

## **ALL HAZARDS RESPONSE PLANNING FOR STATE SUBSTANCE ABUSE SERVICE SYSTEMS**

The Substance Abuse and Mental Health Services Administration is providing assistance to states for planning effective, rapid, and appropriate response to all hazards, regardless of the type or level of the disaster. All states face unique challenges in planning to protect their citizens and respond to disasters that may happen. While there are core elements to any response, there will also be unique circumstances in each state and community that officials will consider in developing their plans. The following are suggestions for states to consider in planning for a disaster response with the substance abuse services field.

### **SCOPE OF PLANNING**

Rapid and effective disaster response by state and local officials and providers of substance abuse services can best be accomplished if there has been active planning by the state, the community and even the neighborhood in which a program operates. All plans will contain many of the same basic elements. The plans will be both within and across systems and will overlap one another; however, the partners and collaborations may differ. Three plans are needed to assure preparedness:

1. Substance abuse services must be planned for within the state emergency response plan. Communication links, sharing of information, inter-agency collaboration and cross training are all appropriate for a state plan.
2. The Single State Authority (SSA) for substance abuse services should work with local officials, providers and other appropriate partners to plan for necessary response activities within the state substance abuse system.

Partnerships must be developed pre-event. Key players should be identified and included in the planning process. Existing organizations such as substance abuse, mental health and health care providers, schools, faith-based institutions, the Red Cross, and advocacy groups are all potential partners in planning and responding to crises. Establishing a substance abuse advisory group composed of all stakeholders can assure multi-disciplinary advice and “buy-in” for a plan.

3. Each provider needs a plan for crisis response that addresses both staff and patient needs.

There are excellent sources to refer to in drafting substance abuse disaster response plans. The Mental Health All-Hazards Disaster Planning Guidance published by the Center for Mental Health Services, and available from the Substance Abuse and Mental Health Services Administration (SAMHSA), is one. The guidance includes information about resources and includes a checklist of

important plan elements. The following are suggestions and considerations for the content of, and procedure for, substance abuse systems planning.

## **SUGGESTED ELEMENTS TO BE INCLUDED IN A SUBSTANCE ABUSE SYSTEM PLAN**

- Definition of Terms
- Levels and types of disasters
- Time frames for response: immediate, first weeks, then following months
- Ongoing substance abuse state needs assessment/epidemiology
- Client service trends
- Resources
- Basic needs of staff and patients such as food and shelter
- Evacuation
- Transportation
- Maintenance of medication
- Condition of equipment
- Communication with staff, patients, other agencies, and the public
- Emergency requests for services
- Training
- Authorities and responsibilities of personnel in substance abuse agencies
- Maintenance of records
- Reporting
- Evaluation

## **THE PLANNING PROCESS**

Single State Authorities (SSAs) already have procedures for planning for their systems. It may be helpful to make all-hazards planning a component of the existing process. However it is done, suggestions for the process include:

- Identifying substance abuse treatment organizations and other agencies to partner with
- Organizing a substance abuse treatment services planning group with the partners
- Identifying the responsibilities and roles of each partner
- Learning best practices through research and SAMHSA/CSAT TIPS
- Deciding on a planning process
- Agreeing on assumptions, scenarios, operations, and reporting
- Circulating draft plans widely for comment
- Negotiating Memoranda of Understanding as needed to assure coordination with other key partners
- Establishing a process for periodic review and modification.

## **TRAINING SUBSTANCE ABUSE ADMINISTRATORS AND STAFF**

Training is extremely important for substance abuse treatment administrators and counseling staff, and is necessary for all stakeholders to become familiar with the plan and how to implement it. The demands of an emergency will make it harder for staff to take time for training after an event has occurred. Therefore, training should be built into routine staff development programs and take place prior to a disaster. Ongoing training about confidentiality, for example, can help staff in daily work and also prepare them for making correct judgments about client information in the midst of a crisis.

Training related to substance use should take place both within and across systems, should address cultural and language differences and should address the scenarios and types of disasters anticipated in the state all-hazards response plan. Suggested topics for training are:

- Confidentiality
- Bio-terrorism, chemical or explosive attack, natural disaster
- Dysfunctional coping
- Trauma/PTSD
- Stress management
- Self-assessment for responders
- Screening assessment and referral across systems

## **ADMINISTRATIVE ISSUES**

A substance abuse treatment system disaster response plan should contain organizational charts and descriptions of responsibilities, authorities, and supervision for activities involved in the response. Questions to consider are:

- What measures are needed to assure substance abuse responders consider their own welfare and that of their staff?
- What other personnel issues may arise?
- How can qualifications and/or licensing of substance abuse volunteers be determined?
- Is there a state, local or organizational command center that should be part of the plan?
- Is a process in place to address substance abuse treatment system regulatory requirements or necessary waivers if they are needed?
- Does the plan address record keeping, including substance abuse system program activities, expenditures and obligations, human resource utilization, medications, and volunteer services management?
- Are procedures in place to quickly access resources that may be available by and for substance abuse services and to process contracts that may be needed?

- Are there forms and guidelines for reporting and evaluation?
- What other legal issues need to be considered, such as federal and state licensing laws, informed consent and confidentiality, and liability?

## **COMMUNICATION ISSUES**

Communications will be vital to an effective emergency response. Issues to consider in the substance abuse planning are:

- What lines of communication are needed to connect the substance abuse system to other responders, and how can support for making those connections be garnered at the highest possible level?
- What type of partnering should be established with first responder's professional organizations or labor unions?
- Is there a complete understanding of the state substance abuse services culture/organization?
- Is there a back-up system if regular means of communications are disabled?
- Who is authorized to speak to whom?
- What information may be given, and to whom?
- Who is authorized to act as a liaison to other agencies and programs?
- How will information be disseminated to substance abuse treatment clients?
- Can the communication plan accommodate special needs, such as the hearing impaired?

## **PUBLIC EDUCATION ABOUT DISASTER AND SUBSTANCE ABUSE**

Public education and outreach to persons affected by a disaster should begin immediately and continue over a long period of time. Updated information on emergency substance abuse services/resources can assist the affected population to access these services quickly in an emergency. The public education materials and activities should be developed before any disaster occurs. There is a wealth of material available that can be used with very little modification. Some suggestions for implementation of this phase of disaster response are:

- The state emergency response authority and substance abuse Single State Authority (SSA) should assure that there is an understanding about the responsibility of the SSA to provide a public health response to the substance abuse impact of a disaster
- A relationship with the public information center for the state emergency office should be developed before any disaster occurs
- Outreach in the form of public education on substance abuse issues should be multi-media
- Substance abuse experts should be used as necessary

- SSAs should collect, develop and disseminate information about trauma, substance abuse and resources for help
- As most states have used a Hotline to promote access to substance abuse services, this resource should be considered
- Organizing an advisory group of media experts to provide expertise and encourage contributions of additional resources can be invaluable
- Substance abuse and mental health providers can be of great help in disseminating information
- Information about trauma and substance abuse can be provided in ways that avoid the stigma associated with substance abuse. The general public may, for example, respond more readily to a message about stress management that includes information about substance use as a reaction to trauma
- Good professional looking literature is important for effectiveness

## **POPULATIONS WITH SPECIAL NEEDS**

Many persons other than those at the site of a disaster are affected by it; however, the substance abuse system will have particular demands placed upon it by some special populations. Those to consider in developing the plan are:

- First Responders working directly with the disaster and its after-effects
- Patients who need methadone or other medications and are unable to reach their programs, giving rise to possible medical emergencies
- Children in school and community based prevention programs needing treatment for selves or families
- Current substance abuse clients who need more intensive services
- Persons in recovery who fear a relapse
- Patients in hospital detoxification programs or clients in residential and out patient substance abuse treatment programs
- Persons with special needs, such as the deaf, blind, elderly, or those with a co-occurring mental illness
- Persons using substances to “self medicate” due to stress caused by a disaster
- Persons who are substance users but are not known to the treatment provider community.

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