

DISASTER SUMMIT

Missouri DMH
&
Coalition of Community
Behavioral Healthcare

OUR GOAL:

To create a MO Statewide Crisis Counseling Cadre that can be activated and managed by MO DMH or another agreed upon entity so that every county in the state has almost immediate access to behavioral health services following a disaster or critical event of any size or origin.

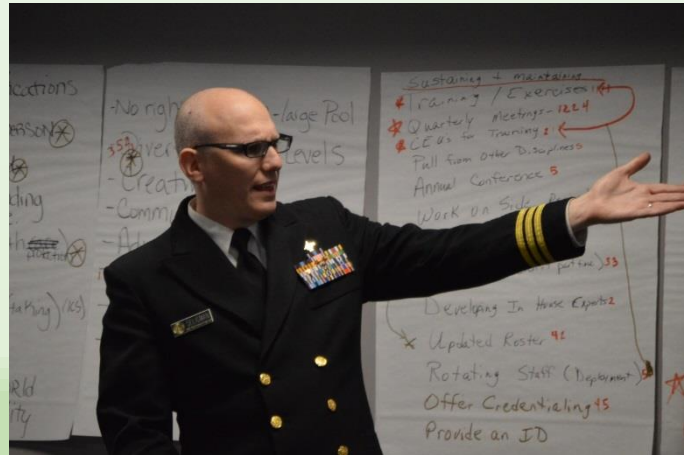
Goal of summit: Framework for refreshing Missouri statewide Disaster/Critical Event Mental Health Response to respond regionally or statewide to events of any size

Expected outcome: Structure, building blocks and priorities identified so that the Coalition and DMH Disaster Workgroup can translate the framework into reality

Summit Participants

- Missouri DMH (ODS, DD, DBH)
- Missouri Coalition of Community Behavioral Healthcare
- Community Mental Health Centers
 - Compass Health
 - Comtrea
 - Ozark Center
 - Places for People
- State Emergency Management Agency/Human Services
- Federal Partners (FEMA and SAMHSA)
- Experts
 - Connecticut
 - Maryland
 - Missouri
 - New Jersey





Key Components and Challenges

- Funding Ideas
- Funding Challenges
- Range of Interventions
- Program Structure
- Training
- Administrative and Program Support Barriers
- Member Qualifications
- Sustaining and Maintaining Experts
- Buy-in at all levels

What's Next?

- Coalition/DMH Workgroup
- Advisory board
- Identify partners
- Funding
- DMH role in sustaining
- Presentation



Missouri Disaster Summit: Summary and Next Steps



Summit Experts Share Best Practices and Compile Guidance for Missouri

Back row –Mark Stringer, April Maxwell, Jill Richardson, Beckie Gierer, Deb Hendricks, Eric Evans, Laurent Javois, Joe Yancey, Cmdr. Jamie Seligman, Jim Siemianowski; **Middle row** – Robert Ward, Dr. Brian Flynn, Dr. Bob Reitz, Debbie Fitzgerald, Jen Haasis, Jenny Wiley, Andrea Cuneio, Megan Sullivan; **Seated** –Dr. Karl Wilson, Rachel Plaggenberg, Carol Mobley, Cindy Davis, Susan Flanigan **Not pictured** – Lisa Bryan, Dr. Husain, Brent McGinty, Vicky Mieseler, Jennifer Taylor, Debra Walker, Sheila Harris-Wheeler

The Missouri Department of Mental Health hosted disaster mental health experts on March 21-22, 2018. These state and national professionals volunteered their time to achieve the following:

Goal of summit: Create a Framework for refreshing Missouri statewide Disaster/Critical Event Mental Health Response to respond regionally or statewide to events of any size.

Expected outcome: Identify structure, building blocks and priorities so that the Coalition and DMH Disaster Workgroup can translate the framework into reality.

The DMH Office of Disaster Services is grateful to the Department of Health and Senior Services for funding the summit and to our colleagues at the Coalition of Community Behavioral Healthcare (CCBHC) for opening their conference center to us. This document serves as an addendum to the workbook provided for the summit as well as a stand-alone overview of the group's work.

Process and Content

Experts identified key components and challenges of a disaster mental health program through a pre-summit survey. They worked in assigned groups on site to explore and select the following priorities, challenges, and next steps for Missouri and our Federal Partners.



Group Priorities - *Bold items selected as top priorities*

Funding Ideas

- **Bridges to Care and Recovery – Volunteers**
- **Community members and businesses as volunteers, in kind donations, trained responders:**
- **Emergency ‘slush funds’ or lines of credit—Approach foundations, philanthropists, professional sport teams and other community/state funders**
- **Retailers Associations (Walmart or Target Foundation)**
- **Non-disaster grants (Opioid grants) to include preparedness components**
- **Mental health block grants**
- Seek collaboration beyond state borders for win-win scenarios
- Incentive programs for emergency preparedness
- Event specific Federal money
- Missouri Mental Health Foundation
- New Budget item or allocation from Missouri Legislature
- Professional registration fees (behavioral health professions)
- Professional sports teams have foundations (NFL, MLB, NHA, etc.)
- Maximize relationships with vendors
- Mental Health Association

Funding Challenges

- **Building Relationships**
- **Coordination/communication**
- **Creating a structural plan to pitch with descriptive vision: Emotional Strike Team**
- **Infrastructure money. How to get money/donation for infrastructure (pre event vs. Post event)**
- **Procurement process for providers (bridge loan to get up and running until funding comes through)**
- Control messaging
- Individual Assistance declaration may not be made or severely delayed
- How do you get flexible funds for unmet needs? (meals, trainers, transportation, lodging)
- How do get funding through non-governmental organizations?
- Funding equity across the state and special populations
- Funding traffic cops
- Short term response vs long term recovery
- Scale of response = scale of funding
- Funding MOU office of victim’s assistance or DOJ for crises response
- Know we can request grant writer to assist with application if school office is directly affected



Range of Interventions

- **How to sustain planning long term**
- **Interventions may not align with funding requirement**
- **Evidence based interventions (shelf life) cultural competence customization, mission**
- **How to share our best practice**
- **Define interventions outside of direct care**
- Cognizant of cultural or socio economic differences within communities
- Most effect program vs all the bells and whistles
- Measurable outcomes, especially for prevention
- How do we know all populations are getting what they need – how to measure?
- Keep interventions fresh—understand shelf life

Program Structure

- **Organized Phased Response**
- **Separate Divisions with Identified Responsibilities**
 - ✓ Rapid
 - ✓ Intermediate
 - ✓ Long Term
 - ✓ Funding
 - ✓ Training (including self-care)

Training

- **Phases of Disaster**
- **Intentional Self Care**
- **Red Cross Model**
- **Cultural Competence**
- Incident Command Structure (ICS)
- Psychological First Aid (PFA)/Skills for Psychological Recovery (SPR)
- Legal/HIPAA
- Baseline vs Continuing Education
- Exercising Teams/Real Event

Administrative and Program Support Barriers

- **Local strike team/CCBHC contract amendments**
- **Show Me Response/Behavioral Health state roster of volunteers**
- **State unified community structure augmented impacted CMHCs**
- MRC Model
 - ✓ Local
 - ✓ State
- Access to best practice principles
- Maintenance of certification
- Funding



- Time
- Turnover
- Not a priority
- Media event influence

Member Qualifications

- **Compassionate**
- **Must be trained**
- **Self-Care important**
- **Boundaries**
- **Able to lead and take direction**
- **Have patience and be flexible**
- **Pass the screening process**
- Para professional vs. professional depending on event/role
- Know weaknesses
- Volunteer
- Academic vs. real world
- Creativity
- Communication skills
- Knowledge of resources and/or system.
- Create a large pool

Sustaining and Maintaining Experts

- **Training/Exercises**
- **Quarterly meetings**
- **CEUs for training**
- **Cross Collaboration**
- **Hiring expert**
- **Updating Roster**
- Pull from other disciplines
- Annual Conferences
- Work on Side Projects
- Developing in house experts
- Rotating staff deployment
- Provide an ID

Buy-in at all Levels

- **Risk Assessment**
- **Real world events (studies, past disasters)**
- **Annual Conference/Speakers/Coffee Chat**
- **Relate it to Money**
- **Good press/public relations or spin/awareness**



- **Collaboration with communities and partners**
- Clear process to get pre-award
- Add to contract

Next Steps-Missouri

1. Identify:
 - Owner & Advisory board
 - Best Practice, guidance, direction, long term vision
 - Members Identified, recruited; need KC and DMH facility representation, create committees on Key topics
 - Partners at all stages, leadership, geography, Internal/external
 - Funding
2. What is DMH's role – sustainability plan and requirements
3. Buy-In, partners, stakeholders
4. Champions vs. Eeyores
5. Three-legged stool – DMH, Coalition, outside community or funding partners
6. Alignment between DMH and Coalition
7. How to engage other partners, both public and private - Bring in Departments of Labor, Education, Social Services, Federal Partners
8. Presentation at Coalition meeting on Disaster Summit

Next Steps – FEMA/SAMHSA

1. Infuse behavioral health into FEMA trainings beyond the Crisis Counseling Program (CCP) such as the Federal Coordinating Officers (FCOs), Incident Management (IM), other;
2. Educate all Federal Partners on Leadership stress and importance of behavioral health;
3. Disaster Recovery Framework bandwagon - federal template of how to respond to disasters.

Keep Involved

As of this writing, Vicky Mieseler, Cindy Davis and Beckie Gierer will serve as key leads for the Coalition and DMH Disaster Workgroup. The first meeting to discuss these Disaster Summit recommendations is in July of 2018. To stay connected with the workgroup, to learn more or share ideas, contact Beckie Gierer 573-751-8136 or Cindy Davis 573-634-4626.

Thank you

Our sincerest appreciation to the out-of-state experts who joined us in Jefferson City to improve Missouri's disaster mental health response:

Dr. Brian Flynn, Maryland; Cmdr. Jaimie Seligman, Maryland; Jim Siemianowski, Connecticut; Megan Sullivan, New Jersey, and Robert Ward, Washington, DC.

Special thanks to Dan Haug who served as the behind-the-scenes tour guide at the Missouri State Capitol and to Samantha Gierer for creating and donating delicious baked goods.