

DISASTER BEHAVIORAL HEALTH

INTRODUCTION

Behavioral Health (BH) refers to a state of mental/emotional being and behaviors that affect wellness. All disasters and public health emergencies have a behavioral health component. Following disasters, behavioral health problems may range from transitory distress followed by return to pre-exposure levels to the emergence of new disorders including Post Traumatic Stress Disorder (PTSD), anxiety, or depression. The disaster may also lead to the worsening of pre-existing conditions like Serious Mental Illness (SMI) in adults, Severe Emotional Disturbance (SED) in children, and Substance Use Disorders (SUD).

For the purposes of this chapter, the term *behavioral health* will include the range of disaster behavioral health impacts including transitory distress; aggravation of pre-existing SMI, SED, and SUD; and new incidence psychological and substance use disorders and impairment.

All who experience a disaster are affected to varying degrees, individually and collectively. It is not uncommon for those affected to report disturbing feelings of grief, sadness, anxiety, and anger. Symptoms and unpleasant emotions not qualifying as a psychiatric disorder are referred to as distress. Distress is common after disasters and is far more prevalent than disorders.

PTSD may occur in up to one-third of highly exposed survivors and major depression in up to one-fourth.¹ There is also general agreement that new substance use disorders do not usually begin following disasters, although preexisting abuse problems may worsen or recur.² Consistently identified predictors of psychopathology after disasters include preexisting psychopathology, severity of exposure to disaster trauma, female sex, other concurrent stressors, and lack of social support¹; additional risk factors include low education and socioeconomic status.³

In California, counties are the providers of publicly funded behavioral health services. Behavioral health services may be provided in a variety of settings, including hospitals, clinics, or provider offices; in the home; or other community settings. The Department of Defense and the Veterans Administration Health Care Systems provide services to active military, reserve, and veterans in California.

¹ North CS, Pfefferbaum B. Mental health response to community disasters: a systematic review. *JAMA*. 2013;310(5):507-18.

² North CS, Ringwalt CL, Downs D, Derzon J, Galvin D. Postdisaster course of alcohol use disorders in systematically studied survivors of 10 disasters. *Arch Gen Psychiatry*. 2011;68(2):173-80.

³ Tang B, Deng Q, Glik D, Dong J, Zhang L. A Meta-Analysis of Risk Factors for Post-Traumatic Stress Disorder (PTSD) in Adults and Children after Earthquakes. *Int J Environ Res Public Health*. 2017;14(12).

County behavioral health agencies have an important role in community disaster preparedness, response, and recovery and should actively engage with the Medical and Health Operational Area Coordination (MHOAC) Program and local emergency management agency prior to, during, and following a disaster.

During disaster response and recovery, there may be challenges in coordinating behavioral health services since they are often provided by a variety of agencies and organizations. This typically includes county behavioral health agencies and their contract providers, substance use programs, hospital-based and outpatient services, private clinicians and volunteer groups including Voluntary Organizations Active in Disaster (VOAD), e.g., the American Red Cross (ARC). Establishing a disaster behavioral health coalition and coordinated plan prior to the emergency can facilitate communication across provider groups, coordinate behavioral health care efforts, and help identify existing and emergent needs.

When a disaster occurs, normal day-to-day behavioral health services must continue in addition to the potential immediate and extended surge demand caused by the disaster. Behavioral health services are often resource-constrained during non-disaster times; consequently, mutual aid or other emergency resources may be assigned to the incident or used to back-fill staff providing day-to-day county services.

It is helpful if county behavioral health agencies pre-identify behavioral health responders from both the public (directly operated facilities) and private sectors that have disaster behavioral health qualifications, skill sets, and training as part of regional health coalition activities. By identifying capabilities in advance, resources may be assigned so that the appropriate level of clinical support or intervention is provided at the incident site or other community setting.

The goal of disaster behavioral health services is to facilitate the recovery and return to resiliency of survivors, responders, and the community. Efforts should include:

- 1) Resilience-based psychoeducation and psychosocial interventions to reduce emotional distress and social problems, and
- 2) Formal treatment for psychiatric and other behavioral health disorders, e.g., substance use disorder

Specific DBH services include the following:

- Implement plans, procedures, and protocols for behavioral health care in locations providing assistance, including FRCs, LACs, and DRCs
- Establish and deploy BH crisis response teams

- Provide assistance to existing county BH agency clients who lost their psychiatric medications due to an emergency and/or need to be reconnected to county BH agency services
- Assist disaster survivors needing referrals into the county BH system for trauma-related behavioral health services after an emergency
- Mobilize behavioral health specialists to provide disaster behavioral health support to adults, children, and response staff in disaster shelters, Family Reunification Centers (FRCs), Local Assistance Centers (LACs), FEMA Disaster Recovery Centers (DRCs), and other settings that emerge.
- Respond to requests for BH staff to support governmental employee health and well-being
- Respond to requests for BH staff to support school-based disaster response operations
- Respond to requests for BH support to hospitals and health clinics to assist with a surge of psychological casualties
- Facilitate behavioral aspects of adherence to emergency and public health directives, e.g., quarantine
- Manage the inclusion of disaster-trained and certified spiritual care providers in response operations, as appropriate

Immediate disaster behavioral health services often focus on public messaging to facilitate social support and coping strategies, encourage people to follow public health measures, shelter-in-place if needed, and prevent misinformation from influencing behavior. Public service announcements (PSAs) can be helpful prior to disasters on an ongoing basis to provide guidance on preparation, education, and training.

An approach often used in the immediate response phase of a disaster is Psychological First Aid (PFA). Persons trained in PFA can provide basic social support in the aftermath of an emergency. There are several different PFA models to train behavioral health professionals, non-behavioral health disaster responders, community members, family members, parents and teachers. PFA training may be provided in-person or through several different online courses and resources (see Training Resources).

While PFA is intended to provide survivors, families, and responders with assistance in the days and weeks immediately following a disaster, another training, Skills for Psychological Recovery (SPR), is intended teach skills to manage distress and cope with post-disaster adversity.

The following groups merit targeted outreach and capacity building due to the possibility of pre-existing psychological disorders or other special needs that warrant increased vigilance:

- Children
- Elderly
- Individuals who are non-English speaking
- Individuals with disabilities
- Individuals with access and functional needs
- Individuals who have experienced previous traumatic events
- Individuals with pre-existing behavioral health conditions or substance use disorders
- Individuals who lack support networks
- Individuals who are economically disadvantaged, including homeless individuals
- Individuals who have medical vulnerabilities, e.g., need for dialysis, diabetes care, etc.
- Individuals with latent or previously undiagnosed or untreated disorders
- First responders
- First receivers, including hospital emergency department and intensive care unit staff
- Disaster workers

RESPONSE ACTIONS

The following response actions identify activities undertaken by agencies/entities when an *unusual event*⁴ or *emergency* adversely impacts the behavioral health of those in the affected communities. Refer to the chapter on Communication and Information Management in the *California Public Health and Medical Emergency Operations Manual*⁵ for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management.

Affected Field-Level Entities

Affected field-level entities, (e.g., licensed behavioral health providers, behavioral health programs and services) should:

- Notify local and state agencies in accordance with statutory and regulatory requirements and local policies and procedures

⁴ See the definition of “Unusual Event” at the end of this chapter.

⁵ <https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf>

- Cooperate with guidance issued by the county behavioral health agency and state agencies such as the Department of Health Care Services (DHCS) and California Governor’s Office of Emergency Services (Cal OES)
- If behavioral health resources are needed that cannot be obtained through existing agreements or commercial vendors, request resources through the county behavioral health agency in accordance with local policies and procedures

County Behavioral Health Agency

In California, county behavioral health agencies are responsible for local disaster response activities involving behavioral health. Since behavioral health is a vital component of California’s Public Health and Medical System, i.e., California Emergency Services Function 8 (CA-ESF 8), each county’s behavioral health agency should be integrated into the county’s MHOAC Program, which serves as the coordination point for all public health and medical emergency needs.⁶

Prior to an emergency, the county behavioral health agency should engage behavioral health professionals, including contract behavioral health agencies and private sector resources, to build a resource directory of response personnel with disaster behavioral health qualifications. The county behavioral health agency may wish to conduct training to build disaster behavioral health skillsets. Counties can also encourage private sector providers to join the California Disaster Healthcare Volunteers (DHV) system: <https://healthcarevolunteers.ca.gov/>

During an unusual event or emergency involving behavioral health, the county behavioral health agency should:

- Notify:
 - Local and state agencies in accordance with statutory and regulatory requirements and local policies and procedures
 - MHOAC Program
- Activate Department Operations Center (DOC), if applicable
- Coordinate with the MHOAC Program on behavioral health issues and any resource needs

⁶ The major components of the MHOAC Program include public health, environmental health, mental/behavioral health, and emergency medical services.

- Report to the Operational Area Emergency Operations Center (EOC) (if activated) and participate in incident-related conference calls to coordinate behavioral health needs
- Provide behavioral health public messaging to the affected community, including sending the appropriate representatives to be a part of Joint Information Center (JIC) operations
- As needed, deploy behavioral health emergency response staff that have received disaster response training, including just-in-time disaster training and BH staff orientation appropriate to the type of disaster
- Maintain situational awareness of the disaster’s behavioral health impact on community members, disaster response and other government agency staff, and provide this information to the MHOAC Program in accordance with local policies and procedures
- If behavioral health resources are needed that cannot be obtained through existing agreements or commercial vendors, request resources through the MHOAC Program in accordance with local policies and procedures. Local policies and procedures will determine the appropriate contact within the MHOAC Program since MHOAC Program functions are typically shared between multiple departments including the Local Health Department (LHD), Environmental Health Department (EHD), Local Emergency Medical Services Agency (LEMSA), and Behavioral/Mental Health Agency. Include required logistical support (“wrap around services”) such as food, lodging, and fuel as part of the resource request. If non-medical and health resources are needed, request resources through the appropriate local agency in accordance with local policies and procedures and inform the MHOAC Program. Two resource typing tools are provided at the end of this chapter to assist the requesting entity.
- If the President issues a disaster declaration triggering the Stafford Act, coordinate with DHCS and the MHOAC Program to pursue an application for the federally-funded Crisis Counseling Program (CCP) administered by the Substance Abuse and Mental Health Services Administration (SAMHSA)⁷, including the options of the 60-day Intermediate Services Program (ISP), 9-month Regular Services Program (RSP), and Specialized Crisis Counseling Services (SCCS) Program

⁷ Federally recognized Tribes may apply directly for the Crisis Counseling Assistance and Training Program through the Region IX Health and Human Services Regional Emergency Coordinator (REC) in consultation with the Region IX SAMHSA Administrator.

- Coordinate with affected field-level entities, MHOAC Program, Incident Command/Unified Command and DOCs/EOCs in accordance with local policies and procedures regarding situational status, response activities, and resource needs

MHOAC Program

- Notify:
 - RDMHC Program
 - CDPH and EMSA Duty Officer Programs (either directly or via the RDMHC Program)
- Prepare a Medical and Health Flash Report or Situation Report, including significant behavioral health impact and response information. The initial Medical and Health Situation Report may be provided verbally to the RDMHC Program under pressing circumstances
- Within two hours of incident recognition, submit the initial Medical and Health Situation Report including behavioral health information to the:
 - RDMHC Program
 - CDPH and EMSA Duty Officer Programs (or the Medical and Health Coordination Center (MHCC) if activated)
 - Emergency management agency for the Operational Area (or Operational Area EOC if activated)
- Provide updated Medical and Health Situation Reports including behavioral health information as follows:
 - Once during each operational period at agreed upon times
 - When significant changes in status, prognosis or actions are taken
 - In response to state/regional agency request as communicated by the RDMHC Program
- Coordinate with the affected field-level entities, county behavioral health agency, and CDPH and EMSA Duty Officer Programs (or MHCC), if activated) to share situational information
- Attempt to fill resource requests within the Operational Area or by utilizing existing agreements (including day-to-day agreements, memoranda of understanding, or other emergency assistance agreements)

- If requested resources cannot be obtained within the Operational Area or through existing agreements, prepare a Resource Request that includes the need for logistical support (“wrap around services”) such as food, lodging, and fuel. Submit the resource request to the:
 - RDMHC Program, which will begin to coordinate the resource acquisition process; confirm receipt by the RDMHC Program
 - Emergency management agency for the Operational Area (or Operational Area EOC if activated). Confirm receipt and entry into the resource tracking system used by Cal OES (currently, Cal EOC)

- Ensure that situational information is provided to the RDMHC Program, emergency management agency for the Operational Area (or Operational Area EOC if activated), CDPH and EMSA Duty Officers (or MHCC if activated) to support the requested resources. A Medical and Health Situation Report including behavioral health information should be submitted with the resource request or as soon as possible

- Notify the requestor of the outcome of the request and delivery details if the request is filled

- Support the Medical and Health (or Emergency Function 8) Branch of the Operational Area EOC (if activated)

RDMHC Program

- Notify and coordinate with the CDPH and EMSA Duty Officer Programs (or MHCC if activated)

- Notify and coordinate with emergency management agencies in accordance with established policies and procedures, including the Cal OES Regional Duty Officer (or REOC if activated)

- Confirm that the MHOAC Program submitted the Medical and Health Situation Report, including behavioral health information, to the CDPH and EMSA Duty Officer Programs (or MHCC if activated); if not, submit immediately

- Confirm that the Cal OES Regional Duty Officer (or REOC if activated) received the information contained in the Medical and Health Situation Report; if not, submit immediately

- If resources are requested, immediately begin the process of filling the resource request by coordinating with unaffected Operational Areas within the Mutual Aid Region

- Coordinate with the Cal OES Regional Duty Officer (or REOC if activated) to ensure proper tracking and fulfillment of the resource request
- Notify CDPH and EMSA Duty Officers (or MHCC if activated) that a resource request is being processed
- Notify the requesting MHOAC Program, DHCS, CDPH and EMSA Duty Officers (or MHCC if activated), and Cal OES Regional Duty Officer (or REOC if activated) of the outcome of the request and delivery details if the request is filled within the Mutual Aid Region
- Coordinate with the MHCC to ensure that information, policy-level decisions for response activities, and guidance developed by state-level programs are distributed to the MHOAC Program(s)
- Coordinate with DHCS, CDPH and EMSA to support the Medical and Health Branch of the REOC if activated

DHCS

During an unusual event or emergency involving behavioral health, DHCS works with affected county behavioral health agencies and other local response agencies if requested. DHCS supports state-level response activities in coordination with the MHCC. Upon learning of a disaster-related behavioral health issue, DHCS will:

- Notify:
 - Partner agencies and appropriate DHCS programs
 - CDPH Duty Officer Program (or MHCC if activated)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - SAMHSA Regional Administrator
- If the President issues a major disaster (Stafford Act) declaration, coordinate with affected counties and their MHOAC Programs to evaluate and prepare an application for the federally-funded Crisis Counseling Programs (CCP) administered by SAMHSA, including Specialized Crisis Counseling Services Program
- In coordination with CDPH, provide and disseminate disaster behavioral health information via the county behavioral health agency
- Coordinate with other states and federal agencies and programs to provide access to subject matter expertise

CDPH Duty Officer Program

- Notify:
 - DHCS point-of-contact
 - EMSA Duty Officer Program (or MHCC if activated)
 - MHOAC Program (note that the appropriate point-of-contact for the MHOAC Program is determined by local policies and procedures)

EMSA Duty Officer Program

- Notify:
 - RDMHC Program for the affected counties

CDPH Medical and Health Coordination Center (MHCC) (if activated)

The MHCC activates during emergencies to coordinate the state-level response of CDPH, EMSA and the Department of Health Care Services in support of local jurisdictions. The MHCC functions as a central point of coordination between the involved state programs and RDMHC Programs, MHOAC Programs, LHD/EHDs, and LEMSAs. The MHCC will:

- Send an alert through the California Health Alert Network (CAHAN) that the MHCC has activated, including MHCC contact information and hours of operation. (Note that the CDPH and EMSA Duty Officer Programs are the official points-of-contact outside MHCC operational hours.)
- Distribute state-level policy decisions, key information and guidance to the RDMHC Programs, MHOAC Programs, LHD/EHDs and LEMSAs, and support requests for state-level program information.
- Prepare a statewide Public Health and Medical (CA-ESF 8) Situation Report and distribute it to state and local partners in accordance with policies and procedures.
- Monitor medical and health resource requests in Cal EOC, determine if state resources are needed, and fill resource requests as necessary.

OTHER RESPONSE AGENCIES/ENTITIES

The table below identifies other response agencies/entities that may provide assistance during emergencies that affect behavioral health.

NAME	ROLE
<p>Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS)</p>	<p>SAMHSA provides relevant information including a Disaster Distress Hotline, technical assistance, training and consultation to states and behavioral health professionals. Some of the SAMHSA resources cited below are informational and available to all; some specific resources are targeted to states or federally recognized tribes, e.g., the Crisis Counseling Assistance and Training Program (CCP).</p> <ul style="list-style-type: none"> • Disaster Distress Helpline (DDH) – 1-800-985-5990 or text "TalkWithUs" to 66746, a national hotline of behavioral health experts who provide year-round, free, and confidential disaster crisis counseling. https://www.samhsa.gov/find-help/disaster-distress-helpline • Disaster Behavioral Health Information Series (DBHIS) contains resource collections and toolkits pertinent to disaster-related behavioral health. Installments focus on specific populations, specific types of disasters, and other topics related to all-hazards disaster behavioral health preparedness and response • Disaster Technical Assistance Center (DTAC) prepares states, territories, federally recognized tribes, and local entities to plan for and deliver an effective behavioral health response to people affected by disasters. Services are free to disaster behavioral health professionals and first responders. • Crisis Counseling Assistance and Training Program (CCP) administered by SAMHSA and the Federal Emergency Management Agency (FEMA) provides supplemental funding to states or federally recognized tribes for short-term, solution-focused interventions with individuals and groups experiencing psychological or behavioral effects following a disaster. Funding is available through the Immediate Services Program grant, which provides funds for up to 60 days of services immediately following a Presidential disaster declaration. A Regular Services Program grant, which provides funds for up to an additional 9 months is also available. There are now two models of CCP; the newer version, called Specialized Crisis Counseling Services, has been shown in SAMHSA-supported research to lead to superior outcomes and can be prioritized when requesting CCP support to California.⁸

⁸ http://www.samhsa.gov/sites/default/files/programs_campaigns/dtac/srb-community-approaches.pdf

NAME	ROLE
Assistant Secretary for Preparedness (ASPR), U.S. Department of Health and Human Services (HHS)	<ul style="list-style-type: none"> The lead agency for federal ESF 8 is the U.S. Department of Health and Human Services (HHS) and the Region IX office of ASPR/HHS is the contact point for ESF 8 support. To access information as the ASPR web site for Technical Resources, Assistance Center and Information Exchange (TRACIE), go to https://asprtracie.hhs.gov/technical-resources/resource/4065/state-of-california-mental-behavioral-health-disaster-framework. Also see “Disaster Behavioral Health Resources at Your Fingertips” at https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-dbh-resources-at-your-fingertips.pdf
California National Guard (CNG)	<ul style="list-style-type: none"> The California National Guard has a cadre of full-time and volunteer behavioral health providers that can assist during the response and recovery phases of an emergency that has behavioral health impacts. The number of available personnel varies, but averages between 20-30 individuals.
American Red Cross	<ul style="list-style-type: none"> The American Red Cross (ARC) has a Congressional charter to provide disaster services. ARC has a cadre of volunteers who are professionals trained in disaster behavioral health.

RESOURCE MANAGEMENT

Examples of Training Resources

NAME OF TRAINING	PERSONNEL TRAINED	BENEFICIARIES	REFERENCE
Psychological First Aid (PFA) Field Operations Manual⁹	Professional BH Providers, Disaster Response Workers	Children, adolescents, adults and families in the immediate aftermath of a disaster	http://www.nctsn.org/content/psychological-first-aid (PFA is available in multiple languages)

⁹ National Child Traumatic Stress Network www.nctsn.org

NAME OF TRAINING	PERSONNEL TRAINED	BENEFICIARIES	REFERENCE
Psychological First Aid (PFA) Online Training	Professional BH Providers, Disaster Response Workers	Children, adolescents, adults and families in the immediate aftermath of a disaster	https://learn.nctsn.org/course/index.php?categoryid=11
Psychological First Aid (PFA) Mobile Application	Professional BH Providers, Disaster Response Workers	Children, adolescents, adults and families in the immediate aftermath of a disaster	http://www.nctsn.org/content/pfa-mobile
Skills for Psychological Recovery (SPR) Online Training	BH Providers, Disaster Response Workers	Survivors of disasters and traumatic events (recovery phase)	https://learn.nctsn.org/enrol/index.php?id=113
Listen, Protect, Connect: Psychological First Aid (PFA) Mobile Application (in conjunction with SAMHSA Mobile Application)	Community Members	Neighbor to Neighbor, Family to Family” and Children, Parents, and Schools.	SAMHSA Disaster Application: Available at the Apple App Store and Google Play Store
Listen, Protect and Connect: Family to Family, Neighbor to Neighbor. Psychological First Aid for the Community Helping Each Other	Adult Family Members, Co-Workers, Responders, Neighbors	All Ages, Family Members, Co-workers, Responders, Neighbors	https://www.fema.gov/media-library-data/1499092051917-115ad4c12a44f04a93b4a37c17e99211/PFA(1).pdf

NAME OF TRAINING	PERSONNEL TRAINED	BENEFICIARIES	REFERENCE
Listen, Protect and Connect: Psychological First Aid for Children and Parents	Parents and Caregivers of Children	Children, Parents and Caregivers	www.ready.gov/sites/default/files/documents/files/PFA_Parents.pdf
Listen, Protect and Connect: Psychological First Aid for Teachers and Schools	Teachers, School Staff	Students and School Staff Members	www.ready.gov/sites/default/files/documents/files/PFA_SchoolCrisis.pdf Guidelines for Schools by U.S. Department of Education: https://rems.ed.gov/docs/HH_Vol3Issue3.pdf
Coping in Today's World, Psychological First Aid and Resilience for Families, Friends and Neighbors	Professional BH Providers, Community Members, Families, and Parents.	Children, Adolescents, Adults and Families	American Red Cross chapters nationwide (available in multiple languages)
Disaster Mental Health Training by American Red Cross (ARC)	ARC Volunteers, Partner Agencies, BH Providers	Children, Adolescents, Adults and Families	American Red Cross chapters nationwide (available in multiple languages)

Personnel

The following list identifies the types of personnel that could assist in mitigating the impact of a disaster on behavioral health:

- County behavioral health agency staff and contract providers.
- County departments of health and public health

- Licensed behavioral health care providers that have volunteered through the Disaster Healthcare Volunteers (DHV) registry maintained by EMSA. These personnel resources are typically requested by local Medical Reserve Corps (MRCs) and/or DHV Coordinators.
- Local certified chaplain chapters through local law/fire departments and hospitals.
- Local city/law/fire department's behavioral health and/or peer support personnel.
- American Red Cross disaster behavioral health volunteers.
- Community Emergency Response Team (CERT) volunteers trained in PFA in community settings.
- State-to-state behavioral health resources available through the Emergency Management Assistance Compact (EMAC).
- Mental Health Teams comprised of a scalable number of U.S. Public Health Service commissioned officers (maximum of 26 individuals per team on 5 teams) that provide a range of disaster behavioral health services. This resource is available through HHS and has included assistance with direct service.
- Federal Applied Public Health Teams (APHT), U.S. Public Health Service (PHS), a component of which may aid in disaster behavioral services and may assist with disaster behavioral health epidemiology
- U.S. Centers for Disease Control and Prevention:
 - 1) Community Assessment for Public Health Emergency Response (CASPER) Program: disaster behavioral health risk and epidemiology)¹⁰
 - 2) Office of Public Health Preparedness and Response (OPHPR) Branch: specialized, focused population assessments in addition to CASPER

Types of Licensed Behavioral Health Professionals

- Psychiatrist - assessment, medication orders, and care coordination
- Certified Psychiatric Registered Nurse - assessment (physical and behavioral/emotional), medication management, monitoring, crisis counseling, and care coordination
- Licensed Psychologists - psychosocial assessment, diagnosis, crisis counseling, on-going treatment and care coordination
- Credentialed School Counselors, School Social Workers and School Psychologists
- Licensed Marriage and Family Therapist (LMFT) - psychosocial assessment, crisis counseling, and care coordination

¹⁰ https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6435a4.htm?s_cid=mm6435a4_w

- Licensed Clinical Social Workers (LCSW) - psychosocial assessment, crisis counseling, and care coordination
- Licensed Professional Clinical Counselor (LPCC) – psychosocial assessment, crisis counseling and care coordination
- Other Types of BH Practitioners that BH agencies may deploy:
 - Licensed Psychiatric Technicians (LPT) – medication monitoring and administration
 - Certified Drug and Alcohol Counselors – provide education for disaster survivors and response staff on the impact of disasters on addiction and recovery
 - Registered Interns – deployed under supervision to provide BH services in shelters and assistance centers:
 - Psychological Assistants
 - Associate Clinical Social Worker
 - Associate Marriage and Family Therapist (AMFT)
 - Associate Professional Clinical Counselor (APCC)

ADDITIONAL INFORMATION

CDPH Duty Officer:

Telephone: (916) 328-3605

Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:

Email: EMSADutyOfficer@emsa.ca.gov

ACRONYMS

AMFT	Associate Marriage and Family Therapist
APCC	Associate Professional Clinical Counselor
ARC	American Red Cross
ASPR	Assistant Secretary for Preparedness and Response
BH	Behavioral Health
CA-ESF 8	California Emergency Support Function 8 (Public Health and Medical)
Cal OES	California Governor's Office of Emergency Services
CCP	Crisis Counseling Program
CDPH	California Department of Public Health
CAHAN	California Health Alert Network
CASPER	Community Assessment for Public Health Emergency Response

CERT	Community Emergency Response Team
CNG	California National Guard
DHCS	Department of Health Care Services
DHV	Disaster Healthcare Volunteers
DOC	Department Operations Center
DRC	Disaster Recovery Center
DTAC	Disaster Technical Assistance Center (SAMHSA)
EHD	Environmental Health Department
EMAC	Emergency Management Assistance Compact
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
EOM	California Public Health and Medical Emergency Operations Manual
FEMA	Federal Emergency Management Agency
FRC	Family Reunification Center
ISP	Intermediate Services Program
JIC	Joint Information Center
LAC	Local Assistance Center
LCSW	Licensed Clinical Social Worker
LEMSA	Local Emergency Medical Services Agency
LHD	Local Health Department
LHO	Local Health Officer
LMFT	Licensed Marriage and Family Therapist
LPCC	Licensed Professional Clinical Counselor
LPT	Licensed Psychiatric Technician
MHCC	Medical and Health Coordination Center
MHSUDS	Mental Health and Substance Use Disorder Services (DHCS Division)
MHOAC	Medical and Health Operational Area Coordination (Program)
MRC	Medical Reserve Corps
OPHPR	Office of Public Health Preparedness and Response (Branch)
PFA	Psychological First Aid
PIO	Public Information Officer
PSA	Public Service Announcement
PTS	Post-Traumatic Stress
PTSD	Post-Traumatic Stress Disorder
RDMHC	Regional Disaster Medical and Health Coordination (Program)
REOC	Regional Emergency Operations Center
RSP	Regular Services Program
SAMHSA	Substance Abuse and Mental Health Services Administration

SCCS	Specialized Crisis Counseling Services Program
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
SPR	Skills for Psychological Recovery
SUD	Substance Use Disorder
VOAD	Voluntary Organizations Active in Disaster

“Unusual Event” as defined by the California Public Health and Medical Emergency Operations Manual (EOM):

An **Unusual Event** is defined as an incident that significantly impacts or threatens public health, environmental health, emergency medical services, or mental/behavioral health. An Unusual Event may be self-limiting or a precursor to Emergency System Activation. The specific criteria for an Unusual Event include *any* of the following:

- The incident significantly or is anticipated to impact public health or safety;
- The incident disrupts or is anticipated to disrupt the Public Health and Medical System;
- Resources are needed or anticipated to be needed beyond the capabilities of the Operational Area, including those resources available through existing agreements (day-to-day agreements, memoranda of understanding, or other emergency assistance agreements);
- The incident produces media attention or is politically sensitive;
- The incident leads to a Regional or State request for information; and/or
- Whenever increased information flow from the Operational Area to the state will assist in the management or mitigation of the incident’s impact