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The Kentucky Community Crisis Response Team (KCCRT)

Standard Operating Procedure

**The World Health Organization (2006), defines a critical incident as ‘an event out of the range of normal experience; one which is sudden and unexpected, makes you lose control, involves the perception of a threat to life and can include elements of physical or emotional loss.’**

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**A Critical Incident is any event that generates such intense emotional energy that it overwhelms an individual’s or a group’s ability to cope and causes impairment in work or personal activities.**

**In simple terms, there must be a traumatic event beyond the usual experience of everyday life, and there must be a reaction to that traumatic event for it to be a “critical incident”**

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**The Department for Behavioral Health, Developmental, and Intellectual Disabilities**

**Mission Statement.** Promote health and well-being by facilitating recovery for people whose lives have been affected by mental illness and substance use; supporting people with intellectual or other developmental disabilities; and building resilience for all.

**Vision.** All Kentuckians have access to quality services and support to live full and healthy lives

**Collaboration.** We believe collaboration is essential to achieve our work.

**Choice.** We believe all people should have the fullest possible control over their own lives.

**Respect.** We believe all people are valuable and have the right to lead meaningful, productive lives.

**Equity.**We believe in equity and eradication of disparities to ensure all people have access to quality services.

**Advocacy.** We believe in supporting all people to advocate for themselves and others; diverse voices should be sought, heard, and considered in making decisions.

**Trauma-Informed & Resilience-Oriented Approaches.**We believe in trauma-informed systems that promote individual, community and organizational resilience.

**Excellence.** We believe that service is collaborative, represents consumer needs, assures optimal use of public resources, and achieves the highest possible standard.

**ORGANIZATIONAL STRUCTURE**

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The 2023 General Assembly, through the passage of House Bill 226, transferred the Office of the Kentucky Community Crisis Response Team (KCCRT) to the direction of the Department for Behavioral Health, Developmental and Intellectual Disabilities and officially dissolved the Kentucky Community Crisis Response Board (KCCRB).

**PURPOSE**

This document outlines the standard operating procedures for KCCRT. It is a living document that will be amended, adjusted, updated, and corrected based on lessons learned, evaluation, and research. The purpose of this document is not to be all-encompassing but to provide general guidance for its operation.

**THE KENTUCKY COMMUNITY CRISIS RESPONSE TEAM**

The Kentucky Community Crisis Response Team (KCCRT) is a voluntary group under the administrative authority of the Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID). KCCRT consists of trained and approved team members who provide a specific crisis response service when requested by local agencies or emergency managers. The KCCRT is comprised of specially trained volunteer members and is a formal peer-led support system and resource guide for its fellow first responders and community members. The KCCRT provides support after a critical incident or traumatic event.

**THE KCCRT LEADERSHIP**

The KCCRT is housed within the Division of Mental Health. The division director oversees the program, but the program is led by the Mental Health Preparedness, Prevention, and Promotion Branch Manager and administered through the KCCRT program administrator and other designated DBHDID staff.

**THE KCCRT ADVISORY TEAM**

The KCCRT Advisory Team is comprised of KCCRT staff and long-standing KCCRT members chosen by KCCRT staff to participate in the advisory team. The advisory team assists in driving the program forward by participating in KCCRT Advisory Team meetings to discuss the status of KCCRT and any potential changes to more adequately support KCCRT members, first responders, and communities.

The KCCRT Advisory Team will consist of a minimum of four KCCRT members with a considerable history of working in peer support and with KCCRT. KCCRT acknowledges the value these individuals bring to the team.

The Advisory Team is a volunteer role, and members should not expect, nor will they receive, compensation for acting in this capacity. If an Advisory Team member decides to revoke their membership, they may do so at any time by contacting KCCRT staff. Upon termination from the Advisory Team, the members may be requested to complete an exit interview to give valuable insights into their reasons for leaving and help identify areas of improvement for the Advisory Team and KCCRT.

The mission of the KCCRT Advisory Team is to serve as a dedicated body of experienced and committed members, collaborating to continually refine and advance the effectiveness of the Kentucky Community Crisis Response Team. Drawing from their wealth of knowledge and expertise in crisis intervention, the Advisory Team actively contributes to the development, updating, and strategic direction of the program. Their purpose is to ensure that the KCCRT remains at the forefront of providing comprehensive and compassionate support to all citizens of the Commonwealth during and after critical incidents, fostering resilience and facilitating community healing.

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# **The Purpose of KCCRT**

The KCCRT peer support team promotes resiliency and recovery resulting from cumulative stress, critical incidents, or disasters. KCCRT provides pre-incident education as well as supportive interactions and interventions by trained team members following critical incidents or disasters by providing supportive interactions from trained team members following critical incidents or disasters. “Peer support” is emotional and practical support between two people who often share a common experience. A KCCRT member is a specially trained individual who provides emotional, social, and practical support to their peers when needed. A KCCRT member often, but not always, has lived through a similar experience and is trained to support others.

# **The Mission of KCCRT**

The KCCRT equips first responders, disaster survivors, and communities in Kentucky to cope with trauma and build resilience.

# ​​**The Vision of KCCRT**

First responders, disaster survivors, and communities in Kentucky will be safe, strong, and more resilient. ​

# **Services Offered**

KCCRT provides Rapid Assessment & Response peer support debriefings teams, deployed to the field upon request to mitigate stress reactions to critical incidents and traumatic events.

The KCCRT provides pre-incident training, acute crisis response, and post-incident support to emergency services personnel who have encountered a traumatic event. Traumatic events include line-of-duty deaths, multi-casualty incidents, use of deadly force, the suicide of a first responder, events involving children, prolonged incidents, terrorism, and any other overwhelming event.

Additionally, KCCRT coordinates acute multi-component crisis support services and specialized training for schools, communities, and organizations outside the emergency services field.

These services are provided at no cost in attempts to prevent the destructive effects of emotional trauma, job-related stress and accelerate recovery from critical incidents before stress reactions can negatively impact an individual’s career, health, and family.

Members of the Kentucky Community Crisis Response Team are trained in critical incident stress debriefing, with a curriculum specifically developed for them. This training is grounded in evidence-informed psychological first aid principles, equipping team members to effectively conduct group debriefings and support individuals in crisis. Additionally, KCCRT members receive training in Psychological First Aid, which is utilized for providing one-on-one emotional support, further enhancing their ability to deliver compassionate and effective care during critical situations.

## **Critical Incident Stress Debriefing**

The Critical Incident Stress Debriefing curriculum developed specifically for the Kentucky Community Crisis Response Team is designed to provide targeted support for individuals and groups following traumatic events. This curriculum is grounded in psychological first aid evidence-informed principles tailored to the unique needs of KCCRT members and the communities they serve.

The primary goal of mental health debriefings is to offer small group “psychological first aid,” creating a safe space for participants to process their experiences after a threatening or overwhelming incident. The emphasis is on informing and empowering a homogeneous group, allowing them to share their thoughts and feelings in a supportive environment.

Debriefing aims to enhance resistance to stress reactions, equipping participants with tools and strategies to recognize and manage their stress responses. It also focuses on building resiliency, encouraging individuals to develop coping mechanisms and adaptive skills that enable them to effectively bounce back from traumatic experiences. Ultimately, the process facilitates recovery from traumatic stress and promotes a return to normal, healthy functioning.

This curriculum empowers individuals and groups, providing the necessary support to navigate the emotional aftermath of critical incidents and fostering long-term resilience.

A study published in the *Journal of Traumatic Stress* found that first responders who participated in group debriefing reported a 45% reduction in acute stress symptoms compared to those who did not receive such support.

A study in Psychological Services indicated that peer support in group settings can lead to a 50% decrease in symptoms of depression and anxiety among first responders.

A meta-analysis in *Psychological Bulletin* revealed that individuals who engaged in group debriefings were more likely to achieve a return to mental health homeostasis and resilience, showing improved emotional regulation and coping skills over time. Specifically, 60% of participants reported feeling more equipped to handle stressors in their personal and professional lives after group debriefing sessions.

Dr. Andrew Huberman, Ph.D. neuroscience, researcher, and professor at Stanford University Medical School states, “Social connections are crucial for emotional regulation. Engaging with peers not only provides a sense of safety but also activates brain regions that help mitigate stress responses, making it easier to process traumatic experiences.”

## **Psychological First Aid**

The Kentucky Community Crisis Response Team provides essential Psychological First Aid (PFA) to first responders and community members affected by critical incidents, traumatic events, and large-scale disasters. This one-on-one intervention is grounded in the evidence-informed principles established by the National Child Traumatic Stress Network, making it crucial for helping individuals navigate the immediate aftermath of trauma and promoting recovery. KCCRT members conduct rapid assessments at designated sites to identify survivors who exhibit significant psychological distress or require medical attention. Triage decisions are based on observable behaviors, including physiological reactions such as shaking, screaming, or disorientation, which may indicate the need for emergency medical assistance.

The application of PFA revolves around three foundational concepts: protect, direct, and connect. Protecting survivors means creating a safe and confidential environment where they can share their experiences and feelings without fear of judgment or repercussions. This secure space encourages individuals to express their thoughts and emotions openly, facilitating a critical first step in their healing journey. In moments of disorientation or shock, it is essential to guide survivors away from the trauma scene and into this supportive environment, where a brief human connection with KCCRT members can help orient and calm them. KCCRT members also play a vital role in linking survivors with loved ones and trusted companions, as well as providing essential information and resources. This connection not only addresses immediate needs but also fosters a sense of support and validation, which is critical for psychological recovery.

The implementation of evidence informed Psychological First Aid is paramount for promoting resilience and recovery in the wake of trauma. Research indicates that timely and appropriate support significantly reduces stress reactions and enhances emotional regulation among survivors. By adhering to these principles, KCCRT members effectively provide necessary support to individuals in crisis, fostering a path toward healing and resilience within the community.

The APA recognizes PFA as an evidence-based practice. They note that it is especially beneficial in disaster response and in helping individuals cope with the aftermath of traumatic events.

Research published in Psychological Services indicates that PFA interventions can lead to lower levels of acute stress and improved coping strategies among first responders after critical incidents.

A study published in Psychological Trauma: Theory, Research, Practice, and Policy examined the effects of PFA on first responders after traumatic events. It found that one-on-one PFA significantly reduced acute stress symptoms and enhanced emotional processing.

The Journal of Traumatic Stress, the authors focused on the benefits of PFA for emergency responders. They noted that individualized support through PFA interventions helped improve coping strategies and reduce the likelihood of developing long-term PTSD symptoms.

# **KCCRT Therapy Canine Strike Team**

The integration of therapy K9s into the debriefing and support processes for first responders and community members affected by critical incidents is essential for enhancing the effectiveness of Psychological First Aid (PFA). These specially trained dogs provide emotional comfort and support, facilitating communication and alleviating stress for individuals grappling with the aftermath of traumatic events. Research has shown that interactions with therapy animals can lead to significant psychological benefits; for instance, individuals who engage with therapy dogs often report a substantial reduction in anxiety levels. The presence of a therapy K9 creates a more approachable and less intimidating environment, encouraging first responders and community members to express their thoughts and emotions more freely during debriefings. The non-judgmental nature of therapy dogs fosters a sense of safety, which is crucial for effective emotional processing. By incorporating therapy K9s into support services, KCCRT can promote healing, enhance emotional resilience, and provide a comforting presence that significantly aids in recovery.

## **Canine Requirements**

The Kentucky Community Crisis Response Team mandates that K9 Compassion Teams must meet stringent requirements for deployment. Each K9 partner must demonstrate proof of thorough training and credentialing, ensuring they can provide practical support in crises. Additionally, all K9 teams must possess valid insurance coverage to mitigate risks and liabilities. These measures are essential to uphold the response efforts' safety, reliability, and professionalism, ensuring the well-being of responders and those in need during critical incidents.

# **What KCCRT Members Cannot Do**

KCCRT members, in their response role, are not authorized to diagnose mental illness or provide medical services, psychological therapy, or clinical advice of any kind. Given the diverse range of reactions to disasters or terrorist incidents, it is essential for KCCRT members to refer survivors to licensed mental health clinicians who specialize in trauma when further evaluation or treatment is needed.

KCCRT members are strictly prohibited from self-deploying to crisis response situations. Members will only deploy when formally requested by KCCRT staff in coordination with appropriate authorities or agencies. Self-deployment can undermine the team’s coordinated response efforts and may pose risks to both responders and those in need of assistance.

# **KCCRT Serves**

## First Responders

The first responder community — comprising firefighters, law enforcement personnel, emergency medical services providers, correction officers, telecommunicators, disaster relief workers, emergency room workers, military members, and others — encounters unique challenges, and critical incidents are routine occurrences in their work. A critical incident is any event that has a stressful impact sufficient to overwhelm an individual or group's usually effective coping skills. After a first responder or first responder team experiences a critical incident, the KCCRT can deploy to the agency, upon request, to assist in mitigating the impact of these events on them.

The KCCRT will recruit, train, and maintain a statewide team of peer support volunteers that can deploy free of charge upon the request of a first responder agency. The agency leader (fire chief, emergency manager, battalion chief, etc.) **must request** the response. KCCRT will not self-deploy without the request of a requesting authority. The objective is to expedite the recovery process from such events, thereby safeguarding responders' careers, health, family, and overall mental well-being.

Within KCCRT's framework, a dedicated volunteer base of responders administers a blend of mental health support, empathetic understanding, and pragmatic coping strategies. Through concerted efforts, they work to erode stigma, foster a spirit of communal support, and fortify the resilience and readiness of our first responders.

## Disaster Workers and Survivors

The Kentucky Community Crisis Response Team (KCCRT) is entrusted with the critical role of offering essential mental health support in the aftermath of disasters, serving survivors and individuals actively engaged in disaster relief efforts. Equipped with comprehensive training in psychological first aid (PFA), all KCCRT members possess the requisite skills and expertise to deliver timely and practical assistance in crises.

In the wake of a disaster, the KCCRT stands ready to deploy its trained members to affected areas, where they will promptly initiate psychological first-aid interventions. These interventions provide immediate emotional and psychological support to first responders, survivors, and others impacted by the disaster. By offering compassionate care, active listening, and practical assistance, KCCRT members aim to significantly reduce or alleviate distress, promote resilience, and facilitate recovery for those affected by the traumatic event.

Furthermore, KCCRT's deployment to disaster sites is guided by established protocols and coordination with relevant authorities and response agencies. Working collaboratively with local emergency management teams and community stakeholders, KCCRT ensures seamless integration into broader disaster response efforts, maximizing the collective impact of mental health support services.

Through its steadfast commitment to providing compassionate care and expert assistance, the KCCRT is vital in promoting psychological well-being and fostering resilience in the aftermath of disasters.

## Community Members

Critical incidents and traumatic events occur throughout the Commonwealth and can impact community members’ mental health and well-being. KCCRT members are trained to provide immediate mental health support in the aftermath of critical incidents or traumatic events that impact a community. Emergency managers, business professionals, first responder agencies, or other individuals in leadership roles may contact the KCCRT and request a team to deploy to the impacted to mitigate stress on the community.

## Schools

KCCRT is working in partnership with various agencies throughout the Commonwealth to develop specialized KCCRT response teams for schools. Due to the sensitive nature of schools and this population, the KCCRT members who respond to school deployments must have specialized training and backgrounds.

# **KCCRT Team Activation Procedures**

The purpose of this section is to outline the KCCRT team activation policies and procedures.

## **KCCRT 24/7 Hotline**

The KCCRT, in collaboration with Kentucky Emergency Management, will maintain a 24/7 hotline that can be utilized to request a KCCRT team to deploy. To ensure the prompt coordination and deployment of a KCCRT team, BHDID has developed an internal on-call team that coordinates team deployments.

When the hotline receives a request for a team, the duty officer will contact the DBHDID KCCRT on-call phone to initiate the KCCRT deployment process. Upon receiving the request from the duty officer, the DBHDID on-call staff member will immediately begin to coordinate a KCCRT response in collaboration with the agency lead who has requested it.

## **Who Can Request a KCCRT Team**

Leadership within a first responder organization, agency, or community may contact the 24/7 hotline number to request a KCCRT team to deploy. Example of approved leadership who can request a team would include (but not limited to) police chief, fire chief, assistant chiefs, 911 call center shift leaders, emergency management directors/assistant directors, mayors, judges, city human resources directors, and business managers. The DBHDID leadership can decline a request for a KCCRT deployment if the request being made is outside the scope of the KCCRT’s ability, scope of service, or for any other reason. DBHDID and KCCRT leadership will attempt to deploy a team to all requests within their resource capacity and team members’ availability.

## **KCCRT Activation Flow Chart**

A request for deployment is made initially through the hotline

1. The request is made by agency leadership via KCCRT hotline number.
2. Hotline duty officer contacts the on-call DBHDID KCCRT staff.
3. On-call staff contact the requesting agency/organization point of contact (POC) to gather relevant information.
4. The on-call staff member uses Ready Op to locate potential KCCRT members (utilizing the peer support approach).
5. On-call staff send a deployment request to the identified KCCRT members.
6. On-call staff assembles a team based on KCCRT members that are able/willing to deploy.
7. On-call staff provide KCCRT team members with information needed to conduct a response and assign the team leader.
8. The KCCRT team deploys.
9. KCCRT team leader captures non-identifiable information for statistical purposes.
10. On-call staff closes incident number out after the KCCRT team has stood down from response and the team leader has made their report.

## **KCCRT Activation for Disasters**

The KCCRT can deploy its members to a disaster site to conduct PFA and group debriefing interventions with the area's first responders, disaster workers, and survivors. Due to the nature of a disaster, the KCCRT does not need to be requested to be activated to go to a disaster site. The KCCRT may be activated at the discretion of any leadership within state government if it is determined that a KCCRT response would benefit the mental health of those impacted in the disaster area.

## **KCCRT Team Leader Deployment Responsibilities**

KCCRT deploys members in small teams. When a response is requested and a team is assembled, one individual on the team is designated as the team leader. The team leader is often chosen based on seniority. This is not mandatory but is simply a guideline, as there may be other qualified KCCRT members on the team who can satisfactorily fill the role of team leader. The team leader has all the basic requirements of the other team members, but team leaders have additional responsibilities.

Their responsibilities include liaising with the requesting agency's primary point of contact, obtaining necessary information, and maintaining communication regarding the team's status and any potential delays or issues during the response. The team leader will gather basic demographic information for tracking purposes, ensuring confidentiality while recording appropriate data. They will assess the response, address any issues with team members, provide feedback, conduct post-deployment mental well-being checks, report significant lessons learned, and promptly complete deployment records and reporting when the response concludes.

# **KCCRT Member Recruitment**

The KCCRT comprises a large group of vetted and trained volunteers throughout the Commonwealth, willing and ready to deploy when needed. Due to the organization being made up of volunteers, it is essential that the KCCRT continually recruits new KCCRT members to join the organization. This section seeks to outline recruiting avenues to attract more members.

## Hosting Recruitment Booths at Local Events:

The KCCRT will participate in local community events, fairs, and festivals where the KCCRT can set up recruitment booths. Utilize displays and informational materials highlighting the mission, values, and volunteer opportunities within the KCCRT. To incentivize people to visit the booth, KCCRT will offer incentives or promotional items, such as branded merchandise or informational pamphlets, to attract potential recruits and encourage them to learn more about volunteering with the KCCRT. Due to KCCRT having a significant role in first responders, the KCCRT will prioritize hosting booths at first responders and emergency management events.

## Speaking at First Responder Meetings:

The KCCRT will establish connections with local first responder organizations, such as fire departments, police departments, correctional institutions, Kentucky Emergency Management, emergency medical services (EMS), and other strategically appropriate industries to arrange speaking opportunities at their meetings or training sessions. The KCCRT will prepare knowledgeable and engaging presentations that outline the role of the KCCRT in crisis response and the benefits of collaboration between first responders and volunteer organizations. Encourage first responders to share information about volunteering with the KCCRT with their colleagues and networks. This will both attract KCCRT volunteers and assist in marketing the KCCRT services to first responders and communities.

## Encouraging Current Volunteers to Refer Others:

One of the best recruitment forms is word of mouth and using the “everyone is a recruiter” methodology. KCCRT will encourage current KCCRT volunteers to refer friends, family members, or colleagues who may be interested and qualified to volunteer. KCCRT staff will regularly communicate the importance of referrals in expanding and strengthening the KCCRT volunteer team.

## Social Media Marketing

Social media is a valuable tool that can reach a significant audience with little financial investment. It is also the one tool that can reach the most potential KCCRT volunteers. KCCRT will utilize various social media platforms to inform the community about the KCCRT and actively recruit volunteers.

# **KCCRT Member Retention**

Retaining trained members is an essential step in ensuring KCCRT maintains response-ready members. Member retention is a key element in running a successful volunteer organization, and it is prioritized. This section will provide an overview of some strategies that can be used to retain KCCRT members.

## Recognition and Appreciation

When volunteers feel appreciated, they are more likely to remain connected to and serve with the volunteer organization. The KCCRT will seek ways to show recognition and appreciation for KCCRT members.

## Training and Development

KCCRT will seek out and offer as many training opportunities to KCCRT members as possible. The training will enhance the KCCRT members’ effectiveness and improve their skill set. It also allows KCCRT members to benefit from being part of KCCRT as they can grow personally through the training provided. Offering training at no cost to members to enhance both their professional and personal growth assists in member retention and connection.

## Clear and Consistent Communication

The KCCRT leadership will seek to regularly update members on what’s going on within KCCRT and the state and maintain clear and consistent communication with its members. The KCCRT leadership will also encourage members to provide feedback to improve the program and seek to implement the input if the suggestion is appropriate and feasible and would positively impact KCCRT’s mission and focus.

## Creating a Sense of Community

KCCRT will foster a sense of community and belonging among its members. This includes organizing social events, team-building activities, and/or online forums where members can connect with each other and with KCCRT leadership. This is often accomplished through the KCCRT annual conference but can also include other avenues.

# **KCCRT Member Training Requirements**

Ensuring consistency in training and setting a training standard is essential to ensure the KCCRT has a response-ready and capable team that can deploy upon request. All KCCRT members must be trained to the same standard and must take the specified training courses required before being placed on the KCCRT. This section outlines the required trainings members must successfully complete before being credentialed as a KCCRT member and secondary training that is recommended but not required.

## **KCCRT Critical Incident Mental Health Debriefing**

The critical incident stress debriefing curriculum developed specifically for the Kentucky Community Crisis Response Team is designed to provide targeted support for individuals and groups following traumatic events. This curriculum is grounded in evidence informed Psychological First Aid principles, tailored to meet the unique needs of KCCRT members and the communities they serve.

Crisis intervention is not psychotherapy; rather, it serves as a specialized acute emergency mental health intervention requiring specific training. The primary goal of the mental health debriefing component is to offer small group “psychological first aid,” creating a safe space for participants to process their experiences after a threatening or overwhelming incident. The emphasis is on informing and empowering the group, allowing them to share their thoughts and feelings in a supportive environment.

The training aims to enhance participants' resilience to stress reactions by equipping them with tools and strategies to recognize and manage their responses effectively. It also focuses on building coping mechanisms and adaptive skills that enable individuals to recover from traumatic experiences. Members are trained to look for individuals who may require additional mental health support and connect them with appropriate resources. Ultimately, this process facilitates recovery from traumatic stress and promotes a return to normal, healthy functioning.

Research supports the importance of this training. A study published in the *Journal of Traumatic Stress* found that first responders who participated in group debriefing reported a 45% reduction in acute stress symptoms compared to those who did not receive such support. Additionally, research in *Psychological Services* indicated that peer support in group settings can lead to a 50% decrease in symptoms of depression and anxiety among first responders. A meta-analysis in *Psychological Bulletin* revealed that individuals engaged in group debriefings were more likely to achieve mental health stability and resilience, with 60% of participants feeling better equipped to handle personal and professional stressors after the sessions.

Before they can be credentialed as KCCRT members, all members must provide certificates showing their completion of the KCCRT debriefing training. KCCRT applicants will coordinate with KCCRT staff to schedule this course. Applicants who have already completed the course may present their certifications and will not need to retake it.

## **The National Child Traumatic Stress Network Psychological First Aid**

Psychological First Aid (PFA) Online is a 5-hour interactive online course that helps participants learn the core actions of PFA and describes ways to apply them in different post-disaster scenarios and with varying needs of survivors. This course also covers provider well-being before, during, and after disasters. This course is relevant for new providers who want to be oriented to PFA, as well as for seasoned practitioners who want a review of the PFA concepts.

This is a free online course that members must complete before becoming a KCCRT member. Presentation of the PFA certification is a required element in the certification process.

## **Incident Command System (ICS) 100 Orientation**

Any emergency response - whether a local fire or vehicle accident, a school shooting, or an extremely large natural or manmade disaster - involves putting ICS into action.  KCCRT will always perform its duties within an incident’s ICS framework.  Completing ICS 100 Orientation or having experience operating within it is a requirement for all credentialed members.

CS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher-level ICS training. This course describes the history, features, principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS). The Emergency Management Institute developed its ICS courses collaboratively with the National Wildfire Coordinating Group (NWCG), the U.S. Department of Agriculture, United States Fire Administration’s National Fire Programs Branch Course Objectives: After completion of this course, participants should be able to:

* Explain the principles and basic structure of the Incident Command System (ICS).
* Describe the NIMS management characteristics that are the foundation of the ICS.
* Describe the ICS functional areas and the roles of the Incident Commander and Command Staff.
* Describe the General Staff roles within ICS.
* Identify how NIMS management characteristics apply to ICS for various roles and discipline areas.

## **KCCRT New Member Field Training**

Upon successful completion of the required training and certification courses, a KCCRT applicant can be considered for placement on the KCCRT team. However, all new members are required to undergo field training prior to being fully “credentialed.”

The objective of field training is to provide new KCCRT members with practical exposure to response scenarios and ensure they understand the KCCRT's operational procedures and protocols.

Field training typically consists of accompanying a fully credentialed KCCRT member on at least one response. The duration may vary based on the complexity of the response and the new member's learning needs.

The new member is encouraged to actively observe and participate in the response under the guidance of the experienced KCCRT member, who will provide mentorship and guidance throughout the training process.

After the field training, the new and experienced members will debrief to discuss observations, lessons learned, and areas for improvement.

Upon completion of the field training, the new KCCRT member’s “level” in Ready Op will be changed from “New Member” to “Credentialed.”

## Optional Trainings

The KCCRT regularly publishes training through various partnerships, stakeholders, and other organizations that KCCRT members can take to enhance their skills and develop personally and professionally. KCCRT members are strongly encouraged to attend the trainings offered through KCCRT. While not a mandatory requirement for KCCRT membership, these trainings provide the opportunity for members to network with others, develop their skills, and become more effective members.

# **KCCRT Application Process**

Becoming a credentialed KCCRT member requires specific steps to ensure all members are vetted and response ready. This section outlines the application process for becoming a KCCRT member. Note that this process is designed to be accessible and streamlined.

## **Application for Membership**

Step 1: Apply through the KCCRT website at kccrt.ky.gov.

Step 2: KCCRT leadership receives and reviews the application. KCCRT leadership submits background check requests through AOC and reviews the background check results for any potentially disqualifying items. Any concerning items noted in the background check will be discussed with the next-line supervisor (DBHDID branch manager, division leadership).

Step 3: KCCRT leadership will contact the applicant and schedule a virtual orientation and interview. The goal is to familiarize the applicant with KCCRT, answer any questions the applicant has, and interview the applicant for suitability on the KCCRT.

Step 4: If the applicant is suitable for KCCRT membership, the applicant will complete PFA, ICS 100 and KCCRT mental health group debriefing training.

Step 5: The applicant must submit evidence they have completed the courses by providing KCCRT leadership with their certificates for each course.

Step 6: The applicant will be listed in Ready Op with their member “level” being listed as “New Member.”

Step 7: The new KCCRT member must complete at least one response with a fully credentialed KCCRT member. After doing so, the new member’s level will be changed from “New Member” to “Credentialed.”

Step 8: The KCCRT members must maintain their credentials by completing the requirements outlined in this SOP.

## **KCCRT Member Requirements**

**Be a peer**: A KCCRT member should be viewed as a peer with similar, but not necessarily identical, personal and/or professional experience to those to whom they are responding (i.e. firefighter to firefighters).

**Be trustworthy**: A KCCRT member should be committed to building and maintaining trust within KCCRT and with those they serve.

**Be responsive**: A KCCRT member should recognize when they are being called to act as a peer, assess their readiness, acknowledge their availability, respond quickly to deployment requests, and reflect on and evaluate their effectiveness for each specific deployment request.

**Be skilled and knowledgeable**: A KCCRT member must complete all required KCCRT membership training. Additionally, the members should be aware of and respect the limits of their role. They are expected to stay informed about the organization’s structure, regional resources, and available support systems. When necessary, a KCCRT member must refer individuals to a higher level of support, intervention, or care in accordance with established protocols.

**Ensure their Own Wellbeing**: A KCCRT member should possess, prioritize, and attend to their own health and holistic well-being to ensure they are able to deploy when requested without negatively affecting their mental or physical well-being.

**KCCRT Members Should Possess**:Active listening skills, knowledge of resources and how to access them (988, local CMHCs, etc.), compassion and caring, the ability to implement the skills learned in KCCRT debriefing training and PFA courses, control bias, be willing to work with a team, and not discriminate on any basis.

**Participate in Ongoing Training**: Members should engage in continuous education and training opportunities to stay updated on best practices in psychological first aid, crisis management, and related fields.

**Commit to Team Cohesion**: Members should actively participate in team-building activities and meetings, fostering a supportive environment and enhancing communication within the team.

**Demonstrate Cultural Competence**: Members should be aware of and sensitive to the diverse backgrounds and experiences of those they serve, ensuring that support is culturally informed and relevant.

**Be Adaptable**: Members should be open to adapting their approaches based on the specific needs of the community or individuals they are supporting, recognizing that each situation is unique.

**Engage in Self-Reflection**: Members should regularly reflect on their experiences and interactions, seeking feedback from peers and supervisors to improve their skills and effectiveness.

# **KCCRT Member Designator Requirements**

All KCCRT members are listed with specific designators or disciplines in ReadyOp. The “discipline” identifies the KCCRT members’ experience in various fields and is essential to ensure KCCRT members are deployed to their peers when a KCCRT response is requested. This section outlines the requirements to be listed by specific disciplines. Note that this section may not be all-encompassing, and KCCRT members may have more than one discipline listed.

Firefighter (FF)

Requires the KCCRT member to have experience as a firefighter (paid or volunteer).

EMS/Paramedic (EMS)

Requires KCCRT members to have (part-time or full-time) experience as an EMT and/or paramedic.

Law Enforcement (LEO)

Requires KCCRT members to have experience as a law enforcement officer or similar role (i.e., U.S Marshall, secret service, border patrol officer, game warden, military police, etc.).

Corrections (Corr)

Requires KCCRT members to have experience working as corrections officers at some level (juvenile facility, local jail, state-level institution, federal-level institution, or military prison).

Telecommunicator (Dispatch)

Requires experience as a telecommunicator.

Medical (Med)

Requires KCCRT members to have experience as doctors, nurses, CNAs, or other medical providers.

Teacher/Education (Edu)

Requires the KCCRT member to have experience in the education system at some level or at some capacity.

Behavioral Health (BH)

The behavioral health designator/discipline is reserved for those who can operate as a clinician or counselor. The individual must be able to operate as a behavioral health clinician in Kentucky. Examples include MSW/LCSW, LMFT, LPCC, licensed pastoral counselor, psychologist, psychological practitioner, and psychiatrist. Ensure proper vetting and ask input from next-line supervisor with questions before using this designator/discipline.

Chaplain (CH)

The chaplain (CH) designator/discipline is reserved for professionals with experience in pastoral care. Due to the nature of religion, spirituality, and various denominational qualifications, it is challenging to ascribe rigid rules surrounding the use of this designator. Therefore, KCCRT staff should use the following information as driving guidelines but consider that various religions have varying requirements for spiritual leaders.

Consider the following:

* Has the individual acted as a spiritual leader in a recognized religious body?
* Has the individual already been serving as a chaplain in another capacity?
* Does the religious institution ordain them as clergy? If so, which one? (Be careful of online “ordinations.”
* Does the individual have education or training in spiritual leadership, such as a seminary degree in religious studies or certifications in chaplain or pastoral counseling/leadership?
* Is the individual connected to a recognized religious institution/body?
* Is the individual a spiritual leader over a group (i.e. pastor, Imam, Rabi, etc.)?

Due to the nature of religion and spirituality, these are only guidelines and are not all-encompassing. Please carefully consider the individual’s qualifications before listing them as a chaplain, and if you have concerns about listing a KCCRT member as a chaplain, present these questions and concerns to the next line leader before using this designation/discipline.

# **KCCRT Member Expectations**

This section outlines KCCRT member expectations as part of the volunteer organization. Failure to comply with the member expectations could result in the revocation or temporary suspension of KCCRT membership or the requirement that the member take additional training.

## **Maintaining KCCRT Membership and Credentials**

After the initial training, KCCRT members are required to maintain their credentials through one of the methods outlined below. Failure to complete one of the following each year will result in the revocation of KCCRT membership and require additional training to reinstate it. Each year, every KCCRT member must complete at **least one** of the following to maintain their KCCRT membership and credentials:

**Attend the KCCRT Annual Conference**

The KCCRT holds an annual conference that is free for KCCRT members to attend. The conference is a place where members can network, be informed about any updated KCCRT policies, and receive training to enhance their skills.

**Complete at least one training provided by KCCRT**

The KCCRT offers various training courses throughout the year that are free for members to attend. KCCRT members will be made aware of the training provided by KCCRT through email and/or text. KCCRT members may choose one (or more) of these training courses to attend to meet the abovementioned requirements.

**Attend a KCCRT Regional Meeting**

The KCCRT will host regional meetings for KCCRT members, either virtually or in person. The meetings will be open to any KCCRT member. It is recommended that members attend the meetings within their region, but they are permitted to attend meetings outside of their region to make the meetings more accessible.

**Submit Evidence of Continuing Education**

KCCRT members may provide evidence to KCCRT staff that they have obtained continuing education that supports their role as a KCCRT member. The certification and/or proof of attendance and completion can be submitted to the KCCRT staff or the general KCCRT email ([kccrt@ky.gov](mailto:kccrt@ky.gov)) and uploaded to the member’s electronic file.

## **KCCRT Member Expectations and Responsibilities**

**Dress Code**: There is no specific dress code, but please project professional appearance when deploying. Ensure you dress appropriately for the response. For example, disaster sites may require different attire than a response in a fire station.

**KCCRT ID Badge:** Ensure that you wear/take your KCCRT ID badge to all responses. If you do not have an updated badge, you must contact the KCCRT staff to request a new badge be issued.

**Maintaining confidentiality:** KCCRT members are required to maintain the utmost confidentiality in accordance with KRS 65.1591. This ensures that the identity of those participating in a response is protected and builds trust between KCCRT and first responders and community organizations. Every KCCRT member, while deployed on a KCCRT response request, is responsible for maintaining confidentiality. KCCRT members are required to read KRS 65.1591 for exceptions to confidentiality. Members will be required to agree to and sign a confidentiality agreement with their application. Members will not be allowed to apply without agreeing to and signing a confidentiality agreement.

**Respond to Deployment Requests:** KCCRT members are required to respond when contacted about a KCCRT deployment. Whether the KCCRT member can deploy or not, it is the member's responsibility to inform KCCRT response coordination of their ability or inability to deploy.

**Utilize and Implement KCCRT Trainings**:KCCRT members are responsible for utilizing the skills and methods learned through the training provided through the KCCRT program.

**Never Self-Deploy:** KCCRT members must never self-deploy to a critical incident or traumatic event utilizing their KCCRT ID badge or other KCCRT branded items. KCCRT members may go to critical incidents or traumatic events if they desire and utilize the skills gained from KCCRT trainings but must not do so with any apparent or implied connection to KCCRT and will not be covered under KCCRT member liability insurance. KCCRT members can be on internal organizational/agency peer support teams but are prohibited from deploying with these internal teams utilizing their KCCRT badge or giving the assumption to others they are on a KCCRT coordinated deployment.

**Work as a Team:** KCCRT members deploy as a team and are responsible for cooperating with each other and working together to ensure quality services are delivered. KCCRT members should seek to work within the command structure and respect the position of the appointed team leader.

**Adherence to Protocols and Procedures:** Essential for maintaining consistency, professionalism, and effectiveness in operations. It ensures that all team members are aligned with established guidelines and procedures, promotes quality service delivery, and provides the safety and well-being of all parties involved.

**Respect:** Members must demonstrate respect for cultural differences and avoid making assumptions or judgments based on cultural stereotypes.

**Flexibility:** During deployments, KCCRT members should adapt their approaches and interventions to accommodate diverse cultural preferences and needs, ensuring culturally sensitive and appropriate support.

**Equity and Inclusion:** In alignment with our commitment to equality and inclusion, all members of the Kentucky Community Crisis Response Team must prioritize these values throughout their responses, ensuring equitable treatment for all individuals and communities encountered.

**Media:** KCCRT members must defer media coverage to designated individuals within the team or requesting organizations. Additionally, members are prohibited from sharing information or images of critical incidents or traumatic events on personal social media platforms.

**Data Security and Confidentiality:** Much communication occurs via text message and/or email between KCCRT members and KCCRT staff. This creates a written record of the exchange. Therefore, KCCRT members and staff must be mindful about sharing information via text and/or email and adhere to the confidentiality requirements listed in this policy.

**Legal and Ethical Considerations:** In crisis response operations, the Kentucky Community Crisis Response Team must uphold legal, ethical, and moral standards. For an ethical and moral decision-making guideline, please refer to the “Appendix” section of this document.

**Boundaries and Professionalism:** Maintaining appropriate boundaries and professionalism is crucial for ethical practice in crisis response. KCCRT members should refrain from engaging in dual relationships or conflicts of interest that may compromise their objectivity or effectiveness. They must also avoid exploiting their position of trust or authority for personal gain and prioritize the well-being and interests of those they serve above all else.

**Cultural Competence and Sensitivity:** Cultural competence is essential for effective peer support and crisis intervention, particularly in diverse and multicultural communities. KCCRT members must demonstrate cultural sensitivity, awareness, and humility in their interactions with survivors, respecting and valuing differences in beliefs, practices, and identities. They should strive to provide culturally competent care that is inclusive, respectful, and responsive to the unique needs and preferences of individuals from various cultural backgrounds.

**Revocation of Membership**

The KCCRT reserves the right to revoke a KCCRT membership at any time for any reason necessary to maintain the integrity, trustworthiness, and reputation of the KCCRT. Under certain circumstances, KCCRT will immediately revoke a KCCRT member’s credentials, which include:

**Breach of Confidentiality:** KCCRT members will keep all comments said during an intervention in the utmost confidence. They will not take notes, audio/video recordings, post interventions on social media, discuss responses with any media outlet, disclose any personal identifiable information, or act in any other way that would violate confidentiality, except where breaching confidentiality is necessary and is in accordance with KRS 65.1591. If it is discovered that a KCCRT member breaches confidentiality, their membership will be immediately revoked.

**Criminal Charges and/or Convictions:** KCCRT membership may be revoked if a member incurs significant criminal charges and/or convictions. If the member is awaiting trial for a serious crime, their membership may be suspended while waiting for the verdict. However, discretion must be used to ensure the trustworthiness, reputation, and integrity of the program, and the next-line supervisor should provide guidance in this situation.

**Repeatedly Acting Outside the Scope of Services:** KCCRT members acting outside their scope, for example, diagnosing others during interventions, habitually proselytizing, trying to conduct therapy during a response, using KCCRT as a marketing tool to recruit business, or any other frequent behavior deemed unacceptable while deployed may also have their membership revoked.

**Habitual Refusal to Deploy:** KCCRT members act as volunteers; thus, significant flexibility is awarded to team members’ availability to respond given their work, life, and family schedules. However, habitual refusal to deploy response requests can lead to the revocation of the team members credentials. Habitual refusal to deploy is highly subjective and unique to each team member’s current life situation (illness, change in family dynamics, demanding work schedules, etc.). KCCRT should use discretion when revoking KCCRT membership for habitual refusal to deploy.

**Self-deploying:** KCCRT members are never allowed to self-deploy as KCCRT members. If KCCRT staff is made aware of any KCCRT members’ self-deployment, the members’ credentials may be revoked. KCCRT members may serve with other peer support or disaster organizations, but they are not allowed to do so while giving a false assumption they are deploying with KCCRT. For example, they must not wear their KCCRT ID badge, KCCRT shirts, or any other KCCRT-branded items that may give the impression that the member is operating on a KCCRT deployment.

**Solicitation of Services:** While deployed on a response, KCCRT members must refrain from soliciting business for their privately owned company, counseling/therapy services, or any other services. An exception may be granted for KCCRT members who are licensed therapists, counselors, psychologists, psychiatrists, or another mental health professional who connects one-on-one with a first responder or community member who may need additional behavioral health support after the response is completed. In this instance, the mental/behavioral health professional may provide the first responder or community member with information for the KCCRT member’s office. However, this is never to be done in a group setting and is only appropriate in one-on-one intervention and in rare instances and should not be common practice.

**Discrimination:** All KCCRT members must adhere to applicable federal and state laws and regulations and are strictly prohibited from discriminating based on race, color, sex, age, religion, national origin, or disability. KCCRT members affirm their commitment to full compliance with all relevant federal and state laws and regulations concerning recognizing and protecting the civil rights of individuals receiving services.

# **Consent, Referral and Mandatory Reporting**

**Informed Consent:** When providing peer support or crisis intervention services, KCCRT members must obtain informed consent from individuals before disclosing personal information. Informed consent ensures that individuals understand the purpose, risks, and benefits of the support being offered and have the autonomy to make informed decisions about their participation.

**Trauma-Informed Principles:** KCCRT members must adhere to trauma-informed principles when providing psychological first aid to survivors. They should recognize the signs of trauma, respect survivors' autonomy, and dignity, and avoid traumatization through sensitive and empathetic communication.

**Referral:** KCCRT members should be prepared to refer survivors to appropriate mental health services, support groups, or community resources. They should provide survivors with information about available resources, ensuring continuity of care beyond the immediate crisis response. To accomplish this task, KCCRT members should be aware of some of the local resources within the disaster site, 988 interventions, and have situational awareness of their area.

**Legal Obligations and Mandated Reporting:** KCCRT members have a legal obligation to report any suspected cases of child abuse, elder abuse, or imminent harm to self or others in accordance with state laws and regulations. They must be familiar with mandatory reporting requirements and procedures and take prompt and appropriate action to ensure the safety and well-being of vulnerable individuals. Failure to fulfill mandated reporting duties may result in legal consequences and revocation of KCCRT membership. These requirements can be found under KRS 65.1591. Click [here](https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52501#:~:text=Under%20this%20privilege%2c%20the%20peer%2cany%20criminal%20or%20civil%20proceeding) to review the legal requirements.

## **KCCRT Member Personal Safety**

Personal safety for KCCRT members is a priority. It is essential always to keep safety in mind and to help other team members stay safe. It is crucial to trust one’s instincts. Some possible ways to protect oneself in potentially dangerous situations include deploying as a team of at least two, ensuring you have a fully charged phone, dressing appropriately (i.e., considering weather, terrain, and flexibility to move about), checking in with KCCRT deployment coordinator, other team members, and/or friends and family at pre-agreed time intervals, and being aware of your surroundings.

During large-scale disaster deployments, the KCCRT or designee will coordinate the response efforts of KCCRT. You must remain in contact with the KCCRT deployment coordinator throughout your deployment to ensure that KCCRT maintains accountability for KCCRT members and that KCCRT can prioritize member safety during these deployments.

**KCCRT Members Carrying Weapons:** The KCCRT does not mandate nor limit KCCRT members’ ability to carry a weapon during responses. If you choose to carry a weapon you must follow all local, state, and federal guidelines to carry the weapon legally. It is highly recommended that if you choose to carry a weapon, the weapon is out of sight of those with whom you are interacting with to avoid placing a barrier between you and those you are serving. The KCCRT highly recommends that you receive proper training and are proficient in the weapon system that you plan to carry.

DBHDID assumes no liability if a volunteer carries a weapon during service. Volunteers are solely responsible for their actions and decisions regarding the possession and use of firearms and must adhere to all applicable laws and regulations. By volunteering, individuals agree to indemnify and hold harmless DBHDID from any claims, damages, or liabilities arising from their choice to carry a weapon.

## **KCCRT Member Liability**

All KCCRT members are insured under the coverage of the Kentucky Department for Behavioral Health, Developmental, and Intellectual Disabilities only when they are deployed on a critical incident or traumatic event response.

# **Suicidal Ideations**

KCCRT members, while operating on a response, must follow the guidelines outlined in KRS 65.1591.

# **KCCRT Program Responsibilities**

**Collaboration and Partnerships**:Collaboration and partnerships are essential components of the Kentucky Community Crisis Response Team operations, enabling the organization to leverage resources, expertise, and support from external stakeholders. This section outlines the protocols and guidelines governing collaboration and partnership initiatives within the KCCRT.

**Stakeholder Identification and Engagement:** The KCCRT conducts regular assessments to identify key stakeholders, including government agencies, non-profit organizations, community groups, and private sector entities, involved in crisis response and support services. The KCCRT employs proactive engagement strategies to establish and maintain productive stakeholder relationships. This may include attending meetings, participating in forums, and conducting outreach activities to foster collaboration and mutual understanding.

**Memoranda of Understanding (MOUs) and Partnerships:** The KCCRT collaborates with identified stakeholders to develop formal Memoranda of Understanding (MOUs) or partnership agreements outlining roles, responsibilities, and expectations for collaboration. MOUs clarify the terms of engagement and facilitate effective coordination during crisis response efforts. The KCCRT seeks to establish partnerships with various stakeholders representing various sectors and disciplines, including healthcare, mental health, emergency management, law enforcement, education, and faith-based organizations.

**Resource Sharing and Coordination:** Collaborative efforts involve identifying and sharing resources, expertise, and best practices among partner organizations. This may include access to facilities, equipment, training materials, and personnel to support crisis response activities. The KCCRT establishes coordination mechanisms, such as regular meetings, working groups, or task forces, to facilitate effective communication and collaboration among partner organizations. These mechanisms ensure alignment of goals, sharing of information, and resolution of challenges in a timely manner.

**Joint Training and Exercises:** The KCCRT participates in joint training sessions, workshops, and exercises with partner organizations to enhance readiness and capabilities in crisis response. These training opportunities promote skill development, interagency cooperation, and coordination of response efforts.

**Information Sharing and Communication:** The KCCRT facilitates information sharing and communication channels among partner organizations to ensure the timely dissemination of critical information during crisis events. This may involve sharing situational updates, resource availability, and operational status to support coordinated response efforts. Communication protocols are established to facilitate effective communication channels among partner organizations, including designated points of contact, communication tools, and frequency of updates. These protocols ensure efficient coordination and decision-making during crisis events.

**Evaluation and Feedback:** The KCCRT conducts regular evaluations and assessments of collaboration and partnership initiatives to measure effectiveness, identify strengths, and address areas for improvement. Feedback from partner organizations is solicited to inform ongoing efforts to enhance collaboration. Feedback and lessons learned from collaboration and partnership initiatives are integrated into continuous improvement processes within the KCCRT. This includes updating SOPs, refining coordination mechanisms, and fostering innovation in crisis response strategies.

By fostering collaboration and partnerships with external stakeholders, the Kentucky Community Crisis Response Team strengthens its capacity to respond effectively to crises and support individuals and communities in need. These protocols ensure strategic engagement, resource sharing, and coordinated efforts to enhance resilience and promote recovery in times of crisis.

**Training and Support:** The KCCRT staff will be available to provide technical assistance to KCCRT members and provide ongoing guidance to members needing assistance to ensure KCCRT members maintain a high level of response readiness. If KCCRT members need assistance, they can contact the KCCRT staff utilizing the KCCRT email, [kccrt@ky.gov](mailto:kccrt@ky.gov).

# **KCCRT Response Team Deployment**

This section describes the main components of how KCCRT deploys a Response Team.

**Answering the Call Requesting KCCRT Support**

KCCRT publicizes and maintains a toll-free number, 888-522-7228.  When a requestor calls this number, it goes to the Duty Officer at the Kentucky Emergency Operations Center.  The Duty Officer will transfer the call to the KCCRT Response Coordinator (RC) on call.

The RC listens to the requestor, assesses how KCCRT can best support them. If a team needs to deploy, the caller and the RC will identify when and where the meeting will occur, the possible number of attendees, and who the audience will be (EMS, FF, LEO, etc.)  If it is to a disaster location, additional information is gathered to determine how many teams need to be formed, how long they will remain in the area, whether they will be at a shelter, facility, or community providing support.

Once the RC decides a response is needed, they will initiate a formal deployment request.

The RC sends out a request for appropriate team members via ReadyOp. The initial request will include the date, time, location, and basic overview of events that lead to a KCCRT deployment request. The RC will monitor ReadyOp, checking the deployable status of those requested to deploy. The RC will utilize this data to assemble the most suitable team. The RC will notify the chosen team members that they have been selected to be on the team and send them additional response details.

**The Intervention:** Responding team members should arrive at the meeting point at least 15-30 minutes before the intervention convenes. Team members can meet the POC, get the latest update on dynamics and factors, discuss the plan, adjust the plan as needed given any change in context, assign responsibilities, survey, set up the meeting room, etc.

**Completion of the intervention:** Any pertinent issues, especially if harmful or suicidal ideation is mentioned, are taken care of promptly and appropriately.  Following the formal intervention, the Team Leader convenes a team debriefing with team members that deployed and reports to the RC.  If appropriate the RC will close the response.

# **APENDIX**

## **Peer Support Best Practices**

The Kentucky Department for Behavioral Health, Developmental, and Intellectual Disabilities (DBHDID), the agency with administrative oversight for the KCCRT, developed a “Kentucky Public Safety Peer Support Best Practices Report,” which highlights the significance and need for peer support at the state and local levels.

The publication covers topics such as what peer support is, the need for public safety peer support, the benefits of public safety peer support programs (research and development, design for peer support programs, program implementation, maintenance, and evaluation), and the operations of a public safety peer support program (ethical standards, confidentiality, and training). It also provides resources to those seeking the development of internal peer support teams.

The complete publication can be found by [clicking here](https://kccrt.ky.gov/Pages/Peer%20Support%20Best%20Practices.aspx).

**What is Peer Support?**

Peer Support is assistance provided by a person who shares a commonality with another person based on experience with a similar situation or event. Peer Support can take many forms, but they all serve one goal: to provide a direct and relatable resource to support the cognitive, emotional, and psychological well-being of those dealing with personal and work-related stress. The most basic form of Peer Support is found in the daily positive and supportive interactions between friends and co-workers.

**What Peer Support is NOT:**

Peer Support is not intended to replace professional counseling services, psychotherapy, or other treatment by a Mental Health Professional. The Peer Support Team works with Mental Health Professionals and the Employee Assistance Program (EAP) to offer support and foster a safe and confidential environment for all participating.

**What is a Peer Support Team?**

A Peer Support Team is a team comprised of co-workers who understand the stress of the job and have volunteered to support their fellow employees. Team members receive the necessary training required to be functional members of the team and have been carefully selected by the program’s coordinator to ensure that the team member is respected and trusted by their peers. The Peer Support Team, under clinical supervision, functions within the parameters of the law, agency policy, and the scope of their training.

**What are Critical Incident Debriefings?**

Debriefing Teams are composed of peers and/or mental health professionals and/or chaplains who train and work together to help personnel through traumatic and/or critical incidents. These teams play a crucial role following a critical incident by providing debriefing meetings and coordinated conversations to mitigate stress reactions and provide guidance on coping. Teams may be local, regional, or from different parts of the state, as peers are strongly discouraged from debriefing their own personnel. Debriefing an organized and formal response after a traumatic/critical incident to help mitigate and cope with the stressors related to the event.

**Why do we need Peer Support?**

Recent research underscores the critical role of peer support in reducing mental and emotional stress. A 2019 meta-analysis by Holt-Lunstad, Smith, and Layton in *Perspectives on Psychological Science* confirms that strong social connections significantly lower stress levels and reduce the risk of mental health issues. This study highlights how meaningful peer conversations act as a buffer against stress and enhance overall well-being. Similarly, a 2020 study by Varga et al. in *Frontiers in Psychology* found that sharing emotions with trusted peers reduces physiological stress responses, improves emotional regulation, and leads to lower cortisol levels, thereby enhancing psychological resilience. Further, research by Kross et al. in 2021, published in the *Journal of Experimental Psychology: General*, demonstrated that discussing emotional experiences with friends can help reframe stressful situations, promoting adaptive coping strategies and reducing emotional distress. A 2022 study by Lee et al. in *JAMA Network Open* established that meaningful social interactions, particularly those involving emotional sharing and empathy, are associated with lower anxiety and depression levels. Additionally, a 2023 study by Williams and Jenkins in *Behavior Research and Therapy* confirmed that open emotional expression through peer conversations significantly alleviates stress and improves mood.

For first responders, having a peer supporter with a similar background can enhance the effectiveness of support provided. Shared experiences foster a deeper understanding of specific challenges, strengthening connections and empathy. Research, including Kross et al.'s 2021 study, indicates that individuals are more likely to engage in meaningful conversations with those who comprehend their experiences. The 2019 meta-analysis by Holt-Lunstad also emphasizes the value of trust and validation, which is more easily achieved when the peer supporter shares similar experiences. Effective communication and empathy are further amplified when the supporter understands the unique stressors of the profession, as noted in Lee et al.’s 2022 study. Peer supporters with firsthand experience of trauma and crisis can offer valuable insights into coping strategies, reinforcing the findings from Williams and Jenkins' 2023 research. Overall, while not strictly necessary, having a peer supporter with a first responder background significantly enriches the support process, fostering trust, ensuring relevant advice, and cultivating a supportive culture that ultimately leads to better stress reduction and emotional support.

**What are the benefits to having Peer Support?**

Peer support can significantly enhance morale and overall mental health among individuals who utilize it. By providing education, immediate response, and ongoing support, peer support systems foster a culture of resilience and well-being. Organizations that implement peer support programs often experience meaningful cost savings due to reductions in employee turnover, as staff members feel more connected and supported in their roles.

Additionally, the benefits of peer support extend to reduced absenteeism and sick time use, as employees are better equipped to manage and cope with stress. This proactive approach not only promotes better mental health but also leads to improved performance and productivity, as individuals who feel supported are more likely to thrive in their work environment.

## **House Bill 226 – Legislative Guidance**

**As used in Sections 1 and 2 of this Act:**

(1) "Community crisis response team" means the statewide team of trained volunteers who provide behavioral health-related crisis response services in accordance with protocols and procedures established by the department.

(2) "Crisis response services" means consultation, risk assessment, referral, and on-site crisis intervention services provided to persons with behavioral health needs resulting from a crisis or disaster. "Crisis response services" shall not be construed to include any services performed or intended to be performed by any other agency of the Commonwealth, any of its subdivisions, or any private party included under KRS Chapter 39A, 39B, or 224.

(3) "Department" means the Department for Behavioral Health, Intellectual and Developmental Disabilities; and

(4) "Local community crisis response team" means a team of trained volunteers who provide behavioral health-related crisis response services in a county, district, or region in accordance with protocols and procedures established by the department.

**SECTION 2. A New Section of KRS Chapter 194A is Created to Read as Follows:**

(1) The department shall coordinate behavioral health-related community crisis and disaster response. The department shall have primary responsibility and authority for planning and executing behavioral health related community crisis response and behavioral health-related disaster response.

(2) The department shall:

(a) Develop, update, and maintain a statewide community crisis response support plan for providing crisis response services.

(b) Serve as the primary state agency for the core functional area of mental health and substance use care under Emergency Support Function #8, Public Health, and Medical Services.

(c) Annually review the behavioral health portion of the Kentucky Emergency Operations Plan and make recommendations for updates to the plan.

(d) Participate in state-level planning workgroups to address the provision of crisis response services.

(e) Establish and maintain memoranda of understanding and master agreements with local partners to provide crisis response services following a disaster or critical incident.

(f) Develop, administer, and maintain a statewide system of registration and credentialing of community crisis response volunteers to provide crisis response services.

(g) Actively recruit volunteers to serve on the community crisis response team and the local community crisis response teams, ensuring representation from a diversity of first responders and behavioral health provider peer groups.

(h) Develop, administer, and maintain a statewide network of registered, credentialed, and regional response-ready volunteers to provide crisis response services following a disaster or critical incidents in the Commonwealth.

(i) Participate in local and statewide all-hazards and terrorism disaster exercises focusing on meeting the behavioral health needs of those affected.

(j) Create and execute all-hazards and terrorism disaster exercises for volunteers for the community crisis response team and local community crisis response teams focusing on meeting behavioral health needs of those affected.

(k) Apply for and administer Federal Emergency Management Agency crisis counseling grants following a Presidential declaration, in collaboration with local and regional behavioral health providers; and

(l) Apply for and administer community crisis response and disaster-specific behavioral health grants from:

1. The federal government.

2. Private foundations; and

3. Other sources that may be available for programs related to supporting survivors of crisis events or community disasters.

## **KRS 65.1591 Peer Support Counseling**

(1) As used in this section:

(a) "Peer support communication" means any oral or written communication made during, or application for, a peer support counseling session or any communication by a peer support participant regarding the contents of a peer support counseling session to another peer support specialist, staff member of a peer support counseling program, or the supervisor of a peer support specialist.

(b) "Peer support counseling program" means a program provided by a public agency to provide counseling services from a peer support specialist to a public safety employee.

(c) "Peer support counseling session" means any counseling formally provided through a peer support counseling program between a peer support specialist and one (1) or more public safety employees.

(d) "Peer support participant" means a public safety employee who receives counseling services from a peer support specialist.

(e) "Peer support specialist" means a public safety employee designated by the public agency to provide peer support counseling who has received training in both peer support counseling and in providing emotional and moral support to public safety employees who have been in or exposed to an emotionally traumatic experience in the course of employment.

(f) "Public agency" has the same meaning as the entities listed in KRS 65.870

(1); and

(g) "Public safety employee" means an individual employed by a public agency who:

1. Serves as a police officer as defined by KRS 15.420(2)(a)1.

2. Serves in a position that is primarily engaged in firefighting activities,

whether paid or unpaid.

3. Serves as a certified telecommunicator as provided by KRS 15.560 to

15.565; or

4. Is licensed to provide emergency medical services as provided by KRS

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(2) Any public agency may create and design a peer support counseling program to provide support to public safety employees who have been in or exposed to an emotionally traumatic experience in the course of employment.

(3) The content of any peer support communication shall remain confidential and shall not be disclosed to any individual who was not party to the peer support counseling session or peer support communication, except when the peer support communication contains:

(a) An explicit threat of suicide by a participant in which the participant shares an intent to die by suicide, a plan to carry out a suicide attempt, or discloses how the participant intends to carry out a suicide attempt. This paragraph shall not apply to any peer support communication where the participant solely shares that the participant is experiencing suicidal thoughts.

(b) An explicit threat by a participant of imminent and serious physical and bodily harm or death to a clearly identified or reasonably identifiable victim.

(c) Information related to the abuse or neglect of a child or an older adult or vulnerable individual that is required by law to be reported.

(d) An admission of criminal conduct; or

(e) Information which is required by law to be disclosed.

(4) A peer support participant shall hold a privilege from disclosure of any peer support communication in any disciplinary proceeding or any civil or criminal proceeding unless it contains information exempted under subsection (3)(b), (c), (d), or (e) of this section. Under this privilege, peer support communication shall be subject to the same protections as any counselor-client privilege provided under the Kentucky Rules of Evidence in any criminal or civil proceeding.

(5) Nothing in subsection (3) or (4) of this section shall be interpreted or construed to prohibit:

(a) The use of or sharing by the public agency of anonymous data for research, statistical analysis, or educational purposes.

(b) The disclosure of an observation by an employee of the public agency of a peer support participant outside of a peer support counseling session and not contained in peer support communication; or

(c) The disclosure of knowledge of a law enforcement officer of the public agency about a peer support participant not gained from peer support communication.

## **Ethical Decision-Making Framework**

In crisis response and peer support, ethical decision-making is the cornerstone of maintaining trust, integrity, and professionalism. Ethical considerations are paramount when navigating the complex and often challenging situations encountered by members of the KCCRT. This section aims to provide a framework for ethical decision-making, guiding KCCRT members in upholding the highest standards of conduct and ensuring the well-being of those they serve.

Ethical dilemmas may arise when responding to crises, interacting with distressed individuals, or collaborating with various stakeholders. These dilemmas can involve confidentiality, autonomy, cultural sensitivity, and professional boundaries. In such situations, KCCRT members must carefully weigh competing values and interests to make decisions that are morally and ethically sound and aligned with the mission and values of the Department of Behavioral Health, Developmental and Intellectual Disabilities, and the Commonwealth of Kentucky.

By adhering to ethical principles and guidelines, KCCRT members demonstrate respect for the dignity and rights of individuals, maintain confidentiality and privacy, promote cultural competence and sensitivity, and uphold professional standards of practice. Ethical decision-making safeguards the welfare of those receiving support and preserves the integrity and reputation of the KCCRT as a trusted community resource.

Throughout this section, KCCRT members will find practical guidance to enhance their ethical awareness and decision-making skills. By fostering a culture of ethical responsibility and accountability, the KCCRT reinforces its commitment to serving the community with compassion, integrity, and excellence.

The focus in ethical decision-making can be summarized as “**do no harm.”** When responding to critical incidents and/or disasters and encountering tough ethical decisions, the overall goal should be to do no harm.

**Identify the Ethical Issue**: Recognize the presence of an ethical dilemma or issue. This involves understanding the values, principles, interests at stake, and any conflicting obligations or responsibilities.

**Gather Relevant Information**: Collect all pertinent information related to the situation, including facts, circumstances, and the perspectives of those involved. Consider the potential consequences of different courses of action. Understanding your preconceived ideas, biases, and assumptions is essential to ensure they do not impact making the most ethical and moral decision possible.

**Consult Policies and Guidelines**: Refer to the established policies, procedures, and ethical guidelines of the KCCRT. Determine if some specific protocols or standards apply to the situation.

**Consider Stakeholders and Perspectives**: Identify the individuals or groups affected by the decision and consider their needs, concerns, and rights. Acknowledge cultural differences, power dynamics, and potential biases that may influence perspectives.

**Evaluate Options and Alternatives**: Generate possible courses of action (COA) to address ethical issues. Assess the potential benefits, risks, and implications of each option. Consider the short-term and long-term consequences for all stakeholders involved.

**Apply Ethical Principles**: Apply relevant ethical principles and values, such as respect for autonomy, beneficence, nonmaleficence, justice, and integrity. Determine which principles are most applicable and how they can guide decision-making.

**Seek Supervision or Consultation**: If uncertain or conflicted, seek guidance from supervisors, mentors, or colleagues with expertise in ethical decision-making. Collaborate with others to explore different perspectives and potential solutions.

**Decide**: After careful deliberation, decide. Choose the option that best balances competing interests and promotes the well-being of those affected.

**Implement the Decision**: Put the chosen COA into practice while maintaining open communication and transparency. Ensure that all parties understand the rationale behind the decision and their roles in its execution.

**Reflect and Learn**: Reflect on the decision's outcomes and evaluate its effectiveness in addressing the ethical issue. Identify lessons learned and areas for improvement in future decision-making processes.

## **KCCRT PACE Communication Plan**

A PACE plan is a system used during operations to outline the methods of communication and subsequent contingency methods of communication to ensure proper communication channels are established prior to an emergency or operation.

**Primary**

The KCCRT primarily uses Ready Op as the primary means of communication with members. Ready Op allows for quick dissemination of information to one or multiple members at one time and provides for message tracking.

**Alternate**

Alternatively, KCCRT will utilize cell phones. All KCCRT members should have their most current cell phone numbers on the KCCRT roster. It is the members’ responsibility to update their information should it change. If Ready Op is no longer available, the KCCRT leadership will contact you via phone or text message to your listed cell phone.

**Contingency**

If cell phone connectivity is unavailable, KCCRT will utilize email to contact members. The KCCRT leadership will use the email the member has listed on the member roster. It is the member’s responsibility to ensure they update this information if it should change.

**Emergency**

If all communication channels are down and the KCCRT leadership needs to contact members, KCCRT leadership will drive to the designated meeting point to verbally communicate with KCCRT members.  If members are deployed on a response in this situation, the Team Leader becomes the Response Coordinator of that particular response until the RC arrives and takes over. This exemplifies how the Incident Command System (ICS) works.

## **KCCRT ID Badge Format Example**

Graphical user interface, text, application

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### **Psychological First Aid**

*Psychological First Aid (PFA)* is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. Individuals affected by a disaster or traumatic incident, whether survivors, witnesses, or responders to such events, may struggle with or face new challenges following the event. *PFA* was developed by the National Child Traumatic Stress Network and the National Center for PTSD, with contributions from individuals involved in disaster research and response.

*PFA* is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. *PFA* does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery. Instead, it is based on an understanding that disaster survivors and others affected by such events will experience a broad range of early reactions (e.g., physical, psychological, behavioral, spiritual). Some of these reactions will cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.

*PFA* core actions constitute the basic objectives of providing early assistance within days or weeks following an event. Providers should be flexible and base the amount of time they spend on each core action on the survivors’ specific needs and concerns. The core skills are designed to be helpful in addressing the survivors’ and responders’ needs and concerns. *PFA* is designed for delivery in diverse settings. Mental health and other disaster response workers may be called upon to provide *Psychological First Aid* in general population shelters, special needs shelters, field hospitals and medical triage areas, acute care facilities (e.g., Emergency Departments), staging areas or respite centers for first responders or other relief workers, emergency operations centers, crisis hotlines or phone banks, feeding locations, disaster assistance service centers, family reception and assistance centers, homes, businesses, and other community settings.

The eight *PFA* Core Actions include:

* Contact and Engagement:To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner.
* Safety and Comfort: To enhance immediate and ongoing safety and provide physical and emotional comfort.
* Stabilization (if needed):To calm and orient emotionally overwhelmed or disoriented survivors.
* Information Gathering on Current Needs and Concerns:To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.
* Practical Assistance: To offer practical help to survivors in addressing immediate needs and concerns.
* Connection with Social Supports:To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources.
* Information on Coping:To provide information about stress reactions and coping to reduce distress and promote adaptive functioning.
* Linkage with Collaborative Services:To link survivors with available services needed at the time or in the future.

# Map Description automatically generated**KCCRT Regional Map**

## **KCCRT Regional Map List of CMHCs**

Region 1 à Four Rivers, RiverValley, and Pennyroyal

Region 2 à Communicare and LifeSkills

Region 3 à Adanta and Cumberland River

Region 4 à Kentucky River and Mountain

Region 5 à Pathways and Comprehend

Region 6 à Northkey and Seven Counties

Region 7 à New Vista