

# Disaster Behavioral Health Planning

Public Health – Seattle & King County  
&  
King County Department of Community and Human  
Services

# Starting Point

Concept of Operations completed by consultant in 2012

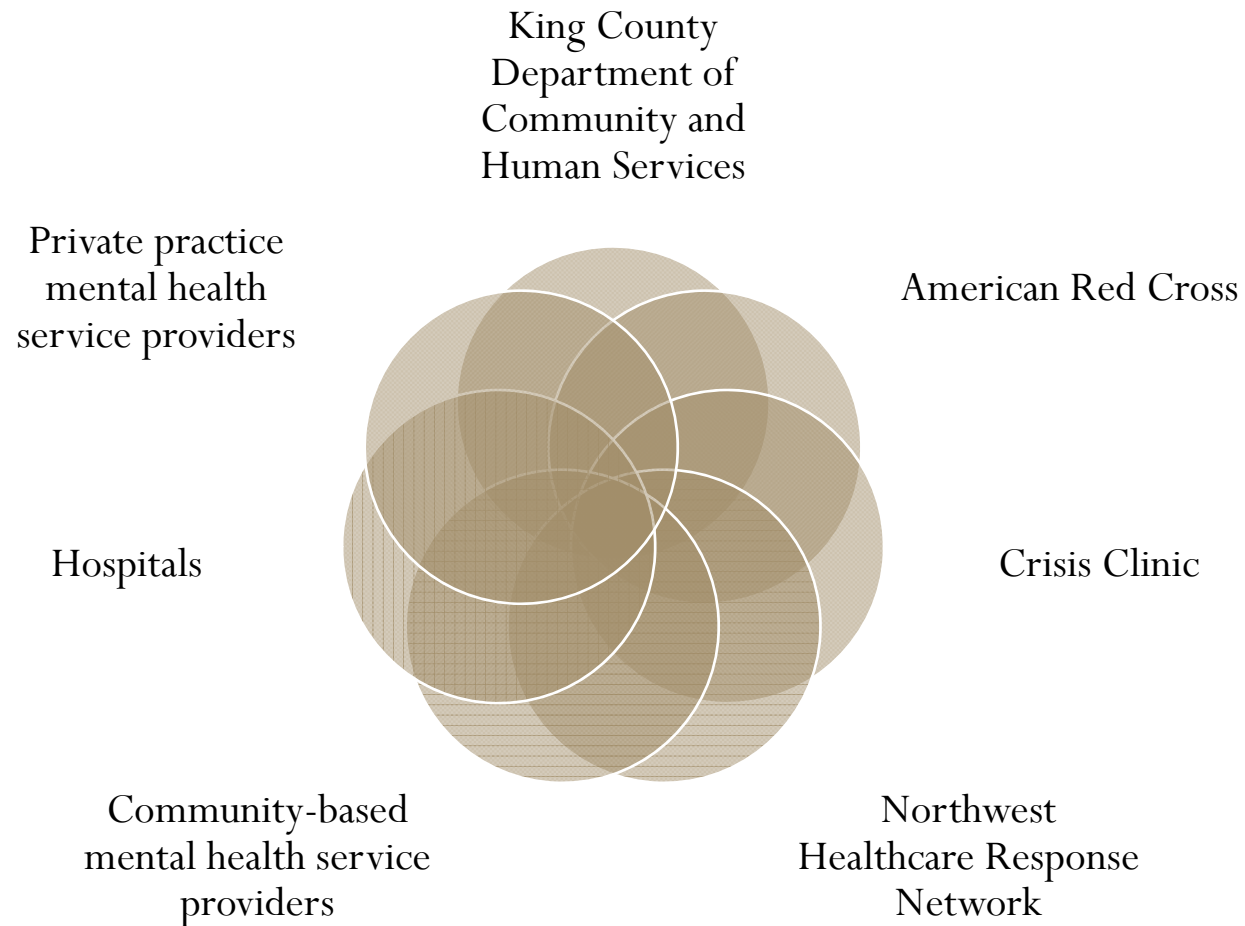
Thorough but full of language that might not be accessible to non-clinicians

No review process or buy-in from partners

## Psychological consequences of disasters



# Partners



# Defining the Emergency

Incident Type	Definition	Examples
Level 3: Contained, with limited community impact (plan may be activated)	Specific location that is not expected to expand deep into the community	Apartment fire
Level 2: Contained, with wide community impact (plan activated)	Specific location that is expected to expand into and affect the community	School shooting; one-site terrorist attack
Level 1: Not contained, with wide community impact (plan activated)	Multiple locations and affects the community	Earthquake; terrorist attack with multiple sites

<b>Service or Plan Component</b>	<b>3</b>	<b>2</b>	<b>1</b>
Incident Assessment	X	X	X
Resource Identification	X	X	X
Resource Deployment	X	X	X
Continuity of Care	X	X	X
Psychological First Aid	X	X	X
Coordination of Referrals	X	X	X
Coordination of Scene Assistance (Following an Incident)	X	X	X
Coordination of Scene Assistance (Incident Anniversary)		X	X
PsySTART		X	X
Coordination of Follow-Up Care Resources		X	X
Responder Support		X	X
Post-Demobilization Assistance		X	X
Crisis Counseling Program Application			X
Coordination of Long-term Monitoring			X

# Plan Components (All Levels)

## Incident Assessment

- Determine what interventions might be needed, including special populations impacted

## Resource Identification

- Determine which resources are available by querying via WATrac and direct contact

## Resource Deployment

## Continuity of Care

- Assist organizations excessively impacted by the emergency

## Psychological First Aid

## Coordination of Referrals

- Next Day Appointments

## Coordination of Scene Assistance

- Managing needs at shelters, community meetings, family assistance centers

# Plan Components (Levels 2 and 1)

## Coordination of Scene Assistance

- Providing support at anniversary and other milestone events

## PsySTART

- Expansion of pilot project

## Coordination of Follow-Up Care Resources

- Assistance beyond initial assessment and care

## Responder Support

## Post-Demobilization Assistance



# Plan Components (Level 1)

## Crisis Counseling Program Application

- Data and information

## Coordination of Long-term Monitoring

# Example: Level 2 Response to a School Shooting

- HMAC activates with presence DCHS
  - Makes notifications to EMs, Hospitals, etc. per standard process
- Discusses need to activate PsySTART
- Reaches out to affected school district to determine need or desire for disaster behavioral health assistance
- If assistance desired, sends WATrac message out to community behavioral health partners, American Red Cross and Crisis Clinic to request status
  - Available staff to deploy to gathering locations, memorials, etc.
  - Next Day Appointments

## Example: Level 2 Response to a School Shooting

- Daily conference call with those able to assist to determine who will be fulfilling which requests (e.g. ARC sending staff to memorial, Sound Mental Health sending staff to community center)
- Ongoing discussion with school district and community leaders about community need, including responder behavioral health assistance
- Ongoing calibration of need for increased Next Day Appointments

# Challenges

Current behavioral health system is taxed during day-to-day operations

Competing priorities in planning (think Ebola Virus Disease)

Funding to expand PsySTART™ planning project

# Next Steps

May and June: Working group meetings

June: Internal review

July and August: PsySTART operationalization meetings

September: Disaster Behavioral Health NWHRN CAP Session

October: Plan out for review

November: Final edits

December: Plan finalized

2016: Possible test during Cascadia

PsySTART™

# PsySTART™ = Psychological Simple Triage and Rapid Treatment

- A tool to support a disaster behavioral health response
- Quickly identifies individuals with mental health emergencies and those at risk for more chronic disorders and impairment in mass casualty events
- Reaching high risk individuals within 30 days may reduce or prevent PTSD and secondary disorders
- Uses a unique mental health triage "tag" so follow up can be assigned based on risk
- Provides situational awareness of mental health needs

# What does PsySTART™ measure?

- Impact of severe and extreme stressors
- What happened to a person during a disaster
  - Injury / Illness
  - Traumatic loss (including missing family members)
  - Severe / extreme exposure (seeing individuals who experiences death or serious injury)
  - Ongoing or persistent stressors (disaster-related injury, relocation)
- NOT based on symptoms



# Triage Categories

- **Purple** - Mental Health Emergency
  - Direct threat to self or others
- **Red** - Immediate Needs
  - Highest risk for crisis and long term mental health impact
- **Yellow** - Delayed
  - Moderate risk for crisis and long-term mental health impact
- **Green** - Minor
  - Minimal risk for crisis and long-term mental health impact

# Our planning partners

- King County Dept. of Community and Human Services
- Franciscan Health
- Northwest Hospital
- Overlake Hospital Medical Center
- Harborview Medical Center
- Swedish
- Seattle Children's Hospital
- Crisis Clinic
- Northwest Healthcare Response Network
- Navos
- Children's Crisis Outreach Response System (CCORS)
- American Red Cross
- DESC
- Solid Ground
- Community Psychiatric Clinic
- Valley Cities
- Therapeutic Health Services
- Sound Mental Health
- Catholic Community Services

# Thank you

- Funding provided by City of Seattle Human Services Dept.
- Project managed by Crisis Clinic