NBHP

Network of Behavioral Health Providers

The Disaster Behavioral Health Initiative

Final Report

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Special thanks to the Houston Endowment for its generous support of the Disaster Behavioral Health Initiative.

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INTRODUCTION AND INITIATIVE OVERVIEW

Established in 2004, the Network of Behavioral Health Providers (NBHP) is a collaborative of the CEOs and executives of 45 mental health and substance use disorder service providers in the greater Houston area. NBHP provides a forum for the leadership of these behavioral health service providers to work together on issues of common concern, promote the advancement of effective behavioral health services, and advocate for people in need of resources. The Disaster Behavioral Health Initiative (DBHI) is a project of NBHP, borne out of its experiences during Hurricane Harvey.

Few Houstonians will ever forget August 27, 2017 and the subsequent days when Hurricane Harvey mercilessly lashed the Gulf Coast. Over 50 inches of rain were dumped across the region, immediately changing lives for thousands of residents.

As the scope of Hurricane Harvey's effects on the region were only just beginning to be known, the City of Houston Mayor's Office contacted NBHP for assistance in meeting the urgent need for mental health staff at the George R. Brown Convention Center (GRB), which was just opening. More than 10,000 people were sheltering at the GRB at the height of its operation.

NBHP had not acted previously as a collective in response to a disaster. The facilities of several NBHP members had been damaged in the storm, and many were working diligently to find ways to best serve their patients and clients. However, members whose organizations were less directly affected began arriving at GRB soon after the shelter opened to help assess needs and provide basic mental health triage for survivors.

NBHP members worked in the command center of the shelter and made calls for mental health volunteers through the NBHP member network, organically leading to a volunteer coordination effort. Roughly 300 volunteers made at least 2,000 meaningful contacts with survivors during the 12 days of formal NBHP volunteer coordination. NBHP members also provided robust psychiatric services and crisis intervention assistance at the GRB as part of their organizational mandates and, crucially, on an almost entirely uncompensated basis.

Just as important as the direct service provided by NBHP on the floor of the GRB was the coordination taking place among NBHP members addressing the behavioral health needs of the entire region. The executive leadership of member institutions were in near-constant contact throughout the crisis, communicating needs, identifying resources, and coordinating delivery of resources. This process of coordinated leadership throughout the crisis naturally led into crisp, detailed collective analysis of what worked, what didn't, and what systemic gaps in disaster response needed to be addressed. An initial after-action report led to the creation of the disaster behavioral health workgroup.

Following these efforts, NBHP requested and received a grant from the Houston Endowment to create DBHI and improve Houston/Harris County's disaster planning to ensure the strongest behavioral health response for those affected by a major disaster. Sean Fitzpatrick, CEO of The Jung Center, and Sue Levin, Executive Director of HGI Counseling, served as DBHI co-chairs.

In the first year of work, the Initiative largely focused upon the tools that were needed among its membership and the broader behavioral health community in order to effectively participate in emergency response and recovery efforts. NBHP members polled their staffs and provided data on mental health and substance use disorder issues that behavioral health professionals were seeing post-Harvey. That information was compiled on three different occasions (November 2, 2017, February 16, 2018, and October 15, 2018) and shared with the Houston Endowment and the Kinder Institute at Rice University. The data subsequently was shared with the Greater Houston Community Foundation's Emergency Response Fund Advisory Board.

Through meetings with the City of Houston Health Department and The Harris Center for Mental Health & IDD, it became apparent that a private entity like NBHP likely would not be called upon again to take leadership in organizing such a substantive behavioral health response in a disaster. What NBHP would be uniquely positioned to do, however, is provide input to future leadership regarding how to organize and implement a behavioral health volunteer component. The NBHP leadership team at the GRB identified multiple problem situations, including: significant time being wasted because protocols were not in place; unreliable communication that led to volunteers being turned away when there was actual need inside; and volunteers not being sufficiently oriented in order to be able to deliver the most effective response.

As a result, NBHP made the decision to create a training video for emergency shelter behavioral health volunteers. While based upon NBHP's specific experience with hurricane relief efforts in Houston, the film was scripted to be broad in scope so that it could be used in any community in any situation in which emergency shelters are opened.

Key components of the video included: an introduction to shelter functioning; explaining the needs of disaster survivors in a shelter; an overview of Psychological First Aid; delineating the roles of volunteers, including survivor engagement, triage and support and shift leadership; ensuring self-care for shelter volunteers; and special issues such as addressing chronic homelessness and acute traumatic responses. The video currently is available on the NBHP website at https://www.nbhp.org/.

In the second year, DBHI broadened its efforts to include collaborations with organizations beyond its membership, including emergency first responders and other groups that provide emergency response and recovery services. This broad array of community and governmental stakeholders was convened to review current disaster behavioral health planning in Houston/Harris County and come to consensus on recommendations for improvement. Participants included representatives from the Harris County Office of Homeland Security and

Emergency Management, Harris County Public Health, City of Houston Office of Emergency Management, City of Houston Health Department, and a number of other behavioral health and other community organizations. A full list of the participating organizations can be found in Appendix A.

The workgroup group first convened on June 24, 2019 and approved a plan for executing the work. The workplan included monthly meetings, a full review of the key city and county annexes that govern disaster response and recovery efforts, and the development of a survey to gauge disaster behavioral health gaps and needs.

KEY FINDINGS

When addressing disasters on any scale, it is important to be familiar with the Federal Emergency Management Agency's (FEMA's) National Incident Management System (NIMS) framework. "NIMS guides all levels of government, nongovernmental organizations (NGO), and the private sector to work together to prevent, protect against, mitigate, respond to, and recover from incidents."[1] NIMS provides a common framework and vocabulary that facilitates the collaboration and cooperation of the entities involved in work ranging from small occurrences to larger scale disasters.

NIMS also provides the basis upon which local jurisdictions can develop their Emergency Operations Plans (EOPs). The EOP "contains basic information that provides a framework for response to any disaster and help save lives, protect property and avoid catastrophic consequences."[2] The Texas Division of Emergency Management (TDEM) details 10 elements of strong EOPs, including how resources should be deployed in order to protect both public health and safety, the responsibilities of entities ranging from elected officials to agencies, and how to facilitate cooperation among community organizations such as volunteer groups, schools and hospitals.[3] The State EOP consists of a basic plan and three types of annexes, which are separate documents that relate to the basic plan and govern the handling of federally and non-federally coordinated functions and hazards. Texas State law requires that every political subdivision maintain an emergency plan that aligns with the framework laid out by TDEM.

As DBHI focused on the greater Houston area, the group focused its review of the Harris County and City of Houston EOPs, with a special emphasis on the annexes that oversee Public Health and Medical Services (Annex H), Human Services (Annex O), and Shelter and Mass Care (Annex C).

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[1] FEMA Website (2019). National Incident Management System. Retrieved from: https://www.fema.gov/national-incident-management-system

[2] Texas Division of Emergency Management Preparedness Section. (2017) *Emergency Management Planner's Guide and Project Plan: The Planner's Toolkit*. Retrieved from: https://tdem.texas.gov/form-library/#1566401508452-e0737595-a9cf

[3] Texas Division of Emergency Management Preparedness Section. (2017) *Emergency Management Planner's Guide and Project Plan: The Planner's Toolkit*. Retrieved from: https://tdem.texas.gov/form-library/#1566401508452-e0737595-a9cf

Harris County and City of Houston Annexes

Annex O

Annex O is the annex related to the provision of human services such as food, clothing and disaster mental health services to survivors. It is important to note that disaster mental health services are distinct from traditional therapy services. Disaster mental health services are a range of services—such as Psychological First Aid (PFA), crisis counseling, Critical Incident Stress Management (CISM), and victim services—that include the provision of assessments and short-, not long-term, interventions.

Harris County Annex O was last adopted in November 2018. The Executive Director of the Harris County Community Services Department (HCCSD) is the Human Services Officer tasked with coordinating the provision of human services after a disaster, including Disaster Casework Services. From a prevention vantage point, HCCSD is responsible for identifying individuals who may need additional assistance in the event of an emergency. This may include seniors and those with physical or mental impairments. Currently, the identification process primarily targets HCCSD's current social service clients.

Under Harris County Annex O, The Harris Center for Mental Health & IDD (The Harris Center) is responsible for identifying, training and deploying volunteers to deliver PFA services. The Harris Center is responsible for maintaining this list, which it does through a City of Houston Health Department-maintained database of over 150 volunteers. This database will be discussed in further detail later.

Crisis Counseling, victim's services, and CISM—which provides volunteer peer and behavioral health support to emergency service personnel who have experienced critical incidents—fall under the State Crisis Consortium, which is led by Texas Health and Human Services. The Harris Center is designated as the "primary liaison with [Texas Health and Human Services] in coordinating county-wide behavioral health disaster services" and may request additional state services through the Harris County Office of Homeland Security and Emergency Management if current available services are inadequate.[4]

The City of Houston Annex O was last adopted in July 2018. The Director of the City of Houston Health Department (HHD) is designated as the Human Services Officer with the responsibility of coordinating human services for disaster survivors in the city. Like HCCSD for Harris County, HHD also is responsible for identifying vulnerable populations who may need additional assistance in an emergency.

Unlike Harris County, however, The Harris Center is not designated as the primary entity responsible for the coordination of disaster behavioral health services for the City of Houston.

[4] Harris County. Annex O: Human Services (2018). Page O-11

HHD is responsible for coordinating crisis mental health services for survivors through a volunteer network. While The Harris Center is not placed in a coordinating role for the City of Houston, if city resources are inadequate to meet the need for disaster behavioral health services, The Harris Center may be called upon to provide crisis counseling services, as well as mental health referrals to victims and first responders.

Key issues that arose in workgroup discussions of both Harris County and City of Houston Annex O were the identification of vulnerable populations that need assistance in an emergency, the current operation of the Psychological First Aid database, and the role of The Harris Center in coordinating county-wide—though not city-wide—disaster behavioral health services.

There are several populations that may need Functional Needs Support Services (FNSS), or additional accommodations to promote independence, in the case of a disaster. While many may consider FNSS to refer specifically to those with physical limitations, cognitive and other mental impairments also may require such support services. The current efforts by Human Services Officers to identify these populations—which include outreach to current clients and long-term care facilities like nursing homes—may inadvertently miss some of these individuals if they do not include outreach to entities with high concentrations of those with mental disabilities, such as inpatient psychiatric hospitals and boarding homes. The workgroup members agreed that identification efforts should be expanded to ensure inclusion of this population.

The PFA database is considered a joint venture between the City of Houston Health Department and The Harris Center for Mental Health & IDD. The current database has over 150 registered volunteers, but it is primarily centered in Harris County, so in the event of a major disaster like Hurricane Harvey, many of the volunteers potentially could be in need of services themselves. There also is not a consistent effort or partnership with other behavioral health organizations to recruit new volunteers and ensure engagement with these volunteers in the months preceding a disaster to ensure they are adequately prepared to be deployed.

Finally, there was significant discussion regarding the potential to expand The Harris Center's mental health coordination role beyond Harris County to include the City of Houston. Texas Health and Human Services, which oversees the statewide public mental health system, has recognized the benefit of "regionalizing" disaster responses. The state's 39 local mental health authorities also communicate statewide during times of disaster in order to determine if they are able to deploy disaster mental health services to another community in need. With its own large supply of mental health providers and volunteers and the potential to tap into statewide resources, The Harris Center is uniquely positioned to be able to coordinate disaster behavioral health services for both Harris County and the City of Houston.

Annex H

Annex H is the annex used to coordinate public health and medical resources necessary in a disaster. It covers a full-range of health-related services, including mobile medical services,

emergency medical services and mortuary services.

Harris County Annex H was last adopted in July 2018. Under Harris County Annex H, the designated Local Health Authority is Harris County Public Health. It is responsible for "the establishment of a health and medical command control" and overseeing a broad array of issues, including environmental public health, mosquito and disease control and veterinary public health.[5]

Harris Health System is designated as the lead agency for both outpatient and inpatient medical services, as well as emergency services, including psychiatric care. The Harris Center was reaffirmed as the lead agency for providing disaster mental health services.

There were several different disaster medical services that were of interest to the workgroup: the Catastrophic Medical Operations Center (CMOC), Medical Incident Support Teams (MIST) and Mobile Medical Units (MMU). CMOC is the emergency health response arm of the South East Texas Regional Advisory Council (SETRAC). SETRAC is a coalition of providers, responders, and other healthcare related partners united together to save lives and improve health outcomes through research, education and collaboration in the Gulf Coast region. It counts among its members all of the major hospital systems in the region, emergency service providers, and a number of freestanding psychiatric hospitals (standalone behavioral health hospitals that provide no medical/surgical services).

CMOC acts as the regional coordinating body for medical needs in local, state and national disasters. A MIST is a team of Registered Nurses and Paramedics that serve as a liaison between medical jurisdictions and CMOC. An MMU is a mobile team that includes personnel ranging from doctors and nurses to pharmacists and techs that can provide services ranging from "medical workups and examinations, nursing care for specialized populations…and administration of intravenous medications and drips."[6]

Under Harris County Annex H, CMOC is responsible for coordination of medical activities, including coordinating medical teams such as MMU, ensuring the deployment of necessary medical supplies, assisting with facility evacuation, and providing the system for tracking patients.

City of Houston Annex H was adopted in September 2017. Under this Annex, the City of Houston Health Department is designated as the Health Authority and is charged with disease control, illness prevention, environmental protection and coordination with hospitals and other entities for medical service delivery. The Annex leaves open the possibility that CMOC also could be designated as the Health Authority, when appropriate.

[5] Harris County. Annex H: Public Health and Medical Services (2018). Page H-8
[6] Harris County Annex H: Public Health and Medical Services (2018). Page H-5

The Health Authority must work closely with CMOC in order to ensure coordination and support for the local medical infrastructure. The Annex also provides more details regarding tracking and reporting responsibilities of CMOC. During disasters, CMOC is responsible for monitoring healthcare facility reporting into WebEOC, the electronic crisis management system, and EMReosurce, the patient tracking system.

The Annex also addressed identification of the vulnerable populations that may register through the State of Texas Emergency Assistance Registry (STEAR). STEAR is a registry maintained by TDEM targeting individuals with Access and Functional Needs. Registrants may include: "people…who have limited mobility, people who have communication barriers, people who require additional medical assistance during an emergency event, people who require transportation assistance, and people who require personal care assistance."[7] Individuals with these needs are encouraged to register in STEAR. While locally STEAR is only activated for mandatory evacuations, it can provide local planners with a picture of community needs as they develop emergency plans.

The key issues the workgroup discussed relating to the Harris County and City of Houston Annex H were the participation of freestanding psychiatric hospitals in SETRAC in order to be included in CMOC activities, and the operation of the STEAR program.

CMOC relies upon the information provided by SETRAC health care providers and emergency medical personnel in order to report critical infrastructure and patient information. Conversely, SETRAC membership offers providers access to these databases. The information shared through these systems can only be strengthened by the inclusion of all freestanding psychiatric hospitals.

The other issue discussed related to this annex is how information is communicated locally to vulnerable populations who should register with STEAR. Both the Harris County Office of Homeland Security and Emergency Management and City of Houston Office of Emergency Management are responsible for outreach efforts related to STEAR registration. This usually includes reaching out to hospitals, nursing homes and other long-term care facilities.

A group that is not a consistent target of these outreach efforts are those who are clients of behavioral health providers—both outpatient and inpatient—and boarding homes. While a mental illness or other mental disability alone may not make a person the best candidate for STEAR registration, those who have dual medical needs and other functional impairments would most likely benefit. Many of these individuals can be found in psychiatric hospitals, as well as in boarding homes, whose residents are primarily those with mental and physical disabilities. While Harris County does not track boarding homes in unincorporated areas, the City of Houston has a list of more than 150 facilities that have registered or are seeking registration through the Houston Police Department and can be reached with information on STEAR.

[7] Texas Division of Emergency Management Website. State of Texas Emergency Assistance Registry (2019). Retrieved from: https://tdem.texas.gov/stear/

Annex C

Annex C oversees shelter and mass care processes necessary to maintain public safety during a disaster. In federally declared disasters, the American Red Cross (ARC) and FEMA serve as the co-leads for mass care.

Under Harris County Annex C, ARC plays a similar support role for Harris County's shelter and mass care operations. ARC identifies potential shelters that meet national standards and adhere to requirements set forth under the Americans with Disabilities Act and FEMA Functional Needs Support Services. ARC maintains a list of eligible shelters through the National Shelter System database.

In official Harris County shelter operations, ARC and other partners may be asked to register and track shelter occupants and provide basic needs such as food and first aid services. Harris County may provide security, fires inspections and medical support. The Harris Center is tasked with coordinating disaster behavioral health services and providing case management, as appropriate for shelter occupants. When available, the American Red Cross also can provide behavioral health services as part of shelter operations.

If ARC is at capacity or unable to provide these services, Harris County partners with other organizations in order to provide these services. Harris County is not responsible for services provided in any of the emergency shelters opened by independent groups but will assist with service coordination when possible.

Under the City of Houston Annex C, the American Red Cross also provides support to the City in setting up and maintaining official City shelters. For efficiency, the annex notes the preference for maintaining a small number of large shelters rather than several smaller shelters.

The City of Houston also may assume responsibility for security, fire inspections, and public health services. The Houston Fire Department/EMS and City of Houston Health Department are responsible for coordinating medical services, monitoring and reporting potential disease outbreaks, and supporting ARC in the provision of emergency and health-related matters. HHD also is given the responsibility of coordinating crisis counseling at the city shelters.

As with Harris County, the City of Houston will work with other shelter partners if ARC is unavailable to provide services but will not assume responsibility for unofficial shelters opened by independent organizations.

Discussions about Annex C centered around the official responsibility for providing disaster behavioral health services, particularly in City of Houston shelters. While ARC has behavioral health services available, they do not always have the capacity to provide the full coverage of needed services. Although HHD maintains the Psychological First Aid database, it does not have an internal team of mental health professionals to deploy. However, The Harris Center, which

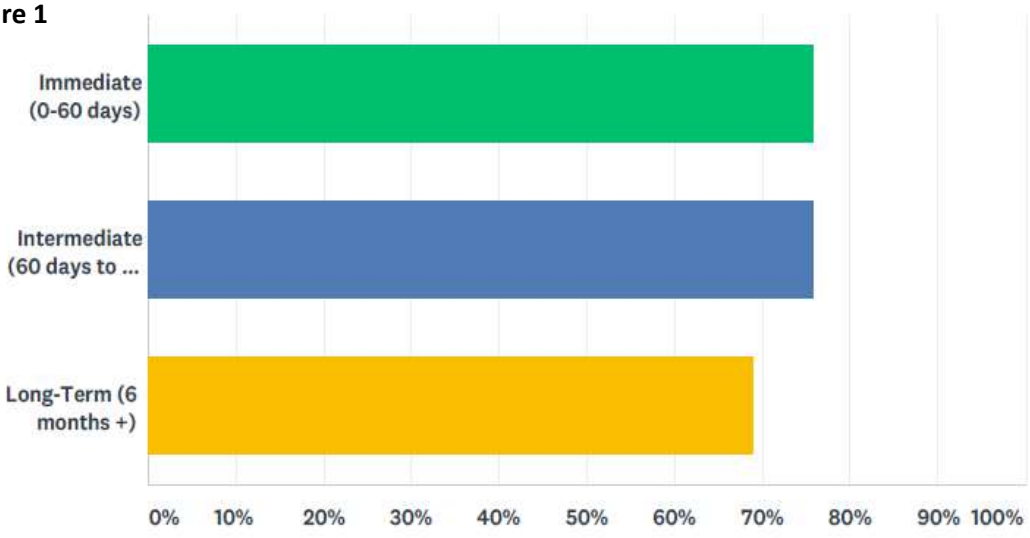
coordinates disaster behavioral health services for County-operated shelters, may have the capacity to deploy to City of Houston shelters, as well as coordinate with the State and other local mental health authorities to deploy services as possible.

Community Survey

The Disaster Behavioral Health Initiative community survey was developed to assess the level of disaster behavioral health services provided in the local community and to gauge current attitudes regarding gaps in disaster behavioral health response and recovery efforts. Over 30 individuals representing more than 25 organizations responded to the survey. A full list of organizations can be found in Appendix B.

Among the organizations who were surveyed, 82% provided behavioral health (mental health and/or substance use disorder) services to individuals during and in the aftermath of a disaster, with periods ranging from immediate (0-60 days) to intermediate (60 days to 6 months) to long-term (more than 6 months). As you can see in Figure 1, most organizations provided services during the immediate and short-term phases of a disaster. However, it was encouraging to see just a slight drop-off in service provision as things shifted to long-term recovery efforts.

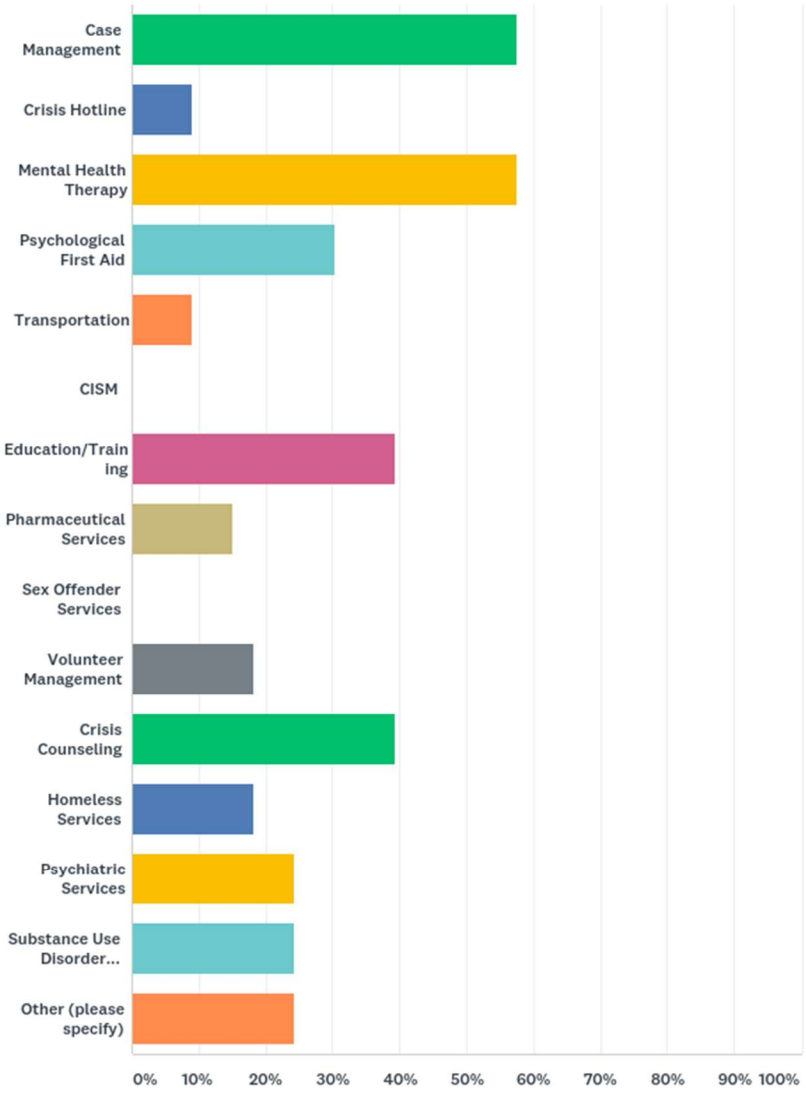
Figure 1



As illustrated in Figure 2, of the organizations that provided any services, case management, mental health therapy, education and training, and crisis counseling were among those most likely to be provided. In addition, about 70% of the providers rendered services to those affected by the disaster who were not current clients, and about half of providers expanded their capacity outside of their regular service areas.

Gaps addressed by members in the survey included: lack of communication and information sharing among behavioral health providers; a lack of cultural competency/effectiveness in service delivery; a lack of access to medications, particularly in the shelters; poor behavioral health volunteer coordination, and a lack of funding for continued efforts that lead to long-term recovery.

Figure 2



Lessons from Tropical Storm Imelda

On September 19, 2019, Tropical Storm Imelda swept through the Gulf Coast region and dropped a record 9.18 inches of rain across Houston in one day.[8] Many of the DBHI partners were engaged in immediate response efforts for the hundreds of individuals who were flooded on roadways or displaced from their homes.

In coordination with the City of Houston, the American Red Cross opened up two shelters. NBHP again was called upon to assist with the behavioral health staffing at the shelters and ultimately was able to connect ARC with volunteers from The Harris Center and Catholic Charities. The swiftness with which The Harris Center was able to mobilize its Mobile Crisis Outreach Team to respond to the shelters underscored the important disaster behavioral health coordinating role that it could provide across Houston/Harris County.

At the DBHI workgroup meeting following Imelda, the group debriefed and shared some of the gaps they witnessed during the disaster. These included:

- A lack of cultural and linguistic competence/language translation services for people who needed assistance in the shelters. Several participants who worked in the shelters cited this as an issue.

- Lack of clarity around who is primarily responsible for addressing the mental health needs of the homeless population in the shelters. In particular, there was confusion regarding the role of the Houston Police Department Homeless Outreach Team vs. behavioral health clinicians.

- Ensuring that local authorities like the City of Houston open accompanying annexes (i.e. Annex O and Annex H) when Annex C is opened. These annexes did not open simultaneously during Imelda.

- Engaging volunteers registered in the Psychological First Aid and other relevant volunteer databases earlier in the process to ensure a more robust volunteer response. Very few of the registered volunteers responded to the call for action during Imelda.

DISASTER BEHAVIORAL HEALTH RECOMMENDATIONS

As a result of the meeting discussions, review of relevant annexes, survey responses, lessons from Imelda and other research, the initiative participants agreed upon 12 recommendations aimed at governmental entities, behavioral providers, and other entities that would improve

[8] Time Magazine. *5 Killed, Hundreds Rescued in Southeastern Texas After Imelda Dumps 40 Inches of Rain*, September 19, 2019. Retrieved from: https://time.com/5681123/imelda-texas-flooding/

disaster behavioral health planning, response and recovery efforts across the region. These recommendations are detailed below.

Recommendations for disaster response organizations:

1. **Develop and implement protocols for burnout prevention for associated staff members and volunteers.**

   Behavioral health and social service work during and following a disaster carries inherent risks for staff and volunteers, particularly if they reside in the affected areas. They may experience their own primary trauma from the disaster. When they are exposed to the traumatic narratives of those they serve, they will experience some degree of secondary traumatic stress. This can and does lead to diagnosable conditions, including acute stress disorder and post-traumatic stress disorder. It is the responsibility of all organizations involved in disaster response work to assess the behavioral health impact of the work on their staff and volunteers and to provide adequate support for them. This should include: training on identifying burnout and secondary traumatic stress; protocols for assessing the impact on providers on an ongoing basis; limits on caseloads/hours of service; support for the basic human needs of providers; and ongoing supportive services following their work, including referrals to EAPs or other clinical services as needed. NBHP members with experience in this area can assist organizations in developing these protocols.

Recommendations for local governmental entities and departments:

2. **Explore increased coordination with The Harris Center for Mental Health & IDD that could potentially lead to it assuming the role of disaster behavioral health coordinator for Houston/Harris County.**

   As previously explained, The Harris Center is the designated disaster behavioral health body for Harris County under Annex O but plays a more supporting role for the City of Houston. Because disasters that affect Harris County more often than not will affect the City of Houston and vice-versa, consolidating the disaster behavioral health functions under one entity could improve both local and state coordination and reduce duplication of efforts. The Harris Center could be an ideal disaster behavioral health service coordinator because of its current role as the local mental health authority for Houston/Harris County, its direct relationship and frequent communication with Texas Health and Human Services' disaster behavioral health services staff, and its ability to plug into available teams from the other 38 local mental health authorities. The City of Houston should explore this potential with The Harris Center to determine if this could improve our local disaster behavioral health response efforts.

3. **Include language in Harris County Annex O that references the needs for culturally competent disaster behavioral health services.**

In a region as ethnically, culturally, linguistically, religiously, etc. diverse as Houston/Harris County, it is imperative that any services—particularly behavioral health services that minister to an individual's mental, emotional and spiritual needs—provided in a disaster reflect these differences. In the City of Houston Annex O, this need is recognized by incorporating language to ensure that Psychological First Aid services that are delivered "account for cultural predispositions, traditions, values, backgrounds, and victim perceptions."[9] Harris County Annex O should be amended to reflect this recognition as well.

4. **Strengthen STEAR education and outreach efforts to include partnerships with behavioral health outpatient and inpatient providers, as well as recovery and boarding homes, as appropriate.**

   As previously explained, STEAR was designed as a registry to provide local emergency planners with information regarding various community needs and is activated only when there is a mandatory evacuation. Individuals appropriate for STEAR registration include those with disabilities and/or access and functional needs. While both the City of Houston and Harris County conduct STEAR awareness outreach to facilities such as medical/surgical hospitals and nursing homes, those efforts currently do not routinely include outreach to facilities such as freestanding psychiatric hospitals, recovery houses and boarding homes.

   Freestanding psychiatric hospitals in Houston collectively serve thousands of patients annually, many of whom have access and functional needs. Providing hospital administrators with information about STEAR to pass on to eligible clients would greatly improve local registration efforts. Boarding home outreach also is important, as the vast majority of the residents are elderly and/or have mental and/or physical impairments. Unlike Harris County, the City of Houston requires boarding home registration, which is overseen by the Houston Police Department. Currently, 38 boarding homes are registered with 122 more pending approval. The City of Houston Office of Emergency Management should partner with the Houston Police Department to ensure that information regarding STEAR is communicated to these facilities.

5. **Work with community organizations serving vulnerable populations, including those with behavioral health issues, to identify groups that may require additional assistance during an emergency.**

   Under Annex O, during the Prevention phase of Emergency Management, The Harris County Community Services Department and City of Houston Health Department are charged with identifying populations that may need assistance during a disaster for Harris

[9] City of Houston Annex O: Human Services (2018), Page O-7

County and the City of Houston, respectively. Each has its own process for identifying these populations, whether through an assessment of their own clients or through relying upon STEAR registration. In order to ensure that they are identifying a broader scope of these individuals, both departments should partner with community organizations such as hospitals (including psychiatric), nursing homes and outpatient behavioral health providers who can identify potential clients.

6. **Expand recruitment, registration and volunteer engagement for the current Psychological First Aid (PFA) database.**

   The current PFA database, maintained by the City of Houston Health Department in conjunction with The Harris Center, currently has 153 licensed and unlicensed volunteers. In a flood-prone area the size of Houston/Harris County—and with considerations regarding burnout prevention among a limited number of volunteers—the database ideally should have several hundred more volunteers. In order to increase the number of volunteers, the City of Houston Health Department and The Harris Center should partner with local collaboratives such as NBHP to promote both in-person and online PFA training and registration on a semi-annual or quarterly basis. Online training is available at https://learn.nctsn.org/.

   In addition, once individuals have registered in the database, communication must be continuous. Tropical Storm Imelda provided a cautionary tale of what can happen to a volunteer base after a prolonged period on non-engagement. In order to avoid such a situation in the future, the PFA database should be updated frequently, and administrators should engage volunteers through periodic updates and emergency preparation notices, particularly in the months preceding Hurricane Season.

7. **Ensure that Psychological First Aid volunteers receive proper training, including basic NIMS training.**

   Traditional behavioral health training does not prepare an individual to manage the many demands of a disaster-affected population, especially when they are displaced to a shelter. Even very experienced clinicians can find working in a shelter to be a very challenging environment, and unprepared volunteers can be counterproductive to response efforts. Disaster response training, such as that offered through NBHP, can help to orient volunteers to working in a shelter. In addition, PFA volunteers should be required to take basic NIMS trainings—particularly **ICS-100: Introduction to the Incident Command System** and **IS-700: National Incident Management System, An Introduction—**so they can understand the disaster command structure and their role within overall response and recovery efforts. These trainings, as well as several others, can be accessed from FEMA's training website at https://training.fema.gov/nims/.

8. **In any Annex, change any reference to "victim" to "survivor."**

For decades the prevalent word used to describe those affected by a disaster was "victim." More recently, however, efforts have sought to move away from the helplessness and powerlessness inherent in "victim" to the hope and empowerment inherent in "survivor." This distinction becomes increasingly important considering the long road to recovery that lies ahead for many of those affected by a disaster. In line with this movement, both the Houston and Harris County basic plans and accompanying annexes should strive to replace any instances of the word victim with survivor (except when "victim" refers to programs such as the Crime Victims Compensation Fund).

Recommendations for Local Behavioral Health Organizations:

9. **Develop or adapt a guide to train response and recovery personnel on effectively communicating with and serving culturally diverse populations.**

   Promoting the psychological resilience of communities is dependent upon individuals and families understanding how they experience traumatic stress and developing coping mechanisms within their cultural beliefs. Afterall, "culture is one medium through which people develop resilience that is needed to overcome adversity." [10] It is imperative that individuals and organizations involved in disaster response and recovery efforts in Houston/Harris County are trained to provide culturally and linguistically competent services in order to promote community resilience. A local organization should adapt a guide to train emergency response and recovery personnel on how to effectively communicate with this region's diverse population to ensure that local disaster relief efforts are effective for all communities that are served.

10. **Educate clients regarding the need for a 7-day supply of medication in the event of a disaster.**

    NBHP volunteers who served at shelters during Hurricane Harvey, as well as respondents to the community survey, cited survivors' lack of access to psychotropic medications and/or meds for Medication Assisted Treatment as a gap in shelter operations. Behavioral health and other healthcare providers serving patients with these needs should educate their clients on how they can prepare for various disasters, including maintaining at least a 7-day supply of medications at all times. Providers seeking more information on the steps they can follow when educating the client can be found in the Substance Abuse and Mental Health Services Administration's Disaster Planning Handbook.

[10] U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration - Center for Mental Health Services (2003). Developing Cultural Competence in Disaster Mental Health Programs: Guiding Principles and Recommendations. Retrieved from: https://store.samhsa.gov/system/files/sma11-disaster-01.pdf

11. Participate in the greater Houston area Long-Term Recovery Committee and Voluntary Organizations Active in a Disaster.

The Texas Gulf Coast Regional VOAD (TGCRVOAD) is a coalition of independent voluntary organizations dedicated to providing humanitarian services during one or more phases of disaster. Each member works closely with the TGCRVOAD and other organizations to improve services and eliminate unnecessary duplication. The ultimate goal is to bring together voluntary organizations active in a disaster to foster a more efficient and effective response to people affected by disaster.

The Harris County Long Term Recovery Committee (LTRC) is a collaborative network that works with the residents of Harris County to ensure an efficient recovery following a disaster. It determines the long-term recovery efforts in Harris County following each unique disaster and outlines the Post Disaster Recovery Plan and plan of action for that specific disaster. Given the resources available and the fact that long-term recovery can extend for months, and oftentimes years following a disaster, the LTRC works to prioritize which needs can be addressed.

In order to ensure a more coordinated disaster behavioral health response for the community, local behavioral health providers that serve any populations that have been affected by a major disaster should participate in TGCRVOAD and/or the LTRC.

12. Join SETRAC and the Regional Healthcare Preparedness Coalition to ensure connection with important disaster preparedness and response resources.

As the regional health and emergency medical coordinator, SETRAC plays an important role for healthcare providers. Their clinical responsibilities range from improving clinical outcomes to developing required guidance. In its role as Catastrophic Medical Operations Center (CMOC), it coordinates medical resources and serves as the healthcare safety net during disasters when facility emergency plans cannot be executed. The duties include coordinating medical transportation, evaluating health care infrastructure, and patient tracking, among other things. In order to do this, CMOC uses three major communication systems in which all SETRAC member organizations participate: 1) EMResource, which provides notifications and bed and facility reports; 2) EMTrack, which provides patient tracking and notifications; and 3) WebEOC, which provides situational awareness and allows members to make resource request.

As previously mentioned, all major regional health systems currently are members of SETRAC, though there are several freestanding psychiatric hospitals that are not. These members should seek to join and take advantage of the many benefits SETRAC has to offer, particularly in the area of disaster planning and response.

Cross-jurisdictional Recommendation:

13. **Routinely engage with one another and network, at least on a quarterly basis.**

    Having a ready volunteer workforce to assist in the execution of the local disaster behavioral health response is critical for a community like Houston/Harris County, and continued engagement is necessary to maintain a vibrant and vital resource. Therefore, it is recommended that personnel from local governmental offices and departments, volunteer organizations active in a disaster, behavioral health providers and other appropriate community stakeholders convene at least on a quarterly basis to network and learn more about one another, share information, and build trust in order to facilitate smooth operations in collaborative response and recovery efforts.

State of Texas Recommendation:

14. **Reconfigure the Mobile Medical Units (MMUs) to include behavioral health professionals, as necessary.**

    As previously mentioned, MMUs can provide an important source of medical support for disaster survivors. In particular, an MMU, which includes physicians, nurses, paramedics, pharmacists and techs, can provide acute or emergent care services in lieu of hospital service. Current teams, however, do not routinely include licensed behavioral health professionals, such as psychiatrists, psychiatric nurses, Licensed Professional Counselors and social workers. Due to the traumatic nature of disasters and the likelihood that individuals in need of these medical services also may be experiencing some type of behavioral health issue or emergency, the State should ensure that MMUs are expanded to include one or more behavioral health professionals.

CONCLUSION

NBHP is pleased to have been able to convene so many important stakeholders to review this region's behavioral health response and recovery efforts. The fact that so many organizations voluntarily participated and remained engaged throughout this process is a testament to the acknowledgment that Houston/Harris County can and should have the strongest response possible for people with behavioral health challenges.

NBHP looks forward to sharing these recommendations with relevant decisionmakers at both the local and state levels. It is our hope that we will be able to implement and operationalize a number of these recommendations so that our region can be fully prepared for whatever disaster may arise in the future.

APPENDICES

A. List of DBHI Workgroup Participants

B. List of DBHI Community Survey Participants

APPENDIX A—DBHI Workgroup Participants

The Alliance for Multicultural Community Services

American Red Cross

Avenue 360 Health & Wellness

BakerRipley

Baylor College of Medicine

Catholic Charities

Children's Environmental Health Initiative

City of Houston Health Department

City of Houston Office of Emergency Management

The Council on Recovery

Houston Fire Department--EMS

Endeavors - Houston Disaster Case Management

The Harris Center for Mental Health & IDD

Harris County Office of Homeland Security and Emergency Management

Harris County Public Health

Harris County Community Services Department

Healthcare for the Homeless--Houston

HGI Counseling

Houston Police Department

Jewish Family Service

The Jung Center

City of Houston Mayor's Office of Public Safety & Homeland Security

Mental Health America of Greater Houston

The Salvation Army of Greater Houston

SEARCH Homeless Services

Southeast Texas Regional Advisory Council

SUN Behavioral Houston

United Way of Greater Houston

APPENDIX A—DBHI Community Survey Participants

The Alliance for Multicultural Community Services

Avenue 360 Health and Wellness

BakerRipley

Baylor and Harris Health

Cariah Organization, Inc

Cenikor Foundation

City of Houston Health Department

Communities In School

The Council on Recovery

Fifth Ward CRC (FWCRC)

The Harris Center for Mental Health & IDD

Harris County Public Health

Harvey Home Connect

Healthcare for the Homeless – Houston

Houston Area Women's Home Center

Houston Fire Department (HFD)

Houston Health Department

ICNA Relief

Jewish Family Service

The Jung Center

Legacy Community Health

Memorial Assistance Ministries

Mental Health America of Greater Houston

Red Cross

The Restoration Team

Rice University

SouthEast Texas Regional Advisory Council (SETRAC)

SUN Behavioral Houston