

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



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

August 30, 2011

Presented by Terri Spear, Lori McGee, and
Anthony Speier



Welcome Remarks

Speaker

Terri Spear, Ed.M.

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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.

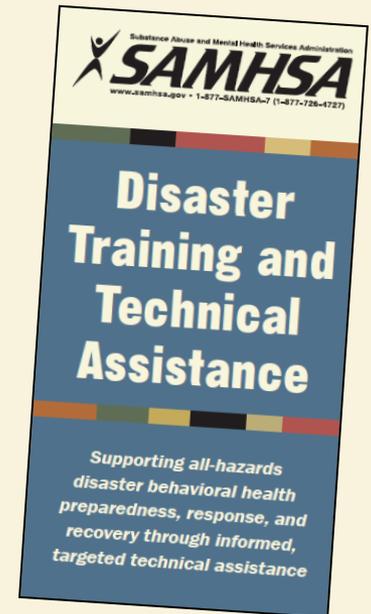
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About SAMHSA DTAC

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
- ***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

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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](#)
 - [Archives: Multi](#)
- [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, French, Italian, Spanish](#)

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

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>

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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

Overview of Scalability Indicators

(continued)

- 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
http://www.fema.gov/pdf/emergency/nims/NIMS_core.pdf
- 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

Standard Operating Procedures (SOPs)

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?

Louisiana Application of NIMS Structure (Interlaced)

- 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.

Louisiana Adaptation of NIMS to Local Context

- 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: Proactive Planning for Scaling Response to Functionality

- 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