

**SPOKANE REGIONAL SERVICE AREA  
BEHAVIORAL HEALTH DISASTER RESPONSE PLAN  
MAY 2019**

**STATEMENT OF PURPOSE AND OBJECTIVES**

The purpose of the Regional Emergency and Disaster (REDi) Healthcare Coalition (HCC) Behavioral Health Disaster Response Plan (hereafter known as the “Plan”) is to define how the Spokane County Regional Behavioral Health (SCRBH) (Administrative Services Organization (ASO)), serving the Spokane Regional Service Area (RSA) within six (6) counties and three (3) tribes of eastern Washington supported by the REDi HCC would interface with the REDi HCC plans and members.

The SCRBH (ASO) behavioral health disaster response network interfaces with the REDi HCC to support the efforts of local disaster operations when the need for behavioral health intervention is identified within Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties.

In local situations where the REDi HCC does not activate the Plan, the SCRBH (ASO) would use the processes embedded within the Plan to activate their behavioral health (BH) and substance use disorder (SUD) providers.

**WASHINGTON STATE INTEGRATED MANAGED CARE**

By January 1, 2020, integrated managed care will be available in all ten RSA throughout Washington State. Integrated Managed Care (IMC) coordinates physical health, mental health, and substance use disorder treatment services to help provide whole-person care to Medicaid enrollees under Apple Health Plans (aka: Managed Care Organizations” or MCOs).

In addition to integrated managed care plans, individuals in integrated regions have access to a regional Behavioral Health – Administrative Services Organization (BH-ASO). The MCOs contract with the region’s BH-ASO, Behavioral Health Administrative Services Organization (ASO), for the crisis service system for their members.

**CSHCD SCRBH (ASO)**

The SCRBH (ASO) is a Division of the Spokane County Community Services, Housing, and Community Development (CSHCD) Department. SCRBH (ASO) is a public behavioral health administrator for crisis services for all regional residents and an administrator for all behavioral health services for Non-Medicaid individuals at or below the 220% Federal Poverty Level (FPL) in the Spokane Regional Service Area (RSA).

Although crisis service providers are dedicated and work diligently to help individuals in behavioral health crisis, the crisis continuum and diversion options can be challenging

at times with system gaps. It touches many stakeholders in our communities to include, but not limited to, the court system, jails, schools, hospitals, medical clinics, law enforcement, probation officers, county and regional emergency management, state agencies, housing, community services, behavioral health providers, families, friends, and churches.

The Spokane County Community Services, Housing, and Community Development (CSHCD) Department, Spokane County Regional Behavioral Health (SCRBH) (Administrative Services Organization (ASO)) is governed by the Spokane County Board of Commissioners (BoCC) with an interlocal agreement established in conjunction with northeast county commissioners.

### **SCRILS**

The Spokane County BoCC chairs the Spokane County Regional Interlocal Leadership Structure (SCRILS) which brings together County Authorities in the 6-county region. SCRILS also includes the State Health Care Authority (HCA), Apple Health Managed Care Organizations (MCOs), and input from other community stakeholders together with the CSHCD SCRBH (ASO) to jointly administer the vision for integrated health care in the region; assuring clients are at the center of care delivery and supporting integration of physical and behavioral health care at the provider level.

### **REDI HCC**

The REDi HCC works to strengthen the emergency preparedness and response planning for all aspects of healthcare through community coordination and collaboration. Healthcare Coalition participation is appropriate for all types of healthcare providers, mental health providers, EMS professionals, public health professionals, emergency managers and related services.

The HCC collaborates with healthcare partners in the nineteen (19) counties and four (4) tribes of eastern Washington on various projects and topics for regional healthcare system preparedness with the goal to provide quality patient care during medical surge events. The activities of the REDi HCC are funded under the United States Department of Health and Human Services through the Office of the Assistant Secretary for Preparedness & Response (ASPR) Healthcare Preparedness Program grant and administered through a cooperative agreement between the Washington State Department of Health (DOH) and the Spokane Regional Health District (SRHD)

The mission of the REDi HCC is to prepare for, respond to, and recover from crisis using all available resources, providing patient care at the appropriate level and in the most efficient manner.

## **PLAN AUTHORITY**

The authority for the Plan originates from multiple identified sources in the Revised Code of Washington. County emergency management (EM) authority is assigned to the Office of Sheriff in the Revised Code of Washington as part of oversight for public safety. Each county emergency management program in the geography utilizes National Incident Management System compliant structures to organize response by emergency support function. Under the oversight and authority of the county Public Health Officer accountable for the health of the public and the associated powers outlined in the the Revised Code of Washington, public health agencies local health jurisdiction (LHJ) act as the lead for Emergency Support Function Eight – Public Health and Medical, Mortuary and Veterinary services (ESF-8). The Healthcare Coalition acts in a regional support role providing coordination to emergency management, public health and healthcare providers (physical and mental health) for disasters impacting the healthcare system. For incidents within their service area, the BH-ASO, HCC, EM and LHJ maintain the authority to activate the Plan.

## **PLANNING ASSUMPTIONS**

The REDi HCC Plan provides a system to manage the consequences of emergencies and disasters which impact individuals in need of BH/SUD intervention and the individuals who provide that assistance. This Plan is designed to guide the planning, intervention and response efforts relative to disasters of any type in coordination and communication with other entities, including Department of Social & Health Services (DSHS), Department of Health, American Red Cross, and in federally declared disasters, the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Plan is the Spokane RSA local plan, which is provided to the REDi HCC to be included as a section of the REDi HCC Response Plan. The REDi HCC has a comprehensive Response Plan that covers response structures within the HCC, including but not limited to, provider type roles and responsibilities, patient placement, patient movement, patient tracking, resource coordination, memorandums of understanding, pediatric care, burn care, and behavioral health planning during a disaster.

## **SCOPE**

The Plan addresses the following priorities:

- A. Develop and maintain a responsive system comprised of trained SCRBH (ASO) volunteers from contracted BH agencies and community volunteers in private practice who would respond when activated by the REDi HCC or the SCRBH (ASO) for local situation.
- B. Train and support regional BH volunteers for disaster response.
- C. Disaster response services consist of psychological first aid and triage. It does not include therapy, counseling, substance use disorder treatment, or Critical Incident Stress Management (CISM), although individuals may be referred to these services post-disaster response.

## **PRE-DISASTER RESPONSE PLANNING**

- A. Training and credentials of responders
  - 1. The BH needs of disaster workers and volunteers should be considered in both the planning and response to disasters. Disaster workers are often called upon to provide appropriate interventions for all types of disaster victims, including counseling, public education, linkage and referral/advocacy services. Interventions should be appropriate to the level of the disaster which emphasizes the importance of disaster BH workers being able to recognize the varying psychological and emotional reactions that may occur during each phase of the disaster.
  - 2. As determined by the SCRBH (ASO), volunteer responders must receive approved training/certification prior to responding to an event, which includes Psychological First Aid and Incident Command Systems courses ICS 100 and ICS 700.
- B. Training and preparation for BH resources
  - 1. SCRBH (ASO) staff will be trained on the role and responsibilities of providing support and resources during a disaster response. The SCRBH (ASO) maintains a list of trained behavioral health disaster responders and a notification process for deployment.

2. The SCRBH (ASO) will provide notification of potential need for increased referral for BH services following a disaster to all contracted and private pay providers participating in this network.

C. Integration with county emergency management system

1. Every effort will be made to integrate this Plan with local and state emergency operations plans so that the various agencies are aware of how they would work together operationally, during any phase of a disaster event, including but not limited to:
  - a. REDi HCC (serves 19 counties and four tribes of eastern Washington) members including Hospitals and other providers of healthcare services;
  - b. Emergency Management organizations in the area served: Greater Spokane Emergency Management (GSEM), Ferry County Emergency Management, Stevens County Emergency Management, Pend Oreille Emergency Management, Lincoln County Emergency Management, Adams County Emergency Management;
  - c. Public Health Agencies: Spokane Regional Public Health, Tri-County Public Health, Lincoln County Public Health, Adams County Public Health;
  - d. County law enforcement agencies; and
  - e. Other community services.

D. Drills/Exercises

Whenever a drill/exercise occurs and the Plan is implemented, a written After Action Report will be drafted by the REDi HCC to identify challenges and opportunities for improvement based on lessons learned. This level of participation in drills/exercises will help to establish the Plan as a regular and essential part of the overall response effort.

E. Maintenance of the Plan

The Plan will be reviewed on an annual basis with the SCRBH (ASO) and provided to the REDi HCC for distribution and education. Updated versions will be hosted and shared in the Healthcare Coalition resource library (currently <http://www.srhd.org/HCC>). Responsibility for training and education of plan stakeholders is mutually shared between BH-ASO and the HCC. Updated copies of the local Plan will be shared with disaster responders.

F. Triage Levels for provision of disaster-related services

1. Trained BH responders would be available for immediate BH comfort care and crisis management at the disaster site.

2. The BH responders would determine the necessary services required for purposes of stabilization or on-going care and refer people in need of more services or information to a pre-determined staging area for BH services.
3. At the staging area, the receiving BH responder would either provide psychological first aid, education, or refer the individual to an appropriate off-site provider. Services offered by SCRBH (ASO) providers and private practice providers during a disaster may include:
  - a. Screening and referral
  - b. Crisis intervention
  - c. Community education, training and support groups
  - d. Twenty-four-hour crisis response

G. Potential Service Delivery Sites

1. Disaster BH services may be provided at any of the following sites:
  - a. County Emergency Operations Center (aka Emergency Coordination Centers)
  - b. Incident Command Post
  - c. Victim Staging areas
  - d. Hospitals
  - e. Disaster affected areas
  - f. County lead Family Assistance Centers
  - g. American Red Cross shelters and American Red Cross Family Assistance Centers per Memorandum of Understanding (MOU) between American Red Cross and the SCRBH (ASO)
  - h. Various community locations conducive to the above-mentioned services
  - i. Multi-agency Response Center, as requested

H. Expenses in Support of the Plan

1. All BH responders acting in this plan are considered volunteers.
2. The SCRBH (ASO) will research and access additional funding as necessary.

**ACTIVATION OF THE PLAN**

- A. In local situations where the REDi HCC does not activate the Plan, the SCRBH-ASO would use the processes embedded within the Plan to activate their behavioral health (BH) and substance use disorder (SUD) providers.

- B. At request of County Emergency Management (EM), LHJ, or REDIHCC: The REDi HCC would work closely with the SCR BH (ASO) and other local officials to determine the scope of the disaster and BH needs of the community.
- C. Behavioral Health (BH) responders would be activated for disasters with scope and size that impacts more people than what existing SCR BH (ASO) crisis response teams can manage such as:
  - 1. Mass violence
  - 2. Natural disasters
  - 3. Man-made disasters
- D. County EM or their designee, may activate the SCR BH (ASO) for assistance, or the SCR BH (ASO) may self-activate the Plan if the Emergency Operations Center (or Emergency Coordination Center) is not activated. The following information would be provided if available:
  - 1. Type and cause of the disaster
  - 2. Approximate time and place the disaster occurred or is expected to occur
  - 3. Number and condition of person(s) involved
  - 4. Current response plan (if any)
  - 5. Location of the Emergency Operations Center (if established)
  - 6. Source for obtaining continued information
  - 7. Name/title of caller and return phone number to verify information
- E. Point of Contact for the SCR BH (ASO): The SCR BH (ASO) is available 24/7 to coordinate efforts and plan for response and may be contacted for activation for a disaster via the Regional Behavioral Health Crisis Hotline operated through Frontier Behavioral Health at 1-877-266-1818. Once the Regional Behavioral Health Crisis Hotline has been contacted about a disaster, the crisis hotline staff will contact SCR BH (ASO) administrators to coordinate response.
- F. Point of Contact for the REDi HCC: Duty Officer phone number: 509-362-0041. For questions regarding the use of this number, please contact the HCC at [hcc@srhd.org](mailto:hcc@srhd.org).
- G. Once activated, the SCR BH (ASO) would contact BH and SUD Agency Leads for response by staff who have met the SCR BH (ASO) training requirements. The following information would be communicated by the SCR BH (ASO) to Agency Leads:
  - 1. The nature of the event

2. What to bring (ID badge, clothing, flashlight, personal meds, etc.) as determined by the nature and size of the event
3. Where to report (location of BH staging area). Responders would be briefed and oriented at the scene by their point-of-contact.
4. Anticipated time commitment to deployment
5. Point of contact to report to the deployment location

#### H. Documentation

Responders would log contact with individuals triaged and referral outcomes. See appendix for form that will be filled out by the responder.

#### I. Deactivation of BH responders

Deployment check-ins may be used for SCRBH (ASO) volunteers to share their impressions of the disaster event, address their emotional responses, discuss their specific roles, and evaluate their effectiveness in providing services. Provisions would be made for a post deployment check-in for all responders, as well as any support staff, individually or in a group format.

### **POST DISASTER RESPONSE**

#### A. Evaluation of efficiency and effectiveness of response and revision of the Plan

1. Whenever an incident occurs and the Plan is implemented, a written After Action Report will be drafted by the REDi HCC to identify challenges and opportunities for improvement based on lessons learned. This level of participation in drills/exercises will help to establish the Plan as a regular and essential part of the overall response effort.
2. After an incident occurs, the Plan will be evaluated by the SCRBH (ASO) and members who may have played a significant role in the response. The evaluation should result in an assessment of how well the Plan assisted or impeded the response and delivery of services, and any identified strengths and gaps.
3. The Plan would be revised based on recommendations and lessons learned. Updated copies will be shared with disaster responders and partners through REDiLink Newsletter.

#### B. Support for Responders

1. Responders would have access to debriefing services that are voluntary and centered on providing support to disaster responders.