

WRAP-EM

Western Regional Alliance for
Pediatric Emergency Management



**Toward
Managing
Pediatric
Mental Health
Impacts**

Merritt Schreiber, Ph.D.
WRAP-EM Mental Health Working Group

Professor of Clinical Pediatrics,
Harbor-UCLA Medical Center
Department of Pediatrics,
Lundquist Institute



Disclosure

The projects described were supported by Award Number 6 U3REP190616-01-02 from the Office of the Assistant Secretary for Preparedness and Response (ASPR). The contents are solely the responsibility of the authors and do not necessarily represent the official views of ASPR or the Department of Health and Human Services.

Disclosure:

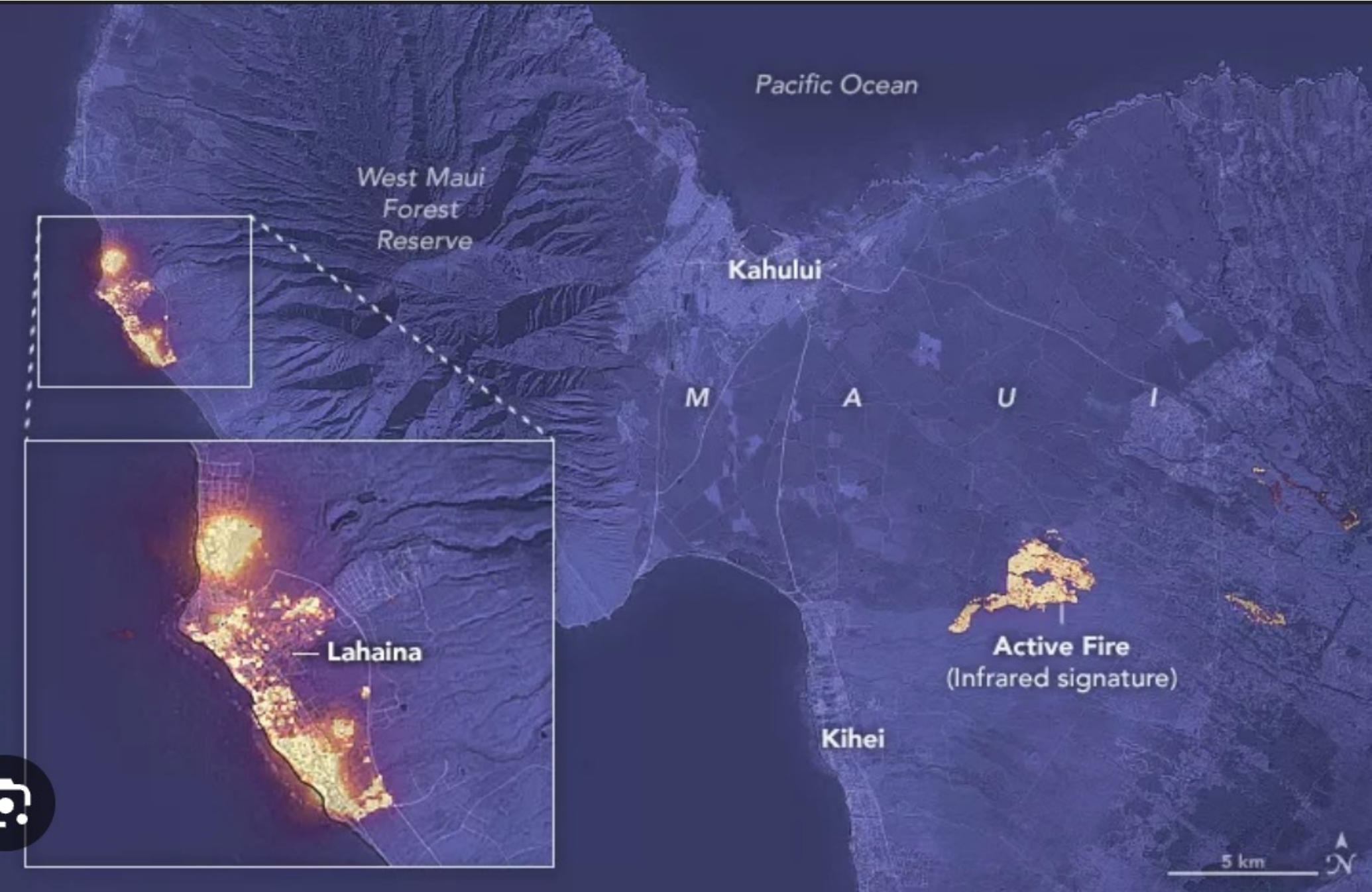
Dr. Schreiber maintains copyright and trademark for PsySTART and receives funding from varied federal, state and local governmental agencies including the WRAP-EM Pediatric Center of Excellence and Pediatric Pandemic Network

Disclosure:

I have limited understanding of Native Hawaiian and Tribal culture and perspectives.

I come to you with considerable cultural humility in hand....

I would like engage and collaborate with tribal and NH partners



Partner Engagement Meetings

Federal Partners: SAMHSA R9

Hawaii Dept of Health

Healthcare Clinics

Native Hawaiian Health Services

Community Response
Organizations

School Behavioral Health
Lead

Maui Behavioral Health
Wildfire Response:
ASPR BH, Recovery,
DoH, DoE, NCCTS

WRAP-EM

Western Regional Alliance for
Pediatric Emergency Management



Consultation Request

Initiated at the request of Region 9 SAMHSA Director

Provide technical
assistance

Offer strategic inputs
1> National Child DMH
CONOPS

2> PsySTART Rapid Triage
for Displaced persons via
DoH Cart Teams

Share recommendations

Support Youth Mental
Health Recovery

Maui Wildfires Pilot Deployment Report

WRAP-EM Mental Health Response Support Team (MH RST)



Incident Team includes:

Dr Merritt Schreiber

Dr Tona McGuire

Trevor Covington



Support Provided

TECHNICAL ASSISTANCE	- Ongoing virtual consultation and support provided to Hawaii's Department of Health Child and Adolescent Health Division via ad-hoc and weekly meetings - Technical assistance was provided in 3 primary areas: - Development of a coordinated mental health response and recovery approach based on the National Children's Disaster Mental Health Concept of Operations - Integration of a data-informed approach for initial mental health impact assessment and ongoing situational awareness using the PsySTART system and other EEIs - Implementation of a "Stepped Triage to TF-CBT" model including conceptualization, adaptation, training, and consultation calls
TRAINING	- The team provided training to a total of 23 providers/staff over 5 trainings. 17 providers in the islands trained in Stepped Triage to Care & TF-CBT 5 HI DOH staff in PsySTART Train-the-Trainer - Trainings included: - PsySTART Disaster Mental Health Triage: Offered to Department of Health staff and other community volunteers responding to the disaster - Trauma-Focused Cognitive Behavioral Therapy: Offered to mental health providers in support of Hawaii's response plan, including three half days of in person training and six months of consultation calls - Stepped Triage to Care Model: Offered with TF-CBT training. This training provides the conceptual model to integrate PsySTART triage into stepped care
TOOLS & RESOURCES	- The Mental Health Response Support Team offered the following resources and tools with technical assistance to support adaptation and implementation: - PsySTART Triage - WRAP-EM System, system tweaks to support response models, and supporting resources (<i>upwards of 15 supporting documents including FAQs, cheat sheets, etc</i>) - Stepped Triage to TF-CBT Model, including development of implementation package for Maui response and cultural adaptations - Anticipate.Plan.Cope model including cultural adaptations and game development support
DEPLOYMENT	- At the request of SAMHSA and Hawaii DOH, Dr Chip Schreiber and Dr Tona McGuire deployed onsite to provide consultation and expertise in support of federal visits - Included were several key meetings with community, local, state, and federal partners to establish recovery coordination and strategic approaches for mental health needs - This deployment included a series of recommendations on next steps and has led to a joint submission of an abstract regarding the collaboration to national conferences



TOTAL TEAM TIME INVESTED: 348 HOURS SINCE LATE AUGUST

RESPONSE BURN RATE: THIS RESPONSE EQUALS ~16 WEEKS OF "MH RST TEAM TIME"



Recommendations



1. Map available resources, needs and gaps



2. Develop and disseminate data to inform recovery efforts



3. Create and enhance training for Hawaiian-based mental health providers on stepped triage to care with case management approach

Recommendations



Establish a routine meeting tempo to include all responding agencies and citizens impacted by the wildfires



Establish a “community advisory board” of those agency reps and survivors (ie those directly impacted, which will monitor and provide input on the recovery and rebuilding efforts on a continuous improvement model



Engage native healing organizations and cultural experts to ensure treatments and approaches include appropriate cultural and healing integrated into “western” medicine

Our specific AAR Action Items

- 1) “Mapping of resources”- examples from Sandy Hook provided
- 2) Leveraging avail state data for the recovery phase.
- 3) TF-CBT Virtual Team- referral pathways clarification/action
 - **Triage for kids currently on the MFG and/or Kaiser wait lists and offer**
 - **Stepped TF-CBT Care while on wait list**
- 4) Discussion of adding primary care providers to referral process, with kids triaged and referred from within clinics. - reach out to Hawaii branch AAP
- 5) APC-adaptation for Maui youth

On-going support for implementation of these efforts is on-going

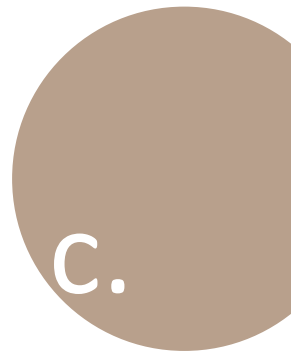
Lessons Learned...again



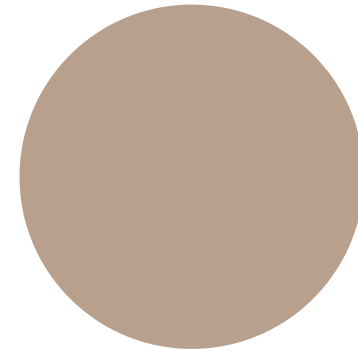
Communication
between responding
organizations was
inadequate



Coordination
between
responding
organization was
lacking



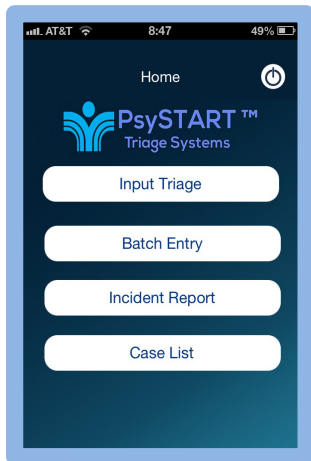
Pediatric mental
health
considerations were
an afterthought vs
integrated



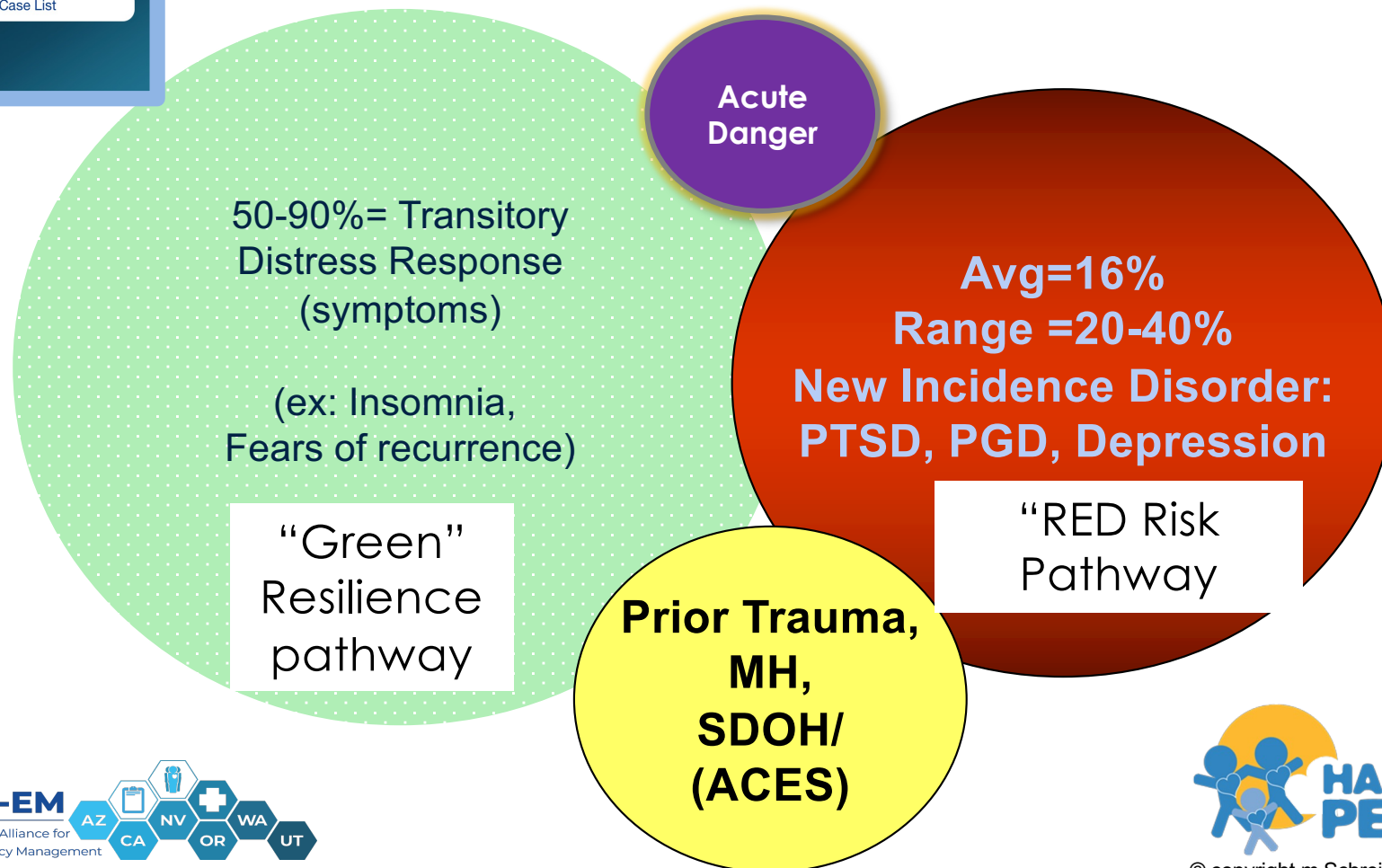
**And, If you don't
count it, it won't
count !.**

= PsySTART Triage

Pediatric Acute Trauma Risk, Resilience and Care



Targeted Seamless Triage to Care



PsySTART Rapid Triage Assumptions

From Distress to Risk

PsySTART not a symptom based screener

It does use severe/extreme stressors not initial upset/distress
“Outside your head, not in”

Validation on acutely traumatized children (and adults) and predicts
clinical PTSD and Depression (JAMA. 2006 Aug 2;296(5):549-59)

Distress or PTSD?



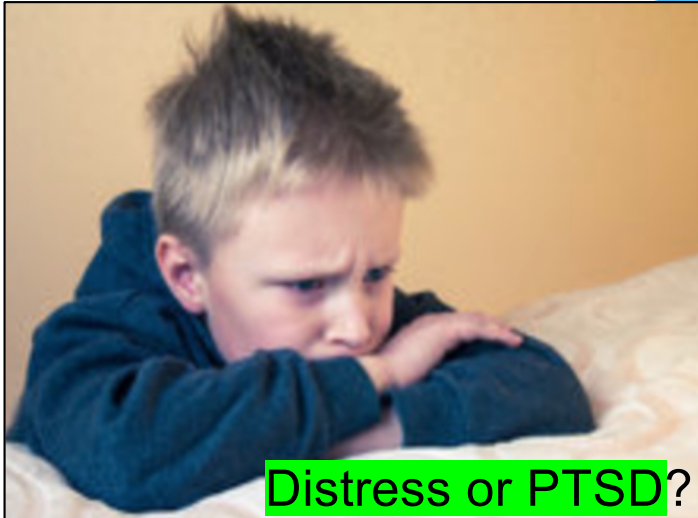
Numb or “chill” ?

UCLA
TRICS

Early Symptoms vs. Risk

WRAP-EM

Western Regional Alliance for
Pediatric Emergency Management



Distress or PTSD?

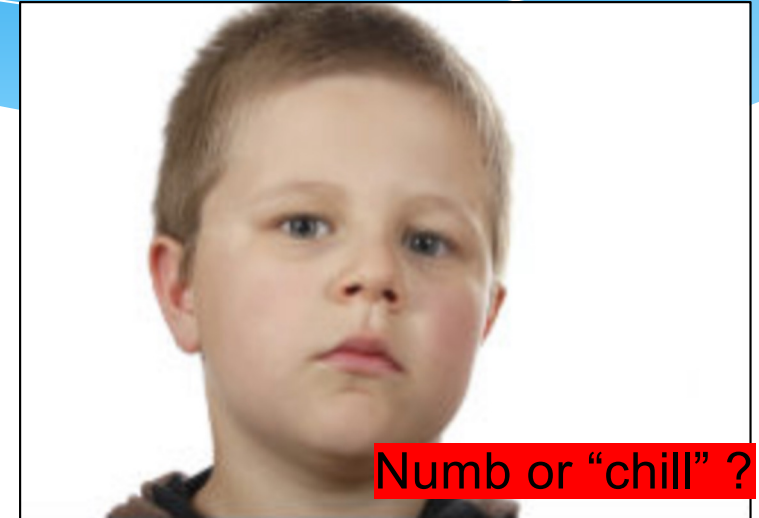
Distress symptoms & appearance are

unreliable within first 30 days

Instead:

objective experiences which are risk precursors

Thought I was going to die



Numb or "chill" ?

Home not livable

Death of loved ones

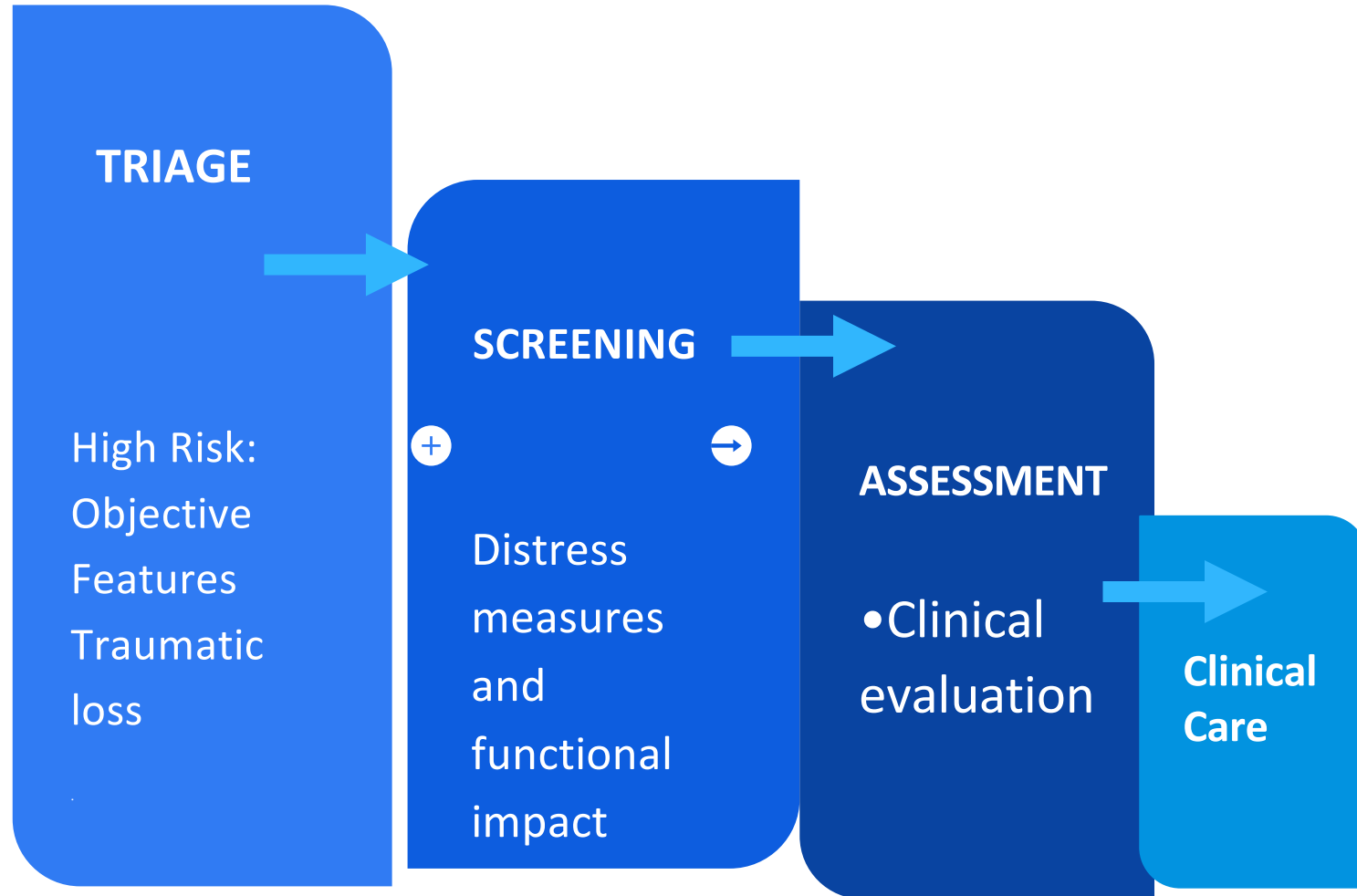
Scenes of death

Unaccompanied child



Using a data-informed approach to identifying psychological risk may allow more equitable access to evidence-based care for children who are traumatized and historically marginalized

Multi-gated triage, assessment, and tele- BH care





Source: Public Health Sudbury & Districts www.phsd.ca

Irving Zola's "Upstream-downstream parable";

January 26, 2024

WRAP-EM

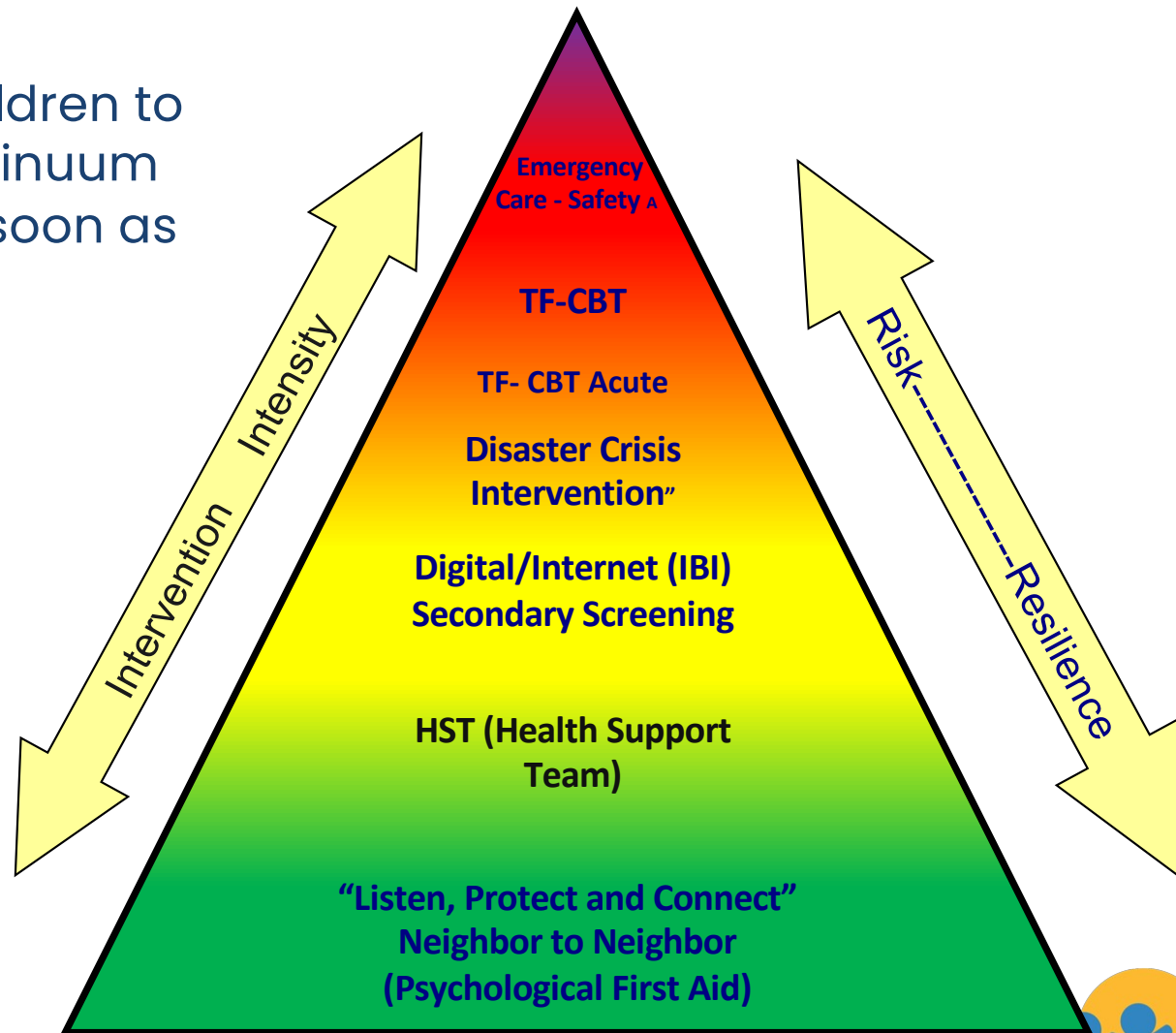
Western Regional Alliance for
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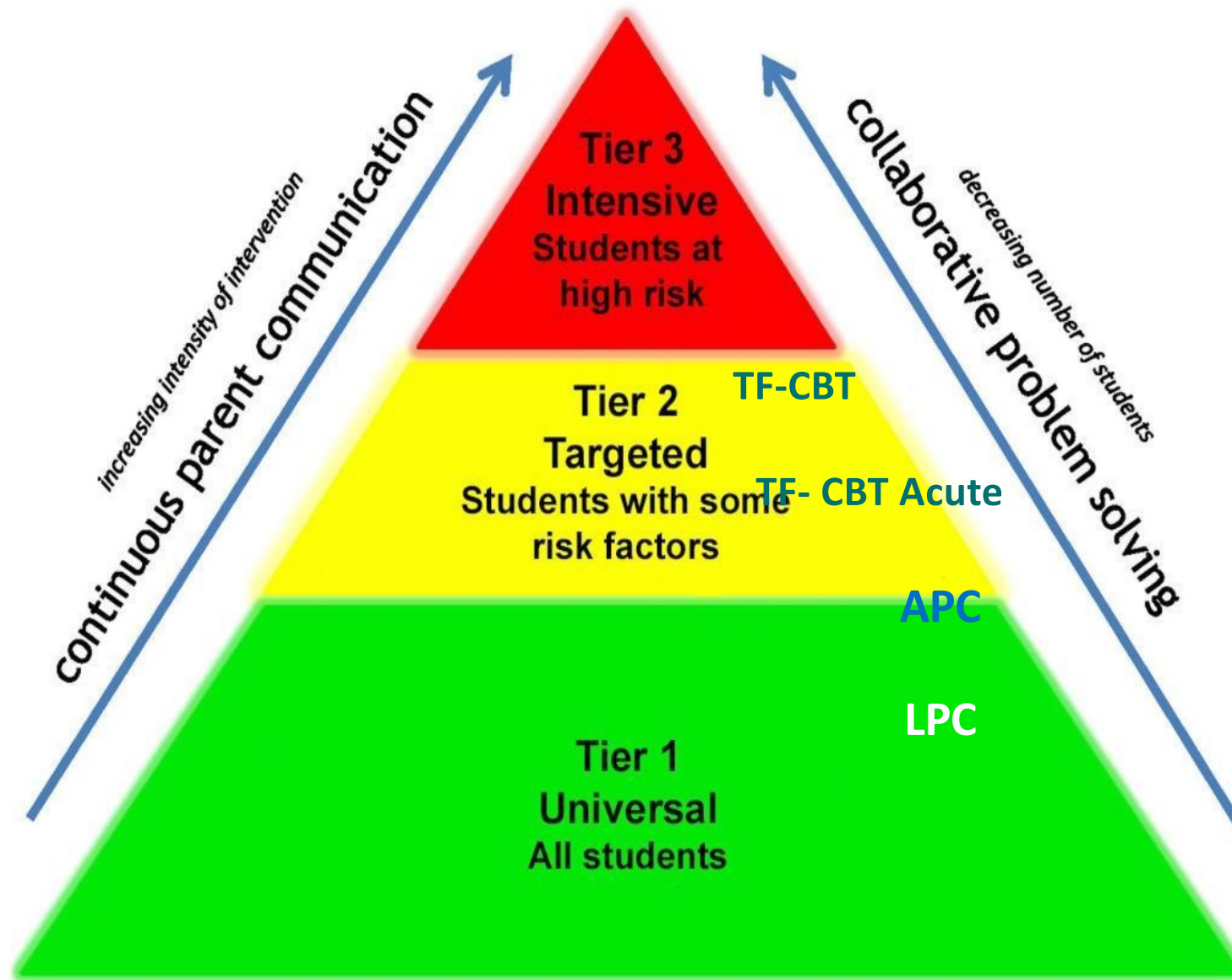
"Seamless" Stepped Triage to Care Continuum: TF-CBT Example

Goal:

Getting children to
timely continuum
of care as soon as
possible...



Multi-Tiered System of Supports (MTSS)



Assumptions:

1) ***“If you don’t count it:
It won’t count.”***

2) ***One size doesn’t fit
all***

3) ***Need a continuum of
EBT care based on
triaged risk ASAP***

- High mental health impacts from day to day emergencies and disasters (**20-40% risk rates**)
- Strong need for mental health services and support, but not all high risk (triage)
- Early intervention and support is key
- Triage is critical for early intervention **and** to make best use of limited resources
 - Exposure vs symptoms
 - *Most* impact for youth *most* in need

From classification to prioritization

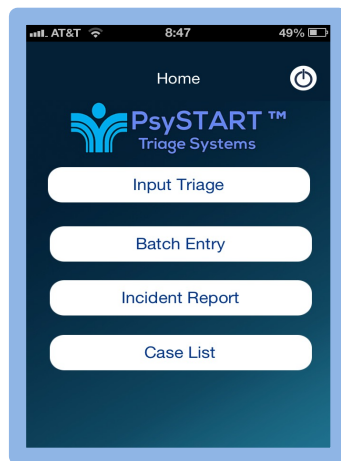
Floating Triage Algorithm: 11% vs 23% of Population (2500 Triaged)

Prioritization

Potential At-risk Individuals

Population

Provider



Equity lens

Before Disaster
Equity issues

Income, age,
race/ethnicity,
gender, and other
socio-demographic
characteristics

Past history of
trauma

Pre-existing mental
health conditions

Access to
resources

Coping abilities

PsySTART Triage Domains Options

During Disaster

Equity issues

Type of disaster

Exposure

Bereavement

Injury

Property damage or
financial loss

Peri-traumatic
thoughts and
feelings

Emergency
evacuation

After Disaster

Equity issues

Severity of
resource loss

Secondary stressors

Social support and
other social
resources

Coping skills and
other personal
resources

Financial resources

Displacement

PPN/WRAP-EM PsySTART Collaborative 2.0: “Seamless” Stepped Triage to TF-CBT Care

- Triage for trauma exposure and risk: PsySTART
- Referral to: MH provider (school, hospital, o/p)
- Initial assessment: Child PTSD Symptom Scale for DSM-5 (CPSS-5)
- Stepped care trauma treatment: TF-CBT Stepped
 - Step 1: TF-CBT PRAC components
 - Repeat CPSS-5 → if clinically indicated →
 - Step 2: TF-CBT TICE components (full model)
- Tele-Health adaptation(Sonoma, WA, Maui)

Ending Step 2

- Re-administer CPSS-5
- Evaluate child's clinical status—does youth need to continue in trauma treatment?
- If PTSD/trauma symptoms have remitted, end TF-CBT (collaborative decision with youth/parent)
- If not, continue in TF-CBT
- If other clinically significant symptoms, begin/transfer to appropriate evidence-based treatment
- Should not introduce Trauma Narration & Processing prior to completing PRAC skills (even if not in study)

,

Step 3: Continuing to Full TF-CBT Model

- Should be a seamless process for the family after completing the CPSS-5
- Share/explain the results and why you recommend the youth continuing TF-CBT treatment
- Move on to Trauma Narration & Processing component

Population Level Care estimation



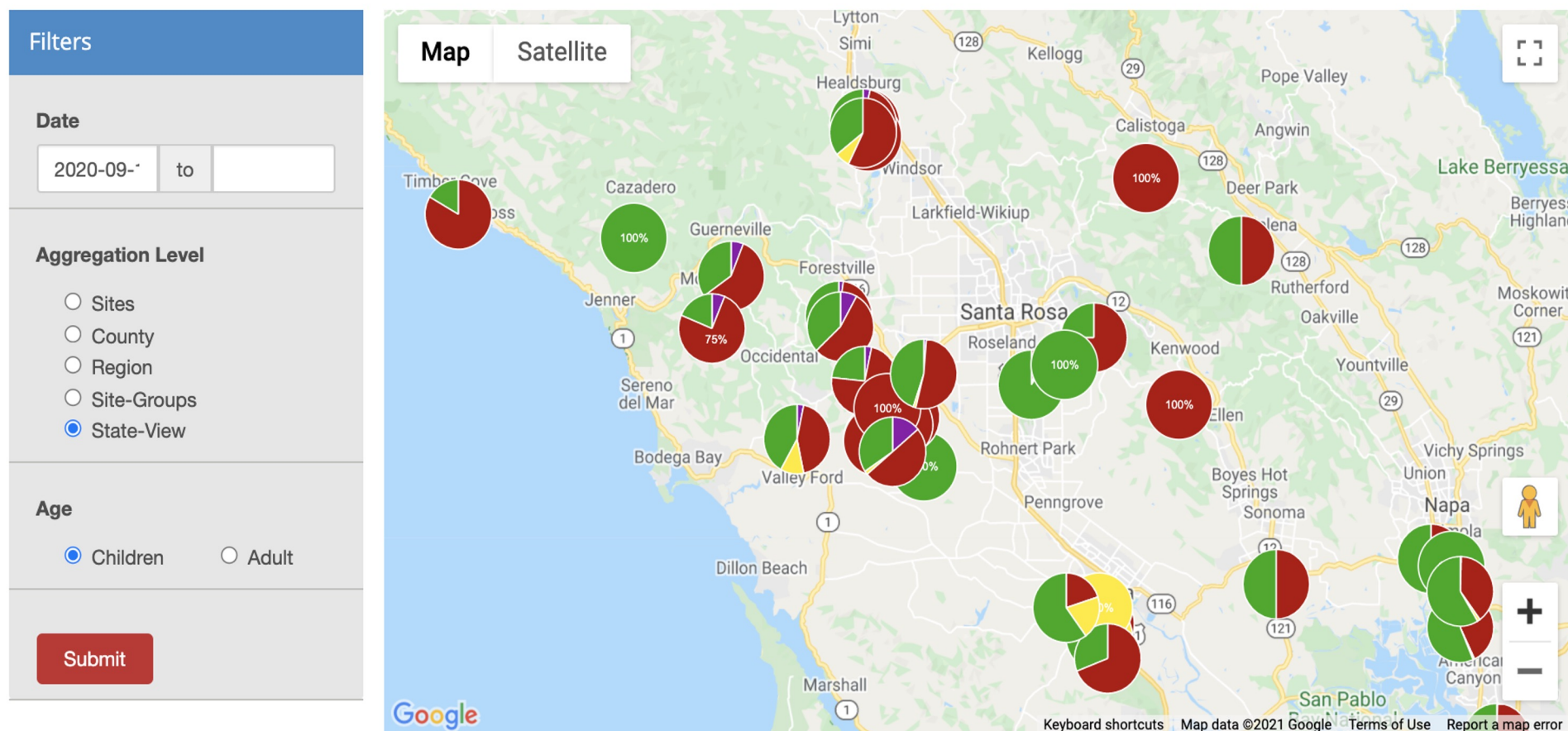
Treating Children Traumatized by Disasters

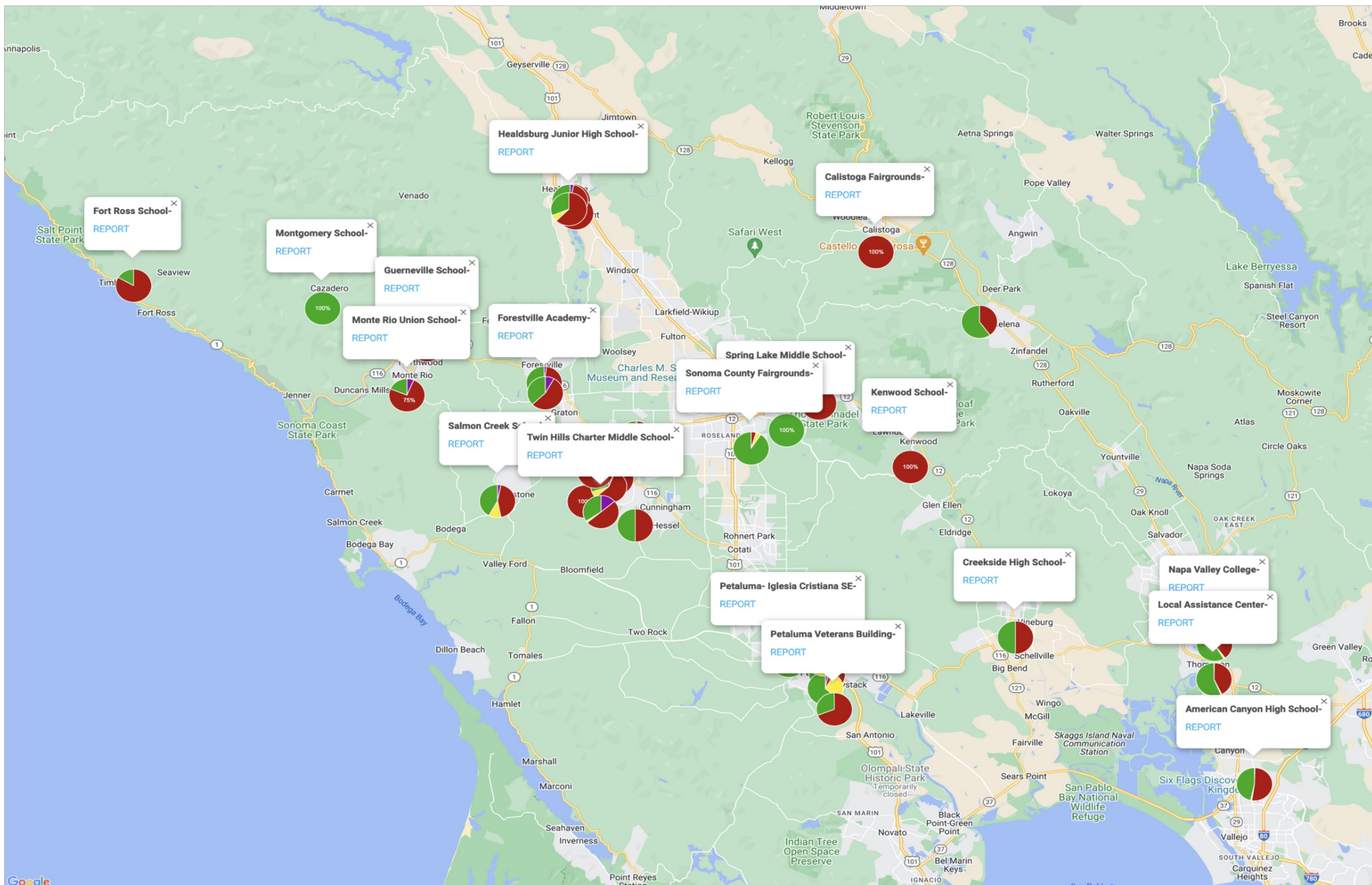
- **Step 1:** Screening for trauma exposure and risk:
PsySTART;
- Referral: school/community MH therapist and
- Initial assessment: Child PTSD Symptom Scale for DSM-5 (CPSS-5)
- Stepped care trauma treatment: TF-CBT
Step 2: TF-CBT PRAC components
Repeat CPSS-5 → if clinically indicated →
- Step 3:** TF-CBT TICE components (full model)

Whole of Community Pediatric TRAUMA TEMPERATURE MAPPING

Napa/Sonoma DBH Shelters plus Sonoma Schools Combined

Mobile sites (without specific locations) will be mapped to its parent site





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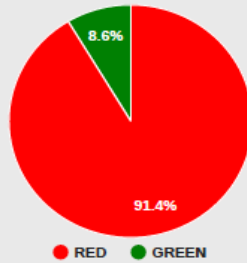
Child/Youth PsySTART Self-Report N=2600



Site: County

Report Period: 16-Sep-21 - 07-Apr-22

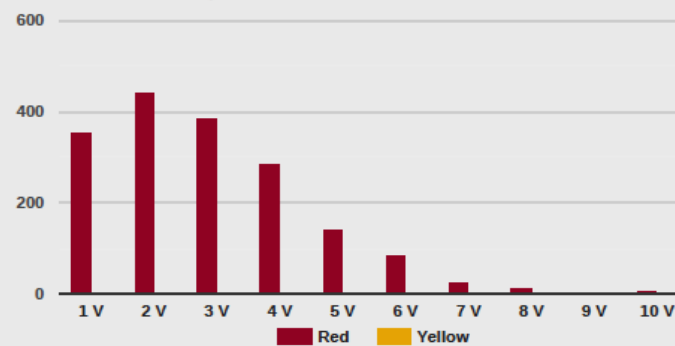
Records Distribution



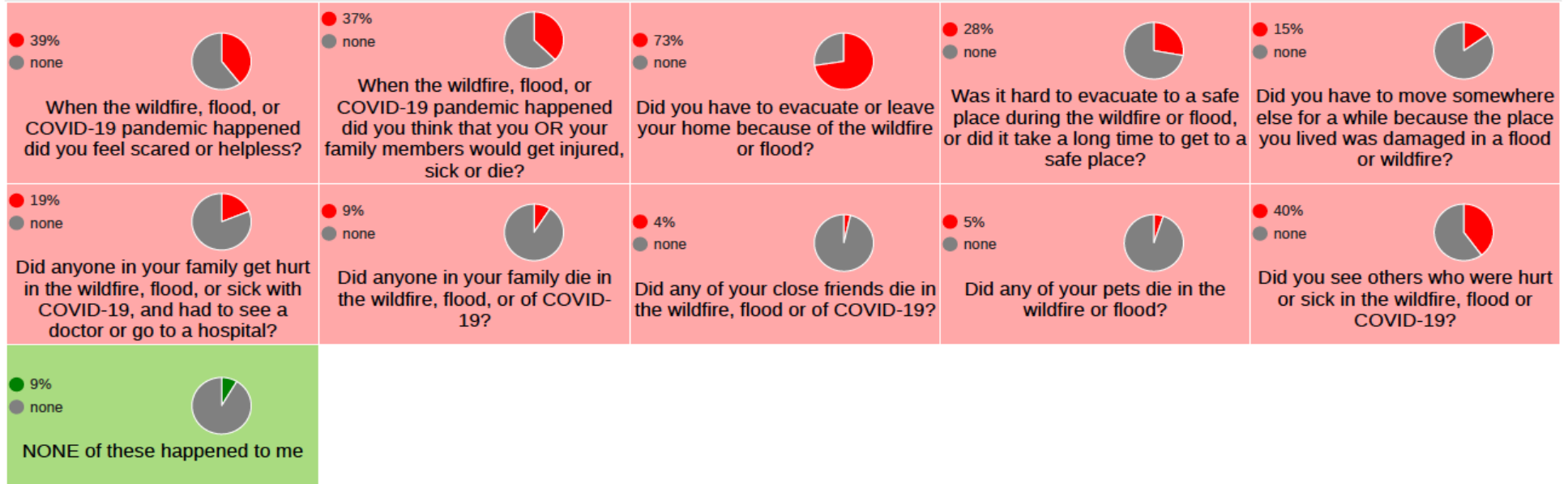
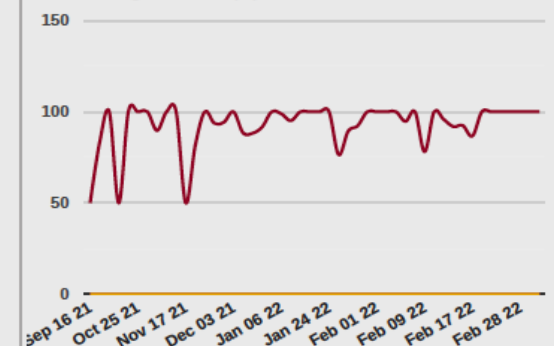
Child: 875 Teenager: 985 Adult: 48

Total Records: 1908

Records with multiple red and yellow variables



Average daily risk (%)



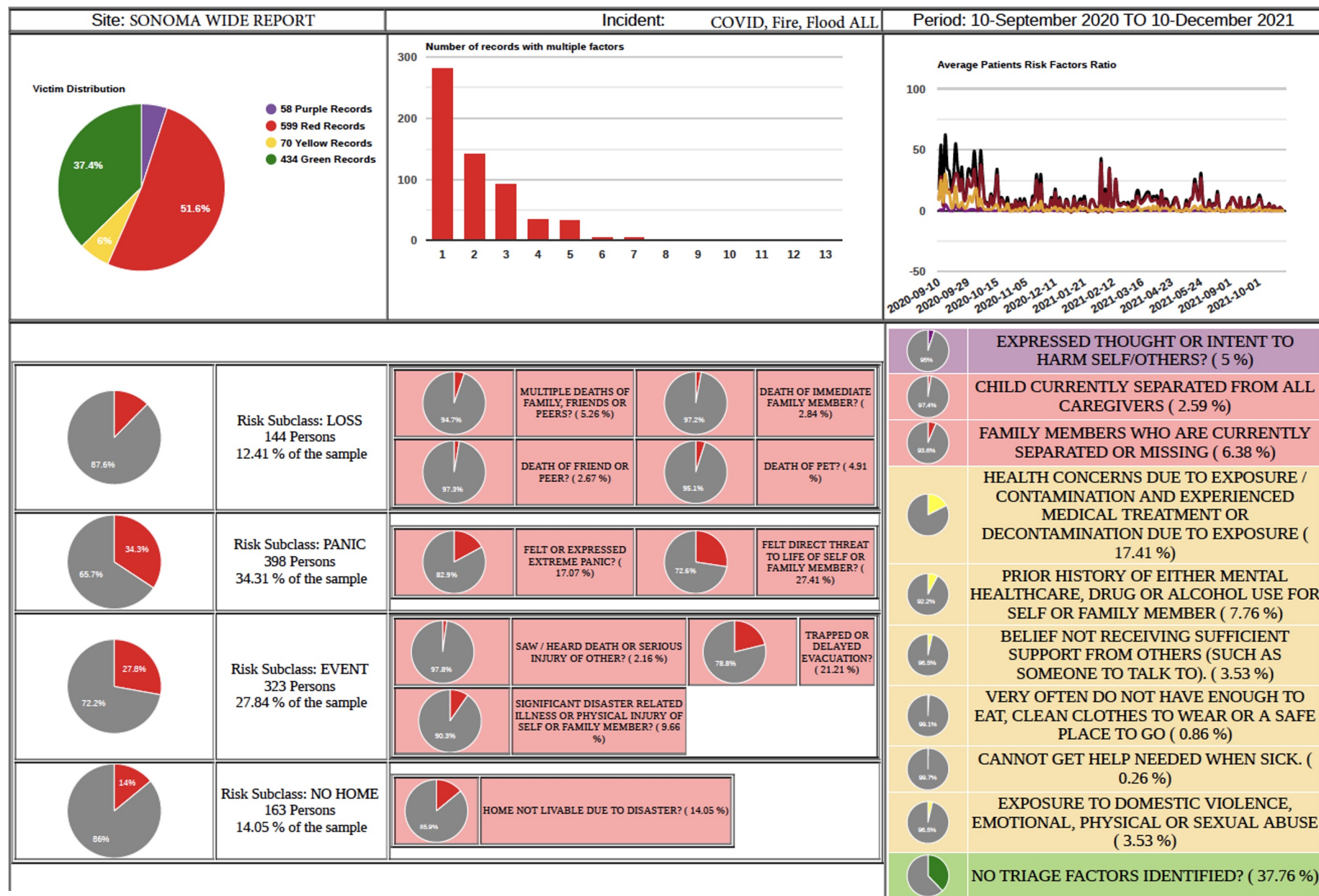
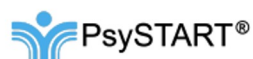
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Confidential student information

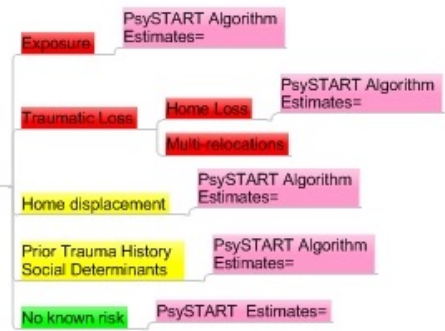


Sonoma Schools risk surveillance: Risk Surveillance(9/20-12/10/21)

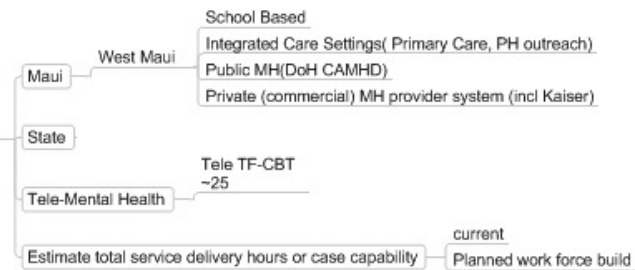


National Children's Disaster MH Conops for Children of the West Maui Wildfire 2023 M Schreiber, PhD WRAP-EM Mental Health Team Harbor-UCLA Pediatrics

PsySTART Child/Youth
Impact Population Risk
Modeling
*see SERG Plan



Child/Adolescent Mental Health
Resources
of Child/Adolescent MH
Provider
of available appts
of total available service hours



PsySTART Informed
Resource Matching:
1) Community Informed
Prioritization
2) Floating Case List

Caseness:
Risk -
resilience+adherence="case"

Matching Protocol:
Total estimated needs-
Total estimated
resource =
GAP(shortfall)
Time reference

Resilience

Traditional
Healing Practices

- Schools
- Primary Care
- Shelters
- Disaster Recovery Entities
FEMA DRC, ARC
- Child Care
- Emergency Medical
Services for
Children:
Hospital
Fire EMS
LE
- Traditional Healing
- Child Care
- After School Care
- Religious
- Traditional Care Settings
- Subtopic

Disaster Systems of
Care:
Community Touch
Points

Local Community
Advisory Board(s)

HHS: SAMHSA:SERG,
CCP, NCTSN
ASPR Recovery
Programs

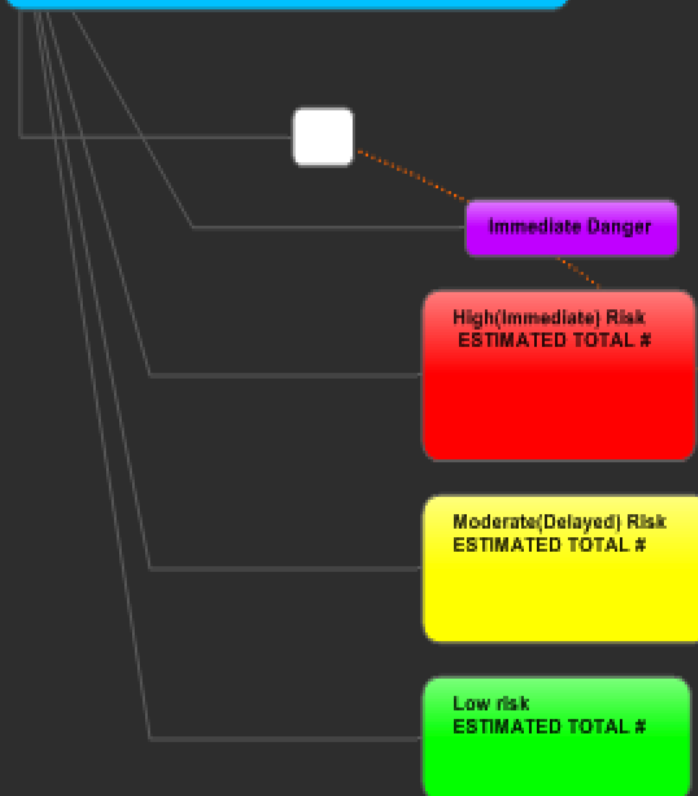
DoE: Project Serv

Other

National Disaster Mental Health
CONOPS for Children
Triage to Stepped Care
Model 2
Merritt Schreiber, Ph.D.

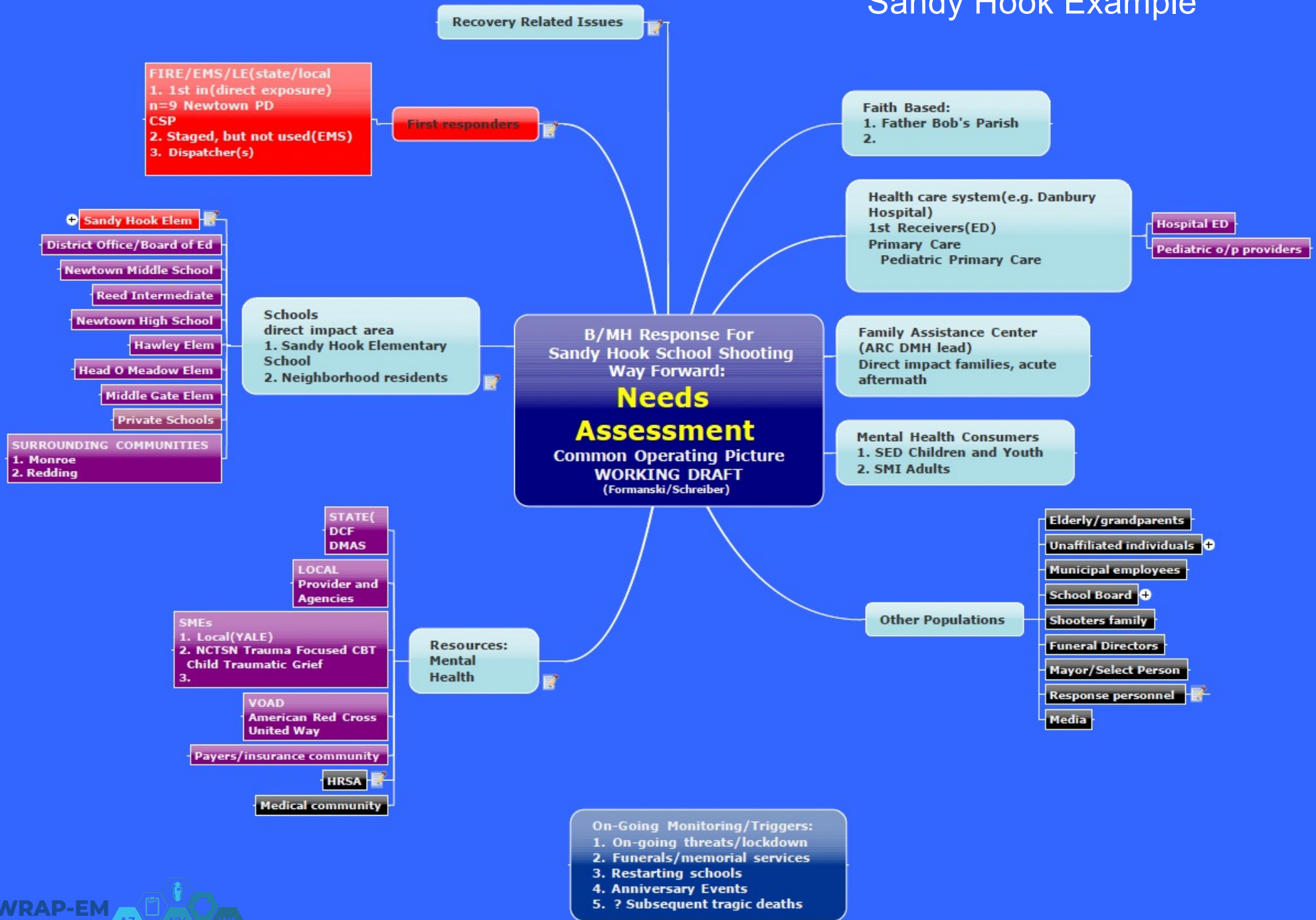
Triage to Stepped Continuum of Triage to Care

PsySTART GAP Planning System
All Hazards Scenario TYPE:



For Each
PsySTART
Triage Factor,
estimated total #
of children
projected to
experience each
factor or
combination of
factors to yield
total aggregated
population
estimate by
triage level

Sandy Hook Example

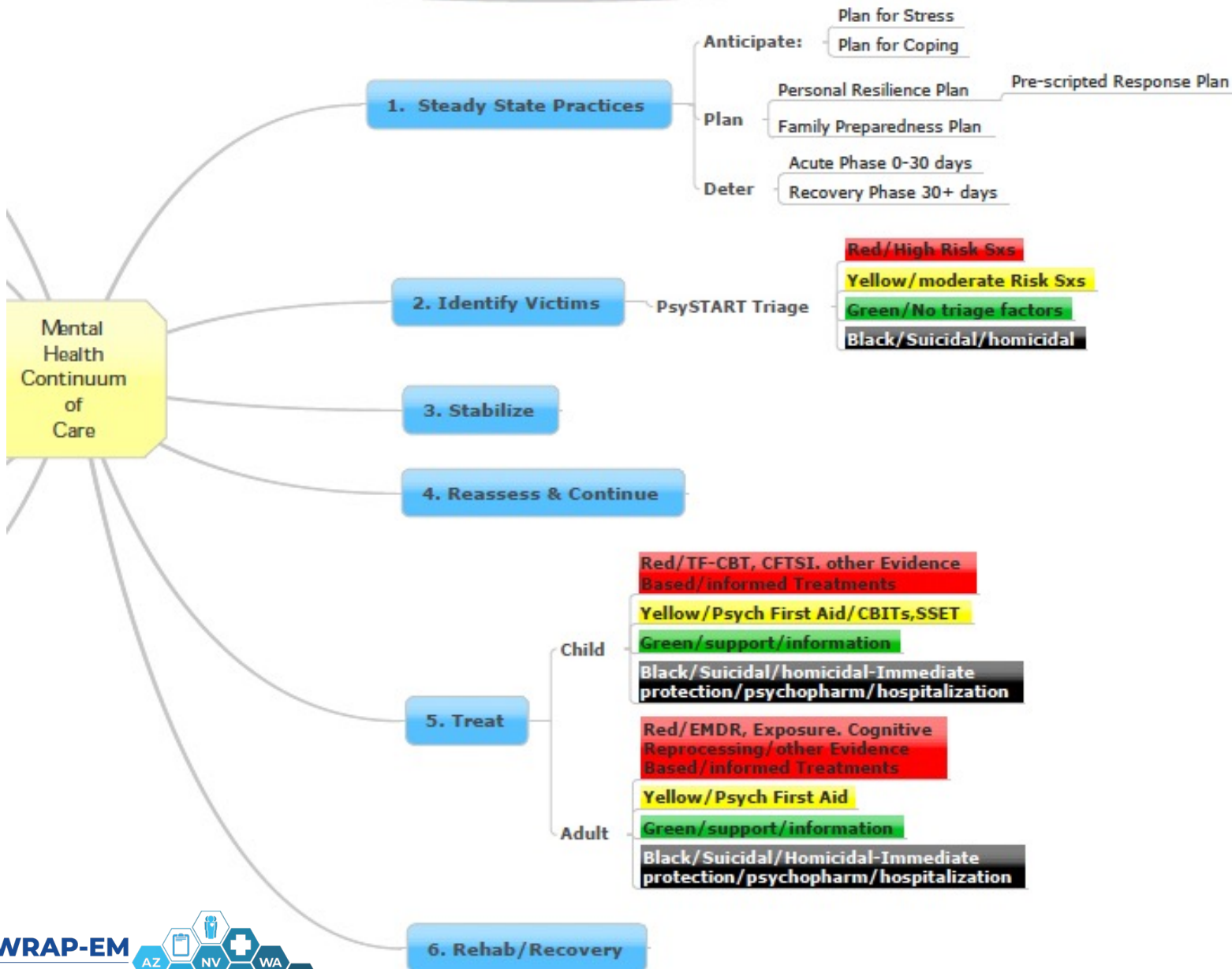


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Mental Health Response to a Mass Fatality Incident



**"Stepped Pediatric Triage to Care
with Mhealth Model"**
m schreiber

Step 1
PsySTART Triage at Point of
Injury Care:
(Emergency Department/Trauma
Centers,
Pre-hospital/Paramedics)

*If positive screening: then
Proceed to Step 2*

**Step 2 (within 4 weeks post
injury)**
Trauma Focused CBT for
Children Acute Variant
TF-CBT-A (=4 hrs)
In-person
a. initiate at Bedside for admitted
ICU patients
b. outpatient follow up in
surgery clinic setting(integrated
care)

STEP 2 alternate:
TF-CBT-A
Web-based/Internet based
intervention,Gaming Version
with SMS components)
(to be developed)

If positive screening: then Proceed to Step 3

Step 3: (after 30 days post injury)
Full course TF-CBT (12-16
sessions) including child traumatic
grief components when indicated

VERSION 4
prepared by :
MSchreiber,PhD

Typical BH Initial Response – No Mapping

Survivor at bottom of scrum
met by waiting MH resources



The BH helpers composed of local providers, state providers/contractors, Federal providers, Volunteers, American Red Cross BH providers, Religious organizations, peer counselor organizations, etc. Soon to be followed by therapy dogs, ponies and/or mice



Pediatric Disaster Response and Emergency Preparedness

MGT-439

Participant Guide

May 2014



FEMA



Pediatric Disaster Response and
Emergency Preparedness
Training Support Package

The PsySTART Triage Tag

Participant Guide

PsySTART™ Disaster Mental Health Triage System

LAST NAME		FIRST NAME		MEDICAL RECORD NUMBER
AGE	GENDER	HOME ZIP CODE		
	MALE FEMALE			

	INDICATE "YES" ANSWERS BELOW	MARKING EXAMPLES
EXPRESSED THOUGHT OR INTENT TO HARM SELF/OTHERS?		 CORRECT WRONG WRONG
FELT OR EXPRESSED EXTREME PANIC?		
FELT DIRECT THREAT TO LIFE OF SELF OR FAMILY MEMBER?		
SAW / HEARD DEATH OR SERIOUS INJURY OF OTHER?		
MULTIPLE DEATHS OF FAMILY, FRIENDS OR PEERS?		
DEATH OF IMMEDIATE FAMILY MEMBER?		
DEATH OF FRIEND OR PEER?		
DEATH OF PET?		
SIGNIFICANT DISASTER RELATED ILLNESS OR PHYSICAL INJURY OF SELF OR FAMILY MEMBER?		
TRAPPED OR DELAYED EVACUATION?		
HOME NOT LIVABLE DUE TO DISASTER?		
FAMILY MEMBER CURRENTLY MISSING OR UNACCOUNTED FOR?		
CHILD CURRENTLY SEPARATED FROM ALL CARETAKERS?		
FAMILY MEMBERS SEPARATED AND UNAWARE OF THEIR LOCATION/STATUS DURING DISASTER?		
PRIOR HISTORY OF MENTAL HEALTH CARE?		
CONFIRMED EXPOSURE/CONTAMINATION TO AGENT?		
DE-CONTAMINATED?		
RECEIVED MEDICAL TREATMENT FOR EXPOSURE/CONTAMINATION?		
HEALTH CONCERNS TIED TO EXPOSURE?		
NO TRIAGE FACTORS IDENTIFIED?		

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Original – Patient Chart

Funded through HHS HPP grant #6 U3REP080079
For use with the PsySTART Incident Management System

For further information or permission to use, contact mds@uci.edu



SAMHSA

Disaster Technical Assistance Center Supplemental Research Bulletin

Stronger Together: An In-Depth Look at Selected Community-Level Approaches to Disaster Behavioral Health

August 2016

17 percent. Most people are resilient, but counselors can do a better job of identifying and meeting the psychological needs of participants who need more than crisis counseling to get by (Norris, Hamblen, & Rosen, 2009).

Additionally, researchers noted, participants' perceived benefits were lower when providers' stress levels were higher. They add that providers' levels of stress were significantly correlated with severity of losses in their county. To help manage provider stress levels, the CCP now requires a training that focuses on provider morale and stress management, suggests in its guidance a program management plan that addresses staff stress management, and offers related tip sheets and webcasts on stress management for responders (DHS, FEMA, & HHS, SAMHSA, CMHS, 2013; HHS, SAMHSA, DTAC, 2016c).

PsySTART

The CCP is a federal grant program that is implemented under specific statute and incorporates evidence-informed practices; other interventions, such as PsySTART, may be implemented in and after disasters even without CCP grant funding. Psychological Simple Triage and Rapid Treatment (PsySTART) is appropriate for individual and multiple communities affected by large-scale disasters. PsySTART is used by the American Red Cross, the Los Angeles County Emergency Medical Services Agency, more than 80 hospitals in the Los Angeles Hospital Disaster Resource Center System, and the State of Minnesota (University of California, Irvine [UCI], School of Medicine, Center for Disaster Medical Sciences [CDMS], 2016). It provides ways for individual responders to collect survivor mental health risk data, which is then aggregated and analyzed to help with identification of high-risk areas, which in turn can help organizations allocate limited resources where they are most needed. It enables a more effective response at the individual responder, organizational, and regional or even national levels.

At its main website, PsySTART is defined as "a strategy for rapid mental health triage and incident management during large-scale disasters and terrorism events" (UCI, School of Medicine, CDMS, 2016). PsySTART consists of three components: "community resilience via linkage between community 'disaster systems of care,' an evidence-based rapid triage 'tag' designed for field use by responders without mental health experience, and an information technology platform to manage the collection and analysis of triage needs in near real time" (UCI, School of Medicine, CDMS, 2016).

The evidence-based rapid triage tag is used by responders to record traumatic exposures, losses, health factors, and mental health care or disaster experience that an individual had prior to the most recent disaster. It helps responders in providing Psychological First Aid and referring individuals who need more comprehensive assessment or mental health intervention to these services (Schreiber, Yin, Omaha, & Broderick, 2014). As explained in a monograph about the strategy, "Rapid mental health triage is critical because, just as in emergency medicine where there is the 'golden hour' to get care, in disaster mental health, there is increasing evidence of a 'golden month' for the high-risk subset to be matched to brief, evidence-based care (Foa, Hearst-Ikeda, & Perry, 1995; Sijbrandij et al., 2007; as cited in Schreiber, 2010). Evidence on which the rapid triage tag risk factors are based includes some obtained through international responses to tsunami disasters. As noted in a paper on the use of PsySTART in the American Red Cross response in lower New York State after Hurricane Sandy:

Two large disaster operations coordinated by the Centers for Disease Control and Prevention, the U.S. Public Health Service, and other federal and international offices used PsySTART to conduct psychological risk surveillance and to improve mental health recovery efforts in Thailand and American

| Page 10



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



Listen, Protect and Connect:

Family to Family, Neighbor to Neighbor



Psychological First Aid (PFA)
for The Community Helping Each Other

Helping Those Around You
in Times of Disaster

Family to Family, Neighbor to Neighbor

Listen.Protect.Connect self guide:

Free download at:

www.ready.gov/sites/default/files/documents/files/LPC_Booklet.pdf

Support members of your team-

- **Listen-** to their concerns and questions
- **Protect-** them with skills/info they need
- **Connect-** encourage them to use confidential “next steps” resources links on PsySTART-R

Listen. Protect. Connect: Psychological First Aid System

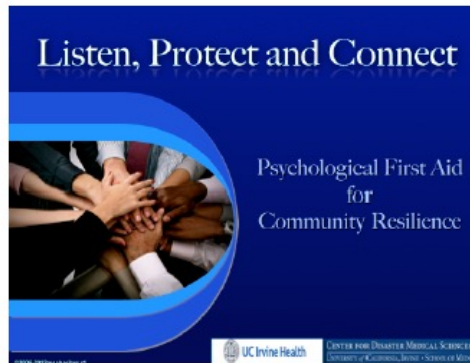
Listen, Protect and Connect:

Family to Family, Neighbor to Neighbor



Psychological First Aid (PFA)
for The Community Helping Each Other

Helping Those Around You
in Times of Disaster



Listen, Protect and Connect:
Family to Family, Neighbor to Neighbor
Psychological First Aid for the Community Helping Each Other

Trainer Notes and Resources
For use with Listen, Protect and Connect:
Family to Family, Neighbor to Neighbor
Slide presentation
2013 Version for use LPC web training components

Developed for
The Los Angeles County Department of Public Health
Program
Resilience Project



Listen, Protect, Connect — Model & Teach

PSYCHOLOGICAL
FIRST AID (PFA) FOR
STUDENTS AND TEACHERS



Helping you help your students
in times of disaster.

Listen, Protect and Connect



Psychological
Community

Listen, Protect and Connect:

Family to Family and
Neighbor to Neighbor

Help Those Around You
During Crises and Disasters
With Psychological First Aid

Listen
for immediate concerns
and practical needs

Protect
help quickly

Connect
link to other helping resources

CONNECT RESOURCES

For life-threatening
emergencies, call 911.



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CONNECT

When you link others to community resources, that's the "CONNECT" step of psychological first aid.

Try matching a resource to the needs you heard about during "LISTEN":

I.H.S. BEHAVIORAL HEALTH

Pine Ridge:
605-867-5131
7am-11pm

Kyle:
605-455-2451
Monday to Friday 8am-4:30pm

MISSING FAMILY
www.safeandwell.org

SHELTERS
app.redcross.org/nss-app

NATIONAL SUICIDE PREVENTION LIFELINE

1-800-273-TALK 24/7

SWEETGRASS PROJECT HOTLINE
605-867-HOPE

HELPLINE CENTER
Dial 211
helplinecenter.org

For more information about
psychological first aid, visit:
www.cdms.uci.edu/PDF/protect.pdf

@800273TALK www.facebook.com/800273TALK

Listen, Protect, and Connect

LISTEN, PROTECT AND CONNECT

Family to Family and
Neighbor to Neighbor

Help those around you
during crises and disasters
with psychological first aid

+ Listen
For immediate concerns
and practical needs

+ Protect
Help quickly

+ Connect
Link to other helping
resources

WRAP-EM MH Response Support Team



Serving WA, OR, CA, AZ, NV, UT
PPN MH Emergency Preparedness: anywhere

m.schreiber@ucla.edu
WRAP-EM MH Support Team
949 424 9178

