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# Lessons Learned: Behavioral Health Needs during Emergencies

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# State Response Role

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- Filling Resource Requests through established response structure
- Coordinating EF-8 Response across departments and programs
- Department of Health Care Services – lead state agency for behavioral health

# CDPH Lessons Learned

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- Behavioral Health Services are integral to response and recovery
- Behavioral Health is not well connected to the Public Health and Medical Response Structure set out in the Public Health and Medical Emergency Operations Manual (EOM)

# Lessons Learned (cont'd)

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- SAMHSA resources largely depend on federal declaration of emergency – coordination is REALLY important
- CDPH, DHCS and OES Training Needs
- World changes when responders are directly impacted

# Adding Behavioral Health to EOM

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- Draft chapter shared with EOM Workgroup
  - Next meeting in November to finalize
- Draft also shared with CHEAC and CCLHO leadership
- San Bernardino County provided edits

# EOM Chapter on Behavioral Health

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- How Behavioral Health Services are provided day to day
- Resources Available during Emergencies (limitations) – process for requesting
- Roles and Responsibilities
  - MHOAC Program – State Departments
  - Other Response Agencies

# Next Steps in Building Capacity

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- Revised Framework for Behavioral Health Needs sponsored by DHCS in collaboration with CDPH and EMSA
- Workgroup identified issues, gaps and needs
- Developed Workplan of Activities

# Issues Identified

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- Need for state leadership and coordination with other state entities
- Clarification of roles and responsibilities
- Guidance on how to prepare and respond in a disaster
- Tools and training
- Procedures and assistance in resource requesting

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# Behavioral Health Workplan

# Key Workplan Areas

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- Create a Concept of Operations
- Develop Governance and Coordination Systems
- Design and Implement Training/Exercises, and Other Products

# #1 - Development of a Concept of Operations

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- Roles and Responsibilities
- Position specific job descriptions /Job Action Sheets
- Activation and Alert and notification protocols
- Mental/behavioral health objectives for action planning

# ConOps (cont'd)

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- Algorithm for activating resources
- Essential Elements of Information (EIs) for situational awareness and information sharing
- MOU/assistance agreement templates
- Risk communication messages, fact sheets, press releases

## #2 - Governance & Coordination Systems

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- Convene bi-annual in-person California Mental Behavioral Health Disaster Planning Core Work Group Meetings
- Develop strategies for connecting mental and behavioral health to the MHOAC program including tools and talking points for local use

# Governance & Coordination Systems

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- Identify strategies to help EMSA increase the number of mental/behavioral health providers registered on the Disaster Healthcare Volunteers (DHV) System.
- Explore existing methods for integrating spiritual care response personnel into the M/BH response functions

# #3 – Training, Exercises & Other

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- Provide regional workshops to educate local mental/behavioral health providers, MHOAC Programs, emergency management staff and other key partners within the public health and medical response structure on the Concept of Operations

# Training, Exercises and Other

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- Develop and establish mental/behavioral health assessment teams
- Incorporate mental/behavioral health activities into the Statewide Medical and Health Exercise Program and Develop AAR/IP
- Evaluate, modify, and adopt an existing model to estimate mental/behavioral health impacts of specific disaster events

# Training, Exercises & Other

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- Evaluate, revise and expand upon existing core competencies recommended for mental/behavioral health providers to enhance their ability to respond during a disaster.
- Develop a training resource guide to meet identified core competencies for mental/behavioral health providers