

# South Carolina Behavioral Health Plan

Attachment 1

to

Annex 8 (Health and Medical)

*February 2018*

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ANNEX 8, ATTACHMENT 1  
BEHAVIORAL HEALTH PLAN

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**I. INTRODUCTION**

- A. This Attachment supplements the information regarding the behavioral health responsibilities and actions outlined in Annex 8 (Health and Medical) of the South Carolina Emergency Operations Plan (SCEOP).
- B. While people and communities are resilient, assisting disaster survivors in understanding their current situation and reactions, mitigating stress, developing coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies that help survivors respond and in their recovery is an integral part of a comprehensive and effective disaster response and community recovery strategy.

This Attachment does not address the evacuation of any specific facility that houses mental health patients, such as a hospital, assisted living center, or personal residence. Such facilities are required to have their own evacuation strategies.

**II. PURPOSE**

- A. Mitigate adverse psychological effects resulting from stress and trauma in responders and survivors.
- B. Outlines the system for providing behavioral health care by collaboration of the agencies supporting ESF-8.

**III. ASSUMPTIONS**

- A. Most people who live through disasters will feel some level of distress. Anxiety, sadness, sleeplessness, shock and other emotional and physical reactions are common after traumatic events.
- B. Mental health conditions may be overlooked during a disaster because they can be difficult to visibly identify and diagnose. Often they are viewed as “a normal reaction to an unusual event.”
- C. Reactions to stressful events are highly individualized. While people most impacted by an event are most likely to be negatively affected, people not directly impacted by a disaster may also suffer distress.
- D. After responding to a disaster, first responders may experience elevated rates of anxiety and stress disorders. Symptoms may be present for weeks or even years after the event. Responders may not be prepared for a disaster’s psychological impact as training cannot truly replicate a disaster environment.
- E. Stress reactions can appear immediately or may not appear for weeks or months. Memories of previous traumatic experiences may also re-surface. Those directly

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affected are more likely to have stronger reactions. Most reactions to stress are temporary, and most people will recover with time and support.

- F. Substance use and abuse tends to increase following a community disaster or crisis event.
- G. Disasters are fluid depending upon the conditions, prevailing needs and situation (including political). Behavioral response efforts may need to cross regional, business, cultural and historical boundaries to provide the best comprehensive services.
- H. Many communities have non-English speaking populations. The need for interpreters may be crucial for behavioral health outreach and support.
- I. In any disaster, individuals with functional and access needs are often disproportionately affected. Disaster response planning should consider the needs of these individuals and develop strategies to meet their needs.
- J. A disaster will increase the need for behavioral health support dramatically.
- K. An awareness of cultural diversities, including religious and ethnic South Carolina groups such as Mennonites and the Gullah culture, must be considered in behavioral health response.

#### **IV. CONCEPT OF OPERATIONS**

- A. ESF-8 is responsible for the coordination of state level disaster behavioral health response. The primary agency for the coordination of this response is the SC Department of Mental Health. Support agencies assisting in this specific response include SC Vocational Rehabilitation Department, SC Department of Alcohol and Other Drug Abuse Services (DAODAS), American Red Cross, The Salvation Army, Southern Baptist Disaster Relief and SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA).
- B. SCDMH is the primary responder for state level behavioral health response except for emergencies or disasters associated with the Federal Aviation Authority (FAA) and/or National Transportation Safety Board (NTSB). When a situation arises from aircraft or rail passenger mishaps, The American Red Cross is the primary responder for behavioral health but may request SCDMH disaster response staff to assist, if needed.
- C. SCDMH has pre-identified staff capable of responding as teams as needed. These “Behavior Health Response Staff” are clinicians who have also completed National Incident Command System (NIMS) courses appropriate to their level of responsibility when activated. Teams may range in size from two to eight people and may or may not be accompanied by one or more members of SCDMH Public Safety Office. Disaster Response Staff are available from any of the seventeen

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community mental health centers and, to a lesser extent, inpatient facilities operated by the SCDMH. Other state-level resources include behavioral health responders from SC Vocational Rehabilitation Department, DAODAS, American Red Cross, The Salvation Army, Southern Baptist Disaster Relief and SCCADVASA.

- D. Some organizations affiliated with SC Voluntary Organizations Active in Disasters (SCVOAD) may provide teams for animal therapy support on-site.
- E. Local resources for behavioral health response include the local DMH-identified Behavioral Health Response Staff and other regionally-established teams.
- F. To the degree possible, community behavioral health agencies are expected to continue to provide services during emergency situations. Following disasters, services should be available as soon as safety permits. Alternate locations for some service providers may need to be established. Direction and control of such operations will be by those that normally direct and control day-to-day behavioral health services. Community behavioral health agencies may receive referrals from Disaster Behavioral Health Response Staff active during and following an event.
- G. The number of responders on each team, structure and leadership is established by the responsible agency of those teams. Each team's supporting agency is responsible for the establishment of training criteria and standard operating procedures.
- H. Behavioral Health support may be deployed on-site during an incident, to established service areas, such as community centers, general population shelters, special medical needs shelters, emergency departments, backup mental health centers, primary care centers, schools, or to family assistance centers during a mass fatality event. Behavioral Health support may be needed to assist in staffing phone trees, 2-1-1 centers or Public Information Phone System (PIPS).
- I. The roles and implementation of behavioral health volunteers and teams in a Family Assistance Center will be outlined in local and regional mass fatality plans. Family Assistance Centers serve as the point of data gathering for the identification of the deceased.
- J. Behavioral health teams are responsible for maintaining a log of statistics to conform to State and Federal guidelines for disaster assistance grants. Such statistics will include numbers of victims and families, the stress level/psychological functioning of people interviewed; the need for psychiatric medications; and the need for follow-up contact. Teams will follow confidentiality guidelines regarding the identity of individuals seen.
- K. Activation of Behavioral Response Teams

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1. This Attachment may be implemented under any of the following circumstances:
  - a. The State Emergency Operations Plan or other state plan is activated.
  - b. The ESF-8 lead determines the need for activation.
  - c. The ESF-8 lead receives a request for activation from a county or public health region.
2. Locally, behavioral response teams may be activated through a request from county ESF-8, or from the DHEC Regional Coordination Centers, or as defined in local standard operating procedures.
3. Requests for behavioral response assistance in Family Assistance Centers should be part of local mass fatality plans, but may be made by the local coroner through local ESF-8.

**V. ACTIONS**

**A. Preparedness**

1. Develop guidelines, training and information for distribution to behavioral response teams to ensure consistency in response.
2. Develop public information and messaging regarding stress, anxiety and coping for distribution to the public pre- and post-event.
3. Work with local coroners to establish the role and implementation of behavioral health teams in family assistance centers.

**B. Response**

1. Determine sites where behavioral support will be needed. Determine populations that will need behavioral support.
2. Notify primary SCDMH Disaster Response staff and other behavioral support teams of potential deployment with an unknown return date with as much specific information as possible, when a possible need becomes apparent.
3. Rapidly assess the potential behavioral health needs and response locations specific to the disaster.
4. Coordinate the provisions of disaster behavioral health services for disaster survivors, emergency workers, and others suffering psychological trauma due to the emergency situation.

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5. Consider the need and availability of assistance from Federal Crisis Counseling Programs.
6. Upon deployment, establish and maintain communications with the disaster behavioral health teams.
7. Upon completion of deployment, assess behavior health response staff's own need for emotional support.
8. Assist in evacuation of behavioral health facilities, as needed.
9. Coordinate the procurement, screening and allocation of behavioral health equipment, supplies and resources, including human resources, required to support behavioral health operations.
10. Maintain ongoing contact with ESF-6 (Mass Care) for potential needs of shelter residents and staff.
11. Provide, through ESF-15 (Public Information), information to the news media for the public on dealing with emerging behavioral health issues.

C. Recovery

1. If needed, apply for the Federal Crisis Counseling Programs to mitigate psychological distress in individuals, families, communities and responders.
2. The need for disaster behavioral health response will be greatest during the recovery period and may continue for an unspecified length of time. Continue to support behavioral health recovery at response locations, as needed.
3. Assist in the restoration of clinics, treatment facilities, or hospitals to full service and support transition planning for the return of the displaced behavioral health care population to their original facility, once the crisis has passed and that facility is fully operational, staffed, and capable of providing the necessary care and treatment of its patients.
4. Arrange for alternate disaster behavioral team support to relieve initial disaster behavioral health team responders.
5. Continue to assess the behavioral health disaster response needs for all affected areas in the state.
6. Provide behavioral health support for all individuals responding to disaster survivors. Recipients may include staff from law enforcement, fire, search

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and rescue, emergency medical services, hospitals, public health, public utilities, VOADs, and behavioral health.

7. Advocate for community anniversary events, memorials and remembrance activities and participate as appropriate.
8. Collect and report information regarding the numbers of citizens and responders that receive disaster behavioral health assistance and the type and locations of response that was provided.

D. Mitigation

1. Complete an after-action review of behavioral health response activities as soon as possible after an exercise or event. Identify both successful operational procedures and identify and implement needed improvements.
2. Provide information to the public and responders about the potential long-term behavioral health impacts of the disaster.
3. Assess training needs that became evident during disaster response.
4. Update the Behavioral Health Attachment as needed.

**VI. RESPONSIBILITIES**

A. General. All agencies or organizations assigned to disaster behavioral health function are responsible for following:

1. Designating and training representatives of their agency in compliance with federal NIMS requirements and training standards established for that agency's disaster behavioral health response teams.
2. Ensuring that disaster behavioral health standard operating procedures are developed and maintained.
3. Maintaining current emergency notification procedures.

B. SC Department of Health and Environmental Control

1. Provide information to Disaster Behavioral Health responders regarding public health and medical issues and behavioral health responder safety guidelines.
2. Coordinate updates to Attachment 1, Behavioral Health Attachment to Annex 8 (Health and Medical) of the SCEOP as directed or biennially.

C. SC Department of Mental Health

1. Provide staff as required to support ESF-8's disaster behavioral response efforts.

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2. Maintain a listing of available Disaster Behavioral Response Staff and Community Disaster Response Coordinators with contact information.
  3. Coordinate the provision of crisis counseling and outreach to victims and responders in affected communities.
  4. Support of evacuation of behavioral health facilities, assist in restoration of services afterward.
  5. Coordinate the availability of disaster response behavior health services to survivors and responders in affected communities.
  6. Assist SCDHEC with the coordination of the behavioral health services and resources with support agencies such as The American Red Cross and The Salvation Army.
  7. Maintain records of behavioral response teams state-level activations and records of response activities.
- D. SC Vocational Rehabilitation Department
1. Provide crisis counseling personnel to facilitate recovery.
  2. Collect and report information regarding the numbers of citizens that receive disaster behavioral health assistance and the type and locations of response that was provided.
- E. SC Department of Alcohol and Other Drug Abuse Services
1. Provide crisis counseling personnel for substance abuse disaster victims to facilitate recovery.
  2. Collect and report information regarding the numbers of citizens that receive disaster behavioral health assistance and the type and locations of response that was provided.
- F. American Red Cross
1. Provide trained Red Cross Disaster Health and Disaster Mental Health and Spiritual Care Volunteers to Red Cross facilities and upon evaluation of need and resources available, as requested.
  2. Manage and support the Family Care and Mental Health response during an aviation and rail passenger disaster.
  3. Support community anniversary event, memorials and remembrance activities as resources are available, as requested.



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4. Evaluate, assess and support, necessary revisions to plans with government agencies.

G. SC Baptist Disaster Relief

1. Identify and recruit volunteers with an interest in assisting with behavioral health response. Maintain a current listing of these volunteers.
2. Develop guidelines, training and information for their behavioral health response personnel.
3. Provide behavioral health response personnel to shelter sites, and other locations as available.
5. Collect and report information regarding the numbers of citizens that receive disaster behavioral health assistance and the type and locations of response that was provided.

H. The Salvation Army

1. Provide personnel trained in emotional and spiritual care as available. Maintain a current listing of these personnel.
2. Develop guidelines, training and information for their emotional and spiritual care response personnel.
3. Provide personnel to service delivery sites and other locations as available.
4. Support community anniversary events, memorials and remembrance activities as appropriate.
5. Include emotional and spiritual care service delivery in statistical reports.

I. SC Coalition Against Domestic Violence and Sexual Assault

1. Provide crisis counseling for disaster victims with histories of domestic and/or sexual violence victimization to facilitate recovery.
2. Collect and report information regarding the numbers of citizens that receive disaster behavioral assistance and the type and locations of response provided.

**VII. FEDERAL ASSISTANCE**

The Robert T. Stafford Disaster Relief and Emergency Assistance Act and Miscellaneous Directives of P.L. 100-707, which establishes the requirements that State Emergency Preparedness Offices plan for providing mental health crisis counseling services in human-caused or natural disaster response and recovery. Section 416 of this Act specifically addresses the mental health function.