

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Promising Practices in Disaster Behavioral Health (DBH) Planning: Part I Introduction



Welcome Remarks

Speaker

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Welcome!

- This webinar is presented by SAMHSA as Part I of a nine-part series.
- The program is intended for State Disaster Behavioral Health (DBH) Coordinators and others involved with disaster planning, response and recovery.
- Today's program is about 60 minutes in length.

Speaker

Amy R. Mack, Psy.D.

Project Director

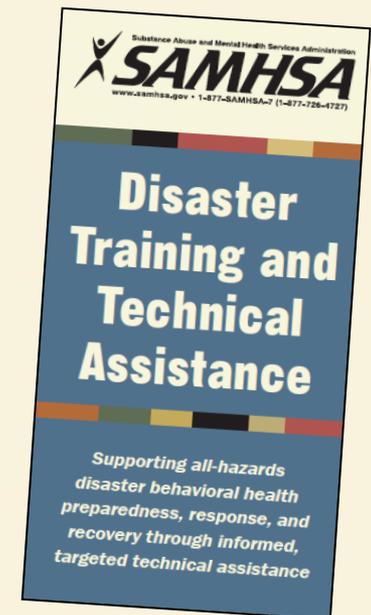
SAMHSA

Disaster Technical Assistance Center (DTAC)

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About SAMHSA DTAC

- 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.

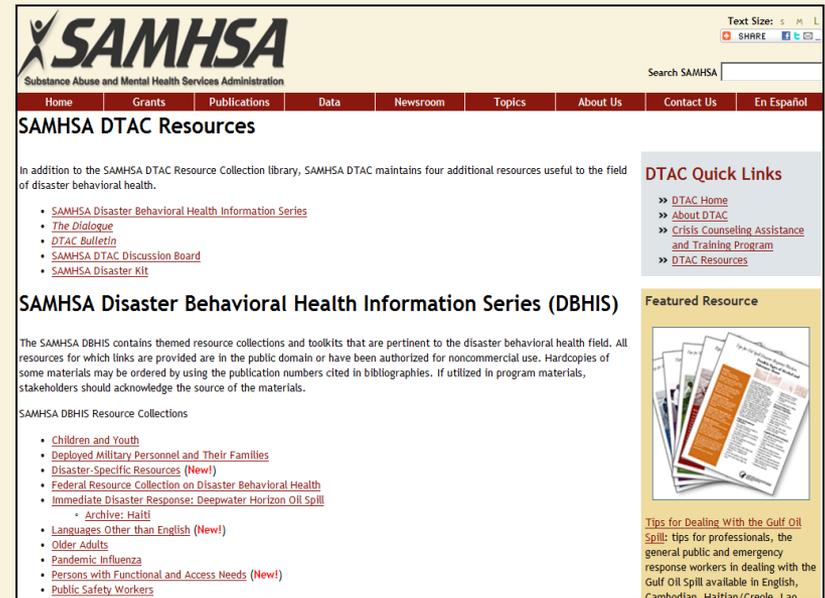


SAMHSA DTAC Services Include...

- ***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 Crisis Counseling Assistance and Training Program, or 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.

SAMHSA DTAC Resources Include...

- The Disaster Behavioral Health Information Series, or DBHIS, contains themed resources and toolkits about:
 - DBH preparedness and/or response
 - Specific disasters
 - Specific populations



The screenshot shows the SAMHSA DTAC Resources website. At the top, there is the SAMHSA logo (Substance Abuse and Mental Health Services Administration) and a search bar. Below the logo is a navigation menu with links for Home, Grants, Publications, Data, Newsroom, Topics, About Us, Contact Us, and En Español. The main heading is "SAMHSA DTAC Resources".

In addition to the SAMHSA DTAC Resource Collection library, SAMHSA DTAC maintains four additional resources useful to the field of disaster behavioral health.

- [SAMHSA Disaster Behavioral Health Information Series](#)
- [The Dialogue](#)
- [DTAC Bulletin](#)
- [SAMHSA DTAC Discussion Board](#)
- [SAMHSA Disaster Kit](#)

SAMHSA Disaster Behavioral Health Information Series (DBHIS)

The SAMHSA DBHIS contains themed resource collections and toolkits that are pertinent to the disaster behavioral health field. All resources for which links are provided are in the public domain or have been authorized for noncommercial use. Hardcopies of some materials may be ordered by using the publication numbers cited in bibliographies. If utilized in program materials, stakeholders should acknowledge the source of the materials.

SAMHSA DBHIS Resource Collections

- [Children and Youth](#)
- [Deployed Military Personnel and Their Families](#)
- [Disaster-Specific Resources \(New!\)](#)
- [Federal Resource Collection on Disaster Behavioral Health](#)
- [Immediate Disaster Response: Deepwater Horizon Oil Spill](#)
 - Archive: Haiti
- [Languages Other than English \(New!\)](#)
- [Older Adults](#)
- [Pandemic Influenza](#)
- [Persons with Functional and Access Needs \(New!\)](#)
- [Public Safety Workers](#)

DTAC Quick Links

- » [DTAC Home](#)
- » [About DTAC](#)
- » [Crisis Counseling Assistance and Training Program](#)
- » [DTAC Resources](#)

Featured Resource



Tips for Dealing With the Gulf Oil Spill: tips for professionals, the general public and emergency response workers in dealing with the Gulf Oil Spill available in English, Spanish, Haitian Creole, and Vietnamese.

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 disaster behavioral health 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>.

About Your Facilitator

Steve Crimando, MA, BCETS, CTS, CHS-V

- Consultant/Trainer: States , Territories, and Tribal Governments; U.S. Dept. of Homeland Security; FBI; U.S. Postal Service; NTSB; United Nations, NYPD Counterterrorism Division; U.S. Military, etc.
- Diplomate, National Center for Crisis Management.
- Diplomate, American Academy of Experts in Traumatic Stress.
- Board Certified Expert in Traumatic Stress (BCETS).
- Certified Trauma Specialist (CTS).
- On-scene Responder/Supervisor: '93 and '01 World Trade Center attacks; NJ Anthrax Screening Center; TWA Flight 800; Unabomber Case; international kidnappings, hostage negotiation team member; etc.
- Qualified Expert: To the courts and media on crisis prevention and response issues.
- Author: Many published articles and book chapters addressing behavioral sciences in crisis, disaster, and terrorism response.

An Invitation

“The 3 A’s”

- Adopt: New learning
- Adapt: Prior knowledge and skills
- Apply: To planning, exercises, and real-time response

Overview

Two main goals:

- Developing/refining the Disaster Behavioral Health Plan
- Integration with overall emergency and disaster plans

Our approach:

- Review data from Promising Practices survey of DBH Coordinators
- Introduce eight standards based upon Promising Practices

About the Work on Promising Practices in DBH Planning

- Purpose
 - To document promising practices in DBH planning.
- Objective
 - To identify jurisdictions (States, Territories, and Tribes) that have been successful in integrating mental health and substance abuse DBH planning, and harness information from those jurisdictions in order to guide recommendations on future DBH planning.

Data Sources

- National Incident Management System (NIMS)-compliant standards developed by SAMHSA and SAMHSA DTAC
- Data sources include:
 - Content review of 22 State DBH plans*
 - In-depth semi-structured telephone interviews with individuals with long and diverse experiences in DBH planning and response and State and/or Federal emergency management
 - Site visits to a few selected States

*All States, U.S. Territories, and the District of Columbia were invited to submit their DBH plan, and 22 States submitted plans.

General Methodology

- All 22 DBH plans were reviewed based on the eight NIMS-compliant standards.
- From this review, 9 States were selected to participate in telephone interviews to get more in-depth information on promising practices or emerging promising practices documented in their State DBH plans.
- Results from the telephone interviews including other criteria were used to select three States to participate in site visits.

Methodology (continued)

- Other criteria for selection of States to participate in site visits included the following:
 - The State had submitted a comprehensive DBH plan.
 - The State had experienced a major disaster in the last 5 years.
 - There was evidence of high implementation of some or all of the NIMS-compliant standards provided by SAMHSA as guidelines to States described in the telephone interviews.
 - Selected States were validated by SAMHSA and SAMHSA DTAC staff members' knowledge about the States' DBH response practices. To determine high implementation, aspects like collaboration with other organizations/agencies and other partnerships, implementation activities (e.g., tabletop exercises, drills, trainings), knowledge of the State DBH plan, and standards were considered.

Methodology (continued)

- This exploratory work generated mainly qualitative data. Content analysis was used to analyze data.
- Study findings will be released by SAMHSA in a report on promising practices in DBH planning.
- Examples of promising practices will be shared in this webinar series.

The Eight Standards

1. Plan demonstrates scalability.
2. Plan exhibits clarity in collaboration, coordination, and partnerships.
3. Plan exhibits clarity of financial and administrative operations.
4. Plan demonstrates mechanism to implement a DBH plan.

The Eight Standards (continued)

5. Plan demonstrates range and clarity of services.
6. Plan demonstrates clarity in description of logistical support.
7. Plan exhibits clarity of legal, regulatory, or policy authority to assist functioning.
8. Plan contains process for maintenance and updates.

Standard 1: Scalability

Indicators of scalability:

- Standard operating procedures, or SOPs, for preparedness and response activities
- Based on NIMS principles and guidelines
- Address different hazard scenarios
- Command and control
- Communications
- Concept of operations, or CONOPS

Standard 2: Collaboration, Coordination, & Partnerships

- Key stakeholders include agency representatives from:
 - Mental health and substance abuse
 - Emergency management
 - Law and public safety
 - Public health
 - Voluntary organizations active in disaster, or VOADs
 - Academic institutions
 - Media



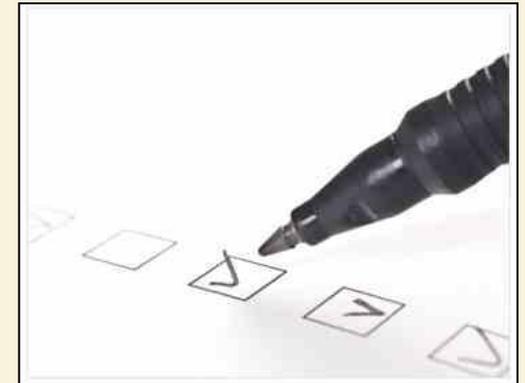
Standard 2: Collaboration, Coordination, & Partnerships (continued)

Indicators of clarity in collaboration, coordination, and partnerships include:

- Description of the criteria used to determine when a national, State, or county, local, or locality-specific disaster is declared
- Clearly defined roles and responsibilities of the agencies or organizations involved in each instance

Standard 2: Collaboration, Coordination, & Partnerships (continued)

- Forming proactive partnerships with memoranda of understanding (MOUs)
- Representation at the Emergency Operations Center (EOC)
- General and specific roles of regional offices
- Coordination with local government and non-government entities
- Stakeholder buy-in



Standard 3: Financial and Administrative Operations

- Several indicators of effective financial and administrative operations address the sources and management of funding.
- Others address staffing and communications. For example:
 - Contracting mechanisms to rapidly hire staff
 - Team organization
 - Policies and procedures for notifying personnel of a pending or actual event

Example: Team Structure

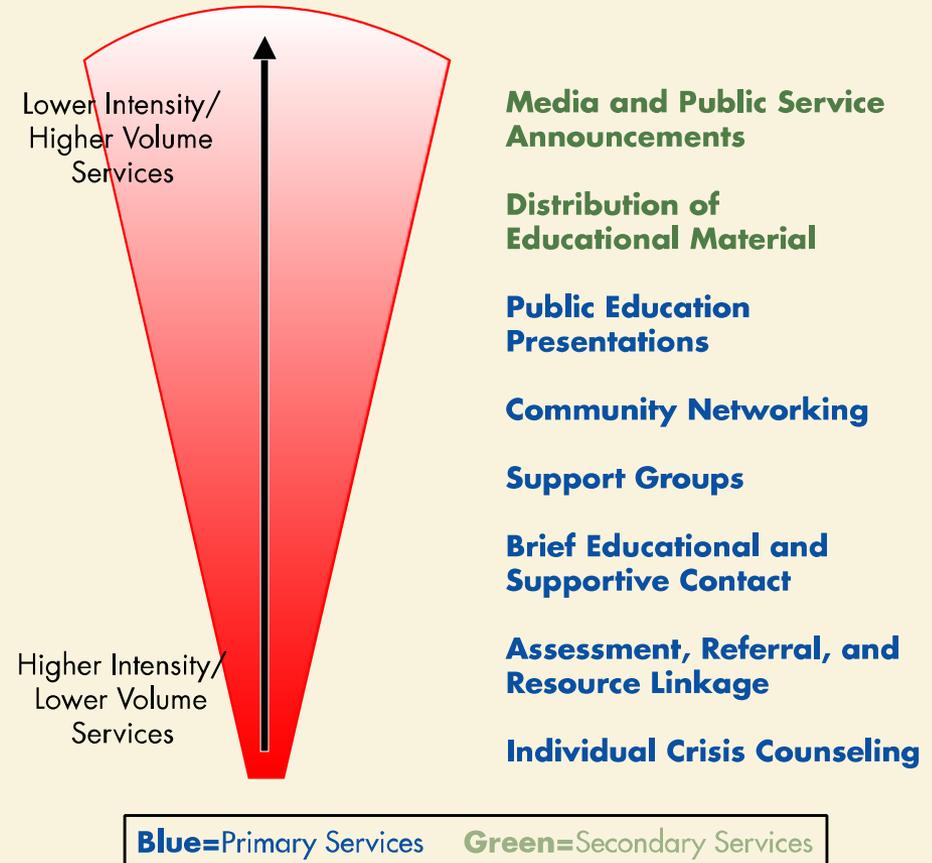
- An indicator of Standard 1 was demonstration of NIMS principles and concepts, while an indicator of Standard 3 was a description of team structure.
- Applying the NIMS/Incident Command System (ICS) recommended ratio of supervisors to counselors during activation might address both indicators and help with interoperability since other disciplines also apply this type of structure.

Standard 4: Mechanisms to Implement a State DBH Plan

- Some of the standards have overlapping indicators. Representation at the State EOC is an indicator of both Standards 2 and 4.
- Primarily, Standard 4 addresses the activation of the DBH system and deployment of counselors.
- Important indicators include:
 - Team member qualifications and competencies
 - Training personnel as DBH first responders
 - Integration with public health and other emergency response functions
 - A plan to guide the first 24 hours of operations

Standard 5: Demonstrates Range and Clarity of Services

- Standard 5 addresses the range and clarity of services.
- One of the key indicators in a description of the continuum of DBH services.
- Another is clarification of the coordination between mental health and substance abuse services.



Standard 5: Demonstrates Range and Clarity of Services (continued)

Traditional Treatment	Crisis Counseling
<ul style="list-style-type: none">• Office based.	<ul style="list-style-type: none">• Home and community based.
<ul style="list-style-type: none">• Diagnoses and treats mental illnesses.	<ul style="list-style-type: none">• Assesses strengths and coping skills.
<ul style="list-style-type: none">• Focuses on personality and functioning.	<ul style="list-style-type: none">• Counsels on disaster-related issues.
<ul style="list-style-type: none">• Examines content.	<ul style="list-style-type: none">• Accepts content at face value.
<ul style="list-style-type: none">• Explores past experiences and influence on current problems.	<ul style="list-style-type: none">• Validates common reactions and experiences.
<ul style="list-style-type: none">• Psycho-therapeutic focus.	<ul style="list-style-type: none">• Psycho-educational focus.
<ul style="list-style-type: none">• Keeps records, charts, case files, etc.	<ul style="list-style-type: none">• Does not collect identifying information.

Another is clarification of the differences between traditional behavioral health and crisis counseling services.

Standard 5: Demonstrates Range and Clarity of Services (continued)

- One lesson learned over decades of disaster response is the importance of active stress management for DBH responders.
- Efforts to address responder stress should not wait until team members begin to display stress-related signs and symptoms.
- Active stress management is needed from the onset, throughout the duration, and in the followup to DBH deployments.
- As such, one important indicator in Standard 5 is the description of a plan to manage responder stress.

Standard 6: Description of Logistical Support

Standard 6 involves indicators that demonstrate clarity of logistical support. It is important for planners to consider incidents of different types and sizes.

Complex or large-scale emergencies may require use of the Emergency Management Assistance Compact, or EMAC; the Emergency System for Advance Registration of Volunteer Health Professionals, or ESAR-VHP; and/or the Medical Reserve Corps, or MRC.

Other indicators of this standard include:

- Listing titles for and visually identifying DBH responders
- Describing a process for using, coordinating, and supervising volunteers
- Cross-training with other disciplines

Standard 7: Clarity of Legal, Regulatory, or Policy Authority

- Questions of authority are best answered well in advance of an actual crisis.
- Standard 7 demonstrates that the important issues of legal, regulatory, and policy authority related to DBH functions have been sufficiently addressed in the plan.
- This will require input from one or more legal professionals within State government.

Standard 7: Clarity of Legal, Regulatory, or Policy Authority (continued)

Indicators for Standard 7 include detailed description of:

- Citations of legal authorities and reference to specific documents
- Processes involved in developing MOUs
- Citations of liabilities
- Liability insurance
- Informed consent requirements, when applicable

Standard 7: Clarity of Legal, Regulatory, or Policy Authority (continued)

- Potential DBH responders often ask, “Am I covered by worker’s compensation if I am hurt while providing crisis counseling services in the community?”
- DBH planners should never speculate on this or other legal, regulatory, or policy issues.
- It will be important to seek legal assistance in crafting a description of liabilities and/or insurances.

Standard 8: Plan Maintenance and Updates

- Standard 8 includes indicators that promote sustainability of the DBH plan.
- These include:
 - Identification of who is responsible for maintaining and updating the plan
 - A timeline or schedule for updates
 - Schedules for training and exercising the plan
 - The various forms or formats in which the plan will be kept or circulated (e.g., paper, electronic, etc.)

Questions & Discussion



Conclusion

- This concludes Part I of Promising Practices in Disaster Behavioral Health Planning.
- 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 webinar addressing **financial and administration operations** will be held on **July 21 at 2 p.m. ET** featuring **Mr. Anthony Speier as the speaker**.
- This webinar will review different financial supports and funding streams for disaster behavioral health care and describe what goes into developing effective working relationships with Federal, State, and local government and non-government partners in developing a comprehensive disaster plan that incorporates disaster behavioral health. Please stay tuned for registration information and details of the webinar.

Other Upcoming Webinars

Building Effective Partnerships	Implementing your DBH Plan	Assessing Services and Information	Logistical Support	Legal and Regulatory Authority	Integrating your DBH plan	Plan Scalability
July 27 2 p.m. ET	July 28 2 p.m. ET	August 4 2 p.m. ET	August 10 2 p.m. ET	August 18 2 p.m. ET (Tentative)	August 25 2 p.m. ET	August 30 2 p.m. ET
Dr. Curt Drennen	Mr. Steven Moskowitz	Dr. Anthony Speier	Mr. Steve Crimando	TBD	Mr. Steven Moskowitz	Dr. Anthony Speier