Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Promising Practices in Disaster Behavioral Health Planning: Financials and Administration Operations

July 21, 2011
Presented by Terri Spear, Lori McGee, and Anthony Speier
Welcome Remarks

Speaker

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Welcome

• This is the second webinar in the series of nine webinars presented by SAMHSA.
• The program is intended for State and Territory Disaster Behavioral Health (DBH) Coordinators and others involved with disaster planning, response, and recovery.
• Today’s program is about 60 minutes in length.
Speaker

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Established by SAMHSA, DTAC supports SAMHSA’s efforts to prepare States, Territories, and Tribes to deliver an effective behavioral health (mental health and substance abuse) response to disasters.
SAMHSA DTAC Services Include...

• **Consultation and trainings** on DBH topics including disaster preparedness and response, acute interventions, promising practices, and special populations.

• **Dedicated training and technical assistance** for DBH response grants such as the Federal Emergency Management Agency (FEMA) Crisis Counseling Assistance and Training Program (CCP).

• **Identification and promotion of promising practices** in disaster preparedness and planning, as well as integration of DBH into the emergency management and public health fields.
• The Disaster Behavioral Health Information Series, or DBHIS, which contains themed resources and toolkits about:
  – DBH preparedness and/or response
  – Specific disasters
  – Specific populations
SAMHSA DTAC E-Communications

- SAMHSA DTAC Bulletin, a monthly newsletter of resources and events. To subscribe, email DTAC@samhsa.hhs.gov.

- The Dialogue, a quarterly journal of articles written by DBH professionals in the field. To subscribe, visit http://www.samhsa.gov, enter your email address in the “Mailing List” box on the right, and select the box for “SAMHSA’s Disaster Technical Assistance newsletter, The Dialogue.”

- SAMHSA DTAC Discussion Board, a place to post resources and ask questions of the field. To subscribe, register at http://dtac-discussion.samhsa.gov/register.aspx.
Contact SAMHSA DTAC

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Speaker

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Goals

• Identify promising practices, including policies and procedures in DBH before, during, and after a disaster
• Demonstrate importance of clear communication in funding, billing, and contracting mechanisms before, during, and after a disaster
Basic Facts

• The overwhelming majority of States do not have an annual budget appropriation line item for DBH response.

• Local and State-level public sector administrative procedures are not designed in a manner which facilitates rapid communication, mobilization, and deployment of assets and resources.

• Disasters are rare, and typically the response relies on ad hoc expenditures covered out of existing operational funds at the State level.
Basic Facts (continued)

- Local resources from county (regional) behavioral health programs are also limited and most often dependent on post-event reimbursement from FEMA (public assistance) and CCP Immediate Services Program grants.
- Administrative “noncompliance” through hasty decision-making is difficult to justify after an incident.
Basic Facts (continued)

• Complicated funding and reimbursement rules if not well understood and incorporated into the planning process may result in the following:
  – Expenditures being denied reimbursement
  – Refusal by local behavioral health programs to deploy staff without reimbursement assurances
  – Delay of implementation of contracts and temporary hiring and training of staff
  – Processing of volunteers for deployment
  – Absence of necessary organizational structure for CCP grants management
  – Inadequate administrative resources for the management of CCP grants
Tools for Successful Financial and Administrative Management

1. SAMHSA financial and administrative guidance
2. Incident Command System (ICS) model for matching resources with the situational demands of the incident during the active response and recovery phases
3. Levels of capability and role assessment
4. ICS Finance/Administration management structure

Standard 3: Plan exhibits clarity of financial and administration operations

- Financial supports for behavioral health care
- Hazard communication policies and procedures
- Balancing of DBH response and grant application development—resource allocation
- Policies and procedures for notification of response personnel
• Potential sources of supplemental funding
• Mechanism for tracking funding and services
• Mechanism for billing behavioral health services
• Funding and/or contracting mechanisms for hiring staff more rapidly than usual
• Description of the funding structure
• Organizational design for administrative functions
Incident Command System

- Definition of ICS: The combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, designed to aid in incident management activities
Pre-ICS Determinations:

• Recognizing and anticipating the requirement that organizational elements be activated and taking the necessary steps to delegate authority, as appropriate.

• Establishing incident facilities as needed, located to support field operations.

• Establishing the use of common terminology for organizational elements, position titles, facilities, and resources.

• Rapidly evolving from oral direction to the development of a written Incident Action Plan (IAP).
Basic ICS Functional Areas

**Incident Command:**
Responsible for Incident Management

**Operations:**
Tactical Activities (IAPs)

**Planning:**
Evaluating Situation and Forecasting Resource Requirements

**Logistics:**
Resource for Incident Personnel

**Finance/Administration:**
Time Recording/Procurement/Cost Data
Louisiana Emergency Operations Center
Levels of Capability and Role Assessment

- Specify DBH response and recovery roles
- Set expectations about the capabilities and resources that will be provided before, during, and after an incident necessary to support DBH roles
- Inventory and categorize resources available for an incident
- Establish and verify the level of capability needed
Finance/Administration

Functions and Responsibilities

• Document resource management during an incident (cost data)
• Identify requirements
• Order and acquire (procurement)
• Mobilize
• Track and report (time recording of staff)
• Recover/demobilize
• Reimburse
• Inventory
Administrative Mechanisms Needed for any Mission Assignment (IAPs)

- **Policy**
  - Development, revision, signing, and/or formalization of policies, procedures, mutual aid agreements, and assistance agreements and/or plans

- **Coordination**
  - Resource management or any other necessary coordination efforts required for emergency management and incident response programs and activities

- **Support**
  - Provision of assistance for emergency management and incident response programs and activities
Finance /Administration

Example of a Functional Organizational Structure

- Policy
- Coordination
- Support
Additional Administrative Functions

• Communication capacity
• Continuity of operations
• Credentialing of responders and volunteers
Case Examples: Recent Major Incidents in Louisiana

Example 1: Hurricane Katrina (2005)—establishing a medical special needs shelter
Medical Special Needs Shelter
LSU Maravich Assembly Center

- 3–5 hours pre-use notification
- Initial staff and resource mobilization
- Arrival of Federal support 24 hours after setup
- Multiple agency resource consignment
- On-the fly planning
- Max capacity:
  - 800 beds
  - 1,700 medical personnel
  - 6,000 patients
Medical Special Needs Shelter
Medical Special Needs Shelter
(continued)
Medical Special Needs Shelter
(continued)

- Use of “H” hour construct for disaster pre-incident activation
- Evacuation of nursing facilities and State psychiatric hospitals
- Strike teams for setup of medical special needs shelter
- Activation of Behavioral Health Desk at Emergency Operations Center
- Staff mobilization
- Surge management
- Bus triage
Case Examples: Recent Louisiana Major Incidents

Example 3: Deepwater Horizon Oil Spill (April 20, 2010)

• Emergency response activation of DBH response
• LA Spirit crisis counseling teams
• First responder intervention
• Stress management teams
• Public education
• Multi-agency integrated response
Questions for Dr. Speier?
Conclusion

• This concludes the Financials and Administrative Operations webinar, a part of 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 DBH plan.
Next Steps

• The next webinars include:
  – Building Effective Partnerships on July 27 at 2 p.m. ET featuring Dr. Curt Drennen
  – Implementing Your DBH Plan on July 28 at 2 p.m. ET featuring Mr. Steven Moskowitz
## Other Upcoming Webinars

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Dr. Anthony Speier
Thank You