

MISSOURI MODEL FOR MENTAL HEALTH RESPONSE AND RECOVERY AFTER A PUBLIC HEALTH EVENT

REV 2011

PHASE	PREPAREDNESS	EARLY PANDEMIC RESPONSE (IMMEDIATE) (DURATION)		LATER RESPONSE AND RECOVERY
<i>GOALS OF INTERVENTION</i>	<ul style="list-style-type: none"> ▪ Preparedness ▪ Resilience <ul style="list-style-type: none"> ○ Conveyance of safety and resilience factors ▪ Mitigation of risk factors: <ul style="list-style-type: none"> ○ Health protective and response behaviors ○ Development of risk communication strategies ○ Activities to promote community social cohesion 	<ul style="list-style-type: none"> ▪ Safety and survival ▪ Meet basic needs ▪ Effective communication ▪ Effective risk communication ▪ Incorporation of skills for the “new normal” including safe behavioral practices and routines 	<ul style="list-style-type: none"> ▪ Adjustment ▪ Appraisal ▪ Effective risk communication ▪ Incorporation of skills for the “new normal” including safe behavioral practices and routines 	<ul style="list-style-type: none"> ▪ Reintegration ▪ Recovery of pre-incident roles and functional activities ▪ Unified, strong community ▪ Incorporation of skills for the “new normal”
<i>ROLE OF ALL HELPERS</i>	<ul style="list-style-type: none"> ▪ Planning ▪ Public education ▪ Communication ▪ Workforce preparedness & training ▪ Resource development ▪ Community development 	<ul style="list-style-type: none"> ▪ Protection ▪ Reduction of stress & arousal ▪ Reassurance 	<ul style="list-style-type: none"> ▪ Provide information and assistance to orient affected parties ▪ Needs assessment ▪ Referral or service provision 	<ul style="list-style-type: none"> ▪ Supportive assistance <ul style="list-style-type: none"> ○ Information & referral ○ Service provision ▪ Practical assistance to restore functional competencies ▪ Resource development ▪ Community development
<i>COMMUNITY MENTAL HEALTH ROLE</i>	<p><u>Mental Health Response Planning and Preparation at Local Level</u></p> <ul style="list-style-type: none"> ▪ Collaborate @ local level ▪ Inform & influence policy ▪ Set structures for assistance <ul style="list-style-type: none"> ○ Develop surge capacity ○ Assess usable technologies, i.e. phone, tele-communication, etc. ○ Integrate substance abuse ○ With diverse communities ▪ Advocacy for at-risk populations <p><u>Workforce Development</u></p> <ul style="list-style-type: none"> ▪ Leadership preparation & functions ▪ Promote awareness & increase capacity for: <ul style="list-style-type: none"> ○ Personal preparedness ○ Work-related preparedness, 	<p><u>Basic Needs</u></p> <ul style="list-style-type: none"> ▪ Establish safety, security, & survival ▪ Food & shelter ▪ Provide orientation to safe and unsafe activities. ▪ Facilitate communication w/ family, friends & community ▪ Assess environment for ongoing threat of disease, ▪ Promote healthy routines & behaviors <p><u>Psychological First Aid</u></p> <ul style="list-style-type: none"> ▪ Support & “presence” for those who are most distressed ▪ Provide information about family safety, staying together, reunions w/ loved ones and risks involved ▪ Provide information & education 	<p><u>Culturally Competent Needs Assessment</u></p> <ul style="list-style-type: none"> ▪ Assess status & how well population needs are addressed ▪ Of the recovery environment ▪ Identify additional outreach interventions ▪ Conduct mental health surveillance to inform response & recovery efforts <p><u>Triage</u></p> <ul style="list-style-type: none"> ▪ Clinical assessment ▪ Refer when indicated ▪ Identify vulnerable, high-risk individuals & groups ▪ Emergency hospitalization or outpatient treatment 	<p><u>Monitor the Recovery Environment</u></p> <ul style="list-style-type: none"> ▪ Encourage & listen to feedback ▪ Conduct mental health surveillance to inform recovery efforts ▪ Monitor continuing outbreak threats/ effects ▪ Monitor services provided ▪ Monitor management of fatalities <p><u>Foster resilience & recovery</u></p> <ul style="list-style-type: none"> ▪ Facilitate social interactions ▪ Teach coping skills ▪ Educate about chronic stress, anniversary & trigger events unique to each family, coping, & available services

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<p><i>COMMUNITY MENTAL HEALTH ROLE (CONTINUED)</i></p>	<p>i.e. human resource polices</p> <ul style="list-style-type: none"> ○ Recruitment of indigenous, bilingual ▪ Train responders in evidence-based mental health response skills consistent with assigned responsibilities <ul style="list-style-type: none"> ○ Mental health professionals ○ Crisis counselors ○ Outreach workers ○ Substance abuse counselors ○ Interpreters ○ Health workforce ○ Mortuary workforce ○ Natural helpers ▪ Promote resilience building, stress management & self-care <p>Public Education</p> <ul style="list-style-type: none"> ▪ Preparedness campaigns & materials that address safety & resilience rather than imminent threat ▪ Mental health promotion & prevention efforts to: <ul style="list-style-type: none"> ○ Build emotional resilience ○ Increase protective factors ○ Target prevention efforts to at-risk populations ○ Integrate substance abuse & relapse prevention efforts ▪ Cultivate relationships with & educate media <p>Community Development</p> <ul style="list-style-type: none"> ▪ Partner to address needs of disability & other at-risk groups ▪ Develop resources & partnerships with diverse cultures within communities 	<p>to normalize reactions & promote adaptive coping</p> <ul style="list-style-type: none"> ▪ Foster communication ▪ Protect survivors from further harm ▪ Reduce physiological arousal ▪ Discourage use of stimulants, alcohol or other substances <p>Monitor environment</p> <ul style="list-style-type: none"> ▪ Identify tipping points ▪ Observe and listen to those most affected ▪ Monitor environment for stressors ▪ Conduct mental health surveillance to inform response efforts ▪ Provide education on limiting media exposure, thought and talk exposure <p>Technical Assistance, Consultation and Training</p> <ul style="list-style-type: none"> ▪ Improve capacity of organizations & caregivers to provide what is needed to re-establish community structure, foster family recovery & resilience, and safeguard community ▪ Provide to: <ul style="list-style-type: none"> ○ Relevant organizations ○ Other caregivers and responders ○ Leaders 	<p>Outreach and Information Dissemination</p> <ul style="list-style-type: none"> ▪ Promote large-scale community outreach & psycho-education: <ul style="list-style-type: none"> ○ Post-trauma reactions that are understandable & expectable ○ Anxiety management techniques for common post-trauma problems ○ Signs of severe dysfunction ○ Limiting media exposure for those with mid-level problems of anxiety <p>Receiving truncated news reports from a friend or family member, for those with more severe emotionality</p> <ul style="list-style-type: none"> ▪ Make contact with and identify people who have not requested services, i.e. at-risk populations ▪ Inform people about different services, coping, recovery process, etc. (e.g., by using established community structures, fliers, websites, social media) ▪ Use outreach workers who are indigenous, bilingual & culturally competent <p>Fostering Resilience and Recovery</p> <ul style="list-style-type: none"> ▪ Facilitate social interactions ▪ Teach coping skills & training ▪ Educate about stress response, traumatic reminders, coping, normal vs. abnormal functioning, risk factors, services ▪ Facilitate group & family support ▪ Foster natural social support ▪ Address grief & bereavement ▪ As needed, repair community & organizational fabric 	<ul style="list-style-type: none"> ▪ Facilitate group and family support ▪ Foster natural social support ▪ Address grief & bereavement ▪ Promote community unity & healing ▪ Recognize need for spiritual support & refer as needed ▪ Encourage continued practice of relapse prevention, participation in treatment and self-help recovery groups ▪ Instill hope <p>Community Development</p> <ul style="list-style-type: none"> ▪ Promote social connectedness ▪ Support use of community ritual & commemorative activities to strengthen & reunify community ▪ Partner to address needs of disability & other at-risk groups ▪ Develop resources & partnerships with diverse cultures within communities ▪ Foster competent communities that provide safety, material resources, support for families and encouragement of well-being <p>Public Education</p> <ul style="list-style-type: none"> ▪ Predict & stress positive outcomes & typical emotional reactions in recovery phase ▪ Anticipate & prepare for anniversary responses & other triggers ▪ Disseminate stress

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<p><i>COMMUNITY MENTAL HEALTH ROLE (CONTINUED)</i></p>			<ul style="list-style-type: none"> ▪ Conduct operational debriefings, when standing procedure in responder organizations ▪ Provide or refer to spiritual support ▪ Encourage relapse prevention strategies for individuals in recovery & encourage continued treatment & AA/NA participation ▪ Instill hope 	<p>management & coping materials</p> <ul style="list-style-type: none"> ▪ Through media and outreach, conduct mental health promotion & prevention efforts to: <ul style="list-style-type: none"> ○ Assist with stress management & coping ○ Reduce risk factors ○ Target prevention efforts to at-risk groups ○ Integrate substance abuse & relapse prevention ○ Encourage mobilization of natural & informal helping systems <p><u>Traditional Mental Health Services</u></p> <ul style="list-style-type: none"> ▪ Refer to available community mental health and substance abuse services & admit/treat consistent with clinical & financial eligibility ▪ Refer eligible individuals to Medicaid service providers for mental health or substance abuse services ▪ Refer to EAP providers for employed/covered individuals
<p><i>PUBLIC MENTAL HEALTH AUTHORITY</i></p>	<p><u>Mental Health Response Planning and Preparation at State Level</u></p> <ul style="list-style-type: none"> ▪ Collaborate @ state level ▪ Interagency collaboration to develop guidance to: <ul style="list-style-type: none"> ○ Shape adaptive behaviors ○ Reduce social/emotional deterioration & improve functioning 	<ul style="list-style-type: none"> ▪ Establish linkages with SEMA, DHSS, FEMA and CMHS to: <ul style="list-style-type: none"> ○ Authorize and develop FEMA Immediate Services Program if available ○ Identify possible tipping points ▪ Activate mental health response consistent with functions listed above <ul style="list-style-type: none"> ○ Utilize crisis counselors, as appropriate ○ Provide hotline as response & referral resource, as appropriate ○ Disseminate mental health outreach materials ○ Participate in COADs 		<ul style="list-style-type: none"> ▪ Assess need for FEMA regular services program, CMHS SERG funds or other available funding streams ▪ Develop and submit written RSP application if appropriate <ul style="list-style-type: none"> ○ Request extension of immediate services

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	<ul style="list-style-type: none"> ○ Support key personnel in critical infrastructure functions ○ Facilitate coping & recovery ▪ Policy development including human resources, & leadership preparation & functions ▪ Infrastructure support for rapid assistance <ul style="list-style-type: none"> ○ Surge capacity including telephonic, telecommunication, social media ○ Integrate substance abuse ○ With diverse communities ▪ Plan and develop infrastructure for: <ul style="list-style-type: none"> ○ Implementation of FEMA Crisis Counseling Program if available or other fiscal resources <ul style="list-style-type: none"> ▪ <i>Financial models</i> ▪ <i>CCP templates</i> ▪ <i>TA for services & billing</i> ▪ <i>Administrative support</i> ○ Mutual aid strategies <ul style="list-style-type: none"> ▪ <i>Among CMHCs</i> ▪ <i>With ARC, other VOAD agencies</i> <p><u>Workforce Development</u></p> <ul style="list-style-type: none"> ▪ Continuity planning ▪ Training for public health, other health care providers such as hospitals and primary care, mortuary workers, mental health, etc. ▪ Exercises <p><u>Resource Development</u></p> <ul style="list-style-type: none"> ▪ Funds 	<ul style="list-style-type: none"> ○ Coordinate service delivery & develop linkages with mental health services offered by Red Cross, Salvation Army & other VOAD ○ Authorize & fund use of interpreters as appropriate ▪ Establish communications links with CMHCs in affected areas ▪ Needs assessment for FEMA crisis counseling grant application <ul style="list-style-type: none"> ○ Gather information about mental health need ○ Gather assessment information for inclusion in FEMA grant if applicable ○ Analyze census & other data re: impact on at-risk populations <ul style="list-style-type: none"> ▪ Explore options to utilize indigenous, bilingual resource in CCP ▪ If applicable, complete & submit FEMA immediate services grant application <ul style="list-style-type: none"> ○ Submit draft based on Federal timeline and approval ○ Submit completed immediate services grant application no later than 14 days after federal approval ○ Develop component that addresses at-risk populations if needed based on data, including incorporating use of indigenous, bilingual, interpreter resources 	<ul style="list-style-type: none"> program ○ Consider need for enhanced or specialized RSP services ○ Include formal evaluation model as component ▪ If regular services grant not pursued: <ul style="list-style-type: none"> ○ Complete implementation of immediate services grant ○ Conduct necessary close out activities ▪ Participate in and coordinate with the Governor's Partnership ▪ Conduct data collection & analysis to inform program management and future mental health response efforts <ul style="list-style-type: none"> ○ Contribute to research & literature base ○ Conduct after-action evaluation efforts <ul style="list-style-type: none"> * Lessons learned * Feedback to inform future planning efforts

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PUBLIC MENTAL HEALTH AUTHORITY (CONTINUED)	<ul style="list-style-type: none"> ▪ Grants ▪ Technical Assistance Regulatory Role ▪ Competency-based standards for workforce <ul style="list-style-type: none"> ○ Competencies, including self-care ○ Cultural competencies and use of interpreters ▪ Agency planning & preparedness licensure & certification standards Advocacy with priority given to: ▪ DMH clients (<i>adults & children with psychiatric, DD, substance abuse needs</i>) ▪ School children ▪ Individuals with diverse cultural backgrounds & language abilities ▪ Other at-risk populations as resources permit 		
KEY POPULATIONS	<ul style="list-style-type: none"> ▪ General public ▪ DMH clients ▪ Other Populations that may be at risk: <ul style="list-style-type: none"> ○ Children ○ Elderly ○ Persons with disabilities ○ Homeless ○ Diverse cultures <ul style="list-style-type: none"> * Language other than English * People who are not US citizens ▪ Health Workforce ▪ Mental health workforce ▪ Mortuary care workforce ▪ First responders 	<ul style="list-style-type: none"> ▪ Victims & survivors and their families ▪ Emergency Responders & their families ▪ Health care providers and primary care providers ▪ DMH clients ▪ Community(ies) affected ▪ General public ▪ Mental health workforce ▪ Mortuary care workforce 	<ul style="list-style-type: none"> ▪ Victims & their families ▪ Emergency Responders & their families ▪ DMH clients ▪ Community(ies) affected ▪ Formal helping systems (government & private sector, domestic violence) ▪ Health care providers & primary care providers, including mental health treatment providers ▪ Mortuary care workforce ▪ Natural & informal helping systems ▪ Awareness & education of general public to reduce stigma & increase help-seeking behavior

