



Functional Annex – Mental Health

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1 Purpose

The purpose of this annex is to outline the plans and procedures for implementing disaster-related mental health services in case of natural, human-caused, or technological disasters. The plan establishes the framework within which the County’s mental health staff will provide, coordinate, and prioritize services.

2 Situation and Assumptions

2.1 Situation

- Washington County is subject to various types of significant emergencies and disasters that will impact the mental and emotional health, at least temporarily, of survivors and emergency responders.
- Disasters create the potential of having a psychological impact on all County residents. The impact will vary depending on individual personality characteristics, training, and the proximity to trauma. (Trauma may be experienced directly or indirectly. For example, being the injured person versus witnessing a traumatic injury versus hearing about a loved one who was injured versus seeing injured people on the television.)
- Washington County, through the Department of Health and Human Services, provides mental health services utilizing a system of sub-contracted provider agencies. Funding is distributed to private non-profit agencies that provide a range of prioritized mental health services to children, adults, and older adults. Contracts with those agencies do not allow the County to conscript staff and assign them to disaster related duties.
- Mental health staff members employed by the County serve as contract administrators, quality assurance specialists, care coordinators, system liaisons, and commitment investigators. None provide a direct service, but many have the clinical background to provide disaster mental health services.
- Other local entities are capable of providing mental health support. They include the American Red Cross, school counselors and psychologists and law enforcement and fire department chaplains.
- Three hospitals in Washington County have currently provide inpatient psychiatric services. Providence St. Vincent hospital and Cedar Hills Hospital have inpatient units for adults. Tuality Center for Geriatric Psychiatry provides psychiatric inpatient services to older adults.
- Pre-disaster mental health coordination is done with emergency management, law enforcement, fire and rescue, American Red Cross, local hospital emergency departments, acute psychiatric units, human services agencies, and other entities that have a “helping” function.

- Washington County Mental Health (WCMH) will need to staff the County Emergency Operations Center (EOC) and/or the Health and Human Services (HHS) Department Operations Center (DOC), thus reducing the number of available mental health professionals to do other functions.
- A county mental health telephone crisis line is in place and acts as a central information and referral source for referrals for psychiatric emergencies and referrals.
- All agencies, organizations, businesses, churches, etc. will be better able to serve their constituencies if they have some training in the basic psychological responses to disasters and psychological first aid.

2.2 Assumptions

- Virtually all impacted residents will experience some changes over the first weeks after an incident, but most will recover without intervention.
- Some residents will be more vulnerable than others to the effects of disasters. These groups include the disabled, older adults, children, and those with pre-existing mental health disabilities.
- Entities with a service function, developmental disabilities, aging services, nursing homes, assisted living facilities, etc. will be able to respond to their clients immediate and routine mental health needs.
- The mental health response will vary as a function of the number of psychological casualties and the nature and duration of stress. The level of psychological distress is increased by a human caused event, an event that has a long incubation period like the spread of a naturally caused disease, or an event that persistently threatens basic life needs for food, water, and shelter.
- Training in the typical human responses to disasters and the basics of psychological first aid can benefit all entities that are likely to be seen as resources by County residents, including contracted agencies. Training allows individuals from these entities to function more effectively and gives them information that they can provide to citizens as they perform their basic function. For example, an emergency medical technician (EMT) can tell a survivor that feeling a little confused is a typical response to a disaster at the same time they are bandaging a wound. A non-inclusive list of entities that would benefit from training and would relieve the overall demand for behavioral health intervention includes churches, physician's practice groups, hospitals, large businesses, and cities.
- Many organizations (local governments, businesses, and school districts) provide access to counseling services through Employee Assistance Programs (EAP) as part of a benefit package offered through employment. Private

sector counselors/psychologists will provide a significant alternative to the public sector delivery system.

- Although there are mental health clinicians capable of providing services in the Departments of Juvenile Services and Community Corrections as well as the Sheriff's Office (jail staff), it is expected that those staff will be incorporated into their specific response plans and are unlikely to be available for broader assignment.
- All County mental health administrative functions can be suspended for up to two weeks without serious impact on the provider system.
- Existing public sector mental health employees and the staff of funded agencies will be inadequate to meet the surge needs of Washington County residents.
- Some percentage of staff from both the County and provider agencies will be victims and unable to respond immediately or at all. Others may be isolated and unable to report to work due to disaster impacts.
- Mental health trained citizens will volunteer to assist. They may do so through an organized and pre-identified organization (American Red Cross) or in a spontaneous non-affiliated way. Volunteers will need to be trained or credentialed before assigning them duties.
- Washington County Mental Health (WCMH) will need to verify skills and coordinate utilization of trained and experienced mental health professionals arriving to provide assistance.
- WCMH will need to provide and coordinate “just-in-time” training for mental health volunteer professionals with adequate clinical skills, but without disaster training or experience.
- Federal mental health resources generally will not be available for three to seven days from the time of the request.

3 Concept of Operations

3.1 Definitions

- Credentialing – The process of verifying a person's training, skills and licenses as well as training a person to perform a specific task.
- Crisis services – Very brief, focused services to restore a minimal level of psychological functioning and/or to prevent danger to self or others. In a non-disaster environment, the goal is often to prevent hospitalization.

- Employee Assistance Programs – Counseling services provided as part of a benefit package offered through employment. For those eligible, an alternative mental health service to the public sector delivery system.
- Health and Human Services – The Health and Human Services Department includes Mental Health. Mental Health is included under the bureaucratic umbrella of “Human Services.”
- High-risk populations – Vulnerable/High-risk populations include the following.
 - Children
 - Elderly
 - Ethnic minorities
 - Persons with special communications needs
 - Persons with severe and persistent mental illness
 - Persons in group living facilities
 - Humans services workers
 - Disaster relief workers and first responders
- “Just-in-time” mental health training – Training provided after a disaster to qualified individuals that allow them to complement the existing disaster mental health system. For example, licensed counselors are provided highly focused information about disaster mental health techniques.
- Local Mental Health Authority (ORS 430.630) – Services to be provided by community mental health and developmental disabilities program; local mental health authorities; local mental health services plan.

As used in this subsection (ORS 430.630(10) (a)), “local mental health authority” means one of the following entities:

- The board of county commissioners of one or more counties that establishes or operates a community mental health and developmental disabilities program;
 - The tribal council, in the case of a federally recognized tribe of Native Americans that elects to enter into an agreement to provide mental health services; or
 - A regional local mental health authority comprised of two or more boards of county commissioners.
- Local Public Health Authority (ORS 431.260(7)) – “Local public health

authority” means a county government, or a health district created under ORS 431.414 or a person or agency a county or health district has contracted with to act as the local public health authority.

- Mutual Aid Agreement – Written agreement between agencies and/or jurisdictions that they will assist one another on request, by furnishing personnel, equipment, and/or expertise in a specified manner.
- Psychological/psychiatric crisis – Depression, mania or psychosis that is likely to lead to injury to self or others if not treated immediately.
- Severe and persistent mental illness – Mental illnesses with a significant psychotic or affective component that are persistent and lead to significant limitations in normal functioning, hospitalizations, or behaviors that are self endangering or a danger to others.
- Surge Capacity – Ability of the healthcare system (hospitals, clinics, etc.) to deal with a dramatic increase in patient load.

3.2 Operations by Emergency Level

- Type IV and Type V – An event that is confined to a small area of the County and presents few, if any, operational or policy issues; generates little or no media interest; and can be handled with existing mental health resources. Activation of the Department of HHS DOC is not necessary. Examples are single or multiple fatality accidents or illnesses. Psychological casualties estimated at less than 100. County Mental Health supports schools, American Red Cross, and other directly-affected entities upon request.
- Type III – An event that leads to psychological casualties in the range of 100 – 1,000 residents and is of limited duration. For example, a windstorm or an ice storm where power is lost and restored within a few days and physical injuries, deaths and property damage do not exceed norms for such an event. Individuals affected are those that lost property, were injured, or were close to residents that died. This group is differentiated from the larger group of residents who were minimally affected.

The existing mental health system and natural disaster partners (American Red Cross) will be stressed but should be able to manage without the need for extensive or long lasting adjustments to normal clinical and administrative practice. Activation of the Department of HHS DOC is not necessary. The EOC may be activated but will not likely be required to coordinate mental health activities. Some administrative and/or clinical staff may be temporarily diverted from routine duties to support relief efforts.

- Type II – An event that broadly affects the County, has significant operational and/or policy challenges, and generates heavy media interest. The emergency cannot be handled with existing mental health resources and will require activation of emergency plans.

The existing mental health system and natural disaster partners will be stressed and need assistance. Activation of the Department of HHS DOC and County EOC will be necessary. Coordination of mental health policy and operation and public information issues will be handled at the County EOC. Administrative and clinical staff will be diverted from routine duties to support relief efforts. Possible scenarios include a moderate earthquake or influenza epidemic leading to significant death. Basic infrastructure is interrupted for up to a month. The Local Response identified in section 3.4 will be fully implemented. Psychological casualties are estimated in the thousands.

- Type I – An event that significantly impacts virtually every County resident and will stress County, state, and federal capacities to the limit, including the existing mental health system. Survival infrastructure and communication is significantly and persistently interrupted.

All emergency plans and operation centers are activated. Coordination of mental health policy and operation and public information issues will be handled at the County EOC. Many staff will be affected and operations will be severely restricted to serving only those most in need. Administrative and clinical staff will be diverted from routine duties to support relief efforts. Available and/or surviving staff may only be able to provide coordination for the resources coming to the scene from outside the area. The Local Response identified in section 3.4 will be fully implemented. Psychological casualties are estimated in the thousands or greater.

3.3 Impact Assessment

Following an incident, a mental health needs assessment will be initiated by the Mental Health Group in the Community Services Branch of the EOC, if activated, to determine the number and type of mental health related needs. Data will be collected from hospitals, the medical examiner, and damage assessment teams to be input into a formula to estimate immediate and longer term needs (see Tab 1.) The formula incorporates individuals directly and indirectly affected and uses risk multipliers depending on the nature of the disaster. The formula provides a general estimate of the need for mental health services.

3.4 Local Response

Washington County mental health services are provided through the County government using a system of for-profit and non-profit agencies. Services are provided countywide and no other governmental agency, special district, non-governmental organization, or business has the responsibility to provide these services. During emergencies affecting emotional stability and cognitive capacity, the County's unique role in the delivery of public mental health services greatly increases the need for effective information, resource, and policy coordination.

To meet these emergency related needs, the Local Mental Health Authority and the service delivery system must flexibly adjust to the demands of the specific emergency.

■ County Role

- As indicated in the Oregon Behavioral Health All-Hazards Response Plan, the County mental health authority is deemed to be ultimately responsible for the local behavioral health plan and response. Cities do not provide mental health services although some may have chaplains or employee assistance programs.
- The Adult Mental Health Supervisor, Adult and Child Senior Program Coordinators, and the Behavioral Health Supervisor will manage the overall mental health response in the Mental Health Group under the direction of the Community Services Branch Director in the Operations Section of the EOC.
- Mental health staff not required in the EOC/DOC will focus on activities that coordinate and expand existing resources. These activities will minimally include:
 - (1) **Credentialing** spontaneous volunteers interested in providing mental health support. This will include validating education, licenses and to the degree practicable, criminal history. Spontaneous volunteers will provide the bulk of mental health services in a major event.
 - (2) Provide **“just in time” training** to all staff and volunteers willing and authorized to provide mental health services in a major event.
 - (3) Form **mental health response teams** from staff and volunteers. Deploy as directed through the EOC and utilizing established priorities.
 - (4) Provide **mental health support** to relief workers including volunteers staffing the Public Inquiry Center (PIC).
 - (5) Enhance the existing mental health telephone crisis service as a means of supporting all County residents and to provide an alternative for PIC staff for callers in psychiatric crisis.
- Mental health resources will target, in priority order, residents meeting the criteria for crisis level services, individuals currently receiving services, high risk populations, and residents in shelters.
- Resources will be allocated (triaged) to maintain the stability of residents with the highest risk of a significant negative psychological response and those without access to private insurance or organizationally based resources (e.g. fire and public safety).

■ Role of Other Local Organizations

- Publicly funded or governmental entities such as cities and large corporations will need to rely on their EAP's and/or other internal resources to serve their employees in all but the most severe (crisis) psychological/psychiatric emergencies.
- First responder agencies will utilize pre-existing procedures and resources to serve their employees to the extent possible.

3.5 State and Federal Response

If the numbers of estimated mental health needs exceeds the capacity of Washington County's response, the State Emergency Coordination Center (ECC) will be contacted to activate the Oregon Behavioral Health All-Hazards Response Plan. Additional mental health resources will be engaged to meet the needs and coordinated within the EOC.

If the numbers of estimated mental health needs exceeds the capacity of the State Mental Health Plan, federal resources will be requested through the State ECC.

3.6 Phases of Management

3.6.1 Immediate Response Phase

- Staff EOC if activated.
- Staff DOC if activated.
- Identify and/or establish a base of operations.
- Assess mental health service capacity at least once per shift.
- Assess and prioritize mental health needs and requests for service at least once per shift.
- Assign available resources as requested through the EOC using the established prioritization.
- Establish communications with victim centers, shelters, hospitals, etc.
- Establish communications and coordinate with external helpers. For example, local organizations with mental health staff, neighboring counties, and the state.
- Initiate credentialing of spontaneous volunteers.
- Initiate "just-in-time" training of spontaneous volunteers.

3.6.2 Short-Term Recovery Phase

- Assess needs for non-emergent, but disaster catalyzed mental health services.
- Apply for financial and clinical assistance.

- Evaluate the need to reprioritize eligibility for services based on evolving needs.
- Coordinate with volunteer organizations that continue to assist with ongoing recovery efforts.

4 Organization and Assignment of Responsibilities

4.1 Task Assignments

4.1.1 Board of County Commissioners (including Successor or Designee)

- Coordinate with elected officials from other impacted jurisdictions.
- Serve as governing body for Local Mental Health Authority.
- Act on recommendations made by the Policy Group.
- Provide financial support within the limitations of the County budget and other available resources.

4.1.2 Policy Group

- Evaluate and approve recommendations for altered standards of care and mental health treatment priorities.
- Make decisions on strategic resource allocation.
- Coordinate with mental health leadership personnel at the local, regional, state and federal levels as needed.

4.1.3 County Emergency Operations Center

- Initiate damage assessments following an event and make this information available to the Community Services Branch Director of the Operations Section of the EOC. (Planning Section)
- Collect damage assessment information from the Initial Damage Assessment, from hospitals, from the medical examiner, and from the American Red Cross and complete the Mental Health Assessment form. (Operations and Planning Sections)
- Manage and coordinate the overall mental health response. (Operations Section)
- Coordinate with the Local Public Health Authority and mental health staff. (IC and Operations and Planning Sections)
- Provide linkage and coordination with external mental health responding entities such as American Red Cross in the EOC. (Operations and Planning Sections)

- Communicate with cities, special districts and neighboring county, state, and federal entities. (Operations and Planning Sections)

4.1.4 Health and Human Services Department Operations Center

- Assess and monitor mental health situational and ongoing needs. (Planning Section)
- Assess and monitor mental health resources. (Planning Section)
- Prioritize, manage, and monitor the deployment of mental health resources. (Operations, Planning, and Logistics Sections)
- Provide summary reports to EOC. (Operations and Planning Sections)
- Develop content for risk communications. (Operations and Planning Sections and PIO)
- Coordinate with Local Public Health Authority. (Incident Commander)

4.1.5 Public Inquiry Center

- Monitor calls for mental health content and report to mental health staff of HHS DOC.

4.2 County Mental Health

- Assign available staff to the following tasks / assignments:
 - EOC Community Services Branch Mental Health Group.
 - DOC Department of HHS Mental Health Branch or Group to provide coordination with existing resources.
 - Credentialing and assignments for spontaneous mental health volunteers.
 - “Just in Time” training for mental health volunteers.
 - Linkage and coordination with state and federal agencies.
 - Linkage and coordination with external mental health responding entities.
 - Mental health support to disaster Public Inquiry Center.
 - Mental Health Response teams.
 - Coordination and assignment of existing mental health resources.
 - To the degree possible, organization and dispatch of mental health response teams that can deploy to (geographically) isolated incidents. Teams would ideally consist of staff with disaster behavioral health

training and have someone who is able to prescribe psychiatric medications.

4.3 Mental Health Contract Providers

- Determine safety and psychiatric stability of enrolled consumers.
- Provide psychological and psychiatric aid to enrolled consumers.
- To the degree possible and under the direction of the local mental health authority, provide psychological first aid to other Washington County residents.

4.4 American Red Cross

- Provide mental health support to Red Cross shelters to the extent their resources allow. Should services be overwhelmed, request additional support through the EOC.
- Coordinate “just in time training” for mental health volunteers with County Mental Health.

4.5 Chaplains

- The chaplain support system currently operating with law enforcement and fire and rescue will not change. Chaplains will continue to identify first responders and their families as their first priority. Should this system become overwhelmed, the served agencies will request additional support through the EOC.

4.6 EAP Providers

- EAPs will be seen as first line providers for any resident having access. Should an EAP become overwhelmed, they will request additional support through the EOC.

4.7 Telephone Crisis

- The existing mental health telephone crisis line will continue to act as a central information and referral source for referrals for psychiatric emergencies and referrals.
- The crisis line will also provide information regarding incident-specific resources for residents experiencing disaster related trauma or stress.

5 Direction and Control

- The Board of County Commissioners provides overall guidance for the management of county resources, establishes policy, coordinates with other local elected officials, and supports the County’s response and recovery operations.

- In their capacity as the incident Policy Group, the County Administrator and department directors provide strategic direction to the Incident Commander regarding management of county resources, availability of funds for resource acquisition, and support to other jurisdictions. They keep the county commissioners informed of resource requirements and policy and funding issues, and are responsible for continued oversight of day-to-day county government functions.
- Priorities for allocation and application of mental health resources are established by the County EOC Incident Commander based on recommendations provided by the Department of HHS DOC, the Department of Health and Human Services, local healthcare providers, the EOC Command and General Staff, and the Policy Group.
- Operational control of mental health resources is exercised by the Department of HHS DOC, in coordination with the Mental Health Group in the EOC, except in circumstances where those resources are temporarily assigned to another organization or incident commander.
- The overall mental health response will be coordinated by the Human Services Manager through the Behavioral Health Supervisor and/or the Adult Mental Health Supervisor.

6 Administration and Support

6.1 Administration

- For emergencies not requiring activation of the County EOC, the Department of HHS DOC is responsible for identifying, securing, and managing the additional resources it needs to handle the incident. This includes requests for staff to assist with support functions and Public Information Officers and the Public Inquiry Center to assist with risk communication. It will also include requests for assistance from local mental health professionals.
- For emergencies requiring activation of the County EOC, all requests for external resources should be coordinated through the EOC.

6.2 Logistics

- For emergencies involving a massive disruption of infrastructure, including the availability of food, water and shelter, Health and Human Services is responsible for providing food, water and shelter for staff required to remain at the Public Services Building or alternative work site.
- For emergencies not requiring activation of the Department of HHS DOC, HHS is responsible for providing necessary logistical support (e.g., food, transportation, lodging, etc.)

- For emergencies requiring activation of the County EOC, the EOC will work with the Department of HHS DOC and any external resource providers to confirm and arrange for necessary logistics support.
- Although many national resources come prepared to handle their own logistics, the EOC is responsible for coordinating any necessary logistics support with the Resource Unit Leader(s).

7 Plan Development and Maintenance

- The Washington County Human Services Division Senior Program Coordinator and supervisory staff are responsible for developing and maintaining this annex and ensuring its consistency with other county, state, and federal plans and guidelines. The same individuals are also responsible for developing procedures necessary to implement the annex.
- This annex will be reviewed and updated at least biannually.

8 Authorities and References

8.1 Authorities

8.1.1 State

- Oregon Revised Statutes, Chapters 430.630

8.1.2 Federal

- National Response Framework, Emergency Support Function #8, Health and Medical Services, and Homeland Security Presidential Directive 5 (NIMS)

8.2 References

- Annex F, Public Health and Medical Services: Volume II- State of Oregon Emergency Operations Plan, Behavioral Health All-Hazards Response Plan
- Oregon - Addictions and Mental Health Division – Behavioral Health Response Emergency Field Guide
- U.S. Department of HHS / SAMHSA – Mental Health All-Hazards Disaster Planning Guidance

9 Tabs

- Tab 1 CMHS Needs Assessment Formula

Tab 1 - CMHS Needs Assessment Formula

The New York Office of Mental Health CMHS needs assessment formula for estimating the need for crisis services involves incorporating the individuals directly and indirectly affected and uses risk multipliers depending on the nature of the disaster. See below for an example:

CMHS NEEDS ASSESSMENT FORMULA (CMHS, 2000)

Needs Assessment Formula. Using the CMHS Needs Assessment Formula (located below) estimate the number of persons you will serve in each designated area (fourth column of the following table). Attach a CMHS Needs Assessment Formula sheet for each designated area.

CMHS Needs Assessment Formula for Estimating Disaster Mental Health Needs

This is an estimate for the following disaster area: _____

Date of Report: _____ Completed by: _____

LOSS CATEGORIES	NUMBER OF PERSONS	ANH	RANGE ESTIMATED	TOTAL
Type of Loss	Number	Multiply by ANH ¹	At-Risk Multiplier (Percent)	# of Persons Targeted Per Loss Category
Dead			100	
Hospitalized			35	
Non-hospitalized injured			15	
Homes Destroyed			100	
Homes with ‘major damage’			35	
Homes with “minor damage”			15	
Disaster unemployed			15	
(Other loss- specify)			10	
Total estimated persons in need of Crisis Counseling services (add total column)				

¹ ANH means Average Number of persons per Household. This figure can be obtained on a county/parish/area basis from the Census Bureau. If the State is unable to determine the ANH for an area, then use the average figure of 2.5. **See example of CMHS Needs Assessment Formula on reverse side.**

Table 1. New York State Office of Mental Health Revised CMHS Needs Assessment Formula for Estimating Crisis Counseling Services Following a Terrorist Event for New York City Boroughs (October 31, 2001)

Loss Categories Type of Loss/Category Expansion for Terrorism	Number of Persons Number	ANH Multiply by ANH ²	Range Estimated Natural Disasters	Range Estimated Terrorism	Total # of persons targeted per loss category
			At-Risk Multiplier	At-Risk Multiplier	
Dead/Missing	4,544	2.62	100%	100%	11,905
Hospitalized	800	2.62	35%	100%	2,096
Non-hospitalized Injured	7,985	2.62	15%	90%	18,829
Homes destroyed			100%	100%	
Homes “Major Damage”	4,500	2	35%	50%	4,500
Homes “Minor Damage”			15%	15%	
Disaster Unemployed/ Disaster Displaced Employed & Unemployed	327,000	2.62	15%	50%	428,370
(Others—Specify) 1. WTC Emergency & Recovery Workers	17,859	2.62		100%	46,791
2. WTC Evacuees	5,456	2.62		100%	14,295
3. WTC Employees Absent at time of Attack	40,000	2.62		90%	94,320
4. Students & Teachers in 7 schools in WTC proximity	9151	2.62		100%	23,976
5. Pre-schoolers and students 5-18 in NYC	1,932,000			40%	772,800
6. Outreach to Greater NYC	6,564,196		10%	6. 10%	656,420
Total estimated persons in need of crisis counseling services (add total column)					2,074,302

OMH developed a program evaluation to assess service needs on an ongoing basis. Chip Felton, M.S.W., Deputy Commissioner and Chief Information Officer, Center for Information Technology and Evaluation Research, New York State Office of Mental Health, is the key contact for Project Liberty’s needs assessment, program evaluation, and toolkit. He is also available to answer reader questions at chip.felton@omh.state.ny.us

² ANH means Average Number of persons per Household. This figure can be obtained on a county/parish/area basis from the Census Bureau. If the State is unable to determine the ANH for an area, then the average figure of 2.5 is used. New York used an ANH of 2.62.