November Meeting Summary



Last Meeting: September 9, 2026 at 1:30 p.m., Webex only

Next Meeting: January 13, 2027 at 1:30 p.m., Webex (possibly hybrid)

Overview of the November 4th 2026 Meeting of the KCR COAD

*****Please refer to the presentation slide deck and additional materials posted to the COAD's website. This is only an AI generated summary and does not reflect the entire contents of this meeting on November 4, 2026. The meeting was recorded in its entirety. If you would like a copy of that link, please do not hesitate to reach out!*****

Presenter Contact Information:

- **Dan Reece, danntab1@msn.com**
- **Peggy Goronflo, peggyg@beaconmh.org**

Overview

Key participants: Jennifer LHeureux (chair/facilitator), Dan Reece (emergency management/COAD planning), Peggy Gornflow (behavioral health/crisis intervention), John Ezell (Mass Care chair), Barry Kramer (behavioral health resources), Todd Jordan (United Way/financial management), Steve

Robinette (incoming Planning chair), Aly Breeze (treasurer), and committee leads and attendees including Lorie Snyder and Randy Hartmann. Total number of participants was 30.

Main Topics and Outcomes

The meeting includes an in-depth presentation on responder and community behavioral health (definitions, risk factors, symptoms, immediate responses, and post-incident care) followed by committee report-outs covering Mass Care, Planning/Training/Exercise, Donations/Financial Management, Volunteer Management, and state behavioral health resources. Barry Kramer shares that the Missouri Department of Mental Health Office of Disaster Services is a key resource and announces a statewide disaster behavioral health conference March 10–12 in Columbia; he posts the office website link and the save-the-date to the chat and meeting minutes as committed. Jennifer announces Steve Robinette will chair Planning, Training & Exercise after Thanksgiving and that the committee is actively planning the next exercise.

Decisions and Commitments

Jennifer commits to posting slide decks, presenter contact information, and meeting materials to the COAD website; Barry Kramer commits to sharing the Office of Disaster Services link and the conference save-the-date in the chat and minutes; John Ezell and Mass Care commit to continuing intern-driven projects and to the December 16 Mass Care meeting planning; Jennifer sets the next general membership meeting tentatively for January 13, 2027 at 1:30 PM on Webex. United Way and partners commit to ongoing targeted financial assistance and distribution of prepaid debit cards for households still struggling.

Concerns and recommendations: Presenters and attendees express concern about responder fatigue, cumulative trauma, and households still facing unmet recovery needs because the incident scale did not trigger larger disaster activation. Recommendations include proactive staffing

rotations, early screening and referral to licensed behavioral health professionals, documented checklists and exercises for EOC/MARC operations, targeted financial assistance for vulnerable households, and maintaining skill-based volunteer matching to ensure safety.

Next Steps and Resources

Committees will continue drafting protocols (AFN, Children & Disasters), recruit committee members (Spiritual Care, Mass Care subcommittees), and plan upcoming exercises and trainings. Attendees are encouraged to use posted materials, contact Peggy or Barry for behavioral health resources and referrals, and engage with the statewide disaster behavioral health conference in March if interested.

Detailed Summary

Meeting minutes approval

The group votes to approve the September meeting minutes and confirms distribution and posting to the website. Attendance notes include a light comment about a participant's cat which will be added to the attendance list. The bi-monthly report-out is also confirmed as posted with no questions.

Lorie Snyder motions to accept the September minutes and John Ezell seconds the motion as recorded by Jennifer LHeureux.

Jennifer LHeureux states the September minutes will be posted to the website today.

Jennifer LHeureux confirms the bi-monthly report-out is distributed and posted with no questions from attendees.

Responder Roles Definitions

Dan Reece clarifies the distinction between first responders (those who arrive first and directly encounter traumatic scenes) and emergency responders (who support operations after sites are secured). Understanding roles matters because exposure and expected tasks differ and informs what behavioral supports will be needed and when.

Dan Reece explains a first responder is typically the initial on-scene person (police, fire, EMT) who is more likely to directly experience traumatic exposure.

Dan Reece describes emergency responders as personnel who support operations after scenes are secured and who are therefore less likely to directly encounter human remains or acute trauma.

Dan Reece advises attendees to identify their role to set realistic expectations for likely exposures and the type of behavioral support they may need.

Examples of Traumatic Exposure

Dan shares personal examples (discovering a body on a highway and experiences from military deployments) to illustrate how traumatic exposure can present and why screening and follow-up matter. He emphasizes that even non-first-responder volunteers may witness trauma indirectly and should know signs to prompt referral to professionals.

Dan Reece shares a personal incident where he encountered an injured person and connected the teen to Peggy's services as an example of linking people to follow-up help.

Dan Reece describes military post-deployment screening practices as an example of proactive behavioral health checks.

Dan Reece underscores that emergency managers and volunteers can be exposed indirectly and should recognize symptoms and refer to behavioral health professionals.

Behavioral Health in EOC/MC Operations

Dan describes mission-analysis work in Emergency Operations Centers (EOCs) after incidents and explains why behavioral health is a key mission set for events like the Smithville tornado. He stresses integrating behavioral health specialists into response planning and operations to address community and responder needs.

Dan Reece outlines that mission analysis in the EOC identifies behavioral health as a core mission set for tornado response.

Dan Reece notes Peggy and her team were prepared to provide behavioral support during the Smithville tornado response.

Dan Reece recommends keeping behavioral health on the top of EOC priorities when incidents involve trauma or potential loss of life.

Responder Fatigue and Staffing

Dan and Peggy highlight responder fatigue risk from long shifts and consecutive days of work, noting a local example where staff worked ~10-hour days for multiple days and reached a breaking point. They recommend appropriate staffing, rotation, and monitoring to prevent burnout and ensure safe, sustainable operations.

Dan Reece reports a volunteer pulled long shifts (about ten hours a day for four to five days) and became overwhelmed, prompting a relief handoff.

Dan Reece recommends proper staffing levels, rotation, and using quick-start guides and processes to reduce chaos and fatigue.

Peggy Gornflow emphasizes disrupted sleep and extended shifts as major risk factors that worsen trauma symptoms and overall functioning.

Trauma Definitions and Pathways

Peggy defines trauma clinically (exposure to actual or threatened death, serious injury, or sexual violence) and outlines four exposure pathways: direct exposure, witnessing, learning about events affecting close others, and occupational exposure. She clarifies that many people experience trauma without developing PTSD and that early recognition and support can mitigate long-term effects.

Peggy Gornflow explains four trauma pathways: direct exposure, witnessing, learning about others' trauma, and occupational exposure.

Peggy Gornflow clarifies that trauma exposure does not always result in PTSD and many cases respond well to therapy or early supportive interventions.

Peggy Gornflow recommends focusing on recognition and referral rather than attempting to clinically treat trauma without proper credentials.

Who is Affected and Risk Factors

Peggy stresses that anyone in the community can experience trauma, including responders, family members, and bystanders. She lists risk factors that increase vulnerability such as repeated exposure, long shifts, disrupted sleep, high operational demands, limited recovery time, and cumulative critical incidents.

Peggy Gornflow states trauma can affect anyone including responders, their families, and community members.

Peggy Gornflow lists repeated exposure, extended shifts, disrupted sleep, high operational demands, and cumulative incidents as factors that increase trauma risk.

Peggy Gornflow recommends proactive check-ins and rest cycles to reduce cumulative impact on responders.

Indicators of Trauma

Peggy outlines physical (exhaustion, headaches, sleep disruption), emotional (anxiety, irritability, numbness, survivor guilt), cognitive (concentration problems, intrusive thoughts), and behavioral (withdrawal, increased substance use, risk-taking) indicators to watch for. She emphasizes that many indicators are treatable and that early detection is important.

Peggy Gornflow lists exhaustion, headaches, and disrupted sleep as common physical signs of trauma.

Peggy Gornflow identifies emotional signs including irritability, anger, guilt, sadness, emotional numbness, and survivor guilt.

Peggy Gornflow warns that increases in alcohol use or risk-taking after an incident are red flags that require attention and support.

Trauma-Specific Symptoms

Peggy details trauma-specific symptoms such as repeated nightmares, flashbacks, avoidance, hypervigilance, exaggerated startle, impaired judgment, and slowed reactions. She notes that these symptoms commonly affect first responders and that evidence-based treatments, including medication and therapies like EMDR, can help reduce symptom severity.

Peggy Gornflow highlights repeated nightmares and flashbacks as trauma-specific symptoms that may be treatable with targeted therapies or medications.

Peggy Gornflow notes avoidance and hypervigilance are common in first responders but become problematic when they hinder daily life.

Peggy Gornflow recommends evidence-based approaches such as EMDR and pharmaco-therapy for appropriate cases.

Immediate Risk Responses

Peggy emphasizes immediate intervention for suicidal ideation, risk of harm to others, severe disorientation, or acute medical concerns. She urges taking any suicidal comments seriously, even if made jokingly, and promoting nonjudgmental, confidential pathways to behavioral health support.

Peggy Gornflow instructs that any expression of suicidal thoughts requires immediate help and referral to crisis services.

Peggy Gornflow advises taking joking remarks about self-harm seriously and asking directly about intent when appropriate.

Peggy Gornflow encourages offering confidential behavioral health screenings and removing stigma around seeking help.

Support and Post-Incident Care

Peggy recommends offering confidential behavioral health screenings, voluntary peer support, debriefs (post-critical incident seminars), family education, culturally competent clinicians, and ongoing follow-up to reassess symptoms and refer for clinical evaluation. She highlights regional

resources and programs (e.g., The Battle Within, Warrior organizations, post-critical incident seminars) and offers to connect attendees to local providers.

Peggy Gornflow recommends offering confidential behavioral health screenings and voluntary peer support after incidents.

Peggy Gornflow advocates for structured debriefs and post-critical incident seminars to reduce burden and promote recovery.

Peggy Gornflow offers to connect attendees to culturally competent clinicians and regional resources such as The Battle Within and similar programs.

Personal Survivor Experiences

Attendees share personal accounts illustrating long-term impacts of cumulative exposure and survivor guilt. Randy Hartmann describes delayed grieving and a protracted process for obtaining disability retirement due to occupational trauma, while Jennifer and others recall sensory triggers that bring back traumatic memories years later.

Randy Hartmann describes delayed grief and cumulative occupational trauma that required 18 months of counseling and a fight for disability retirement.

Jennifer LHeureux and Peggy note that sensory triggers (such as a song or smell) can bring immediate, vivid recall of past traumatic incidents.

Randy Hartmann reports that advocacy and persistence led to a reversal of an initial denial for mental health disability retirement.

Pre-incident Preparedness

Peggy and Dan recommend preparatory actions including Psychological First Aid, Mental Health First Aid, Critical Incident Stress Management training, establishing personal therapists or EAP access, and building clear processes and checklists for EOC and MARC operations. Regular training, exercises, and documented quick-start guides reduce chaos and help protect responders from fatigue and poor judgment.

Peggy Gornflow recommends Mental Health First Aid, Psychological First Aid, and Critical Incident Stress Management as preparatory trainings.

Peggy Gornflow advises staff and responders to identify a therapist or EAP resource in advance as a preventive practice.

Dan Reece recommends using and exercising written processes, checklists, and quick-start guides for EOC and MARC operations to reduce stress and prevent 'helmet fire' reactions.

Behavioral Health Resources and Offers

Peggy lists regional and national resources (post-critical incident seminars, The Battle Within, Warrior organizations, vetted clinicians) and offers to share contacts and help attendees find culturally competent clinicians in their areas. Presentations and slide decks will be posted and presenter contact information will be made available on the website.

Peggy Gornflow provides resources such as The Battle Within and post-critical incident seminars and offers to share additional vetted clinician contacts.

Jennifer LHeureux states slide decks and presenter contact information will be posted to the website tonight.

Peggy Gornflow offers individual follow-up by phone or text to connect attendees with local behavioral health resources.

Committee Report Outs Overview

The meeting transitions to committee report-outs: Access and Functional Needs is integrating AFN coordinator responsibilities and drafting response protocols; Spiritual Care is initiating committee recruitment and planning its first meeting; Children and Disasters is drafting trauma-sensitive shelter/mark protocols focused on child-friendly spaces; Long Term Recovery has resumed meetings and is actively supporting families with complex needs; Mass Care & Health/Medical report includes intern-driven projects to recruit partners, produce toolkits and templates, and plan a mass care exercise.

Jennifer LHeureux reports the Access and Functional Needs committee will review draft response protocols and work to integrate an AFN coordinator into EOCs.

Jennifer LHeureux announces Kevin Hardy is launching the Spiritual Care committee and recruiting members with an initial meeting planned soon.

John Ezell reports the Mass Care & Health committee engaged an intern to draft committee descriptions, a multi-agency resource toolkit, templates, and to identify additional partner organizations for COAD recruitment.

Mass Care Next Steps

John Ezell summarizes ongoing mass care work: recruiting new members for feeding, sheltering subcommittees, maintaining medical reserve core volunteer information, reviewing intern outputs, and planning a mass care exercise. He will be out for two weeks, and the next Mass Care meeting is scheduled for December 16; he is seeking a guest speaker for that meeting.

John Ezell states the mass feeding team is recruiting new members and the sheltering subcommittee continues to monitor needs.

John Ezell explains the intern produced committee descriptions and a multi-agency resource toolkit and will next identify additional organizations to recruit to the COAD.

John Ezell announces the Mass Care meeting on December 16 and requests a guest speaker while noting he will be out for two weeks.

State Behavioral Health Resources

Barry Kramer shares information about the Missouri Department of Mental Health Office of Disaster Services and announces a statewide disaster behavioral health conference scheduled for March 10–12 in Columbia. He encourages attendees to watch for registration and adds that he will post the office website and the save-the-date into the meeting chat and minutes for broader access.

Barry Kramer highlights the Missouri Department of Mental Health Office of Disaster Services as a resource and says he will post the office website in the chat.

Barry Kramer announces a disaster behavioral health conference on March 10–12 in Columbia and encourages interested attendees to register when registration opens.

Barry Kramer offers to include the save-the-date and the resource link in the meeting minutes.

Planning and Leadership Updates

Jennifer announces leadership changes and planning activity: Steve Robinette will chair Planning, Training & Exercise after Thanksgiving and the committee is actively planning the next exercise, which may coordinate with Windemere County. She emphasizes his experience leading feeding efforts and his collaboration with other COAD leaders.

Jennifer LHeureux announces Steve Robinette as the incoming chair for Planning, Training & Exercise beginning after Thanksgiving.

Jennifer LHeureux states the Planning, Training & Exercise committee is actively planning the next exercise and may coordinate with Windemere County.

Jennifer LHeureux notes Steve Robinette's experience leading the feeding subcommittee and his established partnerships within the COAD.

Donations and Financial Updates

Donations management and financial reports indicate ongoing support for households affected by recent incidents, but some needs persist because the scale didn't trigger larger disaster activation. United Way and local partners continue to distribute funds and prepaid debit cards to address urgent housing and repair gaps. Jennifer and Todd note remaining households still struggle and local agencies are coordinating assistance as needed.

Todd Jordan reports United Way provided funds to the Winedale Health Foundation and distributed prepaid debit cards to agencies assisting affected households.

Todd Jordan states some households continue to need assistance for hotel stays and repairs because the incident scale did not trigger broader disaster activation.

Jennifer LHeureux confirms local agencies are coordinating targeted support for the hardest-hit households and that offers for short-term hotel assistance have been discussed.

Volunteer Management Updates

Volunteer Management is expanding its roster to include specialized skills such as debris management and continues to provide onsite background checks to safely match volunteers to tasks. The committee emphasizes safe deployment and skill-based matching to avoid assigning volunteers to tasks they are not qualified to perform.

Jennifer LHeureux reports Volunteer Management is recruiting volunteers with specialized skills such as debris management.

Jennifer LHeureux states the volunteer system continues to support onsite background checks and skill matching to ensure safe volunteer deployment.

Jennifer LHeureux emphasizes the goal of matching volunteers to tasks they are qualified to perform to reduce risk.

Closing Logistics and Next Meeting

Jennifer confirms the COAD bank balance, reminds attendees this is the last general membership meeting for the year, and sets the next meeting tentatively for January 13, 2027 at 1:30 PM on Webex. She thanks members for their contributions, posts meeting materials to the website, and encourages members to reach out over the break for support.

Jennifer LHeureux reports the COAD bank account balance as $9,860.93, as provided by Treasurer Aly Breeze.

Jennifer LHeureux states the next general COAD membership meeting is tentatively scheduled for January 13, 2027 at 1:30 PM on Webex and that materials will be posted to the website.

Jennifer LHeureux thanks attendees for their time and contributions and invites members to reach out if they need support over the interim.

Thank you to all of our COAD partners for the amazing work that you do every day to keep communities safe. It is an honor to serve with all of you.

Jennifer L. L'Heureux, Ph.D.

Chief of Children's Community Operations-NW, MO DMH-DBH

KCR COAD-Chair

SOCCEED-Chair

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