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SEPTEMBER IS NATIONAL PREPAREDNESS MONTH



EMERGENCY PREPAREDNESS CMS RULE CHANGES

What your agency needs to know and resources we can provide

On September 8, 2016, the Centers for Medicare & Medicaid Services (CMS) finalized rules that will establish emergency preparedness requirements for Medicare and Medicaid participating providers and suppliers in order to be eligible for Medicare and Medicaid participation. These new rules will revise the Medicare and Medicaid conditions of participation (CoP) and conditions for coverage (CfC) for hospitals, critical access hospitals and 15 other provider and supplier types in order to protect public health and safety during emergencies, and establish a more coordinated response to natural and man-made disasters. The effective date will be November 16, 2016 and the implementation date will be November 16, 2017.

A summary of the major provisions (including: risk assessment / planning, policies and procedures, communications and training / exercising); categories of providers

and suppliers and the role of the Maine CDC's Healthcare Preparedness Program can be found here: <http://www.mainedisasterbehavioralhealth.com/>

If your organization would like to have a presentation on Disaster Planning for Behavioral Health Treatment Programs, or to organize a staff training/exercise for testing your written plans, please contact Kathleen Wescott, DBH Director, at Kathleen.wescott@maine.gov or by phone at 287-3796.



Disaster Planning for Behavioral Health Treatment Programs (Excerpts from SAMHSA TAP #34, 2013)

Behavioral Health agencies and programs need to plan not only for responding during emergencies, but also how to continue essential operations following a disaster or public health emergency. The program's overall disaster plan becomes part of its business continuity plan, or in developing a continuity of operations plan (COOP).

Behavioral Health Treatment Providers can develop COOP's to guide training for staff and volunteers in their roles and responsibilities using exercises and practice drills; and to share these plans with other community partners in emergency response and Regional Healthcare Coalitions. One comprehensive manual to help begin or enhance your continuity planning efforts is the (2013) SAMHSA Tap 34: *Disaster Planning for Behavioral Health Treatment Programs*. The full manual can be downloaded from: <http://store.samhsa.gov/shin/content/SMA13-4779/SMA13-4779.pdf>

This document provides an easy-to-follow checklist for written disaster plans that meets many of the behavioral health treatment program licensure requirements for the Joint Commission; CARF International; and to receive Medicaid reimbursements in programs offering mental and substance abuse disorder treatment programs. In addition, Federally Qualified Health Centers, rural health centers, and Veteran Centers are obliged, as extensions of the Federal Government, to conduct disaster planning.

A useful Maine CDC resource on the SAMHSA Tap 34 and the latest Maine CDC Hazard Vulnerability Analysis can be good resources for Behavioral Health Treatment Agencies and Programs in their emergency planning.

- SAMHSA Tap 34: Disaster Planning for Behavioral Health Treatment Programs. [Download the full manual.](#)
- The latest Maine CDC Hazard Vulnerability Analysis. [Download the full report.](#)

NEWS, UPDATES and RESOURCES

Parental Grief: After The Death of a Child

Kathleen Wescott, Director, Maine Disaster Behavioral Health

Recently, I participated in a full scale exercise in Madawaska in an “active shooter” scenario at the local middle/high school. We plan and participate in these active shooter exercises in a somewhat abstract way which can be very difficult in managing our own emotional and psychological responses. As a DBH Responder, helping parents and family members through this ongoing process can be one of the greatest challenges due to the pain experienced by parents is intense and complex.

A role that Disaster Behavioral Health practices in training and in coordination with school and healthcare systems is to set up a *Family Reception Center* for arriving parents and family members to be reunified with their children. In this environment of uncertainty, worry, and need for information, Family Reception Centers offer a centralized location for providing updates and information to family members as information becomes available. Additionally, during most mass fatality situations, the Family Reception/Assistance Center may also be a central location for collecting information that will be pertinent to the medical examiner in facilitating the identification of the victims.

“The parents of victims of intended violence face many unique struggles in their process of bereavement. Many grieving parents question whether life will hold any meaning for them and wonder how they will survive the pain of their loss. No longer able to feel safe in an unsafe world, parents and families must redefine their environment in order to survive in their daily lives. (Murphy, Johnson, Lohan & Tapper, 2002) The sense of loss of control is common in survivor families—a feeling of being unable to protect their children. Responders who work with these traumatized families need to incorporate the family’s cultural and spiritual beliefs, attitudes to life, general physical health and availability of support systems; issues reflected in the principles of psychological first aid.” Source: AAMFT Clinical Update July 2016

Discord can occur between family members due to a lack of understanding about each person's ways of expressing grief. Blaming can occur and the words that are said to each other in anger and grief can have a lifelong impact. The Family Reception Center environment must allow family members to openly express their grief without verbally attacking others. Spiritual and/or religious beliefs, personal emotional expression styles, gender and cultural backgrounds can influence how a person reacts to loss. It will be important for helpers to ascertain whether family members have gender-specific ideas about expression of grief to help identify and decrease unhealthy assumptions and misconceptions.

The death of a child, no matter the age, has a deep and profound influence on parents and families. Children bring a different energy and vitality into a household. They help to maintain a sense of innocence in an oft-time cynical world. They are the living future for their parents. DBHRT members need to be prepared to help parents, family members, and communities move through their grief and loss using psychological first aid actions in a respectful and culturally appropriate way; while recognizing the expected impact on the helper themselves and their own family life.

In general, the primary goals of a Family Reception/Assistance Center are to:

- Provide a private and secure place for families to gather, receive information about the response and their loved ones, community resources and to process grief and loss.
- Address family's informational, psychological, spiritual, medical, and logistical needs.
- Provide supportive services and psychological interventions for impacted staff.
- Facilitate information exchange between the Medical Examiner Office and families so that the ME Office can obtain information needed to assist in identifying the victims.
- Protect families from the media and curiosity seekers.



Family Readiness Kit

September is National Preparedness month and the arrival of the newly revised American Association of Pediatrics [***Family Readiness Kit***](#) is timely for organizations and healthcare professionals to promote to families throughout their communities to

encourage disaster preparedness. Since the conception of the original kit, many families are much more connected to electronic devices and the internet. In Addition many organizations have created useful on line resources for disaster preparedness, some in real time. The intent of the revision was to create a more concise document including hyperlinks to organizations and information that may be helpful to families preparing for any disaster in their communities. Families can also tailor information in their disaster kit to their location and specific/unique needs. With the update an electronic version, while encouraged to keep have a hard copy as well, it may be easier as families change or relocate. [Family Readiness Kit](#)



PTSD and cognitive decline linked in 9/11 responders

A recent study investigates the long-term effects of trauma on the cognitive performance of responders to the World Trade Center on 9/11. During the events, many first responders experienced a range of traumas. Around 20 percent of these responders subsequently developed PTSD, according to the study, published in *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*. [Read more.](#)



UPCOMING EVENTS & TRAININGS

[Applying Research on Trauma and Resilience to the Realities of Work in Behavioral Health and Disaster Response](#) (Maine Disaster Behavioral Health Retreat Training)

October 28, 2016

Maine Principals Association, Augusta, Maine

Learn how to use foundational trauma-informed strategies to address the impact of trauma, bolster self-efficacy, and build resilience. Special consideration will also be paid to spiritual care, gender, culture, and their importance within a trauma-informed framework. Visit the [event website](#).

[Division of Disease Control Annual Infectious Disease Conference](#)

November 16, 2016

Augusta Civic Center, Augusta, Maine

This year's conferences continue this tradition, and will offer engaging plenary sessions with breakout sessions highlighting emerging and existing issues, particularly as they impact the Maine medical community. Visit the [event website](#).

[Disaster Behavioral Health: A Critical Response – Building Maine's Capacity to Respond](#)

November 29-30, 2016 (Tues-Wed)

Hampton Inn by Hilton, Saco

A training curriculum for behavioral health, spiritual care, and substance abuse professionals as well as disaster responders and natural community helpers. Visit the [event website](#).

Join Us

The [October 28th Maine Disaster Behavioral Health Retreat Training](#) will focus on Trauma, Resilience and Spiritual Care. Lori Whittemore will start the training with an engaging session on Spiritual First Aid. Alyssa Benedict will be with us to share cutting-edge information on the neuro-physiology of trauma and resilience to maximize your effectiveness working with people impacted by traumatic events. This training will also introduce brief intervention strategies for addressing the impacts of trauma and improving outcomes. This highly interactive training will include case examples, video demonstrations of intervention strategies, and short experiential activities. Register today. Visit the [event website](#).



Alyssa Benedict

Founder and executive director of CORE Associates, Alyssa provides training and technical assistance in the assessment, development, implementation, and evaluation of gender-specific and trauma-informed services/interventions. She has worked with states and organizations to build awareness and competency on implementation of gender responsive and trauma-informed practices in child welfare, behavioral health, mental health and addiction services, and juvenile and adult corrections. She completed advanced training in the neurobiology of trauma and resilience, and has developed resources designed to assist organizations to provide best practice services to youth and adults. She is a federal partner with the National Resource Center for Justice Involved Women and has been a consultant for the Office of Juvenile Justice and Delinquency Prevention and the National Institute of Corrections. Alyssa is nationally recognized as an expert in trauma-informed care.



Rev. Lori Whittemore, M. Div. BCCC

Lori Hamilton Whittemore, M Div BCC, as Spiritual Care Lead for the Maine Region of the American Red Cross, has been providing interfaith training on trauma responses through their Integrated Condolence and Notification Team that pairs disaster behavioral health and spiritual care responders with law enforcement after a fatality. Lori has worked as a Hospice Chaplain working in both the Gosnell Memorial Hospice House and in the Home Program, and then she created a clinical chaplain training program for spiritual care workers serving in alternative settings, such as prisons, street ministry, and cancer community centers. As a Chaplain, Lori was engaged in the “Katrina Rebuild Recovery Team” during different deployments from 2006 until 2008 to assist community members and faith communities recover from that devastating hurricane; and has been a Spiritual Care Responder in Maine during the Yarmouth Explosion and Portland and Norway fires.

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