



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

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			
<input type="checkbox"/> Inpatient <input type="checkbox"/> Schools <input type="checkbox"/> Out Patient <input type="checkbox"/> Group Home <input type="checkbox"/> Day Treatment/Rehabilitation <input type="checkbox"/> Forensic Mental Health and Criminal Justice			
Operation Status			
<input type="checkbox"/> Fully Operational/ Normal Operations			
<input type="checkbox"/> Operational/ Diminished Capacity			
<input type="checkbox"/> Closed but Expected to Re-Open Estimated Date Operational _____			
<input type="checkbox"/> Closed/Not Expected to Re-Open In Near Future			
Client/Patient Encounter Data			
Average Daily Patient Encounter Prior to Event			
Number of Patient Encounters in Last 24 hours			
Critical Resource Needs /Staff			
Personnel	Present	Future Need	Request Already Submitted
Psychiatrist			
Substance Abuse			
Mental Health			
Case Manger			
Administrative Staff			
Total			
Critical 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/Psychological 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)		
• Unintentional injury (accidents)		
• Heat related injury (not dehydration)		
Other (Please Specify)		