

Promising Practices in Disaster Behavioral Health Planning: Integrating Your DBH Plan

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Moderator: Hello and welcome everyone! This is Marcela Aguilar from the Substance Abuse and Mental Health Services Administration's Disaster Technical Assistance Center (or SAMHSA DTAC). I will be your host for this webinar. Let's begin with Promising Practices in Disaster Behavioral Health: Integrating Your Disaster Behavioral Health Plan. The webinar will feature Dr. Amy Mack, Project Director of SAMHSA DTAC, and Mr. Steven Moskowitz, Director of Disaster Preparedness and Response in the New York State Office of Mental Health. This is the eighth webinar in the series of nine webinars presented by SAMHSA. The webinar is intended for State and Territories, DBH Coordinators, and others involved with disaster planning, response, and recovery and will be about 60 minutes in length. I would now like to introduce Dr. Amy Mack. Dr. Mack is trained as a clinical psychologist and has been the SAMHSA DTAC Project Director since September 2009. She has worked in the public and private sectors often addressing issues of violence and trauma. She has managed evaluation studies and program development projects to build capacity of professionals in the fields of mental health and public health and emergency management. Please welcome Dr. Amy Mack.

Dr. Mack: Thank you and hello everyone. For those of you who are joining us again for the series I want to welcome you back and if you are joining us for the first time we are glad to have you with us today and I hope that everyone will join us again next week for the remaining webinar in this series. I would like to take a few minutes to provide an overview about SAMHSA's Disaster Technical Assistance Center. SAMHSA DTAC's mission is to provide training and technical assistance to States, Territories, and Tribes so that they are prepared for and able to respond to disaster behavioral health needs. When I use the term disaster behavioral health or DBH please note that this term refers to mental health and substance abuse issues and needs. As you can see on the screen we have a brochure and you can download it for free from our website and I will provide that information to you shortly. SAMHSA DTAC provides an array of free services, some of which include consultation and training about disaster preparedness and response, such as trainings about dealing with compassion fatigue. Also, working with special populations such as children and youth, older adults, Tribes, and people with disabilities or access and functional needs. We also have dedicated training and technical assistance for Presidentially declared disaster grants, such as the FEMA Crisis Counseling Assistance and Training Program, also known as CCP. Lastly, identification and promotion of promising practices such as what we have compiled here for you in this webinar series. We also wanted to make sure everyone is aware of the free resources we have on our website that are available to you and as you can see on the slide this is the webpage of the Disaster Behavioral Health Information Series, also known as DBHIS. Here you can find tip sheets, fact sheets, booklets, and other materials about DBH preparedness and response, information about specific kinds of disasters, such as floods, tornadoes, hurricanes, earthquakes, and so forth as well as information on specific populations such as the ones I mentioned earlier. On this next slide you will see an overview of our various e-communications. The first one is the Bulletin, that's our monthly newsletter that contains relevant resources; The Dialogue,

which is our quarterly publication written by DBH professionals in the field; and lastly, our Discussion Board which is a mechanism for DBH professionals to ask questions, share comments, and discuss DBH-related topics with each other. Ways to subscribe to these various e-communications are on your screen. Lastly, as promised here is our contact information. If you would like to request training or technical assistance for you and/or your staff and/or discuss any of the webinar content that you have seen over the series and any followup questions about these topics please either call the toll-free number or email us and be sure to visit our website. As always if you would like to contact me directly, please feel free to do so—my contact information is on the screen.

Moderator: Thank you so much Dr. Mack. I would now like to introduce Mr. Steven Moskowitz. Mr. Moskowitz is the Director of Disaster Preparedness and Response for the New York State Office of Mental Health, also known as OMH. He has extensive experience in providing clinical services for youth and families, not-for-profit agency administration, family mediation, and, most recently, disaster mental health. In addition to his role with the New York OMH Mr. Moskowitz has been active in the creation of a national peer group of disaster mental health responders and currently serves as the co-chair of the Multi-state Disaster Behavioral Health Consortium. Please welcome Mr. Moskowitz.

Mr. Moskowitz: Thank you very much. Welcome to the Promising Practices in Disaster Behavioral Health Planning series webinar on plan maintenance and integration. Whether you are joining us at the series for the first time or you have participated previously I hope that you find the information both helpful and applicable to some of the challenges that you face in your work. Just a note about my use of terminology during the presentation today. We are going to be discussing disaster behavioral health plans that can be utilized at the State, territorial, or tribal nation level. For the sake of brevity I will frequently be cutting that reference down to just calling it States. Also, as part of my effort to make this presentation both authentic and realistic I will be illustrating many key points with quotes and paraphrases that I have taken from the recent promising practices interview process conducted by SAMHSA DTAC this past spring with DBH Coordinators from across the country. I found that a lot of their feedback and advice that was garnered during that process to be useful as it was spot on and it reflects actual practice that is being conducted in the field every day. What we are going to do today is discuss a couple of items that come toward the end of the development process for your DBH plan. We are going to look at ensuring that your plan is integrated with the State, territorial, or tribal DBH plan. We are going to explore plan maintenance and updates including timelines for updating plans, responsible personnel, roles, and responsibilities and we are going to look at some different methods of making plans accessible. Two aspects of ensuring that the plans you develop is good for now and in 2 or 3 or even 5 years from now or that you create or accomplish a crosswalk between the DBH plan with disaster response plan in your jurisdiction. Also, that you include a process for the regular review and updating of your plan. Your DBH plan will become part of a greater system of emergency planning. If it is to function within that system it has to work with the other processes with which it will interact. These other processes occur at various levels and relate to your plan in different ways. Perhaps in partnership with other behavioral health agencies or synchronized as part of your human services functional group. Your first priority, however, should be ensuring that your plan is integrated with the State's emergency management office. They usually preside over a statewide comprehensive emergency management plan. In doing so you will find that your plan needs to be integrated with annexes or perhaps other functional groups, that could be human services, mass care, and public health. When you do that you assure that your plan will be visible to all the other participants in the State plan, not only the State agencies but also the local emergency management entities as well. On a different front, cross-walking your plan with the public health and behavioral health partners will enhance the effectiveness of your plan while avoiding potential conflicts in the field when your plan is

implemented. A final group to include would be any provider agencies or organizations that may be part of your plan or have plans of their own. This could include the not-for-profit behavioral health providers or organizations like the Red Cross. As a process integration must be proactive. It has to include State emergency management and other partners in the process. What you need to keep in mind is that you have to be proactive. Including partners during the planning process is a much easier task than inviting them in after your plan has been completed. There are some other benefits to an inclusive approach as well. One is, it becomes a group process and a group process is going to generate more ideas, better cooperation, it creates buy-in among the participants, something that you will be depending on when you finally implement your plan. Your DBH plan also has to conform to legal and regulatory standards within which it functions. You need to take the time to review that your plan with State emergency management planning section and you have to keep in mind that that has to occur before your planning process is concluded. It is awful tough to go backwards after the fact. This next slide offers one of the great ideas from the field. Throughout the presentation today I am going to offer some examples from the field to provide practical suggestions that relate directly to the points being made. These great ideas come from a number of sources; some are from my own experience in New York, some come from my work with peers in other States and communities, and some come from material gathered during the promising practices interview process. The two ideas here that follow come from the first of those categories, a personal experience and an experience shared by a colleague. As it relates to integrating your plan, in New York we are currently engaged in a very long overdue process to update our plan. It was last reviewed in 2005. One key feature of this process is a series of meetings with State OEM staff, Office of Emergency Management. These meetings include the lead staff from our human services group, ESF-6 to those familiar with the Federal system as well members of our mental health task force, a part of that human services group. It also includes partner agencies and the Red Cross liaison. In this case our goal is to ensure that the plan that I am revising fits cleanly into the existing procedures and protocol of the larger human services group. Our next step will be meeting with the State Emergency Management Planning Director where the review process will seek to ensure that the plan, which will then become part of a formal annex, comports fully with the State plan. Over in New Jersey they have a long history of their disaster behavioral health plan as being a formal annex that is included in the State's comprehensive plan. They are currently engaged in several concurrent processes that the State Office of Emergency Management has initiated to develop mass casualty and weapons of mass destruction guidances. In both of these instances the DBH efforts will be woven into the fabric of the broader State plan. Now we are going to move on to the subject of plan maintenance. Clearly articulating a method of maintaining your plan is critical if the plan is to be valid a year from now, let alone 3 or 5 years down the road if you don't want your plan to become one of those proverbial binders that sits on a shelf. One DBH Coordinator put it succinctly in the course for their SAMHSA DBH plan review, they said the current plan doesn't work. I keep making repeated references to the process of creating your plan and this reflects the importance I place on how creating your plan is so critical. The effective process, both direct and indirect is critical. Far too often primary emphasis is placed on the plan document. This is truly unfortunate because the real treasure of planning is in the planning process itself. During planning participants learn a great deal from ongoing analysis from reflection, discussion, the debates, and the dialogue that take place around the very issues and goals that are part of the system you work within. As one of the DTAC interviewees stated, "It has become cliché in the last 10 years, but the old quote from Eisenhower still stands, 'plans are useless, but planning is invaluable.'" While I might not go so far as to endorse Eisenhower's pronouncement that plans are useless, his insight into the value of planning itself still stands. The process of having gone through and written a plan is invaluable in encouraging you to think things through and in doing so building the very relationships that make things happen. Even if you don't end up following the plan to the letter you usually have done enough work to know what needs to be done and who to call on. Lastly, you probably know from the number of times that you have updated contact information, not to mention the

adjustments that so many of us are currently making as the result of State budget cuts, the players change and so do the circumstances that we function within. Plans have to be dynamic and reflect current realities. As described in the DTAC promising practices interview process, "Try to envision the plan as dynamic rather than static. It is easy for the administrator of disaster mental health to presume that it is done and okay to put the plan back on the shelf. It is easy to underestimate how reliant others may be on that plan." Key elements that indicate good planning were culled from the DTAC DBH planning interviews in regard to plan maintenance and these include a timeline for updating your plan, that it identifies who is responsible for updating the plan, that it is made accessible by various methods, that it includes instructions for ongoing exercises and training, and that it contains instructions for the rollout of the plan. To give you some insight into what these indicators represent we are going to look at each one separately in detail. Your plan should include a timeline for updating. Your plan should be considered as a living, breathing document. Plan stewardship is key to ensuring the plan is updated on a routine basis. It is of the utmost importance for the plan's administrator to support the view and equally important to identify your revision cycle and who will be maintaining the plan. Those quotes below from the DTAC interviews may offer some indication of a broadly held good practice. In this State, planned update is annual and in this State the plan calls for annual updates, the Coordinator reported that the plan is reviewed and updated annually. I would take a bit of a hint from all of those quotes and I have come to the conclusion that annual updating probably makes sense. To kick off or initiate a regular review of your plan you should articulate a mechanism for the process to begin. Such timeline triggers can vary. It can be a date set in the plan annually as has been suggested or biannually. It could follow a defined event, a change in operational resources or the formal updating of planning guidances or standards, a change in elected or appointed officials, or it could happen as a result of plan activation and major exercise where you have the opportunity to review the plan in action and be able to make changes based on lessons learned. While timelines are essential they are not without their challenges. Here is what some of your peers told interviewers: "Our plan update isn't annual; it actually happens every 2 or 3 years." The Coordinator noted that updates require resources. A second one said, "In this State the plan has not been formally updated since 2005," saying "you can only do what you can do." Keep in mind that whatever you write into your plan it is ultimately a responsible coordinator that must implement what is described in the plan. Another great idea from the field: "DBH plan update happens as Homeland Security and State plans are updated." This suggestion incorporates both an element of integration of DBH planning and it taking advantage of an opportunity with a high probability of occurring as a useful trigger for conducting their review. Your plan needs to identify who is responsible for the plan update. Most frequently this falls to the DBH director. One State that participated in the interview process said that they contract with a private company to train responders, review credentials, and update the DBH plan as needed. The DBH plan is reviewed, therefore, by the contractor on a regular basis. This next quote from the promising practices interviews offers a good reminder about the challenges that you can encounter even if the identification of the responsible party is clear. "It has taken the 4 years that I have been on the board to grasp an adequate overview of the entire plan so that I feel competent to participating in organizing a revision." Next, you need to make the plan accessible. You can use various methods. Ensuring that any updates and revisions to your plan are shared among all of the principals only makes sense. As stated previously, a DBH plan functions within a greater response system with multiple moving parts and participants. Each of those parts must be aware of any changes or revision of the plan if it is to be implemented effectively. A key point I want to emphasize here is that inclusion in the process has an impact on the effectiveness of the outcome. The people who get drawn into the process of revising the plan become better educated and up to date on how things work. This quote from a director in the field both endorses a key element to good process planning and opens the door to a great question: "How do you get the people you need for a great process to occur to become engaged?" I can offer a few observations based on my own current process where I took my lead in how to do this from some of the neighboring States that I talked to. In

Pennsylvania they look to the local level to build a grassroots process, building local coalitions which then fed representatives to a statewide working group. Over in Massachusetts and New Jersey they both took advantage of success in identifying funding to reach out to probable partners to begin their process of building productive coalitions. Last on this issue of accessibility is a logistical concern. How do you physically communicate your plan to others? One director in the promising practices interviews labeled this as “Paper or pixels? Another question for consideration was the balance between historical printed copies of State plans and a new reliance on technology.” Some States are using web EOC for drills and actual responses, some responders carry the plans on USB drives on their key chains. The thing to take away from this is that plans are dynamic. How you communicate them is only limited by your own imagination and creativity. Next on our list of key indicators of a good plan is that it includes instructions for ongoing exercises and trainings. This one I can't emphasize enough. One of the DBH directors told interviewers that “exercising the plan is critical. Time together with partners improves response capabilities and facilitates relationships and better understanding of roles.” I borrowed the graphic that you can see on this page from the Maryland Department of Health and Mental Health, exercise planning process. They utilize the guidelines established in the Homeland Security exercise and evaluation program. This process takes into consideration prior exercises and real-world events and focuses on past after-action reports, AARs, and the improvement plans to identify areas where additional training and exercise resources are needed most. Exercises also provide an opportunity to identify unmet needs and best practices that can be shared with other jurisdictions and organizations to build and maintain the State's overall level of preparedness. Another source of both guidance and advice is the National Incident Management System. NIMS planning guidance informs us that evaluating the effectiveness of plans involves a combination of training, events, exercises, and real-world incidences to determine whether the goals, objectives, decisions, actions, and timing outlined in the plan lead to a successful response. As part of plan maintenance you will also wish to be mindful that NIMS objectives themselves change annually and any changes should be reflected in your plan. Another great idea from the field: how to mix your exercises with triggers. “Our plan was changed to include annual required exercises with ‘all of the players’ and then the plan gets updated after each.” Finally, the last of the key indicators, make sure that you create some tangible planning for the rollout of your plan. Make an event out of it, pick a date, and let everyone know when it is going to be rolled out. What you are doing in that is that you are continuing in reinforcing the process of buy-in by making sure that other folks know exactly what you are doing. One other thought that really didn't seem to fit in anywhere else so I tossed it in here at the end is version control. Always take steps to ensure that every new version that you create is clearly identifiable as a new version. A simple and effective method is to include a page in your plan to document when any changes have been made to the plan. Here are the key takeaway points from today's webinar. Plans should be thought of as dynamic. They are living, breathing documents and they need the support to keep them fresh. Take the time to make sure that your plan is integrated with State, territorial, and tribal processes. Lastly, that exercises and improvement plan processes are invaluable to the maintenance of your plan. A couple of other thoughts, some considerations: There are going to be challenges to the long-term plan continuity. It could be lack of resources—which comes down to your time—it could be the competition for attention and other assignments that you get, like trying to plan for a hurricane that is coming up the East Coast. It could be shifting organizational priorities; funding; it could also be simple inertia. Keep in mind that when you are faced with any of those challenges the key is to think of strategies to overcome them. If you are faced with a lack of your time put some effort into the creation of a long-term plan that accounts for the amount of time that you have to invest in it. If you have competition for your attention, sit down and reprioritize. If you have shifting priorities, go out and find support from some of the natural partners that exist within your community of service. Funding challenges develop new alliances. When it comes down to simple inertia you have to be the catalyst. That's it for today. I thank you very much for

your time and attention. For those States that are facing the threat of a severe weather event I wish you good luck in all of your planning. Following this I will be moving on taking up ours. Thank you for today.

Moderator: Thank you so much for your presentation Mr. Moskowitz. We are now going to open up the floor for questions. We have received two. Emergency management staff in my State don't view DBH planning as an important component into the overall State plan. Do you have any suggestions or examples I can use to help explain why it is important it integrate the DBH plan with the State's overall plan?

Mr. Moskowitz: I think that what you are describing in that question is something that most of us in the field have encountered. I have found a couple of different solutions. One is to make sure that I keep myself integrated to as many of the processes in the community of emergency response as possible; that includes very active participation in our State emergency management processes, more and more activity with our State Department of Health Emergency Preparedness Division, and getting out there and becoming involved. One of the other things that I have found helpful is to find literature and documentation that can support the argument that we make of how important the attention to mental health is within disaster response. I will point you to an article that came out of the New England Journal of Medicine just a couple of months ago that focused on moving mental health into the disaster preparedness spotlight. I have used this numerous times with both my leadership inside of my agency, with our State Emergency Management Agency and with our State Department of Health. I am sure that folks at DTAC can provide a link to this article. It's an excellent resource, very simply describes the need to focus on mental health in disaster response.

Moderator: You mentioned staff buy-in. Do you have any suggestions for increasing staff buy-in?

Mr. Moskowitz: Food. Staff buy-in I have found not to be a big challenge for my work here in New York State. A lot of people in social services are engaged because they have a predisposition or an inclination to be in a field where the provision of care is just part and parcel of what we do. When I reach out that's the approach that I use, I focus on the amount of good work that we do and I haven't really had a whole lot of challenge in finding people who are willing to come forward and participate.

Moderator: Thank you so much Mr. Moskowitz and thank you again for your presentation. This concludes the Integrating Your Disaster Behavioral Health Plan webinar, a part of the Promising Practices in DBH Planning series. Dr. Mack will now tell us about the final webinar in the series.

Dr. Mack: Thank you. I just wanted to let everyone know that the last webinar is taking place next week on Plan Scalability and that is on August 30th at 2 p.m. eastern time. That's featuring Dr. Anthony Speier and that will be the last one in our series. As promised earlier we said we would make sure to have our contact information available so everyone could have it. Here it is on the screen if anyone needs to contact us. As Mr. Moskowitz mentioned, with the hurricane on its way we have been sending out resources and information and if anyone else is interested in receiving any information please contact us at any of those mechanisms on the screen.

Moderator: Thank you Dr. Mack and thank you all for participating in the Promising Practices in Disaster Behavioral Health: Integrating Your Disaster Behavioral Health Plan webinar.

[End of session.]