Emergency Family Assistance Centers:

An Examination of the Literature for Evidence-Informed Practices[1]

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Executive Summary

The Clearinghouse conducted a thorough review of the disaster response literature, both civilian and military, as well as of the emergency response services provided by a wide range of organizations, including non-profits governmental agencies, and professional association. As requested, best practices regarding planning for, developing, and implementation of an emergency family assistance center (EFAC) were identified in 11 areas listed in the DoD's 2010 Directive-Type Memorandum10-023 (see pp. 9-20 of the full EFAC report for comprehensive listing of best practices). Listed below are recommendations culled from the literature that would facilitate effective planning and preparation of EFACs to achieve their critical functions.

➢ Establish a system for the bi-yearly submission and review of installations' EFAC plans.

➢ Read entire EFAC report, and review additional sources to better understand factors involved in its operation and management (see p. 21 for full listing of suggested sources).

➢ Commission a comprehensive literature review of disaster mental health and effective strategies for facilitating resilient coping in the immediate, mid-, and long-term aftermath of a mass- casualty event.

➢ Develop a detailed outline of a basic training curriculum for all pre-identified EFAC staff that includes teaching about trauma exposure reactions and traumatic grief.

➢ Consider outsourcing specialized areas of training for emergency preparedness for EFAC staff and leadership (e.g., Psychological First Aid).

➢ Establish criteria for credentialing and verifying the credentials of disaster mental health responders, particularly those who are new volunteers after a mass casualty event occurs.

➢ Establish clear plans for providing assistance to disabled survivors and disabled family members by partnering with local/regional agencies serving this population.

➢ Develop an EFAC registration and intake system that is online; however, it is necessary for paper-based copies as a backup system.

➢ Develop a post-disaster review and lessons-learned protocol to promote improved preparedness over time.

➢ Develop a data collection strategy to be implemented in the event of a disaster to gather information on utilization, satisfaction with, and efficacy of EFAC services; trauma symptoms; and helpfulness of referral agencies.

➢ Develop a standard family preparedness plan and require the Service member to complete it within 90 days of their arrival at the installation.

➢ Establish a policy that within 24 hours of notification, all members of the planning committee and members of the response team are required to be present at the EFAC site.

INTRODUCTION

According to the Greek philosopher Epictetus, it's not what happens to you, but how you react to it that matters. Because disasters often strike with little warning if any, our immediate reaction should be thought out in advance. Planning and preparation for disasters, whether natural or man-made, are the cornerstones to an effective and efficient response to disaster. Past Homeland Security Director, Tom Ridge summed up the importance of planning and preparation very well when he stated, "In the midst of a disaster is not when you want your first responders to meet each other for the first time. You want to drill with them beforehand; you want to work with them beforehand. Obviously, if it's the first time you meet them, it's the worst time to meet them" (October 25, 2001, U.S. Conference of Mayors).

Because they are on the heels of first responders (e.g., EMTs, police, and firefighters) in addressing the aftermath of a disaster, the staff and volunteers of Emergency Family Assistance Centers (EFACs) need to be prepared. Past disasters have demonstrated the importance of the EFAC as a central location for survivors, family members searching for loved ones, and others closely affected by the disaster. Therefore, EFAC staff and volunteers also need to plan, prepare, and practice in advance so the first time they meet is not in the aftermath of a disaster.

The purpose of this report is to provide evidence-informed practice guidelines for the planning and operation of emergency family assistance centers at each installation. The report is designed for EFAC planning committees at all United States continental-based military installations. This report was commissioned by the office of Military Community & Family Policy within the Office of the Deputy Under Secretary of Defense in response to Directive-Type Memorandum (DTM 10-023, December, 2010) that calls for the development of a plan for Emergency Family Assistance Center at each installation as part of DoD Installation Emergency Management (IEM) plan. Indeed, the plan calls for a family assistance center to be developed in response to disaster, including "Any incident, natural or man-made…that warrants action to protect the life, property, health, and safety of military members, dependents, and civilians at risk, and minimize any disruptions of installation operations" (DoDI 6055.17, p. 44).

Emergency Family Assistance Center

According to the Directive-Type Memorandum (DTM), "Emergency Family Assistance Centers promotes short- and long-term recovery and the return to a stable environment and mission ready status for DoD personnel and their families following an all-hazards incident" (DTM 10-023, December, 2010, p. 1). Simply, an EFAC is to coordinate and provide accurate information, comfort, and support to individuals and families impacted by disaster.

The duration an emergency family assistance center is in operation depends in large part on the scope of the disaster in terms of the number of casualties, how quickly search and recovery efforts may be able to conclude, and the extent of collateral and system-wide damage. For example, the Oklahoma City bombing FAC was opened at 3:30 p.m.on the day of the attack

and closed 16 days later when the last body was removed from the disaster site. The Pentagon FAC opened a day after the attacks and stayed open a total of seven weeks. In contrast, the Hurricane Katrina FAC stayed open over eleven months and the 9-11 FAC in New York City stayed open over 15 months. Often a presence on the web and a telephone hotline remains to provide information updates and provide ongoing support as needed to family members after the physical EFAC location has been closed. Regardless of duration, there are generally three phases of an EFAC:

- the Acute Crisis Response phase (Phase I) major focus is on family reunification, provision of basic needs, and protection and reassurance of safety;

- the Support and Referral phase (Phase II) is concentrated on addressing less severe but no less critical issues (e.g., antemortem materials, operational briefings on search and rescue/recovery efforts, connecting of families with services); and

- the Recovery and Referral Phase (Phase III) aim is on case management and referral to longer term services and includes the deactivation of the EFAC.

In sum, a review of government (e.g., civilian and military) and non-government reports and public health-related websites (e.g., www.apctoolkits.com/family-assistance-center/) indicated that the major functions of a family assistance center are to: (1) provide timely factual information to families; (2) serve as a centralized location for communication between family members and representatives from official organizations; (3) offer a safe haven for families mutual support and comfort; (4) manage the media's interface with families to protect them; (5) provide acute crisis-response services addressing physical, psychological, spiritual, and logistical needs; (6) deliver assistance (e.g., legal, financial, mental health, medical services) to survivors and family members including initial case management and referral services for longer term support; and (7) collect DNA samples for identification of victims and carry out in-person death notification to family members.

Beyond this introduction, this report has 5 sections. First, the methodology employed to garner evidence-informed practices and derive recommendations is presented in detail. Second, the results, that is, the evidence-informed practices are presented. The principle is that the development and implementation of practices should be determined by the most current, relevant, and reliable evidence about their effectiveness. Evidence informed practice is defined here as the integration of experience, judgment and expertise with the best available external evidence from systematic research. Third, recommendations are laid out that would enhance the planning and preparedness of installation EFACs. Fourth, citations are provided that note where evidence was drawn for the identification of the practices. Fifth, appendices are provided including Appendix D that offers specific practical resources for EFAC planning committees to draw from as they create their plan.

METHODS

Overview

The existing literature on disaster management and response was reviewed with an aim toward identifying evidence-informed practices. This literature review covered U.S. disasters causing mass casualties, and impacting both civilian and military populations. Furthermore, it focused on different types of disasters including the following: (1) those that were deliberately targeted to cause destruction (e.g., the September 11, 2001 terrorist attacks), (2) those that were of natural origin (e.g., Hurricane Katrina), and (3) those that were accidental in nature (e.g., airline disasters)[1].

The examined literature includes local and federal government reports of disaster responses; disaster after-action reports by the military; peer-reviewed journal articles; reports from non-government and government-related agencies integrally involved in responding to a specific disaster; and web-based information from agencies, associations, research centers, and other groups involved in disaster planning, training, response, or study.

Evidence-Informed Practices Criteria

In reviewing the range of information, a disaster response method, technique, or process was considered an evidence-informed practice if it the method, practice, or technique was consistent with the mission and role of an emergency family assistance center (EFAC) as identified by the DoD Directive-type Memorandum 10-023, Emergency Family Assistance, and if the method, practice, or technique met one or more of the following criteria: (1) it emerged from a consensus process engaged in by a group of identified experts in that area; (2) it emerged as a commonly-used method or practice that facilitated effective and efficient management of the disaster; (3) it was drawn from a post-disaster report that specifically identified a practice or service as particularly effective; (4) it appeared *not* to duplicate an already-existing military practice or activity; or (5) it indicated efficacy through one or more of the following -- empirical evidence was consistent with other peer-reviewed practices, or was embedded in widely accepted theory of practice in disaster response/management.

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[1] Although it is likely that mass casualties would result from a disaster wrought by a biochemical agent or a nuclear explosion, these have not occurred within our borders and the disaster response literature regarding these scenarios is speculative in nature rather than reflecting actual practices successfully implemented; thus, they were not reviewed .

Identification of Sources for Evidence-Informed Practices

Multiple steps were involved in identifying evidence-informed practices related to planning for or operating an emergency family assistance center (EFAC) following a mass casualty all-hazards incident. The first step involved examining highly relevant documents to gain an overarching understanding of the goals of this review:

- Department of Defense Instruction 6055.17 (incorporating Change 1, November 19, 2010) provided information regarding how EFACs might fit within the larger DoD's Installation Emergency Management planning framework;

- Directive-Type Memorandum (DTM) 10-023 (December 10, 2010) offered the primary guidance for defining the intent and scope of an EFAC;

- The Pentagon Family Assistance Center (PFAC) After-Action Report (2003) provided a detailed report of how the PFAC, considered a model family assistance center, was created and operated;

- The report "Protecting the Force: Lessons from Fort Hood" (2010) was instrumental in initiating the official request for this report; and

- The U.S. Air Force's Emergency Family Assistance Control Center Tool Kit (2007) details the Air Force's approach in setting-up an EFAC, determining relevant roles and responsibilities, and managing the center. This resource also includes practical checklists.

The second step involved organizing evidence informed practices according to the thirteen services, as identified in the DTM 10-023, that is necessary for an EFAC to provide. These thirteen services were identified as the minimum set of services to be included in the operational component of the EFAC reflecting its core responsibilities. The thirteen services are: medical triage/information on available medical services, coordination with casualty and mortuary affairs, religious and pastoral care, psychosocial services, housing or temporary lodging services, transportation, translation services, child and youth services, legal services, financial services, information and referral services, shelter management, and personnel locator assistance.

However, two of the thirteen services were not reviewed: shelter management and personnel locator services. While the mission of a specific EFAC includes identifying temporary housing or coordinating with a federal or local agency to provide this service, mass sheltering has historically been managed by federal agencies (e.g., FEMA) and resources of the Red Cross. In addition, resources for personnel locator services exist within installation command and control structures and resources, and are augmented by the Red Cross.

In addition to the eleven services reviewed, six elements were identified and reviewed because they addressed aspects of EFAC's mandated services as outlined in the DTM, and they repeatedly emerged from the literature review as essential elements facilitating effective management of disasters. The six essential elements included the following: EFAC planning team, EFAC planning considerations, communication, information technology, identifying possible EFAC locations, and decommissioning and transitioning. Thus, this review is organized around 11 services and 6 essential elements.

The third step employed a dual approach for identifying materials containing potential evidence-informed practices related to the 11 services and 6 essential elements of an EFAC. The two approaches included: (1) gathering information from a large group of organizations (e.g., private, non-profit, and government-related) involved with providing disaster response and management; and (2) identifying relevant peer-reviewed articles and reports regarding effective disaster assistance response programs and practices for survivors and their families.

Selection and vetting of organizations. The Clearinghouse team searched for organizations that were likely to have direct experience in providing disaster relief, provided services and/or training for disaster response and management, or examined disaster response practices as identified by research centers or think-tanks. Drawing from findings identified in the Pentagon FAC After-Action Report, five categories of organizations were examined during the search: airlines, corporations, government organizations, non-government organizations (NGO's), and schools/universities.

To compile a list of potential organizations, a process was used that included organizations noted in the PFAC After-Action Report and related documents, known to be involved in significant domestic disasters (e.g., Oklahoma bombing, September 11th, and Hurricane Katrina), and identified through searches of a variety of databases. The following databases were searched: Applied Social Sciences Index and Abstracts (ASSIA); ERIC; FRANCIS – humanities and social sciences; Hoover's Company Profiles – Company Research; Library and Information Science Abstracts; National Technical Information Service Database; Public Affairs and Social Policies; PILOTS; ProQuest (Advanced Technologies & Aerospace Collection, Criminal Justice, Education, Nursing & Allied Health Source, Political Science, and Social Science Journals); PsycInfo; Social Services Abstracts; and Sociological Abstracts. Along with the 11 services mentioned in DTM 10-023, the following search terms were utilized: emergency preparedness; disaster preparedness; disaster response; disaster recovery; emergency management; all-hazards response and recovery; disaster recovery centers; disaster response centers; sheltering; sheltering programs; state sheltering programs; short-term, intermediate, transition, and long-term sheltering; mass care; mass care sheltering; family assistance center; concept of operations; first responders; family assistance services; memorandum of agreement; and memorandum of understanding.

In addition, the Federal Emergency Management Association (FEMA) identified additional organizations connected with disaster response and management practices. Specific FEMA publications were utilized: (1) the *Disaster Search* website; (2) the 2008 publication, "Emergency Support Function (ESF) #6 Mass Care, Emergency Assistance, Housing, and Human Services Annex"; and (3) the 2009 publication, *Disaster Assistance: A Guide to Recovery Programs*.

Contacting the organizations. A total of 62 organizations (Appendix A) were identified from the process noted above and were contacted in two succeeding waves. The first wave involved emails or phone calls to all organizations requesting information on emergency and disaster response or management practices related to enhancing military family readiness. The second wave comprised follow-up phone calls requesting specific information from a subset of organizations (N=39) based on how relevant their services or content was to the targeted services as listed in the DTM. Next, a DoD verification letter (see Appendix B) was sent with the purpose of providing proof that the Clearinghouse's request for information was DoD-sponsored. This letter was sent with a letter from the Clearinghouse requesting a formal collaboration and sharing of information (see Appendix C) to the 39 organizations regardless of whether they had already sent information. The letter was sent to all organizations to capture any sensitive information that might not have been sent originally and was directed to the initial contact person who had responded to the prior email or phone call.

As a result of the various requests for information, direct phone conversations or email exchanges took place with 27 organizations, after which information on the organization's emergency and disaster practices or research were received via the mail. Despite repeated contact attempts, 12 organizations did not respond, with private for-profit organizations (e.g., Wal-Mart and Giuliani Partners) being the least inclined to share information.

Reviewing organizations' materials. Next, documents from each organization were systematically reviewed for information related to possible evidence-informed practices and whether the organization: (1) was associated with one or more of the 11 services or 6 essential elements; (2) may be a particularly useful resource for providing trainings of EFAC planners and staff; or (3) was a potential partner with an installation in the event of a disaster (see Appendix D for a listing of these organizations along with a short summary of their potential usefulness and contact information). Brief summary reports were created for each organization including information on mission, contact information, and disaster response practices or expertise.

Literature search of empirical research. The extant empirical literature was examined through searches of several databases (e.g., Google scholar, PsycInfo, JSTOR, and PubMed) utilizing the following search terms: crisis - disaster - emergency response, disaster preparedness, disaster and- crisis management plan, mass casualty response - /incident, lessons learned, family assistance, and family assistance center. As a result of this process, a number of peer-reviewed journal articles, book chapters, and local and state government reports were identified (n = 40).

In addition, using Google Scholar and Google, websites of relevant research centers were identified as a result of searches conducted targeting specific continental United States mass casualty incidents in the past 20 years in which an emergency family assistance center was created within days of the disaster. References noted in these articles, reports, or on the websites of research centers about disaster management and emergency preparedness and response were used to identify additional relevant documents. Documents were systematically examined for methods, techniques, processes, and lessons learned with regard to discovering possible evidence-informed practices using the criteria identified earlier in this section.

Final decision on evidence-informed practices. Although the two approaches had different methods and different goals for what was being identified – organizations in the first, and relevant articles, reports, and chapters in the second – the same set of criteria for identifying potential evidence-informed practices was employed in both approaches. Furthermore, in the first phase of culling, a generous interpretation of what might constitute an evidence-informed practice was used. As a result, after reviewing all the information from both approaches, a large number of potential evidence-informed practices were identified, and compiled into a separate document. These were clustered under their respective area of service or element. The last step in this process entailed reviewing and discussing each of these evidence-informed practices. Consensus agreement regarding which practices merited inclusion in the final report involved three persons: Dr. Daniel Perkins (Clearinghouse director), Dr. Katharine Staley (Clearinghouse research scientist), and Dr. John Nelson (military family policy program consultant).

RESULTS

Evidence-Informed Practices: Essential Elements

EFAC Planning Team

➢ Assemble an EFAC planning team composed of 8-12 individuals. This team should include relevant on-installation personnel and representatives from local and regional disaster response agencies, such as first responder groups (e.g., EMTS, fire department, and police), the FBI, community/regional hospital officials, FEMA, American Red Cross, the medical examiner's office, relief groups, crisis mental health counseling groups, and volunteer agencies such as the Salvation Army.

➢ Assemble an overarching regional planning team in those geographical areas where multiple installations exist. Include one representative from each participating installation and the regional-level personnel. This reduces both the taxation of organizations serving multiple installations, and the duplication of efforts.

- Communicate and develop MOUs, MAAs, SOFAs with federal, state, local, voluntary, and other disaster response organizations providing disaster related services. To reduce duplication of services, the members of the planning

committee that represent those organizations should meet regularly to articulate their roles and responsibilities.

➤ If possible, have one individual on the EFAC planning committee who is an expert in crisis or disaster mental health response and management for children, adults, and families, and who is well versed in Psychological First Aid techniques. This person should be the lead coordinator of mental health services.

EFAC Planning Considerations

➤ Initiate the EFAC planning process early by developing a dedicated working group including military SMEs and representatives from key external agencies. Develop a biyearly review of all plans.

➤ Before a disaster occurs, clearly defined roles, expectations, and staffing requirements must be in place for the call center. Script outlines for call center staffers should be developed in advance and address the range of possible requests for information.

➤ An identified system for how to handle donations (monetary and in-kind materials) should be established. Appoint a person to be in charge of all in-kind donations (e.g., blankets, food, and toys) that often arrive unsolicited.

➤ Depending on the scope of the disaster, an off-site staff and volunteer processing center should be created to assist with the coordination and management of organizations and agencies providing services and resources to families, as well as the hiring and screening of additional EFAC personnel. This processing center should be responsible for "…screening, monitoring, and managing personnel,… developing an exclusive badge system for personnel, matching staff skills with organizational needs, assigning work schedules, the briefing and debriefing of support staff, and planning for future activities" (FFA Aviation Disaster manual, 2008, p.15).

➤ Preparation for a possible disaster needs to include the following:

- a plan that addresses EFAC staff roles and responsibilities of each representative service (e.g., ARC, FEMA, Tricare, and DEERS);

- participation in teambuilding exercises among community and regional stakeholders;

- development and practice of local disaster plans that include public health and emergency care; and

- a bi-yearly review and updating process of crisis plan is required.

- Pre-disaster training, especially among military units, is a critical preparatory element in responding to a disaster. Cross-training is important for providing first responders with information that may only be discussed within special units (e.g., firefighting or law enforcement).

- The planning committee needs to decide if they will do some or all of the following once a disaster has occurred:

  - use volunteer crisis mental health responders who are licensed in their profession (e.g., social workers, psychologists, and psychiatrists) and have additional credentialing in disaster mental health ;

  - send specific individuals for DMH training whom they have already identified or put on call;

  - offer on-site training in DMH to volunteering licensed professionals; and

  - utilize paraprofessionals (e.g., graduate students and EMTs) with validated DMH credentials.

- Implement training of DMH responders and counselors so they can distinguish between those individuals who are experiencing normative levels of traumatic grief and acute stress symptoms, and those individuals whose are at high risk for developing chronic trauma symptoms or other psychopathology and need referrals for more intensive or consistent mental health services.

- According to the Centers for Disease Control and Prevention (CDC) and the Association of Schools of Public Health (ASPH), training needs to promote five core competencies for DMH responders:

  - knowledge and techniques regarding trauma reactions and crisis intervention phases;

  - rapport-establishing skills that are culturally informed;

  - ability to monitor and assess psychological, emotional, medical, and physical needs of those closely affected;

  - problem-solving skills including the development and initiation of action plans responding to identified needs of those affected; and

  - skills for caring for the self and other disaster responder peers and co-workers (Everly, Beaton, Pfefferbaum, & Parker, 2008).

➢ Train potential EFAC personnel in disability awareness.

Communication

The Office of Public Affairs on an installation is integral to establishing and carrying out many of the evidence-informed practices for communication. One or more public affairs (PA) officers should be assigned to take the lead on communications issues, and responsible on a 24-hour basis for managing these communications and providing liaisons between the different constituents (e.g., media, members of the public, survivors and family members, and the command center at the disaster site). The following evidence-informed practices focus on process and practical issues, not command structure.

➢ Establish a call center with a toll free hotline within 24 hours of the disaster supplying basic information on the EFAC's location, hours (open 24 hours), and available services. Include TTY and TDD lines for people with hearing impairments to call. The call center should be able to handle large call volumes.

➢ Immediately establish a dedicated website as another source of information for families and as a means for the EFAC personnel to communicate with each other about ongoing needs. This website is critical because disasters can impact telephone communications more readily than web-based communications due to the basic architecture of each medium (The Select Committee on Technology in Government, 2002).

➢ In the acute post-disaster phase, establish daily or twice-daily briefings with survivors, family members, and other individuals directly impacted by the disaster and its aftermath. Ongoing communications with those that visit the EFAC are critical, and reflect one of the primary purposes of a family assistance center.

- These briefings by a PA officer or EFAC commander should provide updates on the progress of search, rescue, and recovery efforts, the status of the investigation into the disaster, upcoming events such as trips to the disaster site, the implementation of additional EFAC services, and other critical information.

- Family members who are not able to travel to the EFAC should be assigned a contact person who can provide daily briefings and answer any questions or concerns.

➢ Establish daily EFAC all-staff meetings to provide updates on the day's activities and expected developments, resolve any anticipated problems, and coordinate EFAC operations with the goal of best facilitating and supporting survivors, family members, and all others accessing EFAC services.

➤ During the acute post-disaster phase, establish daily or twice-daily communication between a designated EFAC staff member and the search, rescue, and recovery supervisor at the disaster site with regard to updates about the operations.

➤ Establish daily communication, regarding updates on victim remains and identification, between the designated EFAC representative and the local medical examiner's office or Mortuary Affairs depending on which office is the receiver of victim remains.

➤ Establish daily communication with media outlets (e.g., television, radio, and internet) on support services offered to families and others closely affected, and provide EFAC contact, location, and hours of operation.

➤ Establish regular communication between a designated mental health professional and the primary media representatives. The media can be used to educate the community on how to prepare and respond to a disaster and they can also convey urgent messages such as asking for volunteers.

➤ Create frequently-issued newsletters both online and hard-copy to update victims and their families on the status of resources and services available at the EFAC (e.g., financial, legal, health insurance support, support groups, and events).

IT Communication

➤ Create an online intake registration system for family members or survivors to receive information. An online version saved by a unique identifier such as social security number allows for information to be shared across agencies; thus, decreasing the need for repeated registrations.

- The military identification system cannot be used or be the sole system because family members such as parents, other relatives, or unmarried partners of victims need to be eligible for visiting and receiving services at the EFAC.

➤ Establish a designated area for a bank of phones and computers with internet access so that family members and survivors can stay connected.

➤ Create a secure, password-protected area of the EFAC website that provides families with access to features and updates restricted to those registered at the EFAC. Provide a secure chat feature so victims and families can communicate.

➤ Develop and implement a disaster case management system utilizing an IT network and a paper-based component in supporting service delivery and case management system, the comprehensive coordination of all available resource linkages, and a survivor's individual recovery plan.

Identifying Possible EFAC Locations

➢ Identify three possible locations for an EFAC, at least one off-base and one on-base. Where possible, the site should be large, offer sufficient parking availability, and allow for reasonable accessibility to hospitals and morgues. This location should also provide sufficient infrastructure for wiring for essential telecommunication needs, and for safely and efficiently managing a large number of individuals on a daily basis (i.e., sufficient electricity, heating/cooling, and sewage/water systems), including many who may be physically disabled.

➢ Security also needs to be considered so that only EFAC staff, relevant disaster response personnel, and family members have access to the EFAC. The use of a badge system with a security detail is one way to manage this issue.

➢ Ensure that appropriate equipment is available at EFAC to assist people with disabilities and that restrooms are handicapped accessible.

➢ If the EFAC location is within the area of possible contamination, then the EPA (or existing military structure) needs to monitor the air quality and surfaces of the center on a regular basis through accepted and rigorous procedures for sampling of contaminants.

➢ Appropriate health and safety standards should be used to determine if residential and work areas within the affected disaster zone are safe for re-occupancy. Notices related to updates on assessments, by neighborhood or building should be posted clearly at the EFAC center.

➢ Have an expert on the EFAC staff with experience in multicultural issues including: proper articulation of first and last names for survivor and victim lists, and for death certificates; and knowledge of culturally and religiously relevant funeral practices and prayer rituals, differing beliefs about death and afterlife, as well as about culturally-sensitive grief reactions.

Deactivating and Transitioning

➢ Develop a transition strategy for use at the 30-days after program operation of the EFAC begins. The transition plan should "ensure a seamless transition of disaster cases to the state managed program or other service providers" (ACF DCM Implementation Guide, 2009).

- Within a 24 hour period, clients should be given information on the status of their case, opportunities for continued case management services, and a list of available community, state, and federal resources.

➢ When client cases are closed, document the reason for closure by including a case closure summary. Case summaries should be written by the case manager and signed by the disaster case management supervisor. Reasons for closing a case include attaining recovery goals, referral to another case manager, client availability (e.g., loss of contact with the client), or closure by client request.

➢ All staff should be deactivated for their EFAC role once their involvement of the program ends. Staff badges, equipment and other relevant materials must be collected on their last day.

➢ "Following program deactivation, lessons learned and evaluation documents should be prepared" (ACF DCM Implementation Guide, 2009). National, regional, and local staff can provide valuable input and should be included in program evaluation, evidence-informed practices and lessons learned activities.

Evidence-Informed Practices: Service Areas of Focus

Medical Triage, Medical Services & Casualty and Mortuary Affairs

➢ Each EFAC should have a representative that communicates with the American Red Cross to monitor the victim injury status and provide assistance to their families.

➢ A medical examiner or representative should be available at all EFACs to assist families with coordination of victim remains and logistical considerations.

- Antemortem records such as dental, medical, and DNA data should be obtained from family members to assist with victim identification.

- A standard antemortem questionnaire and disposition of remains form should be used that addresses the local medical examiner and state requirements to assist with accessing directions on disposition of remains from the lawful next of kin.

- Utilize the Disaster Mortuary Operational Response Team (DMORT team) in disasters with mass casualties is recommended because they are already trained and licensed professionals with knowledge of victim recovery and identification. They will be on site and operational within 24 hours to assist the local medical examiner staff and set up a temporary morgue if needed.

- Depending on the type of accident or disaster and the local medical examiner's capabilities, team members should be assigned to assist the medical examiner with victim identification and mortuary services.

- Death notification and last rights activities should happen separately from the general population of an EFAC. Include psychosocial service representatives, having specialized expertise, training, and experience with issues of grief and loss, as part of the death notification team. Conduct training for death notification team members, as represented by a combination of Casualty & Mortuary Affairs personnel, Religious & Pastoral Care representatives, and psychosocial service providers.

- Lessons learned indicate that many family members who lost loved ones regretted following the advice of officials who recommended that they not view the remains of their loved ones. Evidence-informed practices should focus on compassionately and fully informing appropriate family members of the condition of the body or remains, and support the individual's preference and independent decision to view or not view the remains.

Religious and Pastoral Care

- Develop a spiritual care response team (SRT) to organize on-site spiritual care. The SRT should be equipped to offer spiritual care to victims and families of various faiths.

- SRT may also be responsible for planning and organizing an interfaith memorial service shortly after the disaster or accident and arranging a memorial service for future burials or unidentified remains.

Psychological Services and Referrals for Mental Health

- In the immediate (24-48 hours) post-disaster period, the primary focus of mental health providers, EFAC leadership and staff is to:

  - provide a safe and protected space for those affected;

  - keep these individuals from further harm, including limiting repeated media exposure of the disaster;

- provide information and help to reduce distress and arousal;

- facilitate communication with regard to helping families reunite; and

- bring together other social support for those affected.

➢ Following this acute period, mental health responders need to shift towards offering supportive early interventions, monitoring, identifying, and referring those who may need additional and more intensive mental health support, therapy, or hospitalization.

- Early intervention in the post-crisis phase should be offered but not mandated. Evidence indicates that mandating participation may actually do harm to some individuals by disrupting normative healing processes that facilitate recovery.

➢ Facilitating social support and aiding individuals to access their social support networks are evidence-based strategies linked to enhancing recovery and resiliency among survivors and others exposed to disasters.

➢ Formal diagnosing of psychological/traumatic reactions in the acute post-crisis phase is NOT appropriate as the majority of affected individuals will recover normally if given basic levels of support.

➢ Disaster Mental Health personnel should identify and monitor those at higher risk for development of significant and potentially chronic stress reactions and symptomatology who may need additional support in the acute crisis phase and referrals for therapy as the EFAC winds down. This list includes: elderly, children, individuals with pre-existing mental health issues and diagnoses, people with significant pre-existing disabilities or special needs, the injured or wounded, and individuals with the highest direct exposure to the disaster and its immediate aftermath.

➢ An international panel of experts identified five basic intervention principles (i.e., promoting a sense of safety, calming, self and collective efficacy, connectedness and support, and hope) of DMH that have received basic empirical support and should form the foundation for any specific intervention model (Hobfall et al., 2007; Vernberg et al., 2008).

➢ Use of the Psychological First Aid program as the primary EFAC-based DMH early intervention response for the acute crisis phase and through the first three to four weeks post-crisis is considered the current evidence-informed practice for early disaster mental health intervention.

➢ A list of all private therapists and state- and federally-funded mental health programs (e.g., therapy centers, support groups, and substance abuse treatment facilities) in the community and regionally should be made available.

➢ Cognitive behavioral therapy with a trauma focus has been used to effectively treat chronic PTSD and Acute Stress Disorder by significantly reducing problematic symptomatology (e.g., re-experiencing, hyperarousal, anxiety, and hypervigilance); however, it should only be employed with survivors and victims two to four weeks post disaster.

➢ Little empirical evidence exists to support the effectiveness of psychological debriefing or exposure-based methods, especially Critical Incident Stress Debriefing and Critical Incident Stress Management. In fact, these methods may actually do harm in the near-aftermath of a disaster in part because they utilize techniques related to reliving or recounting the trauma exposure that has been found to be counter-productive to normal recovery processes (Kenardy, 2000; Litz, 2008; Young, Ruzek, Wong, Salzer, & Naturale, 2006).

Housing/Temporary Lodging Services

➢ No evidence-informed practices were found under this focus area. Nevertheless, the following organizations have some useful resources: American Red Cross, Catholic Charities USA's Housing Counseling Network (HCN), and HUD's Homeless Assistance Programs.

Transportation

➢ Common across many mass fatality disasters is the desire of family members to visit the site where their loved one lost his or her life as soon after the disaster as possible. Have a plan in place to provide logistical support for families to travel to the accident or disaster location (e.g., transportation, lodging, meals, security, communications, and incidental expenditures).

➢ Beyond logistics, planning for visiting the site should include whether there will be a designated speaker and whether family members can leave tributes, or take pieces of the site with them as memorials.

➢ Provide a knowledgeable contact person who can meet family members and escort them as they get to the disaster site. In addition, have a mental health professional available to travel with families.

Translation Services

➢ Include an American Sign Language representative at the EFAC location for those who have deafness or a hearing impairment.

➢ Provide interpretation and translation services in multiple languages to the victims' families and all interested parties as needed. Simultaneous interpretation and translation in multiple languages should be provided during daily family briefings.

➢ Have an expert on the EFAC staff with experience in multicultural issues (e.g., proper listing of first and last names for survivor and victim lists, and for death certificates) and knowledgeable of culturally and religiously relevant funeral practices, prayer rituals, differing beliefs about death and afterlife, as well as about culturally-sensitive grief reactions.

Child and Youth Services

➢ Little rigorous empirical evidence exists about how to best support children following a disaster. Nevertheless, children who are exposed to disaster or loss of a loved one in a disaster benefit most from the support of a parent or trusted and known adult. This support should include age-appropriate information and reassurance.

➢ Employ the Psychological First Aid techniques and skills, and evidence-based psycho-education materials to supported children and adolescents of all ages (La Greca & Silverman, 2009).

➢ Parents should be counseled to return to normal daily routines as soon as possible, but to be flexible and tolerant of any increased needs for physical contact or the reassurance of increased proximity that their children may reveal or seek. Children of all ages may show increased needs for contact and proximity to family members in the immediate aftermath of a disaster.

➢ Small group interventions focused on debriefing and use of exposure techniques are NOT recommended for children and adolescents of any age.

➢ Media coverage in which the traumatic events are shown over and over again should be avoided. EFACs should carefully consider whether televisions that can be publicly viewed should be present at all.

➢ Trauma-Focused Cognitive Behavior Therapy (TF-CBT; Cohen, Deblinger, Mannarino, & Steer, 2004) has been shown to be effective in treating childhood traumas (e.g., loss of parent and exposure to disasters). However, the evidence indicates TF-CBT should not be used before a minimum of four weeks post-disaster, and only then with those children

showing significant post-traumatic symptomatology and ongoing functioning impairment.

➢ Develop a critical response childcare team to organize on-site services for families with young children.

➢ If the child care services provide certified pet therapy animals, this may help boost the morale of children and adolescents recovering from trauma.

Legal and Financial Services

➢ If the disaster is a result of a criminal act, a meeting for family members should be set up with the FBI to review their rights as victims of a federal crime.

➢ Ensure that at least one representative or team from the American Bar Association's Disaster Legal Services is present during EFAC operations and accessible to survivors and families, especially in the event of a man-made disaster. A Disaster Legal Services MOU framework can be found on the American Bar Association's website.

➢ Develop an emergency streamline compensation process to accommodate a high volume of claimants. A critical task is the assignments of victim compensation personnel to assist victims in completing applications and identifying further needs.

Information and Referral Services

➢ A list of local community service resources and contact information referenced in DTM should be accessible via paper and web to all EFAC personnel. This resource needs to be reviewed yearly to ensure accuracy.

➢ Maximize the efficiency of disaster case management by incorporating it into EFAC information and referral systems. This should include paper-based and electronic forms of case management when possible to provide continuity in delivery of service.

RECOMMENDATIONS

Listed below are recommendations culled from the literature that would facilitate efficacious planning and preparation of EFACs to achieve their critical functions.

➢ A system should be established that requires the submission and review of installations' EFAC plans. Plans must be reviewed bi-yearly.

➢ In addition to reading this report, the EFAC coordinator and planning committee should review the following documents and websites to gain a detailed understanding of the many factors involved in the operation and management of an EFAC.

- Directive-Type Memorandum 10-023, Emergency Family Assistance (December, 2010)

- Department of Defense Instruction 67055.17 (incorporating Change 1, November, 2010)

- Pentagon Family Assistance Center (PFAC) After Action Report (March, 2003)

- Federal Family Assistance Plan for Aviation Disasters (December, 2008)

- www.apctoolkits.com/family-assistance-center

  - This website was created by public health departments from Seattle and King Counties in Washington as a resource for emergency response organizations and public health departments in preparing for mass casualty disasters.

  - This resource addresses the role and operation of family assistance centers in this effort, discusses partnering with federal agencies, suggests training opportunities, and provides checklists and planning tools.

- "The Immediate Response to Disaster: Guidelines for Adult Psychological First Aid" by B. H. Young (2006) from *Interventions Following Mass Violence and Disasters* edited by E.C. Ritchie, P. J. Watson, & M. J. Friedman

- "Providing Relief to Families After a Mass Fatality" by R. Blakeney (November 2002) from the U.S. Department of Justice's Office for Victims of Crime Bulletin.

  - This resource specifically addresses considerations for choosing a family assistance center site, as well as state and federal agencies that are important for cooperation with FACs.

- Particular attention is given to issues of death notification to family members and coping with mortuary affairs issues.

  - U.S. Air Force Emergency Family Assistance Control Center (EFACC) Tool Kit, (2007). This kit provides real-world examples and ready to use forms, flow charts, and procedures.

➢ Establish a policy that within 24 hours of notification, all members of the planning committee and members of the response team are required to be present at the EFAC site.

➢ Given that since 9-11, disaster mental health has become a growing focus, a comprehensive literature review of disaster mental health and effective strategies for facilitating resilient coping in the immediate, mid-, and long-term aftermath of a disaster should be commissioned. The literature review should include information regarding assessments for identifying those at higher risk for developing significant psychopathology, and appropriate interventions to aid their recovery of families, children, and youth.

➢ Develop a detailed outline of a basic training curriculum for all pre-identified EFAC staff, including the following:

  - establishing an implementation plan associated with the focus areas;

  - facilitating knowledge about trauma exposure reactions, traumatic grief, and appropriate strategies, as well as self-care and peer-to-peer support for disaster mental health issues in the immediate and near-term aftermath of a disaster; and

  - creating a two-hour training for EFAC staff who are hired or volunteer in the post-disaster period.

➢ Consider outsourcing the more specialized areas of training for emergency preparedness with regard to EFAC staff and leadership (e.g., Psychological First Aid training for pre-identified disaster mental health responders and the National Emergency Training Center's courses).

➢ Establish criteria for credentialing and verifying the credentials of disaster mental health responders, particularly those who volunteer after a disaster and are needed, but were not previously identified.

➢ Plan ahead for providing assistance to disabled survivors and/or disabled family members.

- Make connections with local/regional agencies that serve the disabled, and ensure their representatives have a table at the EFAC center for on-site case management and referral services.

- A 2.5 day course on "Emergency Planning for Special Needs" is offered through FEMA's National Emergency Training Center.

➤ Develop a registration and intake system that involves online and paper-based materials.

➤ Develop a post-disaster review and lessons-learned protocol to promote improved preparedness over time.

➤ Develop a data collection strategy to be implemented in the event of a disaster for use with EFAC staff, base/installation personnel, and all those utilizing the EFAC. Information could include a range of topics from utilization of services, satisfaction with EFAC, mental health symptoms and other aspects of functioning and trauma recovery, and request and follow-up of referral agencies or groups for all issues (e.g., housing, safety, environmental assessment, mental health needs, medical-related needs, job disruption and re-engagement, transportation, and casualty and mortuary affairs).

➤ Develop a standard family preparedness plan and require the Service member to complete it within 90 days of their arrival at the installation.

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Appendix A

Organizations Contacted and Researched

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Airlines

1. American Airlines, Senior Vice President Customer Experience / American Airlines Customer Relations / CARE Program
2. Plymouth Municipal Airport Plymouth Municipal Airport*
3. University Park Airport*

Corporations

1. Advocates for Human Potential
2. Coca-Cola Company*
3. Disaster Recovery Journal*
4. Entrepreneurs Foundation
5. The Ford Foundation*
6. Giuliani Partners, Inc.*
7. International Critical Incident Stress Foundation (ICISF)
8. Microsoft Corporation
9. NetHope, Inc*
10. Philhaven
11. The Robert Wood Johnson Foundation
12. Science Applications International Corporation (SAIC)*
13. The Shaw Group*
14. United Services Automobile Association (USAA)
15. Wal-Mart Central Alarm*

Government Organizations

1. Centers for Disease Control and Prevention (CDC) Emergency Preparedness and Response
2. DoD Center for Excellence in Disaster Management and Humanitarian Assistance
3. Federal Emergency Management Agency (FEMA)
4. National Governors Association (NGA), Homeland Security & Public Safety Division
5. National Institute for Occupational Safety and Health (NIOSH)
6. Oklahoma City Fire Department
7. Oklahoma Dept. of Emergency Management*
8. Oklahoma Department of Mental Health and Substance Abuses Services/ Oklahoma City Project Heartland/ Compassion Center

9. U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF)
10. U.S. Department of Health and Human Services (HHS), Substance Abuse & Mental Health Services Administration (SAMHSA), National Center for Trauma-Informed Care
11. U.S. Department of Health and Human Services (HHS), Center for Mental Health Services (CMHS)
12. U.S. Department of Justice, Terrorism and International Victim Assistance Services
13. U.S. Department of Veterans Affairs, National Center for PTSD
14. U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF)

Non-Governmental Agencies

1. American Academy of Child and Adolescent Psychiatry (AACAP)
2. American Academy of Pediatrics (AAP)
3. American Bar Association/ Disaster Legal Services
4. American Medical Association (AMA), Center for Public Health Preparedness and Disaster Response
5. American Psychological Association/ Disaster Response Network (DRN)
6. American Red Cross (ARC)*
7. Catholic Charities/ Disaster Case Management
8. Church Disaster Mental Health Project/ University of Southern Mississippi
9. Emergency Family Assistance Association*
10. Habitat for Humanity
11. National Disaster and Life Support Foundation (NDLSF)
12. National Institute of Mental Health (NIMH), Division of Adult Translational Research and Treatment Development, Traumatic Stress Disorders Research Program
13. National Organization for Victim Assistance (NOVA) National Organization for Victim Assistance (NOVA)
14. National Voluntary Organizations Active in Disaster (NVOAD)*
15. The Center for Independence of the Disabled (CIDNY)
16. The National Child Traumatic Stress Network (NCTSN)
17. The Salvation Army National Headquarters
18. The Salvation Army, Western Pennsylvania Disaster Services
19. World Health Organization (WHO)

School Organizations

1. Eastern Kentucky University/ Kentucky Center for School Safety
2. JEFFCO Public Schools (Columbine High School) JEFFCO Public Schools (Columbine High School)
3. Murray State University, Kentucky Center for School Safety

University Organizations

1. LSU Department of Psychiatry, Programs for Children and Families (Health Sciences Center)
2. LSU Stephenson Disaster Management Institute (SDMI)
3. The Penn State University, Cooperative Extension, Extension Disaster Education Network (EDEN)
4. The Penn State University, Emergency Management Office
5. The University of South Dakota, Disaster Mental Health Institute*
6. Virginia Tech University, Emergency Management Office
7. Virginia Tech University, Office of Recovery and Support
8. Wheaton College, Humanitarian Disaster Relief (formally known as Catastrophe, Spirituality, and Trauma Lab (CaST))

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Note. * indicates no reply from organization

Total number of organizations contacted/researched = 62

Organizations who supplied information = 47

Organizations who did not reply = 15

Appendix B

DoD Verification Letter

Date:

Dear:

In response to the events of 9-11 and more recently Fort Hood, the Department of Defense, Office of Military Community and Family Policy is conducting a review of response plans for emergencies and disasters used throughout the military, government agencies, and the civilian community (e.g., non-profit organizations, business, and industry). Our goal is to identify evidence-informed practices across the country and to incorporate them into comprehensive crisis response plans for Service members and their families.

The Penn State University Clearinghouse for Military Family Readiness (Clearinghouse) is conducting this review. The Clearinghouse staff of Dr. Daniel Perkins, Dr. John Nelson, and Mr. Greg Kyler from Penn State University may contact you to request information about your response plans. They are interested in information on your approaches and response plans for crisis, emergencies and disasters. Ideally, they would like to interview your Emergency Management expert or review copies of documentation about your implementation guidance and approaches for contingency planning for emergencies and disasters.

Thank you in advance for your assistance in this important effort. If you have any questions please do not hesitate to contact Dr. Perkins at email: dfp102@psu.edu or (814) 865-6988.

      Sincerely,

      Robert L. Gordon III
      Deputy Assistant Secretary of Defense
      (Military Community and Family Policy)

Appendix C

Collaboration Request Letter

Date:

Dear:

The Penn State Clearinghouse for Military Family Readiness (Clearinghouse), on behalf of the Department of Defense (DoD), Office of Military Community and Family Policy, is currently gathering information on evidence-informed practices for Emergency Family Assistance Centers (EFACs). EFACs provide the primary integrated delivery of services to address the practical and emotional needs of military families during crises, emergencies, all-hazards disasters, and mass care operations.

The Clearinghouse's overall mission is to strengthen military family readiness through direct support to service providers for military families. The objective of this initiative is to identify and collect evidence-informed practices in policy, programs, materials, and interventions for military families and communities impacted by disaster. We understand that FEMA's Disaster Recovery Center operations may be directly relevant to informing and enhancing the EFACs' integrated delivery of services to military families, children, and other vulnerable populations impacted by disaster. We would appreciate the opportunity to talk to your staff regarding the Disaster Recovery Center program's potential evidence-informed practice information relevant to enhancing DoD's Emergency Family Assistance Centers' response and recovery operations.

My point of contact for this initiative is Dean G. Kyler. He may be reached via email at dgk118@psu.edu or phone 814.777.5409. I have attached a DoD memorandum providing additional assurance that this initiative is DoD sponsored. I want to thank you in advance for your assistance and assure you that your assistance will make a difference in the lives of military families by enhancing DoD's planning, prevention and force protection in the face of crisis or disaster.

Sincerely,

Daniel F. Perkins, Ph.D.
Professor of Family and Youth Resiliency and Policy
Director, Penn State Clearinghouse for Military Family Readiness

Appendix D

Organization Resource Guide

American Academy of Child and Adolescent Psychiatry (AACAP)
The AACAP provides a variety of resources for families, mental health professionals, and physicians on their Disaster Resource Center webpage. Fact sheets are available for families on a variety of topics such as Helping Children after a Disaster, Children and the News, Children and Grief, and Posttraumatic Stress Disorder. The Disaster Resource Center also recommends several books that discuss the emotional development and behavior of children and the effects of trauma on children. Power Point presentations and video clips are available on their website to assist mental health professionals and physicians in selecting the most appropriate treatment options for individuals or families with Posttraumatic Stress Disorder or mental illness.

Link:
www.aacap.org/cs/DisasterTrauma.ResourceCenter
Phone: 202-966-7300

American Medical Association (AMA) Center for Public Health Preparedness & Disaster Response (CPHPDR)
The AMA CPHPDR provides resource guides to help prepare civilian and military providers in disaster management and response. The resource guides are available for free on their website. One resource guide titled "Management of Public Health Emergencies-A Resource Guide for Physicians and Other Community Responders" was designed as a "quick and easy" reference tool that includes both web

and computer-based resources, such as reference guides, key points, medical resources, and reporting safety and security concerns. The AMA CPHPDR also offers a resource guide for civilians titled "Citizen Ready guide: How you can prepare for disasters and public health emergencies."

Link: www.ama-assn.org/ama/pub/physician-resources/public-health/center-public-health-preparedness-disaster-response.page
Email: Disaster.Preparedness@ama-assn.org

American Psychological Association/ Disaster Response Network (DRN)
The Disaster Response Network was developed to assist American Red Cross volunteers in managing the stresses associated with response and recovery efforts, as well as to provide support services to those communities being served as a result of disaster. Currently, the DRN consists of 2,500 licensed psychologists with specialized training and experience in disaster mental health, and although they do not provide on-site therapy in the context of disaster, they do help survivors mobilize their own coping skills and resources. DRN psychologists also help survivors with urgent needs and provide critical emotional support as they begin the recovery process. DRN members also provide support to emergency providers and first responders, and are especially adept at recognizing and addressing compassion fatigue dynamics.

Link:
www.apa.org/practice/programs/drn/index.aspx

American Red Cross
 The American Red Cross provides services that meet the immediate needs of victims affected by disaster such as shelter, food, mental health, and health services. The

ARC also provides food to emergency responders, addresses concerns and needs of family members who are distant from the disaster site, supplies blood and blood products to disaster victims, and connects victims and their families with needed resources. The ARC also has an agreement with the National Transportation Safety Board (NTSB) to send a Critical Response Team in the event of an aviation disaster to provide crisis intervention services to survivors and family members of victims. The ARC offers a number of trainings in: disaster response, services to the armed forces, and humanitarian law. A variety of crisis-related checklists were developed by the ARC based on research and evidence-informed practices to assist those affected by disasters. These checklists are available on the ARC website in English, Arabic, Chinese, French, Haitian-Creole, Korean, Tagalog, and Vietnamese. To view ARC checklists, visit: www.redcross.org/portal/site/en/menuitem.86f46a12f382290517a8f210b80f78a0/?vgnextoid=92d51a53f1c37110VgnVCM1000003481a10aRCRD&vgnextfmt=default.

Link: www.redcross.org/
Phone: 800-733-2767

Army Emergency Relief (AER)
This military relief program provides assistance services to military personnel and related dependents to enhance aspects of morale and wellness. Common features include grant and loan provisions, along with survivor benefit resources. Services and programs exist as categories of assistance and a more comprehensive explanation of these resources can be found in the *Army Emergency Relief Officer's Section Reference Manual (2011).* Content covered in the manual includes: Headquarters Army Emergency Relief Officers (AERO's)/ Caseworkers; Assistance

for Active Duty, Retired Soldiers, and Family Members; Assistance for Surviving Family Members (Spouses and Orphans); Assistance to Other Services/ Referrals; Assistance to Army Soldiers through the American Red Cross (ARC); Categories of Assistance; Loan Repayments; Fiscal Integrity, Management Compliance, and Audit Guide; Education Programs; and Soliciting Donations and Campaign Contributions.

Link: www.aerhq.org/
Toll Free Phone: 866-878-6378
Email: are@arehq.org

Catholic Charities Disaster Operations
The U.S. Catholic Charities Disaster Operations organizes the disaster response efforts of the Catholic Church and awards relief funds to local Catholic Charity agencies in the United States. Catholic Charity agencies provide relief and recovery services to victims at the local level. Services include provision of emergency food, shelter, direct financial assistance, counseling, and support. A variety of useful resources are available on the Catholic Charities Disaster Operations website, such as upcoming trainings and webinars, information on disaster kits, important web links, and information on available disaster assistant grants. Information on accessing the disaster response blog and Disaster Preparedness and Response network (DPR) is also available to those interested in connecting with first responders assisting victims and their families.

Previous webinars held by Catholic Charities USA have focused on disaster preparedness and response covering the roles of diocesan and parish staff, disaster grants and financial management, information and technology preparedness, crisis communications and fundraising,

managing volunteers during disasters, incident command structures, continuity of operations plans, introduction preparedness and fire preparation and response. To view descriptions and presentation slides from past webinars, visit: www.catholiccharitiesusa.org/page.aspx?pid=2226

Link: www.catholiccharitiesusa.org/page.aspx?pid=305
Phone: 703-549-1390
Email: info@catholiccharitiesusa.org

Centers for Disease Control and Prevention (CDC)
Emergency Preparedness and Response
The CDC Emergency Preparedness and Response provides information to the general public on preparing and responding to acts of terrorism, coping with crisis incidents and traumatic events, emergency first aid for physical injuries sustained in a disaster, and first aid care for burns. Resources such as fact sheets, preparedness and response tools, and training/education are available to professionals. Fact sheets include information on providing care and coping during mass causalities. A video webcast titled "Surviving Field Stress for First Responders" is also offered to first responders. The webcast discusses the physical, emotional, and mental stressors of responding to a disaster and provides coping strategies and resources for dealing with stress. For more information on resources for professionals, visit: www.bt.cdc.gov/masscasualties/essentialspro.asp

A CDC project called "Terrorism Injuries: Information, Dissemination, and Exchange (TIIDE Project)" encourages collaboration between professionals in acute medical care, trauma, and emergency medical services (EMS) and state and local public health programs to improve and strengthen preparedness among agencies. Current TIIDE partners include American College of Emergency Physicians (ACEP), American Medical Association (AMA), American Trauma Society (ATS), National Association of County & City Health Officials (NACCHO), National Emergency Medical Service Physicians (NEMSP), and Southern Nevada Health District (SNHD). For more information related to the TIIDE Project, visit: http://emergency.cdc.gov/masscasualties/tiidefacts2.asp and http://emergency.cdc.gov/masscasualties/tiidefacts.asp

Link: www.bt.cdc.gov/masscasualties/
Phone: 800-232-4636
Email: cdcinfo@cdc.gov

Disaster Mortuary Operational Response Team (DMORT)
A Disaster Mortuary Operational Response Team provides victim identification and mortuary services to those affected by major disasters. Services include temporary morgue facilities, victim identification, forensic dental pathology, forensic anthropology methods, processing, preparation, and disposition of remains. DMORT teams are drawn from ten regions across the nation, and consist of members of the community who have specific areas of expertise in victim identification and mortuary affairs. Professionally credentialed members may include funeral directors, medical examiners, coroners, pathologists, forensic anthropologists, medical records technicians, finger print specialists, dental assistants, x-ray technicians, computer professionals, administrative support staff, and security and investigative personnel. DMORT teams can be on site within 24 hours of a disaster

and can be activated through a number of mechanisms, including a presidential mandate.

Link:
www.phe.gov/Preparedness/responders/ndms/teams/Pages/dmort.aspx
or www.dmort.org/

DoD CENTER FOR EXCELLENCE
In Disaster Management & Humanitarian Assistance (DMHA)

This DoD COE educates, trains, conducts research, and assists in international disaster management and response, health security, and humanitarian assistance. The DMHA offers a seminar series for Senior Civil Military Leaders on the importance of collaboration between civilian and military stakeholders. A *Humanitarian Assistance Response Training* (HART) course is also offered and assists military planning and response professionals in leading and supporting humanitarian assistance such as disaster response operations. A more intensive course (3 week graduate course) titled *Health Emergencies in Large Populations* (HELP) focuses on the major public health issues associated with natural disasters, complex emergencies, and internal displacement. The Center also offers exercise and response support in disaster response or humanitarian assistance operations. For more information on Exercise/Response Support, visit: http://coe-dmha.org/Exerponse/Default.aspx.

Link: http://coe-dmha.org/AboutUs/Default.aspx
Phone: 808-433-7035
Email: frontoffice@coe-dmha.org
        education@coe-dhma.org

FEMA Crisis Counseling Assistance Program

The Crisis Counseling Assistance Program exists through a partnership and interagency agreement between FEMA and SAMHSA that provides prevention and public health resources to states, territories, and federally recognized tribes recovering from presidentially-declared disasters. The FEMA Crisis Counseling framework is distinctly different from the more traditional approaches used in the field of psychology that tend to focus on pathology based processes of the person. Disaster Mental Health orientations and Crisis Counseling approaches offer a more practical framework for addressing the disaster-specific recovery needs of survivors. A major resource provided by this program is crisis counseling technical assistance and training directed at supplementing existing supports and assisting local mental health professionals providing disaster related mental health services.

Link:
www.fema.gov/assistance/process/additional.shtm
Phone: 800-621-3362

FEMA/ American Bar Association, Young Lawyers Division, Disaster Legal Services

Disaster Legal Services is a Federal Disaster Assistance Program that provides pro-bono disaster legal services to those communities and families impacted by presidentially declared disasters at the state, territory, or national level. Services operate through an existing MOU between FEMA and the American Bar Association's Young Lawyers Division. The Disaster Legal Services offered by the Federal Disaster Assistance Program is activated by FEMA once an assessment of the services needed is completed; FEMA then contacts and

coordinates with the Young Lawyers Division's National Coordinator of Disaster Legal Services, for the purpose of mobilizing Disaster Legal Services for a given area. The American Bar Association/Young Lawyers Division responds by setting up toll-free hotlines and referral services to connect affected community members with free legal assistance and related Disaster Legal Services.

Link: www.fema.gov/assistance/process/additional.shtm#2. or www.americanbar.org/groups/young_lawyers/disaster_legal_services.html
Phone: 312-988-5611
Email: yld@americanbar.org

Habitat for Humanity Disaster Response
Habitat provides expert knowledge on technical information, program design and implementation, and disaster response policies, protocols and procedures. Habitat's Disaster Response teams work with community leaders, local government, humanitarian aid organizations, and Habitat affiliates on developing long-term and sustainable solutions to shelter and house construction, as well as offers information on disaster risk reduction.

Disaster Corps, professionals trained in disaster settings, are also able to assist Habitat for Humanity affiliates who need additional support after a disaster. Disaster Corps assist with disaster preparedness planning, post-disaster assessment, affiliate capacity building, resource development, logistics, community development, volunteer coordination, and construction management.

Link: www.habitat.org/disaster/default.aspx
Phone: 800-422-4828

Email: disaster@habitat.org

International Association of Venue Managers (IAVM) and the American Red Cross (ARC)
IAVM's and the American Red Cross's *Mega-Shelter Planning Guide* (2010) represents a clear, well laid out, and easy to follow mass care shelter planning guide that represents a valuable resource. This guide includes: descriptions of sheltering roles and responsibilities, brief descriptions of shelter typologies and functional uses, guidance on the planning, preparedness, response and recovery phases of shelter operations, operational communications and unified command structure considerations, Concept of Operations (ConOps) plan for all 24 functional areas, Mega-Shelter framework, Mega-Shelter practices, staffing matrix, and recommended trainings.

Link: www.iavm.org/CVMS/pdf/MSPG-11%2715%272010.pdf or www.iavm.org
Phone: 972-906-7441

National Disaster Life Support Foundation (NDLSF)
NDLSF offers a variety of courses to emergency medical service (EMS) personnel, hazardous materials personnel, public health personnel, and health care providers. Courses include Basic Disaster Life Support (BDLS), Advanced Disaster Life Support (ADLS), Core Disaster Life Support (CDLS), Decon Disaster Life Support (NDLS-D), and Advanced Disaster Life Support- Instructor Course. Online versions of the Basic Disaster Life Support and Disaster Life Support courses are available for individuals unable to attend a live course. Information covered during courses includes the importance of coordination between local, state, and federal emergency personnel; strategies for

protecting themselves and others; effective communication techniques for emergency personnel and the media, and how to cope with the psychological impacts of traumatic events.

Link: www.ndlsf.org/common/content.asp?PAGE=137
Phone: 866-722-4911
Email: info@ndlsf.org

National Institute for Occupational Safety and Health

Some services provided by the NIOSH EPR include assessing the effects (i.e. physical and psychological consequences) of natural disasters on emergency responders. NIOSH has also provided technical assistance services to federal, state, and local agencies. For example, after hurricane Katrina NIOSH provided services to the Jefferson Parish Emergency Medical Service (EMS), U.S. Army Corps of Engineers (USACE), National Park Service (NPS), and the city of New Orleans. These services included guidance on handling the deceased, confined space, thermal stress, electrical hazards, carbon monoxide, stress, structural instability, and infection control.

Link: www.cdc.gov/niosh/programs/epr/assistance.html
Project Contact: Richard Niemeier,
Phone: 513-533-8388

National Organizations Active in Disaster "National VOAD"

National VOAD is a unique organization within the voluntary services field and is considered "the hub" for voluntary organizations active in disaster. The central focus of this organization is cooperation, communication, coordination, and collaboration between a variety of government, non-government, and non-profit organizations. National VOAD offers an information network forum in support of member needs and related information sharing activities. National VOAD's efforts also focus on defining the specific roles of each volunteer organization by implementing a point of consensus process that establishes agreements with a given agency's inherent role in a disaster. This organization also has a substantial amount of subject-matter expertise in the area of long-term recovery.

Link: www.nvoad.org/
Phone: 703-778-5091
Email: info@nvoad.org

SAMHSA Disaster Technical Assistance Center (DTAC)

The SAMHSA Disaster Technical Assistance Center (DTAC) provides disaster technical assistance, training, and consultation to help disaster behavioral health professionals plan for and respond effectively to mental health and substance abuse needs following a disaster. SAMHSA publication entitled, *Mental Health Response to Mass Violence and Terrorism: A Training Manual* (2004) provides a step-by-step account of the death notification process, adapted from the Mothers Against Drunk Driving curriculum on death notification. These guidelines provided by this publication will likely be helpful informing and/or enhancing aspects of death notification procedures occurring within the scope of EFAC operations.

Link: www.samhsa.gov/DTAC/ or http://store.samhsa.gov/shin/content//SMA05-4025/SMA05-4025.pdf
Phone: 877-726-4727
Email: SAMHSAInfo@samhsa.hhs.gov

The National Child Traumatic Stress Network
Psychological First Aid
The National Child Traumatic Stress Network (NCTSN) strives to improve the quality of services for traumatized children and their families by designing and disseminating evidence-based interventions, trauma-informed services, and public and professional education. The NCTSN and the National Center for PTSD co-developed the *Psychological First Aid (PFA) Field Operations Guide 2nd Edition* (2006) to enhance standard care for, and access to services for children, youth, and families affected by disaster. The guide can be downloaded for free on the NCTSN website and the manual is available in English, Spanish, Japanese, Norwegian, and Chinese. The manual includes an overview of PFA, descriptions of service delivery sites and settings utilizing PFA, information on PFA provider care, provider worksheets that assess the survivor's immediate needs, and handouts for survivors. Handouts cover topics such as seeking and giving social support, common negative and positive reactions experienced by survivors during and after a disaster, tips for parents, tips for adults, basic relaxation techniques, and alcohol and drug use after disasters.

Link: www.nctsn.org/content/psychological-first-aid
Terrorism and Disaster Program Contact: Melissa Brymer
Phone: 310-235-2633 ext.227
Email: mbrymer@mednet.ucla.edu

NCTSN offers a 6-hour PFA online training for professionals new to disaster response and experienced professionals who want a review. The link to the online training is: http://learn.nctsn.org/course/category.php?id=11

John Hopkins also offers a 6-hour face to face training in PFA:
http://www.jhsph.edu/preparedness/training/pfa.html

The National Transportation Safety Board
Transportation Disaster Assistance
The National Transportation and Safety Board (NTSB) organizes disaster response resources between federal, state, and local governmental and volunteer agencies. The Transportation Disaster Assistance (TDA) specialists collaborate with these agencies and the transportation carrier to assist victims and their families affected by disasters by offering family counseling, victim identification and forensic services, and translation services. The TDA specialists also communicate directly with the family members by conducting briefings and updates on the status of the investigation, and serving as the primary contact person. Family assistance planning is also provided by TDA specialists to all transportation modes.

The National Transportation Safety Board provides the primary policy framework through the publication entitled, *Federal Family Assistance Plan for Aviation Disasters (2008).* This publication provides guideline information for airlines impacted by aviation disasters and guidance for related response and recovery efforts, including the set up and operation of a family assistance center in the event of an airline accident. It also offers useful guidance and insights into the Disaster Operation Family Care and Mental Health Services provided by the American Red Cross Critical Response Team (CRT) and Spiritual Care Response Team.

Link: www.ntsb.gov/tda/index.html

Link to Federal Family Assistance Plan for Aviation Disasters:
www.ntsb.gov/doclib/tda/Federal-Family-Plan-Aviation-Disasters-rev-12-2008.pdf
Phone: 800-683-9369
Email: assistance@ntsb.gov

The Salvation Army
The Salvation Army's Role in Emergency Disaster Services encompasses a three phase framework within the following areas to include, emergency preparedness, immediate emergency response, and long-term disaster recovery. The Salvation Army provides material, physical, and spiritual/emotional comfort to victims and first responders. The Salvation Army also developed the *Salvation Army Prep Guide: Home Safety Emergency Plan* easel pad with magnetic backing so that it can easily be affixed to a home refrigerator, and includes home emergency readiness considerations in a quick reference format.

The Salvation Army also provides a variety of faith-based and social services potentially relevant to EFACs Religious and Pastoral Care components, as well as offers training courses in: Emotional and Spiritual Care in Disaster Operations, Emergency Assistance in Disaster Operations, Disaster Social Services, Preparing Your Congregation for Disasters, Advanced Group Crisis Intervention, Group Crisis Intervention, Grief Following Trauma, Individual Crisis Intervention and Peer Support, and Suicide Prevention.

Link:
www.salvationarmyusa.org/usn/www_usn_2.nsf/vw-text-dynamic-arrays/3C5471700B61E262802573DF0063B7C8?openDocument

The Salvation Army Team Emergency Radio Network (SATERN)
The Salvation Army Team Emergency Radio Network (SATERN) and other amateur radio groups provide a network of communications when more traditional communication systems experience difficulties and/or become inoperable as a result of disaster, as happened after the 9-11 WTC attacks which temporarily crippled communication hubs in New York City.

Link: www.satern.org/

UCLA, Center for Public Health and Disasters, Preparedness and Emergency Response Research Centers (PERRC) PsySTART Rapid Mental Health Triage and Incident Management System
PsySTART also known as (Psychological Simple Triage and Rapid Treatment) is regarded as one of the first evidence-based disaster mental health triaging systems. Its purpose is to provide a systemic means to rapidly assess the immediate disaster mental health surge need common with disaster incidents and crisis emergencies. This Rapid Mental Health Triage system also consists of an information technology network designed to assist with collecting and analyzing the immediate, intermediate, and long-term needs of disaster survivors, offering responsible officials and response/recovery program stakeholders an enhanced "common operating picture" and assessment of needed resources.

Link:
www.cphd.ucla.edu/pdfs/PsySTART%20Rapid%20Mental%20Health_WebRev.pdf
Program Contact: Dr. Merritt Schreiber
Phone: 310-794-0864
Email: mschreiber@mednet.ucla.edu

U.S. Department of Justice, Terrorism and International Victim Assistance Services
Terrorism and International Victim Assistance Services fall under the Department of Justice, Office of Victims of Crime, and is also a component of Office of Justice Programs. This organization offers a variety of services and related resource potentially relevant to EFAC operations, especially in the aftermath of a disaster caused by acts of terrorism. Some of the programs, services, and resources available are the following: Anti-terrorism and Emergency Assistance Program; International Terrorism Victim Expense Reimbursement; Crime Victim Assistance Emergency Fund; and Victim Reunification Travel Program.

Link:
www.ojp.usdoj.gov/ovc/publications/infores/respterrorism/welcome.html or www.ovc.gov/publications/infores/pdftxt/tivas_brochure.pdf
Phone: 202-307-5983

U.S. Department of Veterans Affairs, National Center for PTSD
The, National Center for PTSD focuses on meeting the needs of veterans and others affected by trauma and PTSD, through research, education, and training. The center offers a 35 hour clinical training program for professionals focusing on the assessment and treatment of PTSD. Lectures, Seminars, clinical observation, multimedia materials, and group discussions are some of the education activities utilized during training. A variety of useful materials on PTSD are also available on their website such as tri-fold cards, brochures, booklets, guides, and resources for providers and the public.

Link: www.ptsd.va.gov/about/index.asp
Phone: 802-296-6300

Email: ncptsd@va.gov

World Health Organization (WHO)
The World Health Organization (WHO) aims to decrease death rates and the development of disease and disability. WHO works with member states and stakeholders to reduce suffering and death in the aftermath of a crisis by building capacity to prepare and manage crises; implementing strategies that can assist in reducing the effects of disasters; responding to crises with efficient, effective and timely action; and repairing and rebuilding the local health system.

The WHO network for Health Action in Crisis (HAC) collaborates with Member States, international partners, and local institutions to assist communities in preparing for, responding to, and recovering from emergencies, disasters, and crises. HAC aims to:
- Save lives and reduce suffering in times of crises;
- Build efficient partnerships for emergency management and ensuring these are properly coordinated;
- Advocate for political support and consistent resources for disaster preparedness, response, and recovery;
- Develop evidence based guidance for all phases of emergency work in the health sector;
- Strengthen capacity and resilience of health systems and countries to mitigate and manage disasters; and
- Ensure international capacity to support countries for emergency response through training and establishment of surge capacity.

Link: www.who.int/hac/about/en/
Email: info@who.int