



CHATHAM COUNTY EMERGENCY OPERATIONS PLAN

**ESF ANNEX 8
APPENDIX 8-3
TAB E**

**OPERATIONS PROTOCOLS
AND TOOLS – BEHAVIORAL
HEALTH**

NOVEMBER 2013



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E-1 BEHAVIORAL HEALTH INFORMATION

Purpose

The purpose of providing Behavioral Health Services resources in a Family Assistance Center is to provide short term emotional support, spiritual/pastoral care, and assessment and referral services for individuals and families impacted by disasters or other emergencies and for FAC staff/volunteers deployed to assist these individuals.

Scope of Care

Qualified BH Responders will:

- Provide psychological triage and conduct informal risk assessments of families and FAC staff.
- Provide Psychological First Aid (PFA), including psych-education, referrals and advocacy.
- Provide spiritual support / pastoral care when requested or indicated. This includes assisting families concerned with cultural end of life practices and multi-denominational memorial services.
- Provide crisis intervention / mental health support when requested or indicated.

Team Structure

Crisis Counseling and Spiritual/Pastoral Support services will be provided by members of the Behavioral Health (BH) Team. The BH Team may be comprised of members of the following organizations: American Red Cross Disaster Mental Health Team, staff from Public Health - Chatham County and District, Salvation Army, and the Chatham County Organizations Active in Disaster members.

Spontaneous / unaffiliated volunteers are prohibited from the BH Team unless properly screened and vetted.

BH Services will be organized in teams, each team having a BH Team Leader. Team Leaders will have no more than five (5) Crisis Counselors or Spiritual Care Workers reporting to them at a time. If needed, there will be one team dedicated to supporting FAC workers only. Team Leaders will report to a Behavioral Health Services Group Supervisor.

To determine staffing levels, a recommended ratio of 1:25 BH Responders to families, assuming 8 family members reporting to the FAC per victim, will be used.

Minimum Qualifications/Requirements

Behavioral Health Responder

BH Responders will consist of crisis counselor and spiritual care/pastoral professionals.



Crisis Counselors must meet the following requirements:

- Registered or licensed psychologist, psychiatrist, mental health counselor, social worker, marriage & family therapist, or psychiatric nurse in good standing with the State of Georgia.
- A minimum of 3 years of clinically supervised mental health experience
- Pass a criminal background check
- Successful completion of an approved Psychological First Aid (PFA) training curriculum

Spiritual Care Workers must meet the following requirements:

- Volunteer Chaplain for a local jurisdiction and/or actively serve as a Chaplain or Spiritual Care worker at a house of worship or healthcare facility
- A minimum of 3 years experience as a Chaplain or Spiritual Care worker
- Pass a criminal background check
- Successful completion of an approved Psychological First Aid (PFA) training curriculum

Preferred Qualifications:

- Successful completion of “Disaster Behavioral Health: A Critical Response” course Author: Jack Herrmann
- Successful completion of the American Red Cross course “Foundations in Disaster Mental Health”
- Completion of the University of Rochester Personal, Family, Work Life Inventory (see pages XX-XX)

Behavioral Health Team Leader

Behavioral Health Team Leaders must meet the following requirements:

- Licensed psychologist, psychiatrist, mental health counselor, social worker, or marriage & family therapist in the State of Washington
- Completed ICS 100 & 200
- 3+ years of clinical supervisory experience
- Pass a criminal background check
- Successful completion of a Psychological First Aid (PFA) curriculum
- Successful completion of Disaster Behavioral Health: A Critical Response curriculum (author: J. Herrmann)
- Successful completion of a Psychological First Aid (PFA) Instructor course

Behavioral Health Branch Chief

Behavioral Health Branch Chief must meet the following requirements:

- Licensed psychologist, psychiatrist, mental health counselor, social worker, or marriage & family therapist in the State of Washington
- Completed ICS 100 & 200
- 3+ years of clinical supervisory experience
- Pass a criminal background check



- Successful completion of “Disaster Behavioral Health: A Critical Response” course Author: Jack Herrmann OR the American Red Cross course “Foundations in Disaster Mental Health”
- Successful completion of a Psychological First Aid (PFA) Instructor course

Activation Plan

Behavioral Health assistance is one of the most fundamental and critical operations in a FAC. In the event that a FAC is activated, the FAC Manager or FAC Unified Command is responsible for assigning a Behavioral Health Services Group Supervisor, who will then assemble a team of qualified BH Responders based on the size and magnitude of the event.

Demobilization

As a component of demobilizing a FAC, the BH Services Group Supervisor is responsible for ensuring self-care and reintegration information is provided to FAC staff/volunteers as well as private individual exit interviews with a BH Responder are made available to all FAC staff/volunteers.

Resource Needs

To assure that the privacy of the individuals assisted by the BH Team is maintained and the BH Team has the necessary tools to provide such services, the following resources will be provided.

Note: resources will be scaled based on size of event and facility.

- Family waiting area
- Private family rooms: used by BH Responders for meeting with families and FAC staff.
 - Recommended ratio: 1:15 room to families
- Behavioral Health Team meeting room: capacity to hold all team members, used as a private/confidential space for BH Team debrief and sharing of sensitive information
- Behavioral Health Team Leader office: Capacity to accommodate use by all Team Leaders
- BH Responder office: Capacity to accommodate use by 50% of team members at once
- Adequate phones, desks, chairs, pens, paper, printer, copier, fax for all team rooms
- Computers w/Internet access in BH Team Leader and BH Responder offices.
 - Access to 2-1-1 online resource database
 - Recommended ratio: 1:8 computers to BH Team Members
- Electronic and hard copies of Psychological First Aid Field Operations Guide (The National Center for PTSD / The National Child Traumatic Stress Network)
 - Ratio: 1:1 Operations Guide to BH Team member
- Electronic and hard copies of Family Assistance Center Operational Plan: Behavioral Health Services Appendix



Shift Procedures

All BH Team Members must:

- Follow FAC check-in and check-out procedures.
- Follow provider self care tips including taking regular breaks.
- Follow all appropriate procedures, professional codes of conduct and laws.
 - BH Team Leader and BH Services Group Supervisor must be notified if a mandated reporting incident occurs.

Attachments:

- Job Action Sheets
- FAC Behavioral Health Referral Form
- University of Rochester Work Disaster Mental Health Personal, Family, Work Life Inventory
- Psychological First Aid Field Operations Guide (The National Center for PTSD / The National Child Traumatic Stress Network)



E-2 BEHAVIORAL HEALTH RESPONSE TEAM QUALIFICATIONS

Chaplain/Spiritual Care Worker

1. Volunteer Chaplain for Chatham County or a City within Chatham County and/or Paid or volunteer pastor, or pastor equivalent, at a congregation in Chatham County.
2. A minimum of 3 years experience as a Chaplain or Spiritual Care worker.

Licensed Mental Health Counselor

1. Current Georgia State Mental Health Counselor License in good standing; Georgia State Drivers License and auto insurance coverage.
2. A minimum of 3 years post license clinical experience

Psychologist

1. Current Georgia State Psychologist License in good standing; Georgia State Drivers Registration and auto insurance coverage.
2. A minimum of 2 years post license clinical experience.

Marriage & Family Therapist

1. Current Georgia State Marriage & Family Therapist License in good standing; Georgia State Drivers License and auto insurance coverage.
2. A minimum of 3 years post license clinical experience.

Psychiatric Nurse

1. Current Georgia State Nursing License in good standing; Georgia State Drivers License and auto insurance coverage.
2. A minimum of 2 years psychiatric nursing experience in a hospital or clinic setting.

Psychiatrist

1. Current Georgia State Medical License in good standing; Georgia State Drivers Registration and auto insurance coverage.
2. Board Certification.

Registered Mental Health Counselor

1. Current Georgia State Mental Health Counselor Registration in good standing; Georgia State Drivers Registration and auto insurance coverage.
2. A minimum of 5 years of post registration clinical experience.

Social Worker

1. Current Georgia State Social Work License in good standing; Georgia State Drivers License and auto insurance coverage.
2. A minimum of 3 years post license clinical experience.

All applicants must pass a criminal background check, participate in a phone interview and will be subject to reference checks.



E-3 BEHAVIORAL HEALTH SERVICES REFERRAL FORM

Date: _____

Person completing form: _____

Referral # 1: *Indicate category of referral*

- | | |
|--|---|
| <input type="checkbox"/> Spiritual / Pastoral support | <input type="checkbox"/> Other disaster services: _____ |
| <input type="checkbox"/> Professional mental health services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Substance abuse treatment | _____ |
| <input type="checkbox"/> Medical care | |

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

Referral # 2: *Indicate category of referral*

- | | |
|--|---|
| <input type="checkbox"/> Spiritual / Pastoral support | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Professional mental health services | <input type="checkbox"/> Other disaster services: _____ |
| <input type="checkbox"/> Substance abuse treatment | <input type="checkbox"/> Other: _____ |
| | _____ |

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____



Referral # 3: *Indicate category of referral*

- ☐ Spiritual / Pastoral support
- ☐ Professional mental health services
- ☐ Substance abuse treatment
- ☐ Medical care

- ☐ Other disaster services: _____
- ☐ Other: _____

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____

Referral # 4: *Indicate category of referral*

- ☐ Spiritual / Pastoral support
- ☐ Professional mental health services
- ☐ Substance abuse treatment
- ☐ Medical care

- ☐ Other disaster services: _____
- ☐ Other: _____

Referral contact information:

Name: _____

Phone (Business): _____ Phone (Cell): _____

Phone (Other): _____ Email: _____

Website: _____

Address: _____



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