Nebraska Disaster Behavioral Health: the first 72 hours

2008 BT Symposia Series
Behavioral Health Breakout Session
Disaster Behavioral Health

- Behavioral Health
  - Mental health
  - Substance abuse
- Anticipate and prepare to address the Psychological, Emotional & Social consequences of disaster/large emergencies
Disaster Behavioral Health

- Primarily directed toward assisting with common reactions to disaster
  - “Normal” responses to an abnormal situation
- Identify people experiencing social or psychological impairment
Phases of Disaster

- Pre-Disaster
  - Warning
  - Threat

- Impact
  - Honeymoon
    - Community Cohesion

- Heroic

- Disillusionment
  - Inventory
  - Trigger Events
  - Anniversary Reactions
  - Working Through Grief
    - Coming to Terms
  - Setback

- Reconstruction
  - A New Beginning

Emotional Lows

Up to One Year  After Anniversary

Nebraska Disaster Behavioral Health
Assumptions

- Most responses are local and unfunded, creating a heavy reliance on volunteers.
- Nebraska’s state plan for behavioral health provides an organizing structure to link activities across the state.
- The plan is available at: [www.disastermh.nebraska.edu](http://www.disastermh.nebraska.edu)
Nebraska’s model

- Local Response
  - Behavioral health workers respond at the local level

- Regional Coordination
  - All efforts should complement existing service systems

- Statewide Planning
  - University of Nebraska Public Policy Center is under contract to provide technical assistance and coordination on behalf of the state
Behavioral Health Emergency Response Team

- Discussion is underway about creating this resource for behavioral health.
## Disaster Behavioral Health Workforce

<table>
<thead>
<tr>
<th>Persons Served</th>
<th>ARC</th>
<th>CISM</th>
<th>FEMA</th>
<th>Local Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARC Workers Clients</td>
<td>First Responders</td>
<td>Survivors in the area</td>
<td>Everybody else</td>
<td></td>
</tr>
<tr>
<td>Workers Used</td>
<td>Lic MH Prof</td>
<td>MH Prof &amp; Peers</td>
<td>Trained Indigenous Workers</td>
<td>Locally Determined</td>
</tr>
<tr>
<td>Phase of Disaster</td>
<td>Response</td>
<td>Response</td>
<td>Recovery</td>
<td>Preparedness, Response, Recovery</td>
</tr>
</tbody>
</table>

For the local Preparedness, assume a Response capacity that operates for 72 hours before national resources arrive.

ARC means American Red Cross / CISM means Critical Incident Stress Management Program
FEMA means Federal Emergency Management Agency (Crisis Counseling Program)
ESAR-VHP

Emergency System for Advance Registration of Volunteer Health Professionals

Nebraska Disaster Behavioral Health
What is ESAR-VHP

- Electronic database of healthcare workers.
- System includes verifiable, up-to-date information regarding the volunteer’s identity, licensing, credentialing, accreditation, and privileging in hospitals or other medical facilities.
Behavioral Health Workforce

Most behavioral health professionals are in the East.
Behavioral Health Workforce

- Psychological First Aid
  - Can be done by anyone
  - Response or recovery tool

- Cognitive Behavioral Therapy
  - Evidence based treatment for distress related to disaster/trauma
  - Limited to clinicians during recovery
Behavioral Health – the first 72 hours

- Protect, Connect, Direct
  - Safety first; protect from harm associated with being exposed to disaster scenes
  - Connect people with natural supports
  - Direct people to resources that can help

- Assess
  - Identify emerging individual and community behavioral health needs
Regional Plan
– the first 72 hours

- Region 6 is contacted by Emergency Management, Public Health, or Red Cross
- Supervision and Accountability is determined by BH at the EOC
- Volunteers are activated through the MRC
- Data is collected to determine future/long term response
For more information

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