



Toward the Way Forward: Division of Mental Health and Addition Disaster Cycle and All-Hazard Resilience and Emotional Support Team Training

Michael Ross, MSW, LCSW

INTRODUCTIONS



Michael Ross, MSW, LCSW

Bureau Chief: Adult Serious Mental Illness
State Mental Health Disaster Program Director
Deaf Services
Indiana Division of Mental Health and Addiction

- Pre-doctoral certificate – Homeland Security and Emergency Management
 - Cognitive Resilience and Disaster Response
- Master of Social Work – Mental Health and Addictions
 - Trauma-Informed Care and Stress Disorders
- Bachelor of Arts – Religious Studies,
 - Esotericism and Semiotics



MASTERS OF THE UNIVERSE

“No matter what people tell you, words and ideas can change the world.”

— Robin Williams 1951-2014



WHAT DO YOU DO?



#MentalHealthMatters
@MROSSLCSW

1. How do you re-establish mental health and addiction as integral parts of disaster response?
2. How do you ensure that the framework is modular and scalable?
3. How do you ensure continuity of disaster mental health and addiction if the core driving force departs?



PARTNERS



#MentalHealthMatters
@MROSSLCSW



Indiana State
Department of Health



Division of
Mental Health
and Addiction





Indiana Department of Homeland Security

Focus on Mental Health

- Provide a holistic response for our state
- Focus on First Responders as well as impacted Hoosiers
- Support wellness programs during and after incidents
- Identify and assist vulnerable populations
- Emphasize mental health in response, mitigation and training

Bryan J. Langley
Executive Director
Indiana Department of Homeland Security



The mission of the Hoosier Hope Initiative is to coordinate all mental health and addiction activities prior to, during, and after an emergency or disaster, including acts of terrorism; while enhancing the resilience of the citizens of the State of Indiana.



PURPOSE



#MentalHealthMatters
@MROSSLCSW

Create a modular and scalable resilience system of care
that is trauma-informed.



GOALS



#MentalHealthMatters
@MROSSLCSW

1. Reduce stigma and increase access to appropriate services
2. Ensure mental health and addiction is fully integrated into emergency response
3. Respond to, reduce, and prevent the effects of psychological trauma and toxic stress



KEY PRINCIPLES



#MentalHealthMatters
@MROSSLCSW

1. Strength-based/empowering
2. Out-reach oriented
3. Conducted in nontraditional settings
4. Evidence-informed
5. Trauma-informed Triage-to-care
6. Culturally aware
7. Recovery driven and resilience focused
8. Strengthen existing community supports systems



TACTICS



#MentalHealthMatters
@MROSSLCSW

1. Utilize a public health approach
2. Uses PsySTART to triage needs of survivors and responders, and refer to appropriate services.
3. Assess needs of survivors for tangible items and refer them to appropriate organizations.
4. Deliver evidence-informed supportive services and interventions.
5. Partner with others.
6. Ensure planning and program legacy.



RANGE OF SERVICES



#MentalHealthMatters
@MROSSLCSW

1. Brief educational and supportive contact.
2. Individual, family, group, and responder crisis counseling.
3. Assessment, referral, and resource linkage.
4. Resilience training.
5. Community networking and resource support.
6. Development and distribution of educational materials.
7. Media messaging and risk communication.
8. Hotline and web-based access.



TRADITIONAL VS CRISIS



#MentalHealthMatters
@MROSSLCSW

Traditional Treatment	Crisis Counseling
<ul style="list-style-type: none">• Is office-based	<ul style="list-style-type: none">• Is home and community-based
<ul style="list-style-type: none">• Diagnoses and treats mental illness	<ul style="list-style-type: none">• Assess 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 their influence on current problems.	<ul style="list-style-type: none">• Validates common reactions and experience to toxic stress and trauma.
<ul style="list-style-type: none">• Has an evidence-based psychotherapeutic focus	<ul style="list-style-type: none">• Has an evidence-informed psycho-educational and trauma triage to secondary screening focus.
<ul style="list-style-type: none">• Keeps records, charts, cases files, etc.	<ul style="list-style-type: none">• Collects de-identified epidemiological data to understand the footprint of the event and resource allocation needs.



TRADITIONAL VS CRISIS



#MentalHealthMatters
@MROSSLCSW

Traditional Case Management	Crisis Resource Linkage
<ul style="list-style-type: none">• Provides services to individuals who may have serious and persistent mental illness or other disabilities of indefinite duration.	<ul style="list-style-type: none">• Provides services to individuals regardless of functioning.
<ul style="list-style-type: none">• Advocates and influences the provision of services for clients.	<ul style="list-style-type: none">• Empowers survivors to advocate for their own services and resources.
<ul style="list-style-type: none">• Includes filling out forms and arranging appointments for clients	<ul style="list-style-type: none">• Assists survivors in accessing services by guiding them through typical application and referral processes.
<ul style="list-style-type: none">• Assumes responsibility for ensuring clients access needed services and may follow up with service providers to ensure compliance with appointments.	<ul style="list-style-type: none">• Assists survivors in identifying services and may follow up with survivors, while empowering survivors to be responsible for accessing their own services.
<ul style="list-style-type: none">• Has a responsibility to ensure continuity of care for clients.	<ul style="list-style-type: none">• Validates communion reactions and experience to toxic stress and trauma.
<ul style="list-style-type: none">• Has an evidence-based psychotherapeutic focus	<ul style="list-style-type: none">• Assists the survivor in accessing disaster-related services, as prioritized by the survivor.
<ul style="list-style-type: none">• Involves long-term relationships with clients.	<ul style="list-style-type: none">• Involves short-term relationships with survivors.

SKILLS USED



#MentalHealthMatters
@MROSSLCSW

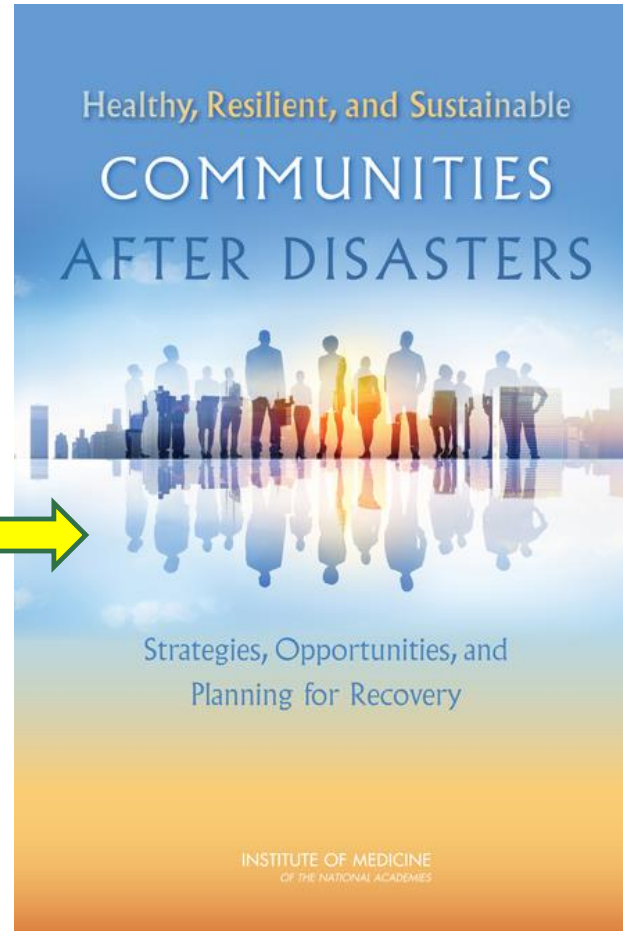
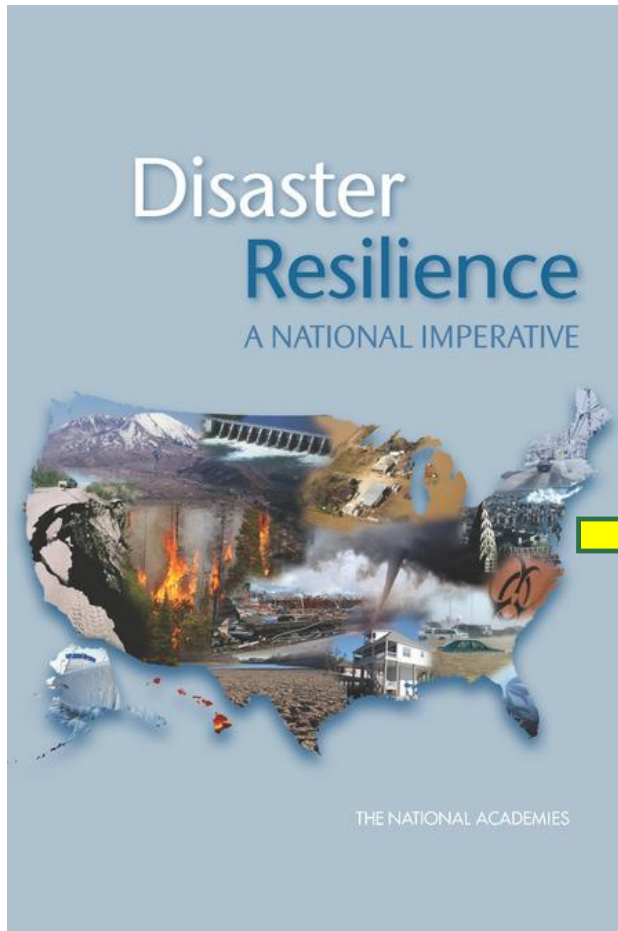
- Engaging others
- Establishing rapport
- Calming
- Reflecting feelings
- Validating feelings
- Expressing empathy
- Paraphrasing
- Normalizing
- Active listening (nonverbal attending skills)
- Screening and assessment



SOCIAL WORK: A KEY PLAYER IN RESILIENCE



#MentalHealthMatters
@MROSSLCSW



Goals of Disaster Management:

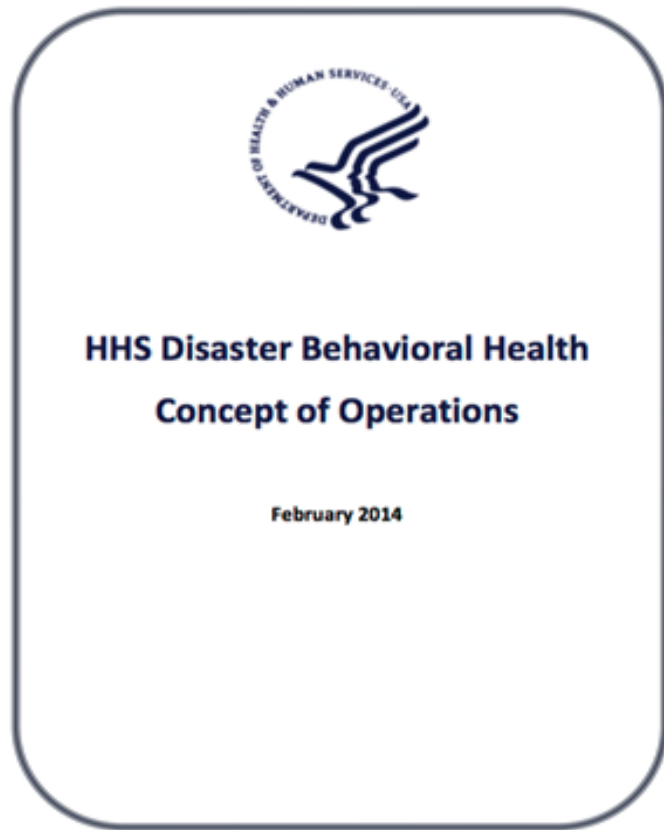
- (1) Reduce, or avoid, losses from hazards;
- (2) Assure prompt assistance to victims;
- (3) Achieve rapid and effective recovery.



MENTAL HEALTH MATTERS



#MentalHealthMatters
@MROSSLCSW



“Behavioral health is an integral part of the public health and medical response to disaster or public health emergency, and should be fully integrated into preparedness, response, and recovery activities.”

- Health and Human Services, 2015



THE MISSING PIECE



#MentalHealthMatters
@MROSSLCSW

Toxic Stress, Behavioral Health, and the Next Major Era in Public Health

Andrea K. Blanch, Ph.D.,
David L. Shern, Ph.D., and
Sarah M. Steverman, Ph.D., M.S.W.

“Behavioral health is the linchpin for the next era in public health. The argument is based, in part, on our increasing understanding of the role of toxic stress and trauma, in combination with genetic vulnerability, as antecedents to our declining health and well-being.”

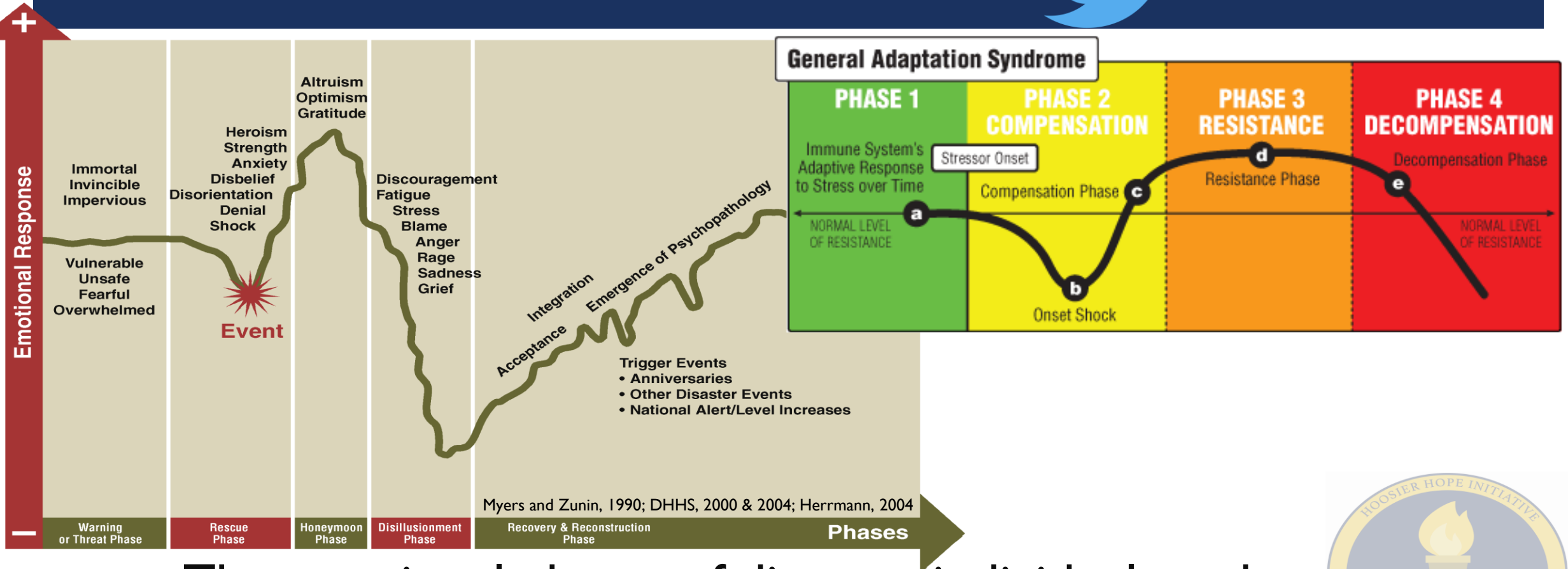
– Blanche, Shern, & Steverman, 2014, pg. 2



PSYCHONEUROIMMUNOLOGY: TOXIC STRESS AND TRAUMA



#MentalHealthMatters
@MROSSLCSW



The emotional phases of disaster: individuals and entire communities can go through the same cycle.



THE LOOMING THREAT



#MentalHealthMatters
@MROSSLCSW

- Toxic stress and traumatic experiences have been linked to stress-related problems, the exacerbation of existing mental illness, and increases in substance abuse, anxiety disorders, and depression.
- The events that public safety personnel are exposed to seem to provide an additional source of stress that can overwhelm coping ability for people who are already psychologically fragile.
- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide. The annual total estimated societal cost of substance abuse in the United States is \$510.8 billion.
- In a disaster or critical event 30-40% of impacted population will likely have **new** incident based mental health disorder.
 - **10 – 20% of First Responders will develop a new disorder**
 - The majority of First Responders won't access mental health support while the mission is active.
 - Local Incident Command staff are not exempted from distress.



MENTAL HEALTH AND ADDICTION IMPACT CLASSIFICATION



#MentalHealthMatters
@MROSSLCSW

PSYCHOLOGICAL TRAUMA AND TOXIC LEVELS OF STRESS

ARE THE GREATEST THREAT TO **RESILIENCE**

Major disasters in the United States typically have a **moderate** behavioral health impact on the population.

Appropriate interventions are aimed at adaptive functions, stress reduction, enhancement of social support, and reassurance about risk. In addition, those individuals with more serious impairment must be identified and referred to professional treatment where appropriate.

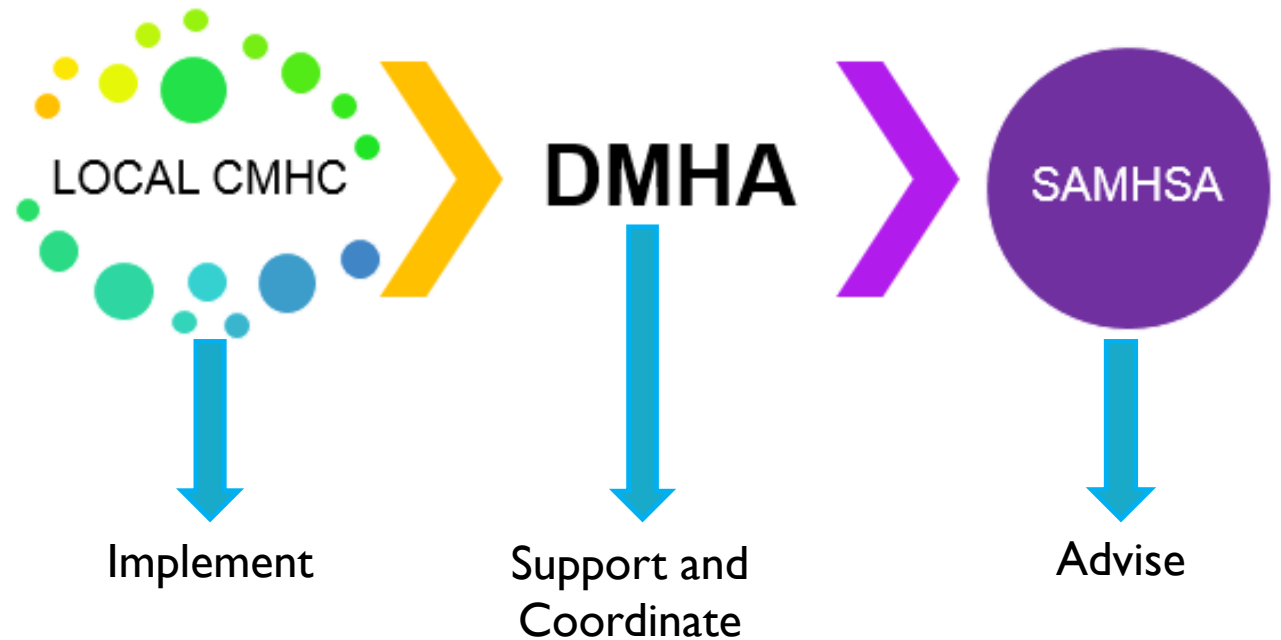


SAMHSA

Disaster Technical Assistance Center Supplemental Research Bulletin

Stronger Together: An In-Depth Look at Selected Community-Level Approaches to Disaster Behavioral Health

August 2016



RESILIENCE, RESISTANCE, AND RECOVERY



#MentalHealthMatters
@MROSSLCSW

“The emerging model must therefore be one of a continuum of care in order to accommodate the varied aspects and challenges of disaster response. A paradigm shift away from previous disaster mental health practices is required. The future of disaster behavioral health response is holistic and integrated. The resilience, resistance, and recovery formulation represents an evidence-informed, outcome-driven approach to critical incident and disaster management.”

– The John Hopkins School of Medicine



FOCUS AREAS



#MentalHealthMatters
@MROSSLCSW

- Disaster mental health and addiction resilience needs assessment.
- Disaster mental health and addiction resource typing, assessment, and coordination support.
- CMHC/MAT/OTP mental health and addiction coalition integration, support, and maintenance.
- Evidence-based disaster mental health and addiction health preparedness, response, and recovery



INTEGRATION



#MentalHealthMatters
@MROSSLCSW

Hoosier Hope Initiative

PsySTART®

Anticipate, Plan, Deter: Responder
Resilience System

Listen, Protect, Connect: Neighbor to
Neighbor Psychological First Aid

Resilience and Emotional Support Team

CMHC Preparedness, Response, and
Recovery Support and Integration

Full integration of an
evidence-based turn-key
disaster mental health and
addiction resilience system
that is data driven and
transdisciplinary.



THE WAY FORWARD



#MentalHealthMatters
@MROSSLCSW

PsySTART® Mental Health Triage



OpenBeds® Surge Management



Organized and Evidence-Based Teams



Modular and Scalable Asset Availability



Stress Mitigation and Resilience Enhancement



A MODULAR AND SCALABLE NON-LINEAR SYSTEM



#MentalHealthMatters
@MROSSLCSW



COMPONENTS OF A MODULAR AND SCALABLE NON-LINEAR SYSTEM



#MentalHealthMatters
@MROSSLCSW

- Effective systems to triage—particularly, risk exposure to reduce further exacerbation of distress (PsySTART®, OpenBeds®, BHMedMACC)
- Ensure adequate systems are in place to smoothly scale-up when necessary via a trauma-informed modular crisis triage to care continuum.
- Provide, coordinate, and link effected individuals, communities, and systems with access to supportive resources.
- Promote trauma-informed response systems that are resilient with well-defined self-care plans (Anticipate Plan Deter™ and Trauma Informed Care).
- Identify, partner, and fund integrative evidence-based interventions for long-lasting capacity building at the community level.



UNITY OF EFFORT



Resource Typing Definitions for Public Health, Healthcare, and Emergency
Medical Services
Medical and Public Health

Federal Emergency Management Agency

BEHAVIORAL HEALTH COMMUNITY SERVICES TEAM

DESCRIPTION	The Behavioral Health Community Services Team consists of behavioral health specialists capable of providing behavioral health interventions, psychological first aid (PFA), crisis intervention, and referrals for survivors, responders, and the public in the aftermath of a critical incident or disaster.		
RESOURCE CATEGORY	Medical and Public Health	RESOURCE KIND	Team
OVERALL FUNCTION	<p>This team provides incident-related behavioral health services to survivors and families, responders, and the public after a disaster, which may include:</p> <ol style="list-style-type: none">1. Behavioral health needs assessment2. Psychological first aid (PFA)3. Crisis intervention4. Chaplaincy or list Chaplaincy/Spiritual Care5. Community outreach6. Public information, information dissemination, and referral7. Behavioral health consultation8. Screening and referral, including referral for ongoing health needs or those outside of the scope of incident-related service	COMPOSITION AND ORDERING SPECIFICATIONS	<ol style="list-style-type: none">1. Discuss logistics for deploying this team, such as security, lodging, transportation, and meals, prior to deployment2. This team typically works 12 hours per shift, is self-sustainable for 72 hours, and is deployable up to 14 days3. Team members have training in disaster behavioral health interventions, such as PFA, and may have varied behavioral health background training4. Requestor should specify the need for translation and age-specific services prior to deployment5. Requestor should supply office space for coordination and communication activities, if necessary



UNITY OF EFFORT



@MROSSLCSW



Homeland
Security

Position Qualifications for Public Health, Healthcare, and Emergency Medical
Services
Medical and Public Health

Federal Emergency Management Agency

BEHAVIORAL HEALTH SPECIALIST

TYPE	TYPE 1	TYPE 2
DESCRIPTION	The NIMS Type 1 Behavioral Health Specialist is a licensed clinical professional who: 1. Functions as a mental health or substance abuse professional in a disaster setting 2. Provides behavioral health triage, assessment, and stabilization or referral of responders and affected populations for the management of mental and emotional disorders 3. Provides determinations, clinical assessment, and clinical guidance for the referral of patients and disaster survivors for diagnosis and treatment	The National Incident Management System (NIMS) Type 2 Behavioral Health Specialist is an unlicensed behavioral health professional who: 1. Provides supportive mental health or substance abuse services in a disaster setting 2. Supports disaster behavioral health interventions, triage, assessment, and stabilization or referral of responders, disaster survivors, and affected populations 3. Works under the direct guidance and supervision of the NIMS Type 1 Behavioral Health Specialist
CATEGORY	CRITERIA	CRITERIA
EDUCATION	A Master's degree in counseling, social work, substance abuse, behavioral health, mental health, or equivalent from an accredited college or university NOTES: Not Specified	A Bachelor of Arts or a Bachelor of Science degree in behavioral sciences, such as psychology, social work, counseling, or equivalent from an accredited college or university
TRAINING	Same as Type 2 NOTES: Not Specified	Completion of the following: 1. IS-100: Introduction to the Incident Command System, ICS-100 2. IS-200: Incident Command System for Single Resources and Initial Action Incidents 3. IS-368: Including People with Disabilities and Others with Access and Functional Needs in Disaster Operations 4. IS-505: Religious and Cultural Literacy and Competency in Disaster 5. IS-700: National Incident Management System, An Introduction 6. IS-800: National Response Framework, An Introduction 7. Psychological First Aid (PFA) Training (minimum four hours)
EXPERIENCE	Two years of experience in a clinical practice setting commensurate with the mission assignment NOTES: Not Specified	Two years of experience in a setting commensurate with the mission assignment



UNITY OF EFFORT



@MROSSLCSW



Homeland
Security

Position Qualifications for Public Health, Healthcare, and Emergency Medical
Services
Medical and Public Health

Federal Emergency Management Agency

BEHAVIORAL HEALTH TEAM LEADER

TYPE	TYPE 1	NO TYPE 2
DESCRIPTION	The Behavioral Health Team Leader: 1. Manages and provides professional guidance for a team of individuals providing behavioral health interventions, psychological first aid (PFA), and referrals 2. Interfaces with other public health and social service disciplines	Not Applicable
CATEGORY	CRITERIA	CRITERIA
EDUCATION	Not Specified NOTES: Not Specified	Not Applicable
TRAINING	Completion of the following: 1. IS-100: Introduction to the Incident Command System, ICS-100 2. IS-200: Incident Command System for Single Resources and Initial Action Incidents 3. ICS-300: Intermediate Incident Command System for Expanding Incidents 4. ICS-400: Advanced Incident Command System for Command and General Staff - Complex Incidents 5. IS-700: National Incident Management System, An Introduction 6. IS-800: National Response Framework, An Introduction 7. Psychological First Aid (PFA) Training (minimum four hours) NOTES: Not Specified	Not Applicable
EXPERIENCE	Experience: 1. Four years of public health or medical experience 2. Supervisory experience leading a team during incidents or full-scale exercises 3. Experience working with emergency response organizations and individuals NOTES: Not Specified	Not Applicable
PHYSICAL/MEDICAL FITNESS	1. Performs duties under moderate circumstances characterized by working consecutive 12-hour days under physical and emotional stress for sustained periods of time 2. Is able to work while wearing appropriate personal protective equipment (PPE) during shift 3. Maintains immunizations in accordance with the U.S. Department of Health and Human Services Centers for Disease Control and Prevention's recommended adult immunizations schedule for the United States of America NOTES: PPE is mission-specific and may vary by working environment, including protective footwear, protective clothing for skin exposures, eye and hearing protection, respirators, gloves, and masks.	Not Applicable



COMPONENTS OF A MODULAR AND SCALABLE NON-LINEAR SYSTEM



#MentalHealthMatters
@MROSSLCSW

Overview

The Community Mental Health Center (CMHC) must comply with all applicable Federal, State, and local emergency preparedness requirements. The CMHC must establish and maintain an emergency preparedness program that meets the requirements of this section.

Part 485 — conditions of participation: specialized providers, page: 181 (64039)

32. Add § 485.920 § 485.920 Conditions for Participation: Emergency Preparedness
Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988. Pub. L. No. 100-707; amending Pub. L. No. 93-288. Codified at 42 U.S.C. §§ 5121-5207.



RESILIENCE AND EMOTIONAL SUPPORT TEAM (REST)



#MentalHealthMatters
@MROSSLCSW

The CMHC must develop and maintain a Resilience and Emotional Support Team (REST) capable of responding to local acute crisis's and regional disasters.

These teams provide resources and deliver psychological support to individuals impacted by an incident and/or crisis; this may include survivors, first responders, and/or others as identified by the requesting jurisdiction.

These teams are modular and scalable and can function as transdisciplinary resources. A minimum size for the team is two individuals.

This is a personnel only resource.



RESILIENCE AND EMOTIONAL SUPPORT TEAM (REST)



#MentalHealthMatters
@MROSSLCSW

Primarily provides the following:

- I. Psychological first-aid
- II. PsySTART® Rapid Triage Incident Management System
- III. Anticipate. Plan, Deter Responder Resilience training and support
- IV. Referral of impacted individuals to local resources for ongoing psychiatric or psychological treatment
- V. Stress management and support
- VI. Early evidence-based psychological intervention
- VII. Pre-event stigma reduction and resilience training
- VIII. Engagement with the local emergency managers, public safety, and public health officials.
- IX. Communicate directly with the Division of Mental Health and Addiction about activities.
- X. Produce After Action Reports (AAR) after every deployment
- XI. Provide mental health based just-in-time trainings to expand force capacity and community agency



RESILIENCE AND EMOTIONAL SUPPORT TEAM (REST)



#MentalHealthMatters
@MROSSLCSW

The following trainings are required and records must be maintained internally:

- I. IS-700.A: National Incident Management System (NIMS) – FEMA
- II. IS-100.B: Introduction to Incident Command System, ICS-100 – FEMA
- III. IS-200.B: ICS for Single Resources and Initial Action Incidents – FEMA
- IV. E300: ICS 300: Intermediate ICS for Expanding Incidents – FEMA
- V. IS-662: Improving Preparedness and Resilience through Public-Private Partnerships – FEMA
- VI. Division of Mental Health and Addition Disaster Cycle and All-Hazard Resilience and Emotional Support Team Training



RESILIENCE AND EMOTIONAL SUPPORT TEAM (REST)



#MentalHealthMatters
@MROSSLCSW

The REST helps people recover and rebuild their lives after a disaster. The CCP supports short-term interventions that involve the following counseling goals:

- Helping disaster survivors understand their current situation and reactions
- Reducing stress and providing emotional support
- Assisting survivors in reviewing their disaster recovery options
- Promoting the use or development of coping strategies
- Connecting survivors with other people and agencies who can help them in their recovery process



RESILIENCE AND EMOTIONAL SUPPORT TEAM (REST)



#MentalHealthMatters
@MROSSLCSW

REST offers services to disaster survivors in their homes, shelters, temporary living sites, or houses of worship.

- Individual and group crisis counseling
- Basic supportive or educational contact
- Community networking and support
- Assessments, referrals, and resources
- Development and distribution of educational materials
- Media and public service announcements

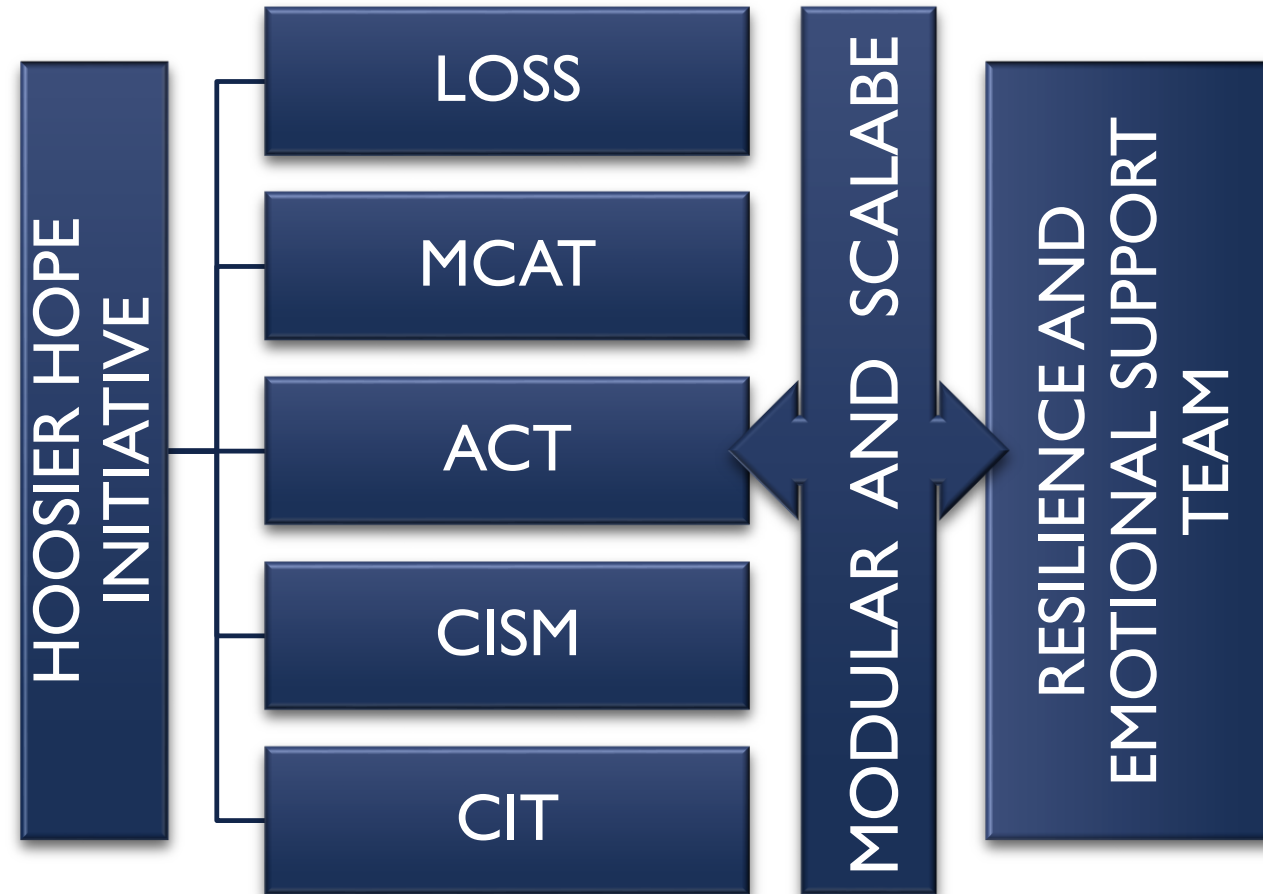
Services are expected to transition from the REST to existing community resources as the program phases out.



UNITY OF EFFORT



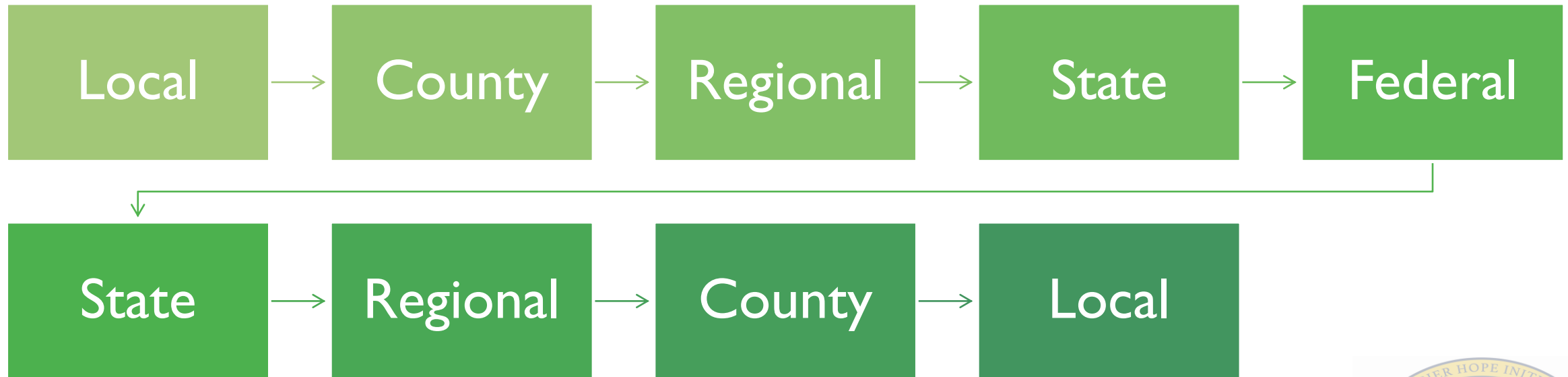
#MentalHealthMatters
@MROSSLCSW



LOCAL CAPACITY AND STATE GUIDANCE

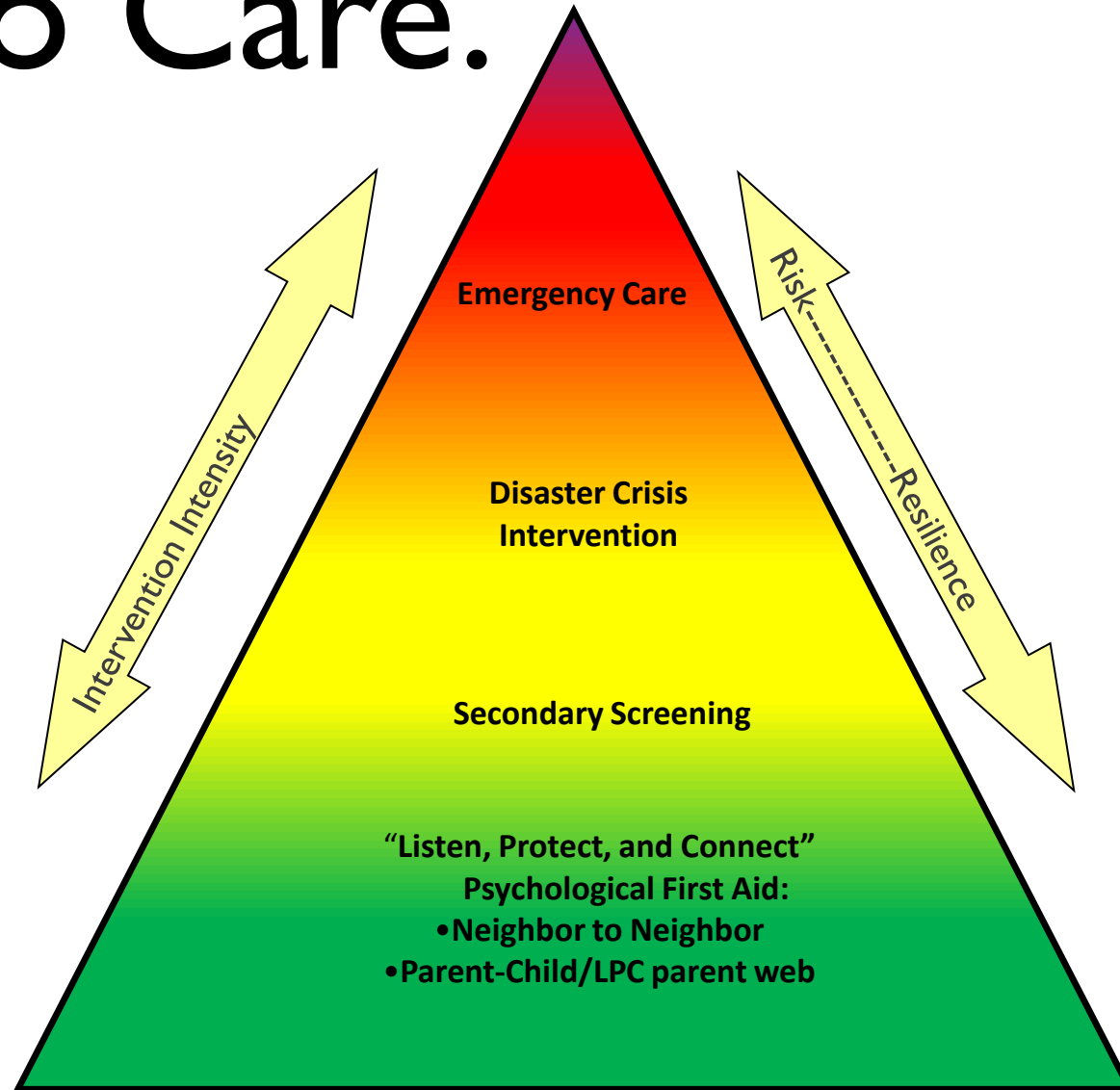


#MentalHealthMatters
@MROSSLCSW



Triage to Care.

- **Purple – Mental health emergency**
- **Red – Immediate need**, highest risk for crisis and long term health impact
- **Yellow – Delayed**, moderate risk for crisis and long-term mental health impact
- **Green – Minor**, minimal risk for crisis and long-term health impact



**Based on PsySTART Triage Levels
PsySTART™ Triage Systems

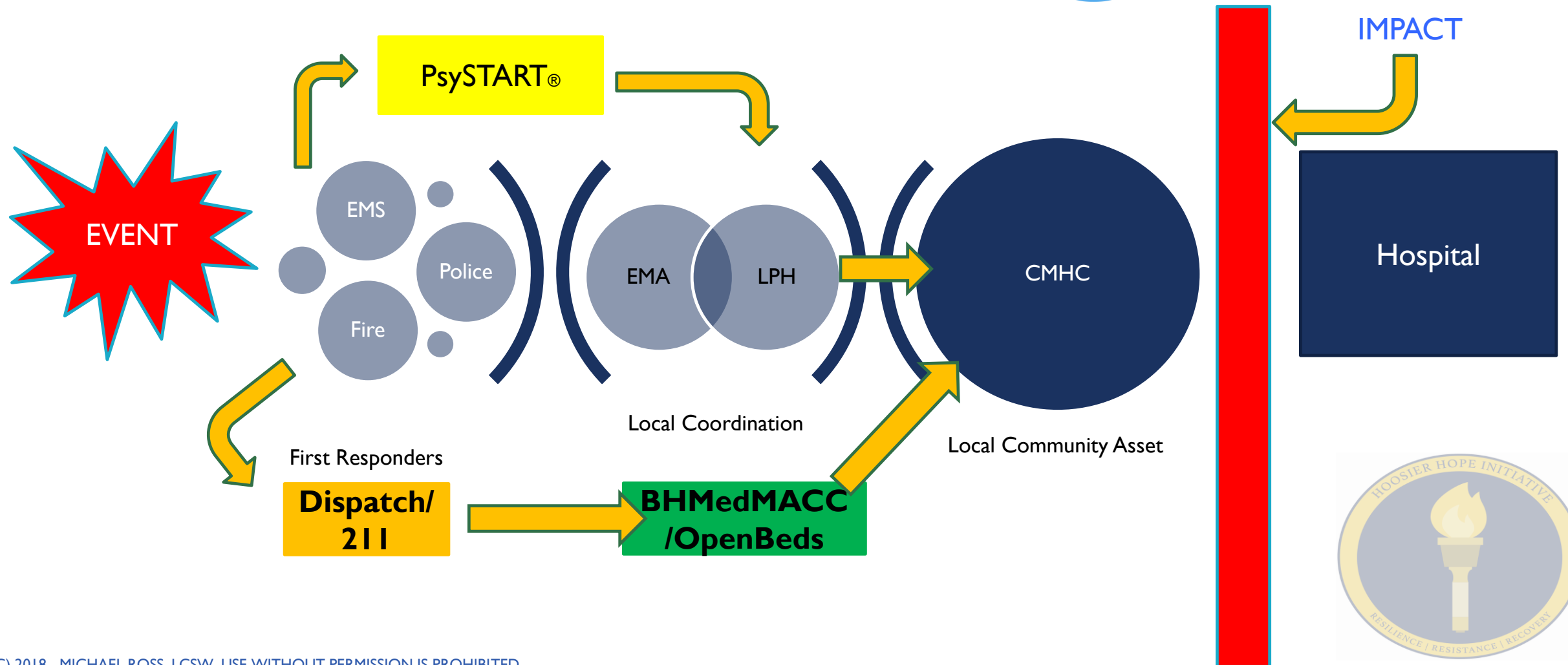
Source: Schreiber. (2017) PsySTART.



MENTAL HEALTH AND ADDICTION SURGE MANAGEMENT



#MentalHealthMatters
@MROSSLCSW



COMMUNITY MENTAL HEALTH CENTERS



#MentalHealthMatters
@MROSSLCSW

ADULT&child
Partners in health; inspiring hope and well-being

 **Community**
Health Network

 YOUR COURAGE, OUR GUIDANCE
FOURCOUNTY

NORTHEASTERN
CENTER
YOUR COMMUNITY COUNSELING CENTER


GOOD SAMARITAN
HOSPITAL

Aspire
Indiana™

 **Community**
Howard Regional Health



 **OAKLAWN**

Southern Hills
Counseling Center, Inc. 



 Community Mental Health Center, Inc.
...your partner in behavioral health

 **edgewater**
health *For Your Whole Life*
PRIMARY & BEHAVIORAL HEALTHCARE


HAMILTON
CENTER, INC.
www.hamiltoncenter.org

 **PARK**
CENTER Inc.

 **Southwestern**
Behavioral Healthcare, Inc.

 **Swanson Center**


CENTERSTONE

"People of value adding value."



 **LifeSpring**
Health Systems

MERIDIAN
HEALTH Services
Physical. Mental. Social Well-Being.

PORTER
STARKE
SERVICES
Health • Balance • Hope

 **REGIONAL**
MENTAL HEALTH CENTER
Helping. Healing. Building a Strong Community.

Wabash Valley
ALLIANCE 



THE GOLDEN MONTH: ASSET MANAGEMENT AND SURGE RESPONSE



#MentalHealthMatters
@MROSSLCSW

- 25 (CMHC) x 3 (responders) = 75
- 300:1 (SAMHSA paraprofessional response ratio)
- $75 \times 300 = 22,500$ (survivors could be served using LPC and triage)
- Districts (10) moving to regions (North, Central, South)
- States current capacity = variable and unstable
- Model → Impacted:Responders
- 2,500:9 → 5,000:17 → 10,000:33 → 20,000:67 → 40,000:133 → 80,000:267 → 160,000:533

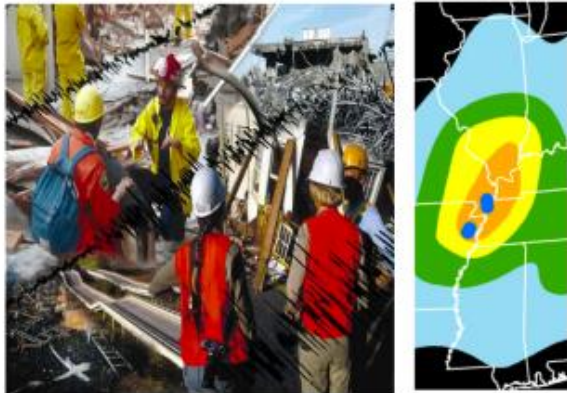


THE GOLDEN MONTH: ASSET MANAGEMENT AND SURGE RESPONSE



#MentalHealthMatters
@MROSSLCSW

NMSZ PsySTART PSYCHOLOGICAL IMPACT MODELING



NMSZ Behavioral Health Impact Modeling For Region V

Harbor-UCLA Medical Center
Department of Pediatrics

David Geffen School of Medicine at UCLA
Merri D. Schreiber, PhD



DRAFT DO NOT DISTRIBUTE
New Madrid Seismic Catastrophic Impact Modeling

U//FOUO For Official Use Only
Developed by M. Schreiber, PhD
David Geffen School of Medicine at UCLA
©2017 All rights reserved

NMSZ PsySTART PSYCHOLOGICAL IMPACT MODELING



Combined all states NMSZ Catastrophic Planning Assumptions (Source MAE, 2011)

- Nearly 715,000 buildings are damaged in the eight-state study region.
- About 42,000 search and rescue personnel working in 1,500 teams are required to respond to the earthquakes
- 3,500 damaged bridges
 - 425,000 breaks and leaks to both local and interstate pipelines.
 - Approximately 2.6 million households are without power after the earthquake.
 - Nearly 82,000 injuries and 3,500 fatalities result from damage to infrastructure.
 - Nearly 130 hospitals are damaged and most are located in the impacted counties near the rupture zone.
 - 2 million individuals require sheltering
 - 815,000 dogs require sheltering
 - 738,000 cats
- NOTE: This estimate does not include more complex dynamic modeling of on-going event related risk factors and does not include impact of second order effects such as potential flooding from dams

U//FOUO For Official Use Only
Developed by M. Schreiber, PhD
David Geffen School of Medicine at UCLA
©2017 All rights reserved



THE GOLDEN MONTH: ASSET MANAGEMENT AND SURGE RESPONSE



#MentalHealthMatters
@MROSSLCSW

NMSZ PsYSTART PSYCHOLOGICAL IMPACT MODELING

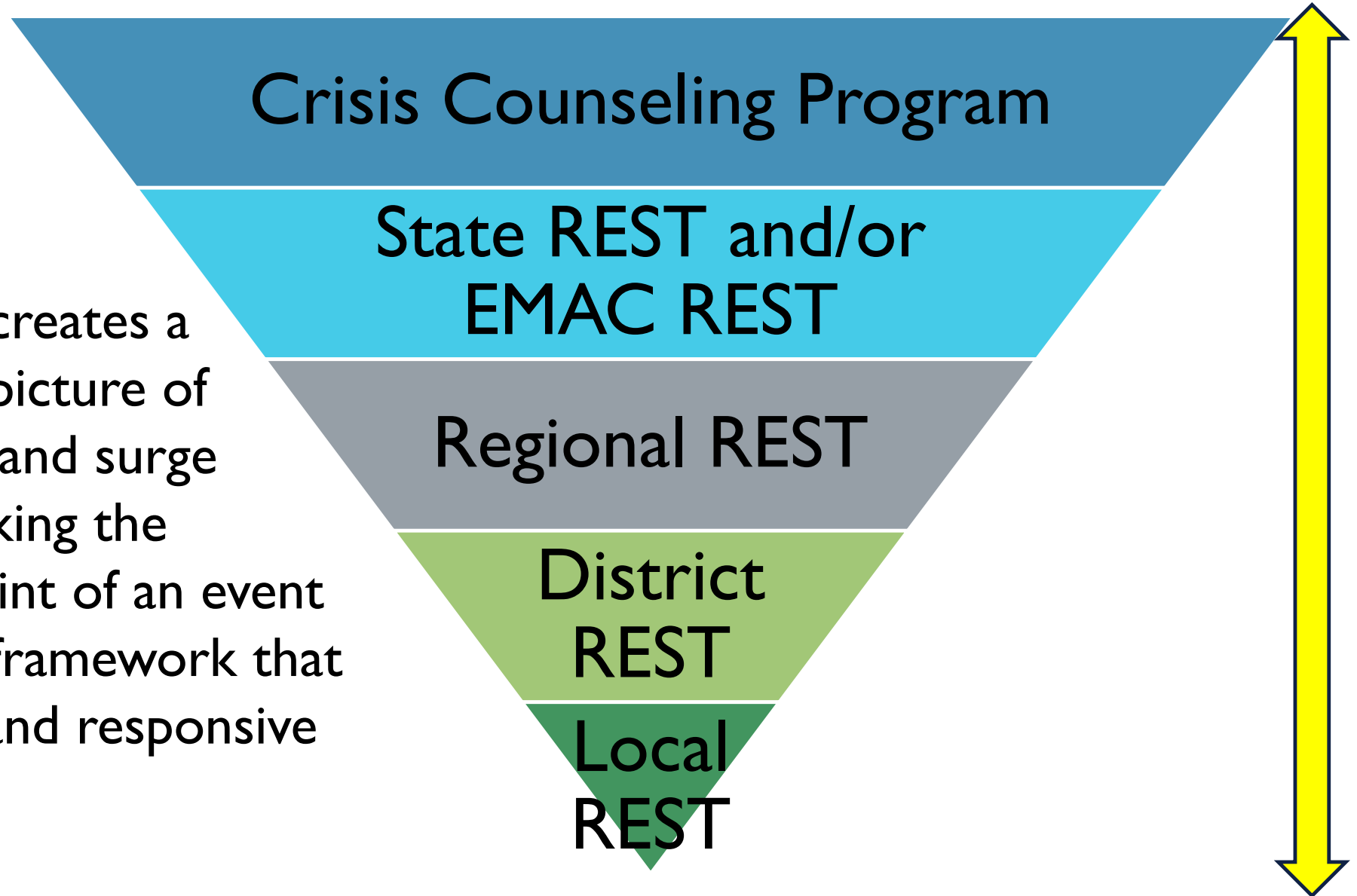
TOTAL REGION V NMSZ MENTAL HEALTH IMPACT ESTIMATES^{2,3}

NMSZ Region 5 Impact Area	POPULATION (estimate)	*Estimated Minimum New Burden of Severe Psychological Disorders in Direct Victims	*Estimated potential new mental health treatment cases
R5 Total	1,667,814	~120,939	~33,863
R5 Pediatric Total	407,365	~38,382	~11,683
Responders(limited to Search and Rescue)	3810	~762	~230

¹ Based on population level risk estimation model: new mental health disorder in a subset of high-risk adults and children without any prior mental health history (includes post traumatic stress disorder [PTSD], depression, traumatic grief, as well as other comorbid disorders like anxiety, substance abuse, etc.). Based on experience in other large incidents, about 25% of the group at high risk for a new disorder will present as cases.



Unity of effort that creates a common operating picture of resource availability and surge demands, while tracking the psychological footprint of an event within a structured framework that allows for effective and responsive decision making.



SAMHSA/FEMA: CRISIS COUNSELING PROGRAM (CCP)



The Crisis Counseling Programs (CCP) is a short-term disaster relief grant for states, U.S. territories, and federally recognized tribes. CCP grants are awarded after a presidential disaster declaration.

CCP funding supports community-based outreach, counseling, and other mental health services to survivors of natural and human-caused disasters.

States need to demonstrate prior mental health response and surge as part of their CCP application.



SAMHSA/FEMA: CRISIS COUNSELING PROGRAM (CCP)



#MentalHealthMatters
@MROSSLCSW

Crisis Counseling Programs (CCP) provides supplemental funding to state, territory, or tribal mental health authorities through two grant programs:

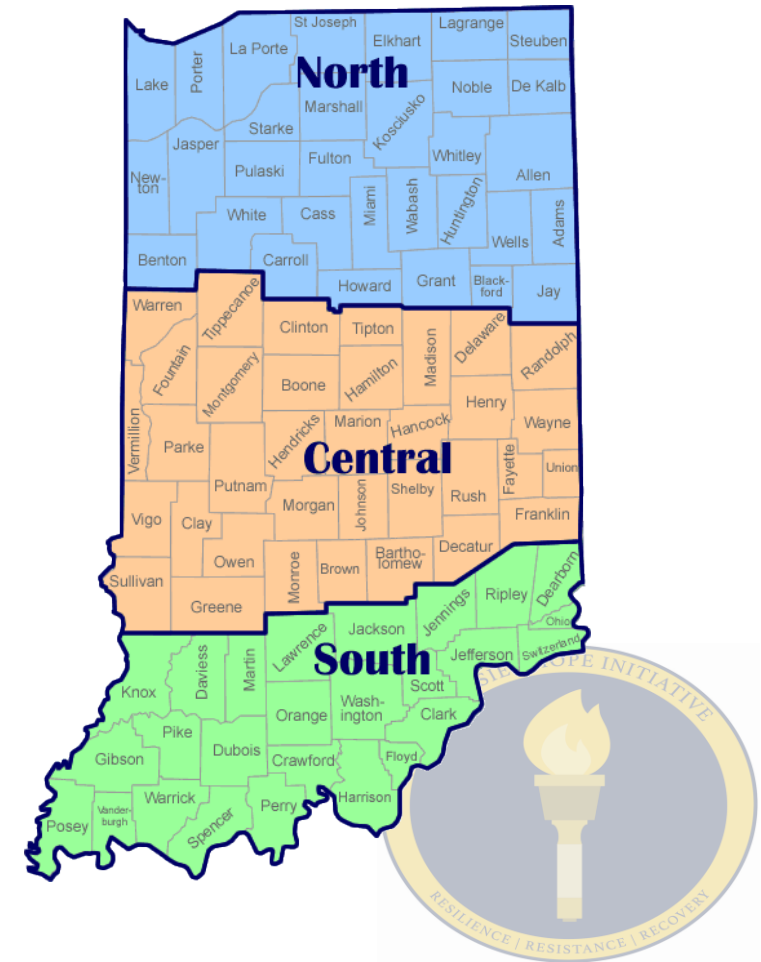
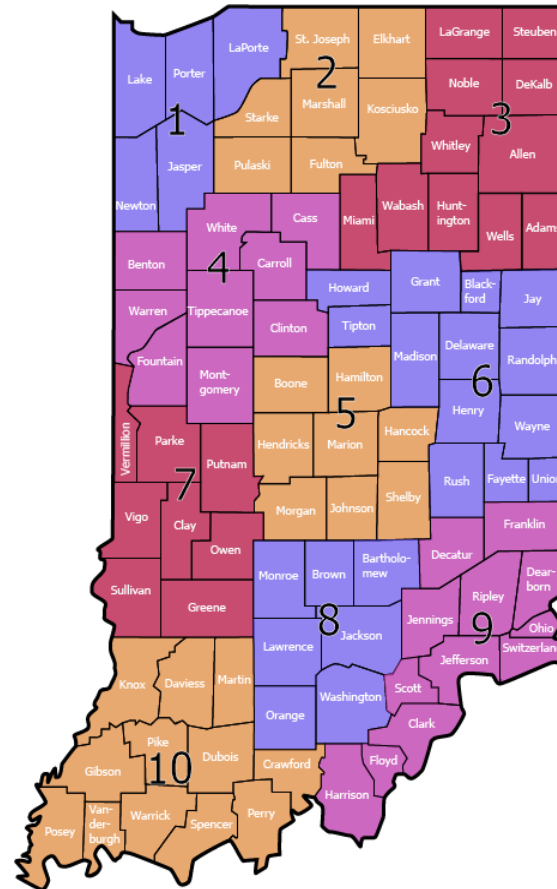
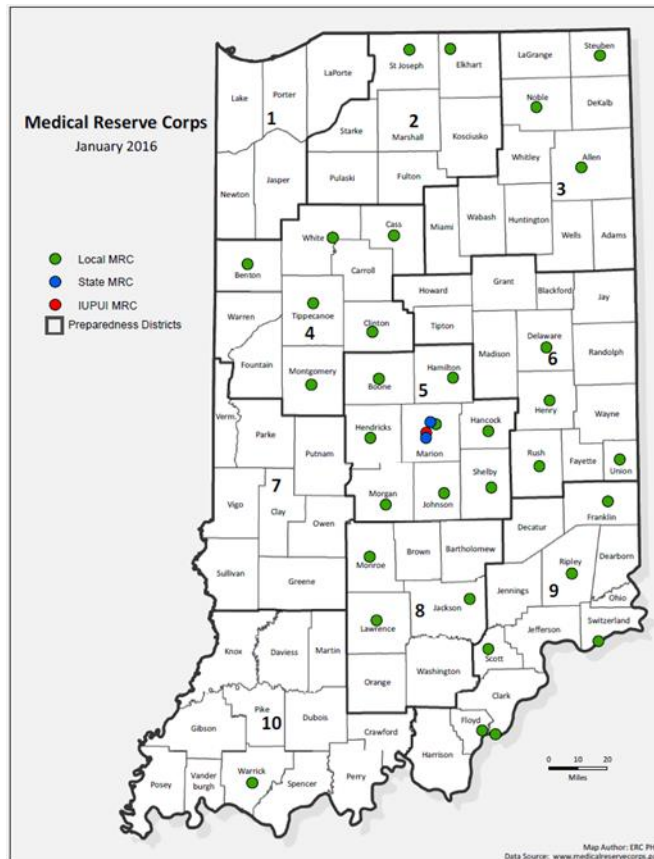
- The Immediate Services Program (ISP) grant provides funding for up to 60 days after a presidential disaster declaration.
- The Regular Services Program (RSP) grant provides funding for up to nine months after a presidential disaster declaration.



SEGMENTATION AND BEHAVIORAL HEALTH COALITIONS



#MentalHealthMatters
@MROSSLCSW

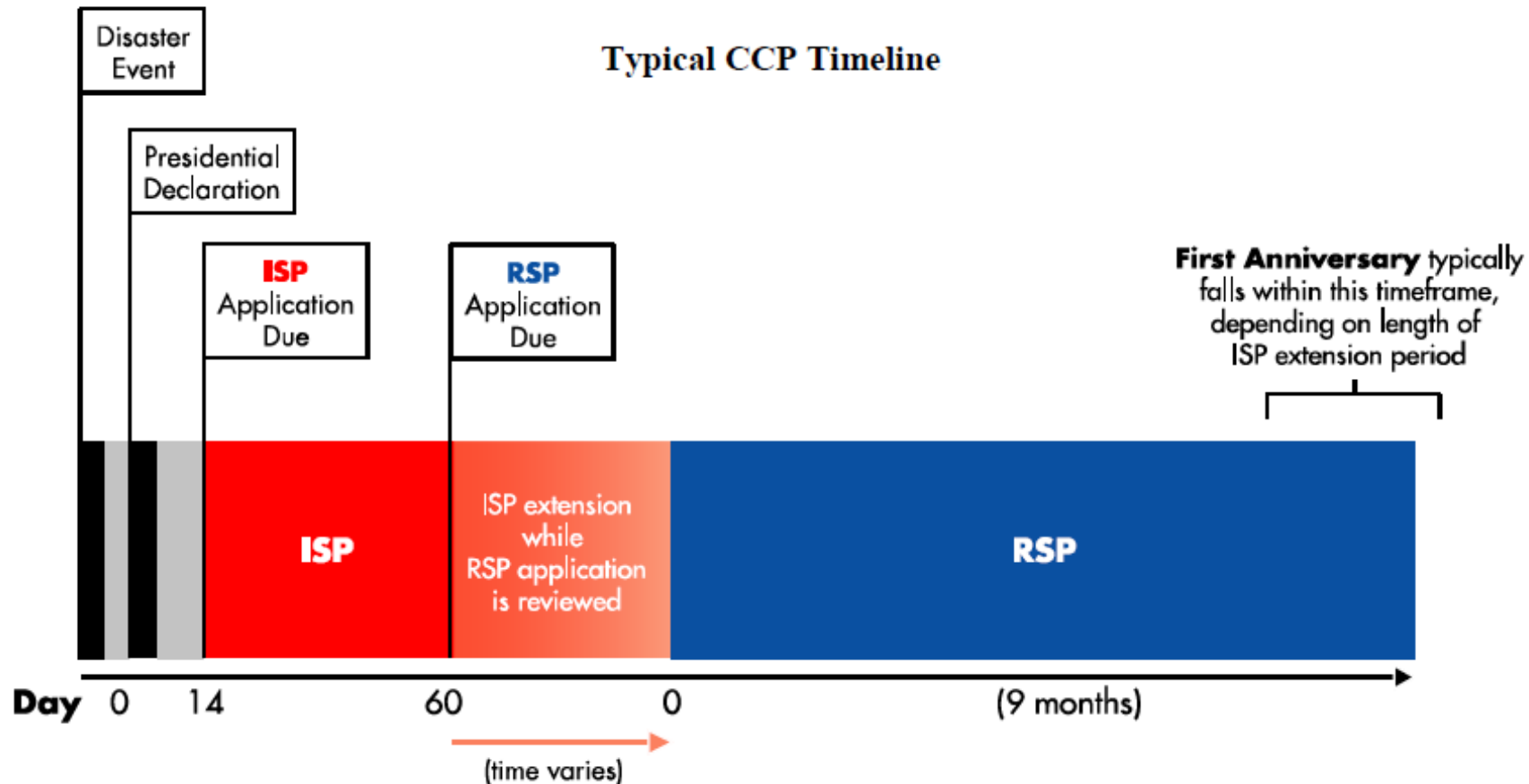


SEGMENTATION AND BEHAVIORAL HEALTH COALITIONS



#MentalHealthMatters
@MROSSLCSW

Immediate Services Program (ISP)



INDIVIDUAL



#MentalHealthMatters
@MROSSLCSW

Purpose

Clearly define the roles, responsibilities, and skills required to participate in response to local critical events, crises, and disasters as an individual member of a Resilience and Emotional Support Team (REST)

Mission

We seek to use evidence-based practices and data-driven technology to ensure that mental health professionals are an integral part of preparedness, response, and recovery. This is because we know that mental health is critical to overall health and community resilience.



GROUP/TEAM



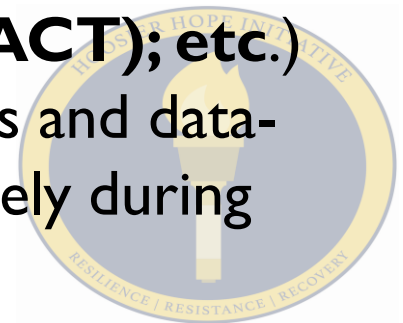
#MentalHealthMatters
@MROSSLCSW

Purpose

The Hoosier Hope Initiative (HHI) is the overarching framework for teams, which creates a modular network of professionals who can be scaled up and down depending on the scale, scope, and duration of an event.

Mission

The Resilience and Emotional Support Team provides the structure that can be adapted to work with any crisis focused system. In this regard, communities can select a team that is appropriate for daily events (i.e., **Local Outreach to Suicide Survivors (LOSS), Crisis Intervention Team (CIT); Assertive Community Treatment (ACT);** etc.) in their community. This team will also regularly use evidence-based protocols and data-driven systems (PsySTART) so that they can work collaboratively and effectively during small and large events





Purpose

Improve the integration of behavioral health into the all-hazards preparedness by creating a modular and scalable triage to care crisis system in order to improve the resilience of the State of Indiana.

Mission

Behavioral health is an integral part of the public health and medical response to disasters, critical events, crises, and/or public health emergencies, and, as a result, should be fully integrated into preparedness, response, and recovery activities in every county.



DISTRICT/REGION



#MentalHealthMatters
@MROSSLCSW

Purpose

Surge capacity represents the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the current capacity of the health care system.

Mission

Before an effective response can be mounted, the psychological impact of the disaster must be assessed. Disasters can be classified into low, moderate, and high impact behavioral health events.



STATE



#MentalHealthMatters
@MROSSLCSW

Purpose

Technical assistance and planning is provided to guide the development, administration, and implementation of an evidence-based and data-driven modular and scalable triage to care crisis system, which uses PsySTART as a foundation for a trauma-informed common operating picture.

Mission Statement

The mission of an evidence-based and data-driven modular and scalable triage to care crisis system is to improve state and local emergency response capabilities and provide specialized expertise and resources in a variety of emergency response disciplines. These specialized resources will be utilized to save lives, stabilize incidents, and protect the resilience of communities and organizations.



EVIDENCE-BASED



#MentalHealthMatters
@MROSSLCSW

Before Event

- Anticipate, Plan, Deter: Responder Resilience Plan
- Mindfulness Apps
- Mental Health First Aid

During Event

- PsySTART ®
- PsySTART Responder
- Psychological First-Aid
- Critical Incident Stress Management
- Cognitive Behavioral Therapy for Acute Stress Disorder
- Screening Brief Intervention and Referral to Treatment
- Trauma-Focused Cognitive Behavioral Therapy

After Event

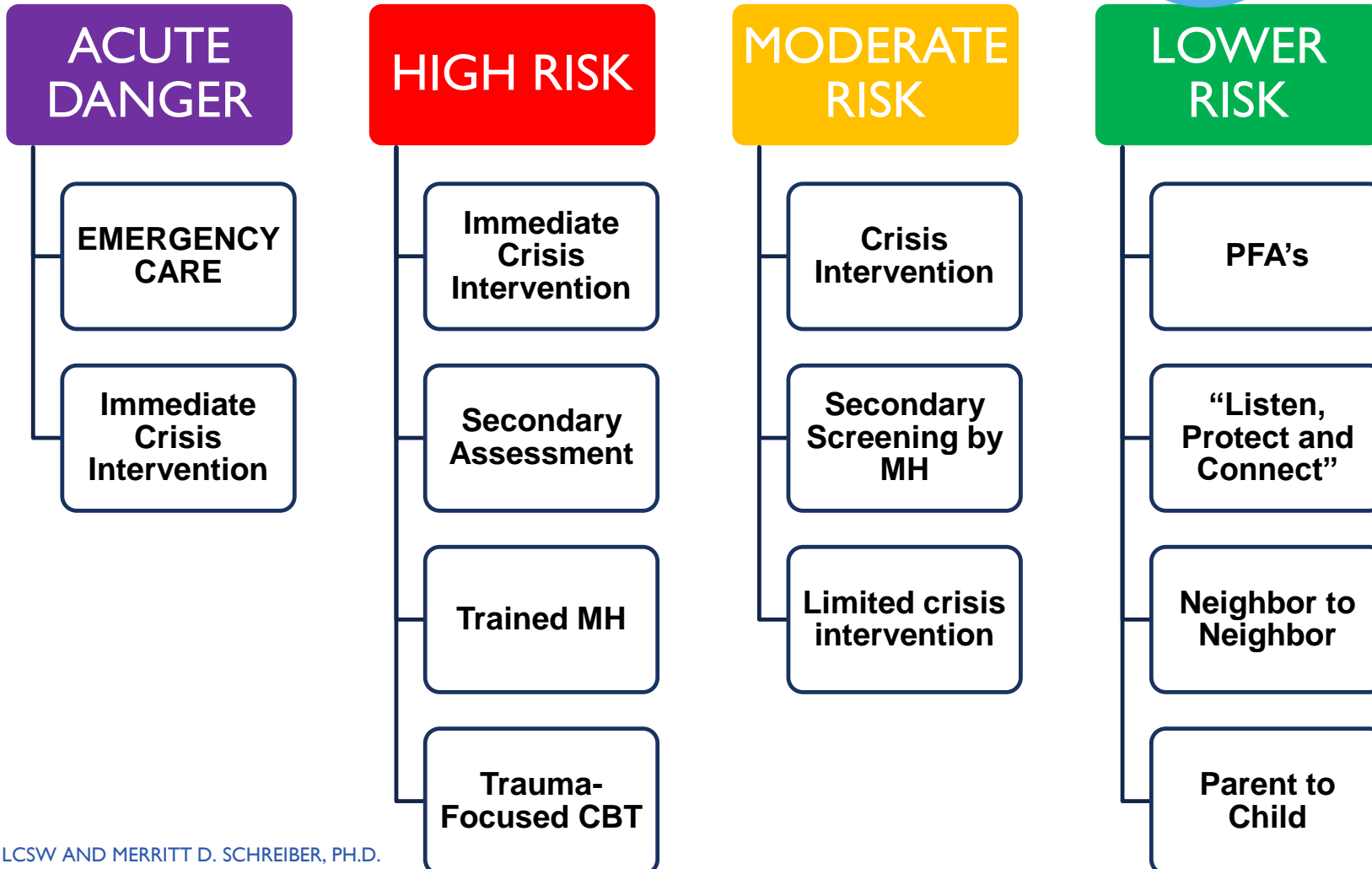
- Cognitive Behavioral Therapy for Post-Disaster Distress
- Mind/Body Therapies
- Cognitive Processing Therapy
- Dialectical Behavioral Therapy



PYSTART STEPPED TRIAGE TO CARE MODEL FOR ADULTS AND CHILDREN



#MentalHealthMatters
@MROSSLCSW



MAPPING IMPACTED POPULATION IS GOOD



#MentalHealthMatters
@MROSSLCSW

- To assure that all possibly impacted populations are receiving services, to stratify risk groups, and to create a common operating picture it is recommended a mapping diagram be created.
- Mapping helps you **“KNOW”** who is getting what services and that you’ve not missed someone.

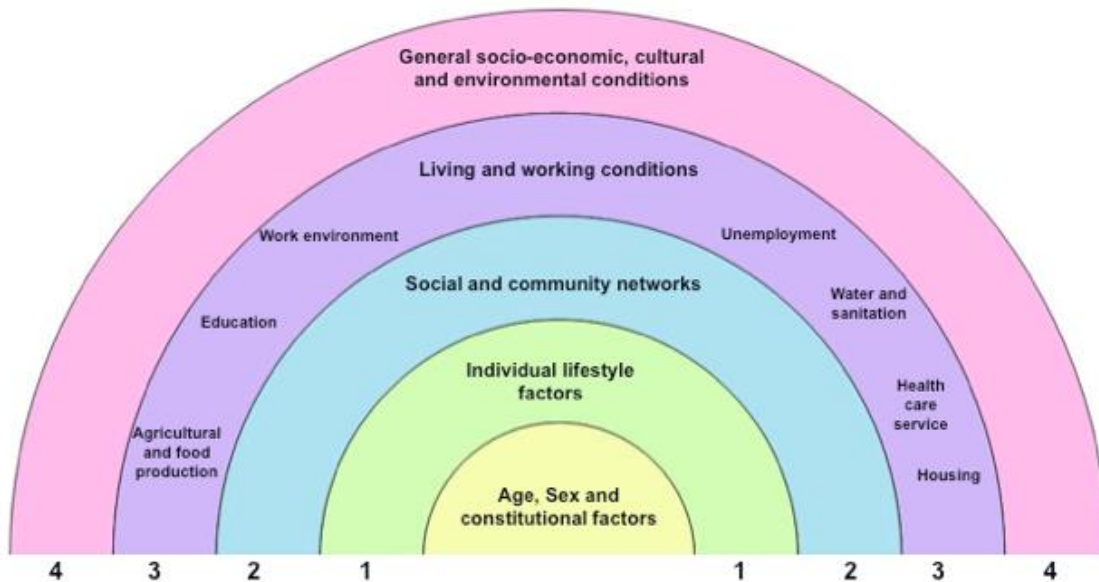


MAPPING IMPACTED POPULATION IS GOOD



#MentalHealthMatters
@MROSSLCSW

Social Determinants of Health



Dahlgren & Whitehead 1991 Policies and strategies to promote social equity in health. Stockholm: Institute of Future Studies.

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Childhood experiences



Housing



Education



Social support



Family income



Employment



Our communities



Access to health services

Source: NHS Health Scotland



TRIAGE AND FOOTPRINT MAPPING



#MentalHealthMatters
@MROSSLCSW

Welcome to



Emergency Mental Health
Triage System

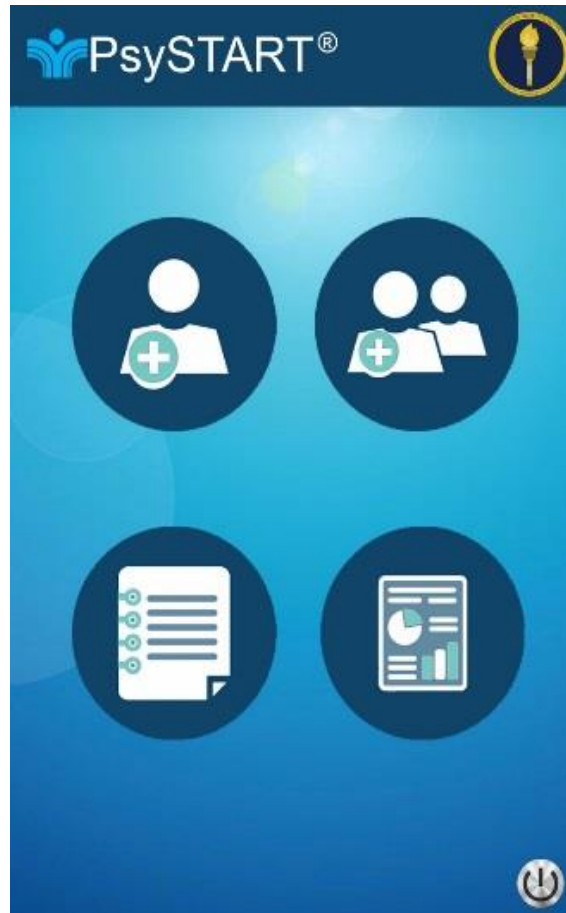
PsySTART® is an emergency mental health triage incident management platform.

PsySTART Disclaimer:

You are entering an official PsySTART information system which is for authorized users only and unauthorized access is a violation.

By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy when you use this information system; this includes any communications or data transiting or stored on this information system. Anyone who accesses this computer system without authorization or exceeds their access authority, and by any means of such conduct obtains, alters, damages, destroys, or discloses information, or prevents authorized use of information on the computer, may be subject to penalties.

For further information on the PsySTART™ system (push tab here) or contact: Dr. Merritt Schreiber at PsySTARTOperations@gmail.com



Filters

Date: to

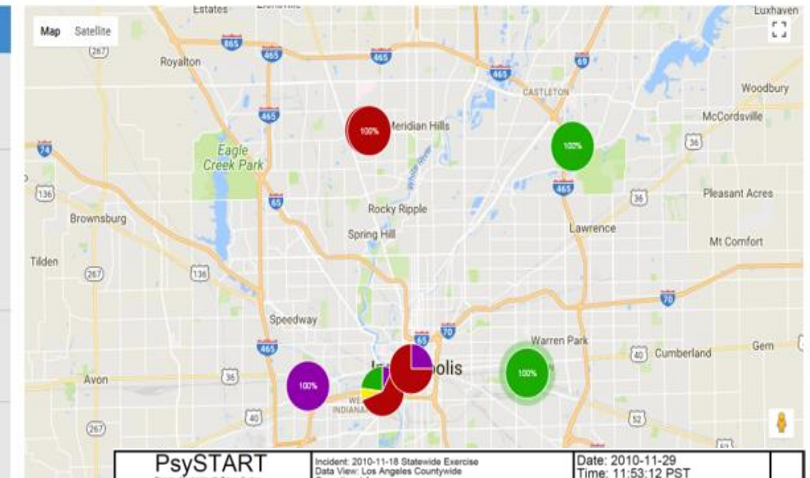
Aggregation Level:

- ☐ Sites
- ☐ County
- ☐ Region
- ☐ Site-Groups
- ☐ State-View

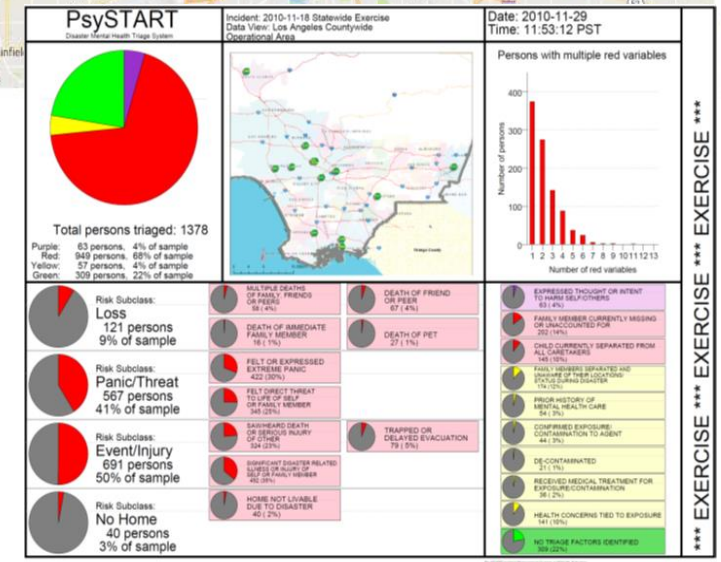
Age:

- ☐ Children
- ☐ Adult

Submit



TEST DATA



TRIAGE AND FOOTPRINT MAPPING



#MentalHealthMatters
@MROSSLCSW

What is PsySTART?

- ✓ (Psychological Simple Triage and Rapid Treatment)
- ✓ Part of a comprehensive solution: PsySTART Rapid Mental Health Triage Systems

PsySTART has four components

- ✓ Provides solutions to link mental health to “disaster systems of care” in real time
- ✓ Mental health triage, decision support at point of care
- ✓ Cloud based/smart-phone application
- ✓ Population based ICS/IAP

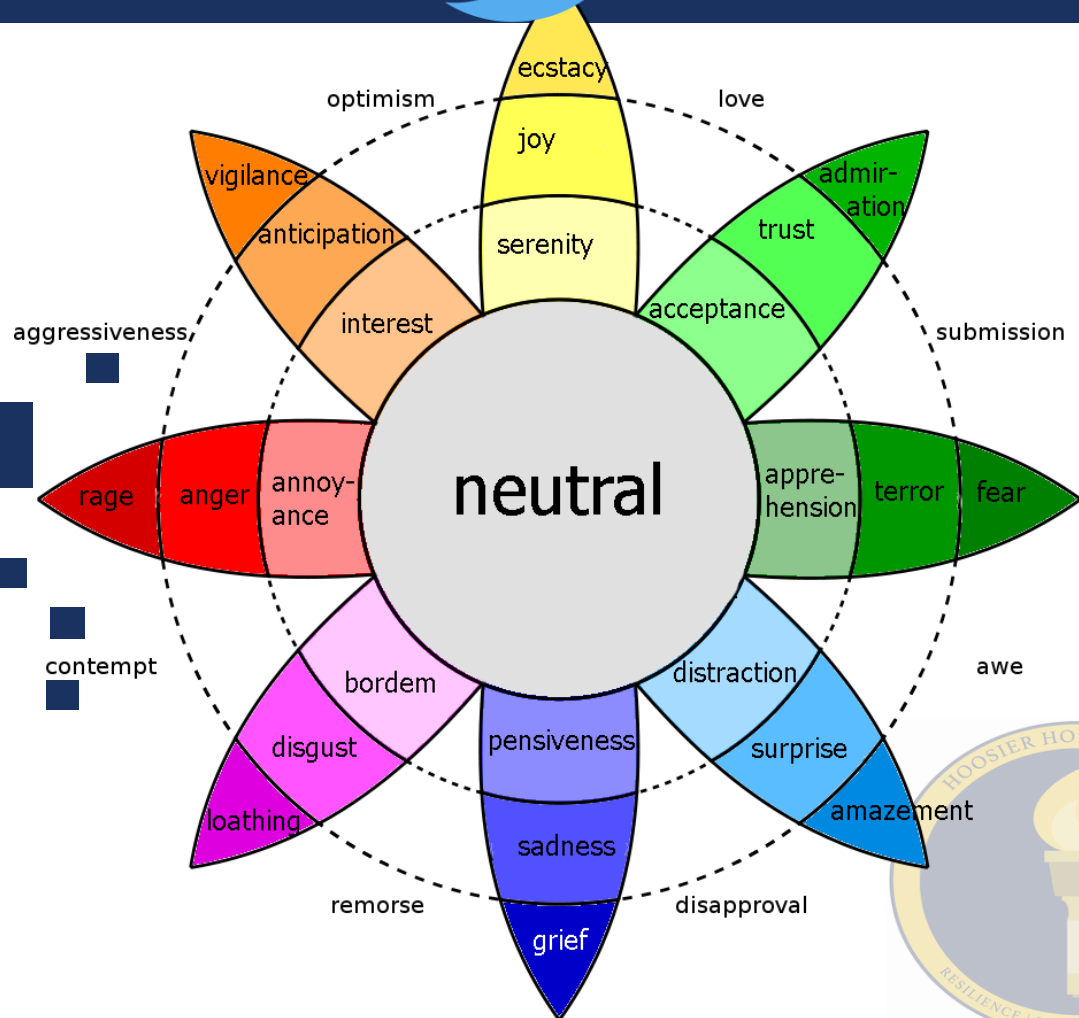
What PsySTART Measures?

- ✓ Severe/extreme stressors (NOT SYMPTOMS)
- ✓ Severe/extreme exposures
- ✓ Traumatic Loss (inc. missing family members)
- ✓ Ongoing or persistent stressors
- ✓ Injury/illness
- ✓ Peri-traumatic severe panic, Prior history of PTSD

EMOTIONAL AWARENESS AND COGNITIVE RESILIENCE



#MentalHealthMatters
@MROSSLCSW



SELF-TRIAGE AND RESOURCES



#MentalHealthMatters
@MROSSLCSW

#HOPE4HOOSIERS

Home

About Us

Get Information

Upcoming Events

Get Involved

HOOSIER HOPE INITIATIVE



GET HELP



ACCESS TO CARE AND AWARENESS



#MentalHealthMatters
@MROSSLCSW

SEEK PROFESSIONAL HELP

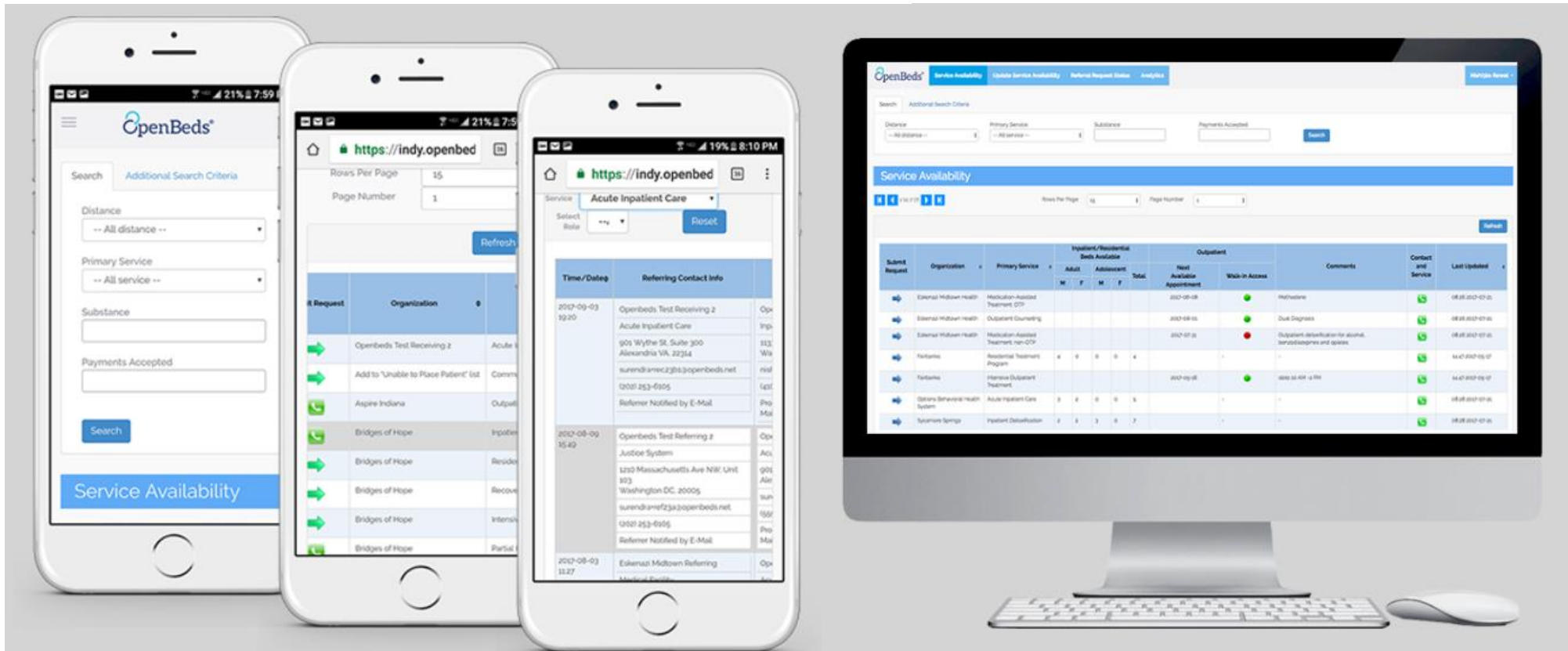
These tips and strategies can help you guide you, and your children through, the current crisis. If you are feeling stuck, overwhelmed or you or your child shows persistent signs of stress or agitation, you may want to consider talking to someone who could help. A licensed mental health professional can assist you in developing an appropriate strategy for moving forward.



ACCESS TO CARE AND RESOURCE AVAILABILITY



#MentalHealthMatters
@MROSSLCSW



CONNECTING SYSTEMS AND RESOURCES



CRISIS + EMERGENCY

Are you in an emotionally abusive or physically dangerous relationship? Are you struggling with bullying, sexual assault, alcohol abuse or suicidal thoughts? 2-1-1 is your first step on a path to safety. We're a confidential, judgement-free, cost-free resource to aid

Are you in an emotionally abusive or physically dangerous relationship? Are you struggling with bullying, sexual assault, alcohol abuse or suicidal thoughts?

2-1-1 is your first step on a path to safety. We're a confidential, judgement-free, cost-free resource to aid women, men, teens and children who find themselves in situations of emotional and physical abuse or who need help getting out of dangerous or threatening living situations. We can help you recognize the signs of bullying and abuse and provide you with information about emergency shelters and safe houses as well as programs that provide a safe and confidential path out of domestic violence and emotional abuse.



CONNECTING SYSTEMS AND RESOURCES



DISASTER ASSISTANCE

Indiana 2-1-1 partners with many essential emergency management programs to provide answers, services and relief in times of natural or man-made disasters. We offer information on disaster preparedness, up-to-the-minute information on road closures and evacuation routes and shelters, disaster relief

Indiana 2-1-1 partners with many essential emergency management programs to provide answers, services and relief in times of natural or man-made disasters.

We offer information on disaster preparedness, up-to-the-minute information on road closures and evacuation routes and shelters, disaster relief assistance and recover resources.

Indiana 2-1-1 may also provide Hoosiers with information on disaster-related volunteer opportunities and relief efforts so you can put your time and talent to work in the areas where they're needed most and improve the lives of others in your community.



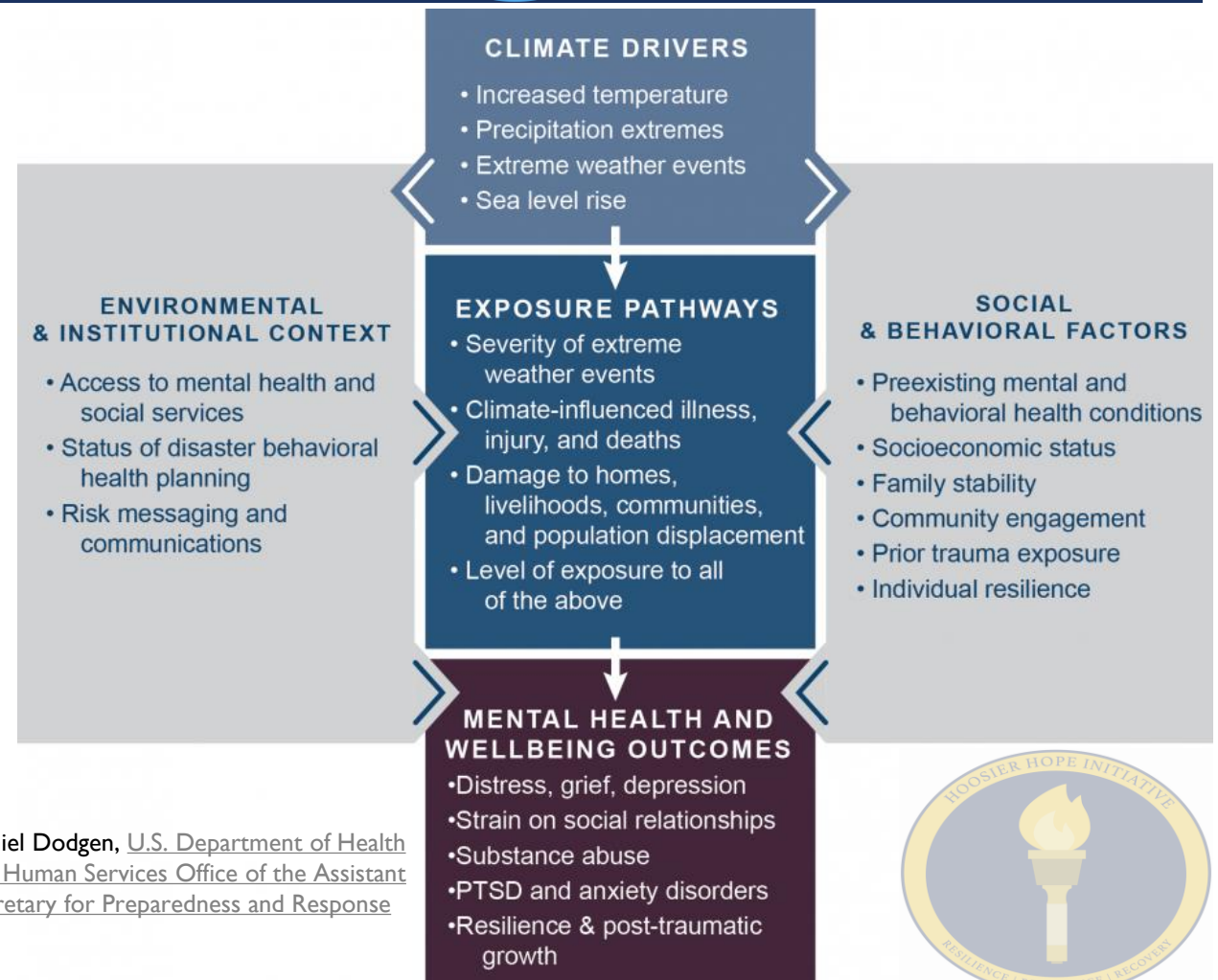
LEAN FORWARD AND BE PREPARED



#MentalHealthMatters
@MROSSLCSW

Extreme weather and shifting weather patterns pose a serious threat to the stability of built society, and the mental health consequences are of particular concern.

Without resilience inoculation and enhancement, in many instances, impacted individuals and responders are facing recurring disasters, posing a cumulative psychological toll, which leads to increases in domestic violence, substance abuse, engagement with the legal system, and emotional dysregulation.



CLOSING THOUGHTS



#MentalHealthMatters
@MROSSLCSW

1. On this journey, **don't stop** believing.
2. Develop a collective narrative through **active listening**.
3. Talk to EVERYONE... And then **talk to everyone** again.
4. Accept that **failure is ok** and part of building a new system.
5. NEVER give up, because this will **change lives**.
6. Train everyone about the importance of **reducing stigma**.

**BE EXCELLENT
TO EACH OTHER**

— Bill S. Preston Esquire and Ted Theodore Logan



QUESTIONS?



#MentalHealthMatters
@MROSSLCSW



CONTACT

Michael Ross, MSW, LCSW
Michael.Ross@FSSA.IN.GOV
(317) 460-2452

THANK YOU!

