



# OHIO DEPARTMENT OF MENTAL HEALTH VOLUNTEER IDENTIFICATION and DATA INFORMATION REGISTRY FORM

## For Registry of Licensed Behavioral Health Volunteers and Responders to State Disaster, Emergency and Terrorist Events

This form was developed to identify and register licensed behavioral health professionals who are trained and willing to participate as a Behavioral Health Responders to state and local disasters, emergencies and terrorist events. The information on this form will be submitted to the Ohio Community Service Council for inclusion in Ohio's Disaster Volunteer Registry for behavioral health responders, which is part of the Ohio Medical Reserve Corps. By submitting this form participants are consenting to serve as responders; however, **volunteers always retain the right to decide for themselves whether they are in a viable position to respond to any particular disaster.**

Pages 1 and 2 of this form include general information about volunteer eligibility criteria and protections. Please review this information carefully and complete and submit this form to your training instructor. **Please note that all fields on this form must be completed, unless specified as optional.**

Instructors must submit these forms to Debbie Hughes, Administrative Assistant, Ohio Department of Mental Health, 30 East Broad Street, 8<sup>th</sup> Floor, Columbus, Ohio 43215 within 15 days of scheduled training.

## **ODMH Behavioral Health Volunteer Identification and Data Information Registry**

Ohio's Disaster Volunteer Registry is administered by the Ohio Citizen Corps/Ohio Medical Reserve Corps (OCC/OMRC) for the purpose of identifying and preparing potential volunteers prior to a disaster or other emergency, including a terrorist event. The Ohio Department of Mental Health is responsible for providing the OCC/OMRC with information about licensed behavioral health clinicians statewide who are prepared and are willing to provide volunteer behavioral health services in a disaster or emergency.

ODMH has adopted a new training curriculum entitled, *Helping People Find Strength Following Disaster*, to prepare behavioral health professionals to provide behavioral health services following a disaster. The new training curriculum is a modified form of a two-day curriculum that was provided to volunteers throughout Ohio from June, 2001 through October, 2005. The new curriculum is a briefer, one-day training that focuses on specific information relevant to licensed clinicians.

Recent developments in Ohio's Law related to disaster response will result in changes in requirements and protections for behavioral health disaster volunteers. Section 121.404 of the Revised Code (Senate Bill 9) was enacted by the General Assembly of the State of Ohio in December, 2005 and went into effect on April 14, 2006. The complete section is available on line ([http://www.legislature.state.oh.us/bills.cfm?ID=126\\_SB\\_9](http://www.legislature.state.oh.us/bills.cfm?ID=126_SB_9)).

R.C. 121.404 establishes the authority of the Ohio Community Service Council in cooperation with other key state agencies and partners to develop new rules for Ohio's system to organize and recruit disaster volunteers. The specific rules to enact R.C. 121.404 are expected to follow in Summer of 2006.

R.C. 121.404 provides persons in the "registered" volunteer category limited immunity during a declared emergency and in the course of training to prepare for an emergency. This immunity extends to any tort or other civil action (including medical, dental, chiropractic, optometric, veterinary, or other health claims). This immunity also covers property damage that may arise from an act or omission of a registered volunteer. This immunity does not extend to willful or wanton misconduct.

R.C. 121.404 also specifies that registered volunteers' personal contact information, medical information and family information are NOT a public record under Ohio's Public Records Act.

As a result of this legislation, ODMH in cooperation with OMRC established new criteria for inclusion of behavioral health responders in Ohio's Disaster Volunteer Registry. These include the following:

1. Licensure as a behavioral health professional;
2. Completion Ohio's training curriculum for behavioral health first responders entitled, "Helping People Find Strength Following Disaster," by attending the training, participating in the experiential/role play exercises included in the training, and completing two evaluation instruments: (1) Self-Evaluation of Skills Demonstrated in Role Play Exercise and (2) Curriculum Evaluation;

3. Completion of the attached ODMH Volunteer Identification and Data Information Registry Form;
4. Registration with Ohio Citizen Corps/Ohio Medical Reserve Corps at [www.serveohio.org](http://www.serveohio.org)

New criteria for inclusion in the OCC/OMRC volunteer registry will require volunteers to renew their status on the volunteer registry after a period of three years with an additional three year grace period. Specific information about the renewal requirements have not been established. At this time, volunteers whose status is due to expire can renew their status by completing the revised one-day curriculum and completing the attached ODMH Volunteer Identification and Data Information Registry Form.

Individuals who participated in the two-day ODMH training for behavioral health disaster response volunteers and registered with ODMH will be included in the OCC/OMRC volunteer registry for behavioral health responders if they are licensed behavioral health professionals. These individuals will also be asked to renew their status in accordance with the new renewal requirements described above.

Individuals who are not licensed behavioral health professionals and previously participated in the two-day trainings may continue to participate as volunteers by registering with the Ohio Citizens' Corp and may seek other volunteer opportunities with their local mental health boards, health departments, Red Cross and other volunteer agencies.

Though there are similarities between the Red Cross training for disaster response volunteers and the ODMH training for behavioral health disaster response volunteers, these two trainings are not equivalent. ODMH has established required training for eligibility in Ohio's disaster volunteer registry for behavioral health responders. This training has been approved by OMRC/OCC. At this time, the ODMH behavioral health disaster response training is the only training that meets this requirement for ODMH.

The Volunteer Identification and Data Information Registry forms completed by potential volunteers will be reviewed for appropriateness in advance of an event. Volunteers can then be identified and referred to the local area behavioral health boards and other state governmental entities responsible for disaster response. **Information provided on the Volunteer Registry form relative to volunteers' personal contact information, medical information and family information are NOT a public record under Ohio's Public Records Act.**

**Volunteer Identification and Data Information Form for  
Registry of Licensed Behavioral Health First Responders**

Form Instructions: Please print legibly and complete all sections below. Return to ODMH, Att: Joseph W. Hill, Risk Administrator, 30 East Broad Street 8<sup>th</sup> Floor Columbus, Ohio 43215-343; E-mail [hillj@mh.state.oh.us](mailto:hillj@mh.state.oh.us) or Phone 614-644-6996

**Employment Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Agency/Work Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

County of Residence, if different from county of employment: \_\_\_\_\_

Clinical License:      LISW      LSW      MD      DO      LPC      LPCC      LICDC  
                            LCDC      Psychologist      MH/Psych Nurse      APN  
                            Other: \_\_\_\_\_

Clinical License Number: \_\_\_\_\_

State Issued ID/Driver's license #: \_\_\_\_\_

**Personal Information**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Beeper/cell (optional): \_\_\_\_\_

Gender:  Female  Male     Social Security Number: \_\_\_\_\_

Race/Ethnicity (optional):    African American    Native American    Asian    Caucasian  
     Hispanic/Latino    Other: \_\_\_\_\_

Please list any languages, other than English, that you speak fluently: \_\_\_\_\_

ASL or Sign Language?: \_\_\_\_\_

**Disaster/Emergency Training**

ODMH Approved Training Completed:  Yes  No     Date: \_\_\_\_\_

Have you received other disaster/crisis counseling mental health training?  Yes  No

Please check all that apply:    American Red Cross    NOVA    CISD/M  
     Other (*please specify*): \_\_\_\_\_

Are you a member of any community/organizations disaster response team?  Yes  No

Please list County(s) and/or team: \_\_\_\_\_ Contact phone: \_\_\_\_\_

**Client Specialties (please check all that apply):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Substance Abuse               | <input type="checkbox"/> Interpretation    | <input type="checkbox"/> Trauma/PTSD        |
| <input type="checkbox"/> Multicultural Services        | <input type="checkbox"/> Physical Abuse    | <input type="checkbox"/> Emergency/Disaster |
| <input type="checkbox"/> Children Services             | <input type="checkbox"/> Sexual Abuse      | <input type="checkbox"/> Marriage/Family    |
| <input type="checkbox"/> First Responders              | <input type="checkbox"/> Elderly Services  | <input type="checkbox"/> Veteran Services   |
| <input type="checkbox"/> Women's Issues                | <input type="checkbox"/> Disability Issues | <input type="checkbox"/> Group Counseling   |
| <input type="checkbox"/> Individual                    | <input type="checkbox"/> Forensic          | <input type="checkbox"/> Crisis             |
| <input type="checkbox"/> Other (please explain): _____ |  |   |

Do you have general (non-Disaster Assistance Center) disaster/emergency response experience?  Yes  No

If yes, please list disasters/emergencies you have responded to in the past: \_\_\_\_\_

Do you have experience working in Disaster Assistance Centers or with any Emergency Management Agency (EMA). Include state, local or federal response experience?  Yes  No

If yes, please list your experience in the disaster assistance centers or with EMA: \_\_\_\_\_

Are willing to be recognized and included in the Ohio Citizen Corps/Ohio Medical Response Corps Database and participate as a Behavioral Health Responder to state and local disasters, emergencies, and terrorist events?  Yes  No

If yes, do you have any limitations for call-up?  Yes  No  
 If so, please describe: \_\_\_\_\_

**Self-Attestation**

I understand that by voluntarily providing my information to the Ohio Citizen Corps and the Ohio Medical Reserve Corps, I am indicating a willingness to volunteer during a governmentally declared emergency that requires assistance from the medical community.

Registering with the Ohio Citizen Corps and the Ohio Medical Reserve Corps is not a substitute for the appropriate professional license to practice in Ohio.

I understand that it is my responsibility to properly maintain my professional license in good standing and that an Ohio license in good standing and participating in any required training or education is a prerequisite to volunteering.

I further understand that by checking "Yes", I hereby certify and affirm all the information I have provided is true and accurate to the best of my knowledge.

I also acknowledge that the Ohio Citizen Corps and the Ohio Medical Reserve Corps may verify the information I have provided as a part of the volunteering process.

Self-Attestation:  Yes  No

**Note: By completing and submitting this form participants are consenting to serve as responders; however, upon submitting this form, volunteers always retain the right to decide for themselves whether they are in a viable position to respond to any particular disaster.**