

## Promising Practices in Disaster Behavioral Health Planning: Building Effective Partnerships

July 27, 2011

Moderator: Let's begin with Promising Practices in Disaster Behavioral Health: Building Effective Partnerships. The webinar will feature Ms. Terri Spear, Emergency Coordinator of the SAMHSA Office of Policy, Planning & Innovation; Ms. Lori McGee, Training and Curriculum Manager of SAMHSA DTAC; and Dr. Curt Drennen of the Colorado Department of Public Health and Environment Emergency Preparedness and Response Division. We will start with Ms. Terri Spear. Ms. Spear serves as Emergency Coordinator in the Substance Abuse and Mental Health Services Administration, Division of Policy Coordination where she coordinates the SAMHSA response in emergency situations, including ensuring cross-SAMHSA coordination regarding terrorism and mass trauma events. She serves as the primary SAMHSA liaison with counterparts in other Federal, State, local, and voluntary agencies, organizations, and governments participating in crisis response operations. Ms. Spear earned master of education in counseling psychology from the State University of New York at Buffalo. Please welcome Ms. Terri Spear.

Ms. Spear: SAMHSA wishes to take this opportunity to welcome all of those accessing this webinar. The development of this series is directly linked to the efforts SAMHSA included in its March 2011 document, *Leading Change: A Plan for SAMHSA Roles and Actions, 2011–2014*. SAMHSA introduces eight new strategic initiatives that will guide SAMHSA's work to help people build strong communities, prevent behavioral health problems, and promote better health. This initiative falls under trauma and justice. Research has shown that 8.9 percent of men and 15.2 percent of women in the U.S. report a lifetime experience of natural disasters. Further, we know that over the past 10 years the number of disasters occurring across the country each year ranges between 65 and 100 federally declared disasters and we know that many more occur that are not declared. Planning is of utmost importance and this series is focused on disseminating the best of what is known to equip the best response possible with the resources at hand. This is the third webinar in a series of nine webinars presented by SAMHSA. It is intended for all of those that are participating today and anyone who has responsibility for disaster planning, response, and recovery. Today's program is about 60 minutes in length.

Moderator: Thank you Ms. Spear. I would now like to introduce Ms. Lori McGee. Ms. McGee serves as the Training and Curriculum Manager for SAMHSA DTAC. She has more than 11 years of experience working with program and curriculum developers to improve services using evaluation findings. At SAMHSA DTAC she supervises the development of trainings both in person and web based. She is also the lead on the Crisis Counseling Assistance and Training Program activities. Ms. McGee has worked with at-risk and delinquent youth populations, populations receiving mental health services, women and families in crisis, and minority students. She has prior experience in providing counseling and legal services to survivors of domestic violence and in developing programs to reduce and prevent violence in

schools. Ms. McGee holds bachelor's in psychology from Barnard College and master's in criminology and criminal justice from the University of Maryland, College Park. Please welcome Ms. Lori McGee.

Ms. McGee: Thank you. Welcome back to all of those who are joining us again. A big welcome to those who might be joining us for the first time. This is a little about SAMHSA DTAC. We were established by SAMHSA and we support their efforts to prepare States, Territories, and Tribes to deliver effective behavioral health response. That includes mental health and substance abuse together. Our services are free to those who request them. A little bit about our services. We provide consultations and training on various DBH topics that includes disaster preparedness and response, various acute interventions and promising practices, and also DBH response to special populations. That can include assistance by DTAC staff or deployment of an expert consultant in the field. We also provide dedicated training and technical assistance for such grants as the FEMA Crisis Counseling Assistance and Training Program that is commonly referred to as the CCP and I believe a lot of you are familiar with that program. Also, we provide identification and promotion of promising practices in disaster preparedness and planning of which this webinar is a part of. Promising practices planning is a multi-step project. You heard Ms. Spear talk about the series of webinars that we have of which this is one. In addition to that, you can stay tuned for more information on promising practices as we developed products and come together for a large meeting facilitation to promote those practices. In addition to the services that we provide, we also have a lot of resources at SAMHSA DTAC. One of our primary sources of information is the Disaster Behavioral Health Information Series, as we call the DBHIS. That contains themes, resources, and toolkits, various information around DBH preparedness and response to specific disasters such as a flood or a tornado and in regards to specific population such as children and youth or public safety workers. You can visit our website and find more information on our DBHIS. We also have a few e-communications you see here, the *SAMHSA DTAC Bulletin*. That is a monthly newsletter that provides some new resources as they come out and information about upcoming events. You can subscribe to that by emailing us at [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov). We produce *The Dialogue*. That is a quarterly journal and that contains articles that are written by professionals in the field. You can subscribe to that by visiting the SAMHSA website and there is further information here on how to navigate through that by entering your email address in the mailing list box and then selecting *The Dialogue* as your preferred publication to receive. Finally here we have the SAMHSA DTAC Discussion Board where we post resources and ask questions of the field. Sometimes we will post a question to see what is of interest to you or just highlight certain upcoming events and resources that can be found. To subscribe to that you can visit the website listed here. Finally, this is our general contact information. If you find yourself in need of any training or technical assistance related to disaster behavioral health we encourage you to call us, we have a toll free number, which is 1-800-308-3515. You can email us at [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov) or you can visit our website to browse around and see what else we have to offer. Here listed is our Project Director Dr. Amy Mack and her direct phone line and email address. I know she would be happy to hear from any one of you. Thank you very much.

Moderator: Thank you so much Ms. McGee. I now would like to introduce Dr. Curt Drennen. Dr. Drennen is with the Colorado Department of Public Health and Environment Emergency Preparedness and Response Division managing the Disaster Behavioral Health Services Section. For the past eight years he has been Colorado's Behavioral Health Disaster Coordinator, working across the fields of public health, emergency management, and human services and behavioral health while building a top-quality disaster behavioral health response system. Please welcome Dr. Drennen.

Dr. Drennen: Good afternoon everyone. I want to take a little bit to thank SAMHSA for their ongoing support of the developmental processes of disaster behavioral health. This webinar series being an important part of that process. I also want to thank all of you for taking time out of your busy schedules to

join us today. The process of building really strong disaster behavioral health partnerships is an ongoing challenge and I hope that you will find what we cover today helpful. We have some core objectives that I want to cover today as we go over effective partnerships. The first is that I want to define and identify the core components of effective partnerships. I will follow this by some specific guidance on developing such partnerships and then finally I am going to close the webinar with illustrating the processes through an introduction to Colorado's Crisis and Education Response Network. We will utilize my experience with partnerships as an illustration. Into the process of building effective partnerships, I hold some basic assumptions. First, effective partnerships are absolutely necessary. The delivery of disaster behavioral health is too large of an activity to be handled effectively by any one organization or agency. Without effective partnerships in place prior to the disaster we risk the negative impact on individuals, families, and communities. This of course leads me into my next assumption and somewhat of a mantra in the disaster response community. This being, disasters are the worst time to hand out business cards. Unfortunately, this happens all too often and I have seen it play out multiple times. A disaster happens in a community that has not experienced an event of significance in the recent past, resulting in a behavior health response that is difficult at best. Effective partnerships are crucial to build those relationships that the response rests upon. Finally, I assume that those agencies and organizations that wish to step up and be a part of any disaster behavioral health response, that they have the best interest of the community at heart. They just don't always have the experience, the training, the leadership, or the organization which will deliver the services. To build an effective partnership one must put significant effort into the planning of the developmental process. When you bring people together, everyone has their own agendas, their own points of view and you have to take some time and effort to get everybody on the same page. In this you have to bring the potentially partnering organizations together to identify and process their values, their goals for a proposed partnership, and the objectives of the partnership itself. Then you want to move into being able to identify a role and a mission for each partner. Without specific roles for all the partners stated clearly you run the risk of individual partners experiencing a negative power dynamic resulting in that partner potentially pulling out of that partnership. Finally, the purpose of the partnership is to get everyone on the same page during the crisis response. It is during this time of chaos that the partnership will shine if agreed-upon structures, plans, and protocols are in place. The purpose of these structures at an organizational level is to act as the necessary guidance to augment leadership when the stress of the event is preventing partner leadership from function effectively. Let's get on the same page with what I mean by effective partnerships. Effective partnerships are defined by effective leadership. I have personally come from a servant leadership perspective, that is, I am focused on trying to remove the barriers that are getting in the way of my partners or in the way of the partnership being as effective as possible. Said differently, I am going to work with you, my partners, to identify what you need to make this partnership work for you. A great starting point and one that effective leaders utilize is to identify a vision of what the partnership will be about. You can do this in multiple ways and I have found it to be effective to bring to the table your specific vision of the partnership. Having formed that vision through previous interaction and relationship with your potential community partners. It really requires us as leaders to step out and cultivate that process even before the partnerships begin. In this process you want to make sure that you give potential partners the opportunity to share their concerns regarding the partnership and how might the partnership impact them negatively. Effective leaders are willing to discuss partners' concerns openly and honestly without taking them on as a negative reflection of one's leadership. One of my favorite books identifies the necessity of maintaining healthy conflict within a team. I would translate that to any community partnership as well. If partners do not experience an ability to challenge the process or do not experience that their concerns or ideas are heard by others in the partnership then the cooperation will end quickly. Fostering safety in conflict is critical. Back to some of the primary concepts of servant leaderships, all too often community agencies and nonprofits experience individuals in government as less than flexible or unwilling to share the process or unwilling for allowing for honest discussion. A key

element here for effective partnerships includes willingly giving up power, allowing the process to be changed by others. This willingness to foster others in challenging the process results in trust and partners that are willing to actively engage in the partnership. This process of giving up power and gaining authority in the process has been titled the power principle. I found this to be a key ingredient in effective partnerships. How do you know when you have an effective partnership? I define it this way, an effective partnership is one where all entities have focused the partnership on a specific set of goals and outcomes, where all partners see themselves as equal in the following key areas. First, they have equal or equitable stature in the partnership with regards to respect and influence. Two, they have equal or equitable power in the partnership with regards to decision making and leadership. Finally, they have equal or equitable responsibility in the delivery of the purpose of the partnership. Said differently, partnerships are about equality not about the hosting organization or individual leading and dictating the process. Finally, any effective partnership must be measurable. That is, we have to be able to determine that the partnership is achieving what it was meant to achieve. You have to set out a vision and a mission so that you have something to compare over time and you have to develop measurable goals and outcomes so that when you are in the middle of a response and after all of the dust settles you can compare what was done to the agreed-upon ideal. This way the partnership can learn and grow from those identified lessons learned. When you consider partnerships within disaster behavioral health we have a host of potential partnerships that have been and can be creative. These can be between our Federal partners, such as the existing partnership between SAMHSA and FEMA and the promotion and support of the Crisis Counseling Assistance and Training Program. These can also be Federal-to-State partnerships or between States such as in the Disaster Behavioral Health Multi-state Consortium. My primary experience stems from building partnerships within States, holding the various partners together that have a stake in a strong disaster behavioral health response. At the State level this includes pulling emergency management, public health, and public education into the process as well as it means pulling in a wide range of potential nongovernmental community leaders that also have a stake in disaster behavioral health. These simply include folks such as your local community behavioral health providers, schools. Schools are often pulled into disasters for a wide variety of reasons. Your whole host of nonprofits, the Red Cross and the Salvation Army. You have victim advocates and then you have all of the private practitioners that want to be involved during a community crisis. We have laid out our foundation so let's walk through the specific steps of building effective partnerships. First, as I stated earlier, you want to define the purpose of the partnership clearly and succinctly. Identifying a definition of this purpose helps people come together and buy into what this partnership will be all about. Inclusion of the disaster behavioral health in communitywide disaster response. Also, being able to identify the role that we play in mitigation of impact on first responders. Finally, an important purpose is coordination of the disaster behavioral health response across jurisdictions, organizations, and agencies. The next key step is to create clear definitions of the roles of each partner in the partnership. This is critical. Such roles may include being the behavioral health lead within an instant command system or community. In Colorado, we identify this within the national response framework as emergency support function 8A, a sub-function within medical and public health. Or, it may be identifying a specific individual organization as the behavioral health command for specific types of disaster. An example would be in a criminal event you want to be able to identify your victim's assistance program as a lead organization in that response. The third important step is to create clear definition of the boundaries of the partnership. It is really easy to have mission creep, you start with a specific idea in mind and with everyone else's ideas and missions and desires that partnerships mission creeps into many other areas. That can bog down the process and make the partnership less effective. You want to be able to identify those boundaries. When is the partnership active? When does the partnership role in the response end? Which organization leads the response and which organization provides support and resources? How do you define that response and the necessary support and resources? Finally, you want to be able to set up clear and succinct mission's goals and outcomes and up front identify clear

demobilization thresholds. When do you send people home? Next you want to finalize the agreements. You spend a lot of time hashing out the details but if you don't finalize those agreements and put them in a formal form such as a memorandum of understanding, an MOU, then the likelihood of losing those agreements is high. In that you want as well as you want your partners to know and understand the pros and cons of the partnership. Finally, you have to spend time maintaining the partnership through consistent and regular meetings, trainings, and exercises. I found that if you don't maintain this constant investment while following a specific community disaster you may have a lot of people wanting to step up to the table, step up to the plate, and be of services; the rest of life quickly gets in the way. If you have any distance between response needs those partners will be busy doing other things if you have not worked hard to maintain those relationships. We have laid our foundation and we are moving into this last section of the webinar. I want to present for you an example of building an effective partnership. Following several events that happened in Colorado over the previous five years it had become apparent in 2006 that how disaster behavioral health was delivered in Colorado needed a change. To start the process, we began informally surveying our local partners on what their experiences had been and what they thought needed to be changed. As the process formalized we sent out an invitation for an initial strategic planning meeting to bring as many partners together as possible. We set our goals high as we wanted to stretch everyone as much as possible and we wanted to accomplish as much as possible in this first meeting. We also wanted to communicate clearly that we didn't want to be a process that dragged on and on. We wanted people to clearly see up front that there was light at the end of the tunnel. Starting out we were very fortunate. We had approximately 60 people representing 40 different organizations come to that initial strategic planning meeting. One of the important things we did for the meeting was sending out a survey to call out what people's hopes were for such a planning process as well as what their concerns were. We specifically focused the survey regarding the viability of such a partnership. Utilizing those survey results, we set out clear goals for ourselves on what we wanted to accomplish in this first planning meeting. Mainly, we wanted to set up a timeline for the development of the partnership and we wanted to be able to split the group into functional subcommittees with clear purposes and goals. Within this first strategic session we set out clearly our vision and mission and that was to create an inclusive, collaborative, and cooperative model of behavioral health disaster response. We identified the set of measurable goals, such as, who else has to be at the table, who did we completely miss and who do we need to reach out to and pull in. We set out the goal that we wanted the partnership to adapt and adopt the national Incident Command System structure and fully be able to integrate within that structure behavioral health. We wanted the formation of a true working partnership across all organizations and agencies that wanted to be a part of disaster behavioral health preparedness and response. That said we wanted people to feel like they were equal partners coming into this process and that it wasn't just governmental organizations within State government dictating a specific process. Finally, we wanted to come out with a standardized set of training objectives and content as well as standardization for credentialing. Once we had set out this initial strategic planning process we identified core goals of the partnerships and, through the development of the protocol process, we defined the following. One, a working structure for the partnership itself. What are those elements that are going to keep the partners at the table and keep them working together? We went about sending that around specific guidance for a unified behavioral health command. Since we have multiple agencies with a variety of expertise and resources, being able to pull all of those organizations together within a unified command structure was critical. We also decided that we wanted to set up specific guidance for unified behavioral health response with various response agencies coming to the table with a huge experience base. Being able to identify what the core components of what the response was all about became critical. We wanted specific guidance for communications not only during the response, but following the response and even before the response. What is going to keep these organizations maintaining the partnership between events as well. Then setting those standards for education and training to be a responder. Then the hard part started. We were able to set that initial

structure, that skeletal structure relatively easily. Everyone was close enough on the same page that that flowed quickly. We had set the hopeful goal of having a partnership ready within 6 to 9 months. We didn't meet that goal even close. But within a year we had a strong set of guidance and were working out the details. We took our time with that process. Instead of pushing through specific guidance, specific expectations we took the time with the details to allow the partnering agencies to take the documents that were being developed back to their governing bodies, allowing them to make suggestions and changes to the document. Fortunately, taking this time provided us with an excellent opportunity and a challenge all at the same time. In the spring of 2008 an F3 tornado tore through several communities in the northern Colorado County, right during the middle of the development of the partnership process. Having had all of those conversations directly impacted the delivery of service during that disaster response. Easily identifying behavioral health as a strength within the community, both during the response, but also moving into recovery because of those relationships and the wide connections that those behavioral health responders had with public health, with emergency management, with governments, with county and local municipality government, mayors, and councils as well. We then were able to utilize this experience to further inform the development of the process, to tweak it, to identify those catches or problems that were minor relatively, but that still needed to be addressed. Utilizing these important lessons learned by December of 2008, exactly two years to the day of the initial strategic planning meeting we had a party where we pulled the executive directors or their representatives from all of the partnering agencies and we sat down and signed this agreement, officially launching the partnership that we now call the Colorado Crisis Education and Responses Network, or COCERN for short. With the partnership formalized we then set about the process of that maintenance and sustainability. Of setting up a governing council comprised of the representation of the core partners and have continued to evolve this process ever since. Through this process I learned a lot as did I believe all of the individuals that worked so hard to bring this partnership to fruition. We learned that through long-term partnerships that strong leadership must be flexible to the needs to partnerships. Every event and even as the economy and the structures of our communities change a partnership has to be able to adjust to those changes and strong leadership must be able to flex to those community changes. Second, people in community agencies, at times, pull back from taking a strong leadership role for fear of overstepping their bounds or finding themselves in a position where they are either liable or left holding the ball. This is where that importance of stepping into a trust and a willingness to have conflict is so important. People have to be willing and organizations have to be willing to share their perspective and their experience otherwise you are left in a dark hall without any light on. Third, partnerships need a core partner that is constantly invested in the partnership and holds all of the others accountable to the agreement of the partnership, especially in behavioral health where you have so many other challenges within the system in with in nonprofit organizations like the Red Cross or Salvation Army that are constantly working to meet the needs of those daily little disasters that challenge their structures and their resources. Having a core partner that maintains that leadership and invests in the partnerships allows everybody to rest in that relationship knowing that it will be there over time. Finally, partnerships with nonprofits and local organizations are stronger when led by a State organization with earned authority. Going back to that servant leadership perspective of earning the authority with your local partners is absolutely crucial and you earn that authority through fully including them in the process. Everything starting with the development of a vision to implementation and allowing their voices to be heard clearly helps strengthen the partnership as well as strengthen the leadership from the government organization. That is the basics when it comes to the Colorado Crisis Education and Response Network. I have included a link for you if you want to take some time and read through the protocol and guidance document that was signed at that 2008 signing celebration and published in early 2009. We are in the process of beginning a review, having had some experiences since this was set into place as well as some changes in our community as a result of economics. We expect that the partnership will continue to be a strength here in Colorado for disaster behavioral health.

Moderator: Thank you so much for your presentation, Dr. Drennen. We are now going to open the floor to questions and we have received five questions for you. The first one is, the partnerships spoken out in the webinar include your typical response partners. Can you think of any atypical partners that may be good to include?

Dr. Drennen: I think a primary atypical partner that we need to generally include more into disaster behavioral health is our faith-based communities. Every community has multiple faith cornerstones that are key areas where community members gather and discuss and respond to any community crisis. Making sure that those faith communities are also part of disaster behavioral health is crucial.

Moderator: Our second question is, what are the pros and cons to partnerships relationships both binding and not?

Dr. Drennen: With any relationship you always have pros and cons. The pros typically are that you get to bring together a wide variety of skill of experience and perspective to a problem. Two heads are always better than one. When you get that broader perspective the creatively and the ability to address the problems that the partnership is designed to address actually become easier. The cons of the process are the same. You have different perspectives, you have different experiences, you have different expectations and the process of chatting through those issues, the process of entering into a trusted conflict so that all of those issues can be well aired, supporting all involved and feeling like they are heard is critical. It is a difficult process and often individuals will get one specific point of view locked in their mind and it will be difficult for them to veer from that. The partnership has to be flexible enough to handle that kind of process.

Moderator: Thank you Dr. Drennen. Our next question is related to the previous one. Could you give us some examples of pros and cons of MOUs?

Dr. Drennen: MOUs are important simply because you put that planning into a black-and-white process and that visual, that verbal visual of a document helps people remember the basics and the foundations of the agreements that were initially set down. It becomes a document that travels through time while people or organizations change. The cons are that sometimes those agreements which were meant to be flexible, when they get put into an MOU, tend to become more rigid. People point to the black and white of the MOU and say “We have to do it this way,” that is the “only way to do it, and you lose the flexibility of relationship and of partnership that is so required and necessary during a response to a community crisis.

Moderator: Could you tell us, what should you do if a partnership is not working out?

Dr. Drennen: I would say first and foremost you want to bring the leaders of the partnership back to the table and talk about the perspective of it not working out. Again, you have to come back to the trust that was built into the development of the partnership and rely on that to honestly identify what are the issues at hand that are making the partnership not viable in its current form. Basically, you have to use an overly used phrase, have all options on the table. If the partnership needs to end and something new needs to be created, that needs to be a solution. At the same time, if the partnership is viable and important to the community you want to be able to fix the issues that are at hand. What are the barriers that have kept the partnership from being as effective as you want it to be? If you can bring that into conversation and honestly address those issues then the partnership will regain its viability and be able to address those issues. If people cannot come to the table and honestly address the concerns that they have, honestly submit for review the concerns that they have, the partnership becomes weaker and is more likely to fail.

Moderator: Our final question for you, Dr. Drennen. How might you approach a potential partner when, in the past, there have been territorial issues or some other challenges?

Dr. Drennen: That is critical; being able to address those issues honestly and directly are important. At the same time, especially at the community level, you have a wide variety of organizations that have specific missions in the community on a day-in and day-out basis. Being able to address those missions, honoring those missions, and helping people understand that the purpose of the partnership isn't to supplant those organizations and take away their viability. Communicating that up front is critical. That being said, it will take some long-term relationship development to help address those concerns and those fears. Typically, I have found those issues that arise around what we have called turf issues is around a fear of losing viability or losing importance in the eyes of the community. We have to be able to address those fears clearly and honestly so that our partners feel like that their primary missions are not going to be taken away from them and done by some other organization. If you can address those issues, I have found that turf issues at least shrink to some level if not go away all together.

Moderator: Thank you so much for your presentation, Dr. Drennen. Before we finish, Ms. Terri Spear has some closing remarks for us.

Ms. Spear: First of all, I want to thank Dr. Drennen for his work and his wonderful presentation. I secondly want to thank all of those that submitted their questions. They were thoughtful and I hope the answers expanded on the content of this session. This concludes the Building Effective Partnerships webinar and the Promising Practices in Disaster Behavioral Health Planning series. Subsequent sessions will explore each of the standards in greater depth, providing examples, lessons learned, and good stories about how to enhance your State disaster behavioral health plan. I do hope you found this seminar as an exceptional example of meeting those goals.

Ms. McGee: One of the immediate next steps is that we will be emailing a PDF of this presentation to all of the participants following the webinar. Hopefully that will resolve some of your requests. Following that, tomorrow you will hear Implementing Your DBH Plan as our next webinar. That is tomorrow, July 28th at 2 p.m. eastern time. That will feature Mr. Steven Moskowitz; we look forward to hearing from him tomorrow. Assessing Services and Information on August 4th at 2 p.m., that will be with Dr. Anthony Speier and there are some additional upcoming webinars as part of this series. Logistical Support on August 10th with Mr. Steve Crimando. Legal and Regulatory Authority which will take place on August 18th that will feature Mr. Andrew Klatte. Integrating Your DBH Plan will take place on August 25th, with Mr. Steven Moskowitz. Plan Scalability to round it out, on August 30th with Dr. Anthony Speier.

Moderator: Thank you so much Ms. McGee, Ms. Spear, and Dr. Drennen, and thank you all for participating in the Promising Practices in Disaster Behavioral Health: Building Effective Partnerships webinar.

[End of Session.]