



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES

MEMORANDUM

TO: All Stakeholders

FROM: Dr. Dale K. Adair
Chief Psychiatric Officer 
Office of Mental Health and Substance Abuse Services

RE: Office of Mental Health and Substance Abuse Services (OMHSAS)
Guidance for County Emergency Behavioral Health/Disaster Crisis
Outreach and Referral Teams (EBH/DCORT)

DATE: March 30, 2020

PURPOSE:

On March 6, 2020, Governor Wolf issued a disaster declaration in response to the presence of the Coronavirus (COVID-19) in Pennsylvania. The declaration provided wide ranging efforts to slow the rate of spread of the virus and included, amongst other things, 14-day closures of non-essential businesses, recommendations to avoid unnecessary travel and social distancing. OMHSAS recognizes that this is a very stressful time for the entire community and that mental health and substance use challenges may be exacerbated by the current circumstances.

Disaster mental health services designed for the general population, such as those based on concepts of Psychological First Aid, are equally beneficial for disaster survivors with serious mental illness (SMI) (Hobfoll et al., 2007). Procedures addressing safety, calming, social connection, personal and community efficacy, and a sense of hope and optimism are helpful during or immediately after a disaster. Care should be taken to avoid isolating or stigmatizing those with SMI. Encouraging those with SMI to be active partners in solving problems for themselves and their community fosters the critical elements of efficacy, hope, and social connectedness (SAMHSA, Dialogue 2019 Volume 15 Issue 3-4).

In Pennsylvania, mental health services are county-centric. OMHSAS provides oversight and develops policies and regulations to guide and support the wellbeing of the citizens of the Commonwealth and is attentive to the needs of those who have specialized behavioral health needs. County mental health is the first line of response, while the state provides necessary support and guidance OMHSAS recommends that all counties adhere to the following:

Disaster Behavioral Health Principles:

1. Everyone is impacted in some way.
2. Post-Traumatic Stress Disorder is not the only sequelae.
3. Behavioral Health has a role in all phases (preparedness, response and recovery)

Teams need to be aware of the reactions to distress:

1. Change in sleep patterns.
2. Decreased sense of safety.
3. Irritability and distraction.
4. Isolation and Avoidance.

Teams need to be aware of a possible increase in problematic or dangerous behaviors:

1. Substance Use (Alcohol, Tobacco, Prescription Drugs, other).
2. Disruptive behaviors in work/life.
3. Interpersonal violence and other kinds of abuse.

Establish effective lines of communication with other county agencies. Behavioral health should be at the table with the County Disaster Operations Center. This allows for behavioral health concerns to be integrated into the county plans as they arise. These lines of communication are behavioral health interventions which:

1. Reduce anxiety.
2. Foster hope/perspective.
3. Reduce fear-based behavior.
4. Promote pro-social behavior.

Apprise OMHSAS of needs as they arise.

Assure social and cultural competence:

What is Cultural Competence?

While many definitions of cultural competence exist, in practical terms, cultural competence can mean:

- Gaining awareness of and addressing negative bias.
- Learning to value diversity.
- Understanding how people of different backgrounds define health.
- Providing services and information to meet special communication needs, in primary languages, and literacy levels.
- Offering accessible services that match real needs.
- Hiring staff who represent the diversity of the community.
- Training staff to develop cultural competence.
- Involving the community in planning, communications and outreach.

Culturally and linguistically appropriate services are services that:

- Respect, relate and respond to a client's culture, in a non-judgmental, respectful and supportive manner;
- Are affirming and humane, and rely on staffing patterns that match the needs and reflect the culture and language of the communities being served;
- Recognize the power differential that exists between the provider and the client and seek to create a more equal field of interaction; and
- Consider each client as an individual, and do not make assumptions based on perceived or actual membership in any group or class.

"If not us, who? If not now, when?" – John F. Kennedy.

It's our continuing partnership and collaboration that will enable us to navigate this current challenge known as Covid-19 and come out thriving.

Please see accompanying resource documents from the Center for the Study of Traumatic Stress.

Be Safe, Be Strong. PA STRONG.