

Tennessee Federation of Fire Chaplains

908 Kimberlin Heights Road, Knoxville, TN 37920-8926 (865) 577-3095



Greetings,

Beginning in January 2019, the Tennessee Department of Health, in collaboration with the Tennessee Department of Mental Health and Substance Abuse Services, established the Tennessee Disaster Mental Health Strike Team through the Tennessee Federation of Fire Chaplains (TFFC). The TFFC is providing training and management of the Strike Team which includes a State-Wide deployment-capable cadre of trained Chaplain, Mental Health, and Emergency Service Peer Professionals. Team training events will be held periodically for new members.

The purpose for this state-wide team is two-fold:

1. The Strike Team will be trained to provide Mental Health First Aid, Crisis Intervention and initial mental health triage for citizens and emergency responders following major disasters. The Tennessee Department of Health may activate and deploy the team for service at any disaster that it deems necessary. The Strike Team will provide timely initial referral to Licensed Mental Health Care Professionals – including immediate emergency referrals when appropriate. Automatic funding will be provided through Disaster Declaration appropriations.
2. The state-wide Strike Team members will also organize and meet regionally for training to keep their skills fresh and well-practiced, and to provide crisis intervention services for local emergency professionals and other groups on an as needed basis within their own regions.

What this team is not: This team will not take over or displace mental health services. This Strike Team is to be highly trained in mental health screening, mental health first aid, crisis intervention and most importantly: effective referral. Using this Strike Team concept, the team is able to refer to whatever mental health agency is appropriate and available in a timely manner.

In accordance with this initiative, the Strike Team Leadership Council seeks members from the following backgrounds to be part of this elite team:

- Licensed Mental Health Professionals
- Licensed Emergency Medical Professionals
- Commission Certified Firefighter Professionals
- POST Certified Law Enforcement Professionals
- TARS Certified Rescue Professionals
- Licensed Medical Care Professionals
- Board Certified Chaplain Professionals
- Certified Education Professionals
- Crisis Intervention Specialists
- Other Professionals that will add to the strength of the team

To apply for this team: Please complete the attached application along with ALL REQUESTED ATTACHMENTS to the address below. **Applications must be received by November 15, 2020.**

TFFC - TNDMHST Registrar
908 Kimberlin Heights Road
Knoxville, TN 37920-8926

PAUL N. TRUMPORE, Executive Director
Tennessee Federation of Fire Chaplains

Printable Application link: https://drive.google.com/file/d/1SKbs01MvMKcK57iWN6bfXG1gKr_EFGuv/view?usp=sharing

Tennessee Disaster Mental Health Strike Team

Application Process

All applications must include hard copies of items 2-5 below with original, handwritten signatures.

1. **Have one or more of the following (minimum of 2 years)**
 - a. Licensure as a mental health care provider
 - b. Board certification as Emergency Service Chaplain
 - c. Active membership in Emergency Services
 - d. Employment with a mental or medical health facility
 - e. Employment with the Tennessee Department of Health

** Others may apply, but will undergo an individual screening process to determine eligibility.*
2. **Complete the attached application**
3. **Completion of a Tennessee criminal background check, if not background confirmed by your agency director (see 4b)**
 - a. www.tn.gov/tbi/divisions/cjis-division/background-checks.html
4. **Completion of the following National Incident Management System (NIMS) online classes (available at <https://training.fema.gov/nims/>)**
 - a. IS-700
 - b. IS-800
 - c. ICS-100
 - d. ICS-200
5. **Submit three letters of recommendation**
 - a. One from direct supervisor (*must be original letter with signature on company letterhead*)
** including a statement of support for deployment*
 - b. One from agency director (*must be original letter with signature on company letterhead*)
** including confirmation of criminal background check, if available*
 - c. One character reference (*from a non-relative with original signature*)
6. **Complete an applicant interview with the leadership team**
7. **Complete the initial 5-Day Strike Team training**

Please send the completed application packet with reference letters, memo of understanding, and copies of any licensures and certifications to:

Tennessee Disaster Mental Health Strike Team
c/o Tennessee Federation of Fire Chaplains
908 Kimberlin Heights Road
Knoxville, TN 37920

Tennessee Disaster Mental Health Strike Team Member Application

Personal Information

Name:

Address:

City:

State:

Zip:

E-mail Address:

Cell Phone:

Work Phone:

Do you currently have a valid drivers license:

Yes:

No:

State:

Class:

Number:

Emergency Contacts

NAME 1:

Relationship:

Address:

City:

State:

Zip:

Cell Phone:

Work Phone

NAME 2:

Relationship:

Address:

City:

State:

Zip:

Cell Phone:

Work Phone

Please indicate your specialties:

- Fire Service
- Rescue Service
- Emergency Medical Services
- Law Enforcement
- Emergency Management Agency
- Public Health
- Mental Health Professional
- Board Certified Chaplain
- Hospital
- Other (Explain):

Please list all licensures and certifications: _____

***** Please attach validation of all credentials *****

AGENCY 1:

Title/Position:

Supervisor:

Agency Address:

City:

State:

Zip:

Phone:

Length or Service:

Years

AGENCY 2:

Title/Position:

Supervisor:

Agency Address:

City:

State:

Zip:

Phone:

Length or Service:

Years

Character Reference (non-family member)

Name:

Address:

City:

State:

Zip:

Phone Information

Cell Phone:

Work:

Have you ever been convicted of any offences other than traffic violations? No

Yes, explain:

Briefly describe why you would like to be a member of the TN Disaster Mental Health Strike Team:

I certify that the information supplied on this application is true. I hereby authorize and request any and all of my references that I have named to furnish any and all information concerning my training, experience, and personal background. I hereby release such persons from any and all liability by reason of furnishing such information. I also understand that any misrepresentation or omission of facts requested in this application may be cause for revocation or suspension of membership. I further understand that completion of this application does not insure me of acceptance for membership.

Signature:

Date:

For Administrative Use Only

Date application was received:

Date application was reviewed:

Date of applicants interview:

Accepted:

Denied:

Tennessee Disaster Mental Health Strike Team

MEMORANDUM OF UNDERSTANDING

I, _____ the undersigned agree to serve as a volunteer team member with the Tennessee Disaster Mental Health Strike Team for a minimum period of three years. I understand that serving as a team member requires the following commitment:

1. Willingness to attend a mandatory five-day training sessions as scheduled.
2. Keep active participation with crisis responses and in-service presentations.
3. Attend at least two quarterly team meetings per year.
4. Maintain strict confidentiality regarding crisis response activities, including topics discussed and personnel involved. Any breach in confidentiality will result in immediate removal of the individual from the team and the program.
5. Abide by the established team protocols and operational guidelines.

The Tennessee Disaster Mental Health Leadership Team agrees to the following commitments to team members:

1. Organize training session for new members.
2. Provide administrative support.
3. Provide, if necessary, crisis intervention for members after crisis responses.
4. Reevaluate the team operation and personnel each year.
5. Maintain quality in performance standards.
6. Maintain that all crisis intervention activity done by the Tennessee Disaster Mental Health Strike Team remain on a voluntary only basis.

I have read and understand these commitments and agree to serve as a team member for the Tennessee Disaster Mental Health Strike Team for a three year period.

(Signed) _____ Date _____

The Tennessee Disaster Mental Health Strike Team agrees to provide to Team Members the above commitments.

(Signed) _____ Date _____