

Appendix C-1: State Disaster Behavioral Health Coordinator

Nebraska maintains a pool of qualified employees ready to assume the role of Nebraska State Disaster Behavioral Health Coordinator. It is recommended that at least 5 people be identified and familiarized with the role of the State Disaster Behavioral Health Coordinator to ensure the role is covered in the event of a disaster. The role will be assumed on a day-to-day basis by a person designated by the Behavioral Health Division Administrator.

Qualifications

- Considerable knowledge of the state behavioral health delivery system.
- Knowledge of Disaster Behavioral Health concepts and applications.
 - Experience in behavioral health disaster response preferred, but not required.

Roles/Responsibilities

- Serve as state behavioral health liaison to Regional disaster behavioral health contacts, state emergency service/disaster agents, state bioterrorism efforts, and federal disaster agency staff.
- Represent the agency in the State Emergency Coordination Center if needed.
- Coordinate the administrative tasks listed in Appendix B on behalf of the Nebraska Division of Behavioral Health.

Appendix C-2: Regional Disaster Behavioral Health Coordinator

Each Regional Behavioral Health Authority in Nebraska will identify locally appropriate strategies to maintain a pool of qualified personnel ready to assume the role of Disaster Behavioral Health Coordinator for its coverage area. It is recommended that at least 5 people be identified to serve in this role should disaster occur to insure that the role is covered. The role will be assumed on a day-to-day basis by a person designated by each Regional Program Administrator.

Qualifications

- Knowledge of Disaster Behavioral Health concepts and applications.
 - Experience in behavioral health disaster response preferred.
- Considerable knowledge of local behavioral health resources.
- Considerable knowledge of the state behavioral health delivery system.

Roles/Responsibilities

- Serve as regional behavioral health liaison to local behavioral health contacts, county emergency service/ disaster agents, local public health departments, and the State Disaster Behavioral Health Coordinator.
- Represent the Regional Behavioral Health Authority with area Emergency Management.
- Coordinate administrative tasks listed in Appendix B for their coverage area.

Appendix C-3: Behavioral Health Emergency Response Team (BHERT)

A pool of state-employed behavioral health professionals is identified to serve on a Nebraska Behavioral Health Emergency Response Team, when activated.

The purpose of the Nebraska Behavioral Health Emergency Response Team (BHERT) is to support local behavioral health disaster response capabilities when needed by:

- Conducting community psycho-social impact/needs assessments.
- Providing support for state operations affected by disaster (such as Regional Centers or Correctional facilities).
- Other duties as assigned by the Nebraska Emergency Management Agency (NEMA).

Qualifications

Basic physical requirements ensure that all team members are able to navigate disaster sites, rapidly gather and communicate information as part of a community needs assessment, and contend with hardship conditions that often accompany deployment in response to a disaster. Members should be able to walk unaided, lift 30 pounds, see and hear within a normal range (vision/hearing correction to normal range is acceptable), and have no medical restrictions on everyday activities. Applicants must also be at least 21 years old, willing to travel across the state, possess a valid Nebraska Drivers' License. Background checks may be required.

To serve as a clinical content expert during a response, a team member must have experience in the provision of disaster behavioral health services. They must also possess full Nebraska licensure (not provisional) in their clinical specialty.

Roles/Responsibilities

Team Leader

Team leaders are active BHERT members identified as team leader for each deployment according to the qualifications and experience needed to complete the mission as assigned. Responsibilities include:

- Maintain responsibility for all team activity and assignments during deployment.
- Communicate with the NDHHS State Disaster Behavioral Health Coordinator during deployment.
- Assist NDHHS State Disaster Coordinator with team member selection & notification.
- Communicate and coordinate with local behavioral health response representatives.
- Serve as the primary incident command contact for BHERT during deployment.
- Transition responsibilities to local officials as soon as possible.
- Maintain documentation for team deployment.

Team Member

Team members are identified and screened prior to being eligible for deployment. Deployed team members represent clinical and administrative specialty areas required to meet mission objectives. Responsibilities include:

- Carry out duties related to specialty area as assigned by team leader during deployment.
- Document deployment activities.
- Coordinate deployment activities with local behavioral health response representatives.
- Participate in readiness activities including training, exercises and team meetings.
- Participate in post-deployment activities including operational debriefings and after-action reporting.
- Attend demobilization services for team members returning from deployment as requested by the NDHHS State Behavioral Health All-Hazards Disaster Coordinator or his/her designee.
- Serve as a team leader if requested.

There are several different roles assigned by the team leader that will be filled by **BHERT team members**, depending on the requirements of the specific incident:

1. Behavioral Health Risk Communication Specialist

Description

Behavioral health and public information professionals with competency in risk communication.

Qualifications

- Considerable knowledge of risk communication principles.
- Experience functioning in a consultative role.
- Excellent oral and written communication skills.
- Extensive knowledge and experience creating disaster messages.

Primary Roles/Responsibilities

- Prepare, review and comment on prepared messages with mental health content.
- Consult at the request of public information officers, public officials, or hotline coordinators on message development or delivery before, during, or following a disaster.
- Provide consultation to public officials as requested.
- Work closely with the rest of the NBHERT team to monitor information from behavioral health responders in the field, and quickly identify trends and

concerns that can be brought to the attention of public information officers.

- Provide consultation to officials responsible for state-run hotlines related to disaster.

2. Disaster Behavioral Health Trainer

Description

This is a person who can either present or prepare local resources to present educational material related to disaster behavioral health. Typically educational content will be for hotline workers, behavioral health responders, or affected community members.

Qualifications

- In-depth knowledge of disaster behavioral health concepts.
- Ability to train diverse audiences in psychosocial aspects of disasters/emergencies.
- Excellent oral and written communication skills.
- Competency in content of training areas.

Primary Roles/Responsibilities

- Provide just-in-time training to disaster behavioral health responders.
- Provide disaster behavioral health training for hotline workers.
- Prepare local personnel to present relevant training.
- Facilitate educational community forums related to stress management, coping or disaster reactions.

3. Administrative Specialist

Description

The administrative specialist may perform a variety of administrative functions. Team members in this function may be called upon to consult regarding management issues in behavioral health organizations, create or acquire documents, to assist with set up of operations, or track deployment of disaster behavioral health response activities.

Qualifications

- Knowledge of Nebraska behavioral health infrastructure.
- Knowledge and expertise related to administrative processes required to coordinate disaster behavioral health response.
- Demonstrated knowledge of administrative processes related to Nebraska behavioral health systems or facilities licensed or operated by the state of Nebraska.
- Excellent oral and written communication skills.

- Knowledge and expertise in administrative forms and procedures.
- Knowledge of Federal Emergency Management Agency crisis counseling program requirements.
- Detail-oriented.

Primary Roles/Responsibilities

- Work closely with other NBHERT members to track activities, compile information, and transmit information to state disaster coordinators.
- Work closely with managers of behavioral health agencies to assess organizational needs related to the disaster.

4. Clinical Expert

Description

Clinical experts consult regarding specific services needed by special populations. They may also assist with the design of services or programs for specific populations.

Clinical experts may represent one or more of the following specialty areas:

- Substance Abuse
- Critical Incident Stress Management
- Spiritual Care
- Mental Health

Specialty areas may include sub-specialty populations such as children, elderly, racial/ethnic groups, developmentally disabled, methadone consumers, etc.

Qualifications

- Current license/certification (not provisional), as recorded by the Nebraska Department of Health and Human Services.
- Knowledge of Nebraska behavioral health infrastructure.
- General knowledge of disaster behavioral health structures in Nebraska.
- Experience and knowledge of clinical interventions and strategies required as part of a disaster behavioral health response.
- Excellent oral and written communication skills.

Primary Roles/Responsibilities

- Provide clinical consultation as needed after a disaster.

Appendix C-4: Scope of Licensure for Nebraska Behavioral Health Professionals

Refer to Nebraska licensing laws¹ for complete information about the scope of licensure for behavioral health professionals. Registered Nurses and Advance Practice Registered Nurses may specialize in psychiatry and may also serve in the role of behavioral health professional. This licensure discussion does not address these medical professionals. The following is a very brief differentiation of the licensed behavioral health professionals in Nebraska.

Psychiatrists – Medical Doctors, M.D. or O.D.; Can prescribe medication, diagnose and treat major mental illnesses, and supervise other behavioral health professionals.

Psychologists – Ph.D. or Psy.D.; Can diagnose and treat major mental illnesses, and supervise other behavioral health professionals.

Licensed Independent Mental Health Practitioners (LIMHP) and Licensed Mental Health Practitioners (LMHP) – This category covers Masters and Doctorate level clinicians with at least 3000 hours of experience after receiving the M.A. or Ph.D. Degree.

LIMHPs can assess and treat all major and minor mental illnesses unsupervised. LMHPs can assess and treat mental illnesses that are not considered major mental disorders unsupervised, but supervision by a Psychologist or Psychiatrist is needed if they engage in treatment activities with someone who has behaviors associated with a major mental disorder.

Three certifications are available to those in this licensure category:

- CMSW – Certified Master Social Worker
- CPC – Certified Professional Counselor
- CMFT – Certified Marriage and Family Therapist

Provisionally Licensed Mental Health Practitioners (PLMHP) – Masters level clinician in the process of accumulating post-Masters experience hours; Clinical supervision by a LMHP, Psychologist or Psychiatrist is required.

Licensed Alcohol and Drug Addiction Counselors (LADAC) – Specialized training in addiction is required; level of formal education varies.

There are also recognized behavioral health professionals with specializations who are not “licensed” by the Nebraska Department of Health and Human Services. These professionals may serve special populations:

Certified Social Workers – C.S.W.; Bachelor’s level social workers

School Psychologists & School Counselors – May have a certification, but often are not licensed; Specialize in children’s issues; Minimum of Masters Degree required.

¹ Available at: <https://dhhs.ne.gov/licensure/pages/mental-health-and-social-work-practice.aspx>

Appendix C-5: Training Chart¹

Different forms of early intervention require different sets of skills, training, and background knowledge. Behavioral health practitioners are key professionals in this respect. In addition, many early intervention and follow-up activities may be delivered to trauma survivors by individuals who are specifically pre-trained in early post-disaster intervention such as psychological first aid. These individuals may include:

- Community volunteers
- Disaster responders
- Faith Leaders
- Medical professionals, including primary care practitioners, pediatricians, and family practice doctors
- Behavioral health community responders
- School personnel
- Students in training to be professional behavioral health practitioners

It is recommended that interested individuals who are not licensed behavioral health practitioners complete the Nebraska course in Psychological First Aid. Individuals who complete this training and any other required screening may be listed in a database of potential responders maintained by Regional Behavioral Health Authorities.

Advanced behavioral health disaster response training is recommended for licensed/certified behavioral health professionals participating in the disaster response. Currently accepted advanced training is CBT for Post-Disaster Distress, and advanced disaster mental health trainings offered by the American Red Cross.

The chart on the next two pages outlines recommended training for disaster response personnel. This chart is consistent with recommendations from the National Center for Post-Traumatic Stress Disorder. Many sections of the chart have been left blank, either because there is currently no consensus on best practices and training in these areas, and/or no formal training is currently available.

¹ Young, B.H., Ford, J.D., Ruzek, J.I., Friedman, M.J., & Gusman, F.D. (2000). *Disaster Mental Health Services: A Guidebook for Clinicians and Administrators*. Menlo Park, CA: National Center for Post-Traumatic Stress Disorder, Department of Veterans Affairs. Available via website: <http://www.ncptsd.org/publications/disaster/index.html>

Recommended Training/Experience of Disaster Behavioral Health Responders by Disaster Phase

	Emergency Phase	Early Post-Impact Phase	To Supervise	Restorative/ Recovery Phase
Professional Behavioral Health Practitioners				
Primary Care Physicians, Family Practitioners	<p>1. <u>General Introduction to Disaster (ARC)</u> -Phases of disaster -Introduction to incident command structure & terminology</p> <p>2. <u>Introduction to Disaster Mental Health (ARC)</u> -Scope of practice possible in disaster</p> <p>AND/OR</p> <p>2. <u>Psychological First Aid Training (Nebraska model)</u> -Disaster behavioral health response skill development</p>	<p>Same training as for Emergency Phase</p> <p>Some kind of optional training would be nice</p>	<p>Advanced Disaster Behavioral Health training through ARC</p> <p>Supervision experience in their field</p> <p>Some disaster experience</p> <p>Some degree of maturity</p>	<p>CBT for Post-Disaster Distress</p>
Physician Extenders (APRN, PA)				
Psychiatrists (including Residents)				
Certified Psychiatric RN				
Licensed Psychologists				
Licensed Mental Health Professionals (Counselors, Social Workers)				
Certified Mental Health-Related Professionals (School Psychologists and Counselors)				
Provisionally licensed psychologists (includes psychology graduate students)				
Provisionally licensed Mental Health Professionals (includes students in training)				

Appendix C-5: Training Chart

	Emergency Phase	Early Post-Impact Phase	To Supervise	Restorative/ Recovery Phase
Faith leaders				
Certified Pastoral Counselors			Same as for Professional Behavioral Health Practitioners	
Faith leaders				
Community Responders/Natural Helpers				
Certified Alcohol & Drug Abuse Counselor (CADAC)	1. <u>General Introduction to Disaster (ARC)</u> -Phases of disaster -Introduction to incident command structure & terminology		Community responders are not recommended for supervisory roles in the behavioral health response to disaster	
Provisional CADAC	2. <u>Psychological First Aid Training (Nebraska model)</u> -Disaster behavioral health response skill development			
Non-licensed behavioral health professionals (faculty, management)				
Indigenous workers/ Behavioral Health Outreach Workers				
Members of other volunteer responder organizations				
CISM Peers are not included in this table – They may be busy with primary first response activities, or engaged in delivery of CISM services. They are already trained under the CISM program.				

Appendix C-6: Guidelines for Responders Working through Interpreters¹

These suggestions can help facilitate interaction, help the person feel more comfortable, and make the interpreter's job somewhat easier.

1. Allow extra time because everything has to be said at least twice.
2. Use trained bilingual/bicultural interpreters whenever possible.
3. Never use children as interpreters. Most persons will not discuss problems of a personal nature in front of their children, interpreting serious problems may traumatize children, and in many cultures using the child to interpret will upset the family's social order.
4. Face the person directly and speak directly to him or her.
5. Watch the person (not the interpreter) during interpretation.
6. Speak slowly and clearly. Don't raise your voice or shout.
7. Sentence by sentence interpretation works best.
8. Remember that the time needed for the interpreter to interpret may be much longer than it took you to say something in English.
9. Allow the interpreter to ask open-ended questions if needed to clarify what the person says.
10. Use simple language and straightforward sentences. Avoid metaphors, slang/jargon.
11. Observe and evaluate what is going on before interrupting the interpreter, i.e., if the interpreter is taking too long to interpret a simple sentence or if the interpreter – outside his role – is having a conversation with the person, or there are no words in the target language to express what the provider said.
12. Explain all medical terms in simple language, especially if the person/interpreter is not knowledgeable about western medicine.
13. Always allow time for persons to ask questions and seek clarifications.
14. Question the interpreter if he or she seems to answer for the person.
15. Learn some basic words and phrases in the person's language.
16. Always ask the person to repeat instructions to you to be certain they have been properly interpreted and understood.
17. Remember that some persons who require an interpreter may actually understand English quite well. Any comments you make to other providers or to the interpreter may be understood by the person.
18. Document in the progress notes the name of the interpreter who interpreted for the person.
19. Before meeting with the person, the provider should give the interpreter a brief summary about the person, and set the goals and procedures for these sessions.

¹ Center for Multicultural and Multilingual Mental Health Services.