All Disaster Mental Health Planning Steering Committee

Group Memory[1] of Meeting May 18, 2004, 1:00 p.m. to 5:00 p.m.

Steering Committee Members Present	
George Hanigan (HHSS)	Jim Harvey (HHSS)
Don Belau	Lindy Bixler
Barbara Dodge	Vicki Duey
Phyllis Dutton	Rose Esseks
Carol Fredrich	Peg Goeschel
Keith Hansen	Dan Hiller
C.J. Johnson	Cindy Kadavy
Rabbi Mendel Katzman	Sue Medinger
Dave Miers	Nancy Myers
Rita Parris	Taren Petersen
Sandy Ramsey	Dianna Seiffert
John Sheehan	Jack Wineman
Robin Zagurski	
Resource and Support Staff Present	
Paul Ladehoff (TMC Facilitator)	Denise Bulling (PPC)
Robin Chang (PPC)	Stacey Hoffman (PPC)

To Do List	Who is Responsible	By When
• Review language on relationship and email suggestions to Stacey.	Steering Committee members	June 15
• Review draft training curriculum (available on the web site) and send any comments to Robin by June 15	Steering committee members	June 15
• Send the revised draft training curriculum to Gill and Tony for their review by June 30.	Robin Z	June 30

Next Meeting: Tuesday, September 21, 1:00 p.m. to 5:00 p.m., Villager Motel

Updates and Reports:

- Denise outlined activities for year 2 of the SAMSA grant funding this effort.
    - A draft plan narrative is on the web page.
    - This Steering Committee will continue to meet although less frequently to assist with implementation issues such as local planning and training
- Nebraska Disaster Behavioral Health Conference will be held July 8-9.

[1] These notes are taken from flip chart pages developed at the meeting. Please let us know if you notice any errors or omissions. Any comments or questions added by the facilitator are *italicized*.

- Several steering committee members reported on the regional training from DTAC held in Chicago May 4 - 6.
- Regional Bio-Terrorism symposia are being held at locations across the state through August 2004. Locations include North Platte (March 25-26), followed by Sidney, Omaha, Scottsbluff and Kearney. The symposia will feature Tony Eng. A brochure with details is available from Barbara. The first few symposia have gone well. Some participants have expressed anxiety regarding how it will work regarding behavioral health.
- The faith leaders met and began reviewing available curricula. Their goal is to pre-credential faith leaders prior to their emergency response.

Discussion Regarding Draft Plan:

The Steering Committee was asked to provide input on questions regarding the draft plan. Questions included "What is the appropriate level of detail? What degree of uniformity is desirable for local plans? What level of detail regarding the behavioral health plan should be included in the overall public health plan? Considerations for Risk Communication and Public Information? How in depth to address long term recovery issues? Cultural competence concerns? Substance Abuse Considerations?

1. What is the appropriate level of detail to include in the behavioral health plan?

- List points of contact
- Definitions of roles, e.g., behavioral health
- Overview of what behavioral health means
- Also points of convergence with public health, etc.
- Roles and responsibilities
- Less than in current SEOP
- Make it a reference rather than a list
    - Reference in LEOP; Don't need the whole document
- ESF 8 lists other responsibilities. Doesn't say "how," just says it's up to you

2. What degree of uniformity is desirable for local plans?

- Template with core pieces helpful for
    - Comparison;
    - Completeness;
    - Compliance;
    - Portability;
    - Ability for someone to "step in"
- This does account for and allow tailoring to local conditions and resources

3. What level of detail regarding the behavioral health plan should be included in the overall public health plan?

- Contact information
- References
- Definition of roles: quick reference, bulleted list
- Regions and public health
    - How they interact
    - Prepare
- Sustainable reminders to review
    - Suggested mechanism(s) for review on an ongoing basis (annually)
- Analogous to DSM4 decision tree format
    - Decision tree to outline process for someone picking it up to see the elements
    - Is this the right thing to include in the public health plan? Or the BH plan?
- Review suggestions
    - Annual updates (for example, when personnel change)
    - Periodic review and revision
- Public health plan
    - Communication for behavioral health
    - Command and control for behavioral health
- Varies for different types of disasters
- Review after exercises and incidents
- Reference without detail will connect and notify and will be easier to update
- Question about "jurisdiction" Examples of private industry bringing in "their people," EAP, etc.
- Does this represent a change from current scheme in Annex G which has public health or others being responsible for behavioral health?
    - Recommendations for Emergency Management, but local folk decide

4. Review language on relationship and email suggestions to Stacey.

Risk Communication and Public Information

- How to: Be First; Be Right; Be Credible
- Role for "Center for Excellence?"
- Reinforce one voice / one source principle
- Resource assistance for PIO
- Risk assessment will be big challenge in finding a pool of folks with expertise and experience
    - Consider splitting into two groups
- #1 "Region" =
    - Yes, it adds to the "looks like me" trust building
    - Timeliness of response
- Local decision?
- Regional pool to advise/support local PIO (often elected official)

- State pool has benefit of
  - Consistency (in training, etc.)
  - Cost efficiencies
- Incident will start locally; HHS PIO will be later
- Could HHS PIO be available to consult with local folks?
- Ask Regional Reps

<u>How in depth to address long term recovery issues?</u>

- Emphasize long term recovery needs; they can be 5 years
- However, the "how to" of long term recovery will be difficult
- Address how funding might come to assist with long-term
  - NEMA must apply to FEMA
  - HHS consults
    - 60 days immediate
    - 1 year regular
- VOADs often stay for ongoing assistance with unmet needs
- Who takes leadership?
- Spell out the trickle back to local
- Perhaps suggest ideas on the "how to"
  - For example, importance of commemoration events
  - Consensus report citations
- Discuss possible transition from immediate responders to local long term monitor
- Provide research and rationale for long term recovery to facilitate acceptance on local level to commit resources
  - For example, the need for outreach over a number of years
  - Authority
  - Example, after 9/11, there were rules that allowed for so many visits and then treatment stopped.

<u>Concerns Regarding Cultural Competence?</u>

- Interpretors needed for spoken and sign languages
- Reduce barriers to services
  - List (populations)
  - Suggest how to reduce barriers
    - Enlist community leaders
  - Train outreach from various cultural communities
  - Special populations
    - Cultural values
    - Barriers to medical care
  - Requirement that folks identify communities in local plan
  - Where possible, use existing resources
- "Same Sandbox" BH should coordinate with other response organizations who also need these resources

- Template should include a directory of resources (e.g. sign interpreters)
- Deal with suspicions of government
- Balance – this could be a lot of week long classes
- Southeast Community College curriculum for interpreters
- Not too specific or people make assumptions (because you are X, I expect this about you)

Substance Abuse Concerns

- Two groups
    - Those already using, could increase
    - Those who start using to deal with the incident
- Public information should encourage folks to not use
- First responders (self care)
- Comments on impact of disaster
    - Increase in substance abuse, etc.
    - Facilitate shifting resources
- Current research needed
- Impact on folks in recovery
    - Engage peer support (AA, Alanon, etc.)

Curriculum Discussion

Robin presented an overview of the draft curriculum and received feedback from the Steering Committee. A summary of their comments follows.

Roles and Boundaries:

- A discussion of conflicts of interests.
- Is this (conflicts of interest) a necessary part of "psychological first aid?"
    - Yes, the importance of ethics
- Defining role and care for the caregiver
    - Could address some boundary issues
- Heavy in recruitment and selection
    - Mention in psychological first aid
- How much is enough? When are you done?
- The de-escalation module will address the concern about paraprofessionals potentially melting if yelled at.

Train the trainer considerations

- Should it be limited to LMHP?
- Co-presented with paraprofessional
- All trainers should be named "Robin" to avoid confusion ☺
- Danish Red Cross curriculum is 2.5 to 3-days long. It has been distilled to 1-day by
    - Cutting activities

        - Cutting topics like HIV, Community Organizing, etc.
        - Toning it down to a High School level
- Boundary issue: Respecting diversity of religious viewpoints

<u>Next Steps:</u>

- Draft training curriculum will be placed on the web site by May 19. Steering committee members should review and send any comments to Robin by June 15. The revised draft will be sent to Gill and Tony for their review by June 30.
- Advanced training for LMHP?
    - Some other groups are already working on this
        - ARC, CISM, OMMRS
- Plan is to pilot the training by September and then give six regional trainings.
- Communicate to LMHP encouragement to participate in ACR or CISM trainings to prepare themselves to be part of future disaster response.