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Public Health Response and Recovery SR 530 Mudslide

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PH Response Challenges

1. Gaining and sustaining situational awareness

- Understanding immediate threats
- Anticipating future consequences

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2. Fatality management – we are **not** prepared

- No preparedness funding
- No mass fatality experience or training
- No mutual aid in place
- No connections with any other organizations
- PH unfamiliar with FAC

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3. Behavioral health response

- Great intentions, great confusion
- No clear leader among the many responding orgs
- No preparedness funding, limited experience

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4. Coordination with Tribal Nations

- Significant indirect impacts (isolation)
- Confusion about who can and should provide assistance
- Discouraging performance by several federal agencies and one major NGO

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5. COOP for the local PH agency

- Critical part of the response
- Not anticipated nor planned for
- Long duration incident requires many staff
- Surge capacity for local (and state) ESF 8 responders

6. Federal response

- RAPID
- Somewhat independent from state and local efforts
- Positive overall, with the exception of tribal support

Solutions

- Establish the state's role in fatality response
  - incident medical examiner for multi-county events
- Statewide mutual aid among medical examiners, coroners
- Training

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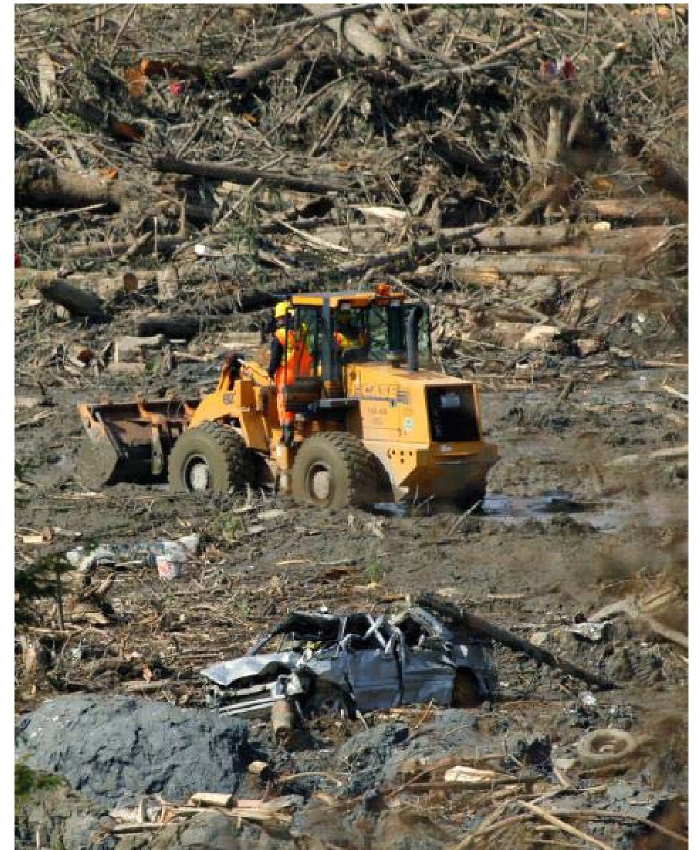
- Incorporate behavioral health representatives into the ESF 8 response

- Explore Psystart as a statewide BH triage tool



- ESF 8 Tribal liaison – deploy directly to the impacted tribe

- Build FAC capability across the state
  - Training to local PH
  - Utilize statewide call center to collect immediate caller data

- Build field response capability within State PH Department
  - Developing Four Type 3 IMTs
  - 2/3 of LHJs in WA < 25 staff

Summary

- All hazards – not there yet
- Local capability – what's really there?
- Connections are key
- Evolving state role

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