Local Mental Health Board
Regular Meeting: Monday, June 24, 2019, 7:00 PM – 9:00 PM
Mary L. Stephens- Davis Branch Library
Blanchard Community Room
315 E 14th Street, Davis, CA 95616

All items on this agenda may be considered for action.

CALL TO ORDER -----------------------------------------------7:00 PM – 7:10 PM

1. Welcome and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from May 20th, 2019
5. Member Announcements
6. Correspondence: None

TIME SET AGENDA---------------------------------------------7:10 PM – 7:40 PM

7. Homelessness and Housing Presentation – Sandra Sigrist
8. Mental Health Emergency Preparedness - Kristin Weivoda

CONSENT AGENDA---------------------------------------------7:40 PM – 8:10 PM

9. Mental Health Director’s Report – Karen Larsen
   a. Pine Tree Gardens
   b. Forensic Act Team RFP
   c. MHSOAC Opportunity
   d. Deputy Director: Child, Youth and Family Branch
   e. Deputy Director: Adult and Aging Branch
   f. No Place Like Home Awards
   g. Partnership Health Plan of California and Blue Sky Consulting
   h. Consumer Art Show Winners
   i. Paul’s Place
   j. Secretary Ghaly, Health and Human Services for the State of CA

REGULAR AGENDA---------------------------------------------8:10 PM – 8:45 PM

10. Board of Supervisors Report – Supervisor Don Saylor
11. Public Comment
   a. Bylaw revisions (Bret Bandley & Jonathon Raven)
   b. Vacancies

PLANNING AND ADJOURNMENT ------------------------------------- 8:45 PM – 9:00 PM

13. Future Meeting Planning and Adjournment – James Glica-Hernandez

Next Meeting Date and Location – July Board Recess–
Next Meeting: August 26th
Bauer Building, 137 N. Cottonwood, Woodland Ca 95659

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, June 21, 2019.

Brittany Peterson
Local Mental Health Board Administrative Support Liaison
Yolo County Health and Human Services Agency
Item 4.
Approval of Minutes from May 20, 2019
Local Mental Health Board
Meeting Minutes
Monday, May 20, 2019
AFT Community Library
1212 Merkley Ave, West Sacramento Ca 95691

Members Present: Bob Schelen, Antonia Tsobanoudis, Jonathan Raven, Brad Anderson, Bret Bandley, Nicki King, Maria Simas, John Archuleta, Sally Mandujan

Members Excused: Richard Bellows

Staff Present: Karen Larsen, Mental Health Director, HHSA Director Sandra Sigrist, Adult and Aging Branch Director Anthony Taula-Lieras, HHSA MHSA Program Coordinator Timothy Pruitt, HHSA MHSA Analyst Tessa Smith, HHSA Outreach Specialist Samantha Fusselman, HHSA Deputy Mental Health Director

CALL TO ORDER

1. Welcome and Introductions: The May 20, 2019 meeting of the Local Mental Health Board was called to order at 7:00 PM. Introductions were made.

2. Public Comment:
   a. Public comment in support of Pine Tree Gardens. She was eager to find a solution that works for the community.

3. Approval of Agenda: Change: Move elections to after correspondence.

4. Approval Minutes: Minutes approved for 3.25.19 and 4.25.19

5. Member Announcements:
   a. Jonathan Raven announced an increase in funding to augment Mental Health Court.
   b. Karen Larsen shared the City of West Sacramento Proclamation
   c. Karen Larsen shared a handout from the California endowment “Reimagining California’s Mental Health System.”

6. Correspondence: None
7. **Elections:** James and Nicki were reelected and as Chair and Vice Chair. Bob was elected as Secretary.

8. **Time Set Agenda:** Resource Development Associates (RDA) presented the MHSA Update for the 19/20 Budget.

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### CONSENT AGENDA

9. **Mental Health Director’s Report** by Karen Larsen, Mental Health Director, HHSA
   
   a. Mental Health Awareness Events
   
   b. Pine Tree Gardens (PTG)- Karen talked about the meeting she had on May 20th with Social Security Administration regarding enhanced rates for PTG clientele. The County is trying to make sure these residents are taken care of as best as possible. The conversation also included information about SSI Cash Out. Karen also shared the support letter for additional funding for Adult Residential Facilities. The County is working on scheduling another community meeting. Nicki King commented that from her experience with the legislature, they usually throw anything for mental health in MHSA. Nicki is concerned about MHSA funding being syphoned off for other causes.
   
   c. Pacifico- Jonathon Raven wanted to share his concern about what he’s read and heard about the “not in my backyard” situation occurring in South Davis. Karen suggested that tuning in to Davis City Council’s meeting from last week would help to provide context for the current situation. The City of Davis is using an RFP to replace the management (currently Yolo County Housing Authority is the property manager). The City heard loud and clear from the community that they didn’t want additional people coming to the Pacifico location, so the navigation center needed to be relocated. There is slightly less push back around the Adult Residential Facility. Karen mentioned that if the resistance persist HHSA might have to find another location for the Adult Residential Facility. Jonathon asked how we (LMHB) can support the project. Karen said any advocacy that can be directed towards the Davis City Council is helpful. James mentioned that we can write a letter in support of the project. The board discussed whether a letter should be written to Davis City Council or the Yolo County Board of Supervisors. Writing an Op-Ed was also discussed as an option. James said his inclination is to send one to the governing bodies on behalf of the LMHB, but wanted feedback from Karen. Karen said letters to Board of Supervisors have been done before. James said he would look in to sending a note.
   
   d. Medication Assisted Treatment
   
   e. SAB-G/DMC-ODS Audit
   
   f. Governors May Revise- Nicki stated that Yolo County has been getting the same realignment rate for a long time. She asked if the Realignment equation could be adjusted so counties like Yolo could see more money. Karen explained that she’s expecting the Governor’s appointment of the Mental Health Czar will affect the system and she anticipates a reimagined Mental Health System, from MHSA to realignment etc. Karen thinks a “refresh” might be in order due to the many things expiring at once. Karen acknowledged that the large amount of money in unused MHSA dollars
sometime gives the legislature a pause. Nicki is concerned about Mental Health is managed at DHCS. She mentioned that Jerry Brown dismantled the Mental Health Department. Karen said the leadership at DHCS today came from managed care and therefore they see their role as managing contracts. This may change in the future.

g. Council on Criminal Justice and Behavioral Health Juvenile Justice Round Table

h. Homeless PIT Count Draft Report- John Archuleta wanted to know more about the No Place Like Home (NPLH) Project in West Sacramento. Karen explained that 2 Cities in Yolo County (West Sacramento and Woodland) applied for the grant. The West Sacramento location is on West Capitol and 42 of 85 of the homes will be for FSP clientele. HHSA will be providing Mental Health services for those who qualify. Karen mentioned that HHSA may be involved with other residents, ie: CalWORKS families. John wanted to make sure the public knows what kind of services will be provided for residents. Karen said FSP clients will have services available 24hrs/day, 7 days/week as needed. Antonia wanted to make sure that the development is a housing first project and Karen confirmed. John wanted to know how much our HHSA works with partner programs to get people housed and services as needed. Karen said, local law enforcement, HHSA, the DA work together on a regular basis. James asked about the Tiny Home development in Woodland. Karen let the group know that Woodland City Council recently heard about many housing opportunities in Woodland and a Tiny Home Village is one of them, the future is TBD.

i. Forensic ACT Team RFP- Karen said, one of the things we've heard from the community is the need for getting services for people involved in the criminal justice system. As such, HHSA will be putting out an RFP for a Forensic Act Team. Karen suspects that the target audience will be unsheltered or unstably housed individuals (involved in the criminal justice system with mental illness). Jonathon said the mental health court team is really excited about this and wants to know specifics about the target population. Jonathon said that he has a concern about a large population of people who are unserved or underserved who are not homeless. He wanted to know if those people will be included in the target population. Karen said that homeless individuals will have priority for this specific project as that's the target for the MHSA funding to be used. Jonathon wants to make sure that Mental Health Court Team is involved in the process of developing the RFP so HSA doesn't miss something in the process. Karen said that she already agreed to have Jonathon review the process.

j. Children’s Mental Health

k. Strategic Plan 2019/20

l. Social Security Cash Out- Karen said it’s coming June 1st. With the Cash Out, people on SSI can now receive SSI. Karen said that HHSA eligibility staff have to be very careful in helping people sign up since some people may be negatively affected depending on the entire household's income. We’re anticipating 6000 newly eligible Cal-Fresh beneficiaries. Karen clarified the change is anticipated to be more beneficial than detrimental.
REGULAR AGENDA

1. **Board of Supervisors Report** – None

2. **Chair Report** –
   a. Brad wanted to remind the group of Noah Moyle’s memorial on June 1st at 1:00pm at the Church in Davis.

   b. James said that Nicki brought up a good point that we need to review our bylaws to include substance use and public guardian. James would like to have Bret Bandley review the bylaws. James asked who else would like to take a look at the bylaws with Bret. Bret said that he and Jonathon will look at them together and we’ll regroup in a month. Brad and Antonia both said they’ll look at them as well. James stated that the goal is to expand the bylaws.

   c. Data Notebook: James asked how the data notebook is coming along? Nicki was the lead for Data Note book along with Serena, Richard and Brad. The group needs to meet and catch up.

   d. Karen wanted to acknowledge David Moreno’s presence at the Local Mental Health Board as Supervisor Sandy’s new Assistant Deputy.

   e. James mentioned the proclamations from the City of West Sacramento and Woodland as well as the Resolution form the Yolo County Board of Supervisors regarding Mental Health Awareness.

   f. James mentioned that hopefully our vacancies will be filled and that he needs to share his address with the Board of Supervisors Clerk's Office as he’s now in District 5.

3. **Future Meeting Planning and Adjournment**
   a. LRPC: Next meeting, 6/24 will include a presentation by Sandra Sigrist on Homelessness and Housing and Kristin Weivoda on Mental Health Emergency Services.

Meeting Adjourned at 8:47pm

**Next Meeting Date and Location** – June 24, 2019
Mary L Stephens Library, Blanchard Community Library
315 East 14th Street, Davis Ca 95616
Item 8.
Mental Health Emergency Preparedness
Preparedness
Medical/Behavioral Health

Health and Human Services Agency
Emergency Medical Services Agency & Preparedness
Kristin Weivoda
Who are we

Yolo County Health and Human Services Agency

Emergency Medical Services Agency (EMS)  
Bauer Building  
137 N Cottonwood St.  
Suite 1300  
Woodland, CA 95696

Emergency Preparedness

Mass Care and Sheltering
Mission

Emergency Medical Services Agency

Is to evolve a cost effective, collaborative and outcome based EMS Delivery System that produces clinically superior and culturally competent care. We strive to work effectively with our Public Safety and Public Health partners to solve problems, make decisions, and achieve common goals.

Emergency Preparedness

To prepare the residents of Yolo County for natural and intentional public health disasters and emergencies through improved operational readiness, planning, and mitigation activities and to ensure a timely response and successful recovery as a collaborative and resilient community.
Vision

Emergency Medical Services Agency

A comprehensive, accessible, and suitable EMS Delivery System, realized through collaboration, which provides clinical superior, efficient and innovative care.

Emergency Preparedness

Strengthen partnerships and resiliency in our county through preparedness activities and training.
National Incident Management System (NIMS)


Five (5) Components:
- Preparedness
- Resource Management
- Communications and Information Management
- Command and Management
- Ongoing Management and Maintenance
Standardized Emergency Management System (SEMS)

Four (4) Components

- Incident Command System (ICS)
  Developed after a devastating 1970s wildfire in California

- Multi and Inter-Agency Coordination (MAC)
  Agencies and/or Jurisdictions with a Response Requirement
  (Jurisdictional Authority)

Facilitates the Management of Resources and Response Information
SEMS Four Major Components

- Master Mutual Aid Agreement

  1950 agreement among all CA political subdivisions
  
  Voluntary and reciprocal agreements which provide services, resources, and facilities, when jurisdictional resources are inadequate.

  Several Mutual Aid Systems form essential links in SEMS.
SEMS Four Major Components

- Operational Area (OA) Concept
  County and All Political Subdivisions

  Coordinate Mutual Aid within the County Boundaries
SEMS Five (5) Levels

- Field
- Local Government
- Operational Area
- Region (Region IV)
- State
Emergency Support Function (ESFs)

Establishes a comprehensive national, all-hazards approach to domestic incident response

Presents an overview of key response principles, roles, and structures that guide a national response

Organized around functional capabilities to provide:

- Support Resources
- Program Implementation
- Services

Goal - save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following incidents/emergency/disaster
Emergency Support Function (ESF)

ESF #1 – Transportation
ESF #2 – Communications
ESF #3 – Public Works and Engineering
ESF #4 – Firefighting
ESF #5 – Emergency Management
**ESF #6 – Mass Care, Emergency Assistance, Housing, and Human Services**
ESF #7 – Logistics Management and Resource Support

ESF #8 – PH/Medical/BH/EH Services
ESF #9 – Search and Rescue
ESF #10 – Oil and Hazardous Materials Response
ESF #11 – Agriculture and Natural Resources
ESF #12 – Energy
ESF #13 – Public Safety and Security
ESF #14 – Long-Term Community Recovery
ESF #15 – External Affairs
Emergency Operations Manual (EOM)

- Incident Considerations
- Communication and Information Management
- Resource Management
- Multi-Agency Coordination
- Disaster Financial Assistance
- Function Specific Topics
Emergency Operations Manual (EOM)

- Strengthen coordination within the Public Health and Medical System
- Describe roles and activities
- Coordination with emergency management at all levels
- Coordination among public and private partners
Emergency Operations Manual (EOM)

- Communicable Disease
  - Drinking Water
- Food Emergencies
- Hazardous Materials
- Health Care Facilities
- Health Surge/Continuum

- Management of Patient Movement
  - Mass Fatality
- Nuclear Power Plant
- Nuclear Weapon Detonation
  - Risk Communication
- Public Health Laboratories
Emergency Operations Manual (EOM)

NEW EOM Chapters

Public Health and Medical Emergency Powers

Bio Watch

Biological Hazards

Behavioral Health & Resource Typing
Emergency Preparedness

Must stand ready to handle many different types of emergencies that threaten the health and safety of families, communities, and the nation.

- **Community Resilience**: Preparing for and recovering from emergencies
- **Incident Management**: Coordinating an effective response
- **Information Management**: Making sure people have information to take action
- **Countermeasures and Mitigation**: Getting medicines and supplies where they are needed
- **Surge Management**: Expanding medical services to handle large events
- **Biosurveillance**: Investigating and identifying health threats
Health & Safety Code § 1797.153

• Authorizes County Health Officer and/or local Emergency Medical Services Administrator to jointly act as the Medical Health Operation Area Coordinator (MHAOC)

• 17 Elements of Medical & Health Operations and Planning

• MHOAC shall assist the OES Operational Area Coordinator in the coordination of medical and health disaster resources within the operational area
Public Health/Medical Emergency Powers

• Powers and Responsibilities assigned to various state and local officials during a proclaimed emergency

• Defines Powers and Immunities to all three (3) types of Emergencies
  • Governor
  • Secretary of CA HHSA
  • Director of CDPH
  • Director of EMSA
  • Local Health Officer
  • EMS Administrator
  • Regional Disaster Medical Health Coordinator
  • Medical Health Operation Area Coordinator
Biological Waste Emergencies

Biological hazards, also known as biohazards, refer to biological substances that pose a threat to the health of living organisms.

The accidental or intentional release of a biohazard that threatens public health, property, and the environment may include:

• Releases at facilities (including laboratories) that handle or store biohazardous materials
• Releases during the transportation of biohazardous materials
• Discovery of unidentified or unknown biohazardous materials
• Suspected or confirmed terrorism involving the release of biohazardous materials (bioterrorism)
BioWatch

BioWatch is a U.S. Department of Homeland Security (DHS) program that operates as an early warning bio-detection network.

The program's purpose is to detect pathogens, specifically agents of bioterrorism, that have been intentionally released into the air.

An emergency system activation triggered by a BioWatch Actionable Result (BAR) may include:

• Emergency response activities, including risk communication
• Declaration of a Local Health Emergency by an LHO
• Declaration of a Health Emergency by the State Public Health Officer
• Declaration of a Local Emergency by the Governing Body
• Declaration of a State of Emergency by the Governor
• Declaration of Emergency or Major Disaster by the President
Disaster Behavioral Health (EOM)

The goal of disaster behavioral health services is to facilitate the recovery and return to resiliency of survivors, responders, and the community.
Disaster Behavioral Health (EOM)

How??

• 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
• Respond to requests for BH staff to support governmental employee health and wellbeing
Disaster Behavioral Health (EOM)

- 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), or FEMA Disaster Recovery Centers (DRCs) and other settings that emerge.
Disaster Behavioral Health (EOM)

• 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
Disaster Behavioral Health (EOM)

• Provide immediate and long-term behavioral and substance use health services to directly affected community members and responders

• Implement plans, procedures, and protocols for behavioral health care in locations providing assistance, including FRCs, LACs, and DRCs

• Manage the inclusion of disaster-trained and certified chaplains providers in response operations, as appropriate
Preparedness - Plans

• Health and Human Service Continuity of Operations Plan (COOP)
• Mass Fatality Plan
• Medical Counter Measure Plan
• Medical Health Surge Plan
• Alternative Care Site Plan

• Information Sharing and Communications Plan
  • California Health Alert Network (CAHAN)
  • Reddinet
  • Radios
  • SatPhone

• Mass Care Shelter Plan
  • Medical Shelter

• Behavioral Health Crisis Response Plan
Preparedness - Plans

- Crisis Emergency Risk Communication Plan
- Emergency Operation Plan All Hazards
- Infectious Disease (Ebola) Plan & ZEBRA Plan
- Biohazard Detection Plan
- Epidemiological Response Plan
- PanFlu Plan
- CHEMPACK Plan
- Mass Causality Incident Response Plan
- Intentional Mass Causality Response Plan
- Disaster Healthcare Volunteer Plan
Preparedness - Plans (Draft)

• Family Reunification Plan
• Volunteer (Shelter) Management Plan
Behavioral Health Crisis Response Plan

- Priorities
- Response Levels
- Administrative, Logistics, and Legal
- Continuity of Operations
- Behavioral Health Emergency Response Team
  - Requirements
  - Deployments
  - Protocols
Whole Community Approach

• FEMA - government-centric approach to disaster management will not be enough to meet the challenges posed by a catastrophic incident

Goal

• Improve our Nation’s resilience
Whole Community Approach

• Principles for a Whole Community approach:

  • Understand and meet the actual needs of the Whole Community

  • Engage and empower all parts of the Community

  • Strengthen what works well in Communities on a daily basis
Whole Community Approach

• Understanding & Promoting Community needs and capabilities
  • Greater empowerment and integration of resources from across the community
  • Stronger social infrastructure
  • Establishment of relationships that facilitate more effective prevention, protection, mitigation, response, and recovery activities
  • Increased individual and collective preparedness
  • Greater resiliency at both the community and national levels
Contact

Kristin Weivoda
EMS Administrator
Region IV, Disaster Medical Health Coordinator

Emergency Medical Services
& Emergency Preparedness
Yolo County Health & Human Services Agency

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www.yemsa.org
INTRODUCTION

Behavioral Health (BH) refers to a state of mental/emotional being and behaviors that affect wellness. 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 co-occurring Substance Use Disorders (SUD).

For the purposes of this chapter, the terms behavioral health and mental health will be used interchangeably and 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.

Awareness has grown that all who experience a disaster are affected to varying degrees, individually and collectively. It is not uncommon for those affected (both victims and responders) to report disturbing feelings of grief, sadness, anxiety, and anger. The psychological effects of the disaster may be immediate or manifest months or years after the disaster. The best available evidence suggests that among direct victims of disasters, on average, 30-40% will develop a new psychological disorder following the event. Exact levels of population risk are dependent on many factors, including incident-specific features such as natural vs. human caused disasters, nature and level of injuries, traumatic exposure and loss, and impact on the community’s infrastructure. Personal factors such as prior trauma, post-event social support, access to care and pre-existing psychopathology, etc., also influence risk.

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.

All disasters and public health emergencies have a behavioral health component. 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 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. The range of disaster behavioral health services includes:

- 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), or 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
- Provide immediate and long-term behavioral and substance use health services to directly affected community members and responders
- Implement plans, procedures and protocols for behavioral health care in locations providing assistance, including FRCs, LACs, and DRCs
- Manage the inclusion of disaster-trained and certified chaplains 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 (PSA’s) can be helpful prior to disasters on an ongoing basis to provide guidance on preparation, education, and training.

Response efforts should prioritize those at highest risk who were most directly affected by the disaster. An evidence-informed triage system\(^2\) and follow on screening tool(s) capable of identifying those individuals at risk to develop post-incident disorders can lead to timely evidence-based interventions to strengthen resilience and reduce the development of new disorders. A “triage, screen and treat” approach utilizes brief, self-administered screening tools that assess factors associated with PTSD, depression and anxiety (see Triage and Screening Tools later in this chapter).

The rationale for conducting triage and later screening for adverse behavioral health impacts is underscored by research that shows that the majority of people who develop post-traumatic stress (PTS) symptoms following a disaster do not receive timely treatment, particularly if they have not had prior contact with behavioral health services. For example, after 9/11, over 30% of those impacted indicated they had an unmet need for mental health care due to a variety of reasons\(^3\). An informed and targeted outreach program could support the allocation of limited behavioral health resources to those at greatest risk for future impairment.

\(^2\) [http://www.smrrc.org/PDF%20files/psystart-cdms02142012.pdf](http://www.smrrc.org/PDF%20files/psystart-cdms02142012.pdf)

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 that aim 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 later in chapter).

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

For those who develop a clinical disorder, including PTSD or other disorders, Trauma Focused Cognitive Behavioral Therapy for children and Prolonged Exposure Cognitive Behavioral Therapy are currently recognized as best practice, evidence-based interventions.5

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.

4 Psychological First Aid (PFA) is an evidenced-informed intervention designed to be put into place immediately following disasters, terrorism, and other emergencies. See https://www.nctsn.org/treatments-and-practices/psychological-first-aid-and-skills-for-psychological-recovery/about-pfa

• 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 response actions that follow identify activities undertaken by agencies/entities when an unusual event 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 for more detail on notification procedures and situation reporting; refer to the chapter on Resource Management for more detail on resource requesting and management. In addition, two resource typing tools are included at the end of this chapter that assist with evaluating and requesting emergency behavioral health resources.

**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
- Cooperate with guidance issued by the county behavioral health agency and 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

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6 See the definition of “unusual event” at the end of this chapter.
7 [https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf](https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf)
8 Two tools are provided following this chapter to aid county behavioral health agencies with assessing their need for emergency behavioral health resources.
**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., 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.\(^9\)

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 (go to [https://www.healthcarevolunteers.ca.gov/](https://www.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
- 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.

\(^9\) The major components of the MHOAC Program include public health, environmental health, emergency medical services, and mental/behavioral health.
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.

To the extent possible, utilize evidence-based triage to allocate evidence-based interventions to the highest-risk individuals first.

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 mental/behavioral 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, or if the Secretary of HHS declares a public health emergency, 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)\(^\text{10}\), including the options of the 60-day Intermediate Services Program (ISP), 9-month Regular Services Program (RSP), and Specialized Crisis Counseling Services (SCCS) Program.

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.

\(^\text{10}\) 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.
**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 Mental Health and Substance Use Disorder Services (MHSUDS) Division**

DHCS provides statewide Mental Health and Substance Use Disorder Services (MHSUDS) and supports disaster behavioral health activities. During an unusual event or emergency involving behavioral health, DHCS MHSUDS works with affected county behavioral health agencies and other local response agencies if requested. DHCS MHSUDS supports state-level response activities in coordination with the MHCC. Upon learning of a disaster-related behavioral health issue, DHCS MHSUDS will:

- Notify:
  - Partner agencies and appropriate DHCS MHSUDS programs
  - CDPH Duty Officer Program (or MHCC if activated)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)/Disaster Technical Assistance Center (DTAC)
  - 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 (SCCS)

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.
<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS)</td>
<td>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).</td>
</tr>
<tr>
<td></td>
<td>• <a href="https://www.samhsa.gov/find-help/disaster-distress-helpline">Disaster Distress Helpline (DDH)</a> – 1-800-985-5990 or text &quot;TalkWithUs&quot; to 66746, a national hotline of behavioral health experts who provide year-round, free, and confidential disaster crisis counseling.</td>
</tr>
<tr>
<td></td>
<td>• <a href="https://www.samhsa.gov/sites/default/files/programs_campaigns/dtac/srb-community-approaches.pdf">Disaster Behavioral Health Information Series (DBHIS)</a> 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</td>
</tr>
<tr>
<td></td>
<td>• <a href="https://www.samhsa.gov/sites/default/files/programs_campaigns/dtac/srb-community-approaches.pdf">Disaster Technical Assistance Center (DTAC)</a> 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.</td>
</tr>
<tr>
<td></td>
<td>• <a href="https://www.samhsa.gov/sites/default/files/programs_campaigns/dtac/srb-community-approaches.pdf">Crisis Counseling Assistance and Training Program (CCP)</a> 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.</td>
</tr>
</tbody>
</table>

Assistant Secretary for Preparedness (ASPR), U.S. Department of Health and Human Services (HHS) • 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](https://asprtracie.hhs.gov/technical-resources/resource/4065/state-of-california-mental-behavioral-health-disaster-framework).


California National Guard (CNG) • 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 • 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**

<table>
<thead>
<tr>
<th>NAME OF TRAINING</th>
<th>PERSONNEL TRAINED</th>
<th>BENEFICIARIES</th>
<th>REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological First Aid (PFA) Field Operations Manual[^12]</td>
<td>Professional BH Providers, Disaster Response Workers</td>
<td>Children, adolescents, adults and families in the immediate aftermath of a disaster</td>
<td><a href="http://www.nctsn.org/content/psychological-first-aid">http://www.nctsn.org/content/psychological-first-aid</a></td>
</tr>
</tbody>
</table>

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Psychological First Aid (PFA) Mobile Application</td>
<td>Professional BH Providers, Disaster Response Workers</td>
<td>Children, adolescents, adults and families in the immediate aftermath of a disaster</td>
<td><a href="http://www.nctsn.org/content/pfa-mobile">http://www.nctsn.org/content/pfa-mobile</a></td>
</tr>
<tr>
<td>Listen, Protect, Connect: Psychological First Aid (PFA) Mobile Application (in conjunction with SAMHSA Mobile Application)</td>
<td>Community Members</td>
<td>Neighbor to Neighbor, Family to Family, Children, Parents, and Schools.</td>
<td>SAMHSA Disaster Application: Available at the Apple App Store and Google Play Store</td>
</tr>
<tr>
<td>Listen, Protect and Connect: Family to Family, Neighbor to Neighbor. Psychological First Aid for the Community Helping Each Other</td>
<td>Adult Family Members, Co-Workers, Responders, Neighbors</td>
<td>All Ages, Family Members, Co-workers, Responders, Neighbors</td>
<td><a href="https://www.fema.gov/media-library-data/1499092051917-115ad4c12a44f04a93b4a37c17e99211/PFA(1).pdf">https://www.fema.gov/media-library-data/1499092051917-115ad4c12a44f04a93b4a37c17e99211/PFA(1).pdf</a></td>
</tr>
</tbody>
</table>
## Name of Training

<table>
<thead>
<tr>
<th>Name of Training</th>
<th>Personnel Trained</th>
<th>Beneficiaries</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td><a href="#">https://www.fema.gov/media-library-data/1499091995177-9ff6b07a88db5d422062efa4fdca9cf/e/pfa_parents_and_children.pdf</a></td>
</tr>
<tr>
<td>Listen, Protect and Connect: Psychological First Aid for Teachers and Schools</td>
<td>Teachers, School Staff</td>
<td>Students and School Staff Members</td>
<td><a href="#">www.ready.gov/sites/default/files/documents/files/PFA_SchoolCrisis.pdf</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Guidelines for Schools by U.S. Department of Education:</td>
</tr>
<tr>
<td>Coping in Today’s World, Psychological First Aid and Resilience for Families,</td>
<td>Professional BH Providers, Community</td>
<td>Children, Adolescents, Adults and Families</td>
<td>American Red Cross chapters nationwide (available in multiple languages)</td>
</tr>
<tr>
<td>Friends and Neighbors</td>
<td>Members, Families, and Parents.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disaster Mental Health Training by American Red Cross (ARC)</td>
<td>ARC Volunteers, Partner Agencies, BH</td>
<td>Children, Adolescents, Adults and Families</td>
<td>American Red Cross chapters nationwide (available in multiple languages)</td>
</tr>
<tr>
<td></td>
<td>Providers</td>
<td></td>
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</tr>
</tbody>
</table>
Examples of Triage and Screening Tools following Disaster Exposure

<table>
<thead>
<tr>
<th>NAME OF TOOL OR SCREENING INSTRUMENT</th>
<th>TARGET POPULATION</th>
<th>DISASTER EXAMPLE(S)</th>
</tr>
</thead>
</table>
| PsySTART™ Psychological Simple Triage and Rapid Treatment Incident Management System | Individuals affected by disasters (modified versions have been used for various populations and hazards, including adults, children, disaster workers, those affected by tsunami and earthquake) | • Superstorm Sandy (American Red Cross)  
• Earthquake in American Samoa  
• Tsunami in Indonesia  
• Sandy Hook School Shooting  
• Boston Marathon  
• Lake County Fires  
• Hurricane Harvey  
• Ebola  
• Napa County Earthquake  
• Napa County Fire Complex  
http://www.smrrc.org/PDF%20files/psystart-cdms02142012.pdf |
### 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, including PsySTART rapid triage.
- Federal Applied Public Health Teams (APHT), U.S. Public Health Service (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

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
- 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)

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

CDPH Duty Officer:
Telephone: (916) 328-3605  Email: CDPHDutyOfficer@cdph.ca.gov

EMSA Duty Officer:
Email: EMSADutyOfficer@emsa.ca.gov
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMFT</td>
<td>Associate Marriage and Family Therapist</td>
</tr>
<tr>
<td>APCC</td>
<td>Associate Professional Clinical Counselor</td>
</tr>
<tr>
<td>ARC</td>
<td>American Red Cross</td>
</tr>
<tr>
<td>ASPR</td>
<td>Assistant Secretary for Preparedness</td>
</tr>
<tr>
<td>BH</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>CA-ESF 8</td>
<td>California Emergency Support Function 8 (Public Health and Medical)</td>
</tr>
<tr>
<td>Cal OES</td>
<td>California Governor's Office of Emergency Services</td>
</tr>
<tr>
<td>CCP</td>
<td>Crisis Counseling Programs</td>
</tr>
<tr>
<td>CDPH</td>
<td>California Department of Public Health</td>
</tr>
<tr>
<td>CASPER</td>
<td>Community Assessment for Public Health Emergency Response</td>
</tr>
<tr>
<td>CERT</td>
<td>Community Emergency Response Team</td>
</tr>
<tr>
<td>CNG</td>
<td>California National Guard</td>
</tr>
<tr>
<td>DHCS</td>
<td>Department of Health Care Services</td>
</tr>
<tr>
<td>DHV</td>
<td>Disaster Healthcare Volunteers</td>
</tr>
<tr>
<td>DOC</td>
<td>Department Operations Center</td>
</tr>
<tr>
<td>DRC</td>
<td>Disaster Recovery Center</td>
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<tr>
<td>DTAC</td>
<td>Disaster Technical Assistance Center (SAMHSA)</td>
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<tr>
<td>EHD</td>
<td>Environmental Health Department</td>
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<tr>
<td>EMAC</td>
<td>Emergency Management Assistance Compact</td>
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<td>EMSA</td>
<td>Emergency Medical Services Authority</td>
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<td>EOC</td>
<td>Emergency Operations Center</td>
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<tr>
<td>EOM</td>
<td>California Public Health and Medical Emergency Operations Manual</td>
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<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>FRC</td>
<td>Family Reunification Centers</td>
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<tr>
<td>ISP</td>
<td>Intermediate Services Program</td>
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<tr>
<td>JIC</td>
<td>Joint Information Center</td>
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<tr>
<td>LAC</td>
<td>Local Assistance Center</td>
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<tr>
<td>LCSW</td>
<td>Licensed Clinical Social Workers</td>
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<tr>
<td>LEMSA</td>
<td>Local Emergency Medical Services Agency</td>
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<tr>
<td>LHD</td>
<td>Local Health Department</td>
</tr>
<tr>
<td>LHO</td>
<td>Local Health Officer</td>
</tr>
<tr>
<td>LMFT</td>
<td>Licensed Marriage and Family Therapist</td>
</tr>
<tr>
<td>LPCC</td>
<td>Licensed Professional Clinical Counselor</td>
</tr>
<tr>
<td>LPT</td>
<td>Licensed Psychiatric Technicians</td>
</tr>
</tbody>
</table>
"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
Item 9.
Mental Health Director’s Report
Pine Tree Gardens - HHSA staff have initiated the formation of an Ad Hoc working group with Supervisor Saylor, Supervisor Provenza and members of the Save Pine Tree Gardens committee. The charter of the Ad Hoc will be to develop short, medium, and long-range goals and objectives associated with creating a sustainability framework for the two Davis Adult Residential Facilities.

Forensic ACT team RFP- In response to a request by the District Attorney’s (DA) office for involvement in review and development of the RFP, a workgroup with HHSA, DA, Public Defender and Probation representatives will meet to combine input and finalize the Forensic ACT RFP. This important collaborative effort will delay the issuing of the RFP, now projected for end of August.

MHSOAC Opportunity - HHSA is pursuing an opportunity to utilize Mental Health Services Act (MHSA) innovation funding to identify ways to overcome barriers and increase data linkages across the criminal justice and behavioral health systems. The Data Driven Recovery Project (DDRP) will focus on answering two fundamental questions: (1) How many people in jail have behavioral health needs? and (2) How many of those people were actively receiving behavioral health services at the time of booking? Additionally, when criminal justice and behavioral health data are overlaid with Full Service Partnership (FSP) services, we’ll be better able to assess the efficacy of specific interventions and treatment approaches in reducing incarceration, hospitalization and homelessness for the clients most seriously affected by mental illness in our community. To complement the DDRP, Yolo County will also be working to improve our trauma informed system of care via Adverse Childhood Experience Screenings (ACES), targeted therapeutic treatment and additional staff training. This item will go before the Board of Supervisors on June 25th.

Deputy Director CYF - The HHSA Child Youth and Family Branch hired a Deputy Director who will started on June 10th. The new Deputy Director, Karleen Jakowski, was the Deputy Director of Health and Human Services for Yuba County, overseeing Child Welfare, Adult Services and CalWORKS Employment Services. In her new role with Yolo County HHSA, Karleen will oversee the Children’s Medical Services program, Children’s Mental Health and the CQI team.

Deputy Director AA - The HHSA Adult & Aging Branch promoted Mila Green, PhD, to Deputy Branch Director, effective July 8th. Mila started at HHSA 9 months ago as Manager over Access and Crisis Services. She brought a wealth of experience in private healthcare management teams overseeing statewide Mental Health contracts, and working in various levels of government. Drawing on her Certification in Healthcare Quality, Mila is a champion for both continuous quality improvement and data-driven service delivery and decision-making.
making. Clinically she has served youth, TAY, adults, older adults and families in three different countries, across clinic, school-based, inpatient, skilled nursing and non-profit settings.

In her new role, Mila will oversee alignment of Performance Management/RBAs across all Mental Health contracts, Strategic Planning within the Mental Health Programs, alignment between MHSA Program and MHSA Planning functions, as well as assuring a continuing strong development of our Mental Health Crisis Response system, and overall fiscal sustainability of our Mental Health system of care.

**NPLH awards** - On June 14th, Yolo County was notified by Housing and Community Development (HCD) that it was awarded both of its No Place Like Home (NPLH) applications. The award letters received from HCD indicated a combined $12,365,747 in funding for Woodland and West Sacramento’s proposals. Woodland’s application was submitted in collaboration with City of Woodland and Friends of the Mission, while West Sacramento’s application was submitted in collaboration with City of West Sacramento and Mercy Housing. The projects offer a combined 146 new housing units and will provide a mix of NPLH (70) and non-NPLH funded units (76). The NPLH units will be permanent supportive housing units for Full Service Partnership clients who qualify as at-risk of homelessness, homeless, or chronically homeless. The West Sacramento project will provide 85 units, 41 of which are NPLH units. The Woodland project will provide 61 new units, 29 of which are NPLH units.

**PHC/Blue Sky Consulting** - HHSA has begun meeting with Partnership HealthPlan of California, Blue Sky Consulting and a few other Partnership counties to discuss opportunities for integration of physical health and behavioral health. We have developed an agreement for sharing data and are now moving forward to determine whether our initial efforts should be specific to a site, such as West Sacramento, or a population, such as Children or Older Adults. These are exciting conversations and we look forward to the opportunities ahead.

**Consumer Art Show** - See attached photos.

**Paul’s Place** - A collaboration between Davis Community Meals, Davis Opportunity Village, Sutter Health, Partnership Health Plan and several other partners is bringing an innovative new housing opportunity to the City of Davis. The project is known as “Paul’s Place,” and funds rehabilitation of an existing day shelter and transitional housing location into a multi-story program providing day shelter, transitional and permanent housing. The first floor will provide a resource center and program spaces to connect participants with public benefits, housing and employment opportunities, and health and human services, as well as basic needs for food, clothing, showers, restrooms, and laundry facilities. It also will feature, four new emergency shelter beds for law enforcement and other service providers to help people in crisis get off of the streets. The second floor will feature transitional housing that provides 10 single residence bedrooms, a communal kitchen, family room, bathrooms and laundry. The third and fourth floors will offer private permanent supportive micro-unit apartments, two of which will be
accessible for those with physical disabilities, and all residents will have access to wraparound services to help ensure stability and independence. Construction is anticipated to begin in 2020.

Health and Human Services for the State of California, Secretary Ghaly - On June 6, Karen and several of her counterparts from other counties (L.A., Monterrey, Shasta) and CBHDA met with the newly appointed Secretary of Health and Human Services for the State of California. (See attached bio). In this role, Secretary Ghaly oversees 16 departments within Health and Human Services as follows: Department of Aging, Child Support Services, Community Services and development, Department of Developmental Services, Emergency Medical Services Authority, Department of Health Care Services, Department of Managed Healthcare, Department of Public Health, Department of Rehabilitation, Department of Social Services, Department of State Hospitals, Office of Health Information Integration, Office of Law Enforcement Support, Office of Systems Integration, Office of Statewide Health Planning and Development and Office of the Patient Advocate. The purpose of the meeting was to respond to Secretary Ghaly’s call to action for transformation of our statewide behavioral health systems. We provided the Secretary with a paper of key concepts and a vision for transformation. Additional meetings with be scheduled and more detail will be added to our mutual plan for the future.
Dr. Mark Ghaly was appointed Secretary of the California Health and Human Services by Governor Gavin Newsom in 2019. In this role, Dr. Ghaly will oversee California’s largest Agency which includes many key departments that are integral to supporting the implementation of the Governor’s vision to expand health coverage and access to all Californians. Dr. Ghaly will work across State government, along with County, City, and private sector partners, to ensure the most vulnerable Californians have access to the resources and services they need to lead healthy, happy, and productive lives.

Before joining Governor Newsom’s team, Dr. Ghaly worked for 15 years in County health leadership roles in San Francisco and Los Angeles. In San Francisco, he was Medical Director of the Southeast Health Center, a public health clinic located in the Bayview Hunters Point community. In addition to having a large primary care pediatrics practice, Dr. Ghaly led the clinic’s transition to the patient-centered medical home model of care, expanded specialty care and diagnostics services, and addressed issues such as teen health, youth violence, food security, and environmental health issues.

In 2011, Dr. Ghaly became the Deputy Director for Community Health and Integrated Programs for the Los Angeles County Department of Health Services. In this role, Dr. Ghaly
directed clinical operations in the Los Angeles County Juvenile Detention system and led the transition of jail health services from the Los Angeles County Sheriff and the Los Angeles County Department of Mental Health into one integrated system of care. Dr. Ghaly also led a County team to expand health and behavioral health services on the Martin Luther King, Jr., health campus in South Los Angeles, which included the opening of the public-private Martin Luther King, Jr., Community Hospital. Additionally, Dr. Ghaly was the architect of the Los Angeles County Whole Person Care Pilot program, oversaw the launch of the Drug Medi-Cal Organized Delivery System in Los Angeles County, and established the County’s Office of Diversion and Reentry which has diverted over 3,000 individuals out of County jail and into community-based treatment and permanent supportive housing. Among Dr. Ghaly’s most important accomplishments was the creation and continued development of the County’s Housing for Health program. Since 2012, Housing for Health has supported over 6,500 chronically ill individuals facing homelessness, many of whom are stuck in acute care facilities, to gain permanent supportive housing through federal subsidies and LA County’s Flexible Housing Subsidy Pool.

Mark’s prior clinical work within Los Angeles County also included seeing patients at the Los Angeles County Juvenile Detention System and the Martin Luther King Jr. Outpatient Center Medical Hub that serves children and youth in the Los Angeles Child Welfare System.

Dr. Ghaly was born and raised in Minneapolis, Minnesota. He earned duel B.A. degrees in biology and biomedical ethics from Brown University, his M.D. degree from Harvard Medical School, and his M.P.H. from the Harvard School of Public Health. Dr. Ghaly completed his residency training in Pediatrics at the University of California, San Francisco. Dr. Ghaly is married to Christina Ghaly and has four young children.

Dr. Ghaly is honored to serve Governor Gavin Newsom and looks forward to forging partnerships and relationships across California to make the Governor’s vision a reality for the benefit of all Californians.