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Maine Behavioral Health Provider Disaster Preparedness Survey Summary Results, July 2017

A survey of providers, including organizations such as mental and behavioral health, crisis services, hospitals, substance abuse providers and community support programs, was distributed by Maine DHHS/ Center for Disease Control and Prevention Disaster Behavioral Health program to determine the state of readiness of the social services networks. The results of the 2017 survey provide a snapshot of the state of community emergency preparedness. Some agencies did not respond to all survey questions, so we have identified the number of providers who responded to specific questions. We compared the results to a similar survey conducted in 2013, and identified objectives to help increase statewide capabilities to plan and train collaboratively within the Hospital Preparedness Program (HPP) and Public Health Emergencies Program (PHEP).

HPP-PHEP Domain Information Management (Provider Profile)

Sixty-One (61) respondents completed the survey. Of the agencies responding:

- 49% identified themselves as mental health agencies, and 15% were substance abuse agencies
- 10% of the agencies identified as homeless shelter or services, and 27% provided crisis services
- 51% of agencies offered behavioral health services, 33% offered mental health assessment, 46% offered supported housing and supported living services, 23% offered stress management, and 57% offered case management services. More than 71 different services were offered, including disability services, co-occurring treatment, refugee services and suicide prevention
- The most common method of service provision was through outpatient services at 83%, community-based services at 72% and in-home services at 65%

Providers from across the state responded to the survey:

- 31% of agencies were in Kennebec County, 28% in Penobscot County, 26% in Cumberland County and 23% in Androscoggin County

Providers served clients in all of Maine's 16 counties:

- 48% served clients in Kennebec County
- 43% served clients in Androscoggin County
- 38% served clients in Cumberland and Penobscot counties
- 34% served clients in Franklin and Oxford counties
- 28% served clients in Waldo and York counties

HPP-PHEP Domain Community Preparedness (Behavioral Health Preparedness)

Of the 61 respondents, 46 providers identified their emergency operations planning efforts:

- 61% of these providers responded that they have a disaster response plan, 26% did not identify a disaster response plan, and 13% of the providers were uncertain about plans
- 14 providers identified their County Emergency Management Agency within their plans with 29% in Kennebec and Androscoggin counties, and 22% in Somerset, Cumberland and Franklin counties respectively

- 54% of the providers conduct exercises or drills using their disaster response plan; and 46% do not conduct exercises

HPP-PHEP Domain Community Resilience (Disaster Response Strategies)

46 Organizations out of the 61 respondents indicated other details in relation to their level of disaster response planning:

- 41% of these providers had some type of strategy for assuring ongoing treatment for mental health or substance abuse clients in the event of a disaster.
- 17% of these providers indicated having no strategy for assuring ongoing treatment in the event of a disaster.

31 providers out of the 61 respondents indicated that they have a disaster response plan:

- 45% of these providers indicate having a partial disaster response plan
- 39% indicated having a complete and approved plan
- 13% indicated that these providers have trained and exercised their plan

For the 46 providers who responded to these survey questions:

- 37% of these providers plan for the mental health needs of their staff, while 50% do not have plans for staff, e.g. debriefings, support literature/meetings
- 54% of these providers have disaster response plans that identify essential staff positions that would need to report to duty in the event of a disaster
- 65% of these providers have disaster response plans in which staff members who would need to report to duty in the event of a disaster are aware of the designation

Staff training in disaster preparedness was noted in 46 agencies:

- 41% of these providers conduct periodic orientation and training for staff on disaster response
- 42% of these providers conduct cross-training for essential personnel
- 48% of these providers conduct periodic training for staff who have responsibilities to respond in an emergency

Communication with staff in disaster situations was noted in 46 agencies:

- 67% of these providers maintain a current contact list of skilled staff
- 57% of these providers have a current personnel roster available in emergencies
- 60% of these providers have a backup notification plan

HPP-PHEP Domain Community Resilience (Community Connections)

45 Providers identified connections with the broader community and other providers for disaster response:

- 42% of these providers maintain any Memoranda of Understand with other support agencies
- 11% of these providers have an agreement with their County Emergency Management Agency (EMA), 72% of these providers do not have an agreement with their EMA
- 25% of these providers have an individual who is a designated representative to the county Emergency Operations Center (EOC) and attended the Disaster Behavioral Health training, and 44% of providers do not have a designated representative for county EOC
- Only 17 providers indicated that their designated representative is a registered member of the state Disaster Behavioral Health Response Team

HPP-PHEP Domain Surge Management (Disaster Planning for Clients)

34 out of 61 Providers acknowledged responsibility for different populations following a disaster:

- 85% of these providers include clients and 47% include client families
- 76% of these providers include staff and 32% include staff families

- 23% of these providers include the local community and 15% include the public or others

While less than half of all providers have indicated responsibility for different populations (clients, client families, staff, staff families, local community and public/others) following a disaster, 57% of the agencies have the capability to assess their needs following a disaster.

Agency response capabilities following a disaster was noted in 46 providers:

- 30% of these providers have a formal plan for contacting high-risk clients or groups after a disaster, and 16% of these providers have an informal plan; and 54% of these providers indicated no formal plan for contacting high-risk clients.
- 25% of these providers have a plan for expanding response capability after a disaster
- 61% of these providers maintains a list of access information (phone, computer, text, etc.) for support services following a disaster

Comparison of 2013 and 2017 Behavioral Health Response Survey Results

| Provider Responses | 2013 Survey | 2017 Survey | Percentage change |
|----------------------------------|--------------------|--------------------|--------------------------|
| Preparedness Plans | | | |
| <i>Response Plans</i> | 49% | 61% | 24% |
| <i>Conduct exercises</i> | 53% | 54% | 2% |
| Response Strategies | | | |
| <i>Ongoing Treatment</i> | 36% | 41% | 14% |
| <i>Partial Plans</i> | 26% | 45% | 73% |
| <i>Complete/Approved Plan</i> | 21% | 39% | 86% |
| <i>MH Needs of Staff</i> | 27% | 37% | 37% |
| <i>Essential State ID</i> | 41% | 54% | 32% |
| <i>Staff Aware of Role</i> | 37% | 65% | 76% |
| <i>Periodic Training</i> | 26% | 41% | 58% |
| <i>Cross Training</i> | 32% | 42% | 31% |
| <i>Responsible Staff Trained</i> | 22% | 48% | 118% |
| <i>Current Contact List</i> | 51% | 67% | 31% |
| <i>Roster available</i> | 39% | 57% | 46% |
| <i>Backup Notification</i> | 28% | 60% | 114% |
| Community Connects | | | |
| <i>MOU's</i> | 45% | 42% | -7% |
| <i>EMA Agreements</i> | 9% | 11% | 22% |
| <i>EOC- DBH trained</i> | 9% | 25% | 178% |
| <i>DBHRT members</i> | 5% | 12% | 140% |
| Specific Populations | | | |
| <i>Clients</i> | 49% | 85% | 73% |
| <i>Client Families</i> | 17% | 47% | 176% |
| <i>Staff</i> | 39% | 76% | 95% |
| <i>Staff Families</i> | 9% | 32% | 256% |
| <i>Local Community</i> | 12% | 23% | 92% |

| | | | |
|--|-----|-----|------------|
| Ability to Assess Needs | 41% | 57% | 39% |
| <i>High Risk Clients</i> | 20% | 30% | 50% |
| <i>Expand Capabilities</i> | 13% | 25% | 92% |
| <i>Access Information Lists</i> | 37% | 61% | 95% |
| Info DBH Meetings & Trainings | --- | 91% | |

Conclusions:

The number of providers that completed the survey decreased by 21 agency respondents, with a lower percentage in the southern counties. This may be due to active and ongoing healthcare consolidations of behavioral health providers into Maine Behavioral Health; and the award of a single-source State contract for the 24/7 Crisis Line to Opportunity Alliance in 2016. Some previously State- contracted crisis agencies have committed to continue crisis services to their clients and communities. There has been a shift in the behavioral health homes where client services were being provided on-site at agencies and now are being provided through in-home services. Behavioral Health Home services are being coordinated through primary health care and this may account for an increase to 65% of in-home services in 2017 compared to the 2013 on-site services of 46%.

In 2013, crisis agencies were being provided additional grant funding to develop their emergency operations plans and to include County EMA’s in their planning processes. The number of providers who identified the County Emergency Management Agency with which they affiliate decreased by 36% in 2017, and the number of the behavioral health providers who conduct exercises or drills using their disaster response plans rose only 2% in 2017. It is important that behavioral health providers share copies of their continuity of operations plans and facilitate information sharing, e.g. generator needs, communications, that will assist in prioritizing County and State resource requests during an emergency.

Agency response capabilities following a disaster had the highest percentage changes in the 2017 survey. Behavioral health providers have improved their ability to contact and continue services to their high-risk clients and client’s family members to ensure continuity of care and to prevent medical surges into hospital emergency departments. Providers also focused more on responder health and safety to ensure that behavioral health staff and their family members are prepared to respond and recover from a disaster or public health emergency.

Of the 61 behavioral health providers who responded to the 2017 survey, 91% requested ongoing training, technical support and expressed interest in conducting exercises and drills in their impacted regions. It will be important to have County Emergency Management Agencies, healthcare coalitions, Maine Emergency Management Agency, and Maine CDC’s Disaster Behavioral Health Program coordinate information and opportunities to support the providers’ planning efforts and training needs.