

**APPENDIX 5
to
ANNEX H**



**DISASTER BEHAVIORAL
HEALTH**

APPROVAL AND IMPLEMENTATION

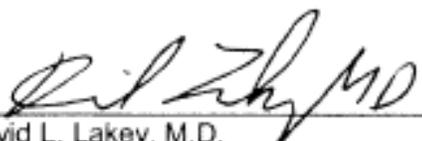
Annex H

HEALTH AND MEDICAL SERVICES

Appendix 5

DISASTER BEHAVIORAL HEALTH

The undersigned formally authorizes and promulgates this Appendix 5 to Annex H for the use throughout the State of Texas, and this version supersedes all previous editions.



David L. Lakey, M.D.
Commissioner of Health

9/8/09
Date

RECORD OF CHANGES

Appendix 5

DISASTER BEHAVIORAL HEALTH

Change #	Section #	Date Entered & Initials
1	III.A&B	3/22/12; S. Smalls-DSHS
2	IV.A.3 & IV.A.6	3/22/12; S. Smalls-DSHS
3	IV.B.1	3/22/12; S. Smalls-DSHS
4	V.A.5	3/22/12; S. Smalls-DSHS
5	VI.A.1 & VI.A.3	3/22/12; S. Smalls-DSHS
6	VI.B.2.a,b,h	3/22/12; S. Smalls-DSHS
7	VI.B.3	3/22/12; S. Smalls-DSHS
8	VI.B.3.a,b,c	3/22/12; S. Smalls-DSHS
9	VII.B	3/22/12; S. Smalls-DSHS
10	VIII.A,B,D	3/22/12; S. Smalls-DSHS
11	IX.B	3/22/12; S. Smalls-DSHS
12	X.B.1	3/22/12; S. Smalls-DSHS
13	Attachment 1 – 1.a,f; 3.c; 4.b,d	3/22/12; S. Smalls-DSHS

APPENDIX 5

DISASTER BEHAVIORAL HEALTH

I. AUTHORITY

See Section 1 of the State of Texas Emergency Management Plan, Basic Plan and Annex H.

II. PURPOSE

1. The purpose of this appendix is to mitigate the adverse effects of disaster-related trauma by promoting and restoring the psychological well-being and daily functioning of individuals and communities impacted by a disaster.
2. This appendix is based upon the concept that the emergency functions of behavioral health services will generally parallel their normal day-to-day functions. Such functions that do not contribute directly to the emergency operation may be suspended for the duration of the emergency and the resources that would normally be committed to those functions will be redirected to the accomplishment of emergency tasks.

III. EXPLANATION OF TERMS

A. ACRONYMS

BHAT	Behavioral Health Assistance Team
CCP	Crisis Counseling Program
CISM	Critical Incident Stress Management
DBH	Disaster Behavioral Health
DBHS	Disaster Behavioral Health Services
DPS	Department of Public Safety
DRC	Disaster Recovery Center
FNSS	Functional Needs Support Services
HSR	Health Service Region
ISP	Immediate Services Program
LMHA	Local Mental Health Authority
NGO	Non-Governmental Organization
OSAR	Outreach, Screening, Assessment and Referral
RAU	Rapid Assessment Unit
RSP	Regular Services Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SMHA	State Mental Health Authority
SMOC	State Medical Operations Center
SOG	Standard Operating Guidelines
SOP	Standard Operating Procedures
TDEM	Texas Division of Emergency Management
VOAD	Voluntary Organizations Active in Disaster

B. DEFINITIONS

Activities of Daily Living: Activities such as eating, dressing, and bathing without assistance that are used to measure a person's need for care.

Behavioral Health Assistance Team: A specialized team that provides coordination and delivery of disaster behavioral health services during a State or Federally declared disaster.

Caregiver(s): An individual or individuals who provide assistance and/or care to a person who has one or more deficits in his or her capacity to conduct activities of daily living or manage daily medical self-care. Caregivers may include family members, friends, and/or service provider employees who may or may not be paid for their services.

Chaplain: A member of clergy or lay representative of a religion attached to a secular institution that offers spiritual care to all and pastoral care to those who invite it.

Crisis Counseling and Training Program: Federal program funded through ISP and RSP grants that assists individuals and communities in recovering from disasters by providing outreach, crisis counseling, psycho-education, and referrals in federally declared disaster areas.

Critical Incident Stress Management: A comprehensive, integrated, systematic, and multi-component approach for crisis/disaster intervention. The target population is First Responders.

Disaster Behavioral Health: The provision of mental health, substance abuse, and stress management to disaster survivors and responders.

Disaster Behavioral Health Services: A branch within the Mental Health and Substance Abuse Division of the Texas Department of State Health Services responsible for the planning, coordination, and implementation for statewide disaster behavioral health in Texas.

Emotional Care: Counseling that addresses the need for those in crisis to express their fears, doubts, and questions without judgment or interruption.

Immediate Services Program: A federal grant program funded by the Federal Emergency Management Agency (FEMA) and administered by SAMHSA that funds crisis counseling services for up to 60 days from the date of a Presidential disaster declaration when the declaration includes Individual Assistance.

Individual Assistance: Programs made available during a federally declared disaster designed to help meet survivors' sustenance, shelter, and medical needs during their path to recovery.

Local Health Department: Agency that is usually part of a political subdivision, such as a city or county, with authority over public health related activities within the jurisdiction of the city/county. It may also be a multi-jurisdictional agency serving multiple political subdivisions.

Local Mental Health Authority: Community behavioral health centers that provide services to a specific geographic area of the state called the local service area.

Mental Illness: A behavioral or psychological syndrome or pattern that occurs in an individual, that is based in a decrement or problem in one or more aspects of mental functioning, including but not limited to global functioning (e.g., consciousness, orientation, intellect, or temperament) or specific functioning (e.g., attention, memory, emotion, psychomotor, perception, thought), that is not merely an expectable response to common stressors and losses and is not primarily a consequence of social deviance or conflict with society.

Non-Governmental Organization: A non-profit entity organized on a local, national or international level which is task-oriented and managed by people with a common interest.

Outreach, Screening, Assessment and Referral: Provides coordinated access to a continuum of substance abuse services.

Pastoral Care: Counseling that is usually provided by a pastor or other faith leader to those who invite it and supports the person's unique spiritual quest for meaning and purpose in the context of relationships with self, others, nature, and the faith tradition which the pastor and the person hold in common.

Rapid Onset Disaster: A disaster that [which presents](#) only hours or minutes of warning time before it strikes.

Regular Services Program: A federal grant program funded by FEMA and administered by SAMHSA that funds crisis counseling services for up to nine months following the 60-day ISP period. The program is only available when a Presidential disaster declaration that includes Individual Assistance has been made.

Single State Agency for Substance Abuse Services: Agency responsible for coordination of state and federal relations in all aspects of substance abuse prevention and treatment. DSHS is the Single State Agency for Substance Abuse Services [in Texas](#).

Slow Onset Disaster: A disaster [that presents](#) advanced warning, in days, weeks, or even months and forewarning is possible and time is allowed for evacuation.

Spiritual Care: Counseling that is usually provided by a trained chaplain and not affiliated with an individual's faith. Spiritual Care supports the person's unique spiritual quest for meaning, purpose and sense of place in the context of life-altering events (i.e., crisis, trauma, disaster, illness, injury) as well as their relationships with self, others, nature, and possibly a faith tradition/Higher Other.

State Mental Health Authority: Agency responsible for all aspects of provision of community mental health services. DSHS is the State Mental Health Authority for Texas.

Substance Abuse and Mental Health Services Administration: Federal agency whose mission is to [reduce the impact of substance abuse and mental illness on communities](#).

Voluntary Organizations Active in Disaster: An established organization that is not a federal, state, or local government agency whose overall mission includes responding to disasters through the use of trained volunteers.

IV. SITUATION AND ASSUMPTIONS

A. SITUATION

1. The State of Texas is vulnerable to numerous hazards which will be slow or rapid in their onset. These hazards can impact the mental health of individuals and populations.
2. Individuals who are affected by disasters will experience varying levels of stress and anxiety. Symptoms to look for are cognitive, emotional, behavioral, physical, and spiritual. If left untreated, these symptoms may have a profound impact on daily life.
3. DSHS contracted mental health and [licensed](#) substance abuse provider's facilities could be damaged or destroyed by a disaster. Disaster victims may not be able to receive their normal level of care. As a result, residents of these facilities may need assistance in accessing specialized services.
4. Public and/or private local mental health and substance abuse providers that survive an event with little or no damage may be called upon to provide both personnel and physical resources to the community. These providers will have limited access to resources for disaster response.
5. Use of chemical, biological, radiological, nuclear, or explosive weapons of mass destruction will lead to widespread panic and disorientation. The behavioral health needs which may result from such events would quickly overwhelm the local response system, thus requiring state or federal assistance.
6. Individuals who receive mental health medications, or those dependent on drugs but not in treatment, will require access to those drugs should they run out of medication and not have access to their primary source pharmacy. Should these individuals not have such access, they will usually go into detoxification within 24 – 36 hours after last dose from this medication which can potentially impact disaster response efforts in the shelters. Additionally, clients who begin [experiencing detoxification](#) without medical supervision and clinical support will be at high risk for relapse which could result in medical complications or social management issues.
7. Individuals who are recipients of mental health or substance abuse treatment will require access to behavioral health and medical personnel who are able to assess their needs and identify the most appropriate mode of treatment to ensure continuity of services.

B. ASSUMPTIONS

1. Local control post-disaster is vital to a successful behavioral health response. Although Local Mental Health Authorities (LMHA) [and local Substance Abuse](#)

Treatment facilities are the first responders to disasters in their area for behavioral health needs, large events can significantly impact their ability to provide services.

2. State and federal assistance may be available after a disaster if local behavioral health resources become overwhelmed. Requests for assistance will be made through the proper chain of command within each jurisdiction and should be requested and directed by the Texas Division of Emergency Management (TDEM).
3. Voluntary Organizations Active in Disaster (VOAD), charitable groups, and faith based organizations typically will respond to disasters. These organizations should be incorporated into local plans so as not to duplicate services on the local and state level as well as to provide the best and most appropriate care for victims.
4. Personnel who staff volunteer reception centers should be instructed in how to incorporate Disaster Behavioral Health (DBH) workers.
5. Some populations are particularly vulnerable to the impacts of a disaster. These individuals may not be able to care for themselves and/or are more susceptible than others to physical and psychological stressors. The specialized attention and medical needs that they require must be planned for in advance.
6. Public education strategies before, during and after a disaster will prove extremely beneficial in calming the fear and anxiety of impacted individuals and the community.
7. At national level, all mental health medications providers have developed protocols for emergency evacuation of clients and, per national guidelines, all clients should have a sufficient amount of medication that allows for evacuation and subsequent connection with local resources. Should evacuees arrive without such a supply, they will be referred to existing drug clinics and/or hospital emergency rooms. A directory of all public and private licensed (not necessarily funded) clinics can be found at <http://dpt2.samhsa.gov/treatment/directory.aspx>.
8. DBH preparedness and response must be coordinated at all levels. An uncoordinated DBH response may lead to increased effects of stress and stress related morbidity.

V. CONCEPT OF OPERATIONS

A. GENERAL

1. National Incident Management System (NIMS) is recognized by the United States Department of Homeland Security (DHS) and will be the management system that DSHS operates under during a disaster. It is also the operating system that all agencies working with DSHS should follow.

2. DSHS is the State Mental Health Authority (SMHA) for Texas. This includes public health, mental health, and substance abuse components. LMHAs, Outreach, Screening, Assessment and Referral (OSAR), and Substance Abuse treatment providers are responsible for pre-disaster preparation, as well as response and recovery efforts needed to ensure patient and client safety for behavioral health assets.
3. All DBH response operations will follow the National Response Framework (NRF) Structure.
4. Local requests for DBH resources may be made according to established protocols for emergency assistance requests as outlined in the State of Texas Emergency Management Basic Plan. This should be done in coordination with the LMHA.
5. State Hospitals, LMHA, OSAR, [Critical Incident Stress Management \(CISM\)](#), [Non-Governmental Organization \(NGO\)](#), [VOAD](#), and Substance Abuse providers are responsible for ensuring accurate reporting of information when requested by the SMHA.
6. During local emergencies or disasters the LMHA will serve as the responding Mental Health Authority for the SMHA and will be supported by the SMHA, OSAR, contracted Mental Health (MH), and/or Substance Abuse (SA) treatment providers, and other area mental health resources as needed.

B. BEHAVIORAL HEALTH SERVICES

Appropriate DBH services must be made available for responders, victims, survivors, and other community members during emergency response and recovery operations. Services may include crisis counseling, CISM, referral to other services and organizations, and education about normal, predictable reactions to a disaster and how to cope with them appropriately.

VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES
--

A. ORGANIZATION

1. DSHS is the SMHA and functions as the state level DBH coordinating agency. DSHS has the primary responsibility for assessment and provision of coordinated [disaster](#) behavioral health services during a state and/or federally declared disaster. DSHS coordinates DBH planning, response, and recovery activities with the health services regions.
2. The LMHA has primary responsibility for assessment and provision of DBH services during locally designated emergencies or disasters.
3. [DSHS will deploy Behavioral Health Assistance Teams \(BHAT\) to provide DBH services in the immediate area impacted by an event during a state and/or federally declared disaster.](#)

B. ASSIGNMENT OF RESPONSIBILITIES

1. General

Primary and support agencies listed in this plan are responsible for the following tasks:

- a. Designate and train representatives of their agency.
- b. Ensure that appropriate standard operating procedures are developed and maintained and meet all NIMS requirements and standards.
- c. Maintain current emergency notification procedures.
- d. Maintain a Continuity of Operations Plan for their respective organizations.

2. Primary Agency – **Department of State Health Services**

- a. DSHS will explore options to support formal mental health and substance abuse services to the priority population in the event damage to facilities limits service provision.
- b. DSHS will coordinate any DBH response through its Disaster Behavioral Health Services (DBHS) branch. DBHS is responsible for assuring DBH responders are trained on planning, response, and recovery activities, including the development and training of BHAT teams.
- c. Coordinate and ensure performance of emergency DBH activities in response to a state or federally declared disaster.
- d. Rapidly assess behavioral health needs and activate LMHAs as needed. Request additional resources as the need develops.
- e. Coordinate with state and federal officials regarding state and federal behavioral health assistance to include the pursuit of funding for longer term DBH services during state and federally declared disasters.
- f. Provide coordination of CISM for emergency responders.
- g. Provide long-term recovery services, subject to available funding and resources. This includes funding awarded by FEMA in the event of a federal disaster.
- h. Provide demobilization services for staff demobilizing from a state or federally declared disaster, including CISM and debriefing services.

3. **LMHA, OSAR, and Substance Abuse Treatment facilities**

Will designate a DBH coordinator to:

- a. Perform pre-emergency planning for emergency behavioral health services.

- b. Coordinate **and report response activities to DBHS** during major emergencies and disasters.
- c. Maintain working relationships with DSHS, county level emergency management, **and** the county health departments.
- d. Participate in local and state disaster response exercises.

Will ensure that local provisions and plans are made for the following:

- a. **Development of a mechanism for reporting information and reporting local response activities to DBHS.**
- b. Establishment of a behavioral health component with local emergency management.
- c. Establishment of a behavioral health component at the Incident Command Post (ICP) or other Emergency Operations Center (EOC).
- d. Coordinated behavioral health response and recovery efforts, including use of volunteers and working with VOAD organizations.
- e. Triage of the acutely stressed and psychologically disabled.
- f. Medical care, including hospitalization and transportation of the psychiatrically disabled.
- g. Identifying risks to the adaptive capacities of individuals and supporting all positive coping strategies.
- h. Constructing advisories for the public, in conjunction with the public information officer and the emergency operations centers, on issues such as stress symptom identification and management.
- i. Conducting behavioral health assessments of, and support for, congregate care facilities.
- j. Establishment of stress management procedure for DBH responders.

VII. COORDINATION AND CONTROL

- A. Coordination and control of disaster behavioral health response in Texas will be exercised in accordance with Section V.B and VI of the Basic Plan, and in accordance with the NIMS and relevant National Response Framework (NRF) requirements.
- B. **DBHS** staff will serve as the primary agency representatives **and** will coordinate all DBH services to first responders, victims, survivors, **and** consumers of **behavioral health** services.

VIII. CONTINUITY OF OPERATIONS

- A. Lines of succession for personnel with emergency management responsibilities will be in accordance with existing policies and emergency management standard operating [guidelines/procedures](#) ([SOGs/SOPs](#)) of each agency/organization.
- B. Primary and supporting agencies will ensure their respective personnel are trained in accordance with NIMS guidelines, to respond [to emergency events and declared disasters](#). Agencies will identify and train alternate or backup personnel, ensuring these individuals understand [their duties and responsibilities while deployed](#), lines of succession, authorities and responsibilities of their individual agencies [when not deployed](#), and [make certain](#) appropriate [SOGs/SOPs](#) contain sufficient detail to [successfully support a DBH response](#).
- C. Primary and supporting agencies will ensure continuity of operations plans are developed to ensure that essential agency functions can continue during an event.
- D. DSHS will strongly encourage and provide guidance to [LMHAs](#) and [OSAR](#) to develop business contingency plans for all hazards and continuity of operations plans (COOP) for pandemic disease.

IX. EXPENDITURES AND RECORD KEEPING

- A. Each responding agency is responsible for maintaining records of all expenditures incurred during response operations for possible federal reimbursement.
- B. DSHS is responsible for establishing administrative controls beyond those outlined in the State of Texas Emergency Management Plan necessary to manage expenditure of funds and to provide reasonable accountability and justification for federal reimbursement in accordance with established guidelines. Processes and procedures for tracking expenditures and record keeping will be detailed in supporting [SOGs/SOPs](#).

X. DEVELOPMENT AND MAINTENANCE

A. DEVELOPMENT

This appendix is based on certain assumptions, and the existence of specific resources and capabilities may be subject to change. Flexibility is built into the implementation of this appendix.

B. MAINTENANCE

1. DSHS will review annually and update this appendix and supporting [SOGs/SOPs](#) as needed. Revisions will reflect changes in statutes, rules and regulations, implementation procedures, improved capabilities, and correction of issues identified in exercises and actual incidents.
2. Supporting agencies and organizations should review their operating plans and procedures annually and update them as needed.

Attachment 1: Disaster Behavioral Health Services Emergency Support Functions (ESF)
Action Guide

<u>Response Level</u>	<u>Hazard</u>	<u>Agency</u>	<u>Action</u>
IV	Normal Conditions	LMHA/OSAR	*
III	Increased Readiness Conditions	LMHA/OSAR	*
II	Elevated Response Conditions	LMHA/OSAR DSHS	*
I	Emergency Conditions	LMHA/OSAR DSHS	*

* See Action Guide below for details on actions taken for each response level.

DBH SERVICES ESF ACTION GUIDE

1. Normal Conditions (Level IV)

- a. Review and update local Disaster Behavioral Health (DBH) plans [and/or](#) related standard operating [guidelines/procedures](#).
- b. Review and update assignment of all behavioral health personnel, including contact information.
- c. Coordinate with private industries, including corporate Employee Assistance Programs, on related behavioral health activities.
- d. Establish and maintain a list of behavioral health resources.
- e. Maintain and periodically test equipment.
- f. Conduct, [attend](#), or coordinate DBH training, drills, and exercises.
- g. Develop behavioral health task assignments and identify potential behavioral health resource obstacles in service delivery.
- h. Coordinate community volunteer resources and VOAD roles and responsibilities.

2. Increased Readiness (Level III)

- a. As required, DSHS is activated to participate in State Operations Center (SOC) conference calls and/or staff the SOC or other designated sites.
- b. Implement notification procedure and ensure appropriate disaster coordinator and key personnel are contacted and provided with information concerning the situation.
- c. Consider implementation of response agency's Continuity of Operations Plan (COOP).

3. Elevated Response (Level II)

- a. Activate components needed to conduct emergency/disaster operations.
- b. Implement protective action plans and procedures.
- c. Determine current and anticipated DBH needs and reporting requirements and implement facility and local behavioral health authority activation, including placement on standby in accordance with established procedure.
- d. Ensure disaster coordinator and key personnel continue to provide, and are provided with, information concerning the situation.

4. **Emergency Conditions (Level I)**

- a. Mobilize disaster behavioral health resources.
- b. Gather and analyze situational information and submit status reports to key personnel.
- c. Ensure key personnel continue to provide, and are provided with, information concerning the situation.
- d. Implement the DBH of response to the agency's COOP plan.