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Substance Abuse and Mental Health Services Administration (SAMHSA) Targeted Capacity Expansion Grants to Enhance State Capacity for Emergency Mental Health and Substance Abuse Response

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**Substance Abuse and Mental Health Services Administration (SAMHSA)
Targeted Capacity Expansion Grants to Enhance State Capacity for
Emergency Mental Health and Substance Abuse Response**

Final Program Report Template

Please provide the following information when submitting the final report:

| | | | |
|---------------------------------|----------------------------|-----------------|---------------------|
| Grant #: | <u>5 H79 SM55141-02</u> | Date: | <u>1/04/2006</u> |
| State: | <u>Nebraska</u> | | |
| | <u>Denise Bulling</u> | | <u>402-472-1509</u> |
| Report Prepared By: | <u>James S. Harvey</u> | Phone #: | <u>402-479-5125</u> |
| Federal Project Officer: | <u>Charlie E. Williams</u> | | |

A. Grant Program Accomplishments and Highlights

The Division of Behavioral Health Services within the Nebraska Department of Health and Human Services is authorized under the Nebraska Behavioral Health Services Act (Neb. Rev. Stat. 71-801 to 71-820). The Division of Behavioral Health Services extended through September 30, 2005 its Intergovernmental Agreement (#HHSBH-04-Emergency Response – 1) with the University of Nebraska Public Policy Center to coordinate and manage the second year activities of the Nebraska All-Hazards Behavioral Health Response and Recovery Capacity Expansion Grant, in coordination with activities funded by a Health Resources and Services Administration (HRSA) hospital preparedness bioterrorism grant.

June 1, 2004 – September 30, 2005

Year two goals of the Nebraska All-Hazards Behavioral Health Response and Recovery Capacity Grant were set in three areas: Planning, Training, and Sustainability of Efforts. Below is a brief summary of accomplishments during the reporting period referenced above.

Planning

- The Nebraska Behavioral Health All Hazards Disaster Response and Recovery **Plan was formally adopted on January 20, 2005**. For further details on this plan, see below, Section B. The Nebraska All-Hazards Plan, as well as the mailed paper copy of the plan and interactive CD (both mailed under separate cover).
- As authorized under the Nebraska Behavioral Health Services Act, there are six Regional Behavioral Health Authorities. The six Regions are carrying out planning activities on a local level with funding from the HRSA Hospital Preparedness Grant. Regional plans are being developed to coordinate with local emergency management, public health, and hospital structures. As part of

these planning efforts, the Regions are also engaged in developing a workforce for behavioral health disaster response. The State, through the Public Policy Center, is providing assistance to the Regions to ensure that all plans are consistent with the State of Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan.

- Integration with Nebraska Emergency Management Agency (NEMA), Regional Behavioral Health Authorities, and Public Health Departments has taken place at the state level, and within the state at the Regional level.
- The State Emergency Operations Plan, Emergency Support Function #8 has been modified to reference the Behavioral Health All-Hazards Plan and the processes it lays out.
- Nebraska has successfully applied for two Federal Emergency Management Agency (FEMA) Crisis Counseling Projects (CCP) based on state planning infrastructure developed through the grant funding.
- In February 2005, there were five (5) State Disaster Behavioral Health Coordinators designated. Jim Harvey was designated Lead State Coordinator. Denise Bulling was designated Associate Lead State Coordinator. The other three were Sue Adams, Kathi Samuelson, and Dennis Snook. Four of the five are employees of the Division of Behavioral Health Services. Only Denise Bulling is employed outside of the division. She works for the University of Nebraska Public Policy Center. Dennis Snook is the Division of Behavioral Health Services contact for the methadone clinic in Nebraska. He continues to work with Nebraska's methadone clinic to ensure adequate disaster planning is in place.

Training

- **The Nebraska Psychological First Aid Curriculum has been used to train community responders and provide an introduction to disaster behavioral health concepts to behavioral health professionals, first responders, hospital personnel, and disaster chaplains across Nebraska.** Six initial trainings, one in each of Nebraska's Behavioral Health Regions, were completed during the spring of 2005. Over 40 people were subsequently trained as trainers across the state. The curriculum has been cited by HRSA as a resource for hospitals preparing for the psycho-social consequences of disaster/terrorism. Training continues to occur across the state through the behavioral health regions with over 600 people completing the training in Nebraska.
 - The full curriculum is available for viewing and download at:
<http://www.disastermh.nebraska.edu/edu.html>
- The 3rd annual **Nebraska Disaster Behavioral Health Conference was held on July 14-15, 2005** in Omaha, Nebraska. Federal **Centers for Disease Control (CDC)** funds were used to offset some conference costs and to scholarship participation from public health, regional behavioral health

authorities, and regional disaster chaplains. Over 200 participants received training over two days at this conference. Conference presentations and resources are available for inspection on the Nebraska disaster behavioral health web site: <http://www.disastermh.nebraska.edu/2005bhconf.html>

- Additional training and educational opportunities related to development of the behavioral health workforce have been offered through state partnerships with a number of different entities, for example:
 - Three of the five Nebraska's State Disaster Coordinators completed Incident Command Systems and National Incident Management Systems (ICS/NIMS) training in July 2005. On-line and live training opportunities for ICS/NIMS have been offered to the behavioral health workforce through regional behavioral health, local public health, and local emergency management entities.
 - Behavioral health training was included as part of the statewide symposiums sponsored by the Center for Biopreparedness Education during the spring of 2005.
 - Peer support training was offered to those who support first responders through the state authorized and funded Critical Incident Stress Management (CISM) Program in November and December 2005.
 - A joint effort between Interchurch Ministries of Nebraska and the Nebraska Army National Guard resulted in training across the state that included an orientation to disaster behavioral health and a session on the behavioral health implications of welcoming returning military (8 sessions across the state in Oct/Nov 2005)
 - A satellite broadcast related to supporting first responders was hosted jointly by the Lincoln Metropolitan Medical Response System and BryanLGH Medical Center in Lincoln, Nebraska in December 2005
 - Anthony Ng, M.D. presented at a special grand rounds for the University of Nebraska Medical Center on the subject of disaster psychiatry in December 2005. State officials were able to consult with Dr. Ng during his visit about the organization of psychiatrists in disaster response. Dr Ng also did a live video broadcast to four public health departments in rural Nebraska. Dr Ng's visit was funded by HRSA funds.

Sustainability

See below, Section C. Sustainability and Continued Development of Capacity.

B. All-Hazards Plan

- The Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan (hereafter: the Nebraska All-Hazards Plan) was revised based on lessons learned during the initial two months of a FEMA/CMHS Crisis Counseling Grant

received for response to the aftermath of tornados and thunderstorms which hit southeast Nebraska in May 2004. The Nebraska All-Hazards Plan was submitted to Nebraska DHHS on October 12, 2004. As mentioned in Section A, the Nebraska All-Hazards Plan was **officially approved January 20, 2005**.

- As noted under Section A, locally tailored plans are being developed by the six Nebraska Regional Behavioral Health Authorities, with coordination and oversight of their planning activities provided to ensure consistency with the Nebraska All-Hazards Plan.
- The Nebraska All-Hazards Plan **was exercised** at a Functional State Terrorist Exercise (Nebraska Terex 2004) on November 4, 2004 and the follow up tabletop exercise on March 1, 2005.
- On July 13, 2005, a tabletop exercise tested the state and regional plans in conjunction with state and local public health departments and Interchurch Ministries of Nebraska, Inc., the organizing body for disaster response by clergy and faith leaders. The after action report is not attached, but can be made available for inspection if desired.
- The Nebraska All-Hazards Plan addresses the behavioral health needs of people after disaster through mobilization of natural and professional resources in the response and recovery phases of disaster. Organization of the response is driven by local resources and plans. State run facilities plan with their local partners to meet immediate needs of residents. State behavioral health assets may be mobilized to assist state run mental health or substance abuse treatment facilities as needed. A key feature of Nebraska's All-Hazards Plan is local and state level integration of resources with recognition of the unique role of the Red Cross, the statewide CISM team, and the Nebraska Ecumenical Disaster Chaplaincy Program that was formed as a result of the Nebraska All-hazards Plan. Natural helpers are tapped as part of the behavioral health workforce to augment and extend the professional response to disaster through provision of social support and compassion.
- The Nebraska Emergency Management Agency (NEMA), in its current revision of the Nebraska Emergency Response Plan, changed the **Behavioral Health section of ESF #8** of to be consistent with the content of the Nebraska All-Hazards Plan.

C. Sustainability and Continued Development of Capacity

Sustaining these efforts is anticipated to be a challenge. However, there are some sustainable features within the current structure.

- Concurrent **HRSA and CDC funded activities** related to psycho-social response readiness of hospitals and public health departments across Nebraska

will continue as planned, with oversight by the University of Nebraska Public Policy Center. This funding continues through September 2006.

- The Statewide Critical Incident Stress Management (CISM) Program is authorized under the Critical Incident Stress Management Act (Neb Rev. Stat. §§ 71-7101 to 71-7113). In April 2005, a full time State CISM Coordinator was hired to support the program. The Emergency Medical Services (EMS) within the Nebraska Department of Health and Human Services Regulation and Licensure is responsible for managing the CISM program. In 2005, EMS contracted with the University of Nebraska Public Policy Center to hire the State CISM Coordinator. This position is supported by state funds.
- Four current state employees in the Division of Behavioral Health have been formally identified to serve in the role of State Behavioral Health Disaster Coordinator in the event of a disaster or other emergency situation. Each has been trained on the content of the Nebraska All-Hazards Plan. As designated Lead State Disaster Behavioral Health Coordinator, James Harvey is responsible for day-to-day functioning in this role as part of his regular position in the Nebraska Division of Behavioral Health Services. He is also appointed to serve as the CISM Statewide Clinical Director under Neb. Rev. Stat. § 71-7109.
- Planning is underway for the **4th annual Nebraska Disaster Behavioral Health Conference** for the summer of 2006 in Omaha, Nebraska. In the past, HRSA and CDC funds have been allocated to offset some conference costs and to scholarship participation from public health, emergency management, regional behavioral health authorities, and regional disaster chaplains. Financial commitments and co-sponsorships have been tentatively secured for this year's conference.
- The State of Nebraska is coordinating with Interchurch Ministries of Nebraska (IMN) to offer **state-wide disaster response credentialing for clergy**. IMN established a steering committee representative of different faiths that has begun to implement a system of training, tracking and deployment of disaster chaplains. Six Regional Disaster Chaplains have been identified and are beginning to coordinate activities with the six Regional Behavioral Health Authorities in Nebraska. Disaster chaplains are required to participate in Nebraska's Psychological First Aid Training prior to deployment. Interchurch Ministries of Nebraska sponsored a state disaster chaplaincy kick-off event in June 2005 in conjunction with the Annual Statewide Critical Incident Stress Management Conference.
- **Behavioral health continues to be represented in state disaster (bio-terrorism) and pandemic influenza planning efforts and in the Metropolitan Medical Response System (MMRS) cities** functioning in Nebraska.
- **A web site (www.disastermh.nebraska.edu)** is maintained as a mechanism for communication among stakeholders and constituency groups. This website

is updated regularly to provide information on activities taking place around the state. A **Nebraska Disaster Behavioral Health Listserve** is also operational.

- The Project Steering Committee (PSC), formed during year one, met on March 22, 2005, and on August 30, 2005. This group plans to meet again in March 2006, and on a bi-annual basis thereafter.

D. Identify Challenges and Needs

The three primary challenges this program faces are:

- **KEEPING THE NEBRASKA ALL-HAZARDS PLAN CURRENT** – The lack of funds to effectively sustain the capacity to implement and update the Nebraska All-Hazards Plan is a serious concern. Grant funds were used to develop the plan, but there is concern about where to find funds to update the document and to financially sustain the infrastructure developed to support the plan. Disaster behavioral health is an evolving field, and Nebraska would like its plan to contain current, accurate information.
- **WORKFORCE DEVELOPMENT** – is a key to successful implementation of the Nebraska All-Hazards Plan, given the shortage of behavioral health professionals across the state. There is a gap between the desired workforce as outlined in the Nebraska All-Hazards Plan and current level of readiness.
- **ROLES AND RESPONSIBILITIES** – Multiple rosters of behavioral health volunteers in the state has lead to a general over-estimation of workforce capacity. The state's volunteer schema is to centralize volunteer lists regionally, but a single behavioral health volunteer may be registered with the American Red Cross, the state CISM team, the Regional Behavioral Health Authority, a public health district, and a medical reserve corp. Coordinating the plans, deployment, and roles of potential behavioral health responders during response and recovery is challenging for local and state level personnel.

E. Description of Collaboration with State Agencies and Other Organizations

1. Substance Abuse and Mental Health Collaboration

As authorized under the Nebraska Behavioral Health Services Act (Neb. Rev. Stat. 71-801 to 71-820), Mental Health and Substance Abuse Services are centrally administered by the Division of Behavioral Health Services. Collaboration is inherent in the structure of this State Agency and was in place prior to this grant. A staff member from the Division of Behavioral Health (Jim Harvey) attends all Steering Committee meetings and participates in many of the interagency disaster exercises and drills.

As noted above, the six Regional Behavioral Health Authorities are authorized under the Nebraska Behavioral Health Services Act (Neb. Rev. Stat. 71-801 to 71-820). These Regional Behavioral Health Authorities are also represented on the Steering Committee providing a direct link to publicly-funded mental health and substance abuse providers in the State. Providers are represented on the Steering Committee from each of the mental health/substance abuse licensure categories in Nebraska.

There is only one methadone clinic in the state of Nebraska, run out of the University of Nebraska Medical Center in Omaha. The Division of Behavioral Health Services oversees this contract and is working with the clinic to refine its plan for continuation of services if a disaster should threaten to disrupt their current service delivery.

2. Collaboration with Public Health Agency and/or State Hospital System

The planning process adopted by the State of Nebraska to create the Nebraska Behavioral Health All-Hazards Disaster Response and Recovery Plan has included stakeholders from across disciplines and agencies. **Public Health has featured prominently in this process.** Representatives from State and Local Public Health are on the Steering Committee which set the direction for creation of the Nebraska All-Hazards Plan during year one. Collaborative activities with Public Health and hospitals are listed below.

- Nebraska has fostered the connection with Public Health through a unique pooling of funding. **HRSA Hospital Preparedness funds have been pooled with SAMHSA planning grant funds** to ensure planning includes psycho-social readiness for hospitals and public health entities around the state. The University of Nebraska Public Policy Center has taken on the responsibility for ensuring that these activities are coordinated with other bio-terrorism efforts in Nebraska.
- State Public Health has made coordination with behavioral health disaster response planning a priority for local public health districts. **The local public health districts have been allocated funding this year to encourage collaborative planning with regional behavioral health authorities.** This complements the HRSA-funded regional behavioral health planning efforts now underway.
- **A survey (developed with the Nebraska Hospital Association) was administered to critical care hospitals** to assess their readiness to respond to the psycho-social needs of patients, their families, and staff in response to disaster. This was funded by the HRSA hospital preparedness grant. Survey results are available for viewing at this web address: <http://www.disastermh.nebraska.edu/files/NEHospPsychPrepSurvey%20Report.pdf>

- The Nebraska Administrator of Behavioral Health Services maintains overall administrative responsibility for three State Hospitals in Lincoln, Norfolk, and Hastings. **These hospitals had disaster plans in place prior to this grant.** Personnel from these hospitals and from other state agencies that employ mental health or substance abuse professionals (i.e., Corrections) have participated in year two training opportunities to enhance readiness of the work force to competently respond to disaster situations.

3. Collaboration with State Emergency Management Agency

The Nebraska Emergency Management Agency (NEMA) and local emergency management are represented on the Steering Committee.

Behavioral health is routinely asked to participate in exercises and training sponsored by NEMA. Though some relationships were in place prior to the grant, a significant improvement in the regularity of inclusion of behavioral health in meetings, exercises, and training has been noticed. This has served as a model for regional planning efforts. Local emergency managers are now working closely with public health and regional behavioral health authorities to create locally driven, regionally focused all-hazards disaster behavioral health plans that complement the state plan.

4. Other Collaborations

The Steering Committee structure has involved stakeholders in development of the NE Behavioral Health All-Hazards Plan. A list of the stakeholders is included in the Nebraska plan and is on the website <http://www.disastermh.nebraska.edu/steering.html>. Several collaborations have been formed as a result of stakeholder involvement in the Steering Committee. A few examples of a unique collaboration are highlighted below.

- As noted in the grant accomplishments and highlights (Section A), Interchurch Ministries of Nebraska (IMN) was charged in the Nebraska All-Hazards Plan with creating a **statewide clergy credentialing, tracking, and deployment system**. This volunteer system places trained faith leaders in the field to augment the coordinated statewide behavioral health response, recognizing their special role in spiritual care. Interested clergy are initially **trained using Nebraska’s Psychological First Aid curriculum**.
- The Division of Behavioral Health Services is working with the **Nebraska Department of Agriculture** to support the behavioral health needs of the Nebraska Department of Agriculture’s Livestock Emergency Disease Response System (LEDRS) team members when they are deployed. The relationship with the Department of Agriculture has been positively influenced by this planning process.

- Behavioral health has been formally included in the **Governor’s pandemic influenza planning effort**. This inclusion was partially due to the planning efforts stimulated by this grant.
- Memorandums of Understanding are drafted and will be formalized this year between state agencies and Universities that employ experts in behavioral health risk assessment/management and communication who may be mobilized to support public information officials. This includes three state supported Universities, and three state agencies. This is a direct result of planning efforts.

F. Centers For Disease Control and Prevention/Health Resources and Services Administration (CDC/HRSA) Funding

As previously noted, funding has been made available through the HRSA bioterrorism hospital preparedness grant to develop locally-tailored behavioral health response plans in each of Nebraska’s six Behavioral Health Regions. These activities are being coordinated by the University of Nebraska Public Policy Center on behalf of the State of Nebraska, and have been done in conjunction with the SAMHSA All-Hazards planning process.

HRSA hospital preparedness funds have been used to ensure there is one employee dedicated exclusively to disaster behavioral health planning in each of the six behavioral health regions. These Regional Disaster Coordinators are working closely with local public health departments while developing response plans. This connection has facilitated the involvement of various local stakeholders in behavioral health planning at the local level, including connections with local emergency management and involvement in response exercises. HRSA funds also extend the State’s available resources by purchasing contractor time (University of Nebraska) to oversee the development of this local capacity.

As previously noted, CDC funds were used to partially fund the July 2005 Nebraska Disaster Behavioral Health Conference and are blended with the HRSA funding this year to support coordination of the 2006 conference.

G. Lessons Learned and Promising Practices

Lessons learned can be grouped into three broad categories: the value of collaborative relationships, the value of institutionalizing relationships, and the importance of maintaining flexible capacity and infrastructure.

- **Collaborative relationships** were important at the local level, state level, and increasingly across state lines. Nebraska learned that establishing collaborative relationships takes time, energy, and planning. The use of a process in the development of the Nebraska All-Hazards Plan that respected people’s time

while achieving specific outcomes, was key to establishing both credibility and importance of the effort. True collaboration also required supporters within agency structures. These supporters were often higher level managers who had the ear of policy makers, yet were close to front line staff. This allowed system changes and funding decisions to flow naturally both up and down the chain of command. This has been tested twice since the grant was received, with the two FEMA CCP grants that were written and carried out in Nebraska.

- Many of the initial relationships between agencies begin and are dependent upon personalities. This is helpful, but often cannot withstand changes in state leadership. **Institutionalizing collaboration** via formal documents that spell out roles and responsibilities is crucial. This can build a culture of inclusion, making it natural for behavioral health to be at the state disaster planning and response table. For example, prior to this grant, there was no policy in place on how a FEMA Crisis Counseling Program grant would be administered locally. Now, based on the planning efforts and the need to administer two grants, it is established that the Regional Behavioral Health Authority as authorized under the Nebraska Behavioral Health Services Act (Neb. Rev. Stat. 71-801 to 71-820) will contract with the Nebraska Division of Behavioral Health Services to implement the FEMA CCP.
- Planning, establishing collaborative relationships, and institutionalizing collaboration are only first steps. They have no value if the **capacity to flexibly respond** to disaster is not built into the state's infrastructure. This challenge is particularly pertinent to smaller states that already place multiple demands on mental health and substance abuse agencies. Nebraska has been able to flex its capacity to oversee planning, revisions, local development of a disaster workforce, and to write/oversee FEMA CCP projects through a state-academic partnership with the University of Nebraska Public Policy Center with the blending of funds from the HRSA/CDC grants, though the reduction of these funds in the coming year has already meant planning for a decrease in funding for behavioral health initiatives. Maintaining flexible capacity and infrastructure would be easier if collaborations were institutionalized at the federal level with funding distributed more evenly in the development of public health, homeland security, and behavioral health infrastructure.

Promising Practices

- The Nebraska Psychological First Aid curriculum complements the psychological first aid material developed by the National Center for Post Traumatic Stress Disorder (NCPTSD) that was widely distributed after Hurricanes Katrina and Rita. The Nebraska curriculum is geared toward adult learners and provides them with basic skills that are assumed in the NCPTSD material. We believe that the Nebraska curriculum is appropriate for first responders and natural helpers and that the NCPTSD material, while articulated for use by anyone, may be more beneficial to mental health and substance abuse professionals entering disaster work than the Nebraska curriculum. Research is currently being

planned to determine the effect of the Nebraska curriculum on bolstering resilience of responders and its efficacy in the field.

- The state-academic partnership modeled by Nebraska is also a promising practice. The use of an academic partner to extend state agency capacity through development of grants, provision of technical assistance and oversight of disaster behavioral health workforce development was proposed by Brian Flynn in an unpublished document shared with the state of Indiana. This document originated after the Nebraska model had been established, but reflected what had already been put into practice. The document proposed that this type of relationship could enhance state efforts by linking academic resources to state government in a formalized collaborative relationship. Several states have inquired about Nebraska's model since its inception. The establishment of this model can be directly attributed to the SAMHSA planning grant.

H. Technical Assistance Needs

It would be helpful to have technical assistance in the following areas:

- Assist states to link behavioral health plans across state lines
- Disseminate information to state emergency management and governor's offices that outlines the type of behavioral health personnel and capabilities they may wish to access via Emergency Management Assistance Compact (EMAC) or through federal resources in the event of a declared disaster
- Disseminate lessons learned through behavioral health involvement with hurricane responses of 2005
- Create and disseminate a guide for behavioral health disaster responders who are asked to work with those in quarantine or isolation – in preparation for pandemic influenza or other similar public health emergency

I. Additional Comments

The process resulting from this grant has created the expectation that behavioral health is a natural partner in disaster response planning in the state of Nebraska.

Partners in the planning process have expressed a fear that lack of continued funding at some level will place the progress made to date in jeopardy. The SAMHSA funding made available for this capacity development has already resulted in the development of relationships that made possible the following:

- Nebraska received its first FEMA CCP grant in May 2004.
- Nebraska received its second FEMA CCP grant in August 2005, to serve displaced survivors of Hurricane Katrina.

- Nebraska developed a training curriculum which has been placed in the public domain and accessed by a number of states to train their behavioral health workforce.
- As noted above, Nebraska has been able to secure a state funded position for a statewide Critical Incident Stress Management Coordinator.
- Nebraska is one of the only states with a plan for statewide organization, training, and deployment of disaster chaplains.

The Nebraska Disaster Behavioral Health All-Hazards Plan was shipped to Charlie Williams (hard copy and electronic) on December 23, 2005.