REGION 5 DISASTER BEHAVIORAL HEALTH RESPONSE PLAN

Approved by CFDMC Board 6-15-21

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1. INTRODUCTION

The mission of the Central Florida Disaster Medical Coalition (CFDMC) is to develop and promote healthcare emergency preparedness and response capabilities in the East Central Florida Domestic Security Task Force Region 5 (RDSTF Region 5), including the following nine counties: Brevard, Indian River, Lake, Martin, Orange, Osceola, Seminole, St. Lucie, and Volusia Counties. The CFDMC facilitates healthcare organizations and other partners in working together collaboratively to build, strengthen, and sustain a healthcare preparedness and response system within Central Florida and to assist Emergency Management and Emergency Support Function (ESF)-8 (Health and Medical) with the National Preparedness Goal identified five mission areas: Prevention, Protection, Mitigation, Response, and Recovery as related to healthcare disaster operations.

The Central Florida Disaster Medical Coalition's 2017-2018 work plan included development of a regional behavioral health response plan to increase the ability to respond to the behavioral health needs of the region after a disaster, including identification of behavioral health liaisons for ESF-8 and disaster behavioral health strike teams.

This Plan addresses the requirements in the ASPR 2017-2022 Health Care Preparedness and Response Capabilities as outlined in the Medical Surge Capability, Activity 8: Respond to Behavioral Health Needs during a Medical Surge Response.

Specifically, the ASPR requirement states: Emergencies may have severe emotional impact on survivors, their families, and responders and cause substantial destabilization of patients with existing behavioral health issues. Hospitals and outpatient care providers, including behavioral health professionals, should identify a regional approach to assess and address the needs of the community. Behavioral health organizations are valuable HCC members and can provide needed support to survivors, responders, and people with pre-existing behavioral health concerns. Healthcare Coalition members should promote a robust behavioral health response that include these specific elements.

2. AUTHORITY

The Central Florida Disaster Medical Coalition acts as the authority to activate this plan in response to requests by county, regional or state emergency response partners.

3. PURPOSE

The purpose of the CFDMC Disaster Behavioral Health Plan is to provide guidance to mitigate the adverse effects of disaster-related trauma by promoting and restoring psychological well-being and daily life functioning of affected individuals and communities.

Each individual and community are unique in responding to the stress and sudden precipitous losses associated with a disaster event, whether natural or human-generated. The Plan encompasses the psychological, social, behavioral, and educational-related supports required to facilitate recovery. It provides a framework for the following activities:

- All hazards planning for disaster events,
- Responding to the immediate impact of a disaster event, and
- Assisting RDSTF Region 5 residents, visitors and response agencies in recovering from the impact of a disaster over the long term.

4. SITUATIONS AND ASSUMPTIONS

A. Central Florida is uniquely vulnerable to a number of hazards that may occur with or without warning. These hazards may result in loss of life; damage, destruction to, and/or evacuation from homes, businesses and critical infrastructures; loss of personal property, disruption of food, pharmaceutical, or utility services distribution; and/or pose serious health risks and other situations that adversely affect the daily quality of life. These may also result in the loss of communication, transportation, and normal social assembly, creating potential behavioral health hazards. These situations, even though universal, cause stressors and may impact an individual's ability to cope and function.

B. Use of chemical, biological, radiological, nuclear, or explosive weapons of mass destruction may lead to widespread fear and distress. The behavioral health needs that may result from such events would quickly overwhelm the local response system, thus requiring mutual aid, state and/or federal assistance.

C. All people involved in a disaster are affected by it in some way, from those disaster survivors (including their family members and friends), to emergency response personnel (e.g., fire fighters, police officers, emergency management, health and medical personnel), and the public at large. Disaster survivors, including emergency responders and others who are affected by disaster events, may experience varying levels of stress and anxiety. They may also display other physical and psychological symptoms that could adversely affect their ability to respond, perform and function.

D. Each person's response to a disaster is unique, based on individual factors, such as his/her trauma history, health status, culture, beliefs, social support systems, and personal resiliency. Reactions to the event can be cognitive, emotional, physical, behavioral, social, and spiritual, and may not manifest for several weeks, months, and even years following the incident.

E. Research suggests that most people following a disaster are resilient and will return to pre-event psychological functioning within a relatively short time. Outreach, early psychological first aid and referrals can assist disaster survivors to meet new challenges and offer support in their recovery process to return them to pre-disaster performance and functioning levels.

F. The public will require information on how to recognize and cope with the short and/or long-term risk of sustained stress caused by a disaster or arising from its effect. An informed public will be better able to respond and cope with the stresses associated with a disaster.

G. People with special needs, especially those with pre-existing mental illnesses and substance abuse disorders, older individuals, children and adolescents or people with disabilities, may be more prone to experience severe stress reactions and adverse outcomes than other

populations.

H. Hospitals, nursing homes, group homes, ambulatory care centers, schools, special needs shelters, churches and other facilities, which provide behavioral health care and support for special needs populations, may be damaged or destroyed or may be overwhelmed in dealing with medical response.

I. Mental health and substance abuse facilities that survive emergency situations with little or no damage may still be unable to operate normally. This could be due to a lack of utilities, an inability for staff to safely report for duty, and/or damage suffered by communication or transportation systems.

J. Local mental health and substance abuse providers, both public and private organizations and individuals, that survive emergency situations, with little or no damage, may be called upon to provide both personnel and physical resources to the community.

K. The American Red Cross (ARC), National Organization for Victim Assistance (NOVA), Voluntary Organizations Active in Disaster (VOAD), Florida Inter-Faith Networking in Disaster (FIND), Helping Our People in Emergencies (HOPE), and other community-based organizations may provide behavioral health assistance to disaster survivors. Schools have crisis response teams to provide short and long-term interventions for students. Local professional volunteer organizations, charitable groups and faith-based teams may also respond to emergency events. These types of response will be coordinated through the local emergency management system/Incident Command system.

L. To supplement local mental health and substance abuse resources, the Coalition will provide resources as outlined in this Plan at the request of county Emergency Operations Centers (EOCs) or the State Emergency Operations Center (SEOC).

M. Resources may not be available to deploy based on nature of event or hazards and response may differ based on the nature of the disaster. There may be some situations (such as biological events) where responders may be hesitant.

N. Disaster behavioral health responders will not enter an impacted area until their safety can be reasonably assured within the local emergency management system/Incident Command system.

O. Disaster behavioral health responders will triage, assess, provide early psychological first aid and make referrals, consistent with the level of training or the level of individual need.

P. Behavioral health responders will adhere to the requirements of Florida Statutes regarding mandatory reporting of suspected abuse of children, persons with disabilities, and the frail elderly.

5. CONCEPT OF OPERATIONS

ASPR guidance states: “Emergencies may have severe emotional impact on survivors, their families, and responders and may cause substantial destabilization of patients with existing behavioral health issues. Hospitals and outpatient care providers, including behavioral health professionals, should identify a regional approach to assess and address the needs of the community. Behavioral health organizations are valuable HCC members and can provide needed support to survivors, first responders and first receivers, and people with pre-existing behavioral health concerns.”

The CFDMC Behavioral Health Response Plan outlines a robust behavioral health response that includes the following elements:

A. A proportional behavioral health response, addressing the unique behavioral health needs of children, implemented according to the impact of emergencies on the community:

   The CFDMC will strive to maintain a minimum of at least three regional disaster behavioral health subject matter experts to provide guidance and support for behavioral health response during an event. CFDMC will also work to identify disaster behavioral health subject matter experts in each county within the region to serve as a liaison to provide guidance and support for behavioral health response during an event. (See Appendix 1/Regional and County DBH Liaisons).

B. The development and use of behavioral health support and strike teams to support the affected population:

   The CFDMC has partnered with the Florida Crisis Response Team (FCRT) to serve as the primary DBH strike team within the region. The FCRT is a crisis response team that is an affiliate team of NOVA (National Organization for Victim Assistance). The FCRT was established in 1988 as a response to the Palm Bay massacre and has more than 1,000 responders statewide. These team members have responded to events across the state and nation, including Hurricane Andrew, 9/11 terrorist attacks, Hurricane Katrina, the 2004 Florida hurricanes, the Pulse nightclub shooting in Orlando, as well as hundreds of responses to smaller events throughout the state. The FCRT will utilize its response protocols in rostering, deploying and managing strike teams. During an event, the FCRT will 1) help disaster managers identify groups at high risk of emotional trauma and plan to reach out to these individuals with appropriate services, 2) identify caregivers in the community and offer them a basic understanding of crisis so that they can be responsive to traumatized people seeking their help over the months to come, 3) undertake individual and group crisis intervention sessions with affected victims as well as “companioning” as a service to help mitigate distress, and 4) make recommendations to the local disaster managers on the long term care of the victims after the CRT has completed its initial mission.

   The Coalition will promote membership in the FCRT and will sponsor the cost of the FCRT/NOVA training for those interested in joining the FCRT.

   Other local resources, including faith-based teams such as Northland Disaster Response, local CISM teams, and other community-based teams may also be available to support disaster behavioral health response, but are encouraged to join the FCRT to ensure that there is consistent training and oversight of all disaster behavioral health response within the region.

C. Ongoing support for inpatient and outpatient care of psychiatric patients:

The Coalition will work with community mental health providers to obtain their response plans and determine the support they need (See Appendix 2 – Community Mental Health Provider Response Plans, and Appendix 3 – Team Resources).

D. Widespread information dissemination to help providers, patients, family, and the community understand the symptoms and signs of acute stress responses and when and where to seek treatment:

The Coalition will use existing resources available through SAMSHA at https://www.samhsa.gov/disaster-preparedness and/or other resources such as NOVA. The disaster behavioral health liaison will work with the incident Public Information Officer to disseminate information to support responders, victims and the community.

E. Behavioral health professionals increasing contact with clients:

See A.3 above and Appendix 2.

F. Provision of psychological first aid to those impacted (including health care workers):

This will be accomplished using the FCRT strike teams and the NOVA model of individual and group crisis interventions.

G. The Coalition will sponsor trainings to support first responders, first receivers and the healthcare system, including Mental Health First Aid training and responder resiliency training.

6. PLAN ACTIVATION:

During an event within the region, the DBH liaison will contact the impacted county/counties' ESF-8 to offer assistance and support. The Plan will only be activated at the request of a county/counties' ESF-8 or Emergency Operations Center.

The Incident Commander may contact or direct the DBH liaison to contact the FCRT to request a strike team by contacting FCRT at fcrt1987@gmail.com or

Jill Fogel,
Statewide Response Coordinator
954-495-1769

The DBH liaisons and FCRT will become part of the local incident upon request/activation. No equipment caches or go-kit needs were identified. The liaisons and FCRT will request any needed equipment/supplies through their chain of command in the incident command structure.

7. EXERCISES:

The CFDMC will ensure that disaster behavioral health is built into all scenarios and all drills, tabletop exercises, functional exercises, and full-scale exercises should include behavioral health participation. The regional disaster behavioral health liaisons should participate in the planning process for exercises where possible and appropriate. Additional drills and exercises may be conducted for the purpose of developing and testing abilities to make behavioral health response to various types of emergencies more effective. Organizations that provide disaster behavioral health during emergency situations will be invited to participate in these drills and exercises, when appropriate.

8 AFTER-ACTION REVIEW/REPORTS:

The CFDMC will conduct an after-action review of behavioral health response activities as soon as possible after an exercise or disaster event. The purpose of this review is to identify both successful operational procedures and identify and implement needed improvements. The FCRT will provide a report on the response to the Coalition for inclusion in the AAR.

9. PLAN DEVELOPMENT AND MAINTENANCE

The CFDMC Regional Disaster Behavioral Health Plan was drafted by a workgroup including subject matter experts in disaster behavioral health response. The workgroup was comprised of the following individuals:

Lynda W. G. Mason, Emotional & Spiritual Team Leader, Disaster Response at Northland; CFDMC Board Member

Beth Rossman, Chairman, Florida Crisis Response Team

Christine Mouton, Region 5 Coordinator, Florida Crisis Response Team

Lynne Drawdy, CFDMC Executive Director

Vicki Garner, Clinical Director, ASPIRE

The Plan was disseminated to all Coalition members for review and input on May 11, 2018. Input received was incorporated and the Plan was approved by the CFDMC Board on June 19, 2018.

The Plan will be reviewed and updated by June 30 each year and will include lessons learned from any exercises or event after-action reports.

The Plan was exercised in a tabletop held on June 19, 2020, and minor revisions were made.

10. APPENDICES

Appendix 1: Regional and County DBH Liaisons

Appendix 2: Community Mental Health Center Response Plans

Appendix 3: Regional Disaster Behavioral Health Resources

Appendix 1: Regional and County DBH Liaisons

Goal: Identify three(3) DBH liaisons in each county who will be available to county emergency management/ESF-8 as a subject matter expert in disaster behavioral health response.

Region 5 Liaisons:

Lynda W. G. Mason
407-272-5699
chaplain27@gmail.com

Christine Mouton
Office: 407-823-1894
Christine.Mouton@ucf.edu

Cynthia Krosky
772-461-8313
achieve@achievingcorporateexcellence.com

Loretta Goggin
Cell: 321-917-5954
lstarrgoggin@msn.com

County Liaison:

Brevard:
Not identified

Indian River:
Not identified

Lake:

Tim Camp
Lifestream Behavioral Health Services
352-315-7511
tcamp@lsbc.net

Martin:

Not identified
Orange:

Wendy Kimelman
407-810-5738
wendy@lblcounseling.com

Christine Mouton
Office: 407-823-1894
Christine.Mouton@ucf.edu

Osceola:
Not identified

Seminole:

Lynda W. G. Mason
407-272-5699
chaplain27@gmail.com

St. Lucie:

Cynthia Krosky
772-461-8313
achieve@achievingcorporateexcellence.com

Volusia:

Amanda Nixon, LCSW
386-255-0044
Amanda@Laureloakscounseling.com

Appendix 2: Community Mental Health Center Response Plans

ASPIRE:
Aspire is a local behavioral health and substance use treatment agency that currently provides behavioral health and substance use treatment to residents of Orange, Seminole, Brevard and Osceola counties. Aspire has a broad continuum of care including, but not limited to, outpatient therapy for adults and children, medication clinics for adults and children, case management for adults and children, inpatient acute care services for adults and children for behavioral health and detoxification, residential services, and prevention programs.

Aspire has numerous clinicians that specialize in trauma. These include the members of our Critical Incident Stress Management Team (CISM) and our Certified EMDR therapists. Both teams were first clinical responders to the Pulse massacre and the evacuees from Puerto Rico following Hurricane Maria. These teams have also responded to other local shootings, bomb threats, and other events resulting in trauma.

Aspire works closely with community organizations during these crisis situations. They have worked side by side with Orange County Government and Central Florida Cares Health Systems. They have also provided trainings to local colleges on crisis intervention. Aspire lead's the Central Florida Crisis Intervention team in which law enforcement is educated on more effective and appropriate techniques to use when encountering someone in crisis or with a behavioral health or substance use situation.

Aspire provides ongoing CISM Training and EMDR training in order to maintain strong teams. Aspire holds a minimum of 5 CIT classes per year.

ASPR Medical/Surge/DBH Requirement	**Aspire's Concept for Addressing Plan:**
A proportional behavioral health response, addressing the unique behavioral needs of children, implemented according to the impact of emergencies in the community.	Aspire's CISM Team and EMDR Certified therapists can and will respond to the crisis within our large community.
The development and use of behavioral health support and strike teams to support the affected population.	Aspire's CISM Team and EMDR Certified therapists can and will respond to the crisis within our large community.
Ongoing support for inpatient and outpatient care of psychiatric patients.	Aspire currently has inpatient units for behavioral health and substance use in Orange and Seminole counties for children and adults. They also provide outpatient therapy, case management, and medication clinics in Orange, Seminole, Osceola and Brevard counties for adults and children for behavioral health and substance use.
Widespread information dissemination to help providers, patients, families, and the community understand the symptoms and	Aspire provides inpatient, outpatient therapy, case management, and medication clinics in Orange, Seminole,

signs of acute stress responses and when and where to seek treatment.	Osceola and Brevard counties for adults and children for behavioral health and substance use. They also are familiar and have working relationships with other community providers if referrals are needed.
Behavioral health professionals increasing contact with clients.	Their large company allows individualized treatment for those survivors and families as well as other affected by the crisis.
Provision of psychological first aid to those impacted (including health care workers).	Aspire's CISM Team and EMDR Certified therapists can and will respond to the crisis within our large community. Aspire can also provide debriefings to first responders and other professionals providing care to survivors, families and others affected.

Note: The Coalition will continue to seek out and include other community mental health partner response plans.

Appendix 3: Regional Disaster Behavioral Health Response Resources

Florida Crisis Response Team (FCRT) 321-325-0844 or fcrt1987@gmail.com.

Northland Disaster Response Team
Judy Head, Coordinator
Northland, A Church Distributed
407-388-5798
530 Dog Track Road, Longwood, FL 32750
Judy.head@northlandchurch.net

Laura Gailey Laura.Gailey@aspirehp.org
ASPIRE Crisis Response Team

St. Lucie County Critical Stress Management Team – 772-242-3236
stluciecism@gmail.com

Treasure Coast CISM TEAM
PO Box 12414
Fort Pierce, FL
772-242-3236
stluciecism@gmail.com
(Still converting to email below)
Tccism@gmail.com

Note: The Coalition will continue to seek out and include these resources. If you have information on a behavioral health resource, please contact the Coalition at info@centralfladisaster.org.