Disaster Mental Health
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Disclosure

- We have nothing to declare related to potential conflicts of interest.
- Dr. Ellis, who is a long-standing member of the Crisis Intervention Conference planning committee, is an employee of Marshfield Clinic Health System, a sponsor of this conference, but receives no compensation from the Clinic for this event.
- Dr. Hutter, an employee of Edgewood College, receives no compensation from the College for this event.

Workshop Objectives

- To understand the range of different implications flooding has on people, communities, and the resources available.
- To review mental health challenges relating to the impacts of flooding.
- To improve the links between emergency planning with awareness of the mental health needs of affected people.
- To consider people’s mental health responses and the processes of recovery and the indirect associations that flooding can have.
A Personal Perspective
Will's 2019 Flood Experience

Monday, August 20, 2018

[Image]

[Image]
Evacuation

- No landline
- No "large" pets
Meanwhile, outside at 11:30pm
The Next Day

- Dazed and confused
- Awe
- A coming together
Time to Clean Up
Where to begin?

22

23

24
What I Learned

- About myself
- About my relationship
- About my community
- About the ‘systems’ at work
THANK YOU FOR HEARING MY STORY

PROJECT RECOVERY

Recovery is more than Rebuilding

- The Crisis Counseling Program (CCP) is a short-term disaster relief grant for states, U.S. territories, and federally recognized tribes. CCP grants are awarded after a presidential disaster declaration. CCP funding supports community-based outreach, counseling, and other mental health services to survivors of natural and human-caused disasters.
- The Federal Emergency Management Agency (FEMA) funds and implements the CCP as a supplemental assistance program to support mental health assistance and training activities in presidentially declared major disaster areas.
- Through an interagency agreement, the Emergency Mental Health and Traumatic Stress Services Branch of the SAMHSA Center for Mental Health Services (CMHS) works with FEMA to provide technical assistance, consultation, and training for state and local mental health personnel. CMHS also is responsible for CCP grant administration and program oversight.
Project Recovery is a community-based crisis counseling program. Crisis Counselors are trained using the SAMHSA model to do outreach to communities affected by the severe storms in August and September of 2018.

WHERE WE WORK

CRAWFORD, DANE, JUNEAU, LA CROSSE, MARQUETTE, MONROE, RICHLAND, SAUK, AND VERNON

WHAT WE DO

- Outreach
  - Attend Community Events
    - County fairs
    - Anniversary Events
    - City and County Board Meetings
    - Concerts in the Park
    - Renovation meetings
    - Resource events
  - Canvassing
    - Connect with community resources
    - A presence in the community builds trust
- Develop Relationships
  - Build trust in communities
  - Build trust with individuals
  - Listen and empathize
  - Advocate
  - Connect individuals to longer term resources
WHO WE'RE ENGAGING

• Survivors
• Local Officials
• Emergency Management
• Community Groups (e.g., LRGs)
• Special Populations (Amish, Undocumented Persons, Elderly)
• Farmers
• Schools/Children

YOUTH OUTREACH

• Puppet Shows
• Day Camps
• Letters to Nebraska
WE ARE TIME LIMITED!

Project Recovery is funded until November 14, 2019. However, our work will not be finished... As we are moving into the final stages of the program, we will be offering resources in the community to continue where we leave off.

Want to Learn More?
Stop by Project Recovery Exhibitor Table to talk with team members
Referrals for Long Term Recovery
- Survivors of 2018 Wisconsin flooding may need mental health crisis services
- Many survivors are still waiting for their housing, property and their lives to be restored
- Some may need crisis supportive counseling
  - Stress disorders, anxiety, depression, substance use, major mental illness, ongoing or worsened by the flooding event
- Project Recovery attempting to assess and refer to community mental health services

Challenges with Long Term Recovery
- Some survivors believe they do not need help despite problems with functioning
  - Stigma
  - Shame
  - Secrecy
  - Strong (self/community expectations)
  - Skills (still to be learned)
- Some counties have ongoing long-term recovery resources through faith-based, emergency government, community

How Can Crisis Units Help?
- Awareness
  - Was your county affected by 2018 flooding?
  - Do survivors of flooding qualify for services at your county mental health?
- Crisis responds to risk for suicide/violence or serious mental illness
- Trauma-informed assessments as indicated
- Facilitate prompt mental health and substance use services when indicated
- Refer special needs populations including children
“Warm Transfers”

- Remember and recognize impact of the flooding on mental health of survivors
- Work together towards warm transfer of care
  - Communicate with Project Recovery team serving your county (before funding cycle ends) to learn how to best offer crisis support in your community
- Set up an easily navigated referral system for survivors to use (ex: 211 or local crisis line)
- With survivors’ permission, consult with Project Recovery Team Members on challenging cases

Racine County
David Maack, Emergency Manager

Background
- 31 Years In EM, 29 With Racine County
- Never Intended To Get Into EM But It Is A Rewarding Career That Is Multi-Faceted
- 2012 Honored at the White House
Racine County EM

- 1 Person Office
- 5 Volunteer Deputy Coordinators
- Nationally recognized by the White House, DHS, FEMA and IAEM

RCEM Activities

- Planning
- Training
- Public Outreach
- Drills/Exercises
- Response

What Do I Do?

- Develop and update Emergency Plans
- Coordinate and conduct training classes
- Public Outreach and Education
- Develop, coordinate and conduct disaster drills and exercises
- Respond to emergencies and disasters, as needed
EM Overview

- Municipal EM Programs
- 72 Counties
- Six WEM Region Offices
- Wisconsin EM
- FEMA
- DHS

Disaster Response

- All disasters are local
- According to home rule, the chief elected official in a municipality is in charge of a response to a disaster.
- County & State agencies respond in support of the local elected official.

Racine County

Presidential Disaster Declarations:
- 6 Presidential Since 1990
- 2 SBA Declaration
- 3 Snowstorm Declaration
**Wholistic Approach to healing**

- **Spiritual:**
  - Interconnectedness to Creator and Creation,
    Dignity, Values

- **Emotional/Mental:**
  - Understanding & Awareness, Feelings, Emotion Trauma, Relationships, Struggle, Perspective, Empowerment

- **Physical:**
  - Felt Needs - Air, Water, Shelter

- **Intellectual:**
  - Knowledge & Information, Informed Decision Making

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**Burlington Flooding 2017**

- July 12-13, 2017, 7.95" of rain fell in the City of Burlington
- Fox River hit Historic High of 16.15'
- Damage Assessment: $1.8 million Public Sector Damage and Response
- Damage Assessment: Impact 211 - 800 Reports County-Wide
- Damage Assessment: 2 Destroyed, 42 Major, 236 Minor, 576 Affected
- Nestle Chocolate & Confection was without power for 4 1/2 days

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**Overview**

- Racine County Supported Local Efforts
- Mutual Aid Support Throughout SE WI
- VOAD Groups: Salvation Army, Red Cross, Lyme, Inc., Life Builders Church, Community Hope, Samaritan's Purse, Team Rubicon

Impact 211
HSD’s Role—Day 2 (Thursday)

- HSD sent out teams on Day 2.
- Team members were comprised of military, emergency responders, law enforcement, and red cross individuals.
- Purpose was to identify individuals who were medically fragile or in need of evacuating and arrange for potential evacuation.
- HSD employees had various backgrounds in adult protective services, nursing, and mental health crisis.
- Initial response was to search buildings for people who did not evacuate who needed to be identified and basic needs that were not being met arranged for such care. This included both basic medical needs such as medications, oxygen or insulin for some, as well as food and water.
- They also provided survivors with information so that they knew where to access services following the immediate crisis, such as: food, clothing, shelter, and disaster relief organizations.

HSD’s Role—Day 3 (Friday)

- Team went out to provide resources and identify needs of those in the community.
- HSD workers provided immediate crisis counseling.
- Some community members expressed grief or anger.
- Purpose—to talk to survivors, offer crisis services and assist them in connecting to services that would assist going forward.

Multi-agency Resource Center (MARC)

- A MARC was established by the Red Cross six days later.
- Multiple agencies, including HSD, provided information and resources.
- Some local churches offered spiritual support.
Aftercare

- Racine County arranged for ready access to food share and other services.
- Additional services were provided by crisis services, adult protective services and adult disability or resources.
- Long Term Recovery Committee was established.
- Case management continues to serve.
- Burlington Fund: Woman's Grant.

Potential Barriers/Challenges

- Budget cuts and reduced staffing.
- Depending on the size and the nature of the disaster, staff could be stretched thin.
- Staff and responders may be affected by the disaster and unable to respond or may be in need of services.
- Contracted services.
- Lack of Disaster Related Training ($$/Time).
- Loss of Institutional Knowledge.
- LTFRC: Lack of Funding.

Lessons Learned

- Immediately following a disaster, prepare to provide immediate crisis counseling and critical incident debriefings.
- For ongoing mental health services on a longer-term basis, the use of Racine County’s outpatient clinic should be recommended to assist consumers in dealing with the longer-term affects of having been a part of a natural disaster.
- Make sure you have a plan to provide services to staff and responders affected by the disaster.
- Create a FAQ sheet that Team Members can use to answer basic questions that may arise.
Context for Disasters

- **SMALL SCALE DISASTER**: An emergency situation that only affects a single space or building as opposed to a widespread situation affecting an entire community or group of buildings.
- **LARGE SCALE DISASTER**: An emergency situation that affects large geographic areas and have a major impact on people and infrastructure, most disasters in the world are small in scale.

Home Rule

- **Home Rule**
- **Dillon's Rule**

Dillon’s Rule narrowly defines the power of local governments. As long as there have been incidents, emergencies, and disasters, local responders and communities have been conducting aspects of emergency management. Events impact local emergency managers and their jurisdictions long before anyone else is involved. For large events, surrounding jurisdictions and sheriffs have played a major role in support. President Theodore Roosevelt entrusted the American Red Cross with coordinating relief efforts.

Understanding the Bigger Picture
THE RESCUE PHASE: May include things like a Red Cross shelter opening and school closings while the physical issues and safety issues are addressed by Emergency Management.

THE RELIEF PHASE: Relief usually begins the first week after a disaster, but can last much longer.

SHORT-TERM RECOVERY: Moving from meeting immediate needs to meeting intermediate needs. This may be from 1 to 6 weeks or longer.

LONG-TERM RECOVERY: The community working together to create a “new normal.” Usually includes “safe, sanitary, and secure housing for everyone.”

Humanitarian Aid/Services vs Human Services

Humanitarian aid is material and logistic assistance to people who need help. It is usually short-term help until the long-term help by government and other institutions replaces it.

Humanitarian aid can come from either local or international communities.

The funding and delivery of humanitarian aid is increasingly international, making it much faster, more responsive, and more effective in coping to major emergencies affecting large numbers of people.

The Department of Health Services supervises Wisconsin’s public mental health system. Wisconsin’s 72 counties are responsible for delivering services and providing for the well-being, treatment, and care of individuals living with mental health conditions. Private practice professionals licensed by the state also provide care and treatment to people living with mental health conditions.

All Human Services are may be areas of need in disaster.

Understanding the Bigger Picture
Who Provides Most of The Services in Each Phase for Mental Health

- Local Emergency Services
- Humanitarian Agencies: Red Cross, Salvation Army, etc.
- SAMHSA DTAC supports the SAMHSA Center for Mental Health Services in the provision of disaster behavioral health technical assistance grants, which are available to eligible states, territories, and federally recognized tribes, through the Federal Emergency Management Agency’s (FEMA) Crisis Counseling Assistance and Training Program.
- Also, SAMHSA DTAC staff members are knowledgeable about the experiences of states that have confronted certain types of disasters, and they can relay lessons learned and best practices that have grown out of these experiences.

Who’s Missing?

- Back to EOC layout
- Who is at the table, but not in the field?
- Who would you want at the table?
- What needs do you think might get missed? (What if this was you?)