

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Public Health Emergency Preparedness Washington, DC 22201

HHS Critical Infrastructure Data Request

Attention: Mental Health and Substance Abuse Agencies

The U.S. Department of Health and Human Services (HHS) has an urgent need to generate a status report for the victims of Hurricane Katrina. To facilitate the process for all states involved in relief efforts, we are immediately making available to you the HHS Critical Infrastructure Data System for your use. Your current operational status is a priority as we make efforts to care for the victims and to meet your on-going needs.

The HHS Critical Infrastructure Data System has been created to capture information on the following:

- The current status of facility resources (what you have)
- Critical resource requirements (what you need)
- Daily contact diagnosis and symptom information (what you are surveying)

You will be entering the following information:

Update As-Needed	Update (24hr Census)
Operations Status	Daily Census
Critical Resources Needed	Daily Surveillance (of Diseases/Symptoms)

Daily input into this database will allow HHS and state health officers to assess information and provide census data as well as ensure the most effective and high quality care based on real-time data.

Training for Databases.

You may access recorded training on line at http://info.EMSystem.com/hhs/mhsatraining after 5:00 pm, Sunday September 11, 2005 EDT).

Data may be entered daily by each facility via the World Wide Web at: www.EMSystem.com .

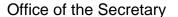
- You will need a **USER ID** and **PASSWORD**.
- Sign up on line at: http://info.EMSystem.com/hhs/mhsatraining
- Have your authorized staff person contact HHS at *1-866-849-8059* to get detailed instructions and registration information.

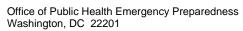
Facilities without Internet access or Prefer to provide via FAX or Phone.

• Have your authorized staff person fax daily status response forms to *1-866-882-0248* or verbally provide your update via the HHS call center at *1-866-849-8059*. The forms to be faxed are attached.

The database is a password protected, encrypted site. Only authorized staff of HHS and its contractors working on Hurricane Katrina relief efforts will have access to these data in addition to your state health department and Emergency Operations Center.

	FAX to 1-866-882-0248	
Official Use Only: Date Entered:		Entered By:





HHS Critical Infrastructure Data Request

FAX FORM Cover Sheet

HHS Call Center: 1-866-849-8059 **HHS Fax**: 1-866-882-0248 **Website**: www.EMSystem.com

Date of Collection (24 hr. reporting period):

Type of Facility (X in Box)

Mental Health and Substance Abuse Agencies(s)

Facility Name

City ______ State____

Name/Phone _____ E-Mail____

Pages Faxed, including Cover Sheet:

Once all forms are completed, fax to: 1-866-882-0248



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Mental Health and Substance Abuse Agencies

OPERATIONS

Date			Contact/Phone	
Facility Name			E-mail	
Address				
City/State				
☐ Inpatient ☐ Schoo	ls 🗆 Out Pa	ntient □ Gr	oup Home Day Treatment/Rehabilitation	
☐ Forensic Mental Ho				
		Operation	Status	
☐ Fully Operatio	nal/ Normal (
☐ Operational/ D	iminished Ca	pacity		
Closed but Exp	pected to Re-C)pen Esti	mated Date Operational	
□ Closed/Not Exp	pected to Re-C	Open In Near Fu	iture	
	(Client/Patient Er	ncounter Data	
Average Daily Patient l	Encounter Pri	or to Event		
Number of Patient Enc				
Critical Resource Needs /Staff				
Personnel	Present	Future Need	Request Already Submitted	
Psychiatrist				
Substance Abuse				
Mental Health				
Case Manger				
Administrative Staff				
Total				
	Cr	itical Resources	Needs/Supplies	
Resource Type	Present	Future Need	Request Already Submitted	
Child Care				
Security				
Janitorial Services				
Communications				
Internet				
Connection				
Pharmaceuticals				
First Aid Supplies				
Food				
Water				
Power				
Generator				
Fuel				
Total				

Go to next page for disease surveillance→

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Mental Health and Substance Abuse Agencies

DAILY SURVEILLANCE REPORT

Date	Contact/Phone	
Facility Name	E-mail	
City/State		
Symptom Category	# Patients with	
	Condition	
Mental Health/Psych	ological Problems	
Anxiety/Depression/Post Traumatic Stress Disorder		
Substance abuse/withdrawal		
Disorientation/Confusion		
Acute Psychosis		
Violent Behavior		
Lack of Medication		
Other Condition (Please Specify)		
Injury/Chronic Disease/Other		
Injury		
• Self-inflicted injury – Intentional (violence)		
Assault-related injury- Intentional (violence)	e)	
Unintentional injury (accidents)		
Heat related injury (not dehydration)		
Other (Please Specify)		

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Official Use Only: Date Entered:	Entered By: