12-2020

Developing a Community Innovation Grant in Response to Increasing Rural Critical Incidents in Agricultural Mental Health and Wellbeing, Community Trauma, and Natural Disasters

Chessa S. Quenzer
University of Nebraska Medical Center

Follow this and additional works at: https://digitalcommons.unmc.edu/coph_slce

Part of the Public Health Education and Promotion Commons

Recommended Citation
Quenzer, Chessa S., "Developing a Community Innovation Grant in Response to Increasing Rural Critical Incidents in Agricultural Mental Health and Wellbeing, Community Trauma, and Natural Disasters" (2020). Capstone Experience. 133.
https://digitalcommons.unmc.edu/coph_slce/133

This Capstone Experience is brought to you for free and open access by the Master of Public Health at DigitalCommons@UNMC. It has been accepted for inclusion in Capstone Experience by an authorized administrator of DigitalCommons@UNMC. For more information, please contact digitalcommons@unmc.edu.
Developing a Community Innovation Grant in Response to Increasing Rural Critical Incidents in Agricultural Mental Health and Wellbeing, Community Trauma, and Natural Disasters

Chessa Quenzer, Public Health Practice

Capstone: Master of Public Health

University of Nebraska Medical Center, College of Public Health

Brandon Grimm, PhD, MPH

Christine M. Arcari, PhD, MPH

George Seiler, MS, EdD candidate
Abstract

Spink Area Support Network (SASN) is a skilled team of community volunteers that facilitate rural critical incident response services in an effort to prevent a critical incident and offer structured support during the aftermath. SASN was developed in response to identified gaps in rural critical incident response and risk reduction through prevention in Spink County, South Dakota. SASN utilizes a collaborative team approach to fill in gaps between first responder silos and establish community interventions by providing support and resources while utilizing critical incident stress management methods. SASN requires funding to maintain response resources, training, prevention education, and follow-up services. The capstone project will produce the requirements to apply for the Bush Foundation Community Innovation Grant as a partnership and funding source. The grant requires a strategic plan, needs assessment, data collection, evaluation, and sustainability plan. Some of the footwork such as the stakeholder engagement, board, strategic plan, and needs assessment was established in the pilot year, 2019-2020. The results analysis indicates the need for a network of skilled volunteers to mobilize during events of agricultural mental health and wellbeing crises, community trauma, and natural disasters. The subsequent data that was collected for this grant had similar findings with a special focus on COVID-19 response. Resources that were developed from the current analysis are an area resource directory, crisis and COVID-19 prevention resources, and the SASN Critical Response Team (SASN CRT) manual. With these resources and the strategic plan in place the grant was submitted with all requirements and awaiting award notice. Rural, frontier populations in South Dakota will benefit from grant funding for SASN to increase efficacy of rural critical incident response.
Introduction

The Spink Area Support Network (SASN) is a skilled team of response-ready community volunteers that can facilitate services in an effort to prevent a critical incident and offer structured support during the aftermath. The network will respond within rural communities in South Dakota to critical incidents including suicide, sudden traumatic death or threat thereof, natural disasters, extreme financial distress, epidemic/pandemic, and other situations as determined by the network. The mission is to provide preventative education, resources, and offer structured support for critical incident situations in agricultural mental health and wellbeing, community trauma, and natural disasters. The short-term goal is to provide critical incident response services to Spink and the surrounding counties in South Dakota. The long-term goal is to provide training to other rural areas in South Dakota so they can create their own network and strategic plan to improve the efficacy of rural critical incident prevention and response.

To enact the SASN mission in rural South Dakota the non-profit organization has to be funded. Even though SASN has received partnership funding in the pilot year from various community organizations like the Spink County Coalition, Agtegra, Northwestern Energy, Heartland State Bank, Redfield Energy, South Dakota Community Foundation, Precision Soil, and more, funds are needed to grow and sustain the organization into the implementation, training, and dissemination phase. The Community Innovation grant from the Bush Foundation is a two year, two hundred-thousand-dollar grant that focuses on equitable, innovative ideas that solve community challenges like those of critical incident response in rural South Dakota.

Therefore, this capstone will assess the development of the Community Innovation Grant for SASN. The strategic plan, needs assessment, data collection, evaluation, and sustainability
plan will be created for the grant and discussed in this paper. The result will be a well-researched, developed action plan and budget for the Bush Foundation grant to continue working to aid those in our rural communities in South Dakota as they experience hardships from COVID-19 and other crises.

An additional aim for SASN is to create a model for rural critical incident response, prevention, education, and intervention to address the three core areas: Agricultural Mental Health and Well-being, Community Trauma, and Natural Disaster. A current model does not exist that provides an effective framework specific to the three core areas. SASN created a critical incident response model that recognizes cultural competency and health equity in rural populations (see Appendix A). The CDC’s (2019) Public Health Emergency Preparedness and Response Capabilities planning model was utilized to guide SASN model development in assessments, strategies/activities, and developing plans. The Spink Area Support Network Critical Response Team (SASN CRT) manual utilized the strategic initiatives and capability assessments in the CDC’s response planning model to execute functions in each core area of SASN response.

SASN has the foundation to provide a significant benefit for critical incident response in rural areas in South Dakota as it creates solutions to assist the aging emergency responder population and to help populations who experience extensive geographical disparities in access to healthcare facilities due the state’s primarily rural/frontier landscape. SASN will further provide prevention and public health resources and education about crises that are or can happen that will inform and educate rural populations to reduce risk and harm. The benefit that will be most significant is the community collaboration and partnership that will be created when
developing and disseminating the network with emergency responders, community leaders, stakeholders, and partnering organizations/companies.

Collaboration is important because individual entities like schools, hospitals, emergency management, public health departments, and ministerial associations, to name a few, all have their own crisis response management policies and protocols. Spink Area Support Network can provide a collective community solution that increases partnership support to these entities while improving efficacy of community resilience, capacity, and sustainability during critical incidents. Past efforts have solely relied on siloed local services like the Sheriff’s department, EMS/ambulance, fire departments, hospitals/clinics, and county emergency departments to respond within large, rural counties in South Dakota. Larry Tebben, Spink County Emergency Manager, stated, “it is very taxing on rural counties and leaves multiple gaps in critical incident response and resources. One of these gaps happens weekly when Spink County may only have one deputy on duty during night hours that are able to respond to critical incidents in a county that can take over an hour to drive through. Furthermore, the closest hospital can potentially be an hour or more away.”

**Background**

SASN began meeting in February of 2019 to create a strategic plan. A needs assessment was collected by focus groups from community leaders and SASN team members from organizations like Spink County Emergency Management, Spink County EMS, Spink Area Ministerial Association, Agtegra, South Dakota Developmental Center, Spink County Sheriff’s Office, Spink County Health Department, and Three Wise Women Counseling. Noted gaps in critical incident response were found from the focus group with a consensus that SASN would be
a beneficial collaborative organization to pursue. The gaps that were noted cited siloed intervention response protocols and policies among departments with little collaboration. It was also noted that the workforce is limited at times causing a strain in prevention, follow-up care, and resource distribution. Emergency response professionals also agreed that there was confusion and frustration about community resources. This is when the idea for a resource directory was created (see Appendix B).

A stakeholder engagement analysis was created and utilized to increase partnerships and collaboration with skilled individuals and organizations/companies. This initiative increased our network base to over thirty people. Then at our monthly meetings the name, mission, vision, logic models, and objectives were developed by May of 2019 (see Appendix C).

Next, SASN was awarded a Community Innovation grant from the South Dakota Community Foundation in August 2019 (see Appendix D). The subsequent months until the end of year was spent researching evidence-based practices, policies, and models. The network also promoted crisis prevention strategies, resources, and education through social media and monthly newspaper articles.

In February 2020, SASN hosted the movie *Silo* about grain bin safety in partnership with FFA with about seventy attendees. From that, SASN was able to procure a grant for grain bin safety equipment for our local fire department (see Appendix E). SASN also created a summit on March 14th, 2020 to highlight agricultural mental health and wellbeing topics with speakers, sponsors, simulation, entertainment, and dinner to address the agricultural suicides that our area was experiencing (see Appendix F). Unfortunately, due to COVID-19 the summit was cancelled; however, the event was turned into a webinar series later in the summer.
From March to July, 2020 SASN focused on COVID-19 response by creating and disseminating masks, meals, and resources that were needed in our communities. SASN partnered with the Redfield School District and Nutrition Mission to deliver lunches during the week to over one hundred and fifty students for ten weeks in the summer. COVID-19 response has continued through the fall with a campaign to promote CDC guidelines of social distancing, wearing masks, and hand washing.

**Literature Review**

Community capacity, competence, and resilience are important factors for effective rural disaster preparedness and response (McCabe et al., 2014). Rural Health Information Hub (2019) reports that complex effects of crises can quickly inundate available resources in rural areas due to remoteness, low population density, decreased communication capabilities, resource limitations, limited training, antiquated public infrastructure, and decreased access to higher levels of healthcare. Additionally, the most effective way for rural areas to respond to emergencies is to take a collective community approach by planning and preparing for critical incidents before they happen (RHIhub, 2019). A study that examined disaster preparedness and resilience in rural communities found it significantly important for integration of public, private, and nonprofit organizations, and found a robust disconnect between organizational response practices (Kapucu, Hawkins, & Rivera, 2013).

In another study examining public health emergency preparedness frameworks to promote resilience, Khan et al. (2018) found collaborative networks increase disaster resilience in rural areas by enhancing readiness, response, and recovery efforts across multiple levels through stakeholder and community engagement. This interconnectivity augmented
communication and participation while also bridging a gap between responding silo departments (Khan, et al., 2018). A report highlighting the opportunities and challenges of emergency preparedness and community coalitions found that local partnerships could be more cohesive due to strong community relationships, neighborly attitudes, and personal knowledge of the population (Carrier et al., 2012).

Additionally, there is growing concern over the mental health and well-being of our agricultural populations due to declining economies, fluctuating markets, weather events, and limited access to mental health care (Cuthbertson et al., 2020). Dr. Andrea Bjornstad, SDSU Extension Mental Health Specialist, stated “agriculture sustains one of the highest mortality rates from chronic stress. Suicide among farmers and ranchers is an international concern.” A 2017 study found that farmers were three to five times more likely to die by suicide than other occupations (Ringgenberg, Peek-Asa, & Ramirez, 2017). In the last five years Spink County, South Dakota has had six agricultural suicides. Agriculture is the largest industry in Spink County, ranking second out of sixty-six South Dakota counties (USDA, 2019); however, only inhabits approximately 6,500 people ranking fifty-six out of the sixty-six counties.

Another significant concern for rural areas is the aging emergency responder population. According to the South Dakota Department of Health Healthcare Workforce Report (2015), forty-nine years is the median age for EMT’s and sixty-one and a half percent are forty-five and older. Marty Link, South Dakota EMS Director, said in an interview that South Dakota is very concerned about employing enough EMT/Paramedics to cover need. He also stated that many of the rural Emergency Medical Services Departments are “stretched thin” and having to rely on sparse county/city funding as emergency response volunteers are a “thing of the past.” After hearing about all the positive benefits that SASN can provide to emergency services, Mr. Link is
looking forward to partnering as he sees the value and support that the SASN model can provide to rural communities and emergency services departments.

Dawn Oakley, Spink County EMS, was interviewed to assess need and function of SASN with Spink County EMS. She stated that having an organization like SASN to provide resources like masks, blankets, and informational referral’s for assistance will be a significant aid as they are often busy attending to the patient(s) medical needs and don’t address any subsequent needs they may have. She added that they are often so short staffed that it will be good to have trained volunteers to assist with bystanders and community impact.

COVID-19 is particularly more challenging in rural areas when compared to urban areas, according to the CDC (2020), due to an older population; increased rates of smoking, chronic disease and obesity; increased rates of poverty; and decreased access to healthcare. These conditions increase the risk for rural people to have higher susceptibility for COVID-19 complications. The CDC (2020) also noted that COVID-19 spread into rural areas at a slower rate than urban areas, but once widespread rural areas were found highly vulnerable due to increased rates of health disparities like poor transportation, access to healthcare, housing, socioeconomic status, food deserts, and more.

Unfortunately, Spink County has been highly vulnerable to COVID-19. COVID-19 cases in Spink County have risen substantially since August and still continue to remain at significant spread (SD DOH, 2020). Schools, businesses, and nursing homes have been significantly affected by COVID-19 in Spink County. The Eastern Star Nursing Home in Redfield, South Dakota has had twenty of their thirty-one residents’ contract COVID-19 with twelve deaths. SASN has been working since the beginning of lockdown in March to educate and inform our communities about CDC guidelines to mitigate contracting COVID-19 and
decreasing transmission rates. There is a group that has been making masks and meals continuously through the pandemic, and SASN has been disseminating them throughout the county with the aid of the Spink County Emergency Manager. Throughout the summer our team delivered lunches to over 200 students daily. SASN has also partnered with the school and their COVID-19 taskforce team to make the best-informed decisions for the health and safety of the students and staff. We are committed to mitigating the spread of COVID-19 in South Dakota.

**Methods**

A needs assessment survey was disseminated in October 2020. The digital survey was delivered to the SASN and Spink County Coalition email list servs (see Appendix H) with a 39% respondent rate. It was a fifteen-question survey about Spink County’s capability and capacity to respond to critical incident’s including seven specific questions for COVID-19. The participants were given three weeks to complete the survey with an introductory email and two reminder emails the follow weeks. The participant number was low, but Spink County was experiencing significant spread of COVID-19 at the time, and that may have played a role in that.

SASN also hosted a socially distanced and masked youth focus group in October with seven high school students and three middle school students (see Appendix I). This is the second year and will be done on an annual basis to gather data, assess program success, and recognize trends. The youth focus group was asked thirteen questions about health, wellness, COVID-19, and community crisis response capability. The students were very engaged with the group and questions. The responses were honest and innovative. It has allowed SASN to come up with some progressive youth initiatives in mental and behavioral health.
Methods for data collection and evaluation for the grant work plan will be assessed through the annual community assessment survey, focus groups, and key informant interviews. The summit webinars will be evaluated after the presenter to assess risk reduction, engagement, and need through an evaluation survey. Data collection and evaluation of critical incident response events will occur during debriefing by utilizing critical incident stress management methods of self-assessment, group talk, and follow-up. SASN will use the International Critical Incident Stress Foundation’s handout resources for our network volunteers and personnel that will aid them in understanding common techniques and best practices to take care of themselves and their peers after a crisis event.

Results

Fifty-two people took the needs assessment survey in Spink County. Results of the needs assessment found that seventy-seven percent of participants felt that Spink County needs more COVID-19 response measures. Over fifty percent of participants felt that personal protective equipment, like masks and gloves, are readily available in our area. However, seventy-five percent of participants felt that our rural communities are lacking in resources like delivery of food, supplies, and COVID-19 tests. Seventy-one percent of participants have driven out of town to a bigger community to get food and supplies that aren’t available in Spink County. Seventy-five percent of participants feel fearful of contracting COVID-19 in Spink County, and fifty-four percent stated that COVID-19 has affected their jobs in some way. Seventy-seven percent of participants stated they always wear a mask in public places. The most significant data that was collected from the survey is one hundred percent of participants have had COVID-19 or know someone who has.
The youth focus group results were progressive and mature. The data analysis showed the youth participants have strengthened their resilience and efficacy during the COVID-19 pandemic. After reading studies about the negative effects of quarantine and COVID-19 pandemic on youth this was not an expected outcome (CDC, 2020; Chanchlani, Buchanan & Gill, 2020; GENYOUth, 2020). However, the GENYOUth (2020) national youth survey found that eighty percent of youth feel adults are listening to them before making decisions, sixty-one percent are engaging in self-help, like listening to music and watching movies, and forty-three percent are experiencing decreased pressure from school.

Seventy percent of youth participants for the SASN focus group felt that quarantine was good for their mental health. Sixty percent of youth felt fearful of COVID-19, but only thirty percent felt fearful for their own health. Fifty percent of youth participants stated that South Dakota is not handling COVID-19 guidelines safely and that there should be a mask mandate. Only forty percent of youth participants felt that the community could handle a suicide crisis effectively with comments about poor access to school counselors and mental health providers in Spink County. When SASN was explained to them, seventy percent thought it was a good idea and helpful for the rural communities. While the other thirty percent didn’t have an opinion on SASN.

Implementation of the strategic plan for the Bush Foundation Community Innovation Grant will prioritize COVID-19 response measures, but will still respond to the three core areas: agricultural mental health and wellbeing, community trauma, and natural disasters. The target population is rural communities in Spink County and the surrounding counties. SASN will delegate a third of the work plan to resources, a third to prevention and education, and the last
third to personnel and supplies needed to effectively respond and follow-up during critical incidents.

Resources that will be purchased through the grant will be personal protective equipment like masks, gloves, sanitizer, and face shields for the critical response team, community members, first responders or other organizations as needed. Air purifiers, sanitizers, and UV light machines are other resources that will be purchased to mitigate COVID-19 transmission, especially while indoors. The United States Environmental Protection Agency (2020) states that air purifiers and sanitizers work to decrease airborne containments and particles that could contain COVID-19 virus indoors. However, they are not one hundred percent effective alone and people still need to follow CDC strategies for best practices to reduce COVID-19 transmission. Other resources will be purchased as determined by the critical incident or prevention campaign.

SASN has partnered with Agtegra, the leading agricultural company in our area, to deliver COVID-19 prevention resources and supplies to farmers and ranchers in need. The webinar series summit will happen again in 2021 and 2022 to inform the agricultural community on mental health awareness, suicide prevention, and other wellbeing topics. Evaluation results from the summit will be utilized to measure event and speaker performance.

Training, virtual or in-person, will be implemented as an essential part of the work plan to ensure that SASN is response ready and knows the protocols of the SASN CRT manual. The training will be offered to the group and with community partners to create collaborative practices. Training to optimize preparedness and capacity will be vital to the success of SASN if and when crisis happens.

Stakeholder engagement will be a continual objective as SASN expands out to other counties and organizations around Spink County to increase geographical impact (see Appendix
J). Expanding our stakeholder engagement to state leaders and champions will also be a
directive of the work and sustainability plan. Dr. Andrea Bjornstad, SDSU Mental Health
Counseling professor, has stated she will partner with SASN in agricultural mental health and
Marty Link, South Dakota EMS Director, is interested in partnering with SASN as a possible
support system to emergency services.

**Discussion**

The expected outcome of this capstone project is a successful application to the Bush
Foundation Community Innovation Grant that is awarded to support SASN. SASN objectives
align with Bush Foundation objectives of health equity. SASN work plan for the grant will
enable implementation of crisis response services, prevention education, preparedness training
and network action phase. If the grant is awarded then SASN can begin training in the late
spring or summer and be ready to be dispatched in 2021. During that time SASN can be the
regional crisis support organization for rural communities. Prevention education will be another
important outcome of the grant award. SASN will be able to gain 501c3 non-profit status and
build a website with valuable critical incident information to assist rural populations in South
Dakota.

The most notable finding was the strength, resilience, and bravery of the youth during the
COVID-19 pandemic. It should give our world hope to know that some youth are finding
optimism and joy during a pandemic. One student stated they thought it was the adults who were
behaving so erratically and fearfully, because the youth grew up in a socially distanced
technological world so the quarantine didn’t seem like such a devastation.

Other strengths of this capstone were the community needs assessment and stakeholder
engagement. The needs assessment validated that first responder/emergency professionals,
school administration, healthcare professionals, and community members alike need a collaborative approach to crisis response in rural South Dakota. The positive feedback about SASN’s mission from the assessment and engagement was a good indicator that SASN has a solid foundation on which to grow. It is only with stakeholders that SASN will succeed. South Dakota Community Foundation approved our Letter of Intent to apply for the COVID-19 Fund grant. Their partnership is so valuable to South Dakota and to all those who are working hard to help others and their communities.

The greatest limitation is the COVID-19 restrictions. It has been a difficult task to collect data, meet, interview, and plan virtually. COVID-19 restrictions have harbored survey responses, webinar attendance, and most significantly funding. However, the limitations are mitigating COVID-19 transmission and spread.

The Bush Foundation Community Innovation Grant is a two-year grant. The sustainability plan for SASN is to continue to seek for grant or foundation funding for non-profit organizations to provide funding for resources, supplies, and personnel. The long-term goal for SASN is to disseminate the network protocols, model, and training to other rural communities in South Dakota. If needed this can be done for a nominal fee. Partnerships with the South Dakota Department of Public Safety, academic institutions, and non-profit organizations can potentially provide funding. SASN will measure sustainability by having a checklist of indicators like grants, sponsors, fiscal partnerships with stakeholders, critical incident response stakeholders, and network volunteer list, because without skilled volunteers to respond SASN will not be sustainable.

Further data collection, evaluation, and strategic planning will be collected annually to assess SASN performance and success. Logic models and the SASN CRT manual will be
updated as needed depending on rural community needs. If the Bush Foundation Community Innovation Grant is not awarded then SASN will meet with the Bush Foundation to gain insight into corrections or strategies to improve the grant and reapply in 2021. SASN is a pivotal opportunity for rural populations to increase community resilience, sustainability, and health equity for all while reducing health disparities that cause community harm.
References


CDC. (2020). COVID-19 Rural Communities. Retrieved: 


APPENDIX A

Critical Response Phases of Action (CRPA)

SASN will maintain a comprehensive approach to critical incident management, while maximizing the safety of its team members and all individuals of the communities they serve using the Critical Response Phases of Action Model (CRPA). SASN will view critical incidents as recurring events with four phases: Prevention and Mitigation, Preparedness, Response, and Recovery.

The following diagram illustrates the relationship of the four phases of CRPA.

Phase 1 – Prevention and Mitigation
Phase 2 – Preparedness
Phase 3 – Response
Phase 4 – Recovery

This model illustrates the ongoing process by which SASN will plan for and reduce the impacts of critical incidents, react during and immediately following a critical incident, and take steps to recover after a critical incident has occurred. The CRPA model is cyclical in nature and is
constantly evolving and adopting. Recovery, even from the smallest incidents, can inform prevention and mitigation.

APPENDIX B

Spink County Community Resource Directory
Spink Area Support Network
1005 West 1st Street, Suite #2
Redfield, SD 57469

Chessa Quenzer
Community Coordinator
chessa.quenzer@k12.sd.us

This directory was created by Spink Area Support Network a subcommittee of the Spink County Coalition to help people identify and connect with available resources in this area and connect with them to reduce health disparities.
<table>
<thead>
<tr>
<th>TABLE OF CONTENTS</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDICTION INFORMATION &amp; TREATMENT</td>
<td>2,3</td>
</tr>
<tr>
<td>CHILD CARE</td>
<td>4</td>
</tr>
<tr>
<td>CHURCHES</td>
<td>6,7</td>
</tr>
<tr>
<td>COMMUNITY ORGANIZATIONS</td>
<td>8,9</td>
</tr>
<tr>
<td>COUNSELING SERVICES</td>
<td>10,11</td>
</tr>
<tr>
<td>DOMESTIC VIOLENCE / CHILD ABUSE</td>
<td>11</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>12</td>
</tr>
<tr>
<td>FITNESS / RECREATION</td>
<td>13</td>
</tr>
<tr>
<td>FOOD PANTRY/MEALS / THRIFT STORE</td>
<td>14</td>
</tr>
<tr>
<td>GENERAL ASSISTANCE</td>
<td>15</td>
</tr>
<tr>
<td>GOVERNMENT SERVICES</td>
<td>16</td>
</tr>
<tr>
<td>HEALTH</td>
<td>17</td>
</tr>
<tr>
<td>HOUSING</td>
<td>18</td>
</tr>
<tr>
<td>LAW ENFORCEMENT</td>
<td>18</td>
</tr>
<tr>
<td>LEGAL SERVICES</td>
<td>19</td>
</tr>
<tr>
<td>LIBRARIES</td>
<td>19</td>
</tr>
<tr>
<td>RESOURCES FOR SPECIAL POPULATIONS</td>
<td>19</td>
</tr>
<tr>
<td>TRANSPORTATION YOUTH / FAMILY PROGRAMS</td>
<td>20</td>
</tr>
<tr>
<td>HELPLINES &amp; TOLL FREE NUMBERS</td>
<td>21</td>
</tr>
</tbody>
</table>
ADDICTION INFORMATION & TREATMENT

SAMSHA Treatment Locator: https://findtreatment.samhsa.gov/

SD Department of Social Services:
https://dss.sd.gov/behavioralhealth/agencycounty.aspx

Alcoholics Anonymous (AA) - Redfield
Closed Meetings: Tuesdays & Thursday at 8:00 PM Alano Club House
Corner of East 9th Street & 7th Avenue (South of the Animal Care Center)
Contact: Francis (605)380-1073
Renae (605)460-2894

Avera Addiction Care Center
1206 S. Main Street
Aberdeen, SD 57401
(605)622-5800 or 1-800-952-2250
https://www.avera.org/services/behavioral-health/addiction-recovery/

Avoid Opioid South Dakota
1-800-920-1343
https://www.avoidopioidsd.com/

Changes & Choices Recovery Center
Carroll Institute: (605)332-9257
310 S. 1st Ave., Sioux Falls, SD
https://www.choicesrecoveryservices.org/

Community Counseling Services: Addiction Services
357 Kansas Ave. SE, Huron, SD
(605)352-8596
http://www.ccs-sd.org/
Intensive & regular outpatient treatment: Adults and adolescents

Spink County Coalition
Promoting safe & healthy lifestyles in Spink County.
P.O. Box 560
Redfield, SD 57469
www.spinkcountycoalition.com
Executive Director: Le Ann Wasmoen
leann.wasmoen@k12.sd.us
(605)450-1385
Heisler Adolescent Treatment: Outpatient & Inpatient
1310 W. 51st St., Sioux Falls, SD
(605) 334-1414
https://www.voa-dakotas.org/our-service-areas/behavioral-health/substance-abuse

Human Service Agency: Addiction Services
123 19th St. NE, Watertown, SD
(605) 886-0123 or 1-800-444-3989
http://www.humanserviceagency.org/addictions.html
Provides addiction evaluations, intensive & regular outpatient treatment, counseling, and support groups

Keystone Treatment Center
1010 E. 2nd St., Canton, SD
(605) 519-2077 or 1-855-292-5956
Provides intensive inpatient and outpatient services to adults and adolescents for all addictions https://www.keystonetreatment.com/

Marcie Robertson, LAC
Three Wise Women Counseling Services
1005 W 1st St. Redfield, SD 57469
(605) 450-6031
Robertsonmuae58@yahoo.com

Narcotics Anonymous (NA) - Redfield
Mondays (open meetings) 7:00-8:00 PM Wesleyan Church – Redfield
38519 174th St. (South side of 16th Ave)
Three Wise Women Counseling Services
1005 W 1st St, Suite #2
Contact: Marcie Robertson, LAC, (605) 450-6031

Our Home Rediscovery Center
40354 210th St., Huron, SD
(605) 353-1025
https://www.ourhomeinc.org/

Serenity Hills Detox/Halfway House
1500 Hwy 20 NW, Watertown, SD
(605) 884-0650
http://www.humanserviceagency.org/serenityhills.html
**CHILD CARE**

**Facebook: Redfield Daycare -**
https://www.facebook.com/groups/316254702193256/

**DOLAND:**
Doland Community Daycare 202 N. 3rd St.
PO BOX 326
(605) 635-6592

**MELLETTE:** Amy Duncan (605)887-3581

**NORTHVILLE:** Sheri Peterson (605)887-3527

**TULARE:**
Tulare Daycare
606 3rd Avenue
(605) 596-4279

**REDFIELD:**
Alice Schiferl (605)472-2467
Carol Maddox (605)472-3339
Deb Shaw (605)460-2144
Ginah Sanders (605)468-9613
Heather Roach (605)450-8912
Jackie Olson (605)302-0059
Kelli Stroud (605)216-5134

Marvelle Paulson (605)472-3256
Sharon Shantz (605)472-0614
Shawn Nichols (605)222-7799
Toni Glass (605)460-2000
Tonya Odland (605)450-8442
Kierra Zenner (320)428-3098
CHURCHES

Redfield Area Ministerial Association (RAMA)
President: Pastor Brian Wasmoen
(605) 450-5101

All Saints Catholic Church
23 1st Ave., Mellette, SD
(605) 887-3414
http://www.sbernardredfield.org/all-saints-page

Bethany Bible Baptist Church
608 4th Ave., Tulare, SD
(605) 596-4145
https://www.facebook.com/pages/Bethany-Bible-Baptist-Church/119994121355062

Brentford Congregational United Church of Christ
310 McCaughey Ave., Brentford, SD
(605) 887-3248
https://www.facebook.com/BrentfordUCC/

Calvary Bible Church
310 Hwy SD 37, Doland, SD (605) 635-6909
https://www.facebook.com/Calvary-Bible-Church-936556773043453/

Doland United Methodist Church
202 4th St., Doland, SD (605) 635-6308
https://www.facebook.com/DolandUMC/

Emmanuel Mennonite
18507 405th Ave, Doland, SD 57436
(605) 266-2588
http://emmanuelmennonite.org/index.php

First Congregational United Church of Christ
125 E. 7th Ave., Redfield, SD (605) 472-1590
http://www.uccredfield.com/
Hitchcock United Methodist Church
39060 SD Hwy 28, Hitchcock, SD    (605) 266-2135
https://hitchcockumc.com/

Messiah Lutheran Church
225 E 1st St., Redfield, SD    (605) 472-0730
https://www.facebook.com/MessiahAndRedeemer/

Northwestern United Methodist Church
223 4th Ave., Mellette, SD    (605) 887-3148
https://www.facebook.com/pages/Northwestern-United-Methodist-Church/150134838362789

Tulare United Church
205 Ohio St., Tulare, SD    (605) 596-4756
http://www.tulareunitedchurch.com/

Our Saviour’s Lutheran Church
1514 E. 1st St., Redfield, SD    (605) 472-2640
www.oslredfieldsd.com
https://www.facebook.com/pages/Our-Saviors-Lutheran-Church/121112314569834

Redeemer Lutheran Church (LCMS)
402 SD Highway 37    (605) 472-0730

Redfield Baptist Church
734 E. 7th Ave., Redfield, SD    (605) 472-1833
https://www.facebook.com/pages/Baptist-Church-Redfield/115654438464602

Redfield Wesleyan Church
38519 174th St., Redfield, SD    (605) 302-1001
https://www.redfieldwesleyan.org/

St. Bernard’s Catholic Church
213 E. 6th Ave., Redfield, SD    (605) 472-2500
http://www.sbernardredfield.org/

United Methodist Church
1326 W. 1st St., Redfield, SD    (605) 472-0770
www.redfieldumc.com
https://www.facebook.com/RedfieldUMC/
COMMUNITY ORGANIZATIONS

BRENTFORD:
American Legion
American Legion Auxiliary
Brentford Community Foundation
Plains Lions Club

CONDE:
American Legion
American Legion Auxiliary

DOLAND:
American Legion
American Legion Auxiliary
Doland Area Sportsman Club
Doland Cemetery Board
Doland Housing & Economic Development
Doland Heritage Committee
Doland Pride Committee
Doland Study Club
Doland Senior Center
Eastern Spink Pheasant
Women in Action

FRANKFORT:
Dakota Kids 4-H
Frankfort Community Center
Frankfort Housing Committee
Frankfort Ringnecks 4-H
Happy Hour Club

HITCHCOCK:
4-H (Broadland Buddies, Busy Blue Jays, Crandon Cloverleafs)
American Legion
American Legion Auxiliary
Hitchcock Community Planners
Senior Citizens
MELLETTE:
American Legion
American Legion Auxiliary
Plains Lions Club

SPINK COUNTY:
Spink County Coalition
Spink County Relay for Life

REDFIELD:
American Legion/VFW
American Legion Auxiliary
Eastern Star
Fraternal Order of Police
Masonic Lodge
Redfield Discovery Club
Redfield Kiwanis
Redfield Lions
Retired Teachers

TULARE:
American Legion
American Legion Auxiliary
Hitchcock-Tulare Foundation
Lions
Sisters in Spirit
Tulare Economic Development
Zenith Lodge

Spink Area Support Network
*Rural critical incident response network for agricultural mental health and well-being, community trauma, and natural disasters.*

P.O. Box 560
Redfield, SD 57469
www.spinkcountycoalition.com
Executive Director:
Le Ann Wasmoen
leann.wasmoen@k12.sd.us
(605)450-1385
COUNSELING SERVICES

Avera St. Luke’s Mental Health Unit
305 S. State Street, Aberdeen, SD
(605)229-1000 or (605)622-5552
www.avera.org

Bridgeway Counseling Center
600 4th St NE Suite #203, Watertown SD  (605) 886-5262
http://www.bridgewaycounselingcenter.com/

Catholic Family Services
310 15th Ave. SE, Aberdeen, SD
(605)226-1304 or 1-888-471-4673
http://www.sfcatholic.org/cfs/counseling/offices- counselors/

Footsteps Counseling
419 Moccasin Drive
Aberdeen, SD 57401
(605)725-2155
http://www.footstepscounselingaberdeen nsd.com/

Lutheran Social Services
110 6th Ave. SE, Suite #200 Aberdeen, SD 57401
(605)229-1500 https://www.lsssd.org/

LSS Consumer Credit Counseling
1-800-568-2401
www.lsssd.org

Northeastern Mental Health Center- Aberdeen
14 S. Main St., Suite #1E, Aberdeen, SD
(605)225-1010
(605)229-1000 CRISIS LINE
http://nemhc.org/
Northeastern Mental Health Center- Redfield
1005 1st St. West, Redfield, SD
(605)472-3282
http://nemhc.org/

Three Wise Women Counseling & Recovery Services – Redfield
1005 1st St. West, Suite #2, Redfield, SD

Marcie Robertson, LAC: (605) 450-6031
Anne Jockheck, LPC: (605) 450-1111
Tonja Jungwirth, LPC-MH: (605) 460-1616

DOMESTIC VIOLENCE / CHILD ABUSE SERVICES

Child Protection Services (CPS)
1-877-244-0864
https://dss.sd.gov/childprotection/reporting.aspx

Family Crisis Center
1015 Main Street Redfield, SD 57469
(605)472-0508

Jan Manolis Family Safe Center
1710 Old Hwy 14, Huron, SD 57350
Office number (605) 554-0398 or Toll free 1-855-725-0626
Hotline Numbers (605) 350-6663 & (605) 350 6690

Safe Harbor
2005 S Merton Street Aberdeen, SD 57401
Local (605) 226-1212 Toll Free (888) 290-2935
http://safeharborsd.org/

Spink County Department of Social Services
210 E 7th Ave., Suite 3, Redfield, SD 57469
(605)472-2230

Spink County Sheriff’s Office
911 or (605)472-4595
**EDUCATION**

**Early Childhood Intervention Program (ECIP)**  
Redfield Public School  
(605)472-4520

**Doland School District (PK-12)**  
405 Humphrey Drive  
(605) 635-6321  
www.dolandschool.com

**Headstart**  
905 W. 2nd St., Redfield, SD  
(605)472-1423  
https://www.headstartprogram.us/city/sd-redfield

**Northwestern Public School (PK-12)**  
221 3rd St., Mellette, SD 57461  
Phone: 605-887-3467  
https://northwestern.k12.sd.us/

**Redfield School District (PK-12)**  
502 E 2nd St, Redfield, SD 57469  
(605) 472-4520  
https://www.redfield.k12.sd.us/

**Hitchcock-Tulare Public School (PK-12)**  
401 4th Avenue, Tulare, SD 57476  
Phone: (605) 596-4171  
https://www.hitchcock-tulare.k12.sd.us/
Anytime Fitness
519 1/2 N Main Street, Redfield, SD
(605)302-0130
https://www.anytimefitness.com

Core Kinetics Dance Studio
102 6th Ave., Redfield, SD
(605)290-3187
http://www.corekineticsdance.com

Redfield Park & Recreation
309 W. 3rd St., Redfield, SD
(605)472-4552
http://parkandrec.redfield-sd.com
**FOOD PANTRY / MEALS / THRIFT STORE**

**Feeding South Dakota – Redfield**  
View Schedule at:  
https://feedingsouthdakota.org/or at the Good Samaritan

**Good Samaritan Food Pantry & Thrift Store**  
19 E. 7th Ave., Redfield, SD  
(605) 472-3314  
Open Tuesdays 4 PM to 7 PM & Thursdays 10 AM to 5 PM.

**Nutrition Mission**  
Redfield Public Schools  
Contact: Brenda Stover (605) 472-4520

**Redfield Senior Citizens Center**  
728 Main St., Redfield, SD  
(605) 472-0155

**SNAP Food Assistance Program**  
South Dakota Department of Social Services  
210 E 7th Avenue, Suite 3  
Redfield SD 57469-1299  
Phone: (605) 472-2230  
http://www.spinkcounty-sd.org/social.html

**WIC)Women, Infants, & Children**  
Spink County Community Health  
Spink County Courthouse  
http://www.spinkcounty-sd.org/health.html  
210 E 7th Avenue, Suite 2  
Redfield SD 57469-1299  
Phone: (605) 472-2434
GENERAL ASSISTANCE

Spink County Courthouse
210 E. 7th Ave., Redfield, SD
Division of Social Services 472-2230
Community Health Services 472-2434
Extension Office 472-5006
State's Attorney 472-4593
Veteran's Services 472-4589

Redfield Area Ministerial Association (RAMA)
President: Pastor Brian Wasmoen
(605)450-5101

Spink Area Support Network
Rural critical incident response network for agricultural mental health and well-being, community trauma, and natural disasters.
1005 West 1st Street, Suite #2
Redfield, SD 57469
Community Coordinator:
Chessa Quenzer
Chessa.Quenzer@k12.sd.us
(605)450-1385
GOVERNMENT SERVICES

Doland City Hall
401 Montana St. N, Doland, SD
(605) 635-6590

Mellette City Hall
311 1st Ave., Mellette, SD
(605) 887-3324

Redfield City Hall
626 Main Street, Redfield, SD
(605) 472-4550

Spink County Courthouse
210 E. 7th Ave., Redfield, SD
Auditor Office 472-4580
County Health Nurse/WIC/SNAP 472-2434
Department of Social Services 472-2230
Emergency Management 472-4591
Equalization Office 472-4585
Extension Office 472-5006
Magistrate Court 472-4535
Register of Deeds 472-4588
State's Attorney 472-4593
Treasurer's Office 472-4583
Veterans' Services 472-4589
Sheriff's Office 472-4595

Tulare City Hall
112 Ohio St., Tulare, SD
(605) 596-4105
**American Cancer Society**
4904 S. Technopolis Dr. Sioux Falls, SD 57106
(605) 361-8277 1-800-227-2345

**Community Memorial Hospital & Redfield Clinic**
110 W. 1st St., Redfield, SD
(605) 472-0510 Clinic
(605) 472-1110 Hospital

**Community Memorial Home Health**
1031 W. 2nd St., Redfield, SD
(605) 472-2941

**Randall Pharmacy**
110 1/2 W. 1st St., Redfield, SD
(605) 472-1810

**UNUSED MEDICATION DROP BOX**
https://www.voa-dakotas.org/our-service-areas/behavioral-health/substance-abuse

Randall Pharmacy - Redfield

Spink County Sheriff's Office

**Spink County Public & Community Health Department**
210 E. 7th Ave., Redfield, SD
(605) 472-2434

**SD Quitline** (Tobacco Cessation)
1-866-SD-QUITS (737-8487)
www.sdquitline.com
HOUSING

Redfield Housing Authority
University Plaza, Redfield, SD 1005 1st St. West, Suite #4
(605) 472-1175

Doland Housing & Development Corp.
106 N 2nd St., Doland, SD
(605) 635-6165

BASEC, Beadle and Spink Enterprise Community
219 Humphrey Dr. North, Doland, SD, 57436
(605)635-6165
www.basec.org

Grow Spink
701 Main Street, Redfield, SD 57469
(605)450-8755
www.growspink.com

LAW ENFORCEMENT

Spink County Sheriff’s Office
210 East 7th Ave., Redfield, SD
(605)472-4595 or 911

Spink County Emergency Manager
210 East 7th Ave., Redfield, SD (605)472-4591

Project STAND UP
Text “drugs” to 82257 to report illegal drugs

Text “safe” to 82257
to report suspicious behavior, threats or violence for school safety

Tips are 100% anonymous
LEGAL SERVICES

Gillette Law Office
701 Main St., Redfield, SD
(605) 472-1210

Lawyer Referral Service
1-800-850-0064

LIBRARIES

Redfield Public Library
5 East 5th Ave., Redfield, SD
(605) 472-4550

Sherwood Memorial Library
204 Humphrey Dr., Doland, SD
(605) 635-6955

RESOURCES FOR SPECIAL POPULATIONS

GLBT National Help Center
1-888-843-4564
www.glnh.org

GLBT National Youth Talkline
1-800-246-PRIDE (7743)
Trevor Project Crisis Line LGBTQ Youth 1-866-4-U-TREVOR (488-7386)
www.thetrevorproject.org

Center for Independence
258 3rd St SW, Huron, SD
(605) 352-5698
https://www.cfindependence.com/
TRANSPORTATION

Spink County Public Transit
728 Main St., Redfield, SD
(605)472-1552

YOUTH / FAMILY PROGRAMS

4H/SDSU Extension Service
210 E. 7th Ave., Redfield, SD
(605) 472-5006

Family Resource Network
(605) 688-5730
www.sdstate.edu/teaching-learning-and-leadership/family-resource-network

Redfield Parent Teacher Student Association (PTSA)
Redfield Public School (605) 472-4520

Redfield Public School
Redfield Youth Center (7th-12th Grades)
627 N. Main St., Redfield, SD
Open Friday and Saturday 7-10 PM

SD Parent Connection
Resources for families of children with disabilities
1707 4th Ave., Aberdeen, SD
(605) 681-0709
## HELPLINES & TOLL FREE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease &amp; Related Disorders</td>
<td>1-800-272-3900</td>
</tr>
<tr>
<td>American Council for the Blind</td>
<td>1-800-424-8666</td>
</tr>
<tr>
<td>American Diabetes Association</td>
<td>1-800-342-2383</td>
</tr>
<tr>
<td>Consumer Protection Help Line</td>
<td>1-800-300-1986</td>
</tr>
<tr>
<td>DakotaLink (impairment disability services)</td>
<td>1-800-645-0673</td>
</tr>
<tr>
<td>Domestic Violence Hotline</td>
<td>1-800-799-5SAFE (7233)</td>
</tr>
<tr>
<td>East River Legal Services</td>
<td>1-800-952-3015</td>
</tr>
<tr>
<td>Eldercare Locator</td>
<td>1-800-677-1116</td>
</tr>
<tr>
<td>Family Resource Network</td>
<td>1-800-354-8238</td>
</tr>
<tr>
<td>Farm &amp; Rural Stress Hotline (Avera)</td>
<td>1-800-691-4336</td>
</tr>
<tr>
<td>LGBTQ Crisis Hotline: The Trevor Project</td>
<td>1-866-488-7386</td>
</tr>
<tr>
<td>Meth Addiction Hotline (South Dakota)</td>
<td>1-800-920-4343</td>
</tr>
<tr>
<td>National Alliance on Mental Illness (NAMI)</td>
<td>1-800-273-8255</td>
</tr>
<tr>
<td>SD Helpline Center</td>
<td>211</td>
</tr>
<tr>
<td><a href="mailto:help@helplinecenter.org">help@helplinecenter.org</a></td>
<td>Text your zip code to 898211</td>
</tr>
<tr>
<td>Textline</td>
<td>Text “CONNECT” to 741-741</td>
</tr>
<tr>
<td>Text4Hope Youth Crisis Textline</td>
<td>Text “icare” to 898211</td>
</tr>
<tr>
<td>Teenline</td>
<td>1-800-365-8336</td>
</tr>
<tr>
<td>SD Quitline</td>
<td>1-866-737-8487</td>
</tr>
<tr>
<td>SD Gambling Hotline</td>
<td>1-800-522-4700</td>
</tr>
<tr>
<td>SD HIV/AIDS Hotline</td>
<td>1-800-592-1861</td>
</tr>
<tr>
<td>SD Suicide Prevention Lifeline</td>
<td>1-800-273-8255</td>
</tr>
<tr>
<td>Consumer Credit Counseling</td>
<td>1-800-568-2401</td>
</tr>
<tr>
<td>Poison Control Center</td>
<td>1-800-222-1222</td>
</tr>
</tbody>
</table>

### COVID-19 Resources

**CDC**

1-800-232-4636

**South Dakota COVID-19 Hotline**

1-800-997-2880
covid.sd.gov
Spink County Coalition
1005 W. 1st Street, Suite 2
Redfield, SD 57469
www.spinkcountycoalition.com

Le Ann Wasmoen
Director
Leann.Wasmoen@k12.sd.us
(605) 450-1385
APPENDIX C

Spink Area Support Network Mission, Vision, & Objectives

VISION
We envision a community network of resources to aid in the well-being of our neighbors.

MISSION
Provide preventative education, resources, and offer structured support for critical incident situations in agricultural mental health and well-being, community trauma, and natural disasters.

OBJECTIVES

1. Agricultural Mental Health & Well-being
   - Identify rural agricultural stakeholders who have front line access to South Dakota farmers and ranchers.
   - Develop and distribute prevention education tools to stakeholders in rural communities.
   - Provide critical incident management tools to rural communities.
   - Follow up with communities and individuals affected by agricultural mental health and wellbeing to continue to provide resources.

2. Natural Disasters
   - Identify stakeholders who can provide resources and tools in the event of a natural disaster.
   - Train stakeholders and first responders' in preparation of a potential natural disaster.
   - Provide resources and respond to natural disasters.
   - Follow up with communities and individuals affected by natural disasters to continue to provide resources.

3. Community Trauma
   - Identify potential community traumatic events.
   - Identify stakeholders and skilled team members of response-ready volunteers.
   - Train stakeholders and skilled teams of response-ready volunteers for potential community traumatic events.
   - Respond to community traumatic events such as suicide, sudden trauma death or threat thereof, extreme financial distress, and other events determined by the network.
   - Follow up with communities and individuals affected by community trauma to continue to provide resources.
SPINK AREA SUPPORT NETWORK

Local Mental Health Resources

- Avera Family: Farmers, ranchers, and people who live in rural communities
  - You can 1-800-691-4336 24 hours a day.
  - The call is free and confidential. The hotline is staffed by trained assessment counselors who put callers in touch with local mental health resources.
  - Now offering free counseling services for farmers and their families at no cost. With the current state of the industry, we understand that farm families can feel overwhelmed in times of stress, instability, and uncertainty. We’re here to help. Call 605-225-1010 for more information.

- 3 Wise Women Counseling: (605)450-6031, Redfield

- Community Mental Health Centers in South Dakota
  - Individuals who meet programmatic and financial eligibility guidelines or who have considerable personal circumstances, may qualify for state funded services.
    - Northeastern Mental Health Center: Jo McCool, MS, LPC, QMHP, Northeast Mental Health, Aberdeen, (605)229-1000
    - Community Counseling Services (Huron, Beadle, Kingsbury)
      - Huron: 605.352.8596

- NAMI: National Alliance on Mental Illness
  - NAMI South Dakota
    - https://namisouthdakota.org/
- NAMI Aberdeen
  - Amy Sanderson at NEMentalHealth @ 605-225-1010

CONT...Mental Health Services

- Helpline Center South Dakota
  - South Dakota’s leader in suicide prevention and response. If you or someone you know is having suicidal thoughts please call 1-800-273-8255 anytime, day or night. All South Dakotans have access to the crisis line all day, every day. The service is free and confidential.
  - Call 211 or Text your zip code to 898211
    - You are not alone. Every day people turn to 211 for information and support – whether financial, family, health, or disaster-related. The call or text is free and confidential.
  - Students from high schools across South Dakota can text to talk with caring staff. Help is available 24/7.
    - Text4Hope serves all high schools in South Dakota. Teens can text.icare to 898211 to talk with a caring staff from the Helpline Center. Help is available 24/7.

- Veteran Services
  - Veterans Crisis Line
    - [https://www.veteranscrisisline.net/](https://www.veteranscrisisline.net/)
    - or call 1-800-273-8255
  - Veterans & Substance Abuse
    - [https://www.drugrehab.org/veterans-and-substance-abuse/](https://www.drugrehab.org/veterans-and-substance-abuse/)
Appendix D

Grain Bin Safety Grant

Spink County Coalition receives a $1,240 grant for grain bin rescue equipment

Huron, SD--The Spink Area Support Network (SASN), subcommittee of the Spink County Coalition, received a $1,240 grant for grain bin rescue equipment which was donated to the Redfield Fire Department. The equipment will be used as needed during grain bin entrapments to help rescue a victim as quickly and safely as possible. The grant is provided through Farm Credit Services of America's (VCSAmerica) Working Here Fund.

"We understand the importance of keeping our communities safe and appreciate the efforts of the Spink County Coalition," said Michelle Pluta, Regional Vice President of Retail Operations at FCSAmerica's Huron office. The Spink County Coalition is one of the 55 organizations to receive a Working Here Fund grant in the first quarter of 2020. FCSAmerica awarded $95,551 during the latest grant cycle ending March 31, 2020.
Creating a Critical Response Protocol

PIERRE – The South Dakota Community Foundation (SDCF) presented a $10,000 Community Innovation Grant (CIG) to the Spink Area Support Network (SASN). Offered in partnership with the Bush Foundation, the Community Innovation Grant program supports efforts to find breakthrough solutions to community challenges across the state. The grant will aid the organization to reach stakeholders and communities in the area that will be valued members of the network and who can benefit from the support the larger group can provide.

“The great Coretta Scott King said, ‘The greatness of a community is most accurately measured by the compassionate action of its members.’ The Spink Area Support Network is a compassionate team of skilled community volunteers that will stand with our neighbors during community trauma, natural disasters and with our agricultural community”, said Chessa Quenzer, Spink County Coalition Coordinator. “We are elated to be selected as a recipient of this wonderful grant that will ensure that the network gets off the ground. Thank you for believing in our mission and vision as we work compassionately to build even stronger rural communities.”

The Spink Area Support Network plans to establish a comprehensive critical response protocol focusing on agricultural mental health and well-being, natural disasters and community trauma. They will also provide training to the community management team.

“The South Dakota Community Foundation is pleased to partner with the Spink Area Support Network as they work to eliminate any gaps in existing services”, said Ginger Niemann, SDCF Senior Program Officer. “Community engagement will ensure that the Network can provide the support necessary for their communities in times of crisis.”
APPENDIX F

Spink Area Rural Support Summit

Register Online Now!

www.spinkcountycoalition.com

Location: Redfield High School
(registration booth at the south activity entrance)

Time: 9am to 4pm

Registration begins: 8:00 am

Admission: $10

This summit is an opportunity for neighbors, farmers, organizations, business professionals and all agricultural professionals to come together for a day of conversation and education.

Keynote Speaker:
Ty Eschenbaum

Entertainment:
Mylo Hatzenbuhler
the Strasburg Superstar

March 14th, 2020
Mission:
Provide preventative education to reduce the likelihood of, and structured support following a critical incident situation in the Spink County area.

Vision:
We envision a community network of resources to aid in the well-being of our neighbors.

Purpose:
Spink Area Support Network is a skilled team of response-ready community volunteers that can facilitate support and services in an effort to prevent, or during the aftermath of a critical incident. The network will respond within our rural agricultural community to critical incidents including suicide, sudden traumatic death or threat thereof, natural disasters, extreme financial distress, and other situations as determined by the network.

Goals and Objectives:
1. Identification-Ag and rural stakeholders who are front line access to South Dakota farmers and ranchers
2. Developing and distributing prevention education tools to stakeholders and the rural community
3. Provide critical incident management tools to rural communities
4. Continued communication with communities and individuals with resources as needed
March 14th, 2020
Redfield High School
9 am to 4 pm

What is the Spink Area Rural Support Summit?
The Spink Area Support Network created the Spink Area Rural Support Summit to provide our agricultural and livestock producer community education, resources, and support on various trending topics like mental health well-being, ag economics, best farming and producing practices, occupational safety, transitional living, family life, and much more. The summit will provide attendees with a great opportunity to learn, grow, and connect with their peers while gaining access to support services. The summit will feature a keynote speaker, various workshops that attendees can choose from, an expert panel and lunch with entertainment. There will also be vendor booths available to express to this amazing community the supportive services that are available to them. The summit will only cost $10 per person to offset food expense and to make it affordable for anyone to attend.

Contact Chessa Quenzer for any inquiries about the sponsorship packages. The packages can also be tailored to meet all your needs. Please submit all ad or pictures as high resolution .jpg or .pdf files.

Chessa Quenzer
Spink County Coalition Coordinator
(785) 893-3066
chesa.quenzer@k12.sd.us

To Register your sponsorship, please visit:
www.spinkcountycoalition.com

Diamond - $2000
Keynote Speaker Sponsor
*Recognized throughout event
*Vendor Booth
*Full page ad in program
*10-minute Welcome Saturday morning
*5 paid attendee registrations

Ruby - $1000
Panel Sponsor
*Recognized throughout event
*Vendor Booth
*Half page ad in program
*5 minute address during lunch
*3 paid attendee registrations

Emerald - $500
Meal Sponsor
*Recognition throughout event
*Vendor Booth
*Quarter page ad in program
*2 paid attendee registrations

Gold - $250
Exhibitor Package
*Vendor Booth
*Quarter page ad in program
*1 paid attendee registration

Silver - $100
*1 paid attendee registration
*Listed in program

Bronze - up to $100
*Listed in program
VENDOR PACKAGE

Date: March 14, 2020
Time: 9 am to 4 pm (registration begins at 8:15 am)
Location: Redfield School, 111 E 6th Ave., Redfield, SD 57469

- Setup will begin Friday, March 13th, at 5 pm & Saturday, March 14th, at 7:45 am.
  - If you need a special time or know when you’re coming, please let me know & we will accommodate that.
- Come into the school at the south activity entrance (shown below in the picture) and sign-in at the registration table.

- Vendors will be in the cafeteria.
  - There will be guest Wi-Fi access for the day.
  - If you need access to electricity let us know.
- Breakfast, lunch and entertainment will be in the cafeteria.
- Please feel free to watch the presentations & enjoy the summit.
- If you need anything please text, call or email:
  Chessa Quenzer, (785)893-3066, chessa.quenzer@k12.sd.us
AGENDA W/ PRESENTERS

8:15- 9:00 Registration: South Activity Entrance (Cafeteria: coffee, bfast snack, water)

9:00- 9:20 Welcome and Introduction: Auditorium
  • 9:00-9:15
    o Jenae- Spink Area Support Network
    o Chessa/Le Ann- Spink Area Rural Support Summit
  • 9:15-9:20 South Dakota Secretary of Agriculture Kim Vanneman- video

9:20- 10:20 Keynote Speaker: Auditorium
  • Ty Eschenbaum- Ty Eschenbaum Foundation

10:30- 11:15 Workshop 1: Auditorium
  • Becky Harstad-Commodities – Whetstone Commodities

11:15- 12:00 Workshop 2: Auditorium
  • Jack Davis-Ag Business Management – SDSU Extension

12:00- 1:25 Lunch/Entertainment: Cafeteria
  • Auntie Mimi’s Lunch: pulled pork sandwiches with cowboy beans, salad, chips, bar, and water and tea.
  • 12:25-1:25 Mylo Hatzenbuhler “the Strasburg Superstar” Singing Sensation

1:30- 2:15 Workshop 3: Auditorium
  • Laura Edwards- State Climatologist – SDSU Extension

2:15- 3:00 Workshop 4: Auditorium
  • Audrey Rider-Family Dynamic/Children in Ag/Resilience – SDSU Extension

3:10 - 3:55 Mental Health & Well-being Presentation: Auditorium
  • Karl Oehlke – Farm/Rural Stress, Mental Health & Well-being – Avera

3:55- 4:00 Closing /Evaluations: Auditorium
  • Spink Area Support Network

THANK YOU FOR COMING! WE ARE GRATEFUL FOR YOUR ENGAGEMENT AND SUPPORT.
APPENDIX G

Spink Area Support Network Critical Response Manual

SASN Critical Response Manual

2020-2021

Spink Area Support Network

http://www.spinkcountycoalition.com/

Chessa Quenzer
Associate Director of Community Programs
Spink County Coalition
Spink Area Support Network
Chessa.quenzer@k12.sd.us
(785)893-3066
Spink Area Support Network (SASN)

Spink Area Support Network (SASN) is a skilled team of response-ready community volunteers that can coordinate and facilitate services to prevent a critical incident and offer structured support during the aftermath. The network will respond within our rural agricultural communities to critical incidents including but not limited to suicide, sudden traumatic death or threat thereof, natural disasters, extreme financial distress, infectious disease, and other situations as determined by the network.

VISION
We envision a community network of resources to aid in the well-being of our neighbors.

MISSION
Provide preventative education, resources, and offer structured support for critical incident situations in agricultural mental health and well-being, community trauma, and natural disasters.

OBJECTIVES

1. **Agricultural Mental Health & Well-being**
   - Identify rural agricultural stakeholders who have front line access to South Dakota farmers and ranchers.
   - Develop and distribute prevention education tools to stakeholders in rural communities.
   - Provide critical incident management tools to rural communities.
   - Follow up with communities and individuals affected by agricultural mental health and wellbeing to continue to provide resources.

2. **Natural Disasters**
   - Identify stakeholders who can provide resources and tools in the event of a natural disaster.
   - Train stakeholders and first responders' in preparation of a potential natural disaster.
   - Provide resources and respond to natural disasters.
   - Follow up with communities and individuals affected by natural disasters to continue to provide resources.

3. **Community Trauma**
   - Identify potential community traumatic events.
   - Identify stakeholders and skilled team members of response-ready volunteers.
   - Train stakeholders and skilled teams of response-ready volunteers for potential community traumatic events.
   - Respond to community traumatic events such as suicide, sudden trauma death or threat thereof, extreme financial distress, and other events determined by the network.
   - Follow up with communities and individuals affected by community trauma to continue to provide resources.
Introduction

This plan has been developed to assist the SASN Critical Response Team (SASN-CRT) in responding to critical incidents that impact the communities in Spink County and surrounding areas. The SASN Critical Response Manual (CRM) outlines appropriate responses to critical incidents to guide the critical response team (CRT). The goal is to address the trauma experienced by the community in such a way as to prevent or reduce long-term negative impacts.

The SASN Critical Response Team (SASN-CRT) may be called upon in a variety of circumstances such as large-scale disaster (ie flood/tornadoes), circumstances having a large group impact (ie sudden death, accident, fire), or situations that occur on an individual basis (ie suicidal threat). SASN-CRT will assist, partner, and survey the situation with the support and/or consultation of professionals.

The SASN team must engage in becoming commonly trained in the use of the SASN Critical Response Manual. SASN will also train volunteers from partnering agencies who are willing to respond when additional resources are needed. Having a common philosophy and plan will significantly improve the critical response in times of need. All members will know techniques for individual, group and community-wide response and can more efficiently work together during a critical incident. SASN will implement a detailed volunteer roster that outlines expertise, contact information, and availability.

A critical incident is any traumatic event that seriously disrupts our coping and problem-solving abilities. It is typically sudden, unexpected, dramatic, forceful, and may even threaten our survival. Critical incidents can present drastic and tragic changes in our environment. These changes tend to be overwhelming and uncontrollable as well as unwanted and frightening. It may create a sense of helplessness, hopelessness and vulnerability combined with a loss of safety.

This manual does not cover all forms of trauma and community incidents; however, these protocols, procedures, and resources can be utilized in the response approach for any situation. The response guidelines can also be used in conjunction with other community organizations such as county emergency services, hospitals, or schools who have their own specific crisis response plans.

Critical Incidents Impacting Our Community

- Death by Suicide
- Unexpected Death
- Farming Accident
- Vehicle Accident
- Economic Farm Crisis
- Major Flooding
- Natural Disaster Damage
- Pandemic and Infectious Disease
Critical Response Phases of Action (CRPA)

SASN will maintain a comprehensive approach to critical incident management, while maximizing the safety of its team members and all individuals of the communities they serve using the Critical Response Phases of Action Model (CRPA). SASN will view critical incidents as recurring events with four phases: Prevention and Mitigation, Preparedness, Response, and Recovery.

The following diagram illustrates the relationship of the four phases of CRPA:

Phase 1 – Prevention and Mitigation
Phase 2 – Preparedness
Phase 3 – Response
Phase 4 – Recovery

PREVENTION & MITIGATION
Reduce the negative consequences of a critical incident or decrease the probability of it happening.

PREPARATION
Plan, train, & educate for critical incidents that cannot be prevented.

RECOVERY
Actions taken to return to normal after a critical incident.

RESPONSE
Decrease morbidity, mortality and property damage after a disaster has happened.

This model illustrates the ongoing process by which SASN will plan for and reduce the impacts of critical incidents, react during and immediately following a critical incident, and take steps to recover after a critical incident has occurred. The CRPA model is cyclical in nature and is constantly evolving and adopting. Recovery, even from the smallest incidents, can inform prevention and mitigation.
PHASE 1: PREVENTION AND MITIGATION

Phase 1 is focused on lessening the impact of a critical incident. Prevention averts or stops a critical incident from occurring through education and intervention. Mitigation is a sustained action taken to reduce or eliminate risk to people and property from critical incidents and their effects. Mitigation activities address either of the components of risk, which are probability (likelihood) and consequence. By mitigating either of these components, the risk becomes much less of a threat to the affected population. In the case of natural critical incidents, limiting the probability of hazards are highly dependent on the type. Natural disasters, such as tornadoes and winter storms, are impossible to prevent, while floods and wildfires may potentially be prevented, mitigated or controlled.

Major Steps in Preventing and/or Mitigating A Critical Incident
1. To garner community input, an annual assessment of community capacity and readiness, needs, and environmental factors that impact the community will be conducted. Focus groups, informant interviews, and community meetings may be utilized to collect and review data.
2. Mobilize and build capacity to address needs.
3. Annually review and evaluate policies and data to determine and/or update strategic and action plans.
4. Implement effective strategies and programs including:
   - Network educational opportunities including, but not limited to, attending regional and national conferences
   - National affiliation/association to receive resources and current information
   - Improve community culture to decrease stigma and encourage acceptance and promote community collaboration
   - Educate and inform the local population on prevention and mitigation strategies through training, webinars, podcasts, etc.
   - Reduce health disparities
   - Obtain resources needed for implementation
   - Continue to maintain and established relationships with community responders (law enforcement, fire and community-based organizations) that would be called upon in a critical incident.

5. Develop and disseminate evaluation plans and annually evaluate efforts

PHASE 2: PREPAREDNESS

Preparedness can be defined as a state of readiness to respond to a critical incident or any other type of emergency situation. Training and public education are the most common preparedness activities and when properly applied, they have great potential to help people survive critical incidents. Although preparedness activities do little to prevent a critical incident from occurring, they are very effective at ensuring that people know what to do once the critical incident has happened. Anticipating and taking precautionary measures for future critical incidents reduces fear and increases the ability of rapid recovery following the event.

Critical Incident planning will not take place during the actual crisis. SASN-CRT will be educated about critical incidents and how they impact our communities.

- Train CRT to be able to perform critical response procedures.
• CRT members should practice emergency drills and simulations to practice responses.
• Assign roles and develop team working relationships.
• Develop working relationships with other emergency responders from the community, police, fire, emergency management, school districts, Red Cross, etc.

SASN-CRT will be prepared by having all team members trained in critical response procedures. Each member must be aware of their individual responsibilities should a critical incident occur. They must also have quick access to written critical response procedures as well as critical response supplies.

Effective crisis management is the responsibility of all members of the community. Individuals look to their community leaders to provide leadership, guidance and modeling of how to respond to the crisis. Community members who are both knowledgeable and comfortable in leading age-appropriate discussions can be very effective in reducing the trauma experienced by the community. Community leaders can also provide leadership in reestablishing a level of normalcy and a return to a productive community process.

**Evaluating the Impact of a Critical Incident**

While each critical incident should be treated as a unique situation, there are some variables that may be considered to determine the level of critical response. Evaluating the critical incident is important to prevent either an overreaction or under reaction to the event. Critical intervention is most effective when it is conducted as close to the critical incident as possible. Time delays can decrease the overall effectiveness. It is also important to avoid overreacting to an event. Children, particularly younger ones, are often impacted by the anxiety of adults. If the adults over respond and proceed as though the event is severe (when it is not), children may become unnecessarily stressed and traumatized when they were not previously.

**Factors to consider**

• Severity
• Number of individuals involved
• Type of critical incident

**Variables that Impact the Possibility of Trauma**

• Event predictability: Trauma experienced as the result of a critical incident is impacted by the predictability of the event. Sometimes there is a higher risk for trauma when the event is sudden or unpredictable.

**Variables Should Be Weighed When Estimating the Impact of a Critical Incident**

• Well-regarded individual: The impact increases the more regarded the person was in the community.
• Physical/Emotional proximity to the critical incident: To what extent were individuals exposed to or involved in the critical incident? Critical impact is lessened when exposure and involvement are minimal.
• Critical incident history and recency of other critical incidents: If the community has experienced similar incidents, the current event can potentially trigger former critical incident reactions in addition to producing new trauma increasing the overall impact. The reaction may be stronger to the current event, because there may not be a full recovery from the previous incident. Resiliency and coping strategies may be lessened due to the previous event.
- Resources: Are there family, school, personal and community resources available to people who have experienced a critical incident? The fewer resources available, the more likely significant critical incident reactions will occur.
- Critical incident timing: When did the critical incident occur? (i.e. when extreme weather happens at an unusual time or during the night.

**Effects on Individuals**

A critical incident may cause traumatic stress. Traumatic stress refers to the emotional, cognitive, behavioral, and physiological experience of individuals who are exposed to, or who witness, critical incidents that overwhelm their coping and problem-solving abilities. Traumatic stress can disable people, cause disease, precipitate mental disorder, lead to substance abuse, and destroy relationships and families.

Traumatic stress reactions can have a significant impact upon people and may ultimately lead to Posttraumatic Stress Disorder (PTSD). A person who has developed a PTSD may experience recurrent and intrusive distressing recollections of the event, distressing dreams, flashbacks, difficulty concentrating, hyper vigilance, an exaggerated startle response, and a host of avoidance behaviors.

**Factors That Influence How Individuals Respond:** Individual response to a critical incident will be based upon many variables, including:
- Pre-trauma factors (e.g., a history of emotional problems, learning disabilities, substance use, prior traumatic exposure, etc.)
- Characteristics of the traumatic event (e.g., the severity, proximity, intentionally caused vs. natural disaster, etc.)
- Post-trauma factors (e.g., having the opportunity to debrief or “tell their story,” level of familial support, etc.)
- These variables, in concert with individual characteristics and the “personal meaning” that an individual ascribes to a traumatic event, will ultimately determine how an individual will respond in the face of trauma.

**Common Reactions:** The following emotional, cognitive, behavioral, and physiological reactions are frequently observed. Not every response is evidenced by every person. Developmental factors will influence the response. The order in which responses are exhibited will vary from person to person. These stress reactions may occur immediately or sometime in the days, weeks, or months after the event.

It is important to realize that these reactions do not represent an unhealthy or maladaptive response to a traumatic event. Rather, they may be viewed as normal responses to an abnormal event. When these reactions continue to be experienced in the future (i.e., weeks, months or even years after the event), are joined by other symptoms (e.g., recurrent distressing dreams, “flashbacks,” avoidance behaviors, etc.), and interfere with social, occupational or other important areas of functioning, it is important that the individual seek help from a mental health professional.

- **Emotional:** shock, anger, despair, emotional numbness, terror, guilt, phobias, depression, grief, helplessness/hopelessness, loss of pleasure from activities, dissociation
- **Cognitive:** impaired concentration, decision making ability and memory, disbelief, confusion, distortion, decreased self-esteem and self-efficacy, self-blame, intrusive thoughts and memories, work
- **Physical:** fatigue, insomnia, hyperarousal, somatic complaints, impaired immune response, headaches, gastrointestinal problems, decreased appetite, decreased libido, startle response
- **Interpersonal/Behavioral**: alienation, social withdrawal, increased relationship conflicts, vocational/school impairment, avoidance of reminders, crying easily, change in appetite or sleep patterns

**PHASE 3: RESPONSE**

Responses are actions carried out immediately before, during, and after a critical incident, which are aimed at reducing risk and harm. Response actions may include activating the emergency operations center, evacuating threatened populations, opening shelters and providing mass care, emergency rescue and medical care, firefighting, and search and rescue.

The SASN Critical Response Team (SASN-CRT) may be called upon in a variety of circumstances such as large-scale disaster (ie flood/tornadoes), circumstances having a large group impact (ie sudden death, accident, fire), or situations that occur on an individual basis (ie suicidal threat). SASN-CRT will assist, partner, and survey the situation with the support and/or consultation of professionals.

The SASN Critical Response Checklist will guide SASN-CRT in responding to the need for physiological, psychological, and environmental intervention following a critical incident. All the information contained in this section is organized to coincide with the steps on the checklist.

*The following should be used in concert with the SASN Critical Response Checklist (Appendix X)*

**Critical Response Team in Action**

1. **Gather the Facts**
   
The first person to become aware of the incident should notify the CRT Lead(s). The primary task of the CRT Lead(s) is to gather details surrounding the critical incident. Secondly, the CRT Lead(s) must verify the information.

   Fact gathering may require contact with the police/sheriff’s department, highway patrol, fire department and/or local hospital. In the case of a severe injury or death of a community member, a team member may need to contact family members for information. Contacting family members in tragic circumstances may be uncomfortable, but it is necessary to determine how SASN can support the family.

   When gathering the facts, collect clear information from team members, family, and friends to make determinations on response types and levels.

2. **Determine the Level of Response**
   
The CRT Lead should meet with the CRT Executive Team to determine the level of response that will be required and the necessity of assembling the full CRT. Consideration should also be given to the need for additional support from community members and resources.

   *Some of the variables to be considered are:*
   
   - The severity of the event
   - The number of individuals affected by the event
   - The reactions of community members

   *It is helpful to review the following questions:*
   
   - When did the event occur?
   - Where did the event occur?
• How did it happen (e.g., accidental, intentional, expected)?
• How many individuals were affected by the event?
• Who are the affected community members?
• How is the community responding?
• How are individuals indirectly being affected (e.g., siblings/friends in other communities)?

SASN-CRT will maintain frequent updates, if possible, as the incident develops. The CRT lead should monitor and frequently re-evaluate the situation to determine whether the incident response is the most effective and efficient. Responders may need to be added or released as the situation progresses. Once the team leader determines the level of response needed, the team leader should access resources from all team members and outside professionals.

3. Manage the Flow of Information

One of the most important decisions to be made is how the notification of the CRT will proceed. The purpose of controlling the flow of information is to minimize rumors and misinformation as well as to protect the wishes of the affected families and community members. Dissemination of information to the CRT will only occur upon request from professionals and authorities. The CRT Lead should work with the point of contact to disseminate the information. The timeliness of the information, the content, the way it is shared, and the opportunity for discussion are critical to the management of the incident on both an individual and group basis. The CRT will be required to uphold confidentiality standards. It is important to be culturally sensitive and to make sure that all information is translated to support the diversity of the community.

Select Methods of Notification

When determining the method of notification to the CRT, the following should be considered:
• The nature of the situation (e.g., accidental, suicide, severe injury)
• The age of the person(s) identified in the incident
• The availability of support services (within and outside the community)
• The role of the CRT
• The needs and concerns of community members
• The timing of the announcement

The following methods may be used for notification:
• A phone tree to notify SASN Team and community members
• An emergency CRT meeting
  ○ Hold meeting as soon as possible
  ○ Prepare team for personal response to incident.
  ○ Prepare team to respond to individuals in incident.
• A memo/fact sheet delivered to community members
• Information fact sheet (upon request)
  ○ Assist with rumor control
  ○ Present facts to the community
  ○ Warning signs and referral process for individuals in need of support
  ○ The location of community support services
4. Intervention Guidelines During the Critical Incident—Onsite

**Critical Incident Response Interventions**

- Upon request, the SASN-CRT will assemble, and set-up operations where needed.
- **Assess for Danger/Safety for Self and Others:** Upon arrival at the scene, assess the situation in order to determine whether there are factors that compromise your safety or the safety of others.
- Determine needs in conversation with Critical Incident Response Manager
  - During critical incidents that overwhelm the services of the community, it is possible that a team member would be a first responder and need to provide these services.
  - **Consider the Mechanism of Injury:** Form an initial impression of those impacted by the incident. Assess how the incident may have physically impacted the individual. Also consider how the incident was perceived – what was seen, heard by those observing the incident.
  - **Evaluate the Level of Responsiveness:** Determine if the individual is alert and responsive to verbal stimuli. Does he feel pain? Is he aware of what has occurred, or what is presently occurring? Is he under the influence of a substance? During a traumatic incident, the individual may experience an “emotional” shock that may mimic acute medical conditions (i.e., rapid changes in respiration, pulse, blood pressure, etc.). Emotional shock may be adaptive as it serves to prevent the individual from experiencing the full impact of the incident too quickly.
  - **Address Medical Needs:** Contact emergency medical personnel quickly in the incident of a serious illness or injury. It is imperative that life-threatening illness and injury be addressed prior to psychological needs.
- Assess and provide resources and supplies as needed and as are available.
- If the critical incident is ongoing, daily debriefing to the CRT will occur so that plans for the next day(s) can be reviewed and revised as necessary.
- Ensure that there is a lead person for Mental Health Triage

**Mental Health Response Interventions**

The following interventions are helpful and can reduce post-traumatic stress reactions:

- Provide accurate information.
- Allow for discussion.
- Normalize the response.
- Educate regarding possible reactions.
- Provide information about additional support services including mental health resources. SASN-CRT will utilize the Resource Directory to refer team members, professionals, and persons involved in the event additional assistance. to provide an inviting space where team members and professional resources can observe and monitor individual reactions as well as identify and refer individuals needing additional help.

Such interventions are not considered to be counseling and do not need to be provided by a mental health professional. SASN-CRT members can provide this intervention and be trained to recognize individual reactions that would indicate the need for a referral to the mental health practitioners.
During a critical incident, team members may be called upon to assist traumatized individuals. The following is a practical approach to address emerging mental health needs of people during critical incidents. It seeks to stabilize acute symptoms of traumatic stress and stimulate healthy adaptive functioning.

a. **Observe and Identify**: Observe and identify those who have been exposed to the traumatic incident both directly and indirectly. Be aware of emotional cognitive, behavioral and physiological reactions suggestive of traumatic stress. Emergency management personnel, community members and incident team members are all subject to vicarious trauma.

b. **Connect with the Individual**: During an incident, introduce yourself and let people know your role in the SASN-CRT. After medical clearance, move the individual away from the incident to prevent further traumatic stress. Develop rapport by making an effort to understand and appreciate his/her situation. A simple question such as “How are you doing?” coupled with appropriate non-verbal communication (e.g., eye contact, your body facing him/her, a gentle touch, etc.) may be used to engage the individual. Individual reactions may vary from totally detached or withdrawn to intense displays of emotion (e.g., uncontrollable crying, screaming, panic, anger, fear, etc.).

c. **Ground the Individual**: When the individual has connected with you, you may begin to orient him/her by discussing the facts surrounding the incident. Address the circumstances of the incident at a cognitive or thinking level, focusing on the here-and-now, helping the individual know the reality of the situation. He/she may be “playing the tape” of the traumatic incident over and over in their head. By reviewing the facts, you may help the individual to disrupt these thoughts and begin to deal with the circumstances at hand. If the individual is indeed safe, assure him/her of that fact. Encourage the individual to share their story. This may include sounds, smells, and a description of physical responses.

d. **Provide Support**: The factual discussion and realization of the incident may lead the individual to experience painful thoughts and feelings. This is the point at which they may need the greatest support but also the time that is most difficult for those providing support. The responder may feel unprepared or fear saying the wrong thing. It is important to maintain a helping attitude and attempt to understand and respect the uniqueness of the individual and their experience. Strive to “give back” the sense of control that has been taken from the person by exposure to the incident. The individual should be allowed to think and feel, know that his perception of the experience is important and that they are not alone. Do not attempt to talk a person out of a feeling (e.g., Don’t be scared, you’re fine.”). Communicate appreciation for the other person’s experience.

e. **Normalize the Response**: Normalizing and validating the thoughts and feelings of an individual will help them to understand that they are a normal person trying to deal with an abnormal incident. It is important to educate the individual about the emotional, cognitive, behavioral and physiological responses to trauma that they may experience. It is also important to help the person understand that if or when these responses continue in future weeks, months, or years and are accompanied by other symptoms (e.g., recurrent distressing dreams, “flashbacks,” avoidance behaviors, etc.), they should seek help with a mental health professional. It is important to avoid over-identification with the individual. Avoid “me too” statements, instead, normalize and validate the experience of the
individual by saying, for example, “You seem upset. It must have been hard to see your friend get hurt…”

f. Predict and Prepare for the Future: This final phase should prepare the individual for the road ahead. It is helpful to 1) review the nature of the traumatic incident, 2) bring the person to the present, 3) describe the likely incidents in the future, 4) use caution for band-aid responses like “everything will be ok” as they might minimize the person’s feelings and experience as well as the process of support and normalization in which you have just been engaged, 5) utilize statements such as, “I’m glad that I had the opportunity to be here with you during such a difficult time” to acknowledge your connection as well as the fact that the individual is ready to move forward.

5. Intervention Guidelines Post-Impact

Risk Screening and Referral
- All SASN-CRT members will be educated in an approved mental health training program to assist in risk screenings of affected individuals
- Disseminate Spink Area Support Network Resource Directory to affected individuals
- Refer individuals to mental health practitioners as requested

6. Document
- It is crucial to maintain a log of the following:
  - Incident data
  - CRT members who responded
  - Other first responders (if possible)
  - Incident-affected individuals, their contact information, and supports given and/or needed

7. Collect and Distribute Resources
- Disseminate information to acquire needed resources through social media, networking, and other methods as needed
- Distribution methods will be determined per event.

PHASE 4: RECOVERY

Recovery begins right after the critical incident. Some recovery activities may be concurrent with response efforts. The goal of recovery is to return the individual and community systems and activities to normal or near-normal conditions. Recovery from a critical incident is unique to each individual and community depending on the situation and the available resources. In the short term, recovery is an extension of the response phase in which basic services and functions are restored. In the long term, recovery is a restoration of both the personal lives of individuals and the livelihood of the community. Long-term recovery may take several months or even extend into years because it is a complex process of reviving not just individuals and families, but homes, businesses, public infrastructure, economy, and quality of life.
The CRT will be trained in Critical Incident Stress Management (CISM) that may be used to debrief the following groups:
1. Witnesses
2. First Responders
3. CRT

**Releasing and Debriefing Witnesses**
- Utilize the CISM model to offer support in debriefing
- Review process, status of referred community members
- Prioritize needs
- Plan follow-up actions
- Provide support to community members by offering debriefing and other resources as needed
- Revise the plan as needed

**Releasing and Debriefing the First Responders**
- Utilize the CISM model to offer support in debriefing
- Identify individuals needing ongoing support/intervention.
- Offer referrals and resources and needed

**Releasing and Debriefing the CRT**
- Utilize the CISM model to offer support in debriefing
- Review the critical incidents of the day.
- Identify individuals needing ongoing support/intervention.
- Revise intervention strategies
- Evaluate and review effectiveness of the process and procedures used during the critical incident. This should be completed by SASN-CRT with input from the entire SASN team. If necessary, update the incident plan.
- Monitor reactions of SASN-CRT members — “compassion fatigue”

**Grief and Bereavement Process**
Individuals experiencing a traumatic event may grieve losses and exhibit emotions such as:
- Denial – “This can’t be happening!”
- Anger – “How could something like this happen!”
- Bargaining – “If only...!”
- Depression – “This is sad”
- Acceptance - “Sometimes bad things happen to good people”
(Not everyone goes through all the stages in order)

**After the Critical Incident**
SASN team should continue to provide response and support beyond the initial incident period in order to enhance recovery. The following information provides a timeline of activities to be mindful of.

*During the first month after the incident:*
- Be available for phone/email communication.
- Send follow-up communication with information on helping individuals who have experienced a critical incident.
- Refer for additional counseling support as needed.
- Formulate ongoing support groups for community members, as needed.
- Mobilize resources, i.e., student assistance programs, peer helpers, community resources, parent groups, as needed.
- Some people may want to volunteer their services following a critical incident. Screen volunteers carefully.

**SASN-CRT**

SASN-CRT will check in with each other individually and as a team.
- Acknowledge each other frequently for the hard work you are doing.
- Remember to trust yourselves and your intuition.
- Ask for help if you need it.
- Monitor reactions of SASN-CRT members for “compassion fatigue” and other signs of distress

**During the Next 3 to 6 Months**

SASN-CRT may wish to meet regularly or on an occasional basis to:
- Provide emotional support to one another.
- Review any on-going issues related to the critical incident and make decisions about necessary interventions.
- Revise the critical response plan as needed.

SASN-CRT team may need to both inform and remind community members that things may not return to the pre-critical incident state. They may need to recognize and accept that there will be a “new normal” state that will be established. They may also be encouraged to look for and recognize personal growth that may have occurred as a result of the critical incident. Additionally, there may be improvements to the community response plan as a result of the critical incident.

Keeping citizens informed, preventing unrealistic expectations, and utilizing mitigation measures will prepare SASN for future incidents. Following the critical incident, it is essential to evaluate and revise efforts and goals as the cyclical CRPA model continues.

**Critical Incidents**

**I. Suicide**

Death by suicide is a critical incident that can have a significant impact on a community. There is an immediate concern that this event could potentially trigger suicidal ideation or imitative behavior. It is important to use the following guidelines to identify and prevent further deaths by suicide.

With proper intervention, suicide is preventable. Although youth do not typically self-refer, they can show signs that they may be contemplating suicide. It is important for SASN team to be aware of these signs and to intervene quickly to assure the safety of the individual.

Trauma prevention information will be disseminated, and trainings and webinars may be hosted by SASN.

**Phase 1: Prevention & Mitigation**

<table>
<thead>
<tr>
<th>Risk Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Disorders</td>
</tr>
</tbody>
</table>

---

14 | Page
<table>
<thead>
<tr>
<th>Depression</th>
<th>Anxiety disorder</th>
<th>Impulse Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct disorder</td>
<td>Alcohol/substance abuse</td>
<td>Bullying</td>
</tr>
</tbody>
</table>

**Biological Factors**
- Reduced Serotonin

**Environmental Factors**
- Presence of a firearm
- Access to other means of suicide (pills, ropes, etc.)

**Family Factors**
- Economic status
- Family discord or loss
- Child abuse
- Domestic violence
- Parenting

**Situational Crises**
- Loss (death, divorce, broken romance, relocation)
- Victimization/exposure to violence
- Suicide in community

### Warning Signs

<table>
<thead>
<tr>
<th>Suicide note: Serious attention needs to be paid to these notes, they are real signs of danger.</th>
<th>Threats: These can be direct threats, “I want to die” or indirect, “who would miss me anyway?” References may also be detected in artwork, creative writing projects, and joking.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous attempts: This is the best predictor. An individual who has attempted previously should be monitored closely and be provided with therapeutic support.</td>
<td>Depression: An individual is at higher risk for suicide if they have consistent and pervasive thoughts of hopelessness and despair.</td>
</tr>
<tr>
<td>Masked Depression: Risk-taking behaviors including gun play, alcohol/drug abuse, aggression</td>
<td>Giving away prized possessions</td>
</tr>
<tr>
<td>Efforts to hurt oneself: Running into traffic, jumping off of high places, scratching, cutting, marking the body.</td>
<td>Cognitive Issues: Inability to think clearly or to concentrate.</td>
</tr>
<tr>
<td>Death and suicidal themes: These might appear in drawings, work samples, creative writing, journals, homework.</td>
<td>Changes in physical appearance or habits: Include difficulty sleeping or excessive sleep, weight gain or loss, lack of personal hygiene.</td>
</tr>
<tr>
<td>Sudden changes in personality, friends, behavior - Withdrawal from normal relationships, lack of interest in typical interests</td>
<td>Plan/method/access - There may be an increase in focus on guns and other weapons. There may be a discussion about methods and some mention of a potential plan. The more planning, the greater the risk.</td>
</tr>
</tbody>
</table>

### Normal Signs and Symptoms of Acute Distress

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Confusion, lowered attention span</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>Behavioral</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Nausea, upset stomach, tremors, feeling uncoordinated</td>
<td>Memory problems, calculation difficulties</td>
</tr>
<tr>
<td>Profuse sweating, chills, diarrhea, rapid heart rate</td>
<td>Poor concentration, flashbacks, distressing dreams</td>
</tr>
<tr>
<td>Muscle aches, sleep disturbance, dry mouth, shakes, vision problems, fatigue</td>
<td>Disruption in logical thinking, blaming others</td>
</tr>
<tr>
<td></td>
<td>Difficulties with decision making</td>
</tr>
<tr>
<td></td>
<td>Heightened or lowered alertness</td>
</tr>
<tr>
<td></td>
<td>Increased or decreased awareness of surroundings</td>
</tr>
<tr>
<td></td>
<td>Preoccupation with vulnerability or death</td>
</tr>
<tr>
<td>Anticipatory anxiety, denial, fear, survivor guilt</td>
<td>Change in activity, withdrawal</td>
</tr>
<tr>
<td>Uncertainty of feelings, depression, grief</td>
<td>Less or more communicative, increased smoking</td>
</tr>
<tr>
<td>Feeling hopeless, overwhelmed, lost, vulnerable, helpless</td>
<td>Change in interactions with others, excessive humor</td>
</tr>
<tr>
<td>Feeling abandoned, worried, angry, wanting to hide</td>
<td>Increased or decreased food intake</td>
</tr>
<tr>
<td>Feeling numb, identifying with the victim</td>
<td>Overly vigilant to environment, unusual behavior</td>
</tr>
<tr>
<td>Feeling alienated, disenchanted</td>
<td>Increased alcohol intake</td>
</tr>
<tr>
<td>Panic, generalized anxiety</td>
<td>Avoidance behavior</td>
</tr>
<tr>
<td>Intensified or reduced emotional reactions</td>
<td>Acting out, antisocial acts, angry outbursts</td>
</tr>
<tr>
<td></td>
<td>Suspiciousness</td>
</tr>
<tr>
<td></td>
<td>Intensified fatigue, sleep increase or decrease</td>
</tr>
<tr>
<td></td>
<td>More frequent visits to the physician for nonspecific complaints</td>
</tr>
<tr>
<td></td>
<td>Posting concerning things about themselves or others on social media</td>
</tr>
<tr>
<td></td>
<td>Searching for means of harm through social media platforms</td>
</tr>
<tr>
<td></td>
<td>Talking to strangers online</td>
</tr>
</tbody>
</table>

**Phase 2: Preparedness.** The CRT will distribute information on their ability to assemble a response team and resources available for communities experiencing such a loss. The team will also ensure all first responders, community partners, and elected officials in that area are aware of services offered.

**Phase 3: Response.** Upon notification of the incident, the SASN-CRT will follow the Critical Response Checklist to initiate community response.

**Phase 4: Recovery.** The CRT will follow through the recovery as outlined in the Critical Response Checklist. Additional follow-up will be made to verify if any additional support or services are needed for individuals following the critical incident. Additional resources will be distributed as needed.

### II. Unexpected Death

Unexpected or sudden death can have a significant impact on a community and its members. Unexpected death is death that occurs suddenly and earlier than anticipated. This type of response does not include critical incidents such as vehicle accidents, farm accidents, or death by suicide. These are addressed in other areas of the SASN-CRT policy manual. These deaths may include the loss of a community leader, young person, young adult in the community, or other unexpected occurrence.
It is important to use the following guidelines to identify and prevent any additional critical incidents and to aid family, friends, and community through the grief process. As in any critical incident, there is a heightened possibility for individuals to have diminished coping abilities and be at a higher risk for mental health concerns, including suicidal behavior.

**Phase 1: Prevention & Mitigation.** With the nature of unexpected deaths, it can be especially traumatic for family, friends, and residents because of the close connections living in small, rural communities.

**Phase 2: Preparedness.** The CRT will distribute information on their ability to assemble a response team and resources available for communities experiencing such a loss. The team will also ensure all first responders, community partners, and elected officials in that area are aware of services offered.

**Phase 3: Response.** Upon notification of a death, the SASN-CRT will follow the Critical Response Checklist to initiate community response.

**Phase 4: Recovery.** The CRT will follow through the recovery as outlined in the Critical Response Checklist. Additional follow-up will be made to verify if any additional support or services are needed for individuals following the critical incident. Additional resources will be distributed as needed.

III. **Farming Accident**

According to the Centers for Disease Control and Prevention (CDC), “agriculture ranks among the most hazardous industries. Farmers are at very high risk for fatal and nonfatal injuries; and farming is one of the few industries in which family members (who often share the work and live on the premises) are also at risk for fatal and nonfatal injuries.”

According to the CDC, in 2017 over 400 farmers and farm workers died from work-related injury. Every day, 100 agricultural workers suffer a lost-work-time injury. In 2014 an estimated 12,000 youth were injured on farms with 4,000 of these injuries due to farm work. In South Dakota, agriculture is the number one industry. Hundreds of family farms are in operation today and at high risk for injury. These guidelines are important to the health and safety of farming families in Spink County and all of South Dakota who rely heavily on agriculture as their primary source of income.

**Phase 1: Prevention & Mitigation.** SASN-CRT will work with local organizations to host safety training for farming families and for all community members in rural areas. Farm safety information will also be distributed through social media and information distribution channels. Some of the topics to be considered for farm safety education:

- Grain-bin Safety (Grain-Bin Safety week in February)
- Farm Safety Camps
- Chemical/Pesticide Safety
- Occupational Safety Hazards

**Phase 2: Preparedness.** In order to plan for a farming accident critical incident response, SASN-CRT will conduct and partner with agriculture organizations to train and bring awareness to safe farming practices. This could include, but is not limited to, grain-bin safety training and equipment grants, personal protection equipment (PPE), equipment roll-over training, and farm-safe training. The SASN-CRT has identified farm-organization partners and local emergency response teams trained to respond to farm-related critical incidents.

- Grain-bin Rescue Locations w/ response teams
- Agtegra Cooperative Locations
• ADM Grain Cooperative
• Wilbur-Ellis
• County Fire Departments
• Other identified organizations

**Phase 3: Response.** Upon notification of a farming accident, the SASN-CRT will follow the Critical Response Checklist to initiate community response.

**Phase 4: Recovery.** The CRT will follow through the recovery as outlined in the Critical Response Checklist. Additional follow-up will be made to verify if any additional support or services are needed for individuals following the critical incident. Additional resources will be distributed as needed.

### IV. Vehicle Crash

Vehicle crashes happen every day, but in rural areas sometimes pose additional concerns and challenges. In South Dakota, youth often start driving at a younger age, especially youth working on farms. Young people as young as 14 are able to obtain driving permits. Additional challenges exist when there are tragic crashes where response times can be quite long due to the distance between ambulance services and rural citizens. This leaves first responders, often responding to crashes of someone they know.

**Phase 1: Prevention & Mitigation.** Most vehicle crashes are preventable, and risks can be mitigated with safe driving education, proper road signage, and travel reduction during weather events. SASN-CRT will work with local partners to offer and distribute information regarding safe driving education courses when they are available. The network may also work on educating youth in safe driving practices prior to obtaining a driving permit/license. In addition, driving education for all drivers may be available through workshops/webinars, online services, or information distribution.

Examples of possible topics include:
• Defensive driving
• Distracted driving
• Night Driving
• Substance use and driving
• Seatbelt usage
• Driving in adverse weather conditions
• Following safe driving rules of the road
• Drowsy driving
• Traffic signals and signs

SASN-CRT may work with SD Highway Traffic Safety, Wellmark Healthy Hometowns, local highway departments and the DOT, to ensure that road signs are updated and present. Community members may identify where signage is missing, or additional signage is needed because of safety concerns.

**Phase 2: Preparedness.** SASN-CRT will work with local first responders to determine if additional training is needed in cases of a crash of a family member, friend, or community member.

**Phase 3: Response.** Upon notification of a vehicle crash, the SASN-CRT will follow the Critical Response Checklist to initiate community response.
Phase 4: Recovery. The CRT will follow through the recovery as outlined in the Critical Response Checklist. Additional follow-up will be made to verify if any additional support or services are needed for individuals following the critical incident. Additional resources will be distributed as needed.

V. Farm Economy Crisis

Farm economy crisis can be defined as an agricultural recession with low crop prices and low farm incomes. Elements like prices, input costs, weather, and demand are determining factors in farming economies. When farm economy is stressed, the effects will often impact the greater community, especially in South Dakota that are heavily reliant on agricultural production as the primary source for generating income. Farm economy fluctuations affect everyone at local, state, and national levels.

Phase 1: Prevention & Mitigation. A farm economy crisis is beyond the control of local farmers, ranchers, businesses, or communities. However, educating farmers on weather and economic forecasting, how to enact policy changes, and agricultural fiscal health will assist them as they navigate through those crises. Information will be distributed through social media and information distribution channels on these topics as well as agricultural mental health hotlines and other available resources.

Phase 2: Preparedness. Training for farm business organizations on agricultural mental health and risks will be offered through the SASN-CRT. This training will better equip individuals working for these organizations to identify and refer farmers and ranchers for services during a time of decreased income.

Phase 3: Response. In the case of a farm economy crisis, many factors will accumulate over time causing economic distress. When several of those factors are recognized, the SASN-CRT will follow the Critical Response Checklist to initiate community response. SASN-CRT will continue to monitor agricultural community needs and provide resources as available such as:

- Educational resources regarding financial, physical and mental health, and other resources that are available to help families through difficult times.
- Policy advocacy to local, state, and federal governments.

Phase 4: Recovery. The SASN-CRT recognizes that even as farm prices and incomes improve, producers can still experience challenges to financial, physical and mental health well-being. CRT will follow through the recovery as outlined in the Critical Response Checklist. Additional follow-up will be made to verify if any additional support or services are needed for individuals following the critical incident. Additional resources will be distributed as needed.

VI. Major Flooding

Flooding can have major consequences for families and communities. A crisis such as this may affect people being able to get to work, emergency services reaching people in need, farmers getting into their fields, school buses picking up students to go to school, and homes being damaged.

Phase 1: Prevention & Mitigation. While the nature of major flooding in a community is beyond control, the SASN-CRT can provide information to residents about what to do in case of a flood in order to prevent stress and chaos, and to assist people in making a plan of action in case of a critical incident.

Phase 2: Preparedness. SASN-CRT will work with local emergency management offices to organize teams to help communities prepare for major flooding events. This could include teams that help place temporary dams, fill sandbags, move belongings, etc. Under this preparedness, the Critical Response Checklist will be followed before and following a major flooding event. SASN-CRT will also
work to share local emergency management information regarding flood safety, closed roadways, or other pertinent information.

**Phase 3: Response.** Upon notification of damage and displacement from a flood event, the SASN-CRT will follow the Critical Response Checklist to initiate community response. SASN-CRT will continue to monitor needs and provide resources as available.

**Phase 4: Recovery.** The CRT will follow through the recovery as outlined in the Critical Response Checklist. Additional follow-up will be made to verify if any additional support or services are needed for individuals following the critical incident. Additional resources will be distributed as needed.

VII. **Natural Disaster Damage-including storm, hail, and tornado**

A major natural disaster with high damage such as high winds, hail, or tornadic activity can significantly impact communities by loss of lives, homes, and businesses. It may also affect the agricultural community. Storm damage can quickly destroy crops, equipment, and infrastructure that farmers and ranchers are reliant on to continue their way of life. Resources could potentially be scarce and difficult to procure to assess and repair damage.

**Phase 1: Prevention & Mitigation.** Natural disasters can have major consequences for families and communities. A crisis such as this may affect people being able to get to work, emergency services reaching people in need, farmers getting into their fields, school buses picking up students to go to school, and homes being damaged.

**Phase 2: Preparedness.** SASN-CRT will work with local emergency management offices to organize teams to help communities prepare for natural disaster damage. The Critical Responses Checklist will be followed before and following major natural disaster damage. SASN-CRT will also work to share local emergency management information regarding anticipated natural disasters and what communities can do to prepare for them.

**Phase 3: Response.** Upon notification of a natural disaster, the SASN-CRT will follow the Critical Response Checklist to initiate community response. SASN-CRT will continue to monitor needs and provide resources as available.

**Phase 4: Recovery.** The SAS-CRT will follow through the recovery as outlined in the Critical Response Checklist. Additional follow-up will be made to verify if any additional support or services are needed for individuals following the critical incident. Additional resources will be distributed as needed.

VIII. **Infectious Diseases**

Infectious diseases are caused by bacteria, viruses, fungi, and parasites. Infectious diseases can be passed by direct contact (person to person or animal to person), indirect contact (airborne transmission such as a sneeze or cough), food/water contamination (eating undercooked meat or drinking contaminated water), and insect bites (deer ticks carrying Lyme Disease or mosquitos carrying West Nile Virus).

**Key Definitions**

**Cluster:** An aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known.

**Epidemic:** An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.

**Outbreak:** Same as epidemic, but the term is often used for a more limited geographic area.
*Pandemic*: An epidemic that has spread over several countries or continents, usually affecting a large number of people.

**Phase 1: Prevention & Mitigation.** Infectious Diseases can have major consequences for families and communities. According to the Mayo Clinic, to help prevent and mitigate the risk of infection:

- **Wash your hands.** This is especially important before and after preparing food, before eating, and after using the toilet. And try not to touch your eyes, nose or mouth with your hands, as that would allow germs to enter the body.
- **Get vaccinated.** Vaccination can drastically reduce your chances of contracting many diseases. Make sure to keep up to date on your recommended vaccinations, as well as your children's.
- **Stay home when ill.** Don't go to work if you are vomiting, have diarrhea or have a fever. Don't send your child to school if he or she has these signs, either.
- **Prepare food safely.** Keep counters and other kitchen surfaces clean when preparing meals. Cook foods to the proper temperature, using a food thermometer to check for doneness. For ground meats, that means at least 160 F (71 C); for poultry, 165 F (74 C); and for most other meats, at least 145 F (63 C). Also promptly refrigerate leftovers — don't let cooked foods remain at room temperature for long periods of time.
- **Practice safe sex.** Always use condoms if you or your partner has a history of sexually transmitted infections or high-risk behavior.
- **Don't share personal items.** Use your own toothbrush, comb and razor. Avoid sharing drinking glasses or dining utensils.
- **Travel wisely.** If you're traveling out of the country, talk to your doctor about any special vaccinations — such as yellow fever, cholera, hepatitis A or B, or typhoid fever — you may need.

**Phase 2: Preparedness.** SASN-CRT will work with local county health and emergency management offices to organize teams to help communities prepare for infectious disease spread. The Critical Response Checklist will be followed before and following major infectious disease spread. SASN-CRT will also work to share local county health and emergency management information regarding anticipated outbreaks and what communities can do to prepare for them.

**Phase 3: Response.** Upon notification of an infectious disease outbreak, the SASN-CRT will follow the Critical Response Checklist to initiate community response. SASN-CRT will continue to monitor needs and provide resources as available.

**Phase 4: Recovery.** The SASN-CRT will follow through the recovery as outlined in the Critical Response Checklist. Additional follow-up will be made to verify if any additional support or services are needed for individuals following the critical incident. Additional resources will be distributed as needed.

**IX. COVID-19 Pandemic**

*Follow CDC and local health official guidelines.* It is important to assess any city or county ordinances in place due to COVID-19. COVID-19 is a highly contagious viral infection that is capable of fatal outcomes. COVID-19 measures will be closely adhered to when responding to any critical incident. PPE will be worn by CRT to mitigate infection. PPE will be provided to those involved in the critical incident if needed and when available.
Know how it spreads: (Per CDC)
- COVID-19 spreads easily from person to person, mainly by the following routes:
  - Between people who are in close contact with one another (within 6 feet).
  - Through respiratory droplets produced when an infected person coughs, sneezes, breathes, sings or talks.
    - Respiratory droplets cause infection when they are inhaled or deposited on mucous membranes, such as those that line the inside of the nose and mouth.
- People who are infected but do not have symptoms can also spread the virus to others. Less common ways COVID-19 can spread
- Under certain circumstances (for example, when people are in enclosed spaces with poor ventilation), COVID-19 can sometimes be spread by airborne transmission.
- COVID-19 spreads less commonly through contact with contaminated surfaces.

Phase 1: Prevention & Mitigation
The following prevention measures are in accordance with the WHO, CDC, and EMS recommendations and will need to be updated as new recommendations and measures are brought forward.
WHO: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Symptoms: (Per CDC)
People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:
- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

When to seek emergency medical attention:
Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you. Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.
COVID-19 Safety Guidelines to Follow:
- Social distance: specifically, staying 6 feet away from others when you must go into a shared space
- Frequently wash hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
- Wear masks and/or face shields
- Avoid touching eyes, nose, and mouth
- Stay home when sick or have symptoms
- Clean and disinfect frequently touched objects and surfaces
- Refrain from smoking and other activities that weaken the lungs.
- Practice physical distancing by avoiding unnecessary travel and large events

Face Masks & Shields:
Masks and face shields are an additional step to help slow the spread of COVID-19 when combined with every day preventive actions and social distancing in public settings.
- Who should NOT use cloth face coverings: children under age 2, or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- Wash your facemasks frequently and sanitize your face shields

Wear your Face Covering Correctly
- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily

Take Off Your Cloth Face Covering Carefully When You’re Home
- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine or sink/bowl if hand washing
- Be careful not to touch your eyes, nose, and mouth when removing and wash hands immediately after removing.

Phase 2: Preparedness. SASN-CRT will work with local county health and emergency management offices to organize teams to help communities prepare for the infectious disease pandemic. Under this preparedness, the Critical Response Checklist will be followed before and following pandemics. SASN-CRT will have open lines of communication to county health and emergency management information regarding anticipated critical incidents and what communities can do to prepare for them.

Phase 3: Response. Upon notification of a pandemic, the SASN-CRT will follow the Critical Response Checklist to initiate community response. SASN-CRT will take all measures to strictly follow CDC pandemic guidelines for team safety. SASN-CRT will continue to monitor needs and provide resources as available.

Phase 4: Recovery. SASN-CRT will follow through the recovery as outlined in the Critical Response Checklist. Additional follow-up will be made to verify if any additional support or services are needed for individuals following the incident. Additional response teams and services will be distributed as needed.
APPENDIX H

SASN Community Needs Assessment Survey

SPINK AREA SUPPORT NETWORK

Community Needs Assessment
October, 2020

Fifty-two participants took the survey out of 132 total invites for 39% respondent rate.

1. Does Spink County COVID-19 response by local government, healthcare providers, and emergency management need to improve, stay the same, or decrease?

2. Do you feel Spink County has personal protective equipment (PPE) like masks and gloves readily available at retail stores in our area?

3. Do you think Spink County has enough community resources to assist and support COVID-19 prevention and response? (i.e. food delivery, supplies, COVID-19 tests, free wi-fi, mask policies at area businesses, ect...)
4. During COVID-19 pandemic, have or do you travel outside of Spink County to a larger community to purchase food and supplies that aren’t available in Spink County?

5. How often do you travel out of rural Spink County to get food and supplies in larger communities?

6. How often do you wear a mask in public places or when you’re within six feet of someone to protect yourself and others from COVID-19?
7. Has COVID-19 affected your job?

8. Do you feel fearful of contracting COVID-19 in Spink County?
9. Have you tested positive for COVID-19 or known someone who has?

10. Do you feel Spink County does good job responding to critical incidents?

11. Do you think Spink Area Support Network is needed in Spink County and the surrounding areas to assist and support before, during, and after a critical incident?

12. Do you feel that trauma, crisis, and COVID-19 prevention education would increase health equity in Spink County?
a. Out of these choices what kind of prevention education are you most interested in learning and/or feel the community needs education in? (Pick your top 3)
   a. Substance use/abuse (22)
   b. COVID-19 (31)
   c. Suicide prevention (20)
   d. Agricultural mental health and wellbeing/wellness (22)
   e. Community trauma (shootings, crime, car crashes, fires, etc.) (10)
   f. Natural disasters (10)
   g. Mental health and wellness (20)
   h. Health equity (8)
   i. Safe driving (13)

14. What do you think is the best way to offer prevention education and health promotion?

a. Please write in any other suggestions for COVID-19 and crisis response, resources, and education for rural Spink County.

Thank you! - Chessa Quenzer, chessa.quenzer@k12.sd.us, SASN
APPENDIX I

SASN Youth Focus Group Questionnaire & Resu

Spink Area Support Network

CONSENT FORM TO PARTICIPATE IN FOCUS GROUP

You have been asked to participate in a focus group funded by the Spink Area Support Network. The purpose of the focus group is to gather youth perspective data on health, wellness, community programs, COVID-19, and behavioral health. The Spink Area Support Network is collecting this data to update our strategic plan, and we want the youth to be heard and their perspectives validated. The data collected from this focus group will assist SASN in determining which programs, activities, and campaigns will help the youth live more informed, healthy lives in Spink County.

You can choose whether or not to participate in the focus group and stop at any time. The focus group will be audio recorded, and a note taker will be present to record responses. However, your responses will remain anonymous, and there will be no names attached to the tapes or transcriptions, and there will be no identifying information or names used in any written reports or publications which result from this evaluation project. Your participation in this evaluation will be strictly confidential.

There is no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential.

Please initial:

I agree to maintain the confidentiality of the information discussed by all participants and facilitators during the focus group session.

Please sign:

I understand this information and agree to participate fully under the conditions stated above:

Signed: ___________________________ Date: ___________________________

Printed Name: ___________________________

Parent/Guardian signature required if participant is under age 18

Parent/Guardian Signature: ___________________________ Date: ___________________________

Printed Name: ___________________________

We would like to follow up with you in six months with a short online survey for you to fill out. It will take less than 10 minutes! May we contact you? □YES □NO

If YES:

Contact name: ___________________________

Contact phone number: ___________________________

Contact e-mail address: ___________________________

If you have any questions or concerns please contact:

Chessa Quenzer, Associate Director of Community Programs, Spink Area Support Network
Chessa.quenzer@ksud.org (785)893-3066
SPINK AREA SUPPORT NETWORK
YOUTH FOCUS GROUP – October, 2020

1. What does health mean to you? (physical, behavioral, social, emotional, mental)
2. What health issues affect teenagers in our community?
3. Of those health issues which ones do you feel are the top 3 priorities to work on?
4. How do you feel about COVID-19?
5. How do you feel our community is addressing COVID-19?
6. What resources or services do you feel need to be provided to youth during COVID-19 pandemic?
7. How can the community better respond to crisis events?
8. What youth health and wellbeing issues are being addressed effectively in our community? Which ones are being poorly addressed?
9. What existing programs, organizations, and activities are there in this community that help with youth health and well-being?
   a. Of those programs which ones work?
   b. What makes these successful (what do you like about them?)?
   c. What ways can they be improved?
10. Which community programs do NOT work?
    a. What doesn’t work?
    b. How can they be improved?
11. What would you like to see in this community to improve youth health and well-being?
    a. During winter months?
12. What type of health promotion works?
    a. Information dissemination?
    b. Events?
    c. Posters around school and community?
    d. Social media posts and articles?
    e. Peer to peer?
13. Do you have any final comments on youth health & well-being in our community?
YOUTH FOCUS GROUP EVALUATION

1. How well do you feel your opinions and thoughts were heard today?
   VERY WELL    SOMETHAT WELL    NEUTRAL    NOT VERY WELL    NOT AT ALL

2. How comfortable were you with expressing your thoughts with today's group?
   VERY WELL    SOMETHAT WELL    NEUTRAL    NOT VERY WELL    NOT AT ALL

3. How well do you feel your feedback/answers were interpreted today?
   VERY WELL    SOMETHAT WELL    NEUTRAL    NOT VERY WELL    NOT AT ALL

4. How well do you feel the instructor conducted the focus group?
   VERY WELL    SOMETHAT WELL    NEUTRAL    NOT VERY WELL    NOT AT ALL

5. What suggestions do you have to make this focus group better?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

DEMOGRAPHIC INFORMATION:

1. What is your age? ______________________________________________

2. What is your gender? (please circle)    Male    Female    No Answer

October, 2020
Youth Focus Group: Results

• 70% of youth participant’s felt that quarantine was good for their mental health.
  o Staying at home in a relaxed environment
  o Away from bullying
  o Break from being in school
  o Able to be on their phones, listen to music, wear hats, eat, and chew gum

• 60% of youth felt fearful of COVID-19, but only 30% felt fearful for their own health.

• 50% of youth didn’t feel that South Dakota is enforcing COVID-19 guidelines safely and agreed their should be a mask mandate.

• 60% of youth didn’t feel that Spink County could handle suicide crisis effectively and suggested poor access to mental health providers and school counselors as a reason.

• 70% felt that SASN would be a positive benefit to rural communities.

• Youth felt that social media posts, events, and peer to peer were the best health promotion strategies.
# Appendix J

## Stakeholder Analysis/Engagement

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Name</th>
<th>Email</th>
<th>Contact Information</th>
<th>Role</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Mental Health</td>
<td>Mark</td>
<td><a href="mailto:mark@example.com">mark@example.com</a></td>
<td>Community Mental Health</td>
<td>Mark is involved in the development of the project. Needs to schedule a meeting with the team to discuss progress.</td>
<td></td>
</tr>
<tr>
<td>Spokane County DSHS</td>
<td>Gwen</td>
<td><a href="mailto:gwen@example.com">gwen@example.com</a></td>
<td>Community Health, Public Health</td>
<td>Gwen is very involved in the development of the project. Needs to schedule a meeting with the team to discuss progress.</td>
<td></td>
</tr>
<tr>
<td>Federal Mental Health</td>
<td>John</td>
<td><a href="mailto:john@example.com">john@example.com</a></td>
<td>Community Health, Public Health</td>
<td>John is very involved in the development of the project. Needs to schedule a meeting with the team to discuss progress.</td>
<td></td>
</tr>
<tr>
<td>State Mental Health</td>
<td>Rachel</td>
<td><a href="mailto:rachel@example.com">rachel@example.com</a></td>
<td>Community Health, Public Health</td>
<td>Rachel is very involved in the development of the project. Needs to schedule a meeting with the team to discuss progress.</td>
<td></td>
</tr>
<tr>
<td>Spokane County Emergency</td>
<td>Jerry</td>
<td><a href="mailto:jerry@example.com">jerry@example.com</a></td>
<td>Community Health, Public Health</td>
<td>Jerry is very involved in the development of the project. Needs to schedule a meeting with the team to discuss progress.</td>
<td></td>
</tr>
</tbody>
</table>

**SPINK AREA SUPPORT NETWORK - Stakeholder Analysis**
IRB Review:

This capstone does not require IRB review as it will forgo any testing of human subjects. This capstone will be to assess and develop a project within a grant.