisis line specific to the incident. Consider technological possibilities of rolling calls over to another Center, if desired, to alleviate capacity issues.
- Use social media and traditional media to publicize the Center's crisis line and available resources.
- Ensure direct communication takes place with HHSC to provide reports and pertinent information and updates.

"Some requests were difficult, but we never said no."

- Establish internal procedures to immediately begin tracking staff time and other expenses associated with your response, as this information will help in reporting in the weeks and months to come.
- Work with any Employee Assistance Programs (EAPs) that may be providing services to specific organizations or businesses affecting, including EAPs contracted to provide services to first responders

Medium Term

- Respond to requests for mental health support from unexpected sources. For example, in one disaster, the Medical Examiner’s Office requested counselors and emotional support animals to respond to needs of staff.
- Implement plan to ensure persons in services have access to necessary medications and supplies for the anticipated duration of the event or until routine services resume.
- Allow teams to debrief with one another. Your teams (and teams from other Centers) are likely to deploy in waves. Allow a departing team to debrief an arriving team. This is helpful for information sharing, setting expectations, and processing emotions.
- Coordinate and facilitate meetings amongst local entities, including state and federal partners, to avoid duplication of effort and receive technical assistance.
- Assist HHSC and the Office of the Governor with vetting VOCA requests, if asked to do so.
- Continue to participate in the FIC, which will shift from a focus on family reunification and death notifications to providing counseling and linkages to other community resources. Terminology may also shift from FIC to Family Assistance Center (FAC).
- Articulate needs for additional personnel to HHSC and, through HHSC and Texas Council, other Community Centers. Be as specific as you can about skills and qualifications needed.
- Conduct outreach and screening to connect affected people to mental health resources. Activities should occur at the FAC and at other non-mental health related sites.
- Assess for and address secondary trauma in your own staff. Offer routine debriefing sessions for deployed staff and CISM group and individual sessions. Consider signs of burnout when returning to “usual routines.” Also consider the impact on those staff taking on the responsibilities of the staff members deployed.
- Consider recognition for staff who deployed or otherwise took on additional responsibilities due to the disaster. Options others have used include tangible

“The sounds of that grief will stay with us for a long time. There is nothing else like it.”

compensation (stipend, paid time off) and acknowledgement of efforts (recognition at Board Meetings, commemorative medallions).

- Train all relevant Community Center staff in revised eligibility criteria for community members impacted by the disaster. Staff may be accustomed to screening to identify the signs and symptoms related to a priority population. Additionally, community members may be reluctant to connect their feelings of anxiety or depression to the trauma of the event. Questions such as, “Are you experiencing sleeplessness?” may help identify those impacted by trauma.

Long Term

- Develop a recovery plan tailored to the culture of the impacted community.
- Coordinate and maintain Family Resilience Center (in person, by phone, and online).
- Establish a reporting tool to document and maintain information collected from people served.
- Continue to conduct outreach and screening to connect affected people to mental health resources.
- Continue to assess for and address secondary trauma in your own staff.
- Anticipate and address the retraumatizing impact of media coverage around year marks, the trial of a perpetrator, social media interaction amongst community members, information given or not given by community leaders, rumors, and many other factors.
- Prepare for and recognize the impact of year marks alongside community partners, commemorating the resilience of the community on key dates.

State Agency Contacts

Office of Disaster Behavioral Health, HHSC

512.206.5555

DBHS@hhsc.state.tx.us

Also note these individuals are witnessing trauma at a geometric rate—and may benefit from a kind word, invitation to debriefing, or recognition of their work.

Resources

[Incident Command System \(FEMA\)](#)

FEMA's website provides materials related to the implementation of the Incident Command System (ICS). Resources include interactive, web-based training courses and ISC role and responsibility checklists.

[International Critical Incident Stress Foundation \(ICISF\)](#)

ICISF's Academy of Crisis Intervention aims to promote and maintain standards of training in the specific field of crisis intervention and delivers Critical Incident Stress Management (CISM) training. ICISF also offers courses in comprehensive crisis intervention and disaster behavioral health.

[Mental Health First Aid](#)

Mental Health First Aid is a course that teaches you how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

[National Child Traumatic Stress Network \(NCTSN\)](#)

The NCTSN offers both online and in-person training on a range of topics, from general trauma education, to assessment and intervention techniques, to Breakthrough Series Collaboratives focused on systems change.

[National Organization for Victim Assistance \(NOVA\)](#)

NOVA offers skill-based training to victim advocates and crisis responders and a credentialing program.

[Tips for Community Leaders: Establishing a Family Assistance Center \(FAC\)](#)

This brief (one page, front and back) tip sheet from the National Mass Violence Victimization Resource Center covers considerations for establishing an FIC/FAC in the immediate aftermath of a disaster.

[Trauma and Grief Center](#)

The Trauma and Grief Center at Texas Children's Hospital in Houston provide training and professional education in trauma and grief informed assessment and interventions using best practice teaching methods.

[We Regret to Inform You](#)

The Federal Bureau of Investigation and Penn State University partnered to create this online training focused on providing sensitive death notifications.