



DMHAS/DCF Disaster Behavioral Health Response Network

Overview

The Connecticut Departments of Mental Health and Addiction Services (DMHAS) and Children and Families (DCF), working with the University of Connecticut Health Center at the Center for Trauma Response, Recovery, and Preparedness (CTRP), have developed an organized network of behavioral health providers to respond to the mental health needs of Connecticut residents following major disasters (e.g., bioterrorism, manmade or natural disasters). The Connecticut Disaster Behavioral Health Response Network (DBHRN) consists of five regional behavioral health disaster response teams that can be deployed immediately anywhere in the state. The geographical areas covered by the teams correspond to the OPM Uniform Health Regions. These teams would respond to disasters or critical incidents when local behavioral health resources have been depleted or are overwhelmed. The goal of the regional behavioral health response teams is to provide an organized response to victims, family members, survivors, or communities affected by disasters.

Regional Response Teams

Teams are comprised of state employees (DCF and DMHAS), volunteer behavioral health professionals from the DMHAS/DCF provider community, voluntary individual behavioral health practitioners, and people representing various faith communities. Approximately, 70 percent of team members are Connecticut licensed or certified healthcare professionals. Approximately 250 Disaster Response Team members have completed specialized training and have participated in disaster drills as a prerequisite to participation in the network. Team members operate under direct supervision of DMHAS and DCF management staff and must meet annual training requirements for continued participation in the response network. The Teams work closely with American Red Cross officials, as well as federal, state, regional, and local public health, homeland security, emergency response, and public safety officials. Team operations are organized and managed in accordance with standard National Incident Management System (NIMS) and Incident Command System (ICS) protocol, and most team members have successfully completed NIMS/ICS 100, 200 and 700 level training. When on deployment, or in training, DMHAS/DCF Disaster Response Teams are recognized as Civil Preparedness Forces, under Connecticut General Statute, Title 28, Chapter 517, Sec. 28-1 (5). The teams are prepared to assist in disasters/emergencies involving:

- Mass casualties and mass mortuary operations
- Mass immunization – at Health District Point of Distribution (POD) sites
- Mass evacuation and sheltering
- Mass decontamination
- Quarantine and isolation
- Medical Surge at General Hospitals
- Family Assistance Centers operated by the American Red Cross

Interventions

The Disaster Response Teams provide interventions in three distinct phases that may be delivered at a disaster site, in an affected community, or statewide. The phases and interventions include:

Immediate Response

- Crisis Intervention, Psychological First Aid, and Crisis Ministry
- Community Outreach and Public Information
- Debriefing Services, including debriefing and support for First Responders
- Development of Specialized Disaster Resources

Recovery

- Brief Supportive Counseling
- Case Management and Advocacy
- Information Dissemination
- Screening, Assessment and Referral
- Support Groups

Future Preparedness and Mitigation

- Support for Behavioral Health Crisis Management Planning
- Specialized Training Initiatives (faith community, behavioral health professionals, culturally specific groups)
- Stress Inoculation, risk communication
- Research
- Individual, family and community preparedness (e.g., Prevention Services designed to strengthen community coping abilities and promote disaster recovery)

Team Activation and Deployment

The Governor or his designee at the Department of Emergency Management and Homeland Security (DEMHS) would activate the teams during federal or state declared emergencies. Team deployment is made only to locations and under conditions deemed safe by emergency management officials. If an emergency in which a disaster is not declared, local municipalities or emergency response systems may request assistance in order to meet the behavioral health needs of communities in local crises, when the local behavioral health assets have been depleted or are overwhelmed. In these situations, decisions regarding deployment are at the discretion of the DMHAS Commissioner or her designee.