



**STATE OF CONNECTICUT**  
*DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES*  
*A Healthcare Service Agency*

Dannel P. Malloy  
Governor

Patricia A. Rehmer, MSN  
Commissioner

**Memorandum:**

**To:** Governor Dannel Malloy and the Sandy Hook Commission  
**From:** Commissioner Patricia Rehmer, DMHAS  
**Date:** February 22, 2013  
**Subject:** **Lessons Learned Sandy Hook**

I want to thank the Commission for inviting me to speak before you this morning. This memo outlines my recommendations/lessons learned following the December 14<sup>th</sup> tragedy.

**Recommendations:**

**Develop a comprehensive statewide plan for responding to large scale school tragedies.**

The state has comprehensive disaster response plans for natural and man-made disasters but does not have a plan specific to responding to a mass casualty school event like Sandy Hook. Roles and responsibilities that may be mandated during federally declared disasters may not apply in an event like the shooting at Sandy Hook. In addition, school tragedies have very unique aspects that may necessitate a specific plan. Since school tragedies impact students, parents, school staff, and the larger community, the plan must identify possible interventions for each of these groups.

The Plan should specify short and long term interventions and it may be appropriate to specify a design for a School Recovery Program. DMHAS and DCF successfully provided an immediate response but intermediate and long-range plans have been delayed because of the lack of a plan and a program model. The plan should also clarify a range of roles and responsibilities including the management of the school behavioral health response, provision of security, operation of a family assistance center, and community assistance center. When necessary, lead agencies should be designated for each function. It may also be important to pre-identify local and national experts who could be of assistance as movement from the response to recovery phase may at times be delayed as suitable "experts" are identified.

**Expand recruitment and training of disaster responders.**

DMHAS and DCF successfully mounted an acute response to all schools in Newtown using their Disaster Behavioral Health Response Network (DBHRN) and incorporated a strike team from HHS DCF Emergency Mobile Psychiatric Services (EMPS) providers. DBHRN was a collaborative initiative first developed after 9-11 by DMHAS, DCF, UCONN Health Center and Yale in order to respond immediately to behavioral health needs following a disaster. DBHRN team members are trained in Psychological First Aid, Incident Command, and must participate in annual disaster exercises. Training requirements for the other responders (HHS and EMPS) differ and just-in-time training could have been more effectively delivered in order to minimize role confusion when using blended teams to respond.

Over 70 individuals responded to all 7 schools in Newtown following the shooting. The school responses varied from one week to almost two months at Sandy Hook School. This response has been the longest DBHRN response and highlighted the need to recruit additional team members in order to be able to sustain a longer-term response with out compromising agency functions. Recruitment of DMHAS, DCF, and private providers for DBHRN teams must be a priority. DBHRN must expand teams to include more members with expertise in working with children.

In addition, DBHRN training may need to be enhanced. Current training requirements are more focused on natural or man-made disasters. Training should be expanded to include Psychological First Aid for Schools and more specific training focused on trauma intervention in the schools. One example of this is Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Training must also be expanded to focus on the unique needs of children following disasters.

**Provide a short-term support team to school districts overwhelmed by tragedies such as Sandy Hook to assist in planning and decision-making.**

School districts have been overwhelmed nationally following similar school shootings and Newtown is no different. Roles like communications, management of the mental health response, provision of security, managing personnel and labor issues, and donations overwhelm school systems impairing their ability to plan and make decisions. An otherwise well-functioning district may be slow to respond because they are now being required to manage new or expanded roles related to the disaster.

The state should develop a short-term School Support Team that assists school districts as they work to return to normal functioning. The team and specific roles could be pre-identified in order to bring rapid assistance to a district struggling to meet the day-to-day demands of the school system in addition to the demands that result from the tragedy. The team would be comprised to address core functions described above. The team could be made available to school districts and they could elect to use the supports.

**Enhance the coordination of mental health supports for families, children, and the larger community affected by the tragedy.**

Coordination of supports following a tragedy like this is complex. It has been said that the disaster response is often the second disaster, especially when it is poorly coordinated. The outpouring of support and offers of assistance from state agencies and local providers is overwhelming to families and children affected by the tragedy. The state should identify an oversight committee comprised of key state and private responders in order to better manage supports and reduce duplication of services and benefits. A similar group was initiated following 9-11, the Connecticut Helps Oversight Council (CHOC). This council worked to coordinate benefits and assistance and was comprised of representatives from state health and human service agencies and representatives from private mental health agencies and organizations like American Red Cross, United Way, and other Voluntary Organizations Active in Disasters (VOAD). This Council could clarify roles and responsibilities and serve as the coordinating entity.

**Expand behavioral health training for school personnel**

While the Commission is looking at Lessons Learned following disasters that overwhelm the local system, additional emphasis must be placed on enhancing school capacities to respond to disasters that may be of a less overwhelming nature. Training in Psychological First Aid for Schools, School Management of Grief and Loss, and Effects of Trauma may help prepare schools to better respond to disasters.