

MENTAL HEALTH RESOURCE MAPPING

Organization Name: _____

Lead Point of Contact: _____

Date: _____

Primary Services: _____

Service Area: _____

Current Services:

- What's the range of expertise among your staff? _____

- What are your current funding sources? _____

- What's your estimate of a breakdown of clients – children vs. adults? _____

- What's is the current capacity for children? _____
- What number of clients would you push you above capacity? _____

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- Are there pre-existing regular meetings amongst other mental health providers in the area? Any regional coalitions or task forces? _____
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Disaster Response:

- Does your organization have a business continuity or continuity of operations (COOP) plan? Yes No Unsure
- Do you have any emergency response plan(s) to provide mental or behavioral health services during or after a disaster or emergency? Yes No Unsure

- If so, what time periods? Circle your answer, if not provided, please add.

72 hours 1 month 3 months 6 months 12 months _____ Time period

- Is there a local CBO or government agency you see as the local leader to help coordinate an emergency mental health response? Yes No Unsure

- If yes, please list. _____

- Are there any MOUs currently in place to provide additional funding or personnel resources for a mental health response surge? Yes No Unsure

- Are you aware of any emergency funding sources from the state and county for mental or behavioral health? Yes No Unsure

- If yes, please list sources. _____

- Who in the organization would be responsible for helping to facilitate this type of mental health response? _____
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- What type of support can you expect on from the private sector or other CBOS in the region? _____
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