

South Carolina Behavioral Health Plan

Attachment 1

to

Annex 8 (Health and Medical)

August 2025

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 recognizing the natural resiliency of both people as individuals and members of a community, an integral part of effective disaster response embraces recovery strategies. These strategies include assisting survivors, first responders, and the community in understanding and coping with the disastrous event, providing emotional support, and resource allocation and linkage.

This Attachment does not address the evacuation of any licensed facility housing mental health patients, such as hospitals, nursing facilities, or assisted living center as they are required to have self-directed evacuation strategies.

II. PURPOSE

- A. Mitigate adverse psychological effects resulting from stress and trauma in responders, survivors, and the community.
- B. Outline procedures for coordinating behavioral health services during and following disasters and other emergencies.

III. ASSUMPTIONS

- A. A disaster will increase the need for behavioral health support.
- B. Anyone who experiences a disaster will be affected in some way. Human responses to a disastrous event vary from person to person, but typically include negative stress, anxiety, guilt, anger, depression, grief, somatic pains, and changes in sleep and appetite patterns.
- C. We assume most people and communities to be resilient and capable of returning to normal functioning without significant mental health assistance.
- D. While some individuals may experience significant impairment in emotional, physical, cognitive, and/or behavior functioning, most will not develop prolonged symptoms that are indicative of the need for ongoing, intensive mental health services.
- E. Many people who might benefit from behavioral health services may choose not to participate in behavioral health services for a variety of different personal, cultural, religious reasons, stigma, or simply not recognizing a need.

- F. First responders, including those providing behavioral health services, develop reactions similar to the survivors they are assisting.
- G. The adverse effects of exposure to a traumatic event, such as disaster, often present themselves immediately; however, for some individuals these symptoms may not present for weeks or months following the event. Symptoms of trauma include nightmares, flashbacks, changes in temperament, mood disturbances, anxiety, depression, avoidance, and substance use/abuse. The use of substances often increases in a community following a disaster.
- H. Behavioral response efforts may need to cross regional, business, cultural and historical boundaries to provide comprehensive services. Awareness of diversities, including religious and ethnic South Carolina groups such as Mennonites and the Gullah culture, should be considered in behavioral health response.
- I. Many communities have non-English speaking populations. The need for interpreters may be required for behavioral health outreach and support.
- J. In disasters, individuals with functional and access needs may be disproportionately affected and have additional needs beyond the general population.

IV. CONCEPT OF OPERATIONS

- A. ESF-8 is responsible for the coordination of behavioral health preparedness, response, and recovery disaster-related activities. The primary agency for these activities is the SC Department of Behavioral Health and Developmental Disabilities (SCDBHDD). Support agencies assisting in these activities include SC Vocational Rehabilitation Department, American Red Cross, The Salvation Army, Southern Baptist Disaster Relief and SC Coalition Against Domestic Violence and Sexual Assault (SCCADVASA).
- B. SCDBHDD's Office of Mental Health (OMH) 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 air carrier or rail passenger mishaps, American Red Cross is the primary responder for behavioral health but may request additional support from behavioral health support partners, as needed.
- C. SCDBHDD OMH 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. Response Staff are available from any of the sixteen community mental health centers and, to a lesser extent, inpatient or administrative facilities operated by the SCDBHDD OMH. Other state-level resources may include

behavioral health responders from SCBHDD Office of Substance Use Services (OSUS), SC Vocational Rehabilitation Department, 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 also provide teams for animal therapy support on-site.
- E. Local resources for behavioral health response include the local C. SCDBHDD OMH identified Behavioral Health Response Staff and other regionally established teams.
- F. To the degree possible, community behavioral health agencies are expected to continue providing services during emergencies. 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, including structure and leadership is established by the agency responsible 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 to established service areas, such as community centers, general population shelters, medical equipment power shelters, emergency departments, backup mental health centers, primary care centers, schools, or to family assistance centers following 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 staff in a Family Assistance Center will be outlined in local and regional mass fatality plans.
- J. Behavioral health staff are responsible for compiling a log of statistics to conform to State and Federal guidelines for disaster assistance grants. Such statistics may include numbers of victims and families, damage to homes and businesses, and economic impacts to the community. Teams will follow confidentiality guidelines regarding the identity of individuals seen.
- K. Activation of Behavioral Response Teams
 - 1. This Attachment may be implemented under any of the following circumstances:
 - a. The State Emergency Operations Plan or other emergency 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.
 - d. The SC Emergency Management Division requests SCDBHDD-OMH or ARC activate plan.
- 2. Locally, behavioral response teams may be activated through a request from county ESF-8, or from the Department of Public Health (DPH), 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 initiated by a local coroner.

V. ACTIONS

A. Preparedness

- 1. Develop and disseminate guidelines and training and education materials for behavioral response staff.
- 2. Develop public information and messaging for distribution to the public pre- and post-event.
- 3. Coordinate with local coroners and other appropriate agencies to establish the roles for behavioral health teams in family assistance centers.

B. Response

- 1. Provide behavioral health support where needed, as safety permits.
- 2. Determine the need for additional or specialized assistance for at risk populations.
- 3. Notify primary SCDBHDD-OMH Disaster Response staff or other behavioral support teams of potential deployment with as much specific information as possible should a need become apparent.
- 4. Assess potential behavioral health needs and response locations throughout the response.
- 5. Assess the potential need for disaster behavioral health services for disaster survivors, emergency workers, and others who may suffer psychological trauma due to stress related to their experiences.
- 6. Consider the possible need and likelihood of federally funded Crisis Counseling Programs.

7. Establish and maintain communications with deployed disaster behavioral health teams.
8. Following each deployment, assess behavior health response staff's need for psychological support.
9. Assist in evacuation of behavioral health facilities, as needed.
10. Coordinate the procurement, screening and allocation of behavioral health equipment, supplies and resources, including human resources, required to support behavioral health operations.
11. Maintain ongoing contact with ESF-6 (Mass Care) for potential needs of shelter residents and staff.
12. Provide, through ESF-15 (Public Information), information to the news media for the public on dealing with emerging behavioral health issues.
13. Provide psychological support for all staff supporting State Emergency Operations Center activities, as needed.

C. Recovery - The need for disaster behavioral health response will be greatest during the recovery period and may continue for an unspecified length of time.

1. Continue to support behavioral health recovery at response locations, as needed.
2. If needed, apply for federally funded Crisis Counseling Programs to mitigate psychological distress in individuals, families, communities and responders.
3. Assist clinics, treatment facilities, or hospitals to restore services.
4. Continue assessing the behavioral health needs of people assisting recovery efforts in affected areas. This may include law enforcement, fire, search and rescue, emergency medical services, hospitals, public health, public utilities, VOADs, behavioral health staff, and others.
5. Advocate for community anniversary events, memorials and remembrance activities and participate as appropriate.
6. Collect and report information regarding the services provided.

D. Mitigation

1. Participate in after-action reviews after each exercise or event. Identify both successful operational procedures and those that require improvements.

2. Provide information to the public and responders about the potential long-term behavioral health impacts of the disaster.
3. Participate in planning and exercises as available and appropriate.
4. Update the Behavioral Health Attachment and other plans 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 Public Health (DPH)
 1. Provide information to Disaster Behavioral Health responders regarding public health and medical issues.
 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 Behavioral Health and Developmental Disabilities
Office of Mental Health
 1. Provide behavioral health staff as needed to support ESF6 and ESF8 during disasters or other emergencies.
 2. Maintain a current listing of SCDBHDD-OMH Management, Center and Program Directors, and Hospital and Community Disaster Coordinators with contact information.
 3. Coordinate crisis counseling outreach services to survivors and responders in affected communities.
 4. Assist behavioral health facilities maintain critical services and / or restore their ability to provide them rapidly.
 5. Assist SCDPH providing behavioral health services and resources with the support of agencies such as American Red Cross and The Salvation Army.

6. Maintain records of behavioral response teams state-level activations and records of activities.

Office of Substance Use 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.

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

F. 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.

G. 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.

H. 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.