Mobilizing a Community in Crisis

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Learning Objectives

• Learn about CPSA’s immediate and long-term community response to the January 8th community-wide behavioral health crisis

• Discuss Successes and Lessons Learned from January 8th

• Assess your organization’s role and readiness in crisis response
Part 1: January 8th, 2011
What is behavioral health’s role in crisis response?
CPSA had two Crisis Response Goals:

To provide continuity of care for existing members and To coordinate a response to tragedy-related mental health needs of the community
Immediate Response

- **Implemented** Disaster Plan
- **Alerted** the crisis telephone response provider
- **Established** Emergency Operations Center (EOC)
  - Linked with County Administrator and Sheriff's Department
- **Convened** key behavioral health leaders to meet on the following Monday
Lessons Learned:
Planning is Key
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Internal Planning

• Have an established disaster plan that:
  • Clearly defines roles within your agency
  • Clearly defines roles with external agencies
  • Can be activated outside of business hours
  • Take special populations into consideration
Planning is Key

External Planning

• Learn what your community partners do in crisis/disaster situations
• Anticipate where to fit into the chain of command
• Participate in governmental and community-wide crisis planning
Lessons Learned:
Be Flexible
Lessons Learned:
Prepare EOC with Trainings and Practice
Lessons Learned:
Plan to Address the Needs of Children
Part 2: Community Recovery
Community Outreach

- **Increase in requests for outreach and support**
  - Public and private schools
  - Employers
  - Faith-based Communities

- **Community Groups held at CPSA**
Tucson Tragedy Line

- Operated by Crisis Response Network
- Received 214 calls in January 2011; 4057 calls on community-wide crisis line
- 80 calls in February 2011; 6005 on community-wide crisis line
- Under 10 per month since January 2012
Media Response

• Build relationships with media in advance

• Assign one staff member in charge of media inquiries

• Agree on guiding principles for media response
Mental health care needs don't dwindle just because funding is tight

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It has been heartening to see the community come together in the wake of the Jan. 8 mass shooting. People in the Tucson area, the state and the country all have extended helping hands and caring hearts to those touched by this tragedy.

Even while dealing with their own indelible shock and grief, Tucsonans swiftly focused on helping others - those at the scene of the shooting, the first responders and medical professionals, and the thousands more who have provided mutual support to friends, family and former strangers brought together by this trauma.

This spirit of unity and caring took tangible form in the shrines that blossomed around the city and is evident in the many calls from mental-health professionals that have come in to Community Partnership of Southern Arizona (CPSA) as we coordinate the community-wide response to mental-health and trauma issues following the tragedy.

CPSA staff has joined our community in mourning the six who died and sending best wishes to those who were wounded. We are dedicated to supporting those in our community struggling with emotions in the aftermath.

We are not alone in that commitment. Dozens of individuals and local, state and national emergency response and healthcare organizations are among those who have pledged their support in our community's journey toward healing.

At the same time, CPSA is aware of the discussions about mental illness in the midst of this emotional storm. As tragic as this situation is, one small thing that can be salvaged and built upon is a renewed sense of urgency about the need for mental-health care.

Arizona's public mental-health-care system has experienced drastic funding cuts, including services to persons with serious mental illness, and even more reductions are proposed for the coming year. These cuts create a discouraging backdrop to our community's efforts to heal and to try to ensure such a tragedy does not happen again.

Guiding Principle 1:
Inform with facts, not speculation
Guiding Principle 2: Respond Promptly
Who is this?
Guiding Principle 3: Take the opportunity to educate the public about mental health stigma.
Part 3: Community Resiliency
Community Education

• Mental Health First Aid
  • 41 MHFA sessions held
  • 1021 people certified

• Scholarships and Foundations
  • Gabe Zimmerman scholarship
  • Fund for Civility, Respect and Understanding
Scenario Exercise: Are you **Ready**?

• Where is your agency in Emergency Response Preparation?

• How will this affect your community? Your organization?
Scenario 1

Epidemic
Scenario 2

Natural Disaster
Scenario 3

School Shooting
Scenario 4

Plane Crash