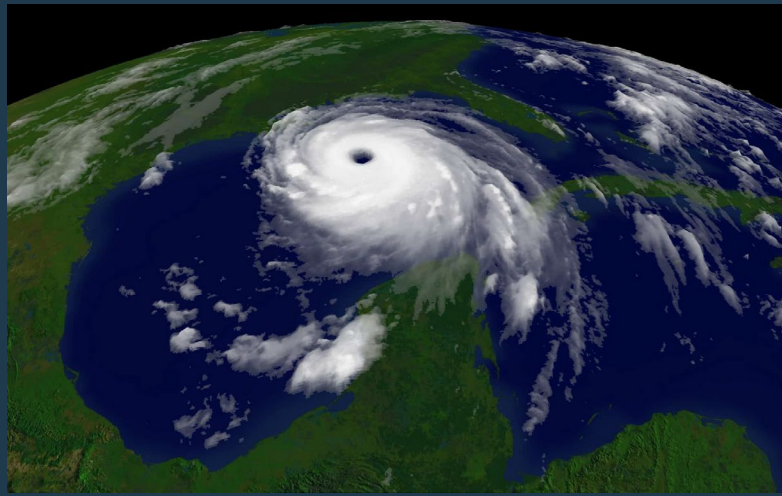


PLENARY #3

What is Keeping You Up at Night? State
Case Studies on Crisis and Disaster
Planning and Response



***What is Keeping You Up at Night? State Case Studies on
Crisis and Disaster Planning and Response***

NASADAD Annual Meeting - June 9, 2021

Maggie Jarry, M.Div., Emergency Coordinator
Patti Juliana, PhD, Director, Division of Pharmacologic Therapies



SAMHSA
Substance Abuse and Mental Health
Services Administration

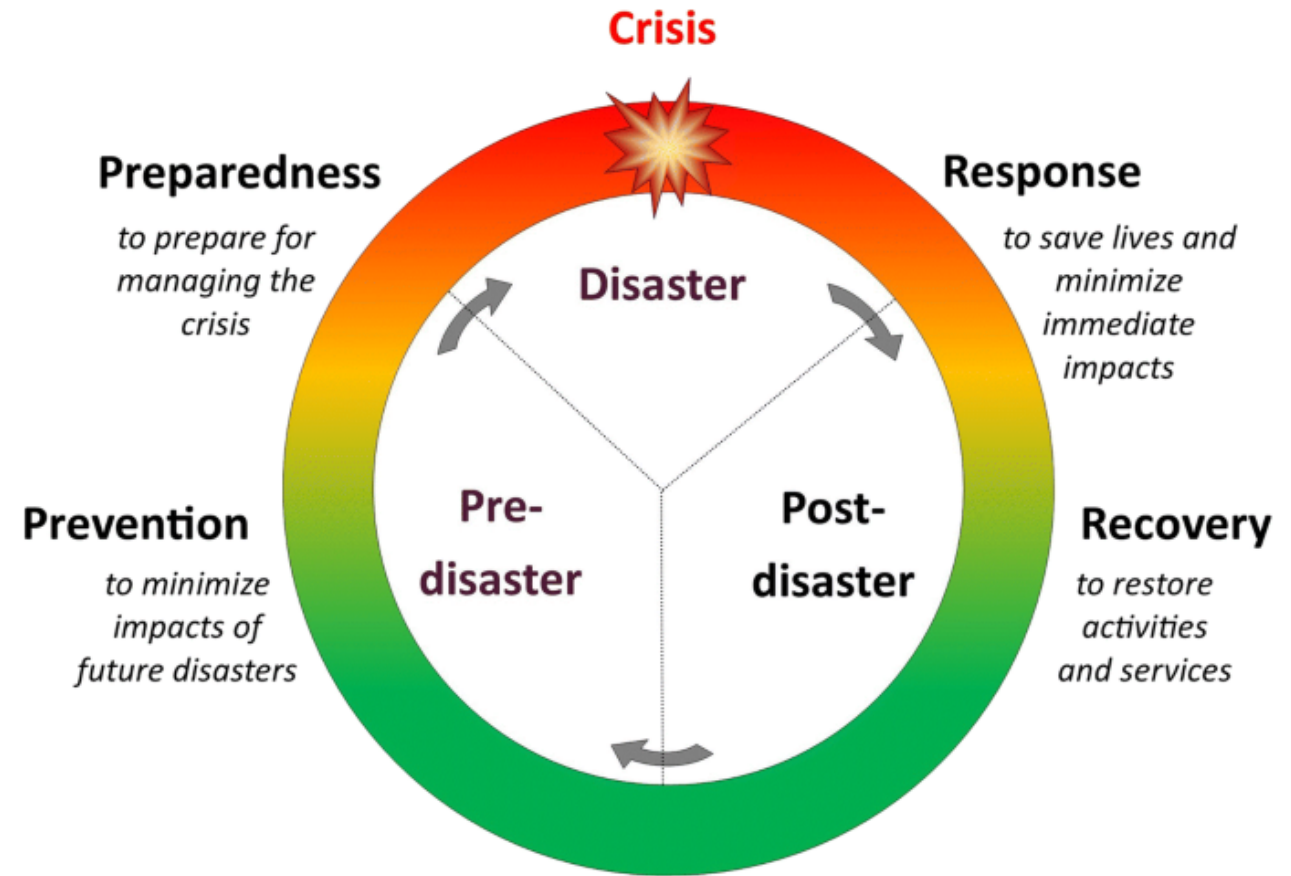
Disaster Cycle – Traditional

Emergency Management:

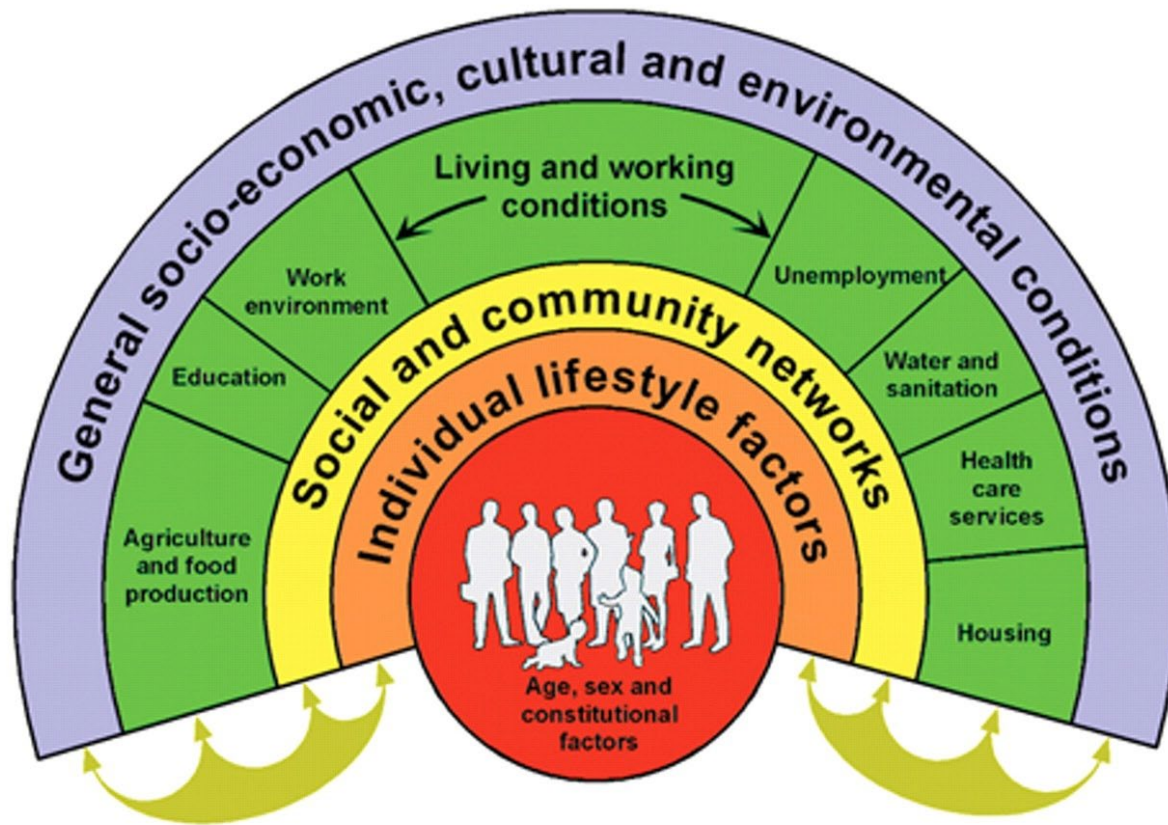
- Growing field
- Professionalization since the 1970's

Crises Types (Leonard & Howitt):

- Routine
- Novel
- Emerging Novel



Social Determinants of Health – Interaction with Disaster Cycle



- **Culture shifts and growth in emergency management:**
Examples: Hurricane Andrew, 9/11, Hurricane Katrina, increasing frequency of disasters due to climate change.
- **COVID-19 Pandemic**
 - Scope
 - Public health concepts of susceptibility and exposure
 - Disproportionate impact on people with substance use disorder and increase in mental health concerns.

Emergency Management Frameworks

U.S. Disaster Response and Recovery Frameworks:

- Incident Command System (ICS)
- National Incident Management System (NIMS)
- Emergency Support Functions (ESFs)
- Continuity of Operations (COOP)
- National Response Framework
- National Disaster Recovery Framework

Key Principles:

- All Disasters are Local
- Common Terminology
- Modular Organizational Structures
- Incident Action Planning (IAP) - Through prioritization of objectives (initially at least every 12-hours).

FEMA Emergency Management Institute:

<https://training.fema.gov/emi.aspx>



National Response Framework

*Second Edition
May 2013*



Homeland
Security

SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA AND CMS Emergency Management Supports

CMS Emergency Management Rule:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Emergency-Prep-Rule>

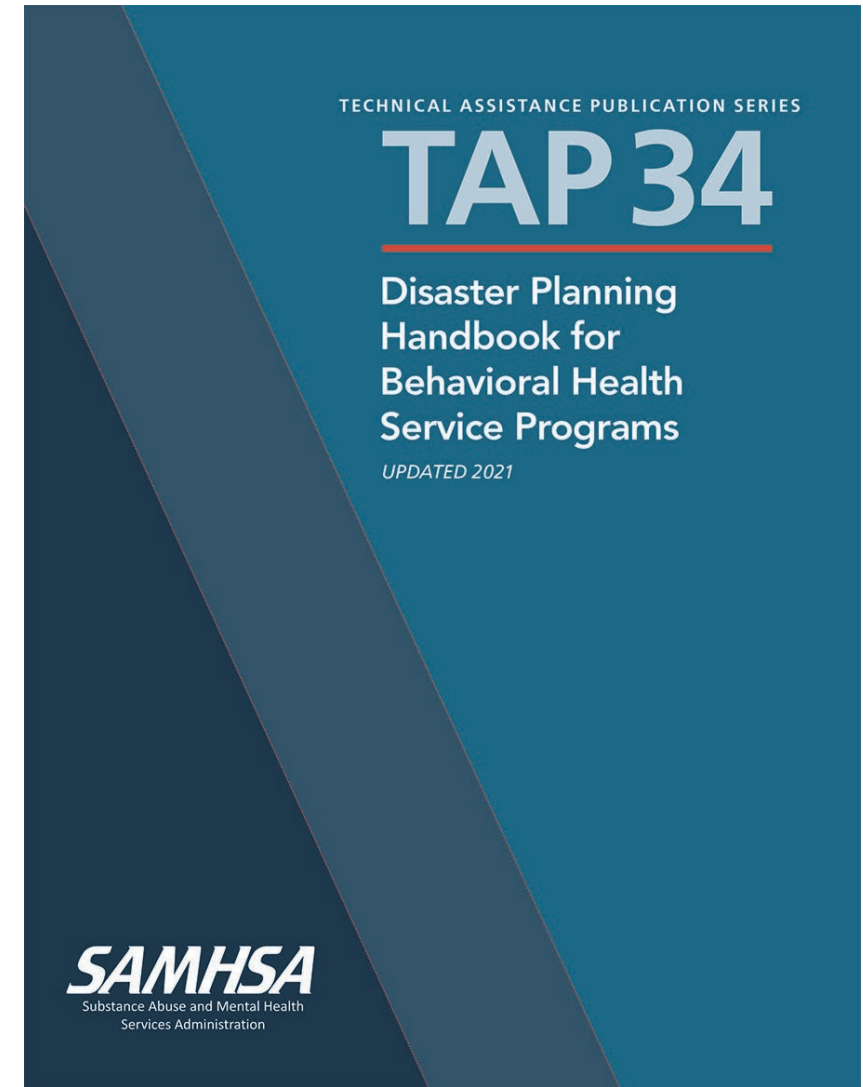
SAMHSA TAP 34:

<https://store.samhsa.gov/product/tap-34-disaster-planning-handbook-for-behavioral-health-service-programs/pep21-02-01-001>

SAMHSA DTAC: <https://www.samhsa.gov/dtac>

SAMHSA Disaster App:

<https://store.samhsa.gov/product/samhsa-disaster>

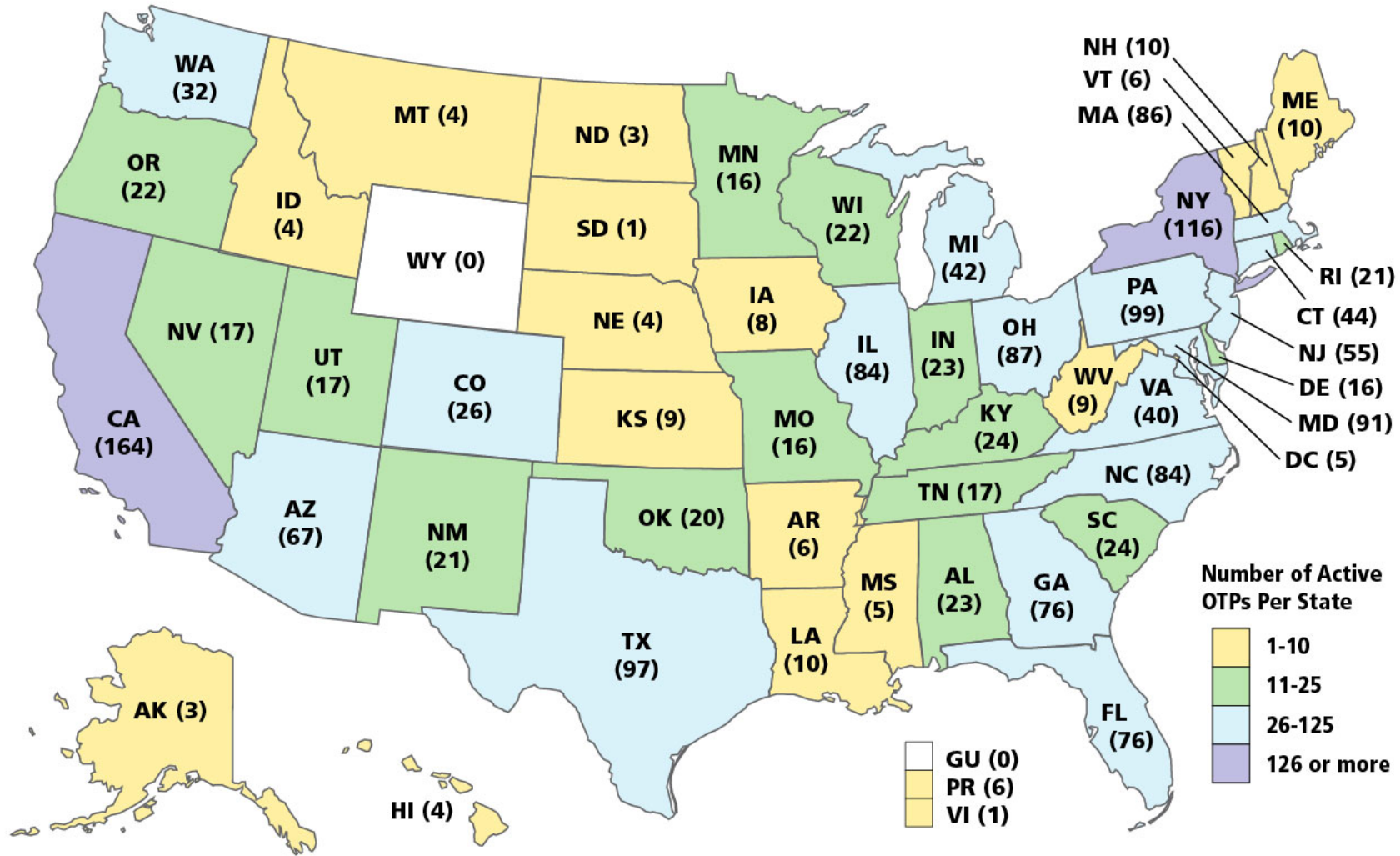


SAMHSA Role and Responsibilities

- Situational Awareness
- Consultation
- Coordination
- Communication
- Collaboration
- Support



SAMHSA Certified Opioid Treatment Programs



Source: SAMHSA, CSAT, OTP Database. March 2021

Responding to State OTP Needs in Response to Covid

Issues

- Daily visits for medication required for many
- In-person visit required for initial medical assessment
- Compromised health of many clients

Responding to State OTPs in Response to Covid

Actions

Provided support to OTPs as they adjusted to COVID by:

- Hosting weekly meetings held by OAS with the State Opioid Treatment Authorities (SOTAs) and the DEA for real-time guidance
- Providing flexibilities to SOTAs to support blanket exceptions, eliminating the burden of individualized requests and facilitating care.
- In consultation with the DEA, establishing flexibilities for telemedicine and utilizing mid-level practitioners in OTPs
- Publishing guidance on care of quarantined OTP clients

What Keeps Me Up at Night?

- **Disaster equity:** Current emergency management policies tend to use utilitarian principles (greatest good for the greatest amount of people).
- **At-risk population planning:** Current efforts are based on more than a decade of advocacy by disability rights groups. What will create a seat at the table for people with chronic health conditions, including substance use disorder and serious mental health conditions?
- Behavioral health systems **parity** and increasing **access to trauma-related therapies** in “steady-state” behavioral health systems.

Workforce Resilience

Professional Risks:

- Compassion Fatigue
- Burnout

COVID-19 Emergency Grants

- “Confidential/No records keep” support groups (In-person, zoom, conference calls, talking circles)
- Project Echo



Workforce Resilience

SAMHSA Resources:

Understanding Compassion Fatigue:

<https://store.samhsa.gov/product/Understanding-Compassion-Fatigue/sma14-4869>

Disaster Distress Helpline:

<https://store.samhsa.gov/product/Disaster-Distress-Helpline-Brochure/PEP12-DDHBRO>

Assistant Secretary for Preparedness and Response (ASPR) Resources:

COVID-19 Workforce Resilience and Sustainability Resources:

<https://asprtracie.hhs.gov/technical-resources/120/covid-19-workforce-resilience-sustainability-resources/99>



Workforce Resilience

National Council for Mental Health Wellbeing:

“Resilience Oriented COVID-19 Navigation: Next Steps Toward a New Normal - Community Behavioral Health Reopening Considerations.”

https://www.thenationalcouncil.org/wp-content/uploads/2021/05/051721_Resilience-oriented_COVID19_Navigation_Toolkit_v2.pdf?dof=375ateTbd56



RESILIENCE-ORIENTED COVID-19 NAVIGATION

NEXT STEPS TOWARDS A BETTER NORMAL

*Community Behavioral Health
Reopening Considerations*

Workforce Resilience

“When Passion Leads to Burnout” (Harvard Business Review): https://hbr.org/2019/07/when-passion-leads-to-burnout?utm_medium=social&utm_campaign=hbr&utm_source=linkedin&tpcc=orgsocial_edit

Center for the Study of Traumatic Stress,
Uniformed Service University:
<https://www.cstsonline.org/>

“Managing the Stress of Returning to Work after COVID-19”:
https://www.cstsonline.org/assets/media/documents/CSTS_FS_Managing_the_Stress_of_Returning_to_Work_after_COVID19.pdf



SAMHSA & NASADAD
ANNUAL MEETING



Missouri Department of
MENTAL HEALTH

**Responding to Opioid Overdose
Deaths in St. Louis:
*Acknowledging Expertise and
Building Capacity in Community***

Mark Stringer, Director

Joseph Yancey, Consultant

Missouri Department of Mental Health

Characteristics of St. Louis Neighborhoods/Communities of Focus

- ▶ Communities and neighborhoods of color impacted by historically discriminatory policies, concentrated poverty, inter-generational trauma, mass incarceration, disinvestment and neglect
- ▶ Currently burdened with three concurrent public health crisis; 1) disproportionate impact of pandemic; 2) escalating unacceptable increase in opioid related overdose fatalities; and 3) epidemic of gun violence resulting in injury and death; all with inter-related root causes
- ▶ Population of focus is primarily at pre-contemplative or, occasionally, contemplative stage of change
- ▶ Lack of traditional behavioral health access points physically located in these neighborhoods/communities
- ▶ Several non-traditional “grass roots” organizations/groups working to make a difference in their communities/neighborhoods with few resources

Inside Out vs. Outside In

- ▶ Approach is based on the principle that the people and communities we hope to positively impact are the experts (effective ground game)
- ▶ Empower community by building capacity through investment in culturally credible grassroots groups already doing the work
- ▶ Working to build a local system of care with genuine partnerships between traditional SUD providers, recovery support providers, grassroots organizations, peer support, community health workers, faith community, and culturally credible community influencers
- ▶ Investment in resources to address social determinant barriers, particular focus on housing, transportation and employment

Formal St. Louis SUD Provider System

- ▶ Increase presence in targeted communities to facilitate access to treatment and recovery supports (fixed, mobile, telemedicine)
- ▶ Increase capacity/utilization of culturally credible staff and peers (workforce)
- ▶ All will provide access to MAT and prescriber services on site via an on-site provider or telehealth (continuity of care)
- ▶ All will provide expedited access by identifying/eliminating barriers
- ▶ All will integrate harm reduction principles and design services based on stage of change philosophy (flexibility)
- ▶ All will develop processes to ensure meaningful attempts are made to re-engage those lost to treatment and reduce instances of administrative discharge
- ▶ Regular convenings to share information, data, best practices and provide a forum for coordination between providers and collective assessment of progress

Focus Groups of PUD (2019)

Self-Identified Barriers

- ▶ 54% stated a lack of a support system to encourage recovery
- ▶ 67% 54cited homelessness or inadequate housing options
- ▶ 73% stated a lack of knowledge about treatment services
- ▶ 51% stated that location of services, given where they are
- ▶ 46% stated a lack of transportation to get to services

Investing in the “Ground Game”

- ▶ Invest in non-traditional community embedded organizations that are doing the work of being a place that can keep the population of focus connected and safe and provide:
 - Support system to encourage recovery
 - Harm reduction services
 - Knowledge about treatment and other services
 - Pre-contemplation groups and supports
 - Culturally credible Community Health Workers that maintain contact and serve as navigators when the window opens for treatment
 - Effective partnership between these organizations and the traditional provider system is critical for success

Bringing It All Together

- ▶ An effective, culturally credible and robust “Ground Game”
- ▶ A formal SUD provider system that has the capability/capacity to facilitate access expedited access to evidence-based treatment and other services
- ▶ Investment in recovery support services that are located in communities of focus
- ▶ Investment in housing options that are appropriate across all levels of stage of change
- ▶ Investment in culturally credible prevention services located in communities of focus
- ▶ Effective and functional partnership and collaboration focused on a collective goal of reducing opioid overdose fatalities among people of color in St. Louis City/County

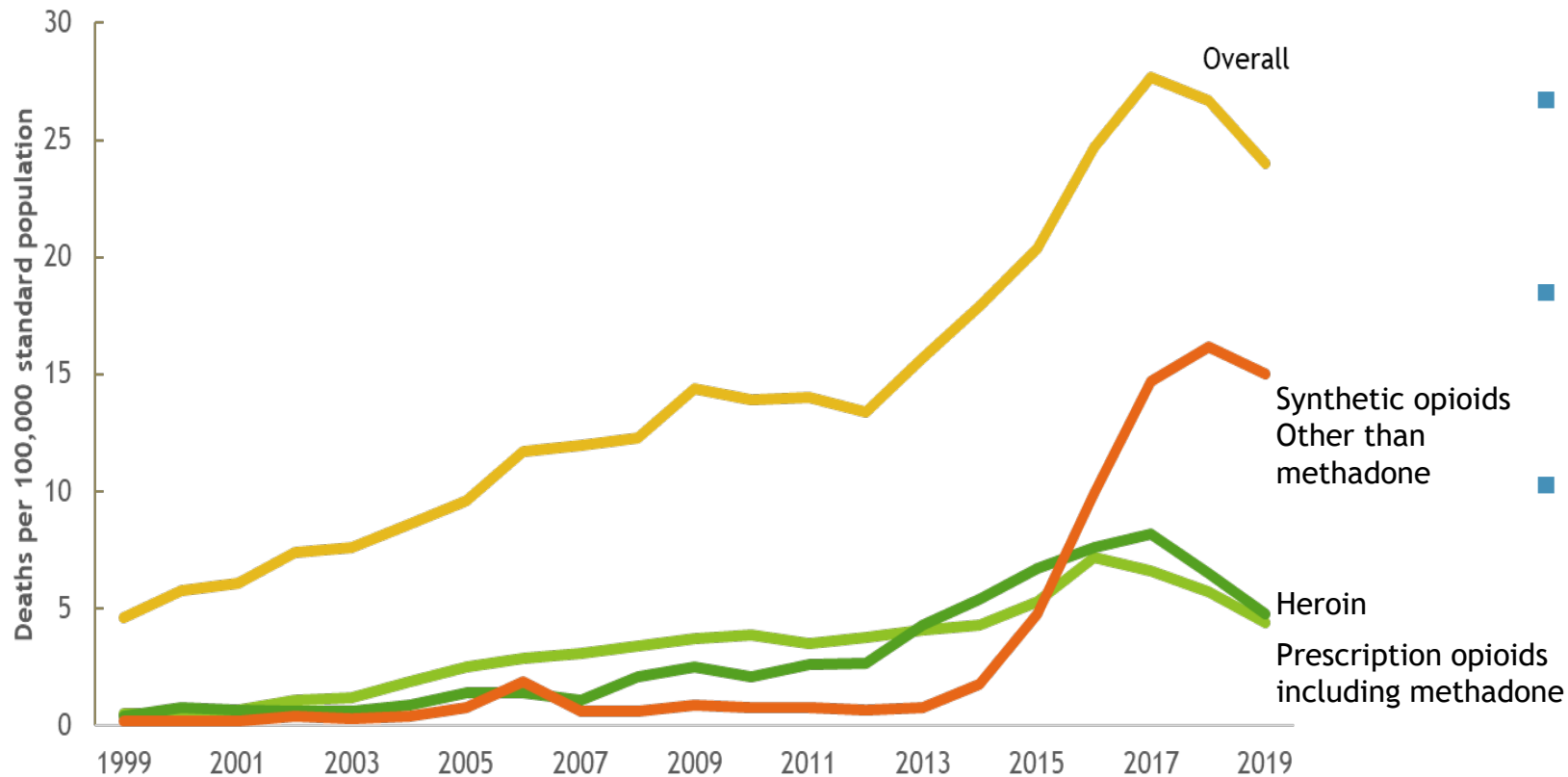
SAMHSA & NASADAD
ANNUAL MEETING



MICHIGAN'S OPIOID STRATEGY AND RESPONSE



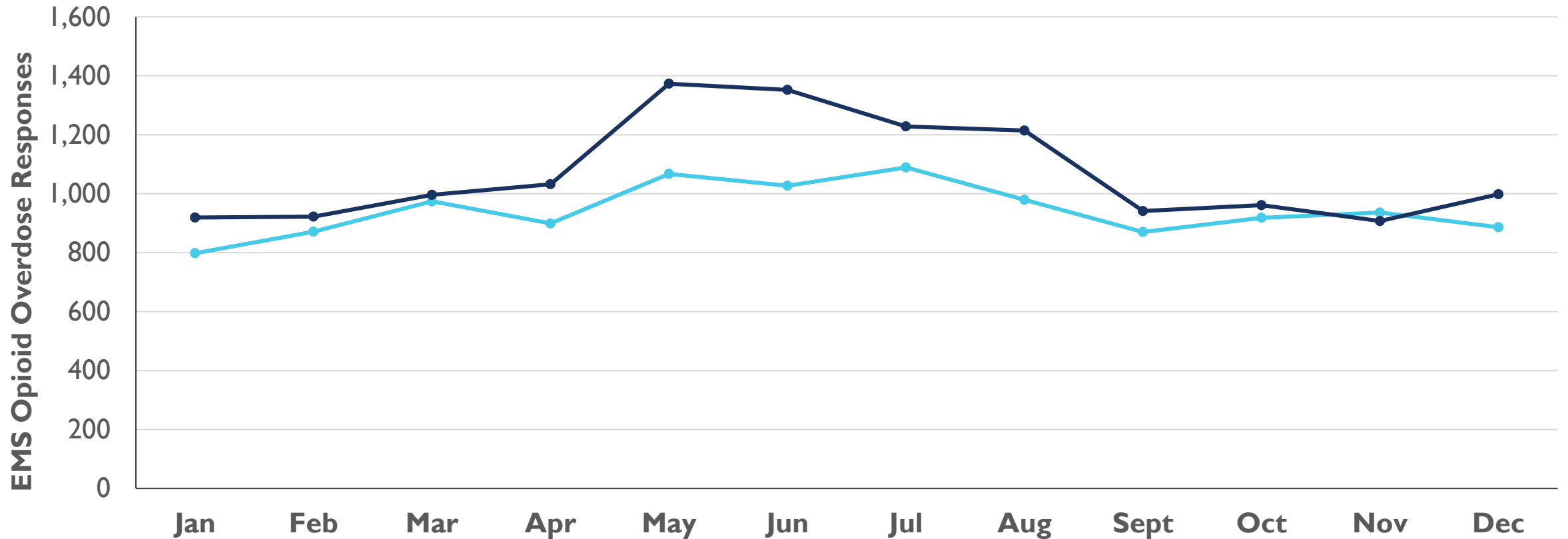
Drug Overdose Deaths in Michigan



- In 2019, opioids were involved in 1,768 drug overdose deaths in Michigan
- Rates were higher for males than females (31.5 vs 16.6 per 100,000)
- Rates were higher for blacks than whites (36.6 vs 22.9 per 100,000)

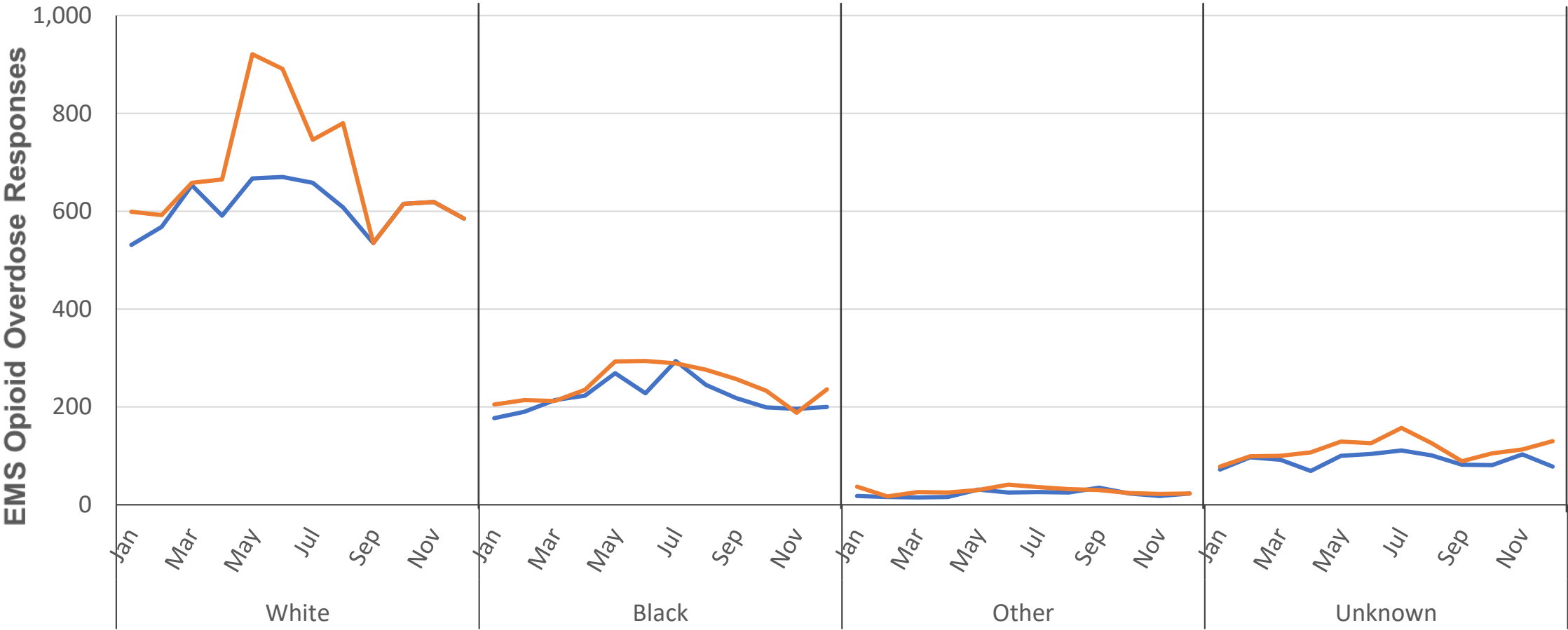
EMS Trends in Probable Opioid Overdose Responses, **2020** Compared to **2019**

EMS Probable Opioid Overdose Responses, 2020 Compared to 2019



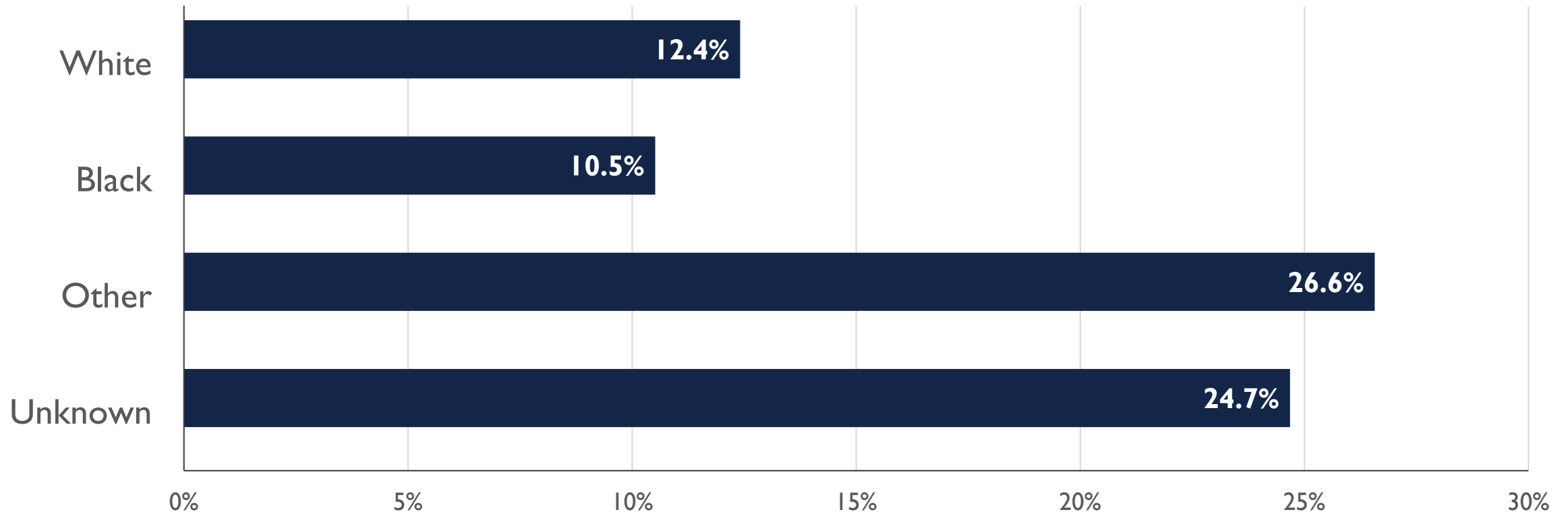
Source: Michigan Emergency Medical Services Information System (MiEMSIS)

EMS Trends in Probable Opioid Overdose Responses, 2020 Compared to 2019 by Race

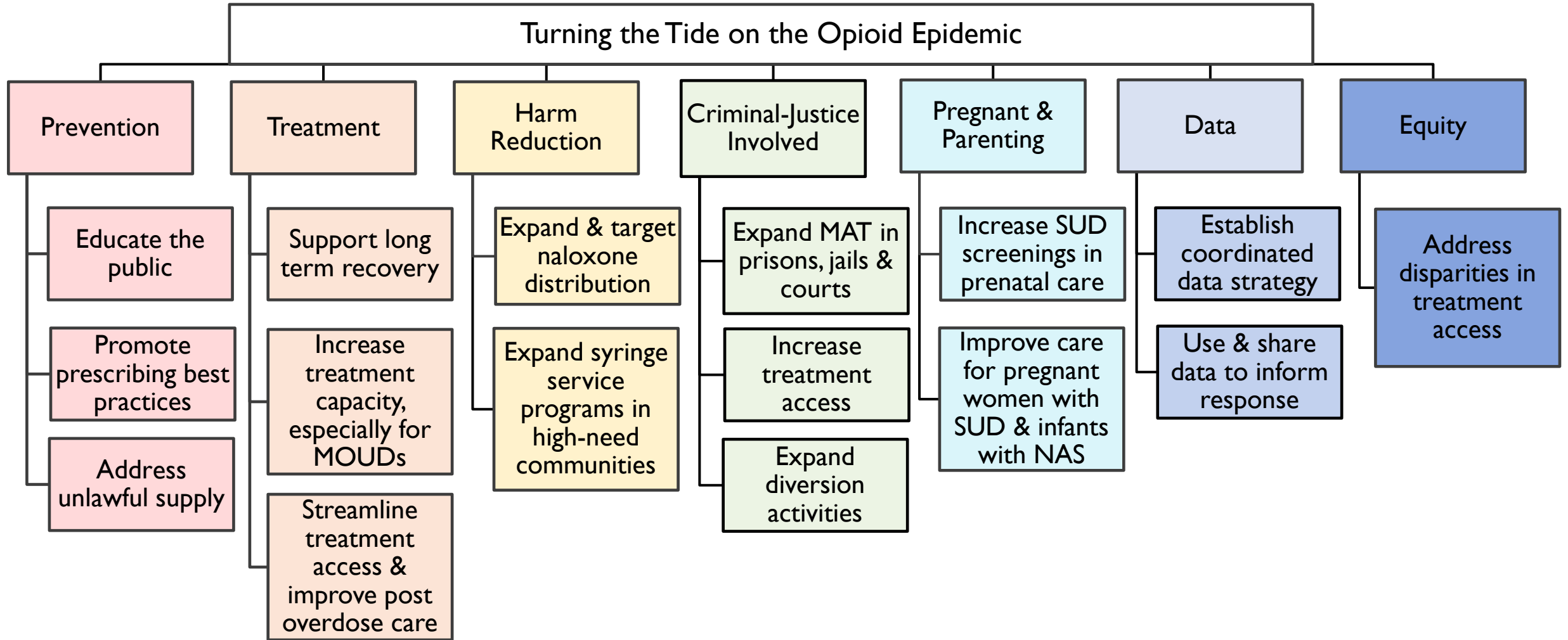


Source: Michigan Emergency Medical Services Information System (MiEMSIS)

Relative Change in Total Probable Opioid Overdose EMS Responses in 2020 Compared to 2019 by Race



MDHHS 2021 OPIOIDS STRATEGY



Guiding principles: racial equity, elevating voices with lived experience, supporting long term recovery

STR and SOR Alignment with Michigan Opioid Strategy

Strategy Pillar	Objective	STR and SOR Programs
Prevention	Educate the public	<ul style="list-style-type: none"> Media campaigns launched that seek to reduce the stigma of opioid use disorder and stigma around accessing harm reduction services Promotion of statewide takeback events and education around proper drug disposal practices Implementation of youth and family-oriented evidence-based prevention programs in schools and other community settings
	Promote prescribing best practices	<ul style="list-style-type: none"> Development of dental and perinatal prescribing best practices Creation of care pathways for opioid naïve and high-risk patients prior to and following surgical care
	Address unlawful supply	<ul style="list-style-type: none"> Use of MAPS to monitor controlled substance prescriptions and identify potential inappropriate prescribing practices

STR and SOR Alignment with Michigan Opioid Strategy

Strategy Pillar	Objective	STR and SOR Programs
Treatment	Support long term recovery	<ul style="list-style-type: none"> ▪ Funding for transportation, recovery home stays for under- and uninsured individuals, and necessary recovery home modifications and certification ▪ Three regions implementing Individualized Placement and Support to assist individuals in recovery with obtaining employment
	Increase treatment capacity	<ul style="list-style-type: none"> ▪ Expansion of ED MAT initiation protocol to hospital systems statewide ▪ Provision of tele-mentoring to physicians prescribing MAT ▪ Assisting physicians in becoming Addiction Medicine (AM) certified; Funding for MAT and treatment services for under- and uninsured individuals; support for MAT services at 5 tribal sites in Michigan ▪ Provision of MAT, harm reduction, and peer services via mobile care units
	Streamline treatment access & improve post overdose care	<ul style="list-style-type: none"> ▪ Project ASSERT and Screening, Brief Intervention, and Referral to Treatment implemented in Emergency Departments and primary care settings ▪ Opioid Health Home hub-and-spoke models of care implemented in four regions; an additional two in the planning stages ▪ Five post overdose rapid response teams implemented in high need areas

STR and SOR Alignment with Michigan Opioid Strategy

Strategy Pillar	Objective	STR and SOR Programs
Harm Reduction	Expand naloxone distribution	<ul style="list-style-type: none"> Statewide Narcan portal supports centralized ordering and distribution process for law enforcement, criminal justice, community agencies, treatment providers; over 100,000 kits shipped from January 2020 through present Overdose education and naloxone training implemented in community settings, jails, tribal behavioral health centers, emergency departments
	Expand Syringe Service Programs (SSPs) in high-need communities	<ul style="list-style-type: none"> Supporting 22 active SSPs statewide; an additional 9 in planning stages Five agencies working to establish street outreach teams that will seek to engage with persons not currently accessing harm reduction resources

STR and SOR Alignment with Michigan Opioid Strategy

Strategy Pillar	Objective	STR and SOR Programs
Criminal Justice-Involved Population	Expand MAT in prisons, jails & courts	<ul style="list-style-type: none"> ▪ MAT programming currently supported in 28 county jails and piloted in four prison sites ▪ Wayne State University Center for Behavioral Health and Justice offering technical assistance to jails planning for MAT program implementation ▪ Expansion of services for opioid/stimulant using individuals participating in problem solving courts and training for Michigan judges
	Increase treatment access and recovery support services	<ul style="list-style-type: none"> ▪ MISSION-CJ Michigan Re-Entry Program providing pre- and post-release peer and case management services to individuals with OUD returning to five metropolitan counties ▪ Peer recovery coaches to be implemented in three parole/probation offices
	Expand diversion activities	<ul style="list-style-type: none"> ▪ Law Enforcement Assisted Diversion program redirecting individuals with specific charges to treatment rather than incarceration ▪ Michigan State Police Angel Program and Hope Not Handcuffs, through local law enforcement, facilitating connection to services for individuals seeking treatment

STR and SOR Alignment with Michigan Opioid Strategy

Strategy Pillar	Objective	STR and SOR Programs
Pregnant and Parenting Women	Increase SUD screenings in prenatal care	<ul style="list-style-type: none"> ▪ Expansion of High Tech, High Touch (HT2) screening tool to 8 additional obstetrician offices. HT2 screens for major behavioral risks such as substance use and depression, helps build motivation to make changes, and facilitates connection with available services.
	Improve care for pregnant women with SUD and infants with NAS	<ul style="list-style-type: none"> • Expansion of Rooming In initiative to three hospital systems, which allows infants diagnosed with Neonatal Abstinence Syndrome (NAS) to stay in a private room with their mother, thereby avoiding lengthy Neonatal Intensive Care Unit stays and promoting early attachment. • Supporting NAS care coordinators at three tribal sites and expanding referral pathways between clinics, hospitals, and tribal behavioral health centers in rural areas

STR and SOR Alignment with Michigan Opioid Strategy

Pillar	Objective	STR and SOR Programs
Data	Use & share data to inform response	<ul style="list-style-type: none">Michigan Automated Prescription System/NarxCareExpansion of the System for Overdose Surveillance, which tracks overdoses in near real time, to include data from additional medical examiner offices; data on suspected fatal overdoses and EMS naloxone administration will be entered into the system and local health departments may use system to identify “hot spots” and prioritize resource allocation accordingly
Equity	Address racial and ethnic disparities in treatment	<ul style="list-style-type: none">Partnership with harm reduction agency in Flint, MI to promote community-wide awareness of the impact of opioid use disorder on the Black community and develop and expand direct partnerships with community partners serving Black opioid users; partnerships include referral agreements for treatment and harm reduction services

SAMHSA & NASADAD
ANNUAL MEETING



TEXAS
Health and Human
Services

“What is Keeping You Up at Night?”

**State Case Studies on Crisis
and Disaster Planning and
Response**

Why Disaster Behavioral Health?



TEXAS
Health and Human
Services

- The effects of a disaster, terrorist attack, or other public health emergency can be long-lasting to immediate survivors and responders, as well as their loved ones. The resulting trauma may also have an impact on those not directly exposed to the incident.
- The goals of disaster behavioral health are to relieve stress, reinforce healthy coping strategies, mitigate future mental health/substance abuse problems, and promote resilience.

History of Disasters

- Hurricane Harvey 2017
- Rio Grande Flooding 2017 and 2018
- Tropical Storm Imelda 2019
- Mass violence/criminal incidents
 - ▶ Sutherland Springs Church Shooting 2017
 - ▶ Santa Fe School Shooting 2018
 - ▶ El Paso Walmart Shooting 2019
 - ▶ Midland-Odessa Spree Shooting 2019
 - ▶ White Settlement Church Shooting 2020
- Novel coronavirus COVID-19 2020 – ongoing
- Severe Winter Weather - 2021



TEXAS
Health and Human
Services

Texas Infrastructure

- Agency leadership support
- Program is integrated within the State's Incident Command System
- Specialized staffing structure with positions focused on planning, response, recovery, and fiscal oversight
- Standing zero-dollar contracts for quick execution if federal disaster relief funds become available
- Tremendous support from federal partners at FEMA and SAMHSA



TEXAS
Health and Human
Services

Partnerships (1 of 2)

- Texas Division of Emergency Management
- Federal Emergency Management Agency
- Substance Abuse and Mental Health Services Administration
 - ▶ Center for Mental Health Services
- 39 local mental health and behavioral health authorities



TEXAS
Health and Human
Services

Partnerships (2 of 2)

- Voluntary Organizations Active in Disasters
- Texas Disaster Behavioral Health Consortium
- Texas Critical Incident Stress Management Network
- Texas substance use providers



TEXAS
Health and Human
Services

What Can We Do: Preparedness

- Encourage community and provider preparedness through training, drills, and exercises
- Use a trauma informed approach to service delivery
- Take an all-hazards approach to disaster planning
- Engage providers that resemble local community
- Focus on capacity building and self-care



TEXAS
Health and Human
Services

Preferred Training and Experience for DBH Responders

- Incident Command System (100, 200, 700) (free on-line)
- Psychological First Aid
- Critical Incident Stress Management, or some other early psychological intervention
- Trauma Informed Care
- Experience working with survivors of disasters and/or critical incidents
- Specialized training: children and adolescents, cultural diversity, geriatric populations, victims of crime, grief and loss, special needs populations, death notifications, bilingual skills, etc.



TEXAS
Health and Human
Services



TEXAS
Health and Human
Services

Thank you

**Health and Human Services
Disaster Behavioral Health
DBHS@hhs.texas.gov**

SAMHSA & NASADAD
ANNUAL MEETING

Q&A

**Thank you for participating
in this session.**

NEXT UP

Prevention Workforce Breakout Session
2:15pm ET