Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Behavioral Health Response to Ebola
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Purpose

• To share the firsthand experience of behavioral health providers during a high-profile, high-stress Ebola event in Dallas, Texas, so that lessons learned can be incorporated into similar responses across the country
Learning Objectives

• Provide an overview of behavioral health involvement in the Ebola response in Dallas.
• Highlight unique dimensions of behavioral health collaboration.
• Increase awareness of behavioral health integration opportunities.
• Apply lessons learned to continue development of behavioral health responses to specific disasters.
Brief Background on Presenters

Sandy Potter, LCSW  
Chief Executive Officer  
ValueOptions of Texas  
Beacon Health Options  
(Now DVP with BCBSNM)

Bonnie Athens, RN  
Owner  
Transicare, Inc.

Daniel Byrd, LPC  
Clinical Director  
ValueOptions of Texas  
Beacon Health Options

Scott Black, LMSW  
Owner  
Transicare, Inc.
Brief Background on Core Service Array and Collaborative Partners

- Core behavioral health response consisted of:
  - ValueOptions of Texas, Inc.
  - Transicare, Inc.
• What prompted initial behavioral health involvement?
• What role did behavioral health play in frontline response and chain of command?
• What were the initial behavioral health response and priorities?
• How did Ebola context shape the response compared to previous disaster response?
Initial Goals

- Define target population
- Define initial scope of services and implementation plan
- Define risk management strategy
Service Implementation and Scope of Behavioral Health Interventions

- Crisis services for acute distress associated with exposure (Psychological First Aid)
- Potential grief counseling needs
- Involuntary control order
- Unique dimensions of involuntarily homeless individual
- Preparations of agencies to mobilize the services they provide, including detox, psychiatric stabilization, medication-assisted treatment (MAT), counseling, and case management
Scope

- Review of initial service array
- Clear point of access to address acute crisis needs
- Intensive community-based support plan for quarantined involuntarily homeless individual
Risk Mitigation

• Creation of initial protocol
  – Collaboration with Centers for Disease Control and Prevention (CDC) and local health agencies
  – Need for cross-agency collaboration versus silos
  – CDC need for behavioral health support when client became volatile and vice versa

• Specific needs and issues with frontline responders

• ValueOptions’ role in educating behavioral health network
Implementation

- Behavioral health service coordination and reporting
- Crisis services
- Support for involuntarily quarantined client
- Provider network needs
- Contextual factors
How Behavioral Health Interfaced With Chain of Command

Symptom-reporting protocol established with CDC

Behavioral health updates submitted at regular intervals to ValueOptions

ValueOptions then interfaced with Department of State Health Services and Incident Command
Crisis Response Services

- Stabilize involuntary client
- Develop specific plan and address related issues:
  - Housing
  - Transportation
  - Meals
  - Risk of absconding
- Harmonize behavioral health goals with Ebola response
Provider Network Resources

• Engage and develop provider network resources:
  – Role Ebola played in exacerbating access challenges
  – Behavioral health role in facilitating coordination across agencies
Contextual Factors

- Media coverage
- Fluctuation assessments of community risk
- Impact on service delivery
Exit Planning

- Continuity of care
- Housing needs
- Care integration needs including medical, behavioral health, and substance use disorder services
- Coordination of transfer once Control Order is lifted
- Work to address and mitigate provider fears regarding the provision of ongoing services
Lessons Learned

• Recognizing that an infectious disease disaster can result in the breakdown of the usual disaster response framework
• Ensuring education needs of provider network are met
• Ensuring harmonization of provider network risk mitigation strategy
• Ensuring harmonization of legal consensus around sharing of sensitive health information and involuntary quarantine implementation
• Behavioral health integration on front end
• Contingency plans for:
  – Atypical needs of quarantined individuals
  – Loss of provider network capacity
  – Siloing of frontline responders
Provider Self-Care

• Down time (it’s 24/7—take a break)
  – Anticipate and plan for backup
• Daily debrief
• Support systems—personal and professional
• Education—annual and ongoing through event
• Resource:
| ✔️ | Training and competencies of behavioral health responder to the unique parameters of an infectious disease disaster |
| ✔️ | Immediate crosswalk identification with behavioral health, substance use disorder, and medical history with local and state systems |
| ✔️ | Triage |
About SAMHSA DTAC

SAMHSA DTAC supports SAMHSA’s efforts to prepare states, territories, and tribes to deliver an effective behavioral health response to disasters.

SAMHSA DTAC, toll-free: 1-800-308-3515
http://www.samhsa.gov/dtac
Email: DTAC@samhsa.hhs.gov
DBHIS Installments

- Ebola
- Substance Use Disorders and Disasters
- Disaster Specific
- Disaster Responders
- Resilience and Stress Management
- Visit: http://www.samhsa.gov/dtac/dbhis-collections
Resources

• SAMHSA Disaster Behavioral Health App
• The Disaster Distress Helpline: Toll-free 1-800-985-5990 or text “TalkWithUs” to 66746

• Information on Ebola
  – Centers for Disease Control and Prevention: http://www.cdc.gov/vhf/ebola
Resources

• Visit the SAMHSA Store (store.samhsa.gov) for the following SAMHSA DTAC tip sheets on coping with infectious disease outbreaks:
  – *Coping With Stress During Infectious Disease Outbreaks*
  – *Taking Care of Your Behavioral Health During an Infectious Disease Outbreak: Tips for Social Distancing, Quarantine, and Isolation*
  – *Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks*
Questions and Contact Information

For questions about the provider experience, contact:

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For questions about the behavioral health response, contact:

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• We value your feedback:
  www.samhsa.gov/dtac/webinars-podcasts/behavioral-health-response-ebola-feedback
Thank you