SCHOOL MENTAL HEALTH
CRISIS INTERVENTION TEAMS

A VITAL COMPONENT OF SCHOOL CRISIS MANAGEMENT
USING THE STANDARDIZED EMERGENCY MANAGEMENT SYSTEM
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A companion guide to
USING THE STANDARDIZED EMERGENCY
MANAGEMENT SYSTEM, SEMS

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INTRODUCTION

The American Academy of Experts in Traumatic Stress defines a crisis as “an event of limited duration that seriously disrupts our coping and problem-solving capabilities.” Typically, these events are unpredicted and overwhelming. Students and staff who are exposed often experience a dramatic change in their environment. Often they are left frightened, vulnerable and helpless.

The purpose of mental health intervention is to restore equilibrium among the students and staff and the environment. Individuals are then able to perceive school and their world as a place of safety and security.

It is critical that schools be prepared to respond efficiently and effectively to school tragedies (such as school violence) according to the California Association of School Psychologists. School policy-makers need to emphasize the need for continued and ongoing training of school personnel in crisis response and intervention.

A plan of action is required in Section 35294.2 of the Education Code. This section requires every school to have a Comprehensive School Safety Plan that describes, among other things, procedures for responding appropriately to an unexpected crisis. Failure to take reasonable measures when confronted with such situations can create potentially damaging effects on the school, the community, and the students. An organized and well-planned approach to intervention is the most efficient and effective means of leading the way to recovery.

The Los Angeles County Office of Education urges every school to establish and maintain a School Crisis Response Plan developed in accordance with state mandates. We also encourage schools to establish a Mental Health Crisis Intervention Team (MH-CIT) to address psychological well-being. Schools and school districts should adopt clear policies addressing the establishment and operation of Mental Health Crisis Intervention Team activities.

Last year, the Los Angeles County Office of Education’s Safe Schools Center published an administrator’s guide to comply with California Government Code 8607 (SEMS). Concise emergency planning guidelines were created especially for schools. The aim was to improve school emergency planning and to increase understanding of other resources. Our publication, Using the Standardized Emergency Management System SEMS, describes what the law requires, how to begin, the essence of SEMS as it applies to schools, and the staffing assignments as they apply to an emergency crisis.

The present guide describes those activities that address the psychological well-being of the students and staff. These activities are designed to reduce the emotional impact for victims and other survivors and to prevent the development of more crippling mental conditions such as depression, anxiety reactions, and post-traumatic stress disorder.

While schoolwide programs are needed to prevent psychological trauma, we are reminded by Stephen Brock, Ph.D., that not all students respond to a traumatic emergency the same way. It
Psychotherapy or long-term treatment for emotional distress is not addressed in the present guide. It is the responsibility of the schools to assess the impact of a school crisis, stabilize the situation, and return to the normal learning routine as quickly as possible. Students and staff needing additional services are identified and referred to other resources in the community that provides longer-term mental health treatment.
PHASES OF A SCHOOL CRISIS

The California County Superintendents Educational Services Association describes four distinct phases of a school crisis: Prevention, Preparedness, Response, and Recovery in its publication, *School Crisis Response: From Chaos to Control*. The present guide focuses on services provided during the Response and the Recovery phases.

During the emergency response phase when fire fighters and police officers are on-scene, the direct service activities of the Mental Health Crisis Intervention Team (MH-CIT) are often limited. Naturally, for violent shootings and other large-scale events, a large number of mental health resources may be needed to restore calm for students, staff, and parents. However, it is more common that most services of the MH-CIT will not begin until the situation has been stabilized and other emergency responders have left the scene.

The recovery phase generally begins one or two days after the acute emergency has been controlled. After the situation is stabilized and emergency responders have left the scene, MH-CIT engages in continuous planning for stress debriefing and other recovery services. MH-CIT staff provide individual services for students and staff and establish Drop In Centers. Debriefing groups and classroom visits are generally fully operational from 48–72 hours after the incident. During this period, psycho-educational training is provided to faculty, and planning is underway for meetings with parents and community.

THE MENTAL HEALTH OFFICER

A major benefit of the SEMS framework is flexibility. Staff responsibilities can be centralized or decentralized as needed to address the needs of each unique incident. The school principal (Incident Commander) may either: 1) personally direct mental health operations or 2) designate a Mental Health Officer.

We encourage principals to designate a Mental Health Officer. This decision frees the principal to manage all aspects of the school emergency. The prudent principal will appoint an individual who is a skilled clinician and has training and experience in crisis intervention. The Mental Health Officer reports directly to the Incident Commander.

The Mental Health Officer is responsible for incorporating Mental Health Crisis Intervention into all phases of school crisis management. The psychological well-being of students, faculty, staff, parents, and all members of the campus community is his/her central concern. The Mental Health Officer coordinates the planning and operation of Crisis Intervention Teams and acknowledges that teachers (and other school staff) provide important psychological support. The Mental Health Officer promotes healing and well-being and helps to facilitate the return to normal educational functioning.
DISTRICT AND SCHOOL MENTAL HEALTH TEAMS

The school MH-CIT cannot operate in a vacuum. School teams need leadership and support from the District Office. We suggest that the Superintendent appoint a District Mental Health Officer. It will be that person’s responsibility to identify and designate staff from various schools to assume district-level responsibilities for coordination and support. The District Mental Health Officer is also responsible for coordinating district-wide training. It is district leadership that ensures effective response capability to every school whenever additional resources are required. This practice is consistent with the county and state standardized emergency management system.

Effective communication between the school site and the school district is extremely important for mounting a smooth crisis recovery operation. When necessary, the school district has the ability to marshal mental health resources from nearby schools, public agencies, community-based organizations, and from schools outside the district. Coordinating the services of these resources on-scene is the responsibility of the staff of the impacted school.
BEGINNING WITH THE PLAN

Every school should have an emergency crisis response plan that identifies…

who will carry out specific responsibilities;

what actions or activities need to occur following an emergency crisis incident;

when the plan will be activated;

where faculty and staff should report;

why these actions are necessary to ensure the safety of students, staff, and faculty; and

how the school will manage its response to an emergency crisis incident.

School districts (and school sites) must use SEMS or risk losing state assistance for emergency response-related personnel costs following an emergency declared by the state. Compliance with SEMS also fulfills the “development of disaster procedures, routine and emergency.” [Requirement of the school Comprehensive Safe School Plan (Section 35294.2 (b)) of the California Education Code.]

The publication, *Using the Standardized Emergency Management System, SEMS*, provides additional information about the steps that schools must take to comply. Among these is the requirement to organize and manage the response to any emergency crisis using the Incident Command System (ICS). To facilitate this, staff are assigned responsibilities according to five SEMS functions:

- Command/Management
- Operations
- Planning
- Logistics
- Finance/Administration

School staff and others assisting during the emergency fulfill these vital functions. Therefore, these functions are incorporated into the school emergency crisis training and practical exercises that include School Crisis Intervention.

Instructions for using the **Incident Command System** (ICS) are also provided in this booklet. The ICS is the organizational structure used by all emergency agencies when responding to an incident. ICS ensures centralized direction and coordination. Under ICS, one person (the Incident Commander) is in charge of the emergency at the school site. The Incident Commander has full authority to command and direct staff.
The Principal/Designee is typically the Incident Commander (see organization chart). Depending on the nature and scope of the emergency, the Principal/Designee may appoint Section Chiefs to oversee the four other functions: Planning, Operations, Logistics, and Finance/Administration. If the situation warrants, the Principal/Designee can perform any or all five functions.

Typically the Principal/Designee assigns a student support services staff member (School Psychologist, School Social Worker, School Counselor, or School Nurse) to the position of **Mental Health Officer**. This individual works closely with the Incident Commander and coordinates the assignment of resources to address the emotional well-being of the school community.
EMERGENCY CRISIS TEAM OPERATIONS
ORGANIZATION CHART

Command/Management (Principal/Designee)

Public Information Officer
Safety Officer
Liaison Officer
Mental Health Officer*

Plans/Intelligence Section Chief
- Reports

Operations Section Chief
- Search & Rescue

Logistics Section Chief
- Supplies/Equip.
- Volunteers

Admin./Finance Section Chief
- Timekeeping
- Purchases

- Medical
  - Triage
  - Medical Aid
  - Morgue
  - Critical Incident Stress Management**

- Campus Check & Security

- Student Care
  - Shelter
  - Release

- Messengers
ASSIGN MENTAL HEALTH CRISIS INTERVENTION TEAM STAFF ACCORDING TO THE FIVE SEMS FUNCTIONS

The scope of responsibility may vary with the size of the school or district, availability of resources, and the unique needs of the incident.

Generally speaking, MH-CIT personnel are assigned to one of the five SEMS emergency response functions and work cooperatively with other school staff assigned to those same SEMS responsibilities. Thus, the MH-CITs operate within the context of the larger school emergency crisis team. The MH-CIT is, in fact, only one component of a larger school or district crisis team. In practice, however, the majority of the MH-CIT activities are administered under Operations function.

Command (Management): At the school site level, this function provides a centralized point for direction and coordination of the emergency response. The Incident Commander is the “decision-maker” for the school.

Operations: At the school site level, this function includes all activities related to meeting immediate response needs (i.e., search and rescue, first aid, student release).

Planning and Intelligence: This function gathers information, assesses the situation and anticipates changes. Individuals assigned to this function are the “thinkers.” They prepare situation reports and provide them to staff, organize periodic briefings, develop action plans (for managing incident and addressing issues) and manage status boards. A status board may be a flip chart, chalk/white board or piece of paper that gives a visual summary of what is occurring.

Logistics: This function includes everything involved in supporting the “doers.” Persons assigned to logistics are the “getters.” They will secure supplies, personnel, and equipment as well as take care of the necessary transportation, staging and lodging of resources.

Finance/Administration: This is the record-keeping function and includes all of the documentation required to account for the services provided and provides the basis for claiming reimbursement when available.
RESPONSE PHASE ASSIGNMENTS

Psychological first aid includes interventions that are provided at the scene of a traumatic incident while the event is still occurring. These services become more vital when there is a large-scale event or the event is of a prolonged duration. They often take the form of advice and counsel to the Incident Commander and emergency assistance to victims, survivors, and family members of those involved in the incident.

The purpose of on-scene support is to stabilize the situation and protect students and staff from additional stress, mobilize resources to assist, normalize the experience and reduce feelings of abnormality where possible, and restore the campus to normal functioning as quickly as possible.

**Command (Management):** The Incident Commander or designated Mental Health Officer/CIT Coordinator provides support to the Incident Commander by directing and coordinating mental health resources at the school site. At the district level, this function includes recommending policy and coordinating the activation of additional mental health resources when required.

**Operations:** Some MH-CIT resources are needed at most response phase operational functions. The process of managing large incidents often creates stress due to the need to control the perimeter and information. It is particularly important to have MH-CIT staff assigned to staging areas for students and staff who witnessed the traumatic event. Parents may experience long delays in receiving information or reuniting with their children, and it is important to support these parents with psychological first aid during this period. It is very important to have a cadre of MH-CIT resources unassigned and available for assignment wherever needed.

**Planning and Intelligence:** MH-CIT personnel actively participate in planning and intelligence. Careful wording of communications to children, staff, and parents should reassure and communicate that “events are under control.” Action planning for recovery often involves an expanded utilization of MH-CIT resources. The eyes and ears of MH-CIT personnel are always open. They report the climate of recovery to command staff. The mental health recovery activities plan needs to be carefully orchestrated into the overall plan for school recovery.

**Logistics:** When a crisis emergency is so large that it exceeds the capacity of the home school MH-CIT to respond, resources from outside the school need to be recruited and coordinated. For example, small schools with no counselors may need to import resources from other schools for even small emergencies. High-impact school incidents may require that larger schools also import outside resources. Staffing assessment and coordination particular to MH-CIT resources are the special responsibility of MH-CIT members assigned to this function.
**Finance/Administration**: Accountability during the response phase of the incident includes record keeping of services provided to individuals and groups. Students, faculty, and staff are often referred for additional services. Accurate records enable staff to track referrals and their outcomes. These records also form the basis for claiming expenses when compensation is available from state or federal sources.
Recovery activities are generally initiated one to three days following the traumatic event. At this time, most of the emergency responders are no longer on campus and the task is to provide a transition from the traumatic event to the routine, to reduce the intensity of stress reactions, and to assess group and individual needs for additional support.

Often an event occurs off campus that has a profound impact on the school community (e.g., students/staff have died in automobile accident or suicide at home). In such cases, the only services required may be those to facilitate recovery. It may not be necessary for the school to activate the entire school Emergency Crisis Intervention Team. Rather, the MH-CIT will have responsibility for all required services, and the team will determine the intensity of response required.

During recovery from crisis, Critical Incident Stress Management or other psychological first-aid activities may constitute the majority of activity at the school site. A significant benefit of SEMS for schools is that the Incident Commander always reserves the responsibility to reduce or expand crisis response resources in order to address the unique needs of a given situation.

**Command (Management):** The Mental Health Officer/MH-CIT Coordinator provides support to the Incident Commander by directing and coordinating mental health resources at the school site. Because recovery efforts generally begin 24 to 72 hours following the incident, the responsibilities of the Mental Health Officer often increase on Day Two and Day Three. It is important to recognize that some level of psychological recovery activities may need to continue for weeks following the event. Generally, these activities involve fewer MH-CIT resources and can often be adequately managed by the school MH-CIT alone.

**Operations:** The need for carefully coordinated MH-CIT assignments is generally most acute from 24 to 72 hours following the event. Critical Incident Stress Management often becomes the most important operation. It is often necessary to deploy MH-CIT resources from outside the school. Activities include: assigning MH-CIT personnel to assist teachers and visit classes for stress defusing and other classroom discussions; Critical Incident Stress Debriefing; establishing Safe Rooms for drop-in services for students, faculty, and staff; conducting debriefing and defusing with faculty and staff; coordinating assessment and referral of students and staff needing additional mental health services. These operations are often of interest to media reporters. There should be close coordination with the school and district Public Information Officer. MH-CIT personnel are assigned to all these functions.

**Planning and Intelligence:** While the deployment of large numbers of MH-CIT resources generally does not begin until 24 to 72 hours following the incident, planning
for recovery should begin immediately. MH-CIT personnel who have not been assigned to other duties during the emergency response phase should immediately begin planning for recovery operations as information becomes available to them. Adequate space should be dedicated to MH-CIT personnel for planning purposes. Their assignment to this MH-CIT staging area will also facilitate communications and their rapid deployment if needed.

**Logistics:** In addition to MH-CIT staffing coordination, MH-CIT personnel assigned to logistics functions can assess the need for additional space to provide group debriefing, individual consultation rooms, MH-CIT staging areas, and Safe Rooms. Educational materials for teachers, students, and parents often need to be procured, duplicated, and distributed. Personnel assigned to this function may require assistance from school office staff, cafeteria staff, students, and others.

**Finance/Administration:** Record-keeping is essential for all recovery interventions. Services for students and staff receiving individual services or those who are seen in Safe Rooms or other drop-in centers need to be recorded. Records of classes visited and records of groups conducted for defusing or debriefing services need to be maintained. Whenever mutual aid staff from other schools or agencies are involved, personnel records also need to be maintained.