Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Promising Practices in Disaster Behavioral Health (DBH) Planning: Plan Scalability

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

Speaker

Terri Spear, Ed.M.
Emergency Coordinator
Substance Abuse and Mental Health Services Administration (SAMHSA)
Office of Policy, Planning & Innovation
Division of Policy Innovation

Terri.Spear@SAMHSA.hhs.gov
Welcome

• This is the last webinar in the series of nine webinars presented by SAMHSA.
• The program is intended DBH Coordinators for States, Territories, and Tribes and others involved with disaster planning, response, and recovery.
• Today’s program is about 60 minutes in length.
Speaker

Lori A. McGee, M.A.
Training and Curriculum Manager
SAMHSA Disaster Technical Assistance Center (DTAC)
LMcGee@icfi.com
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
- **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, which contains themed resources and toolkits on these topics:
  - DBH preparedness and 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](mailto: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](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.”
Contact SAMHSA DTAC

For training and technical assistance inquiries, please access the following resources:

• Toll-free phone: 1-800-308-3515
• Email: DTAC@samhsa.hhs.gov
• Website: http://www.samhsa.gov/dtac

Dr. Amy Mack, Project Director
SAMHSA DTAC
Phone (direct): 240-744-7090
Email: AMack@icfi.com
Speaker

Anthony Speier, Ph.D.
Interim Assistant Secretary
Louisiana Office of Behavioral Health (OBH)
Scalability: Webinar Goals

• Increase awareness of National Incident Management System (NIMS) standards and relationship to DBH plan.

• Demonstrate ways to integrate DBH plan with State Emergency Response Plan.

• Share approaches about planning and lessons learned.

• Provide overview of services and resources available from DBH to assist with DBH planning.
Overview of Scalability Indicators

- Written instructions and procedures for planning and future readiness as expressed in operational plan
- Standard operating procedures (SOPs) for implementing a disaster response
- NIMS guidelines
- Adaptability of plan to disaster type and scope
• Separate sections and annexes specific to high-probability events
• Chain of command is specified
• Communication plan inclusive of: (1) situation assumptions, (2) alternative communication methods, and (3) equipment needed
• Show cascade of authority
Overview of Scalability Indicators
(continued)

• Plan describes concept of operations:
  - Goals and objectives
  - Strategies, tactics, policies, and constraints
  - Organizations, activities, and interactions among participants and stakeholders
  - Statement of responsibilities and lines of authorities delegated
  - Operational process for implementation
  - Process for initiating, developing, maintaining, and retiring plan
What Does Plan Scalability Mean?

• Detailed plan with pre-identified action steps and strategies
• Plan as a basic framework for activation and response
• Designed for incidents of all types and sizes
• Essential features:
  - Chain of Command
  - Communication
  - Authorities
What Does Plan Scalability Mean? (continued)

• Concept of Operations (how it actually is designed to work):
  - Facility-level, sub-municipal
  - County, region, municipal
  - State and Federal
Post Hurricane Rita: Holly Beach, LA
Impact of Incident Size on Response
Plan Development:
Know the Mandated BH-Agency Responsibilities

- Populations served (SMI/AD/EBD/Forensic, etc.)
- Facilities operated
  - 24-hour acute, intermediate inpatient, forensic and residential
  - Community clinics and other community-based services, housing
- General population prevention and early intervention
- Delegated duties within the State Emergency Response Framework
- Regulatory and legal mandates
Plan Development:
Basic Principles for Assuring Scalability

• Plans interlaced and cascading from local, state to Federal roles
• Interoperability and bidirectionality
• Continuous and dynamic planning
• Collaborative partnerships
Plan Development: Integration Across Phases and Locales

• Plan components address phases of emergency operations (multi-dimensional)
  - Preparedness (activation capabilities)
  - Response
  - Recovery
  - Phase-down of operations

• Maintaining continuity of operations throughout the incident phases
Planning Tools for Estimating Risk and Scalability of Response Plan

- Regional Emergency Response Readiness Checklist Assessment Tool
  - 5-Point *Response Readiness Scale*
- Vulnerability Analysis Chart
- Hazards Vulnerability Analysis
Federal Planning Tools

• NIMS: National Incident Management System

• CONOPS: Concept of operations involving the coordination of care, assets, and resources
  http://www.iafc.org/files/mtlAid_evacuee_support_conops.pdf

• NRF: National Response Framework
  http://www.fema.gov/emergency/nrf/
Traditional Basis for Response Scalability

• Basic principle: all disasters are local—impact and response
• Activation of mutual aid agreements (county to county)
• Activation of State capabilities
• Activation of Federal resources
Definition of SOPs:

- SOPs are formal written guidelines or instructions for incident response. SOPs typically have both operational and technical components and enable emergency responders to act in a coordinated fashion across disciplines in the event of an emergency. Clear and effective SOPs are essential in the development and deployment of any solution.
When to Write SOPs

Questions to consider:

1. To what capability does this SOP apply?
2. What is the recognized need?
3. Are any established agreements already in place among emergency responders?
4. Who will be using the SOP?
5. Why is this concern being addressed?
## SOP Functionality and Utility

- **Purpose of SOP**: Should describe capability of resource, authority, use, responsibility
- **Scope of SOP**: Which agencies will participate, level of authority involved
- **When** is the SOP activated
- **Communications Structure**: Provides context for command levels, roles, and relationships
SOP Functionality and Utility
(continued)

• Activation and discontinuation
• Alternative strategies
• Training requirements—skill and procedural knowledge
• Testing—does it work?
• Responsibility—who is responsible for the SOP?
The Regional ESF-8 Healthcare coordinators fall into the Regional Incident Command Structure composed of ESF-1 through ESF-16 coordinators. When a need is identified during a disaster, the primary response entity facilitates the strategy and response. Sheltering needs are tasked to ESF-6 Mass Care for solution, healthcare response needs are tasked to ESF-8 Healthcare, etc. In many cases, the primary ESF will require the support of another ESF.
To evacuate hospitals in Louisiana, ESF-8 will require the support of ESF-1 Transportation and ESF-16 Louisiana National Guard. One should note that Louisiana’s State Emergency Operations Plan mirrors the Federal ESF structure with ESF-1 through 15. Louisiana has one additional ESF identified, ESF 16, which is the Louisiana National Guard.
• Special-needs populations are populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.
Special Populations Evacuation: Bus Triage SOP for Medically at-risk Evacuees

• Incident Commander and Operations Group Structure:
  – Triage Group Supervisor (Public Health)
    • Triage groups (up to 5 teams of 2–3 staff)
    • EMS/Nursing/Behavioral Health
  – Transportation Group
  – Evacuee Group
  – Volunteer Group
Questions for Dr. Speier?
Conclusion

• This concludes the Plan Scalability webinar, as well as, the Promising Practices in DBH Planning series.
• SAHMSA DTAC hopes you have found this series to be informative and useful for your DBH planning needs.
• Each webinar in this series has been recorded and will be archived on the SAMHSA DTAC website at http://www.samhsa.gov/dtac/education.asp.
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Thank You