The show will be filmed in a panel format, with free discussion between the show host and other panelists. This discussion guide is not to be considered a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show in addition to discussing ongoing research in the field.

Show Description. Community Health Centers (CHCs) and first responders provide a vital and necessary role in addressing the critical behavioral health needs of communities—including the current opioid overdose epidemic. CHCs provide vital primary care and preventive services regardless of ability to pay. These facilities serve approximately 1 in 14 people (1 in 10 children) in the United States.\(^1\) CHCs provide services for mental and/or substance use disorders (e.g., counseling, developmental screenings, crisis services, and detoxification) that are critical for helping people on a path to recovery.\(^2\) This show will discuss the essential work of the nation’s more than 10 million first responders\(^3\)—including police officers, fire fighters, emergency medical technicians, and other emergency personnel—in dealing with opioid overdoses, traumatic situations (e.g., natural and other disasters), and individuals in crisis. Providing first responders (and others) with the opioid overdose medication, naloxone, is a key aspect of federal actions to address the crisis. This show will describe the training first responders need to approach individuals with a serious mental illness in crisis in an appropriate and safe manner. We will also explore the benefits of interventions such as mental health first aid and psychological first aid, as well as the importance of self-care for first responders.

Panel 1: Community Health Centers and First Responders: An Integral Part of Meeting the Behavioral Health Needs of Diverse Communities

Key Questions:

1. What are Community Mental Health Centers and what impact do they have across the country?
2. How are Community Health Centers important in the delivery of services to diverse communities? And how are these centers important to those delivering first response services?
3. What role does the Community Health Center play in the nation’s healthcare infrastructure? And how critical a component are they in the provision of behavioral health services?
4. What role do first responders play in supporting people with behavioral health needs?
5. Why is it important for first responders to know how to best manage and address the needs of individuals in crisis?
6. What is the extent of the opioid overdose epidemic in the United States? What role do first responders play in preventing deaths from opioid overdose?
7. How are first responders addressing opioid overdoses? What has been the impact of expanding overdose prevention efforts to include first responders?
8. How do first responders address trauma in communities affected by natural or other disasters?

What are Community Mental Health Centers and what impact do they have across the country?


- [Established in 1963, community mental health centers (CMHCs) offer comprehensive treatment for mental and substance use disorders in the community. They were established as an alternative to institutions.]
- Community-based behavioral healthcare is delivered by a mix of government and county-operated organizations, as well as private nonprofit and for-profit organizations. These mental health and addiction services are funded by a patchwork of sources, including Medicaid; Medicare; county, state, and federal programs; private insurance; and self-pays.


- CCBHCs provide the comprehensive array of services that are necessary to create access, stabilize people in crisis, and provide the necessary treatment for those with the most serious, complex [mental and substance use disorders]. CCBHCs also integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care, and physical-behavioral health integration.
CCBHCs serve any individual in need of care, regardless of his or her ability to pay:
- Adults with serious mental illness
- Children with serious emotional disturbance
- Those with long-term chronic [substance use disorder]
- Others with mild or moderate [mental and substance use disorders]
- Underserved individuals and families
- Low income individuals and families
- Those who are insured, uninsured or on Medicaid
- Those with complex health profiles
- Members of our armed services and veterans

How are Community Health Centers important in the delivery of services to diverse communities? And how are these centers important to those delivering first response services?

Community Health Centers serve as the primary medical home for over 25 million people in 9,200 rural and urban communities across America. These community-based “family doctors” enjoy longstanding bipartisan support by Administrations and policymakers at all levels, as well as in both the private and public sectors.

America’s Health Centers owe their existence to a remarkable turn of events in U.S. history, and to a number of determined community health and civil rights activists who fought more than 50 years ago to improve the lives of Americans living in deep poverty and in desperate need of healthcare.

The health center model that emerged targeted the roots of poverty by combining the resources of local communities with federal funds to establish neighborhood clinics in both rural and urban areas around America. It was a formula that not only empowered communities to establish and direct health services at the local level via consumer-majority governing boards, but also generated compelling proof that affordable and accessible healthcare produced compounding benefits.

[This article by an independent consultant makes the case that community health centers can assist first responders by serving patients during an emergency, thus allowing first responders to focus on safety during a crisis.]

Community Health Centers are "in" with their communities. They have already built relationships with community members, and they are trusted. In a sense, they are "community pillars" and "community champions." Simply put, Community Health Centers are trusted by, vested in, and integrated into their communities and will be valuable partners to have,
especially in emergency response. While it is different for every community, the response dynamics will depend on what your need is and where the Community Health Center can help. They are just one more piece to be included into the massive puzzle of emergency response.

What role does the Community Health Center play in the nation’s healthcare infrastructure? And how critical a component are they in the provision of behavioral health services?


- Health centers:
  - Provide highly efficient and cost-effective care, generating $24 billion in savings for the health care system annually.
  - Increase access to timely primary care, playing a role in reducing costly, avoidable emergency department (ED) visits and hospital stays. The average cost for a health center medical visit was less than one-sixth the average cost of an ED visit in 2012.
  - Deliver a broad array of primary and preventive care services, including screening, diagnosis and management of chronic illnesses such as diabetes, asthma, heart and lung disease, depression, cancer and HIV/AIDS.
  - Reduce mortality, health disparities and risk of low birth weight with the care they deliver.
  - Offer numerous enabling services such as transportation, translation, case management and health education in order to ensure their patients are receiving the care they need.


- The number of patients receiving behavioral health services at health centers increased by more than 21 percent since 2010—the largest increase among all reported services in that time period. Health centers provide both mental and substance [use treatment] services.

What are the communities served by Community Health Centers? How are the behavioral health services they provide a key part of helping people on a path to recovery?


- Health centers are community-based and patient-directed organizations that serve [communities] with limited access to health care. Some health centers also receive specific funding to focus on certain special [communities]:
o individuals and families experiencing homelessness—In 2012, HRSA [Health Resources and Services Administration]-funded health centers served more than 1.1 million persons experiencing homelessness.

o agricultural workers and dependents—In 2012, HRSA-funded health centers served over 900,000 agricultural workers and their families. It is estimated that HRSA-funded health center programs serve approximately one-third of migratory and seasonal agricultural workers in the United States.

o those living in public housing—In 2012, HRSA-funded health centers served approximately 220,000 residents of public housing.

o Native Hawaiians—In 2012, NHHCS [Native Hawaiian Health Care Systems] provided medical and enabling encounters to more than 6,600 people.


- As services offered to people with mental illnesses became more diverse and comprehensive, it also became clear that helping people function at optimal levels would require the addition of treatment services for addiction disorders. This coordinated brand of service was labeled as “behavioral healthcare” — and providing comprehensive mental health and addictions services is the goal of community-based behavioral health organizations today.

- Community-based mental health and addictions care continues to be a more effective option than institutionalization — in terms of access to quality healthcare and cost to the taxpayer and private payer. However, the organizations delivering such care have evolved far beyond the original community mental health centers.

What critical mental and substance use disorder treatment services are provided by the Community Health Centers?


- [Services provided by Community Health Centers include:]
  o Counseling
  o 24-hour Crisis Intervention
  o Developmental Screenings
  o Detoxification

- Health centers are required to report the number of patients age 12 and older screened for depression and receiving a follow-up plan (if diagnosed) as a performance measure.

- Health centers annually report this performance measure, as well as other substance use counseling and treatment services. It identifies, reduces, and prevents substance use.

What role do first responders play in supporting people with behavioral health needs?

Emergency responders face an increasing number of calls involving people with behavioral and mental health issues. [To work effectively and safely with persons with mental illness], responders must be able to recognize signs of mental distress, apply proven techniques for de-escalating potentially dangerous situations and make appropriate referrals for them to obtain [appropriate mental health care or substance use treatment services].

Why is it important for first responders to know how to deal appropriately with people who are in crisis?


- Excited Delirium Syndrome (ExDS) is poorly understood and can be caused by, or confused with acute stimulant drug abuse, psychiatric illness, psychiatric drug withdrawal, or an underlying metabolic syndrome.
- The exact cause in an individual case is too often identified post-mortem.
- Individuals with presentations consistent with ExDS are at high risk of death in restraint situations due to tachycardia, hyperthermia, use of Tasers, and insufficient medical treatment.
- ExDS emergencies can be more successfully resolved, regardless the cause, by interventions including glucose measurement, introduction of ketamine, supplemental oxygen and careful cardiac monitoring.


- First responders spend much of their time responding to medical emergencies involving people who had no desire to be killed or injured. [They also work with those who may attempt suicide.]
- The principles of facilitative communication can be useful in [helping first responders establish] a rapport with a person with self-inflicted injuries (or a person [with suspected self-inflicted injuries]). [These include genuineness, respect, empathy, and concreteness (being precise when communicating).]
- Decisions about whether a person with self-inflicted injuries should be transported to an emergency room must take into consideration the person’s emotional state as well as his or her medical condition. One of the primary risk factors for attempting suicide is a previous attempt. Thus, [first responders] should assume that any patient who has attempted suicide is at risk, and [they should] never leave a person who has attempted suicide alone.


- Each year, 2 million jail bookings involve a person with [a mental disorder]. Approximately 15% of men and 30% of women in local jails have a serious mental illness. 1 in 4 people killed in officer-involved shootings has a serious mental illness.
• In over 2,700 communities, [Crisis Intervention Team] CIT programs have provided top-notch training for officers, and helped [address] problems like:
  o Besides jail, where can an officer [get assistance for people]—especially in the middle of the night?
  o How can we [facilitate] the transfer of custody at the ED [Emergency Department], so officers can get back to work more quickly?
  o Why do we keep getting calls for service of the same individual in crisis—sometimes only 24 or 48 hours after we’ve taken them to the hospital for an emergency psychiatric hold?


• A Crisis Intervention Team (CIT) program is a model for community policing that brings together law enforcement, mental health providers, hospital emergency departments and individuals with [a mental disorder] and their families to improve responses to people in crisis.
• CIT programs provide officers with 40 hours of intensive training, including:
  o Learning from mental health professionals and experienced officers in your community.
  o Personal interaction with people who have experienced and recovered from mental health crisis and with family members who have cared for loved ones with [a mental disorder].
  o Verbal de-escalation skills.
  o Scenario-based training on responding to crises.
• CIT gives officers more tools to do their job safety and effectively. It helps keep people with [a mental disorder] out of jail, and get them into treatment, where they are more likely to get on the road to recovery.
  o CIT improves officer safety.
  o Compared to other jail diversion programs, officers say CIT is better at minimizing the amount of time they spend on mental disturbance calls, more effective at meeting the needs of people with [a mental disorder] and better at maintaining community safety.
  o CIT saves public money. Pre-booking jail diversion programs, including CIT, reduce the number of re-arrests of people with [a mental disorder] by a staggering 58%.

What is the extent of the opioid overdose epidemic in the United States? What role do first responders play in preventing deaths from opioid overdose?


• Overdose deaths involving prescription opioids have quadrupled since 1999, and so have sales of these prescription drugs. From 1999 to 2014, more than 165,000 people have died in the U.S. from overdoses related to prescription opioids.
• Today, at least half of all U.S. opioid overdose deaths involve a prescription opioid. In 2014, more than 14,000 people died from overdoses involving prescription opioids.


• Risk factors for overdoses with prescribed opioids include a history of substance use disorders, high prescribed dosage (over 100mg of morphine or equivalent daily), male gender, older age,
multiple prescriptions including benzodiazepines, mental health conditions and lower socioeconomic status.

- People at higher risk of opioid overdose [include]:
  - people with opioid dependence, in particular following reduced tolerance (following detoxification, release from incarceration, cessation of treatment);
  - people who inject opioids;
  - people who use prescription opioids, in particular those taking higher doses;
  - people who use opioids in combination with other sedating substances;
  - people who use opioids and have medical conditions such as HIV, liver or lung disease or suffer from depression;
  - household members of people in possession of opioids (including prescription opioids).

- [Addressing these modifiable risk factors is an important part of opioid overdose prevention.]


- Among former prisoners, a high rate of death has been documented in the early postrelease period, particularly from drug-related causes.
- [A study in Washington state found that] the all-cause mortality rate was 737 per 100,000 person-years (n = 2,462 deaths). Opioids were involved in 14.8 percent of all deaths.
- Overdose was the leading cause of death, and overdose deaths in former prisoners accounted for 8.3 percent of the overdose deaths among persons aged 15 to 84 years in Washington from 2000 to 2009.
- Women were at increased risk for overdose and opioid-related deaths.
- [Interventions are] needed to reduce the risk for overdose among former prisoners [particularly women].


- First responders need to be trained to recognize potential opioid overdoses and administer intranasal naloxone. Emergency medical responders, firemen, and law enforcement can increase access to a potentially life-saving medication.


- [In communities nationwide, first responders, police officers, and community members are saving lives every day by using the opioid overdose-reversal drug naloxone. For International Overdose Awareness Day, Baltimore City Health Commissioner Dr. Leana Wen and Montgomery County (MD) Police Chief Thomas Manger recorded this video about how to administer naloxone and how it can save lives so people can get the treatment they need.] (From “MCCA [Major Cities Chiefs' Association] president Tom Manger featured in Overdose Awareness Day video” at https://www.majorcitieschiefs.com/news_detail.php?detail=209 [accessed September 27, 2016].)
How are first responders addressing opioid overdoses? What has been the impact of expanding overdose prevention efforts to include first responders?


- The purpose of this program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders.


- Intranasal naloxone administration by police first responders is associated with decreased deaths in opioid overdose victims. After initiation of the police officer [naloxone administration], the number of opioid overdose deaths decreased each quarter with an overall average of 13.4. Of the 67 participants who received naloxone by police officers, 52 (77.6%) survived, and 8 (11.9%) were lost to follow-up.


- Fentanyl is an opioid 50-100 times more potent than morphine. [Persons who use drugs don’t typically know if the drugs they use/purchase are mixed with fentanyl.] Fentanyl is contributing to abnormally sharp increases in opioid related fatalities. [The CDC recommends fentanyl should be routinely tested by medical examiners as an agent in any suspected opioid overdose or opioid related death.]
- Investigating officers are advised that Fentanyl can be absorbed through skin [and] by inhalation and other means and are advised to utilize personal protective equipment when handling this substance.
- Fentanyl causes death so rapidly that people who use the drug, their family and friends need to make sure to have naloxone on hand.


- ONDCP [the Office of National Drug Control Policy] has worked with federal, state, and local government agencies and other stakeholders to expand access to the lifesaving opioid overdose reversal drug naloxone, including equipping first responders. Today, hundreds of law
enforcement agencies across the country carry and are trained to administer naloxone. Additionally, prior to 2012, just six states had any laws that expanded access to naloxone or limited criminal liability for persons who took steps to assist an overdose victim. Today, 46 states and the District of Columbia have enacted statutes that expand access to naloxone or provide “Good Samaritan” protections for possession of a controlled substance if emergency assistance is sought for a victim of an opioid overdose.

- DOD [the U.S. Department of Defense] is ensuring that opioid overdose reversal kits and training are available to every first responder on military bases or other areas under its control.
- In 2016, SAMHSA [the Substance Abuse and Mental Health Services Administration] will provide a total of $12 million specifically to increase use of the overdose reversal drug naloxone. States can use these funds to purchase naloxone, equip first responders with naloxone, and provide training on other overdose death prevention strategies.
- In December 2015, the Indian Health Service (IHS) and the Bureau of Indian Affairs [BIA] announced a new partnership to reduce opioid-related overdoses among American Indians and Alaska Natives. In 2016, the more than 90 IHS pharmacies will dispense naloxone to as many as 500 BIA Office of Justice Services officers and will train these first responders to administer emergency treatment to people experiencing an opioid overdose.

How do first responders help address trauma in communities affected by natural or other disasters?


- States and local governments are working to help their residents become more resilient in order to minimize post-disaster health consequences and promote recovery. SAMHSA’s Disaster Technical Assistance Center (DTAC) supports SAMHSA’s efforts to prepare states, territories, and tribes to deliver an effective behavioral health response to disasters. The SAMHSA Behavioral Health Disaster Response Mobile App is designed to assist those responding to disasters ensure that resources are at responders’ fingertips.
- [Mental Health First Aid and Psychological First Aid are important skills to impart to first responders who work with communities affected by natural or other disasters.]


- MHFA has a broader focus. We have defined it as follows: “Mental health first aid is the help provided to a person developing a mental health problem or in a mental health crisis. The first aid is given until appropriate professional treatment is received or until the crisis resolves”. Thus, it includes the full range of developing mental disorders and associated crises. [Psychological First Aid] is usually solely focused on response to disasters.
- MHFA does give some training in how to respond to a person who has experienced a traumatic event. However, this training is much less detailed than in Psychological First Aid.
Panel 2: Best Practices That Support the Work of Community Health Centers and First Responders

Key Questions:

1. What efforts are Community Health Centers making toward continual improvement of behavioral healthcare services?
2. Why was it important to expand medication-assisted treatment for opioid use disorders?
3. What is mental health first aid and how do first responders apply it in the communities they serve? What is psychological first aid and how do first responders apply it in the communities they serve? How do these approaches differ from current practice?
4. What are some of the successful/best practice models to help first responders appropriately engage people who are in crisis?
5. What best practice tools are available for first responders on opioid overdose prevention? What is the SAMHSA Opioid Overdose Prevention Toolkit? How can one access the toolkit?
6. How can Certified Recovery Coaches in emergency departments support individuals who have experienced an overdose find a pathway to recovery?
7. What best practices are available for first responders to address trauma related to a disaster?

What efforts are Community Health Centers making toward continual improvement of behavioral healthcare services?


- Health Center Program Quality Improvement initiatives align with the National Quality Strategy and support the efforts of health centers toward:
  - Better care for patients
• Healthy communities
• Lower health care costs
• These initiatives assist health centers in the development and implementation of ongoing quality improvement through an array of policies and programs, funding, training and technical assistance, data and information sharing, and partnerships and collaborations.


• The SAMHSA-HRSA [Human Resources and Services Administration] Center for Integrated Health Solutions (CIHS) promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.
• CIHS provides training and technical assistance to community behavioral health organizations, community health centers, and other primary care and behavioral health organizations.


• As the primary care safety-net expands access to behavioral health services, the SAMHSA-HRSA Center for Integrated Health Solutions is organizing practice tools and resources to help implement integrated care.
  o Behavioral Health Expansion
  o Patient-Centered Medical Home
  o Integration Models
  o Financing & Billing
  o Clinical Tools
  o Operations Practices & Resources
  o Health Behavior Change
  o Workforce Development

Why was it important to expand medication-assisted treatment for opioid use disorders at Community Health Centers?


• Heroin is typically injected but is also smoked or snorted. When people inject heroin [or other drugs], they are at risk of serious, long-term viral infections such as HIV, Hepatitis C, and Hepatitis B, as well as bacterial infections of the skin, bloodstream, and heart.

• [Community Health Centers’] role as core safety net providers to society’s most vulnerable populations, many of which are at increased risk for HIV/AIDS, viral hepatitis, [sexually transmitted infections, and tuberculosis], will continue to strengthen and grow.

• [Community Health Centers] also can provide treatment for substance use disorders, which are correlated with HIV and other infections, and are therefore in a good position to provide medication-assisted treatment.


• “The opioid epidemic is one of the most pressing public health issues in the United States today,” said Secretary Burwell. “Expanding access to medication-assisted treatment [MAT] and integrating these services in health centers bolsters nationwide efforts to curb opioid misuse and abuse, supports approximately 124,000 new patients accessing substance use treatment for recovery and helps save lives.”

• Administered by the HHS Health Resources and Services Administration (HRSA), these awards to health centers across the country will increase the number of patients screened for substance use disorders and connected to treatment, increase the number of patients with access to MAT for opioid use and other substance use disorder treatment, and provide training and educational resources to help health professionals make informed prescribing decisions.

• This $94 million investment is expected to help awardees hire approximately 800 providers to treat nearly 124,000 new patients.

What is mental health first aid and how do first responders apply it in the communities they serve? What is psychological first aid and how do first responders apply it in the communities they serve? How do these approaches differ from current practice?


• Mental Health First Aid is an 8-hour course that teaches you how to identify, understand and respond to signs of [mental and substance use disorders]. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.


• Developed jointly with the National Child Traumatic Stress Network, PFA [psychological first aid] is an evidence-informed modular approach for assisting people in the immediate aftermath of disaster and terrorism: to reduce initial distress, and to foster short- and long-term adaptive functioning.
• It is for use by first responders, incident command systems, primary and emergency health care providers, school crisis response teams, faith-based organizations, disaster relief organizations, Community Emergency Response Teams, Medical Reserve Corps, and the Citizens Corps in diverse settings.

What are some of the successful/best practice models to help first responders appropriately engage people who are in crisis?


• The Crisis Intervention Team (CIT) model is a promising resource for police departments to address and resolve these concerns. The CIT model involves 40 hours of course-based training led by mental health professionals. Its curriculum includes the signs and symptoms of [mental disorders], medications, de-escalation skills, and treatment options available in the community.

• CIT-modeled programs potentially can reduce officer line-of-duty injuries, diminish departmental costs associated with use-of-force incidents and unnecessary arrest procedures, provide safer streets for communities, and adequately and efficiently address the needs of citizens with [mental disorders].


• This article introduces the Crisis Intervention Team (CIT) Model as a collaborative approach to safely and effectively address the needs of persons with [mental disorders], link them to appropriate services, and divert them from the criminal justice system if appropriate. We discuss the key elements of the CIT model, implementation and its related challenges, as well as variations of the model.

• While this model has not undergone enough research to be deemed an Evidence-Based Practice, it has been successfully utilized in many law enforcement agencies worldwide and is considered a “Best Practice” model in law enforcement.

• This primer for mental health practitioners serves as an introduction to a model that may already be utilized in their community or serve as a springboard for the development CIT programs where they do not currently exist.


• [This article discusses interactions between law enforcement and people with mental disorders. It covers Crisis Intervention Teams, strengthening officer resilience, and safeguarding officer mental health after mass casualty events.]

• Due to the extreme behavior exhibited by individuals with SMI [serious mental illness], encounters with police during a crisis sometimes end in tragedy. As a best practice, the implementation of a Crisis Intervention Team (CIT) plays an important role in responding to these situations. The concept of these teams has existed for over 25 years. Known as the Memphis Model, from its origin with the Memphis (Tennessee) Police Department, it successfully has been established in several jurisdictions.

• The primary goal of CITs involves calming persons with [mental disorders] who are in crisis and referring them to mental health care services, rather than incarcerating them. This goal, based on five objectives, includes lessening injuries to officers, alleviating harm to the person in crisis, promoting decriminalization of individuals with [mental disorders], reducing the stigma associated with mental disorders, and using a team approach when responding to crises.

How can Certified Recovery Coaches in emergency departments support individuals who have experienced an overdose find a pathway to recovery?


• [In some communities, Certified Recovery Coaches (CRCs) work in hospital emergency departments. CRCs are on call 24 hours a day, 7 days a week and are called when an individual is taken to the hospital emergency department having survived an overdose.]
• [CRCs engage with survivors of opioid overdose, listen, and are present to answer any questions patients may have about recovery supports or treatment options. They also provide information to family members.]
• [CRCs offer support, link individuals to recovery resources, education, offer additional resources, and maintain contact with the patient. They ensure that patients and families know that substance use disorder is a medical condition and that recovery is possible.]

What best practice tools are available for first responders on opioid overdose prevention? What is the SAMHSA Opioid Overdose Prevention Toolkit? How can one access the toolkit?


• Given the effectiveness of naloxone in opioid overdose reversal, the Food and Drug Administration (FDA) has encouraged innovations in more user-friendly naloxone delivery systems such as auto-injectors, made particularly for lay use outside of health care settings.


• [FDA has approved such a naloxone auto-injector and a nasal spray.]
• [This resource] equips health care providers, communities and local governments with material
to develop practices and policies to help prevent opioid-related overdoses and deaths. [It]
addresses issues for health care providers, first responders, treatment [and service] providers,
and those recovering from opioid overdose, [and provides information on auto-injectors and
intranasal spray].

What best practices are available for first responders to address trauma related to a disaster?

Source: Minnesota Department of Health. (n.d.). Psychological first aid. From

• Psychological First Aid (PFA) is an evidence-informed approach that is built on the concept of
human resilience. PFA aims to reduce stress symptoms and assist in a healthy recovery
following a traumatic event, natural disaster, public health emergency, or even a personal crisis.
• While Physical First Aid is used to reduce physical discomfort due to a bodily injury,
Psychological First Aid is a strategy to reduce the painful range of emotions and responses
experienced by people exposed to high stress.
• The goal of Psychological First Aid is to create and sustain an environment of:
  1) Safety
  2) Calm & Comfort
  3) Connectedness
  4) Self-Empowerment, and
  5) Hope
• Psychological First Aid addresses basic needs and reduces psychological distress by providing a
caring comforting presence, and education on common stress reactions. It empowers the
individual by supporting strengths and encouraging existing coping skills. It also provides
connections to natural support networks, and referrals to professional services when needed.

Source: Substance Abuse and Mental Health Services Administration and Human Resources and
Services Administration Center for Integrated Health Solutions. (n.d.). Mental health first aid. From

• Mental Health First Aid is an in-person training for anyone who wants to learn about [mental
and substance use disorders], including risk factors and warning signs. [It] teaches participants a
5-step action plan to help a person in crisis connect with professional, peer, social, and self-help
care.
• Mental Health First Aid is appropriate for a variety of professionals working in primary and
behavioral healthcare integration settings. The training can help those who regularly engage
with individuals who may experience mental health challenges and is most appropriate for
audiences with no prior training or experience with mental health or substance use. Using
scenarios and role playing, participants are given the opportunity to practice their new skills and
gain confidence in helping others who may be developing a mental health or substance use
challenge, or those in distress.
Panel 3: Supporting Those Who Serve Communities

Key Questions:

1. How do investments in behavioral health benefit the entire community?
2. How can community-based organizations work with public health departments to improve behavioral health?
3. What supports are available to help Community Health Centers achieve their mission?
4. How can individuals and community-based organizations engage in the national dialogue on mental health?
5. Why is it important to support the behavioral health of first responders? What are the behavioral health conditions that can particularly affect first responders?
6. What are some good self-care practices for first responders?

How do investments in behavioral health help everyone in the community?


- The term “behavioral health” is a general term that encompasses the promotion of emotional health; the prevention of mental and substance use disorders; and treatments and services for substance use disorders and mental health conditions.


- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.
- In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease. Addressing the impact of substance use alone is estimated to cost Americans more than $600 billion each year.
- If communities and families can intervene early, behavioral health [conditions] might be prevented, or symptoms can be mitigated.
- Cost-benefit ratios for early treatment and prevention programs for [mental and substance use disorder] programs range from 1:2 to 1:10. This means a $1 investment yields $2 to $10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity.
- Early intervention also is critical to treating [mental disorders] before it can cause tragic results like serious impairment, unemployment, homelessness, poverty, and suicide.

How can community-based organizations work with public health departments to improve behavioral health?
Through a variety of funding mechanisms, SAMHSA supports the following programs carried out by community and faith-based organizations at the national, state, and local levels:
  o Mental health services
  o Substance use prevention
  o [Substance use disorder] treatment

The faith community played an important role in responding to the tragedy of September 11, 2001. In the past, faith organizations have participated in SAMHSA disaster response programs.

[This source provides a list of community-based organizations with which SAMHSA has partnered and a brief summary about the mission of the partnership for panelists to consult.]

Educational and community-based programs and strategies are designed to reach people outside of traditional health care settings. These settings may include:
  o Schools
  o Worksites
  o Health care facilities
  o Communities

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

What supports are available to help Community Health Centers achieve their mission?

[The National Association of Community Health Centers (NACHC)] serves as the leading national advocacy organization in support of community-based health centers and the expansion of health care access for the medically underserved and uninsured.

[NACHC] provides training, leadership development and technical assistance to support and strengthen health center operations and governance.

How can individuals and community-based organizations engage in the national dialogue on mental health?

• Faith and community leaders can help educate individuals and families about mental health, increasing awareness of mental health issues and making it easier for people to seek help. Community connectedness and support, like that found in faith-based and other neighborhood organizations, are also important to the long-term recovery of people living with [mental disorders].

• What Community and Faith Leaders Can Do
  o Educate your communities and congregations.
  o Identify opportunities to support people with [mental disorders].
  o Connect individuals and families to help.
  o Promote acceptance of those with mental health issues.


• The Toolkit for Community Conversations About Mental Health is designed to be a resource to help those interested in holding a conversation about mental health.

Why is it important to support the behavioral health of first responders? What are the behavioral health conditions that can particularly affect first responders?


• While empirical data on the problem remains scarce, there are suggestions that behavioral health [conditions] among emergency responders may be widespread; studies have found that as many as 37 percent of firefighters may exhibit symptoms of PTSD [post-traumatic stress disorder]. Compounding the problem is a lingering stigma that can make it difficult for emergency responders to acknowledge behavioral issues like depression, whether it’s their own or that of a colleague.

• No recognized national agency collects statistics on firefighter and EMS suicides....Sixty-nine percent of the U.S. fire service is volunteer, and their fire service affiliation is unlikely to be mentioned on death certificates.

• [One estimate] says 360 confirmed firefighter suicides occurred between 2000 and 2013, with more of those deaths occurring in recent years; 57 occurred each year in 2012 and 2013 out of a national population of 1.1 million career and volunteer firefighters.


• Public health and public safety workers experience a broad range of health and mental health consequences as a result of work-related exposures to natural or man-made disasters. This chapter reviews recent epidemiologic studies that broaden our understanding of the range of health and mental health consequences for first responders.

What are some good self-care practices for first responders?
Coping techniques like taking breaks, eating healthy foods, exercising, and using the buddy system can help prevent and reduce burnout and secondary traumatic stress. Recognize the signs of both of these conditions in yourself and other responders to be sure those who need a break or need help can address these needs.

Responder Self-Care Techniques

- Try to limit working hours to no longer than 12-hour shifts.
- Work in teams and limit amount of time working alone.
- Write in a journal.
- Talk to family, friends, supervisors, and teammates about your feelings and experiences.
- Practice breathing and relaxation techniques.
- Maintain a healthy diet and get adequate sleep and exercise.
- Know that it is okay to draw boundaries and say “no.”
- Avoid or limit caffeine and use of alcohol or drugs.

It is important to remind yourself:

- It is not selfish to take breaks.
- The needs of survivors are not more important than your own needs and well-being.
- Working all of the time does not mean you will make your best contribution.
- There are other people who can help in the response.

Panel 4: Resources Related to Community Health Centers and First Responders

Key Questions:

1. Where can provider organizations learn more about attaining Community Health Center status?
2. What resources are available to Community Health Centers to help them integrate behavioral health into the primary care services they provide?
3. How can individuals and families find a Community Health Center in their community?
4. What are some resources that educate first responders about addressing people with behavioral health conditions?
5. What are some resources for first responders on preventing opioid overdoses?
6. What are some resources for first responders on dealing with disasters and trauma in the community?
7. What are some resources for learning about mental health first aid? What are some resources for learning about psychological first aid?

Where can provider organizations learn more about attaining Community Health Center status?

• [This source offers information about how to become a Community Health Center, how to get funding, and how to achieve look-alike designation, which means designation without Health Center Program grant funding, but with many of the same benefits.]


• [This page lists requirements that health centers need to be meet in order achieve Community Health Center status.]

What resources are available to Community Health Centers to help them integrate behavioral health into the primary care services they provide?


• [This site offers information on integrating behavioral health into primary care. It provides information on integrated models and links to webinars, videos, and additional resources pertaining to this topic.]


• [This site talks about behavior health expansion. It also provides integration models, information on finances and billing, operation practices and resources, workforce development, and more.]


• [This site provides an overview of SAMHSA’s Primary and Behavioral Health Care Integration (PBHCI) Program, in which SAMHSA provides support to communities to coordinate and integrate primary care services into publicly funded, community-based behavioral health settings.]

How can individuals and families find a Community Health Center in their community?


• [This site provides a HRSA Community Health Center locator where people can use to find the Community Health Center closest to them.]

What are some resources that educate first responders about addressing people with behavioral health conditions?
• [This document] presents guidelines to improve services for people with serious mental illness or emotional disorder who are in mental health crises. [It] defines values, principles, and infrastructure to support appropriate responses to mental health crises in various situations.


• [This article discusses the need for training first responders on mental disorders and describes resources to help them.]


• [This webpage provides information on people with mental health conditions for law enforcement officers and discusses how these professionals can make a difference.]

What are some resources for first responders on preventing opioid overdoses?


• [This toolkit] equips health care providers, communities and local governments with material to develop practices and policies to help prevent opioid-related overdoses and deaths. [It] addresses issues for health care providers, first responders, treatment providers, and those recovering from opioid overdose.


• [The Law Enforcement Naloxone Toolkit was developed at the urging of the U.S. Attorney General in response to the growing opioid overdose epidemic. It offers answers to frequent questions about naloxone and sample documents and templates.]

What are some resources for first responders on dealing with disasters and trauma in the community?

• [This mobile app] offers first responders immediate access to field resources for aiding disaster survivors. [The app] has the ability to search for and map behavioral health service providers in the impacted area, review emergency preparedness materials, and send resources to colleagues.
• Resources for intervention with survivors of infectious disease epidemics such as Ebola are now available in the latest version of the app.


• [This website offers communication strategies to help first responders gain trust and reduce anxiety among those with whom they interact.]


• [This website offers tips for responders to address behavioral health among those they interact with during a crisis.]

What are some resources for learning about mental health first aid? What are some resources for learning about psychological first aid?


• Mental Health First Aid for Public Safety [is a course for first responders,] helping them better understand [mental and substance use disorders] and providing them with effective response options to deescalate incidents without compromising safety.


• [This webpage describes available training in mental health first aid.]


• [This resource] gives tips to emergency response workers and disaster response workers to help disaster survivors cope with the psychological aspects of a traumatic event.
A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 10/24/16. However, we acknowledge that URLs change frequently and may require ongoing link checks for accuracy. Last updated: 10/24/16.