

Disaster Behavioral Health Planning Steering Committee  
Group Memory<sup>1</sup> of Meeting September 21, 2004, 1:00 p.m. to 4:30 p.m.

<b>Steering Committee Members Present</b>	
George Hannigan (HHSS)	Keith Hansen (HHSS)
Beth Baxter (Region III Behavioral Health)	Lindy Bixler (MFT)
Dean Cole (HHS Regulation & Licensure)	Joyce Crawford (S. Heartland Dist. Health D.)
Vicki Duey (Four Corners Health Dept.)	Phyllis Dutton (Alegent Health)
Rose Esseks (Cedars Youth Services)	John Gardner (Good Samaritan Hospital)
Peg Goeschel (Commission for the Deaf and Hard of Hearing)	Dan Hiller (NEMA)
Marcia Hovland (Winnebago Mental Health)	C.J. Johnson (Region V Systems)
Cindy Kadavy (HHSS)	Randy Kohl (Dept. of Corrections)
Sue Medinger (HHSS)	David Miers (Bryan LGH Medical Center)
Rudi Mitchell (Carl T. Curtis Health Center)	Travis Parker (LLC Community Mental Health Center)
Taren Petersen (Region VI Behavioral Health)	Sandy Ramsey (LLC Emergency Management)
Dianna Seiffert (HHS Communications and Legislative Services)	Blaine Shaffer (HHSS)
John Sheehan (Douglas County Community Mental Health Center)	Caroline Walles (Interchurch Ministries)
Kathie Washell (West Central District Health Dept.)	Jack Wineman
Robin Zagurski (UNMC)	Cameron White (Dept. of Corrections)
Beth Reynolds (Region III Behavioral Health)	Julie Hippen (Lutheran Family Services)
Ingrid Ganesbom (via phone from Norfolk)	
<b>Resource and Support Staff Present</b>	
Dave Hubbard (TMC Facilitator)	Denise Bulling (PPC)
Stacey Hoffman (PPC)	Robin Chang (PPC)
Cyndi Woollam (PPC)	Elissa Dahlberg (PPC)

<b>To Do List</b>	<b>Who is Responsible</b>	<b>By When</b>
• Get the List Serve up and running	Denise	
• Get the Web Site tuned	Stacey	
• Get the State Plan on the Web Site for comment	Stacey	
• Send out notice of the Steering Committee Meeting in March by January		
• Figure out costs in having future Steering Committee meetings		

**Next Meeting: March**

<sup>1</sup> These notes are taken from notes and flip chart pages developed at the meeting. The facilitator has attempted to summarize the discussion by identifying themes and placing items in categories such as "Lessons Learned" and "Review". Please let the facilitator or NU Public Policy Center know if you notice any errors or omissions. Any comments or questions added by the facilitator are *italicized*.

Updates and Reports:

**Southeast Nebraska Tornado Response – LESSONS LEARNED:**

Denise Bulling (NU Public Policy Center)	Sandy Ramsey (LLC Emergency Management)
Rose Esseks (Cedars Youth Services)	Travis Parker (LLC Community Mental Health Center)
Dean Cole (CISM)	C.J. Johnson (Region V Systems)
Keith Hansen (HHSS)	Caroline Walles (Interchurch Ministries of NE)

**Southeast Nebraska Tornado Response - LESSONS LEARNED** *Continued:*

- Southeast Nebraska tornadoes put the draft of the State Plan to its first test.
- Felt a lack of organization as did not have needed contact information as to who to call in the middle of the night and their after-hours contact numbers. Maybe a drill of if “something” happens who do you call and how do you get in touch after hours would be beneficial.
- The shelter was the meeting place.
- Main Task was connecting people to the right information.
- Two Hallam Ministers came to the shelter and were supportive.
- Mental Healthcare Providers did a lot more than just mental health.
- Even though there had been a drill one month earlier the situation was distressing even to the National Guard.
- Relationships very important. We went through the list and because we knew them we knew who to call in the middle of the night.
- The Red Cross deployed the way they were suppose to however their seemed to be a disconnect between the Red Cross and the Volunteer Partners and their Organizations. The plan was good but 3 days into it it was discovered that the Volunteer Center was not processing any Mental Health. It became very complicated and very confusing.
- LMMRS Plan of all Mental Health providers going through the Red Cross went well until a presidentially-declared disaster. Coordination went well until that point but it was not good for tracking. On a county level we lost track of the process. There was a disconnect between the emergency management and the Red Cross. This is a problem when we go to recover costs from FEMA. FEMA pays an hourly rate, but if County employees go to a different County then the costs were not recovered.
- Learned a lot administratively.
  - Government only gets reimbursed when public assistance involved.
  - Having the right person doing the job the right way made reimbursement possible.
  - The sooner the better in dealing with an expedited disaster process. Four counties were declared right away. However groundwork was not done in 23 counties and no data was collected. This caused FEMA issues regarding record keeping and data assessment. Did not have the damage estimates so did not get the grants.
- For NEMA, mental health was an automatic call. This was a success for in the past it was not.
- Clergy responded well but there was a need for “respite” and “support” for the local pastors.
- Generally in this kind of situation people do not want to talk to someone labeled as “Mental Health” or a stranger and more comfortable talking to someone ID’ed as Clergy. People were comfortable talking to chaplains. Clergy is working on a plan.

- Hotlines were mandated by FEMA – used the Rural Response Hotline. This worked well.
- Regarding Service Grants all planning should assume the worst will happen and that the most will occur.
- Data, very important to keep track of in the right way
  - FEMA form requirements, i.e. the local information needs to be in line with the FEMA form requirements. Know what FEMA wants to have figured out.
  - Region V Systems already have a 800 number set up already.
  - Volunteer base set up in advance, 27 part-time people and for a 7 month job got fulltime people lined up that meet NEMA requirements.
- Question to be answered: If there is only a declaration for PUBLIC assistance (not INDIVIDUAL assistance), can Regions be reimbursed if Region deploys as part of effort?
- Learned a lot about FEMA, and we gave FEMA lots of information but some local emergency management offices did not get the information.
  - FEMA has some disconnects too!
- Need to figure out how to deal with “releases” when people are coming to shelter. If had proper releases people could have gotten information on services.
- Did not know where people were going. Need for finding out where people are going.
- People came to the shelter in “tidal waves”. Due to the rush; half of the people got releases signed and half did not. Consider having people sign a bunch of releases. Need to figure out best way/time to have people do this.
  - Consider the captive opportunities when people are on the bus, i.e. to talk to them etc..., concern however that people would not absorb the information.
- Relationship with Medical providers and Pharmacies is important in helping to deal with peoples immediate needs regarding medication and prescriptions that are not available.
- Importance of giving people the “right” messages, i.e. “we’ll do whatever we can”.
- For the plan to work we need as much “in house talent” as possible. For example we do not want to have to wait for training on an out-of-state trainer’s schedule when the grants require specific training.
- SAMHSA and FEMA may have different training requirements and we should find out in advance what they feel comfortable with.
- In Hallam there were over 19,000 Volunteer hours, excluding transportation, mental health response, and equipment.
- Networking is very important and the development and maintenance of a network of individuals who want to help would be very beneficial.
- At the individual level it is people who respond to an emergency, not an agency.
- Be sensitive to the different ways people can contribute their time and skills.
- Counties should consider putting aside some emergency monies as a reserve.

### **REVIEW OF THE STATE PLAN Highlights:**

Denise Bulling (NU Public Policy Center)	
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- Added:
  - Acknowledgements
  - Section on Supervision of Responders
- Appendices are not attached but are coming.
  - Want to make sure that all members of the steering committee have the forms available so that everyone is seeing and collecting the same information.

- Red Cross is the initial response and they have their own forms that they will use.
- Regarding page 7 (pages to be numbered) and footnote #17 “Coordination Issues”
  - There are many coordination issues, including but not limited to, geography, different Districts, different Counties, other lines and boundaries that need to be coordinated across. Lots of little details that need to be dealt with regarding collecting data.
- Building Capacity, local response is first. The Southeast Nebraska tornadoes gave us chance to test State Plan on a Local Disaster. A lesson learned is that there is not enough state depth. There needs to be more people with the skills and training to create more depth in the system. I.E. redundancy in the system.
- Connecting is important, linking the state response to EOC. Importance of regional coordination point.
- Flow Chart concept regarding VOAD and Emergency Management.
- Need for a volunteer Base.
- Highlights include
  - Agricultural Disasters
  - Request help from other states, and if big enough go through NEMA
  - Public Information issues including but not limited to, risk consultant pool. We want people who are exceptionally qualified to serve in a advisory role, so please let us know who these people are and how to get a hold of them.
- Liability Concerns
  - Important to look at what does “adequate supervision” mean.
  - Plan urges self identification. Liability is lower if you self identify. Self identifying gives a person the chance to option out.
  - Plan urges informed consent provision.
  - Plan recognizes voluntary Participation
  - Plan creates organizational structure
- Workforce Issues include but are not limited to
  - Suggested supervision by licensed clinician.
  - Recognizes ARC and CISM
  - “Best Practices” emphasized and something that will evolve, change and need to be maintained and kept fresh over time.
  - Pre-Credentializing.

### **NEXT STEPS**

- Regions to add a half time disaster coordinator.
- “Psychological First-Aid” available in all regions.
- Kickoff Nebraska web site for disaster planning and ongoing planning with public health.
- CISM basic training and connecting hospitals, clinicians and law enforcement to work together better.
- Implement and evaluate FEMA CCP RSP.
- Risk Consultant Pool of experts need to be identified and contacts maintained with your help.
- Increase the state’s coordinator pool.
- Add CISM to State Coordinators and create a joint project to work with clinical and management teams to help support “first responders”.

### **NEXT STEPS** *continued:*

- Address special populations questions and needs regarding making sure special populations (such as the deaf) are in the loop.
- Create an open list serve to be used as a tool to communicate regarding the Nebraska plan.
- E-mail Denise or Stacey with updates or input.
- The Plan document will be posted on the web site to make changes on.
- Create a database with redundancy backup with a list of individual resources. (Note that each region is doing it different right now and there is a need for communication.
- Is there a FEMA database for each state & a NEMA database for each county? Do we need to feed our information into these?
- Make use of the information that is and can be made available.

### **HANDLING RESEARCH REQUESTS:**

- APA recommends use of a single coordinating body for research requests.
  - Single coordinating body handling research requests helps ensure compliance with ethical research guidelines & IRB.
  - Single coordinating body can serve as a clearinghouse.
  - A single source clearinghouse can better provide some protection for the victims.
  - The University of Nebraska was recommended as the single source clearinghouse.
  - The University of Nebraska can best decide what the best point of contact should be for handling research requests.
  - While there may be a slight possibility of a conflict of interests, there is full confidence in the University of Nebraska to properly serving as the clearinghouse for research requests.
  - The university can establish guidelines and protocol issues after the idea of it serving as a clearing house is approved. Nebraska is one of the more advanced and organized states in this area.
  - Good public information can help to prevent abuses.
  - It makes sense that the University of Nebraska serve as the clearinghouse and gatekeeper (i.e. a registration point to provide some protection) to assist and protect the information and those traumatized.

## **BRAINSTORMING FOR THE FUTURE:**

### **Review of Mission & Goals of the Steering Committee:**

- The Project Steering Committee consists of a diverse group of stakeholders interested in providing input, direction and to act as a sounding board, to identify policy opportunities and barriers, serve as connectors, review plans and products in relation to the development of the Nebraska All Hazards Mental Health Response and Recovery Plan and the perpetuation and maintenance of a plan that includes volunteers and natural helpers as well as professionals in disaster mental health response.

### **Implementation of the State Plan:**

- The plan can be implemented and goes from the local response and control to regional and then to state.
- Plan must accommodate and be based on volunteers and community responders because there may not be resources available in the future.
- The Red Cross can do its work within the plan and can bring in a lot of people to help.
- Need to look into the Regions and the development of services as a government agency and the reimbursement issue.
- Need to build capacity into the plan to flex up the response when needed and flex down for handling everyday disasters.
- What are the criteria and requirements for reimbursement from NEMA? From FEMA? Can this be made clear in the plan?
- We cannot count on government emergency funds and by being better prepared we are in better shape to ask for them and more importantly get them if we have good documentation.
- Coordinate the State plan with the LEOPs. Since every county has its own local plan (LEOP) there should be cooperation (not control) between counties, between Regions and the state plan. Currently some Regions (CJ's for example) have five different volunteer plans in effect for their Region.
- Coordination is an important issue.
- The national recommendation in regards to mental health is to coordinate with the Red Cross.
- The starting and the stopping of the specific response should be addressed i.e. Red Cross starts the response and address what fits in where.

### **Maintenance of the written plan:**

- What is the cost to keep the steering committee meetings going?
- The Steering Committee should continue to assist in the maintenance of the plan if possible.
- Nebraska Department of Health and Human Services should be responsible for the maintenance of the written plan and coordination thereof.
- Steering Committee members should take part in the Regional planning in their area.
- Need to consider a funding source for the future to keep the plan current and fresh.

### **Sustaining Resources:**

- Consider establishing a 501 (C) (3) to sustain the effort.
- Consider long term preservation.
- Consider the United Way, InterFaith Council, and or Lutheran Family Services for help.
- Keep local emergency management and each county apprised.
- Remind people to network with others in their constituency regarding sustaining resources.
- Have an annual conference.

### **Future involvement of the Steering Committee:**

- The Steering Committee is needed to serve as a referee. They can help promote consistency and regularity in the plans.
- The Steering Committee can help to ensure good statewide coordination and communication.
- The Steering Committee looks at the sharing of information, and helps with communications across the Regions.
- The Steering Committee can bring the local needs and interests and statewide issues together.
- The Steering Committee can keep a fresh perspective on issues that serve networking such as membership, emergency management personnel, and the Red Cross
- The Steering Committee members aid the effort in maintaining good communications and contacts with their representative constituencies.
- The Steering Committee should meet twice a year.
- The Steering Committee could meet before, during or immediately after the annual Behavioral Health Conference.
- The Steering Committee should meet as the larger group as a whole rather than sub groups.