



## **CBHC BOARD POSITION STATEMENT 20.0:** *Emergency Preparedness and Response*

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### **Position Statement**

*CBHC is committed to ensuring Colorado has a formal and coordinated Emergency and Disaster Preparedness and Response Plan (EDPRP) which integrates the role of behavioral health in the disaster preparedness and response continuum and ensures the sustainability of these services.*

### **Background**

Colorado's efforts to improve behavioral health response to community crises and natural disasters began following the 1997 Fort Collins flood, the 1999 shooting at Columbine High School and the 2002 Colorado wildfire season.

Around this same time, the National Response Framework (NRF), a single, comprehensive approach to disaster incident management in the United States was in development. The Emergency Support Functions (ESFs) are coordinating structures in the NRF that organize government agencies, community-based organizations, and private assets to address 14 functional areas of disaster response. The State of Colorado and many county emergency management offices have adopted this ESF structure, and the Colorado Department of Public Health and Environment (CDPHE) serves as the state Emergency Support Function #8 - Public Health, Medical Services, and Behavioral Health (ESF #8) coordinator and primary agency in Colorado's Emergency Operations Plan.

In 2004, the CDPHE and the Colorado Department of Human Services (CDHS), entered into an interagency agreement and began a formal, state-led effort to develop and integrate behavioral health in the holistic disaster health response. The state disaster behavioral health team and their programming moved from CDHS Office of Behavioral Health to CDPHE's Office of Emergency Preparedness and Response in 2010 to deepen this integration.

Early efforts focused on convening Community Mental Health Centers (CMHC) and developing their disaster response knowledge, team capacity, plans, and networks to leverage disaster lessons learned. The core agencies of Colorado's public behavioral health system, CMHCs' public missions, and county and municipal service areas also aligned for coordination with public health and emergency management agencies, whose disaster planning is organized within similar jurisdictions. Consistent relationships for preparedness planning, training, and

exercise are critical to the integration, implementation, and improvement of disaster response.

In these same years, the state disaster behavioral health team also launched a two-year project to create a statewide partnership and structure for disaster behavioral health response. This project resulted in the partnership known as the Colorado Crisis Education and Response Network (CoCERN) and the first edition of the CoCERN Protocols and Guidelines. Parties involved in the development of the first CoCERN protocols included community mental health centers, state government programs, professional psychological organizations, voluntary organizations active in disaster with psychosocial support missions, crisis support teams, and public health systems.

A second edition of the CoCERN protocols and guidelines was published in 2018 and continues to guide behavioral health response coordination, resource management and deployment, communication, and credentialing within this statewide network. These early efforts and networks in Colorado coincided with a shift and expansion of disaster and trauma literature about what psychosocial support and interventions communities need following a major crisis. CoCERN incorporated these learnings in their guidelines.

Interventions now widely supported include Psychological First Aid, developed by the National Child Traumatic Stress Network and the National Council on PTSD, and the Crisis Counseling Assistance and Training Program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Federal Emergency Management Administration (FEMA) under federal disaster relief programs, both of which informed the development of a standard training curriculum for DBH teams across CoCERN organizations in Colorado.

While state coordination staff and activities have been funded through the Public Health Emergency Preparedness Program (PHEP) and the Hospital Preparedness Program (HPP), most disaster work completed locally by Community Mental Health Center (CMHC) teams has been voluntary in nature. Each CMHC has identified a disaster coordinator in their organization, but in most cases, this role and further team development is an add-on to other duties and positions. CMHCs have engaged DBH activities without adequate funding or reimbursement, limiting the extent to which these efforts can grow and serve all Colorado communities. In 2011, CDPHE to provide small program support funds to better incentivize sustained disaster behavioral health preparedness. Awards between \$7,500 and \$13,000 a year defrayed only partial costs related to staff time and operational expenses of annual preparedness activities.

Meanwhile, local CMHCs responded to a host of events including the Holly and Windsor Tornadoes, multiple years of front range wildfires, the 2012 Aurora theater shooting, and the 2013 floods. Their disaster behavioral health response teams supported diverse community missions, from offering psychological first aid and walk-about support at shelters and disaster assistance centers to accompanying people during re-entry to neighborhoods where homes had burned to providing psychoeducation and support at community vigils and trial events following mass shootings.

Like preparedness work, disaster behavioral health response was not funded or reimbursed, with the exception of federal disaster relief programs like the Crisis Counseling Program, which would only become available under a federal disaster declaration.

The recognition that, with few exceptions, disaster response activities are not reimbursed by insurance and other typical funding mechanisms for behavioral health services became a critical limit and lesson learned for the disaster behavioral health system.

In the summer of 2020, the Governor's Office launched the Behavioral Health Taskforce COVID-19 subcommittee reviewing the impact of the pandemic on mental health in Colorado.

One of the many recommendations elevated by that subcommittee was to increase disaster behavioral health programming in Colorado.

House Bill 21-1281 Community Disaster Behavioral Health Program was introduced with bipartisan sponsorship to the 2021 legislative session. The bill reflects the recommendations of this subcommittee, as well as more than 20 years of field and program lessons from voluntary and grant-supported disaster behavioral health preparedness and response work. CDPHE's DBH staff, in collaboration with the Colorado Behavioral Healthcare Council, presented DBH history and informational sessions with various government and behavioral health constituent associations. In the shadow of the COVID-19 pandemic and the shootings the Table Mesa King Soopers, this bill was passed quickly and with strong support.

## **Policy Priorities**

### **20.1 Continuation and evolution of a statewide comprehensive emergency preparedness and response plan which integrates the role of behavioral health and the safety net in the response continuum.**

For decades, Colorado's CMHCs have followed a precise process for preparedness, coordination, and response to emergencies and disasters. In times of greatest needs, Colorado communities have come to depend on the presence of one or more centers working together to meet the needs of the communities at risk. The state of Colorado must ensure that there is a comprehensive emergency preparedness and response plan which integrates the role of behavioral health and the safety net in the response continuum. Colorado's plan must formalize, enhance and support the role that essential safety net providers, including CMHCs, have played in preparing for and responding to disasters. CBHC supports the state of Colorado in having a comprehensive and coordinated EDPRP and ensuring that behavioral health is adequately represented in that plan.

- ❖ CBHC supports ensuring that Colorado's EDPRP is community oriented and developed in partnership with behavioral health safety net providers.
- ❖ CBHC supports aligning Colorado's EDPRP with national models that understand/integrate the unique characteristics of disaster behavioral response versus traditional psychotherapeutic interventions.
- ❖ CBHC supports state efforts to develop a EDPRP that improves quality of care and minimizing the occurrence of serious illness.
- ❖ CBHC supports state efforts to define standards for emergency response, network development planning, staffing, training and culturally responsive services.

## **20.2 Commitment to/Permanency of Robust Resources and Sustainable Funding for Behavioral Health Emergency and Disaster Preparedness and Response throughout Colorado.**

Colorado's communities are most effective in responding to an emergency when preparedness efforts have been comprehensive and collaborative across systems. To be most effective, emergency preparedness and response efforts need to be adequately organized and funded to meet communities' needs.

- ❖ CBHC supports policies that create sustainability of these activities across Colorado communities.
  - Sustainable, permanent funding for emergency preparedness for behavioral safety net providers, overseen by CDPHE
  - Sustainable opportunities for specialty team, center personnel, community partners, and community member education for emergency preparedness:
    - Psychological first aid for emergency response clinicians
  - Formal processes for community engagement and the demonstration of preparedness effort deliverables
  - Adequately support state and local infrastructure to respond to behavioral health needs following community level crisis and invest in community resilience initiatives and activities
  - Create effective and adequate reimbursement for behavioral health disaster preparedness and response initiatives
  - Invest in community resilience initiatives and activities by the behavioral health system
- ❖ CBHC supports the continuation of state and federal programs that coordinate community partners in a collaborative response to community crises.
  - Robust funding for councils, boards, and other response coordination planning efforts
  - Adequately support communities in need during an emergency or disaster through a mix of local, state, and federal resources to sustain the availability of cross-system providers
- ❖ CBHC supports policies, regulation, and legislation that continues Colorado's behavioral health safety net's ability to respond to a wide range of community crises.
  - Sufficient resources and flexible funding to respond to mass disasters, community crises, emergency situations, and other acute crises that require behavioral health professionals' response for periods of time ranging from hours to years

### **Effective Period**

The Colorado Behavioral Healthcare Council (CBHC) Board of Directors approved this policy on **01/18/2018** It is reviewed as required by the Public Policy Advisory Committee.

### **Policy Updated**

Updates to this policy position were approved by the CBHC Board of Directors on **10/06/2020**.

**Expiration: 10/06/2022**