

▶ National Association of State Mental
Health Program Directors

▶ Annual Meeting

▶ Sept 2021

DEBRA A. PINALS, M.D.

**Chair, Medical Directors Division, NASMHPD
Medical Director, Behavioral Health and Forensic Programs
Michigan Department of Health and Human Services
Clinical Professor of Psychiatry and
Director, Program of Psychiatry, Law and Ethics
University of Michigan**

Paper Co-Author

Arlene Hahn Stephenson, MAS

Project Supported through the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the 2021 Technical Assistance Coalition of the National Association of State Mental Health Program Directors.

Dr. Pinals consults and advises to state and other government entities as well as organizations in addition to her teaching role. The views in this report do not necessarily reflect those of any governmental or other entity with whom she is affiliated.

Highlights

- ❑ Emergency preparedness continues to evolve integrating disaster behavioral health planning into overall preparedness.
- ❑ COVID-19 highlighted gaps in planning for epidemics and pandemics, including disaster behavioral health, as part of emergency planning that need to be addressed.
- ❑ Disparities in outcomes from COVID-19 and its impact on minority populations requires an intentional focus on health equity in emergency management.

Overview of Disaster Preparedness

Emergency Operations Plan (EOP)

- To be utilized to prepare and respond to an emergency
- Includes planning for pandemic influenza

Incident Command System (ICS)

- Defines lines of responsibility

Continuity of Operation Plan (COOP)

- Activated to assist an agency with reconstituting or continuing operations

Government Agencies in Disaster Response

- ▶ FEMA- services to support federal and state government agencies struck with disaster
 - ▶ FEMA Administrator announced 7/24/20 that the whole of the country was for the first time in a state of emergency with 114 concurrent Major Disaster Declarations including D.C. and the territories
 - ▶ Need to build surge capacity
 - ▶ Need to build supply chain for critical shortages
- ▶ SAMHSA- the DHHS agency with responsibility to provide states, communities and responders with behavioral health resources to assist with preparing, responding and recovering from disasters
 - ▶ Disaster behavioral health relief efforts including crisis counseling programs

- ▶ 1. Preparedness- developed knowledge, gathered supplies
- ▶ 2. Prevention-developed plans, vaccines
- ▶ 3. Mitigation-masks, physical distancing, contact tracing, high risk population identification
- ▶ 4. Response-deployment of PPE, personnel, vaccines, Strategic National Stockpile
- ▶ 5. Recovery-Returning to the workplace

Five Phases of Emergency Management Planning

Disaster Behavioral Health

- ▶ Provides mental health, substance use, and stress management to disaster survivors and responders
- ▶ Established following the terrorist attacks on 9/11/01, natural disasters, and other emergencies
- ▶ Now an integral part of emergency management with the Disaster Mental Health Subcommittee of the National Biodefense Science Board (NBSB) conceptualizing DBH as including:
 - ▶ “the interconnected psychological, emotional, cognitive, developmental, and social influences on behavior and mental health and the impact of those factors on preparedness, response, and recovery from disasters or traumatic events.”

Responses and Experiences to Date and Continuing



State Hospitals

Preparing

- Community awareness of COOP plan details

Responding

- Patient Cohorting
- Changes in programming
- Visitation
- Admissions/Transfers/Discharges

Establishing ongoing guidelines

PPE and Testing

Preparedness for Medical Bed Need Surge and Its Impact on Psychiatric Beds

“Distinct parts” within General Medical Hospitals

Scatter beds

Planning for COVID-19 on psychiatric units

Access to medical supports when needed

Rapidly evolving

- PPE and Testing

Crisis Services

Crisis call lines, mobile crisis, crisis stabilization and short-term crisis residential services all impacted

Screening for physical health symptoms

Shifting to video visits when feasible and clinically appropriate

SAMHSA Guidelines for BH Crisis Care Best Practices Toolkit issued right before COVID-19

Community Treatment and Residential Services

- Partial hospitalization, intensive outpatient, psychosocial rehabilitation day treatment, therapy, medication services
- Dramatic downsizing of in-person visits
- Shift to telepractices including video and telephonic connections
- PPE
- Visitation
- Staff Call-outs
- OSHA questions

Criminal and Civil Justice Interface

- Shifting court processes to video
 - Commitment hearings
 - Guardianship proceedings
 - Criminal matters
 - Forensic services
 - Drug courts, mental health courts, etc.
- Increased reliance on video evaluations and tele-testimony

Medication Issues

- Clozapine and blood testing
- Long-acting injectable anti-psychotic medications
- Medication Assisted Treatment for Opioid Use Disorder
- Loosening of regulatory requirements to allow
 - Extended take home dosing
 - Decreased frequency of certain blood tests
 - Telephonic and video first assessments for certain medications

Lessons and Recommendations

1

Attending to the unique needs of the population of persons with SMI, SED and SUD served in the public behavioral health system

2

Attending to the unique behavioral health needs of the disaster response staff in public health, behavioral health

3

Attending to the unique behavioral health needs of the population as a whole

Necessary Components of DBH
seen in COVID-19 Response

Disaster Behavioral Health integration into Emergency Operations Plans

Now seen as a best practice

Requires support of underlying policies and lines of responsibility

Lessons in COVID-19 include the need to further drive this integration

TAP 34: Disaster Planning Handbook for Behavioral Health Service Programs

COVID-19 Challenges for Behavioral Health and Future Directions

- ▶ Safety as a primary concern of providers
- ▶ Increased recognition of the significant psychological impacts of disasters
- ▶ Need for integration of appropriate DBH interventions and services into all phases of emergency management
- ▶ Limited access to providers, medication and other evidence-based therapies
- ▶ Telehealth and remote service provision
- ▶ Challenges in anticipating and meeting the needs of priority populations
- ▶ Financial concerns of providers and consumers
- ▶ Vaccine hesitancy among persons with mental illness

01

1. Bolster the integration of disaster behavioral health into public health emergency preparedness and response.

- Incorporate DBH into the 10 Essential Public Health Services

02

2. Attend to health equity with specific efforts focused on the needs of high-risk populations.

- Including access to prevention, treatment and recovery services for MH and SUDs

Recommendations

3. Conduct mass psychological distress screenings and opportunities to provide emotional support.

- Crisis Counseling Programs, screenings

4. Continue to promote behavioral health surveillance and research.

- Monitor collection of quality longitudinal data to inform future disaster planning including psychological impacts of the disaster as well as behavioral health related long-term sequelae of COVID-19

Recommendations

5. Foster communications focused on behavioral health needs.

- Bidirectional, sending messages and listening to community concerns

6. Attend to the mental health of health care workers and responders.

- High risk of psychological distress in healthcare workers and other responders

Recommendations

7. Continue to build telehealth capacity.

- Improve practices from lessons learned related to rapid shifts in practices

8. Continue to foster training on aspects of disaster behavioral health.

- SAMHSA's Just in Time Training, and build from there

Recommendations

9. Maximize continuity and access to treatment for behavioral health populations.

- Caring for populations of individuals with BH needs as well as SUD needs requires continuity and specialized efforts

10. Continue efforts to expand and develop a robust crisis care system.

- 9-8-8 and disaster distress, re-routing from EDs has new significance when COVID-19 patients needed medical beds

Recommendations

Questions?

THANK YOU!!!

pinalsd@michigan.gov

dpinal@med.umich.edu

