



State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

September 24, 2020

Behavioral Health Information Notice No: 20-055

**TO:** California Alliance of Child and Family Services  
California Association for Alcohol/Drug Educators  
California Association of Alcohol & Drug Program Executives, Inc.  
California Association of DUI Treatment Programs  
California Association of Social Rehabilitation Agencies  
California Consortium of Addiction Programs and Professionals  
California Council of Community Behavioral Health Agencies  
California Opioid Maintenance Providers  
California State Association of Counties  
Coalition of Alcohol and Drug Associations  
County Behavioral Health Directors  
County Behavioral Health Directors Association of California  
County Drug & Alcohol Administrators

**SUBJECT:** Disaster Management for Department of Health Care Services (DHCS)  
Licensed or Certified Behavioral Health Facilities

**PURPOSE:** This DHCS Behavioral Health Information Notice (BHIN) is to provide guidance to Mental Health Rehabilitation Centers, Psychiatric Health Facilities, Residential and Outpatient Alcohol and Other Drug Programs, Narcotic Treatment Programs and Driving-Under-the-Influence Programs regarding disaster management.

**BACKGROUND:**

To minimize disruption to client care and assist with continuity of treatment services during emergency situations, DHCS urges providers to reevaluate their policies and procedures surrounding emergency preparedness to ensure the safe evacuation and/or transfer of clients when a situation arises that requires the immediate removal of clients. An important aspect of this reevaluation is ensuring that emergency/disaster preparedness plans are up-to-date. Providers must follow their own relocation protocols to ensure client safety and to limit the disruption in services when possible. DHCS can assist providers with identifying alternative treatment sites for the relocation of clients and will work collaboratively with providers to ensure the continuation of services.

**POLICY:**

**Mental Health Rehabilitation Centers (MHRC)**

MHRCs are required by law to adopt and follow a written external disaster and mass casualty plan as well as a written fire and internal disaster plan which incorporate evacuation procedures. The plans shall be developed with the advice and assistance of county or regional and local planning offices, and other appropriate experts, per regulatory requirements<sup>1</sup> and shall be reviewed at least annually and revised as necessary to ensure that the plan is current.

A list of MHRCs is located on the [DHCS website](#).

**Psychiatric Health Facilities (PHF)**

PHFs are required by law to adopt and follow a written plan for disruption of services as well as a written fire and internal disaster program, incorporating evacuation procedures, developed with the assistance of local fire, safety and other appropriate experts.<sup>2</sup> Additionally PHFs are responsible for informing DHCS, immediately upon being notified of the intent of the discontinuance or disruption of services or upon the threat of a walkout of a substantial number of employees, or upon occurrence of earthquake, fire, power outage or other calamity that causes damage to the facility or threatens the safety or welfare of patients.

A list of PHFs is located on the [DHCS website](#).

**Residential and Outpatient Alcohol and Other Drug (AOD) Programs**

AOD programs are required by law to report to DHCS all cases of communicable disease, including COVID-19, catastrophes such as flooding, tornado, earthquakes or any other natural disaster.<sup>3</sup> When a program reports a qualifying incident to DHCS, an analyst may assist by assessing the status of the affected area and evaluating the extent of damages, with emphasis on coordination with the affected program. To assist with continuity of treatment services and minimizing disruption to client care, DHCS may waive fee requirements contained in Title 9, Division 4, Chapter 5 and DHCS AOD Certification Standards, as needed.<sup>4</sup> Residential and outpatient programs are encouraged to develop and maintain an emergency preparedness plan for use in the event of emergencies and natural disasters.

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<sup>1</sup> Regulatory requirements for MHRCs specific to disasters can be found on the [Westlaw website](#)

<sup>2</sup> Regulatory requirements for PHFs specific to disasters can be found on the [Westlaw website](#)

<sup>3</sup> Regulatory requirements regarding reporting for AOD Programs can found on the [Westlaw website](#)

<sup>4</sup> For more information on fee waivers, please see [BHIN 20-009](#).

A list of residential and outpatient programs can be found on the [CA Health and Human Services Agency website](#).

### **Narcotic Treatment Programs (NTP)**

A NTP is required by law to have protocol in place for ensuring the continuity of treatment in the event that an emergency or disaster disrupts the program's normal functions. In emergency situations, NTP programs must also have an operational telephone number available 24 hours a day for patients to contact a staff member or to be directed to an appropriate referral service (e.g., crisis line, hospital emergency room).

Emergency procedures for NTP programs should include provisions for notifying patients of emergency situations; posting addresses and telephone numbers of locations where patients can receive their medication; and an operational telephone number available 24 hours a day for patients to contact a staff member or be directed to an appropriate referral service. Additionally, all programs must be ready and able to cooperate to ensure patients have access to replacement narcotic therapy during such circumstances that involve a disruption in services.<sup>5</sup>

The NTP Provider Directory can be found on the [DHCS website](#).

### **Driving Under the Influence Programs (DUI)**

It is considered a best practice for DUI programs to develop policy and procedures for disaster preparedness. DUI programs should always alert their assigned DHCS analyst to any change in operational status, including evacuations, and to regularly check in with the department when events surrounding operational status change.

If there is a temporary disruption of service at a DUI program, the program is responsible for notifying participants of the disruption and when services will resume. If the disruption is too long, DUI participants can be placed on a leave of absence.

When a DUI program needs assistance in relocating clients, DHCS can provide a list of programs adjacent to the affected area and outside of the evacuation zone and DHCS analysts may also assist in making calls on the DUI program's behalf regarding the relocation of clients.

The DUI Provider directory can be viewed on the [DHCS website](#).

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<sup>5</sup> Regulatory requirements for NTPs regarding emergencies or disasters can be found on the [Westlaw website](#).

## **COVID-19**

Programs identified in this IN are encouraged to engage in telehealth services throughout the COVID-19 pandemic in an effort to minimize exposure and spread. Telehealth is encouraged throughout current emergencies and ongoing disasters. When telehealth is not available, programs should develop procedures to minimize the risk of symptomatic clients infecting staff or other clients. Programs should follow infection prevention and control recommendations in health care settings published by the [California Public Health Department](#) and the [Center for Disease Control and Prevention](#). Further guidance regarding COVID-19 precautionary measures are outlined in [BHIN 20-009](#) and the [DHCS COVID-19 Response webpage](#) for more information.

## **Wildfire Emergencies**

Wildfires are a natural part of California's landscape. The fire season in California is starting earlier and ending later each year. Because of this, California may no longer have a wildfire "season" but rather a year-round risk of wildfires. Being prepared has never been more important especially with potential events of critical weather. To prepare for wildfire emergencies, providers are encouraged to:

- Create a [Wildfire Action Plan](#) including identifying several alternative escape routes from the facility and community.
- Make sure that smoke detectors, carbon monoxide detectors, and fire extinguishers are always in place and working.
- Have a portable radio or scanner to stay updated on the fire, as cell phone service may not be available.
- Create a defensible space around the facility by trimming trees and other vegetation, clearing away dead branches, wood piles, and vegetation from the roof, patio furniture, and play equipment, and keep rain gutters free of debris.

### **Staying Prepared**

In preparation for continuing services, evacuating and/or transferring clients during emergency situations, including wildfire emergencies and the COVID-19 pandemic, LCD recommends all facilities:

- Be aware and engage in regional planning efforts to transfer clients to designated facilities, isolation sites, or alternate care sites with adequate staffing.
- Establish relationships with multiple facilities that may receive emergency transfer of residents.
- Develop transfer agreements with other facilities.
- Review existing emergency plan and modify, if needed, to include wildfire emergencies and infection control and mitigation measures for COVID-19.
- Review emergency communication plan and ensure all contact information is current. And
- Provide emergency preparedness training to staff and ensure staff are knowledgeable of emergency procedures.

#### RESOURCES:

[DHCS Emergency Disaster Assistance Questions & Answers](#)

[CalFIRE Active Incident Map](#)

[Wildfire Response Resources](#)

[Guidance for Natural Disasters and Severe Weather, Center for Disease Control and Prevention](#)

[Earthquake Advisory, California Office of Emergency Services](#)

[SAMHSA Developing Comprehensive Disaster Behavioral Health Plans](#)

[Infection Control Guidance for Healthcare Professionals about COVID-19, Center for Disease Control and Prevention](#)

If you have questions about this BHIN, please contact LCD at [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov).

Sincerely,

Original signed by

Janelle Ito-Orille, Chief  
Licensing and Certification Division