

Date of Hearing: April 18, 2018

ASSEMBLY COMMITTEE ON GOVERNMENTAL ORGANIZATION

Adam Gray, Chair

AB 2333 (Wood) – As Amended April 3, 2018

SUBJECT: Office of Emergency Services: behavioral health response

SUMMARY: Requires the Governor's Office of Emergency Services (Cal OES) to establish behavioral health deputy director (deputy director) to ensure individuals have access to necessary mental and behavioral health services in the aftermath of a natural disaster or declaration of a state of emergency. Specifically, **this bill:**

1. Requires the deputy director to collaborate with the Director of Health Care Services to coordinate the delivery of trauma-related support to individuals affected by a natural disaster or state of emergency.
2. Establishes the deputy director's responsibilities to include the following:
 - a. Coordinating local behavioral health professionals to provide access to behavioral health services in the aftermath of a natural disaster or declaration of a state of emergency, including ensuring those behavioral health professionals are properly licensed.
 - b. Ensuring the availability of trauma specialists to train the appropriate local emergency response staff in the aftermath of a natural disaster or declaration of a state of emergency.
3. Requires the Director of Health Services, in coordination with Cal OES, request necessary federal and state waivers to ensure the provision of health care services to individuals in an impacted area during a natural disaster or declared state of emergency.

EXISTING LAW:

1. Establishes CalOES by the Governor's Reorganization Plan No.2, operative July 1, 2013.
2. Requires CalOES to perform a variety of duties with respect to specified emergency preparedness, mitigation, and response activities in the state, including emergency medical services.
3. Specifies that the State Emergency Plan (SEP) shall be in effect in each political subdivision of the state, and the governing body of each political subdivision shall take such action as may be necessary to carry out the provisions thereof.
4. Requires the Governor to coordinate SEP and those programs necessary to mitigate the effects of an emergency.
5. Requires the Governor to coordinate the preparation of plans and programs for the mitigation of the effects of an emergency by the political subdivisions of the State of California, such plans and programs to be integrated into and coordinated with the State Emergency Plan and the plans and programs of the federal government and of other states to the fullest possible extent.

6. Requires the director of CalOES to appoint representatives of the disabled community to serve on the evacuation, sheltering, communication, recovery, and other pertinent Standardized Emergency Management System (SEMS) committees. Representatives of the disabled community shall, to the extent practicable, be from the following groups:
 - a. Persons who are blind or visually impaired.
 - b. Persons with sensory or cognitive disabilities.
 - c. Persons with physical disabilities.
7. Requires CalOES, within the SEMS structure, to ensure, to the extent practicable, that the needs of the disabled community are met by ensuring all committee recommendations regarding preparedness, planning, and procedures relating to emergencies include the needs of people with disabilities.

FISCAL EFFECT: Unknown

COMMENTS:

Purpose of the bill: According to the author: “The wildfires that raged through California in late 2017 caused historic levels of damage and devastation. This quick and sudden firestorm led the Governor to declare a state of emergency in several counties. In total, wildfires burned over 1.2 million acres of land, damaging or destroying over 32,000 homes, 4,300 businesses, and killing 46 people. The wildfires left entire communities traumatized with both immediate and long term impacts on my constituents. In addition to an increase in need for mental health professionals after a traumatic event, there is a strong link between substance use issues and the experience of a traumatic event, such as a disaster. In the past decade, we have experienced an increase in the number of disasters, both natural and human-caused, leading to an even greater risk of substance use issues in affected communities. This bill will ensure that during and immediately after a natural disaster or declaration of a state of emergency, people affected by the disaster have critically needed access to mental and behavioral health professionals.”

Background: In 2009, the California Legislature merged the powers, purposes, and responsibilities of the former Cal OES with those of the Office of Homeland Security (OHS) into the newly- created California Emergency Management Agency (CalEMA). On July 1, 2013, Governor Edmund G. Brown Jr. ’s Reorganization Plan #2 eliminated CalEMA and restored it to the Governor’s Office, renaming it the California Governor’s Office of Emergency Services (CalOES), and merging it with the Office of Public Safety Communications. Today, Cal OES is responsible for overseeing and coordinating emergency preparedness, response, recovery and homeland security activities within the state, which includes the development of the State of California Emergency Plan (SEP).

State Emergency Plan: The SEP is a management document intended to be read and understood before an emergency occurs. It is designed to outline the activities of all California jurisdictions within a statewide emergency management system and it embraces the capabilities and resources in the broader emergency management community that includes individuals, businesses, non-

governmental organizations, tribal governments, other states, federal government and international assistance.

The concepts presented in the SEP emphasize mitigation programs to reduce the vulnerabilities to disaster and preparedness activities to ensure the capabilities and resources are available for an effective response. To assist communities and governments to recover from the disaster, the plan outlines programs that promote a return to normalcy.

The SEP provides a consistent, statewide framework to enable state, local, tribal governments, federal government and the private sector to work together to mitigate, prepare for, respond to and recover from the effects of emergencies regardless of cause, size, location, or complexity. In accordance with the California Emergency Services Act (CESA), the plan is in effect at all times and applies to all levels of state government and its political subdivisions.

The plan incorporates and complies with the principles and requirements found in federal and state laws, regulations and guidelines. It is intended to conform to the requirements of California's Standardized Emergency Management System (SEMS), the National Incident Management System (NIMS) and be consistent with federal emergency planning concepts such as the National Response Framework (NRF) and catastrophic concept of operations (CONOPS) documents developed jointly by the Federal Emergency Management Agency (FEMA) Region IX and the State.

Functional Annexes: The SEP implements California Emergency Support Function (CA-ESF) working groups, which develop functional annexes to describe discipline-specific goals, objectives, operational concepts, capabilities, organizational structures and related policies and procedures. The functional annexes developed separately from the basic plan and reference existing agency and department plans and procedures. There 18 CA-ESFs ranging from Fire and Rescue to Cybersecurity. A single state agency is assigned to lead each CA-ESF based on its authorities, resources and capabilities. Each CA-ESF member agency is responsible to assist in coordinating the state's response to emergencies, including provision of mutual aid and the allocation of essential supplies and resources.

The California Health and Human Services Agency (CHHS) is the Lead Agency/Department for California Emergency Support Function 8 (ESF 8) – “Public Health and Medical”. The mission of ESF 8 is to strengthen collaboration and coordination among public health, environmental health and medical stakeholders that have the legal authorities, resources and capabilities to support local jurisdictions during emergencies that affect public health, environmental health and/or medical services, and by so doing, save lives, protect health and safety, and preserve the environment.

ESF 8 stakeholders (local and state) are involved in a wide spectrum of activities involving public health, environmental health, emergency medical services and health care delivery. Specifically, CHHS and its stakeholders under EF 8 are responsible for patient care, which activities include: 1) At Risk Populations/Persons with Access and Functional Needs; 2) Mental/Behavioral Health; 3) Emergency Licensure and Resolution of Licensing Issues; 4) Medical Shelters and Medical Support to General Population Shelters; and 5) Medical Surge, including Facility Expansion and Government Authorized Alternate Care Sites.

As noted above, ESF 8 does include mental and behavioral health as part of its coordinating activities; however, it does designate which state entity is the lead in that area. This bill would establish a deputy director within Cal OES to be the lead on coordinating mental and behavioral health services in the aftermath of a natural disaster or declaration of a state of emergency.

Support: The Steinberg Institute writes in support: “AB 2333 would create a position at Cal OES to coordinate mental health services following a natural disaster or state of emergency. It would ensure mental health support takes its place alongside food, shelter, and medical care as authorities help a community recover. We strongly believe that AB 2333 will provide a necessary coordinated mental health response, an essential element to disaster response, and an additional level of expertise to respond to disasters and emergencies, over and above the routine missions of the mental health departments.”

Double-Referral: This bill is double-referred to the Assembly Health Committee, where it will be heard if passed by this Committee.

REGISTERED SUPPORT / OPPOSITION:

Support

The Steinberg Institute (sponsor)
California Council of Community Behavioral Health Agencies
Disability Rights California
National Association of Social Workers
Providence St. Joseph Health

Opposition

None on file

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