



The National Health Security Strategy: Integrating Behavioral Health and At-Risk Individuals in Effective Public Health Response

Integrated Training Summit, Session 41
May 4, 2011, 13:00 - 14:15

Presenters:

Daniel Dodgen, Ph.D.

Rachel Kaul, LCSW

CDR Harvey Ball

Darrin Donato

Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
Office of Policy and Planning
Division for At-Risk Individuals, Behavioral Health, and Community Resilience

Objectives

1. Explain the goals and objectives of the National Health Security Strategy (NHSS) as these pertain to at-risk individuals and mental and behavioral health.
2. Demonstrate knowledge of how the functional needs approach supports the goals and objectives of the National Health Security Strategy and how to use this approach for planning and responding to emergencies and disasters.
3. Describe how the NHSS integrates behavioral health approaches into public health emergency response to mitigate or prevent serious behavioral health adverse effects in disaster survivors and responders and ensure the provision of needed services.



ASPR OPP Division for At-Risk Individuals, Behavioral Health, & Community Resilience (ABC)

Mission: Provide subject matter expertise, education, and coordination to internal and external partners to promote community resilience and ensure that behavioral health issues and the needs of at-risk individuals are integrated in the public health and medical emergency preparedness, response, and recovery activities of the nation.

Key Responsibilities:

- Provide policy guidance to ASPR, ESF #8 partners, and external stakeholders.
- During response, provide expertise and technical assistance to the Emergency Management Group and stakeholders and facilitate coordination of ESF #8 partners to:
 - Address functional needs of at-risk individuals (including children),
 - Address behavioral health considerations of incident survivors and responders
 - Promote community resilience and facilitate transition to recovery

ASPR

OBJECTIVE #1: The NHSS

- Explain the goals and objectives of the National Health Security Strategy (NHSS) as these pertain to at-risk individuals and mental and behavioral health.

What is the NHSS?



- First quadrennial national strategy focused on protecting people's health in the case of a national incident with potentially negative health consequences
- Required by Pandemic and All Hazards Preparedness Act (PAHPA)
- National, not only federal, strategy—purpose is to galvanize national efforts. HHS ASPR is coordinating lead for development of NHSS
- Provides a vision and strategy so that everyone's efforts can be leveraged and coordinated to obtain same goals
- Aligns with (doesn't duplicate or replace) National Preparedness Policy, Quadrennial Homeland Security Review, HSPD-21, PAHPA, NRF, etc.



What is the NHSS (cont.)?

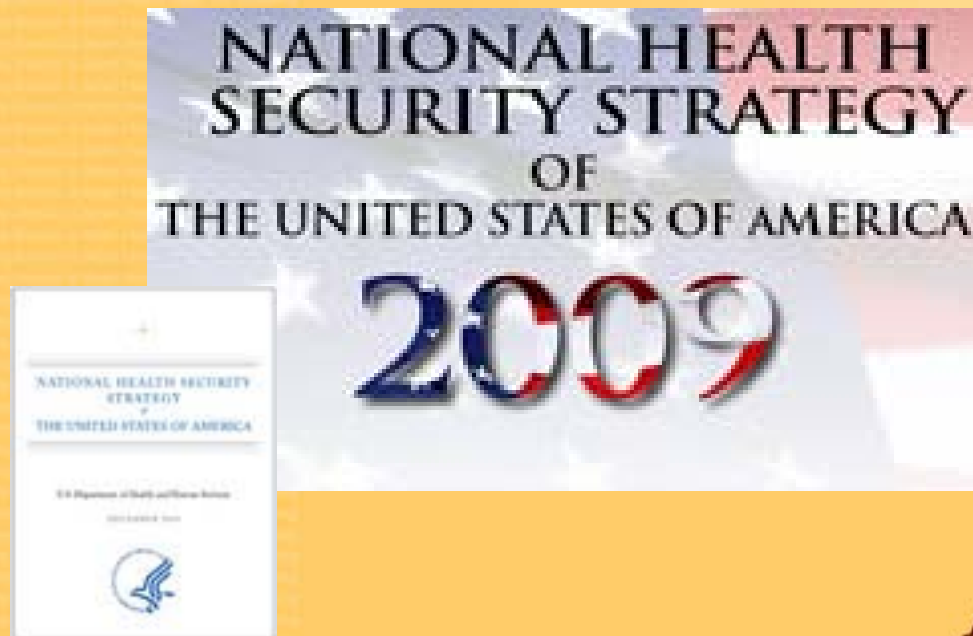


- National health security is a shared responsibility among virtually all segments of society and resilient communities
- Federal, State, community, and other resources and investments must be coordinated
- In addition to Federal, National, and State partners, a broad range of community stakeholders (e.g., individuals, NGOs, academia, employers) should be consulted for successful implementation

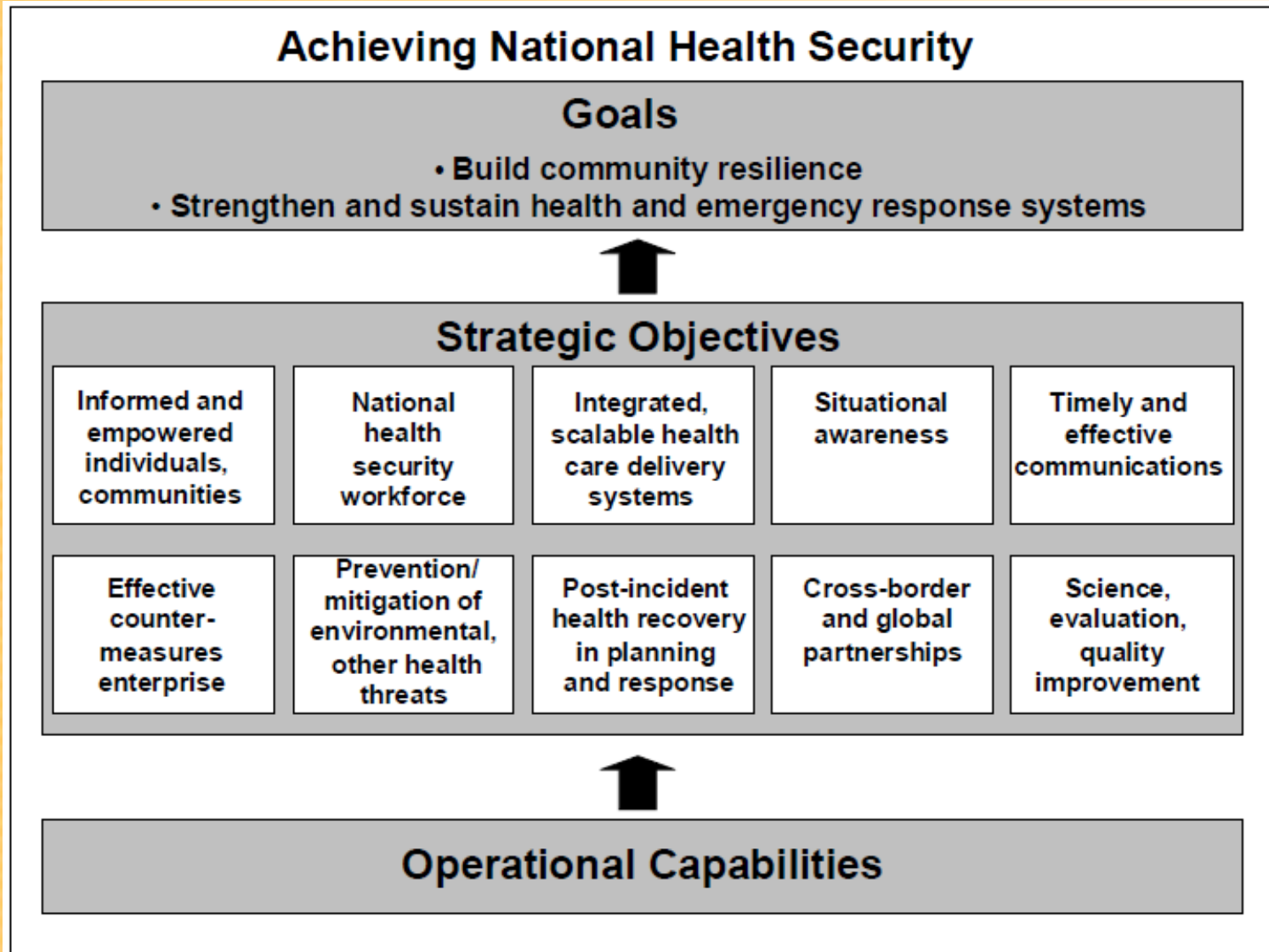
NHSS Definition of National Health Security

National health security is a state in which the Nation and its people are prepared for, protected from, and resilient in the face of health threats or incidents with potentially negative health consequences.

[NHSS: <http://www.phe.gov/preparedness/planning/authority/nhss/Pages/default.aspx>]



NHSS Goals, Strategic Objectives, and Capabilities



NHSS Goal: Build Community Resilience

- Limited empirical evidence on practical understanding of resilience, limited testing of resilience-building activities, existing definitions not specific to national health security.

Operational Definition of Community Resilience

Community resilience entails the ongoing and developing capacity of the community to account for its vulnerabilities and develop capabilities that aid that community in:

- 1) preventing, withstanding, and mitigating the stress of a health incident;
- 2) recovering in a way that restores the community to a state of self-sufficiency and at least the same level of health and social functioning after a health incident; and
- 3) using knowledge from a past response to strengthen the community's ability to withstand the next health incident.



At-risk, BH, and Community Resilience in the NHSS

- **Public education** to inform and prepare individuals and communities including information for and about **at-risk individuals and the psychological aspects of preparedness**
- Build, connect, and engage **local social networks** for preparedness, response, recovery, and **resilience**
- Integrated support from non-governmental organizations...including policies to develop **neighborhood resources for at-risk individuals**
- Risk communication ...including messages in appropriate languages and in alternative, **accessible formats with special attention to needs of at-risk individuals**
- Case management support or individual assistance...utilize **whole family approaches, including crisis counseling**... follow up regarding the physical and **behavioral health**
- Reconstitution of the public health, medical, and **behavioral health** infrastructure

ASPR

At-risk, BH, and Community Resilience in the NHSS (cont.)

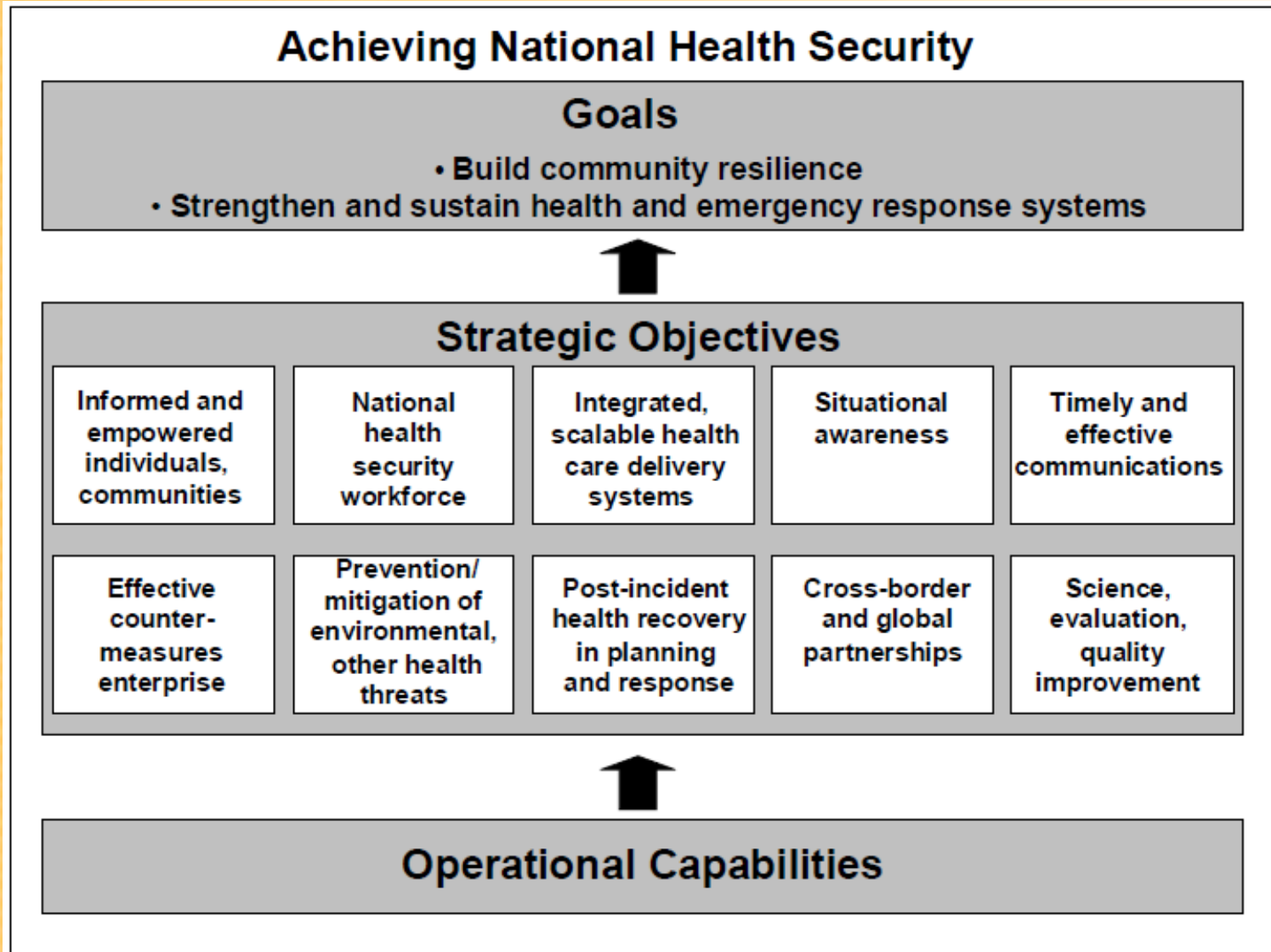
- Access to health care and social services—including **behavioral health**— for all community members, including **at-risk individuals/special medical needs patients**
- Evidence-based **prevention and treatment services**; **assess behavioral health needs** among incident victims and response workers, monitor physical and **behavioral health outcomes**
- Fatality management ... **support families** with factual information and compassion
- Develop “**bystander response**” until emergency responders arrive, (including the need for **psychological support addressing the needs of at-risk individuals**)
- **Recovery planning should address behavioral health services** for affected communities and responders
- Resilient communities have robust social networks and health systems that support recovery after adversity...including **social and psychological resources**

Implementing the NHSS

- Determining priority activities to occur in next two years in the NHSS Biennial Implementation Plan (BIP)
- Defining and developing measures for community resilience
- Developing capabilities to support Strategic Objectives
- Synthesizing existing information and accounting for relevant, current activities
- Successful implementation of a national strategy relies on governmental, NGO, and private partnerships



NHSS Goals, Strategic Objectives, and Capabilities



Design of Strategic Objectives in the NHSS BIP

- For each Strategic Objective, the NHSS BIP details:

- Outcomes
- Activities for each outcome
- Capabilities that are important
- Each activity has a lead entity, but all require multi-stakeholder partnership and collaboration



- Community Resilience is cross-cutting across all Objectives.
- Behavioral health and at-risk individual needs are also cross-cutting, but receive special attention in these Objectives:
 - 1. Informed and empowered individuals, communities**
 - 5. Timely and effective communications**
 - 8. Post-incident health recovery in planning and response**



Stakeholder Feedback: 2010 Roundtable Meeting

- ASPR ABC convened a *Roundtable on the National Health Security Strategy and At-Risk Individuals, Behavioral Health, and Community Resilience* on October 26 and 27, 2010
- Participants included Federal, National, Tribal, State, and local officials; experts in issues affecting at-risk individuals, behavioral health, and community resilience; and public health stakeholders and emergency planners
- Looked at Community Resilience and the NHSS as a whole, and offered specific insights into NHSS BIP Strategic Objectives:
 - 1. Informed and empowered individuals, communities**
 - 5. Timely and effective communications**
 - 8. Post-incident health recovery in planning and response**

Activity

What do you feel are important considerations in order to accomplish:

- **Creating informed and empowered individuals and communities**
- **Ensuring timely and effective communications**
- **Providing for post-incident health recovery in planning and response**

Particularly as these pertain to at-risk individuals and behavioral health

OBJECTIVE #2: NHSS and the Functional Needs Approach

- Demonstrate knowledge of how the functional needs approach supports the goals and objectives of the National Health Security Strategy and how to use this approach for planning and responding to emergencies and disasters.

At-Risk Individuals

At Risk Individuals - Mandated by PAPHA and other statutes to serve individuals who may need additional response assistance including:

- Persons with disabilities
- Children
- Seniors
- Pregnant women
- People who:
 - live in institutionalized settings;
 - are from diverse cultures;
 - have limited English proficiency or are non-English speaking;
 - are transportation disadvantaged;
 - have chronic medical disorders; and/or
 - have pharmacological dependency

Functional Needs (C-MIST)

Communication – Individuals who have limitations that interfere with the receipt of and response to information

Medical Care – Individuals who are not self-sufficient or have lost adequate support from caregivers and need assistance with managing medical conditions

Maintaining **I**ndependence – Individuals in need of support that enables them to be independent in daily activities

Supervision – Individuals who require the support of caregivers, family, or friends or have limited ability to cope in a new environment

Transportation – Individuals who cannot drive due to the presence of a disability or who do not have a vehicle

C-MIST and the NHSS

- Tool to be used by emergency planners to assess the supports required
 - Leads to development of a system to provide these supports for all individuals in response to an adverse event
 - Results in reducing stress on the emergency response, evacuation, shelter, and recovery efforts
- Build, connect, and engage local social networks for preparedness, response, recovery, and resilience, by taking routine support system and ensuring continuity of support by focusing on the C-MIST Framework
- Integrate support from non-governmental organizations...including policies to develop neighborhood resources for at-risk individuals, which must be done at the local level where they know their community best
- Risk communication ...including messages in appropriate languages and in alternative, accessible formats with attention to needs of at-risk individuals, including groups from diverse cultures and with limited English proficiency



Objective #3: NHSS and Behavioral Health

- Describe how the NHSS integrates behavioral health approaches into public health emergency response to mitigate or prevent serious behavioral health adverse effects in disaster survivors and responders and ensure the provision of needed services.

Disaster Behavioral Health

Disaster behavioral health is the provision of mental health, substance abuse, and stress management to disaster survivors and responders.

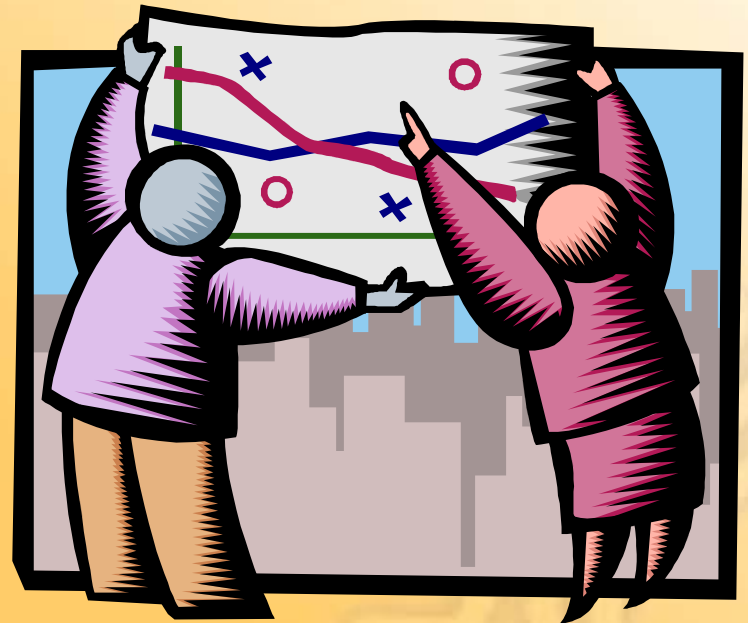
Behavioral Health Concerns of Survivors and Responders

Distress is common – symptoms and reactions include:

- Emotional – irritability, excessive sadness
- Cognitive – decision making, following directions
- Physical - headache, stomach pain, difficulty breathing.
- Behavioral – alcohol/drug use, interpersonal conflict, non-compliance with medication needs.

Disaster Behavioral Health Strategies

- Assure Basic Needs
- Psychological First Aid
- Needs Assessment
- Monitor the Recovery Environment
- Outreach/Information Dissemination
- Fostering Resiliency/Recovery
- Consultation/Technical Assistance
- Triage
- Treatment



The NHSS and Disaster Behavioral Health

The NHSS emphasizes approaches that form the basis of disaster behavioral health

- Prepare and link community resources
- Provide timely/accurate Information
- Emphasis on community organizing
- Identify/create sustainable resources





Stakeholder Feedback: 2010 Roundtable Meeting

- ASPR ABC convened a *Roundtable on the National Health Security Strategy and At-Risk Individuals, Behavioral Health, and Community Resilience* on October 26 and 27, 2010
- Participants included Federal, National, Tribal, State, and local officials; experts in issues affecting at-risk individuals, behavioral health, and community resilience; and public health stakeholders and emergency planners
- Looked at Community Resilience and the NHSS as a whole, and offered specific insights into NHSS BIP Strategic Objectives:
 - 1. Informed and empowered individuals, communities**
 - 5. Timely and effective communications**
 - 8. Post-incident health recovery in planning and response**

Feedback Themes: 2010 Roundtable Meeting

1. ***Involve all communities and constituencies***

- Endorsed goal of involving constituencies and communities as widely as possible in all aspects of planning for preparedness, response, and recovery
- Emphasized the need to embrace a broad definition of the varied communities that coexist in a given locality

2. ***Comprehensive planning***

- Planners must know what these communities need and how the communities can contribute to preparedness, response, and recovery
- Planners should identify community leaders (both individuals and organizations) who can agree to take on defined responsibilities and who can be relied on as conduits of information both to and from the community or communities they represent

Feedback Themes: 2010 Roundtable Meeting

3. *Build community resilience*

- Resilience is set of behaviors that people already demonstrate which can be strengthened in a systematic way through education
- The skills of resilience enable communities to function in ordinary times and to respond better to emergencies and disaster
- Resilience promotes self-reliance among individuals, families, and communities, allowing them to continue to function when external support from government and other sources is limited
- Building community resilience requires the involvement of local organizations and multiple public/private sectors

4. *Communicate effectively*

- Establish relationships with trusted intermediaries, especially to communicate with population groups/ethnic communities
- Messages must be accessible and adapted to communicate effectively with a variety of communities
- Messages must be consistent, open, timely, and bi-directional
- Modern technology presents an array of new modes of communication, is not a panacea.

Feedback Themes: 2010 Roundtable Meeting

5. *Plan for recovery*

- Longer-term recovery after a disaster has not received appropriate attention in emergency planning
- Recovery is difficult to define; it can be a long, open-ended process
- Recovery requires engagement and effort from all sectors of a community.
- Recovery is achieved when civic organizations and the business community, as well as individuals and families, have reached what they regard as acceptable functioning (i.e. “new normal”)

6. *Include behavioral health in all implementation plans*

- Behavioral health planning must address the needs triggered by the disaster itself (i.e. survivors, responders) and take into account people with pre-existing functional or behavioral health needs
- Planning must address the behavioral health role in promoting individual and community psychological equilibrium
- Actions aim to reduce the risk of developing behavioral health problems after a disaster, and related negative public health outcomes

NHSS Web page:

<http://www.phe.gov/Preparedness/planning/authority/nhss/Pages/default.aspx>

HHS ASPR Web site:

<http://www.phe.gov/>

HHS ASPR Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC) Web page:

<http://publichealthemergency.hhs.gov/preparedness/planning/abc/Pages/default.aspx>

Presenter Contact Info:

Daniel Dodgen, Ph.D. (daniel.dodgen@hhs.gov)

Rachel Kaul, LCSW (rachel.kaul@hhs.gov)

CDR Harvey Ball (harvey.ball@hhs.gov)

Darrin Donato (darrin.donato@hhs.gov)

General ABC Email: abc.info@hhs.gov Phone: 202-260-1229