



## New Jersey Crisis Counselor Newsletter

Chris Christie, Governor  
 Kim Guadagno, Lt. Governor

Jennifer Velez, Commissioner  
 Lynn Kovich, Asst. Commissioner

### Fall 2011

#### In this Edition

[Guest and Emergency Medication System \(GEMS\)](#)

[Family Assistance and Support Team \(FAST\)](#)

[In the Spotlight: Monmouth and Ocean](#)

[DRCC Updates](#)



Governor Christie addresses audience at the Trenton War Memorial

#### Governor Christie Recognizes DRCCs and other Hurricane Irene Volunteers

On October 26th, 2011 Governor Chris Christie thanked volunteers from various organizations for their time, dedication and selflessness in aiding New Jerseyans in need after Hurricane Irene. The concept of neighbor helping neighbor was carried forth by the volunteers who worked around the state to assist those impacted by the storm.

Here is an excerpt from the Governor's speech:  
 "We sheltered about 25,000 people during that

period of time. We had shelters set up across the state of New Jersey, those folks who were kept warm and dry and fed until they could return home. Twenty-six Red Cross and Salvation Army mobile feeding units were dispatched throughout the state distributing about 420,000 meals and 3,000 gallons of water. More than 10,000 physical and mental health service consultations were provided by disaster recovery consultants (DRCCs) to those who had been injured either physically or psychologically."

The work of DRCCs was a critical component in the overall response to the storm.

[Watch the Governor's speech.](#)

[See pictures from the event.](#)

#### QUICK LINKS

[NJ Disaster Response Crisis Counselor](#)

[NJ Disaster Response Crisis Counselor Training Calendar](#)

[NJ Department of Human Services  
 NJ Division of Mental Health and Addiction Services](#)

[NJ Division of Mental Health and Addiction Services - Disaster and Terrorism Branch](#)

[The Mental Health Association in NJ](#)

Dear Disaster Response Crisis Counselor:

We would like to take this opportunity to thank all of the Disaster Response Crisis Counselors (DRCCs) who volunteered their time and energy to assist NJ residents affected by Hurricane Irene. Counselors were on standby even before the hurricane came through the state and continue today, in this prolonged recovery phase, to serve individuals and families in need of assistance. This disaster response was particularly difficult. So many vulnerable populations including older adults, children and people with limited resources were impacted. In addition, repeated flooding and a surprise

October nor'easter compounded residents' sense of loss and hopelessness. The force of these events will be felt for some time, and extends the need for DRCCs in the field.

We truly appreciate that our DRCCs selflessly rose to the occasion to assist people struggling to cope with the aftermath of the storm and we are gratified to see that the time and effort you have spent to become trained in disaster mental health response has paid dividends in the comfort it has brought to individuals and families struggling to pull through. Although we never wish to have these events affect our residents, it helps to know we have people such as you who are willing to prepare and respond.

Our heartfelt thanks to all of you!

Sincerely,

*Lynn A. Kovich*

Lynn A. Kovich, M.Ed  
Assistant Commissioner  
New Jersey Division of Mental Health and Addiction Services  
New Jersey Department of Human Services

and

*Adrienne Fessler Belli*

Adrienne Fessler-Belli, LCSW, DRCC  
Director, Disaster and Terrorism Branch  
New Jersey Division of Mental Health and Addiction Services  
New Jersey Department of Human Services

## Hurricane Irene Response

Hurricane Irene was a slow-moving, massive storm that began as a Category 3 hurricane with 115-mile-per-hour winds. Three days after the storm, flooding and power failures continued to affect millions of people in New York, New Jersey and Connecticut. Rivers and inland streams were rising in impacted states, forcing the evacuation of thousands of homeowners. The Governor of New Jersey sought expedited disaster declarations from the federal government to pave the way for federal aid.



In preparation for the response to the pending storm, County Mental Health Administrators began coordination efforts with their local County Offices of Emergency Management and the New Jersey Division of Mental Health and Addiction Services. The Administrators also reviewed their call-up rosters of crisis counselors to assess availability to respond to shelters and Federal Emergency Management Agency Disaster Recovery Centers that were being opened.

[Read the full story.](#)

## Guest and Emergency Medication System (GEMS)

By: Ann Wanamaker, DRCC,  
Disaster Response  
Coordinator, Opioid  
Treatment Programs,  
Disaster Readiness  
Committee

---

For More Information  
Contact Ann Wanamaker  
609-588-7364



The Division of Addiction Services, Opioid Treatment Programs Disaster Readiness Committee, consists of opioid treatment provider representatives, along with key DAS staff, who review plans regarding disaster readiness, and develop continuity of operations plans to ensure that organizations do not experience a disruption in any of their essential operations. The committee also identifies gaps in the system that impede the continuity of operations regarding this essential function and makes recommendations to Addiction Services to ensure access to services.

Methadone is a synthetic opioid that blocks the effects of heroin and other prescription drugs containing opiates. Methadone has been shown to eliminate withdrawal symptoms and relieve drug cravings from heroin and prescription opiate medications. Its use is highly regulated and it can only be prescribed for the treatment of opiate dependence by a doctor at a methadone clinic that is certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and Licensed by the state of New Jersey. Patients take daily doses and can be on methadone maintenance for a few weeks or indefinitely.

[Read the full story.](#)

## Family Assistance and Support Team (FAST)

By Meg Kallman, LCSW,  
DRCC

---

The Family Assistance and Support Team (FAST) pilot program at Morristown Medical Center is in its fourth year. The program is funded by the NJ Department of Human Services, Division of Mental Health and Addiction Services through a grant from the Department of Health and Senior Services. At this time, the Team is made up of eleven men and women, the majority of whom have human services backgrounds - MSW, PhD, LPC. All have big hearts, spacious compassion and quiet listening ability.

An article about FAST, "[Preparing for Patient Surge in Emergency Departments During a Disaster](#)," was recently published in the Journal of Emergency Nursing (J Emerg Nurs 2011;37:184-5). A 2009 survey of the nurses in the Emergency Department, Evaluation of the Family Assistance Support Program in a Community Hospital Emergency Department, yielded positive responses from greater than 94% of the staff.

The FAST program is growing to include Jersey City Medical Center in January. People interested in participating in either Morristown Medical Center or Jersey City Medical center, should contact Meg Kallman at (973) 267-9599.

## In the Spotlight: Monmouth and Ocean Counties

by Steven Crimando, MS,  
BCETS, DRCC

---

The Disaster and Terrorism Branch recently partnered with the Mental Health Administrators in Ocean and Monmouth Counties to develop a new disaster mental health exercise model. The model is intended to help crisis counselors keep their skills sharp. It may also be used to assist team leaders and administrators to practice deploying and supervising a disaster mental health response. In previous disaster mental health exercises, alone or in conjunction with other emergency response agencies, crisis counselors usually have a chance to practice psychological first aid and other skills as they would be

applied to a specific type of disaster or emergency. In the new model, responders had an opportunity to practice their skills in response to several different event types varying in scope and magnitude within varying response time frames.

As with the "Best Practice Forum" disaster mental health exercise events held around the state in the past few years, the overall exercise duration is about 4-5 hours, but rather than focusing on a single event, crisis counselors alternated between roles as responders and survivors in multiple event scenarios. The event begins with a local response to a local emergency.

In the first scenario, a tornado touched down at a nearby community college. This event immediately activated the county's Disaster Response Crisis Counselors (DRCCs). The DRCCs were activated through the Mental Health Administrator when mental health support was requested by the County Office of Emergency Management.

The second situation represented an escalation to a regional, multi-county response to an incident affecting a wider geographic area. Challenges with team mobilization, transportation and communications quickly surfaced in addition to the added complication of providing support to residents evacuated from a neighborhood after a chemical spill on the main highway.

The third and fourth escalations changed the nature and scope of the events, in the first case introducing a statewide emergency and in the second, an "incident of national significance" mobilizing a response across much of the country. Counselors moved between roles, event types, size and scope and response time-frames throughout the exercise in a rapid succession of events. The exercise was punctuated by short "hot washes" or debriefs to process observations and lessons learned.

The participant feedback, as well as that of the Mental Health Administrators indicated that the fast-paced, multi-scenario format of the exercise created a good level of energy and enthusiasm for counselors and was an effective way to identify some of the challenges in emergency notification, activation, deployment and on-site supervision. The Disaster and Terrorism Branch will continue to work with Mental Health Administrators around the state to bring this exercise model to DRCCs around the state.

## Important DRCC Updates

### **New DRCC Designation**

A new DRCC certification designation is now available, the Disaster Response Crisis Counselor-Peer Specialist (DRCC-PS). This designation is available to mental health consumers who have achieved the Certified Recovery Support Practitioner (CRSP) certification. The CRSP credential is for mental health consumers who are working or seeking to work in the mental health and /or co-occurring fields.

CRSP certification requires 126 hours of training, including 108 hour CORE training and 18 hours of Wellness and Recovery Action Plan Training courses from the Consumer Connections Program of the Mental Health Association in NJ. In addition to the CRSP training, DRCC-PSs must complete the requisite 28 hours of DRCC training to achieve this designation status.

### **Field Verification Form Procedure**

The Disaster Response Crisis Counselor Certification (DRCC) is a 2 year

credential. Once the DRCC certification is achieved, DRCCs have 2 years to complete 12 hours of continuing education. Courses approved for continuing education can be found on the njdrcc.org site on the "training calendar" section. New courses like Early Interventions for Trauma and Traumatic Loss, Resilience: Discovering the Healing Powers in Families, When the Bough Breaks: The Impact of Trauma on Early Childhood Development and Caring for Front Line Responders: Secondary Traumatic Stress in Disaster Behavioral Health Workers have been added to the training schedule.

In addition to classroom trainings, DRCCs can earn up to four (4) hours of continuing education credits work in the field during a response. In order to get credit for response time, the DRCC must have a "[Field Response Verification Form](#)" completed by the field supervisor. As with any completed continuing education hours, you must update your online DRCC application by visiting the NJDRCC website and clicking on the "edit my application" link. Add information about trainings and/or field hours you have completed.

Although you may have completed more than 4 hours in the field, only 4 can be counted toward the 12 hour CEU requirement. Classroom trainings in disaster behavioral health are important so that you can keep up with developments in the field. CEUs cannot be carried over to subsequent DRCC recertification cycles.

