

**For Seattle City Council  
Briefing, Discussion, and Vote on Public Health items**



## PsySTART

Disaster mental health research indicates that between 30 and 40 percent of those directly impacted by a major disaster are at risk of developing new clinically diagnosable mental illness<sup>i</sup>, such as depression or post-traumatic stress disorder. In previous disasters and other traumatic events including community emergencies, identifying those at high risk for such conditions and managing the surge in demand for mental health services have proven to be significant challenges for many communities. As an outcome of recent disaster mental health planning in King County, the Northwest Healthcare Response Network (NWHRN), in collaboration with the King County Department of Community and Human Services (DCHS) and Public Health – Seattle & King County (PHSKC), have determined this is one of the most concerning gaps in Seattle / King County’s own readiness for disasters, particularly given the already taxed state of our mental health system. By conducting rapid triage early in the aftermath of an event and by linking higher risk individuals to definitive care early on, individual and community resilience is actively supported.

To address this vulnerability, NWHRN, jointly with DCHS and PHSKC, is pursuing the adoption of the PsySTART Mental Health Triage and Incident Management System in King County. PsySTART is a multi-component triage tool and web-based system that that during an emergency response would:

- 1) Enable rapid, evidence-based and standardized triage for psychological disorder risk based on the numbers and types of traumatic exposures and/or losses that an individual has experienced, thus helping to quickly identify individuals who may need further mental health screening or referral.
- 2) Provide real-time situational awareness about individual and population level mental health impacts (i.e. mental health casualty estimation) across specific locations and the county based on data gathered through the triage process and entered into the web application system.
- 3) Inform decision-making about where and what types of mental health resources should be directed to best support individual and community needs by helping to identify sites and/or geographic areas that have the highest concentration of individuals with high-risk factors.
- 4) Facilitate decision-making for how best to address the full range and spectrum of needs including those of direct victims and families, other exposed populations and responders (based on the survivors they have triaged); and
- 5) Provide method for ethical resource management by providing a rapid triage process that can be done by lay persons and non-mental health clinicians, thereby allowing the limited number of licensed mental health providers to focus on clinical assessments of those identified as at-risk, as well as necessary therapeutic interventions.

Initial implementation of PsySTART will be targeted at healthcare sites and organizations where we anticipate a concentration of high-risk individuals following a disaster or other community emergency. This includes hospitals, outpatient clinics (including community health centers and Public Health

clinics), outpatient mental health clinics and the Crisis Clinic. Members of the Public Health Medical Reserve Corps, which may be used to provide care at Alternate Care Facilities (medical shelters), general population shelters and Family Assistance Centers in mass casualty/mass fatality incidents, would also be trained to use PsySTART as part of the initial implementation.

PsySTART is used nationally by the American Red Cross (ARC), and is a cornerstone of its Psychological First Aid and Disaster Mental Health response strategies. Most recently, ARC used PsySTART during responses to the Joplin and Alabama tornadoes in 2011 and to Superstorm Sandy in 2012. In addition, the U.S. Department of Health and Human Services has used PsySTART in a number of federal disaster responses, including the 2009 Tsunami in American Samoa, Superstorm Sandy and the mass shooting at Sandy Hook Elementary in Newtown, Connecticut. PsySTART has also been integrated into components of the the training and planning programs of the U.S. Public Health Service, the United States Northern Command, the State of Minnesota Department of Health, the State of California Disaster Mental Health Concept Plan and the Los Angeles County Emergency Medical Services Agency, among other organizations.

**TOTAL budget (ONE-TIME COSTS, based on an 18-month implementation): \$217,500**

This total is comprised of the following:

PsySTART system: cost of contractor and vendor time for planning configuration system for local users and local plan update, vendor time for development and delivery of trainings, purchase of triage tools and use of web-based system for project period: **\$90,000**

Project staff support for implementation (salary, benefits, indirect and associated costs):

.25 FTE PPM III: Planning and implementation manager: **\$70,000**

Part-time project management and outreach consultant: **\$50,000**

Staff/consultant work includes management of vendor, ongoing disaster mental health planning and plan development, organizing planning meetings and stakeholder engagement sessions, event coordination for meetings, trainings and exercises, monitoring implementation of system within facilities, coordinating user support as needed to support implementation and documentation of implementation process.

Other Implementation Costs (project launch, planning forums and configuration meetings)

Venues, meeting materials, etc.: **\$7,500**

**On-Going Costs: None for the City of Seattle.** The annual costs are up to \$15,000 a year, but the Northwest Healthcare Response Network will work with their providers to pay the on-going costs.

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<sup>i</sup> Galea, S., Nandi, A., & Vlahov, D. (2005) The epidemiology of post-traumatic stress disorder after disaster. *Epidemiologic Reviews*, 27, 78-91.