

NAATP

WEBINAR

SERIES



Jonathan P. De Carlo, CAC III
Chief Executive Officer
C4 Consulting, Inc.

Engaging in Solutions: *Current Considerations* & *Planning for Organizational Recovery*

Agenda



Engaging In Solutions:

Today, Tomorrow, & Future Considerations



Essential Frameworks:

Values Based Care & Trauma Informed Care



Organizational Health

Leadership & Staff Self-Care



Resilient Responses as Organizational Recovery

Financial
Operational
Business Development
Clinical/Programming



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

An
invitation
to...





NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

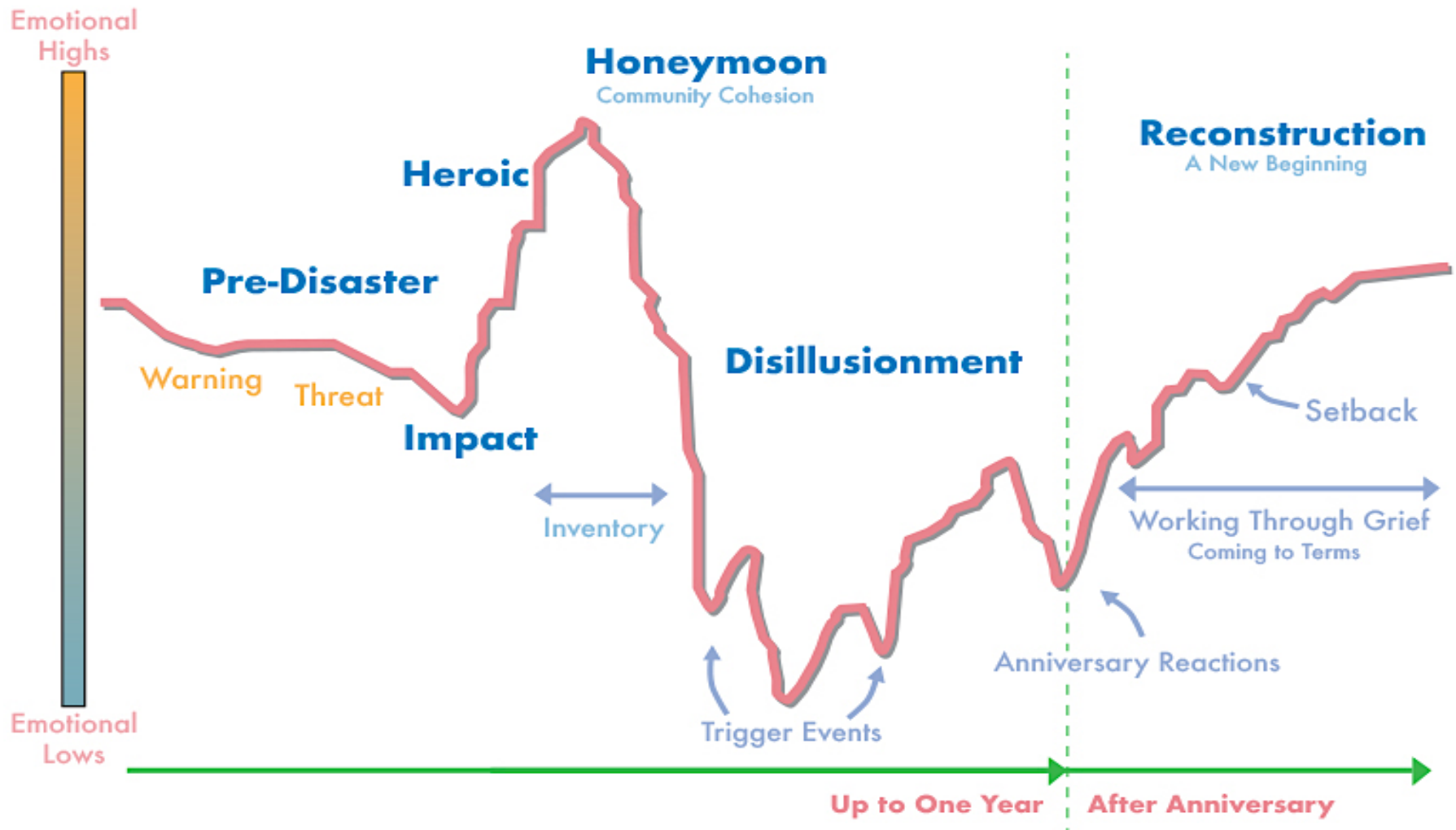
Challenges of Today

Opportunities of Tomorrow

Future Considerations

Engaging
In
Solutions

Phases of Disaster Recovery¹



Disaster Recovery: Behavioral Health Needs & Use Prevalence

- Challenges of Today:
 - Anxiety, Depression, Grief, Panic Disorder, & Traumatic Stress: ASD/PTSD
 - Increased Process & Substance Use, Misuse, & Abuse
 - Relational impacts – couples, families, & communities
- Opportunities for Tomorrow:
 - Understanding the experience of progression
 - Seeking relief (healthy & unhealthy)
 - Engaging available resources

Disaster Recovery: Behavioral Health Needs & Prevalence

- Future Considerations
 - Timelines for understanding behavioral health impacts
 - Timelines for evolving disaster recovery efforts will vary
 - Pre-disaster epidemic cycles will evolve concurrently
 - Access to care will require collaboration with wider referral sources
 - Intersection of public & private resources will be critical
 - Organizations will need to respond by evolving & growing intentionally rather than reacting

Essential Frameworks: *Values Based Care*



Essential Frameworks: *Trauma Informed Care*

- **Safety** - Ensuring physical & emotional safety for the Organization, Staffs, Participants, & Families.
- **Trustworthiness & Transparency** - Transparency to build trust in relationships; Making tasks clear & Maintaining appropriate boundaries.
- **Peer Support** - Key to start building trust, establishing safety, & empowerment through peer to peer engagement.
- **Collaboration** - Maximizing collaboration & sharing of power with participants.
- **Empowerment, Voice, & Choice** - Prioritizing participants empowerment & skill-building, as well as prioritizing consumer choice & control.
- **Cultural Humility** - care that differs from cultural competence, by centering on an individual's cultural experience as the reference, honoring & attending to the individual's cultural context & influences in their care.
- **Mutual Responsibility** - Each person is responsible for their part in the relationship & for their own behavior.
- **Compassion** - Looking at the entirety of the person including their experiences and environments rather than being judgmental & dismissive.



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Who is a ***Participant?***

Staff
Clients
Families
Payors
Referrals
Communities

Organizational Health

“Organizational health is essentially about making a company function effectively by building a cohesive leadership team, establishing real clarity among those leaders, communicating that clarity to everyone within the organization, and putting in place just enough structure to reinforce that clarity going forward.”²

Organizational Health

“Simply put, an organization is healthy when it is whole, consistent and complete, when its management, operations and culture are unified.”³

Organizational Health



Cohesive Leadership Team

Create Clarity

Reinforce Clarity

Overcommunicate Clarity



Team Behaviors

Building Trust

Mastering Conflict

Achieving Commitment

Embracing Accountability

Focusing On Results⁴

Create Clarity:
*SIX CRITICAL
QUESTIONS*

1. Why do we exist?
2. How do we behave?
3. What do we do?
4. How will we succeed?
5. What is most important, right now?
6. Who must do what?⁵

Self-Care: Leadership & Staff



Current Resources

Communicating: Asking/Listening
Evaluating & Understanding



Further Resources

Creativity & Innovation
Collaborations & Communities



Future Resources

ProQOL-5
✓Compassion Satisfaction
✓Compassion Fatigue
✓Burnout
Cross Training & Education

Financial Considerations

- Financial trauma recovery
- Productivity Expectations
- Restructuring fiscal integrity & sustainability
- Evolving capacity needs & resourcing

Operational Considerations

- Evolving regulatory roll backs & updates
- Policy, procedure, & practice revisions
- Facility preparedness during disaster recovery
- Staffing considerations



Business Development Considerations

- Balancing comprehensive strategies
- Strategic diversification of referral sourcing
- Opportunities for community collaboration
- Cross training & education

Clinical/Programming Considerations

- Measurement based care utilization
- Appropriate service content & delivery
- Education, supervision, & training
- To telehealth: Why, When, & How



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Questions, Considerations,
Discussions, & Solutions

Engaging
In
Solutions



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Stay Connected

Jonathan P. De Carlo, CAC III
CEO – C4 Consulting
jonathan@c4-consulting.com
www.c4-consulting.com



C4 CONSULTING
A SUBSIDIARY OF C4 RECOVERY FOUNDATION, INC.

End Notes & References

1. Erin. Washington. (2020, February 25). Phases of Disaster. Retrieved April 1, 2020, from <https://www.samhsa.gov/dtac/recovering-disasters/phases-disaster>
2. Lencioni, P, The Advantage – Q&A Discussion with Pat Lencioni; www.tablegroup.com/imo/media/doc/The%20Advantage%20-%20Q&A%20with%20Patrick%20Lencioni.pdf
3. Ibid.
4. Lencioni, P (2012) *The Advantage: Why Organizational Health Trumps Everything Else in Business* (Kindle Version), retrieved from www.amazon.com
5. Ibid.

Additional References:

Dorn, T., Yzermans, C. J., Kerssens, J. J., Spreeuwenberg, P. M. M., & Zee, J. V. D. (2006). Disaster and Subsequent Healthcare Utilization. *Medical Care*, 44(6), 581–589. doi: 10.1097/01.mlr.0000215924.21326.37

Goldmann, E., & Galea, S. (2014). Mental Health Consequences of Disasters. *Annual Review of Public Health*, 35(1), 169–183. doi: 10.1146/annurev-publhealth-032013-182435

Kahhar, M. A. (2013). Disaster-related physical and mental health: a role for the physician. *Journal of Dhaka Medical College*, 22(1), 1–5. doi: 10.3329/jdmc.v22i1.15538

Hawryluck, L., Gold, W. L., Robinson, S., Pogorski, S., Galea, S., & Styra, R. (2004). SARS Control and Psychological Effects of Quarantine, Toronto, Canada. *Emerging Infectious Diseases*, 10(7), 1206–1212. doi: 10.3201/eid1007.030703

Further References

- Rosenbaum, S., Hodge, J. G., Rutkow, L., & Corcoran, A. J. (2010). Mental and Behavioral Health Legal Preparedness in Major Emergencies. *Public Health Reports*, 125(5), 759–762. doi: 10.1177/003335491012500519
- Stein, B. D., Elliott, M. N., Jaycox, L. H., Collins, R. L., Berry, S. H., Klein, D. J., & Schuster, M. A. (2004). A National Longitudinal Study of the Psychological Consequences of the September 11, 2001 Terrorist Attacks: Reactions, Impairment, and Help-Seeking. *Psychiatry: Interpersonal and Biological Processes*, 67(2), 105–117. doi: 10.1521/psyc.67.2.105.35964
- Cepeda, A., Valdez, A., Kaplan, C., & Hill, L. E. (2010). Patterns of substance use among Hurricane Katrina evacuees in Houston, Texas. *Disasters*, 34(2), 426–446. doi: 10.1111/j.1467-7717.2009.01136.x
- Frank, B., Dewart, T., Schmeidler, J., & Demirjian, A. (2006). The Impact of 9/11 on New York City Substance Abuse Treatment Programs. *Journal of Addictive Diseases*, 25(1), 5–14. doi: 10.1300/j069v25n01_03
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2013). *Disaster planning handbook for behavioral health treatment programs*. Rockville, MD
- ProQOL-5” https://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf
- Siegel, C. E., Laska, E., & Meisner, M. (2004). Estimating Capacity Requirements for Mental Health Services After a Disaster Has Occurred: A Call for New Data. *American Journal of Public Health*, 94(4), 582–585. doi:10.2105/ajph.94.4.582
- Ursano, R. J., Fullerton, C. S., Weisæth, L., & Raphael, B. (2017). *Textbook of disaster psychiatry*. Cambridge, United Kingdom: Cambridge University Press.

Further References

- Steele, W. (2019). Reducing Compassion Fatigue, Secondary Traumatic Stress and Burnout. doi: 10.4324/9780429056734
- Rosenbaum, S., Hodge, J. G., Rutkow, L., & Corcoran, A. J. (2010). Mental and Behavioral Health Legal Preparedness in Major Emergencies. *Public Health Reports*, 125(5), 759–762. doi: 10.1177/003335491012500519
- Elhai, J. D., & Ford, J. D. (2009). Utilization of mental health services after disasters. In Y. Neria, S. Galea & F. Norris (Eds.), *Mental health and disasters* (pp. 366-384). New York, New York: Cambridge University Press.
- Sodeke-Gregson, E. A., Holtum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients. *European Journal of Psychotraumatology*, 4(1), 21869. doi: 10.3402/ejpt.v4i0.21869
- Goldmann, E., & Galea, S. (2014). Mental Health Consequences of Disasters. *Annual Review of Public Health*, 35(1), 169–183. doi: 10.1146/annurev-publhealth-032013-182435
- Samantha.Elliott. (2019, April 1). Disaster Technical Assistance Center (DTAC). Retrieved from <https://www.samhsa.gov/dtac>