NJ Division of Mental Health and Addiction Services

QUARTERLY PROVIDER MEETING

MARCH 6, 2020

Division of Mental Health & Addiction Services
wellness*recovery*prevention

State of New Jersey
DHS
Department of
Human
Services

NJ FamilyCare
Peer Recovery Services
for Substance Use Disorder

NJ Division of Medical Assistance and Health Services in Partnership with the NJ Division of Mental Health and Addiction Services

Medicaid Authority

The New Jersey 1115 Substance Use Disorder (SUD) Waiver included peer recovery services to be implemented under State Plan Amendment.

Waiver goals for peer services are to:

- support NJ FamilyCare beneficiaries throughout the continuum of care;

- improve transitions between levels of care;

- implement strategies to address opioid use disorder; and,

- reduce opioid related deaths.

Implementation

- NJ FamilyCare Providers of outpatient levels of care prescribed by an independent clinic (drug/alcohol) can be reimbursed for peer recovery services effective July 1, 2019.

- Consistent with all services billed under NJ FamilyCare, states utilizing peer recovery services must comply with all Federal Medicaid regulations and policy.

Certified Peer Recovery Specialist Definition

- Certified peer recovery specialists are individuals with lived experience who have been successful in the recovery process who can support others experiencing similar situations.

- Peers provide non-clinical, strength-based assistance to support long-term recovery from substance use disorders.

- Through shared understanding, respect, and mutual empowerment, certified peer recovery specialists help individuals to initiate and stay engaged in the recovery process and reduce the likelihood of a return to substance use.

Lived experience is defined as having knowledge of substance use disorders or mental illness gained through direct, personal experience with success in their own recovery process.

NJ FAMILYCARE
Affordable health coverage. Quality care.

Certified Peer Recovery Specialist Functions

Certified peer recovery specialists function in a wide range of activities that include but are not limited to:

- being a positive role model;

- sharing experiential knowledge, hope, and skills;

- empathizing and self-disclosing past substance misuse history;

- sharing resources to build community and relationships;

- leading non-clinical recovery workshops;

- mentoring and assisting the individual with problem solving, goal setting, and skill building;

- advocating for people in recovery;

Certified Peer Recovery Specialist Functions *(continued)*

- reinforcing, guiding, and ensuring that recovery is possible and is built on multiple strengths, coping abilities, and the resources of the individual;

- engaging the peer's interest in treatment services, recovery programs, and community resources;

- reaching out to family, friends, treatment teams, or other key stakeholders; and,

- providing and supporting linkages to specialty services.

NJ Required Training and Certification

- For NJ FamilyCare reimbursement, certified peer recovery specialists shall have the required training and certification by July 1, 2020, and be employed by a NJ FamilyCare provider agency.

  - Certification as a Certified Peer Recovery Specialist (CPRS) by the Addiction Professionals Certification Board, Inc. or,

  - Certification as a National Certified Peer Recovery Support Specialist (NCPRSS) by the National Association for Addictions Professionals (NADACC).

Some New Jersey state funded initiatives require the Division of Mental Health and Addiction Services sponsored trainings.

Certified Peer Recovery Specialist - CPRS

Requirements for the Addiction Professionals Certification Board, Inc.

- High school diploma or GED

- 500 hours of peer recovery or volunteer work

- 46 hours of pre-approved recovery focused training in the core areas of advocacy, mentoring and education, ethical responsibility, and recovery/wellness support

- 500 work hours in a pre-approved facility within the past 2 years

- Completion of pre-approved 25 hours supervised practicum

- IC&RC exam passing score

National Certified Peer Recovery Support Specialist - NCPRSS

Requirements for NAADAC, The Association for Addiction Professionals

- High school diploma or GED

- 60 contact hours of peer recovery-focused education or training

- 200 hours of full-time direct practice experience (volunteer or paid)

- NCPRSS examination passing score

- Two years' recovery (self-attestation)

Continuing Education

CPRS

- Re-certification is required every 2 years

- 20 hours in any of the four domains of peer recovery: advocacy, ethic responsibility, mentoring and education, recovery/wellness support

- https://certbd.org/product/certified-peer-recovery-specialist/

NCPRSS

- 20 hours of continuing education every 2 years, including 6 hours of ethics

- Submission of a signed statement that the candidate has read and adheres to the NAADAC/NCCAP Peer Recovery Support Specialist Code of Ethics

- Provide work history for the two years prior to renewal

- Self-attestation of ongoing recovery from substance use/co-occurring mental health disorders

- https://www.naadac.org/ncprss

Peer Supervision

NJ FamilyCare covered peer services, require supervision be provided by a licensed, competent behavioral health professional that includes a:

- Licensed Clinical Alcohol and Drug Counselor (LCADC), or

- Licensed Professional Counselor (LPC), or

- Licensed Clinical Social Worker (LCSW), or

- Licensed Marriage and Family Therapist (LMFT), or

- Licensed Psychologist, or

- Advanced Practice Nurse (APN).

Peer supervisors will use peer core competences to appraise peer workers' job performance and set goals for continued development.

Peer Supervision *(continued)*

The supervisor must possess:

- a minimum of two (2) years of substance use and/or co-occurring disorders experience

- two (2) years of supervisory experience

- completion of peer supervision training as required by DMHAS, until such time that peer supervision certification is offered

- lived-experience preferred.

Peer Supervision *(continued)*

- A peer supervisor may have a maximum of ten supervisees at any given time. (Combination of Full and/or Part-time)
- < 10 hrs. week employee, 2 hrs. month supervision
- 10-20 hrs. week employee, 3 hrs. month supervision
- 20-30 hrs. week employee, 4 hrs. month supervision
- 30-40 hrs. week employee, 4 hrs. month supervision
- 50% of supervision may be conducted in group setting (minimum 1 hour per group session)
- Supervisor or designee available 24/7

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State and Medicaid Certification Timeline

- All peer recovery specialists employed by agencies contracted with the State of New Jersey Division of Mental Health and Addiction Services and NJ FamilyCare to provide SUD peer recovery services will be required to obtain certification by July 1, 2020.

Plan of Care

- As per the Centers for Medicare & Medicaid Services (CMS) any NJ FamilyCare funded services must be coordinated within the context of a treatment plan.

- SUD treatment plan requirements can be found in <u>N.J.A.C.</u> 10:161B for NJ FamilyCare SUD independent clinics.

- Peer services must be included as part of the treatment plan.

- New Jersey recommends a person-centered planning process that includes the participation of the individual.

Documentation

N.J.A.C. **10:66-1.6 Recordkeeping**

(a) An individual record shall be prepared and retained by an independent clinic that fully discloses the kind and extent of the service provided to a NJ FamilyCare fee-for-service beneficiary, as well as the medical necessity for the service.

(b) At a minimum, a beneficiary's record shall include a progress note for each visit which supports the procedure code(s) billed.

Additional Information

- Peer recovery services are provided by a certified peer worker to support treatment engagement and support recovery.

- Peer recovery services are non-clinical.

- Peer workers cannot serve a dual role as a counselor, counselor intern, case manager, behavioral tech, counselor aide or program aide within the same agency or while serving the same individual.

NJ FamilyCare Procedure Codes

Individuals will be determined eligible for peer recovery services based on the following criteria:

- Are 18 years of age or older;
- Are eligible for Medicaid;
- Maintain a substance use disorder diagnosis;
- Are in need of support to maintain stability in the community; and
- Are not enrolled in any service in which peer recovery services are already delivered.

Medicaid SUD Treatment Providers for outpatient levels of care	Self-help/peer services 15 minute unit of service	Individual (face-to-face) H0038 HF $16.62

Program Integrity

- There will be no Prior Authorization requirements for SUD peer recovery services.

- NJ FamilyCare will utilize an audit and review process to validate that the program standards were provided, and to review the quality of the service.

Questions

References

BRSS TACS Bringing Recovery Supports To Scale, Technical Assistance Center Strategy. (2018). Frequently asked questions for peer workers. Retrieved https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers-behavioral-health-services/frequently-asked-questions

BRSS TACS Bringing Recovery Supports To Scale, Technical Assistance Center Strategy. (2018). Peers. Retrieved https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

Department of Health and Human Services, Centers for Medicare & Medicaid Services. (August 2007). State Medicaid Directors Letter #07-011.

Division of Mental Health and Addiction Services, Professional Advisory Committee (PAC) Recovery Support Services Workgroup. (2018, Dec.). Report.

Substance Abuse Mental Health Services Administration (2017). Value of Peers PowerPoint. Retrieved https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

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Building Your Organizational Cultural Competence Plan
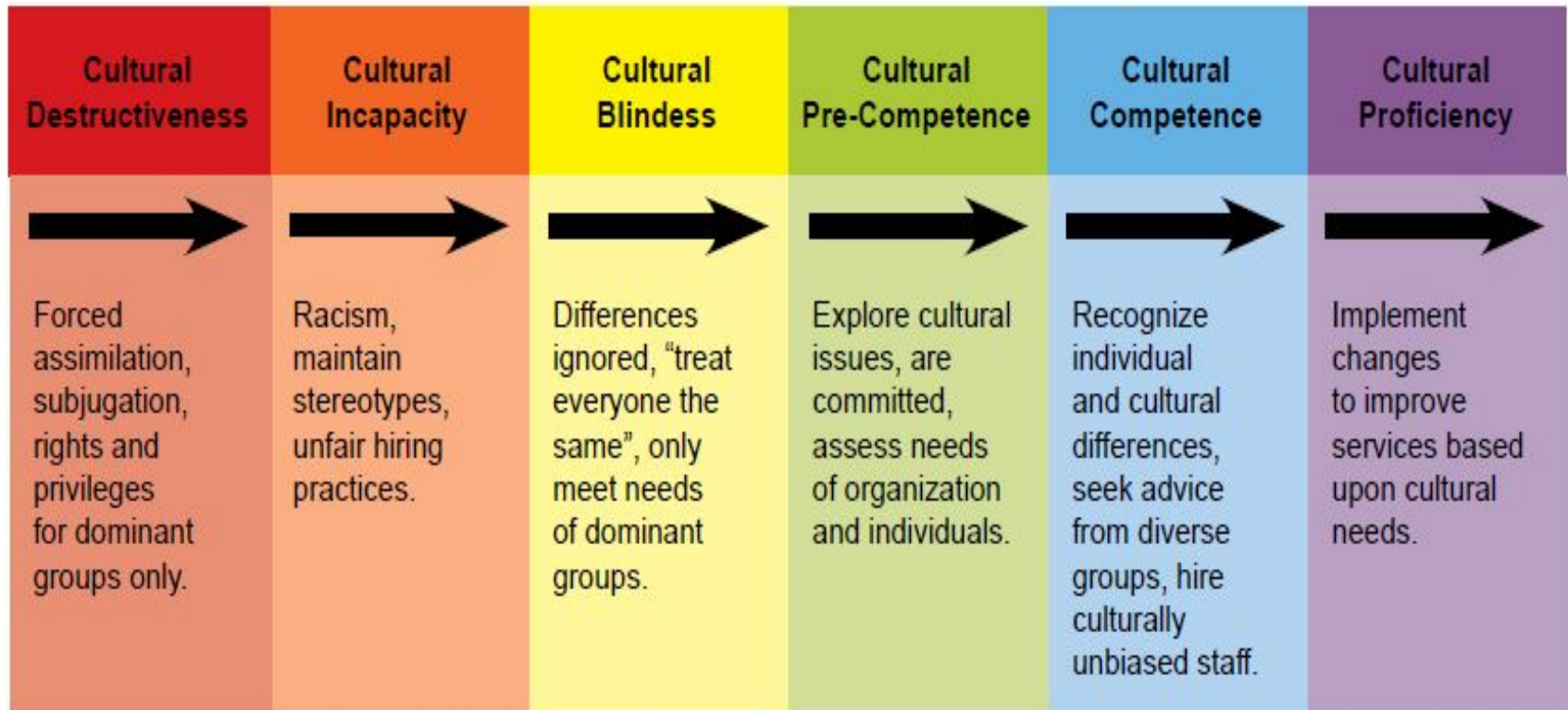
What does it look like?

Jayme Ganey and Clarissa Wheat

Ice breaker Activity: A conversation without culture

What is Cultural Competence ?

It's on ongoing practice of gathering and utilizing knowledge, information, and data from and about individuals, families, community groups and team members of your organization. That information is integrated and transformed into specific clinical practices, standards and skills, service approaches, techniques, marketing strategies, and evidence-based initiatives that match the service population; and serves to increase the quality and appropriateness of behavioral health care industry.

Continuum of Cultural Competency

Cultural Destructiveness	Cultural Incapacity	Cultural Blindess	Cultural Pre-Competence	Cultural Competence	Cultural Proficiency
→	→	→	→	→	→
Forced assimilation, subjugation, rights and privileges for dominant groups only.	Racism, maintain stereotypes, unfair hiring practices.	Differences ignored, "treat everyone the same", only meet needs of dominant groups.	Explore cultural issues, are committed, assess needs of organization and individuals.	Recognize individual and cultural differences, seek advice from diverse groups, hire culturally unbiased staff.	Implement changes to improve services based upon cultural needs.

Cultural Considerations

Cultural Considerations include, but are not limited to; ethnicity, race, age, gender identity, primary language, English proficiency, sexual orientation, immigration status, acculturation factors, spiritual beliefs and practices, physical abilities and limitations, family roles, community networks, limited literacy, employment, and socioeconomic factors.

The Cultural Iceberg

Surface Culture

Food
Flags Festivals
Fashion Holidays Music
Performances Dances Games
Arts & Crafts Literature Language

Deep Culture

Communication Styles and Rules
facial expressions gestures eye contact
personal space touching
body language tone of voice
handling and displaying of emotion
conversational patterns in different social situations

Notions of:
courtesy and manners
friendship leadership
cleanliness modesty beauty

Concepts of:
self time past and future
fairness and justice
roles related to age, sex, class, family, etc.

Attitudes toward:
elders adolescents dependents
rule expectations work authority
cooperation vs. competition
relationships with animals age sin death

Approaches to:
religion courtship marriage raising children
decision-making problem-solving

DMHAS' Commitment

- The mission of DMHAS is to promote, develop and implement culturally and linguistically appropriate behavioral health treatment and services for New Jersey's diverse cultural groups. DMHAS will advance health equity by ensuring that agencies are following SAMSHA and National Culturally and Linguistically Appropriate Services (CLAS) standards, thereby ensuring that services are inclusive, culturally competent and accessible.

What is CLAS?

- **C**ulturally and **L**inguistically **A**ppropriate **S**ervices (CLAS) are respectful of and responsive to each person's culture and communication needs. CLAS helps your organization consider cultural health beliefs, preferred languages, health literacy levels, and communication needs.

What are the National CLAS Standards?

- Principal Standard:

  1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

- Governance, Leadership, and Workforce:

  2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

  3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

  4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

What are the National CLAS Standards?

- Communication and Language Assistance:

    5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

    6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

    7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

    8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

What are the National CLAS Standards?

- Engagement, Continuous Improvement, and Accountability:

  9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

  10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

  11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

  12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

What are the National CLAS Standards?

- Engagement, Continuous Improvement, and Accountability Cont.:

    13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

    14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

    15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Goal of the Plan

The goal is to develop a blueprint for your agency to acknowledge and address the influence of oppressive histories, life experiences, language differences, beliefs, values, formal and informal help seeking pathways, and traditional healing practices of an individual's recovery journey and the organization's competency.

Areas to Include on the Plan

Agency Demographic Data

-Service Area

-Persons served

-Staff Composition

Areas to Include on the Plan

Agency Demographic Data

- Contrast and compare who is currently served, to the population(s) present in the community. Identify gaps in available community resources, apparent service needs based upon who is being served, and illicit feedback from consumers and families utilizing the services.

- Consider stigma and its influence on the community to include unique cultural responses to people with addiction, mental illness, and co-occurring conditions.

- Document whether services effectively reach community members that are currently in the most serious need of mental health services, and list specific plans for targeted outreach and engagement

Areas to Include on the Plan

Policies, Procedures, and Governance

- A culturally competent agency has a board of directors, advisory committee, or policy-making group that is proportionally representative of the staff, client/individuals, and community.

- Has your organization appointed executives, managers, and administrators who take responsibility for, and have authority over, the development, implementation, and monitoring of the cultural competence plan?

Areas to Include on the Plan

Policies, Procedures, and Governance

- Has your organization's director appointed a standing committee to advise management on matters pertaining to multicultural services?

- Does your organization have a mission statement that commits to cultural competence and reflects compliance with all federal and state statutes

- Does your organization have culturally appropriate policies and procedures communicated orally and/or written in the principal language of the client/consumer to address confidentiality, individual patient rights and grievance procedures, medication fact sheets, legal assistance, etc. as needed and appropriately?

Areas to Include on the Plan

Quality Monitoring & Improvement

- Plan to involve all components of the organization in any cultural competence initiative(s).

- Commit to continued quality improvement through ongoing evaluation.

- Utilize feedback from service users and consumers to drive decision-making.

- Conduct inventory of current agency policies to determine where barriers to access, inclusion, and full participation exist.

Areas to Include on the Plan

Quality Monitoring & Improvement

- Identify and initiate a process to address barriers and concerns that may develop when consumers, families, and staff have different expectations about how services are offered and delivered in the community.

- Continually seek and implement best practice models that would enhance opportunities for recovery; and have also been proven effective across cultures.

- Document and communicate (disseminate) effective cultural service adaptations and tailored outreach approaches.

- Review plans annually and when indicated initiate change(s) to improve outcomes.

Areas to Include on the Plan

Human Resources

- Are the principles of cultural competence (e.g., cultural awareness, language training, skills training in working with diverse populations) included in staff orientation and on-going training programs?

- Is the program making use of other programs or organizations that specialize in serving persons with diverse cultural and linguistic backgrounds as a resource for staff education and training?

- Is the program maximizing recruitment and retention efforts for staff who reflect the cultural and linguistic diversity of populations needing services?

- Has the staff's training needs in cultural competence been assessed?

Areas to Include on the Plan

Human Resources

* Has the staff attended training programs on cultural competence in the past two years?

Areas to Include on the Plan

Cultural Assessments

- Identify, describe and incorporate the consumer's level of acculturation as a part of cultural assessment.

- Plan to use cultural assessment information when determining initial and ongoing services, and goal setting. Develop processes to ensure that cultural information is included in case discussions with clear determination of whom are responsible, as well as, where and when discussion will occur for each recipient.

- Plan to learn more about recipient and family's culture to effectively work within the individual desires and family structure that would support recovery over time.

Areas to Include on the Plan

Cultural Accommodations

Culturally appropriate, educative approaches (videos, slides presentations) are utilized for preparation and orientation of consumer family members to your program.

Areas to Include on the Plan

Treatment Planning

- Involve individuals and family members in treatment and termination planning.

- Identify community resources to exchange information and services with staff, individuals, and family members (community councils, ethnic/cultural social entities, spiritual leaders, faith communities, voluntary associations, etc.).

- Identify natural supports (relatives, traditional healers, spiritual resources, etc.) in development and/or implementation of service planning.

Areas to Include on the Plan

Treatment Planning

Areas of focus should include, but might not be limited to; psychiatric problems and history, history of trauma, medical problems, physiology, substance use and misuse, alcohol consumption, vocation and education, cultural factors, literacy levels, English proficiency and potential language barriers, family and support network, housing, and risk factors (e.g., suicidal ideation, criminal justice status, orders of protection, low health literacy, comorbidity, etc.).

AREA TO BE CONSIDERED	SURVEY FINDINGS	RECOMMENDATIONS	CC PLAN ACTION ITEMS	TIMELINE
I. Agency Demographic Data (Assessment) • Identify the demographic composition of the service area (ethnicities, race, primary language as reported by consumers). • Identify demographic composition of persons served. • Identify staff composition (ethnicity, race, language capabilities) in relations to demographic composition of service area. • Compare service area, persons served and staff demographic compositions.				

AREA TO BE CONSIDERED	SURVEY FINDINGS	RECOMMENDATIONS	CC PLAN ACTION ITEMS	TIMELINE
II. Policies, Procedures, and Governance • **Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.** • **Appoint administrative staff over the development, implementation, and monitoring of the Cultural Competence Plan.** • **Establish a standing committee to advise management on matters pertaining to multicultural services.** • **Formulate a mission statement expressing the commitment to cultural competence, and compliance with all federal, state and divisional statues.** • **Identify or create policies and procedures to address client confidentiality, rights and grievances.**				

Assistance for DMHAS Licensed Agencies looks like:

- Providing assessment tools & gathering baseline data to identify areas for progress

- Consulting for organizations on plan development

- On-site trainings to educate and strengthen your workforce

- Assistance with identification of change leaders

- Building processes to evaluate your efforts in a data driven way

Improving cultural competence is a process involving sustained effort over time. Planning can be delegated to a few specific improvements for immediate focus, with other long-range strategies on the horizon. For assistance with planning, resources and implementation contact:

Jayme Ganey –jganey@familyconnectionsnj.org

Clarissa Wheat- Clarissa.wheat@centerffs.org

SAVE THE DATE

&

Present the 1ˢᵗ Annual Statewide:

Cultural Competency Conference:

"Overcoming Incomplete Impressions"

Dismantling Conscious and Unconscious Bias in Behavioral Health

June 22-23, 2020

DoubleTree Hotel Tinton Falls-Eatontown, New Jersey

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New Jersey Department of Human Services
Division of Mental Health & Addiction Services
Disaster & Terrorism Branch

COVID-19

COOP, Crisis and Communications Management Essentials

- **Pandemics are predictably unpredictable.**

- Because we cannot predict how bad a future pandemic will be, advance planning is needed for multiple scenarios of a pandemic (e.g. moderate, severe, or very severe).

- Like other public health emergencies, pandemics are a threat that affects the human assets of an organization rather than physical or technological assets.

- **These types of emergencies are very sensitive to human behavior, communication and perception of risk.**

- **The disease could spread easily, resulting in high rates of employee absenteeism.**

- Organizations can protect their workforce from the impacts of pandemics, reduce risks to critical business functions, and minimize financial losses for the enterprise over the long term.

- Planners should anticipate that employees may become ill, and they should plan for the possibility of losing employee skills and knowledge, at least temporarily.

- Well-managed business response and recovery efforts, in partnership with stakeholders, can reduce both the likelihood of widespread infection and the consequences of a pandemic.

Non-Pharmaceutical Options in Public Health Response

- **For most countries, pharmaceutical interventions will not be an option.**

- **Non-pharmaceutical interventions** can include:

  - Social distancing
  - Closing schools
  - Bans on mass gatherings: Business, cultural and religious
  - Bans on travel
  - Isolation
  - Quarantine

Our Goal

- **Our goal is to empower leaders and planners to better manage fear and negative behaviors associated with a frightening event.**

- **This is not a Pandemic 101 program** and will only touch upon general planning guidelines.

- Our focus will be primarily on health emergency-specific behavior and communications concepts helpful in reducing disruption of operations and protecting the workforce, as well as key COOP concepts.
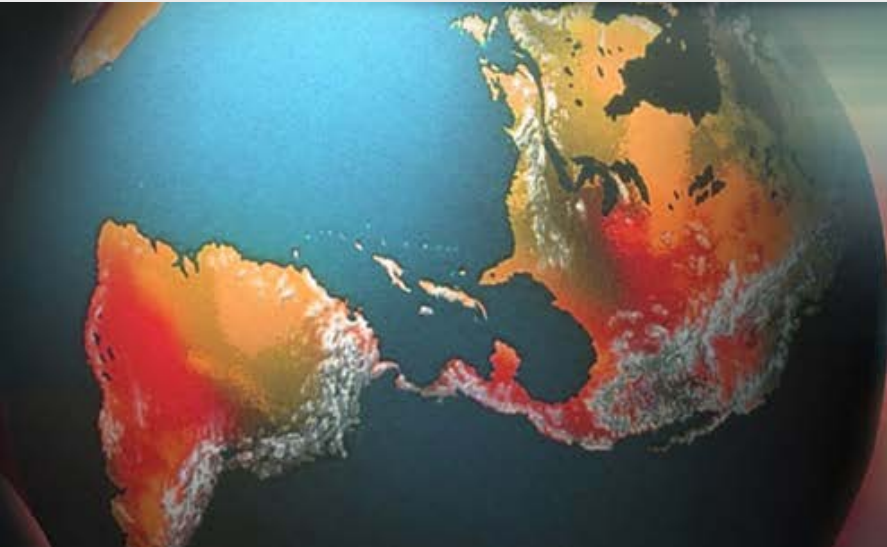
Overview

Section One: Planning Assumptions

Section Two: Applying COOP Concepts

Section Three: Critical Behavioral Considerations

Section Four: Communications & Fear Management

Section One
Planning Assumptions

Planning Assumptions

Livelihoods
- Income loss & decreased economic activity
- Travel, entertainment, retail, etc. all impacted

Human Health
- High illness & potentially higher death rates
- Overstretched health facilities
- Disproportionate impact on vulnerable

Governance & Security
- Increased demand for governance & security
- Higher public anxiety
- Reduced capacity due to illness & death

Social & Humanitarian
- Deterioration of coping & support mechanisms
- Interruption in public services
- Isolation/Quarantine policies

Economic Systems
- Trade & commerce disruptions
- Degraded workforce
- Interruption of regular supply systems

Social Impact

Many social responses revolve around **loss**. These may include the real or perceived loss of:

- Control

- Income

- Privacy

- Autonomy

- Valued civil liberties

- Trust (i.e., in government, medicine, humankind, etc.)

- Beliefs or faith (i.e., patriotism, religious beliefs, etc.)

Cultural Factors

Many cultural factors would also influence how individuals and communities respond to the event and mitigation efforts. These include:

- Language
- Cultural interpretation of the event
- Expressions of grief
- Attitudes toward help-seeking
- Varying concepts of mental health
- Levels of distrust or suspicion of government officials
- Fears among undocumented persons

Economic Disruption

- Potential increased rates of illness and prolonged absenteeism.

- Significant reduction in work productivity.

- Drastic decline in retail, tourism, entertainment, travel and many economic sectors.

- Escalating unemployment.

- Impairment of essential services such as utilities, transportation and communications.

- Disruption or closure of financial markets and banking.

The many factors that may affect businesses of all types and all sizes include:

- Reduction of workforce: Ill or staying home to care for the ill.

- Inability to travel to work.

- Decreased client engagement and attending programs/services.

- Inability of vendors to deliver materials or goods.

- Inability to ship goods or provide services in the field.

- Diminished access to capital.

- Legal, moral and ethical challenges related to continuing payroll, extending sick leaves, continuing medical benefits, etc.

Impact on Operations [2]

- Unlike many disaster scenarios, a health emergency can impact the workforce and leave physical structures and technologies untouched.

- Most Business Continuity Plans are heavily biased towards recovery of properties and not people.

- Premises and systems will be largely unaffected; **it is people who will be unavailable.**

ARE YOU PREPARED?

Companies take measures in anticipation of an event they hope will never happen: a global flu pandemic.

Impact on Operations [3]

Organizations may have to rapidly change the ways they operate. Some possible changes may include:

- Telecommuting/Work from Home.

- Large-scale call center operations for client service and support.

- Job-sharing to compensate for sick or deceased employees.

- Greater reliance on "distance technologies" (i.e., web-based distance training, meetings, etc.)

Impact on Operations [4]

The many factors that may affect businesses of all types and all sizes include:

- Reduction of workforce: Ill or staying home to care for the ill.
- Inability to travel to work.
- Loss of FTF contact with consumers
- Inability of vendors to deliver materials or goods.
- Inability to ship goods or provide services in the field.
- Diminished access to capital.
- Legal, moral and ethical challenges related to continuing payroll, extending sick leaves, continuing medical benefits, etc.

Impact on Existing Clients

Existing consumers of mental health and substance abuse treatment services often encounter increased levels of stress and anxiety, along with disruptions of the care-delivery system. This can impact:

- The ability of consumers to travel to receive medications or treatment services

- The ability of case workers to travel to deliver medications or treatment services

- Separation from natural care givers and community support systems

Disruption of Typical Service Delivery

Travel restrictions

- People can't get to service providers and sites
- Outreach workers can't get to clients
- No group sessions

Disrupted supply chain

- Inability to deliver/stock meds
- Disruption of legal and illegal substances

Reduced staffing

- Increased case loads
- Change in triage/standards of care

Substance Abuse Challenges

Impact of health emergency on substance use:

- Potential increase in use of alcohol or other drugs due to isolation and psychosocial stress

Substance abuse treatment and prevention infrastructure

- Continuity of Operations for substance abuse treatment facilities

- Specific challenge for Opioid Treatment Providers (OTP)

- Recovery without social support?

Some specific problem for individual with substance abuse disorders include:

- Reduced supply of drugs and alcohol due to travel restrictions and reductions in manufacturing/ delivering non-essential goods

- Interruptions in methadone/suboxone supply and access

- Medical and emotional distress associated with withdrawal

Substance Abuse and Dependency Issues

- Competition and price gouging for remaining supply street drugs and/or Rx meds

- Introduction of tampered, bootleg or contaminated substances into the marketplace
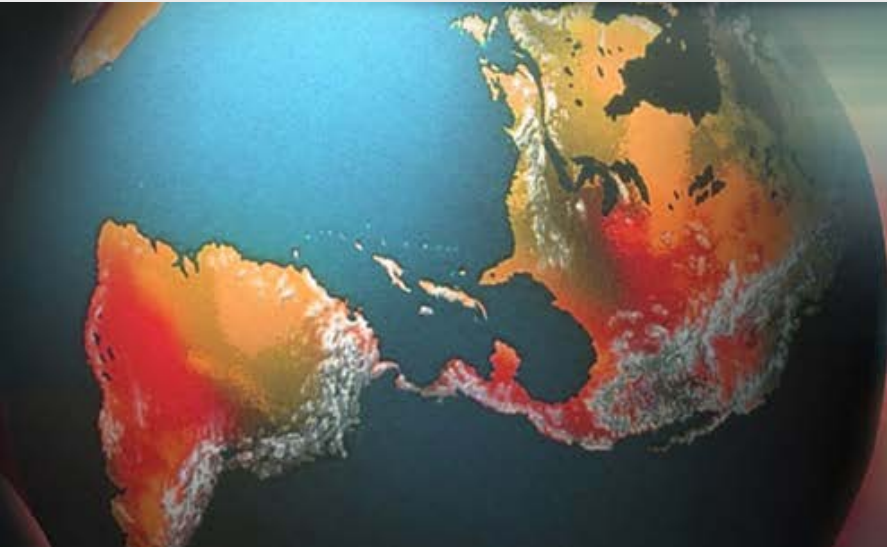
- Competition and criminal activity to access substances

Key Organizational Planning Elements

The key elements of pandemic planning incorporate:

- Establishing 'command and control' structure to lead and co-ordinate the response.
- Communications
- Monitoring the pandemic (surveillance)
- Public health system response
- Civil contingencies response/Sure up supply chains
- Preparatory work to support the response
- International collaboration.

Section Two
Applying COOP Concepts

The Four Pillars of Emergency Preparedness

- Evacuation
- Lock Down
- Shelter-in-Place
- Missing Persons

- Essential Functions
- Alternate Facilities
- Orders of Succession

Emergency Operations Plans

Continuity of Operations Plans (COOP)

Disaster Recovery Plan

Crisis Coms. Plan

- Data Recovery
- Recovery Time Objectives
- Network Security

- Message Development
- Media Management
- Spokesperson Selection

Continuity of Operations Plans

A COOP Plan defines an organization's strategy for performing **essential functions** during any emergency

This includes possibly relocating the essential functions to another location

Emergency Operations Plans

Continuity of Operations Plans (COOP)

Disaster Recovery Plan

Crisis Coms. Plan

Planning Objectives

- Ensure continued performance of **essential functions**
- Reduce loss of life/minimize damage
- Ensure succession to office of key leadership
- Reduce/mitigate disruptions to operations
- Protect essential assets
- Achieve timely recovery/reconstitution
- Maintain Training, Testing and Evaluation (TT&E) program for validation

Elements of a Viable COOP Capability

- Plans and Procedures
- **Essential Functions**
- Delegations of Authority
- Orders of Succession
- Alternate Facilities
- Interoperable Communications

- Vital Records
- **Human Capital**
- TT&E
- Devolution
- Reconstitution

Identifying Essential Functions

- Define the agency **mission** and **goals.**

- Identify the **functions** that are needed to accomplish the mission.

- Identify the **tasks** to accomplish those functions.

- Indentify the **resources** needed to support those tasks.

Defining Essential Functions

Essential Functions are those functions that enable an organization to:

- Provide vital services

- Maintain the safety of the workforce and public

- Sustain the economic base

Essential Functions

Essential functions:

- **Most important planning element.**
- Basis for determining resource requirements:
  - Staff
  - Vital information/critical systems
  - Equipment
  - Supplies and services
  - Facilities

Prioritizing Essential Functions

<u>Identifying/Prioritizing Essential Functions</u>

Organizations should determine functions that ***must*** be continued in all circumstances.

<u>Ranking essential functions:</u>

- <u>Critical</u>- function cannot be delayed.

- <u>Important</u>- function can be delayed but should be resumed as soon as possible.

- <u>Non-essential</u>- function can be delayed until normal business operations resume.

Sample COOP Template

CONTINUITY OF OPERATIONS PLAN FACE SHEET

Agency Name:
Agency Address:
Agency Phone Number:
Executive Director: Name, Title, Office Phone Number, Cell-Phone Number, Email Address
Secondary Contact: Name, Title, Office Phone Number, Cell-Phone Number, Email Address
Primary Relocation of Business Operations: Name of Facility, Address, Phone #
Secondary Relocation of Business Operations: Name of Facility, Address, Phone #

Purpose: This face sheet is designed to easily identify points of contacts for each essential function and vendor(s).

Contacts for Essential Functions								
Essential Function Vendor and Contact #	Financial/Payroll Vendor Contact #	Clinical Vendor Contact #	Housing Vendor Contact #	Medical/Pharmacy Vendor Contact #	Nutrition/Food Vendor Contact #	I.T. Technology Vendor Contact #	Personnel Issues Vendor Contact #	Human Resources Vendor Contact #	OTHER
Essential Function Team 1	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email
Essential Function Team 2	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email
Essential Function Team 3	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email	First and Last Name Direct Contact # Email

Personnel Issues and Coordination

- Prepare communications plan to disseminate information.

- Address health and safety of employees and their families.

- Ensure payroll procedures are in place.

- Address medical and special needs issues.

HR Considerations [1]

- Potential health and safety issues
  - Liability assessment by general counsel

- Union issues (overtime issues, disaster support, etc.)

- Training on contingency plans

- Employee Assistance Programs (EAP) for mental health and health insurance provisions

HR Considerations [2]

- Plan for a reduction in workforce.

- Identify emergency policies for:

  - Overtime
 - Leave with pay
  - Leave without pay
  - Flexible leave options
  - Vacation time
  - Sick time

- Identify plans for appropriate employees to work from home:
  - Telework

Work-from-Home Considerations

Key Questions/Concerns

- Which, if any, functions can be performed remotely?

- Which workers can/should work from home?

- Network access: Bandwidth, IT security, access to right applications, passwords, etc.

- Protecting client data/confidentiality in home offices

- Safety & security when working remotely
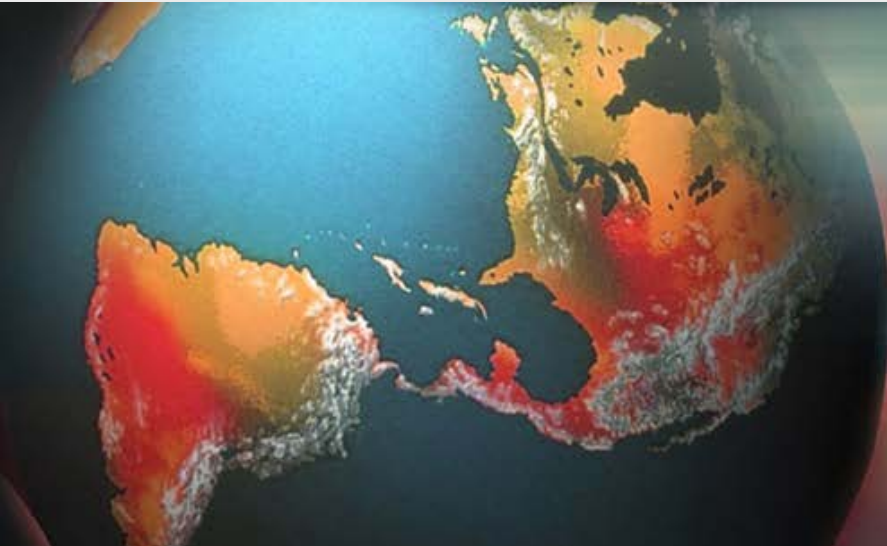
Section Three
Critical Behavioral Considerations

3 Basic Behavioral Responses

Type One: Neighbor-helps-neighbor.

Type Two: Neighbor-fears-neighbor.

Type Three: Neighbor-competes-with neighbor.

Economics and Panic [1]

- Panic is not seen in most emergency or disaster scenarios.

- During a contagious disease outbreak individuals fear that a neighbor will:

  - Infect them or their family.
  - Compete with them for critical supplies.

- Such events tear at the social cohesion that is so important for communities to survive and recovery from disasters.

- Vaccines, antiviral medications, hospital beds, and later perhaps basic necessities will be in tremendous demand.

- Other important goods, such as food, water, and power will be short supply, as will critical medicines like insulin, heart drugs, and other prescription medications.

- Masks, gloves, antibacterial soaps, and other protective gear?

Reactions to Invisible Threats

CBRNs and Public Health crises (i.e., SARS, pandemic influenza, etc.) also result in different responses that are not seen in natural or technological disasters. Those include:

- Multiple Unexplained Physical Symptoms (MUPS)/Multiple Idiopathic Physical Symptoms (MIPS)
- Misattribution of normal arousal
- **Sociogenic illness**
- **Panic**
- **Surge in healthcare seeking behavior**
- **Greater mistrust of public officials**

These reactions further complicate and confuse the public health and medical response to the situation.

Pastel, R.H. 2001. Collective Behaviors: Mass Panic and Outbreaks of Multiple Unexplained Symptoms. Military Medicine 166:44-6.
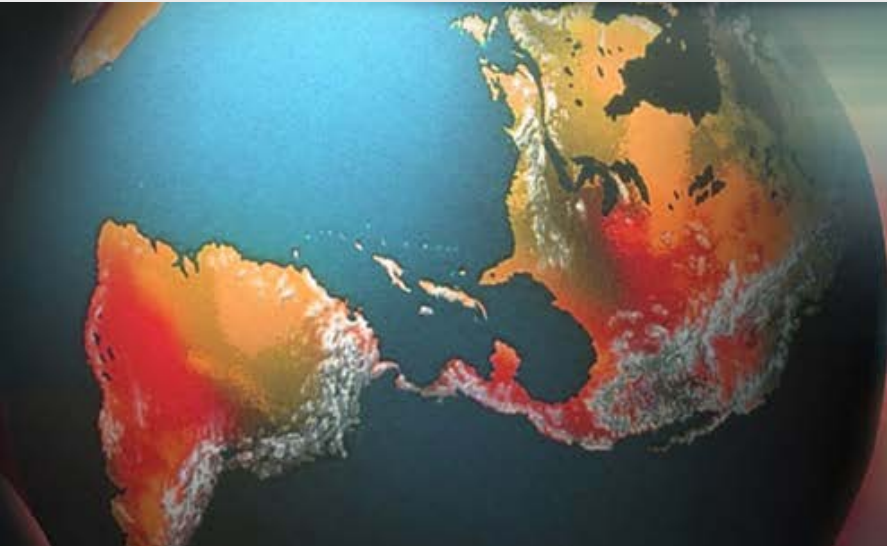
Section Four
Key Communications Concepts

What Should We Communicate?

- <u>COVID-19 facts</u>-
  - COVID-19 vs. seasonal flu
  - Flu vs. cold, other illnesses
- <u>Handwashing</u>- 20 seconds
- <u>Cough etiquette</u>
  - disposable tissues
  - cough into elbow
- <u>Social distancing</u>
  - 3 feet rule
  - no "close talking!"
- <u>Flu shots</u>
- <u>Emergency supplies</u>- 2 weeks of self-reliance
  - Water, Food, Medicines

Cover your cough.   If you're sick, avoid public gatherings.   Wash your hands.   Avoid touching your eyes, nose or mouth.

How Should We Communicate?

- **Speed counts – marker for preparedness; have templates ready.**
- Facts – consistency is vital.
- Trusted source – can't fake these. Consider the importance of messenger.

- Accuracy is important.
- Never speculate.
- **Remember: It's is very difficult to *"unscare"* people!**

Communicating in a Crisis is Different

- Stakeholders must feel empowered – reduces fear and victimization.

- Mental preparation reduces anxiety.

- Taking action reduces anxiety.

- Uncertainty must be addressed.

- Revert to rudimentary "fight or flight" reasoning.

- Limited intake of new information.

Low Stress

Message recipients focus on competence and expertise.

The more frightening the situation, the more important it is to lead communications with empathy.

High Stress

Message recipients focus on honesty and empathy.

- Clarity

- Repetition

- Honesty

- Empathy

- **Efficacy (Give people actionable things to do)**

> Words to live by:
>
> ACTION BINDS ANXIETY!
>
> *-P. Sandman*

Five Pitfalls When Communicating in a Crisis

1. Mixed messages from multiple experts.

2. Information released late.

3. Paternalistic attitudes.

4. Not countering rumors and myths in real-time.

5. Public power struggles and confusion.

- **Social media is a two-edged sword in public health emergencies.**

- There have been many examples of social media apps and emergency notification technologies expediting the delivery of good information to a concerned public.

- But there have been an equal number of instances in which bad information, misinformation and rumor have moved through communities with light-speed fueling the reactions described above.

- **Social media in public health emergencies does not _cause_ extreme psychosocial or psychophysiological reactions, but it can _contribute_ to the rapid and potentially exponential fear response in the community.**
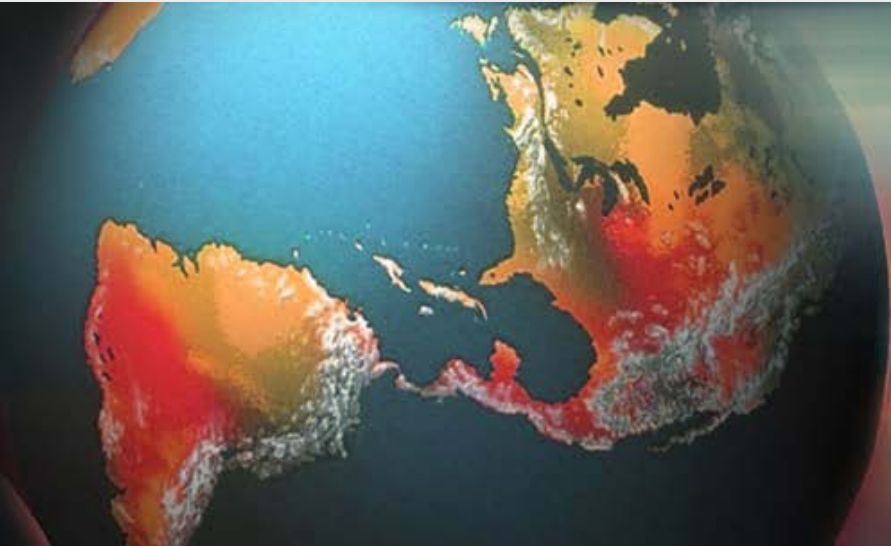
Summary & Wrap Up

In Summary

- **Employees and Consumers benefit from truthful hazard-related information,** but balanced with education about their roles and the organization's role in response.

- **"Action Binds Anxiety"**-Get people involved in preparedness at work and home. Preparedness is best done *with* the workforce, not *to* the workforce.

- Keep you COVID-19 plans current—monitor current risks—promote wellness, hygiene, and annual flu vaccines.

Keep Informed

- The NJDOH Novel Coronavirus Call Center is open and is taking calls from the general public only. It is open 24/7 and can accommodate callers in multiple languages.

- They can be reached at 1-800-222-1222.

For more information:

- Visit the Centers for Disease Control and Prevention website at https://www.cdc.gov/coronavirus/2019-ncov/summary.html

- Visit the New Jersey Department of Health website at https://www.state.nj.us/health/cd/topics/ncov.shtml

For More Information

DISASTER & TERRORISM BRANCH

New Jersey Department of Human Services
Division of Mental Health & Addiction Services

Office: 609-438-4325

Disaster Mental Health Helpline: 877-294-HELP

https://nj.gov/humanservices/dmhas/home/disaster