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Operation of Resilience Centers in the Frontline Communities Since the Outbreak of the Iron Swords War

Abstract

The concept of “resilience” encompasses various definitions, all of which pertain to the ability of individuals and societies to revert to their prior state following prolonged exposure to stress and to utilize available resources for coping with and adapting to change. In a social context, resilience refers to the ability of a social system to withstand extreme crisis, respond to them effectively, return to optimal functionality rapidly upon the conclusion of the crisis, and cultivate adaptive capabilities for potential future crises¹.

From 2008 to 2022, the state, through contracted operators, established 14 Resilience Centers in local authorities adjacent to its borders – initially around the Gaza Strip (5 centers) and subsequently in Judea and Samaria (4 centers), the South (3 centers), and the northern border (2 centers). These 14 Resilience Centers collectively serve about 1.3 million residents across all sectors of the Israeli population. According to the Ministry of Health operation procedure in October 2017, the main function of Resilience Centers is to offer the population professional-organizational and therapeutic services, thereby enabling local authorities and the state to prepare for and respond to the needs of individuals, families, and communities both in routine and emergencies (including during exceptional circumstances on the home front² or in regular emergencies), while simultaneously enhancing resilience during periods of stability including: reinforcing the mental and personal resilience of those treated; Augmenting and enhancing community resilience and cohesion; And preparing and developing emergency services (thereby strengthening the organizational resilience of local authorities and preparing their emergency services). The Ministry of Health stipulates that Resilience Centers provide short-term treatment for victims of anxiety and trauma, applicable in both the acute phase and subsequent stages,

1 Dr. A. Shemer and Dr. A. Shahar, “Recommendations for the Rehabilitation of Rural Sector Communities in the Iron Sword War,” in: Michal Almog-Bar, Mimi Eisenstadt, Johnny Gal (eds.), *Welfare in the Aftermath of the War* (February 2024), p. 109.

2 A “special circumstances on the home front” refers to a legal status established by the political authority in response to an assault on the civilian populace, or in anticipation of such an event, affecting either the entire nation or a specific region, in accordance with the Civil Defense Law, 1951.

employing treatment methods approved by the Ministry. In alignment with the ministry's Director General's Circular of 2018, the Resilience Centers reside within the third and fifth circles of care providers³.

In a nation with significant security challenges, such as Israel, it is imperative to enhance the resilience of its population, both at the individual and societal levels. On the Simchat Torah (Jewish holy day) on Saturday, October 7th, 2023, the Hamas terror organization attacked the State of Israel with extensive missile and rocket bombardments and the infiltration of thousands of terrorists into IDF bases and towns in the western Negev and the Gaza Strip, the terrorists also attacked multi participants parties held near the Gaza Strip. The thousands of terrorists who infiltrated Israel committed horrible and extreme acts of cruelty. They murdered hundreds of soldiers and about 1,000 civilians and foreigners and committed horrific crimes against women, men, the elderly, children, babies, and soldiers. In addition, they injured thousands of people, severely sexually abused the victims and abducted into the territory of the Gaza Strip 251 women, men and children. The terrorists also damaged property, destroyed, and burned houses in communities and factories and other equipment and property. During the fighting in the communities, many residents were forced to hide for many hours in protected areas and in hiding places, fearing for their lives and acknowledging the horrors that happen to family, relatives, neighbors and friends, and some even witnessed the events (the October 7th events). Many others saw the horrific events live in the media and on social network. Moreover, from the onset of the war until the beginning of January 2024 about 210,000 individuals were either evacuated from their residences or chose to self-evacuate.

Furthermore, A State Comptroller's Office survey in April of the same year raised that 38% of participants experienced post-traumatic stress disorder, depression, or anxiety or a combination of them at a moderate or severe level. In response to these attacks and the threats of further aggression from both the southern and northern fronts, a series of resolutions were adopted regarding the evacuation of populations in affected communities.

3 The initial and immediate tier of care providers encompasses residents trained as mental first aid agents, alongside the digital and telephonic mental health assistance services offered by HMOs (Health Maintenance Organization) and the Ministry of Health. The subsequent tier includes mental health clinics and services associated with the HMOs in the community, as well as the mental health clinics of the Ministry of Health in collaboration with these HMOs. As previously indicated, the third tier provides a comprehensive (mental and community) response will be furnished through Resilience Centers in operational areas. The fourth tier aims to provide support to individuals affected by anxiety in the context of a multi-casualty incident via stress management sites at general hospitals. The fifth tier ensures that, following an emergency (or during a special circumstance on the home front), continued mental health care will be rendered to victims through HMOs, Resilience Centers, and designated centers acknowledged by the Ministry of Health.

The October 7th events and their subsequent ramifications significantly undermined the sense of personal and communal resilience among the Israeli population. Five days following the commencement of hostilities, on October 12, 2023, the Ministry of Health approved a contract exempt from tender with the Israeli Trauma Coalition⁴ to enhance operations at Resilience Centers and establish a national Resilience Center. This center offers emotional therapy through online platforms or in clinical settings operated by special therapists. The two Resilience Centers in the northern region are operated by the International Stress Prevention Center⁵ ("Mash'abim" or CSPC), while the Israeli Trauma Coalition operates the remaining centers. These Resilience Centers are, and continue to be, a key component in maintaining and restoring individual and communal resilience within the population of Israel.

4 The Israeli Trauma Coalition was established in 2002, prompted by the Jewish Federation in New York, to consolidate leading trauma organizations and their collective expertise. Its focus encompasses professional training, enhancement of community resilience, and preparedness for national emergencies.

5 The International Stress Prevention Center Association, founded by Prof. Mooli Lahad in 1981 in Kiryat Shmona, aims to provide support to residents of the "front line," as well as to educational and municipal systems during crises and emergencies. This association specializes in preparedness, intervention, treatment, and rehabilitation, and actively promotes the development of community resilience, trauma coping strategies, and emergency preparedness initiatives.



**Kibbutz Be'eri, following the terror attack
on October 7th, 2023**

Photo: State Comptroller's Office

Key Figures

about 210,000

number of people who have been evacuated or self-evacuated since the outbreak of the war until the beginning of January 2024

about 38%

the State Comptroller's Office survey participants experienced at least one symptom – post-traumatic stress disorder, depression, anxiety, or a combination of them at a moderate or severe level

only 15,750

number of individuals treated at the Resilience Centers from October 7th to the end of December 2023

only 50,734

number of treatments provided by the Resilience Centers from October 7th to the end of December 2023

14

number of resilience centers established in 2008–2022, serving about 1.3 million residents. Only after the outbreak of the Iron Sword War was a national resilience center established

NIS 31.87 million only

the Resilience Centers budget in 2023, before the outbreak of the Iron Sword War; Apart from NIS 7.35 million allocated to the Ministry of Health. Budgets allocated to other government ministries to finance the Resilience Centers activities were not anchored in its budget base

NIS 34.66 million

the Ministry of Health budget addition for two resilience center operators in the last quarter of 2023 to finance the centers' increased activity following the outbreak of the war: NIS 29.18 million for the Israeli Trauma Coalition and NIS 5.48 million for the International Stress Prevention Center. By mid-April 2024, the Ministry of Health had not transferred about 32.80% (NIS 9.57 million) to the Israeli Trauma Coalition

NIS 149.6 million

the Resilience Centers budget for 2024⁶. As of the audit end date, the Ministry of Health had not yet formulated agreements with the operators of the resilience centers to expand funding for 2024, and in the absence of these agreements, payment advances were transferred to the centers to ensure their activities. The payments began about two months after the beginning of the year, thus severely affecting the service provided to patients and its continuity

9,324

the Eshkol Resilience Center treatments to evacuees in the intake sites branches and to residents who did not evacuate between October 7th, 2023, and December 31, 2023, of which 5,296 were individual treatments (about 56.8%), and 2,042 telephone interviews (about 21.9%). The Center provided treatments to 2,374 individuals, about 15.5% of the council's residents, numbered 15,300 in 2022

1,649

the Western and Eastern Galilee Resilience Centers treatments between October 7th, 2023, and December 31, 2023, of which 1,415 treatments (about 85.8%) were online, and the rest (234 treatments, about 14.2%) were face-to-face at the evacuee intake sites and to residents who were not evacuated. These Centers serve residents that in 2022 numbered 488,500

4,593

the Ashkelon Resilience Center treatments between October 7th, 2023, and December 31, 2023, of which 1,865 were individual treatments (about 40.6%) and 1,343 were therapeutic telephone calls (about 29.2%). The Center provided treatments to 2,931 patients, about 1.9% of the city's residents, numbered 153,100 in 2022

3,576

the Bedouin Community Resilience Center treatments (between October 7th, 2023, and December 31, 2023, most of which – 2,611 (about 73%) – were online treatments, and the rest – 965 (about 27%) – were face-to-face. The Center serves a population of 231,700 in 2022

6 As of April 2024. In the chapter "Mental Health Care Following the October 7th Attack and the Iron Swords War", published in this report, are budget data as of December 2024

Audit Actions

From January to April 2024, the State Comptroller's Office audited the Resilience Centers' operations in frontline communities, focusing on the aftermath of the Iron Swords War outbreak. The audit was conducted at the Ministry of Health, the Western Galilee Cluster of Cities Association, the Ashkelon Municipality, and the Eshkol Regional Council. Supplemental examinations were performed at the Ministry of Finance, the Prime Minister's Office, and the Eastern Galilee Cluster of Cities Association. Following the outbreak of the war, audit teams, guided by the State Comptroller, systematically carried out numerous field tours and comprehensively met with professionals and evacuees residing in hotels nationwide to assess their treatment status and aid where feasible.

The audit examined the budgetary considerations for all Resilience Centers before and during the war, the role of the Ministry of Health in regulating the operation of these centers, and the mechanisms for information transfer regarding patients between Resilience Centers and other mental healthcare entities. This audit was partially conducted as a follow-up to address deficiencies noted in a special audit report published by the State Comptroller's Office in 2021, which also examined the functioning of the Resilience Centers (the previous audit)⁷. The audit focused on integrating Resilience Center budgets within the Ministry of Health's overall budget, the approval processes for Resilience Center work plans, professional and budgetary supervision of Resilience Center activities, and the physical protection of the Ashkelon Resilience Center.

An in-depth audit was conducted on the operations of four Resilience Centers located along Israel's northern and southern borders: the Eshkol Resilience Center, the Ashkelon Resilience Center, the Resilience Center serving the Bedouin community (Bedouin Resilience Center), and the Western Galilee Resilience Center. Supplement examinations were conducted at the Israeli Trauma Coalition and the International Stress Prevention Center, which are the operators or suppliers of these Resilience Centers. The in-depth examination addressed modifications in workforce scope and composition following the war, workforce training protocols, measures for preventing the employment of sex offenders, the range and types of treatments available at Resilience Centers, the dissemination of information to the public via websites and social media, the functioning of public communication channels, and the physical protection of the facilities where treatment occurs.

7 State Comptroller, Special Audit Report (2021), "Preparedness of Local Authorities for the Treatment of Anxiety Victims in an Emergency".

Key Findings



⚠ Incompatibility Between the Scope of Treatments at Resilience Centers and the Population Needs

In a state of emergency characterized by the firing of thousands of missiles and unmanned aerial vehicles of various types at the territory of the State of Israel, coupled with the evacuation and displacement of about 210,000 individuals from their homes for an extended duration, it was raised that about 38% of the State Comptroller's Office survey participants experienced symptoms of post-traumatic stress disorder, depression, anxiety, or a combination of it in a moderate or severe level. Consequently, the demand for services provided by Resilience Centers has intensified. The audit raised that before the onset of hostilities, the Ministry of Health operated 14 Resilience Centers across the southern, northern, and Judea and Samaria regions, serving about 1.3 million residents from diverse sectors of the Israeli population. It was only following the outbreak of the war that the National Resilience Center was established. Between October 7th and the end of December 2023, all Resilience Centers collectively administered 50,734 treatments to 15,750 patients, with the National Resilience Center⁸ accounting for 2,100 of these treatments, representing merely 0.16% of the total population of the State of Israel in 2023⁹. Despite the critical role of these centers in offering essential responses – both in terms of emergency preparedness and the fortification of social resilience, as well as in treating victims of anxiety during emergencies, particularly in the southern and northern regions – the centers contended with budgetary uncertainties and a deficiency in the workforce, thereby limiting their capacity to provide adequate responses.

⚠ Funding the Activities of the Resilience Centers in the First Quarter of 2024

Though in January 2024, the Israeli government decided to budget the Resilience Centers in that fiscal year, and in March 2024, a unique one-time additional budgetary plan was approved for the Resilience Centers, still, as of the audit end date in April 2024, the Ministry of Health had not yet executed agreements with the operators of the Resilience Centers to expand funding. In the absence of such contracts, payment advances were allocated to the operators from the onset of 2024 to enable their activities, but without establishing regulatory control indicators for the operation

8 Based on data sourced from the Ministry of Health's dashboard that was submitted to the State Comptroller's Office in February 2024. The data includes individual, family and group therapies.

9 Central Bureau of Statistics, press release (September 2023).

of these centers. The payments commenced about two months after the beginning of the year.

🔻 Anchoring the Resilience Centers' Budgets in the Ministry of Health's Budget Base

As of the audit end date in April 2024, nearly three years following the previous audit recommendations, attempts to secure the Resilience Centers' budgets within the budget base of the Ministry of Health remained unfulfilled. The Budget Division of the Ministry of Finance did not establish an annual budget framework for all Resilience Centers to be incorporated into the Ministry of Health's budget base rather than in the budgets of other governmental ministries, primarily due to the resistance from specific governmental ministries. Consequently, out of a total allocation of NIS 30.64 million designated for the Resilience Centers as per the January 2024 government resolution, only NIS 14.16 million was incorporated into the Ministry of Health's budget for 2024, representing about 46.2% of the overall budget¹⁰. The remaining funds were allocated to the budgets of the Ministry of Defense, the Ministry of Welfare and Social Affairs, the Ministry of Aliyah and Integration, the Ministry of National Security, the Ministry of Education, and the Ministry of Interior. This engenders budgetary uncertainty and operational complications for the Resilience Centers, potentially resulting in a deterioration of the services they provide and, in extreme cases, their closure.

🔻 Budget Additions for the Final Quarter of 2023 to Finance the Increased Operations of the Resilience Centers in Response to the Outbreak of the Iron Swords War

Financial resources to enable the Resilience Centers to adequately manage the state of emergency triggered by the war in the last quarter of 2023 were transferred by the Ministry of Health to the operators of the Resilience Centers several weeks post-activity, with delays extending to several months in certain instances. As of the audit end date in April 2024, some of these funds had not been disbursed, with about 32.80% of the allocated amount for the Resilience Centers in the southern regions and the National Resilience Center remaining un-transferred to the Israeli Trauma Coalition (NIS 9.57 million out of NIS 29.18 million). This inadequacy in funding may inflict considerable harm on the care provided to residents in the southern and northern regions notably impacted by the war, as well as on all Israeli citizens accessing services provided by the National Resilience Center.

10 As of April 2024.

Components of the Resilience Centers' Budget for 2024

The share of the temporary component in the Resilience Center's budget, which was added following the war, is about 47.3% of the total budgets allocated to the Resilience Centers in Judea and Samaria and about 86.5% for those in Western Galilee and Eastern Galilee (North Resilience Centers). This component holds a significant share within the budgets of the Resilience Centers in Eshkol (about 86.8%), Sdot Negev (about 83.1%), and Hof Ashkelon (about 82.1%). The substantial rate of this temporary funding raises concerns regarding the long-term operational viability of the Resilience Centers, potentially complicating the planning of activities for the operators and resulting in the future cessation of various initiatives contingent on the budgetary increase received due to the state of emergency.

Professional and Budgetary Supervision Concerning the Resilience Centers' Operations

In 2021–2023, the Ministry of Health failed to regularly supervise procedures at the Resilience Centers under the established Resilience Centers' operational procedure. Furthermore, in the four years leading up to the end of the follow-up audit in April 2024, the Ministry conducted only one financial control, pertained to the first half of 2020.

The Supreme Steering Committee

During the conflict, representatives of the evacuees were not invited to participate in the Supreme Steering Committee (which is subject to the Ministry of Health) meetings.

Frameworks for Knowledge Sharing and Mutual Learning Among Resilience Center Operators

The Ministry of Health did not establish a consistent framework for mutual learning and development meetings between the operators of Resilience Centers and their respective managers.

Interfaces for the Transfer of Patient Information Between Resilience Centers and Other Mental Health Bodies

The Ministry of Health was inadequately prepared to transfer confidential patient information among mental health care bodies in the conditions under which such transfers should occur. This deficiency is particularly critical in emergencies that necessitate the evacuation of residents from their homes. The absence of coordination among stakeholders in the mental health sector may jeopardize the continuity of care and result in the duplication of services. This issue becomes increasingly significant during emergencies, especially when individuals are relocated from their homes to

various regions of the country for extended durations, during which they may receive care from either Resilience Centers or other bodies affiliated with the receiving authorities.

Waiting Times for Treatment in the Last Quarter of 2023

In a state of emergency, characterized by the launch of thousands of missiles and unmanned aerial vehicles targeting the territory the country and concurrently displacing hundreds of thousands of individuals from their residences for extended periods, the demand for the Resilience Centers treatments has markedly increased. Notwithstanding the established procedure for the operation of Resilience Centers, which mandates that patients receive timely responses during emergencies or exceptional circumstances on the home front, as of February 2024, a total of 450 individuals were reported to be awaiting to be assessed at the Ashkelon Resilience Center to ascertain treatment needs. Furthermore, waiting times at the Bedouin Resilience Center have escalated, extending from 24 hours during the initial two weeks of the conflict to one week from November through the end of December 2023.

Arranging Online Treatments

Since the commencement of the Iron Swords War, Resilience Centers have conducted about 15,364 online treatments. However, the Ministry of Health has failed to establish adequate guidelines for Resilience Centers regarding services and treatments through online platforms, particularly through commercial applications. Consequently, the personnel operating the Resilience Centers have not adequately addressed cybersecurity concerns during online sessions conducted by therapists using commercial applications. Moreover, the Ministry of Health has not monitored the method how Resilience Centers' online treatments. The absence of appropriate guidelines and the lack of supervision in adherence to these guidelines pose significant risks to the privacy of thousands of patients utilizing the services of Resilience Centers.

Workforce in Resilience Centers

The operational procedure for the Resilience Centers does not adequately address the employment of personnel during emergencies, nor does it address the appointment of coordinators to represent the Resilience Centers in the event of population evacuations, and their roles remain undefined in the regulations. The State Comptroller examinations in the initial month of the war, focusing on local authorities along the frontlines in the southern and northern regions of the country, indicated that the mental health system predominantly relied on volunteers. This was exemplified during tours in Kibbutz Ma'ale HaHamisha, the Dead Sea region, and Eilat, which accommodated evacuees from the southern local authorities. These volunteers did not operate on behalf of the Resilience Centers. The audit raised that following the onset of the Iron

Sword War, therapists were recruited for the Western and Eastern Galilee Resilience Centers, with their numbers increasing from 0 to 41 by the conclusion of October 2023.

Meanwhile, the number of therapists at the Ashkelon Resilience Center and the Bedouin Resilience Center gradually rose from the onset of the war until the end of 2023 (from 32 to 42 therapists at Ashkelon and from 8 to 10 therapists at the Bedouin Center). The Eshkol Resilience Center established treatment branches in Eilat, the Dead Sea, Ramat Negev, Tirat Carmel, and Jerusalem. However, similar branches were not created, nor were representatives from the Eshkol Resilience Center deployed in Kfar Etzion and Mitzpe Ramon, which accommodated evacuees from the Eshkol Regional Council. Furthermore, the Resilience Center initiated the "dispersed" branch, allowing any resident of the Eshkol Regional Council to receive assistance regardless of location. The Eshkol Resilience Center highlighted that due to budgetary uncertainties and a misalignment between the existing budget and the Center's needs, it could not fully employ the requisite personnel to realize its professional capabilities. Although the Ashkelon Resilience Center lacked data regarding the extent of evacuations from the city and did not appoint a central agency to address evacuees' needs, it informed the State Comptroller's Office in August 2024 that the central agency responsible for assisting had been initiated by the Welfare and Social Services Division, which coordinated the evacuation efforts for the municipality, and that the Resilience Center maintained regular communication with it to enable necessary support. In December 2023, the International Stress Prevention Center employed psychosocial coordinators in 89 hotels across 11 different regions nationwide. Coordinators were not employed in an additional 88 hotels in 13 areas serving about 9,480 evacuees. According to the International Stress Prevention Center, given the ongoing evacuations and a notable increase in mental and social distress, there is a pressing need to continue employing the coordinators and to recruit further personnel based on emerging field requirements. As of the audit's end date in April 2024, the Ministry of Health had not developed a systematic plan for supporting and assisting caregivers in the Resilience Centers during crises, which is particularly important considering the challenging circumstances those caregivers, especially those in southern Resilience Centers, have encountered. The procedures for operating the Resilience Centers did not encompass considerations of linguistic accessibility and cultural adaptation of the services provided, except for guidelines about employing Arabic speakers in the Bedouin Resilience Center.

Operating the Help-Lines During Wartime

Notwithstanding the significance of call centers in delivering initial and immediate psychological support, particularly during periods of emergency, the Ministry of Health has not delineated operational guidelines for Resilience Centers concerning critical aspects such as maximum waiting times for call responses, requisite professional

training for call representatives, the languages in which services are offered, and protocols for managing calls via a switchboard that can handle caller queues, record interactions, and follow-up communications for unanswered calls. A call management switchboard was not operational in two of the four examined help-lines, specifically at the Eshkol Resilience Center and the Bedouin Resilience Center. Conversely, in one center, the Western and Eastern Galilee Resilience Centers, the switchboard was in the implementation phase as of February 2024. Only the Western and Eastern Galilee Resilience Centers operated a dedicated telephone line for speakers of each provided language. Moreover, in the Ashkelon Resilience Center, an answering machine to enable message leaving was absent, resulting in callers being unable to leave messages for follow-up.

Physical Protection of the Examined Resilience Centers

As of the audit end date, March 2024, two years after the government resolution to finance the construction of a fortified structure for the Ashkelon Resilience Center and three years after the previous audit report on the subject, the construction of the fortified facility had yet to commence. Although the Bedouin Resilience Center branches have shelters within their service-providing buildings, they lack the necessary protection permits from the Home Front Command. Additionally, some branches affiliated with the Western and Eastern Galilee Resilience Centers are situated in structures without shelter provisions, undermining the ability to provide resilience services within a secure environment. The Western and Eastern Galilee Resilience Centers also have protected branches.



Meetings of the Supreme Steering Committee in the First Period of the War

From the commencement of hostilities in October 2023 through December 2023, the Supreme Steering Committee convened seven times, with five additional meetings in the first quarter of 2024. During these discussions, the Committee addressed numerous challenges facing the Resilience Centers and their operational activities within local authority jurisdictions. These sessions included status updates from the organizations managing the Resilience Centers regarding need assessments, referral processes, and the modalities of service delivery.

Linguistic Adaptation of Treatment

The Eshkol, Ashkelon, Western, and Eastern Galilee Resilience Centers employ therapists fluent in Hebrew, Russian, and English. Furthermore, therapists at the Eshkol, Western and Eastern Galilee, and Bedouin Resilience Centers communicate in Arabic, while the

Ashkelon Resilience Center also employs therapists proficient in Amharic; In addition, the Eshkol Resilience Center offers services in French, Spanish, and Ukrainian.

Providing Psychological Support to Therapists

In response to wartime exigencies, the Eshkol, Ashkelon, and Bedouin Resilience Centers extended necessary support to their care teams, which was consistent with operational protocols for Resilience Centers.

Waiting Times for Online Treatment at the Western Galilee Resilience Center in the Last Quarter of 2023

At the Western Galilee Resilience Center, no individuals experienced waiting periods for treatment between October 7th, 2023, and the conclusion of 2023. From the onset of the war until year-end, the Western and Eastern Galilee Resilience Centers provided 1,649 treatment sessions, with 1,415 being conducted online. Additionally, of the in-person sessions provided, 116 were given to residents who remained in their homes, and 118 were administered at evacuee intake sites.

Group Therapy

From the initiation of the Iron Swords War to the end of 2023, online and in-person lectures and workshops were conducted at all Resilience Centers, tailored for diverse audiences. Workshops and lectures at the Western Galilee Resilience Center targeted various populations, both evacuees and non-evacuees, with this initiative expanding significantly since mid-November 2023.

Key Recommendations

- Given the substantial number of evacuees dispersed across the country due to the emergence of the Iron Sword War along both the southern and northern fronts and the extensive treatment requirements they entail, the Ministry of Health should form a comprehensive plan for their care, in conjunction with Resilience Centers. Additionally, it should formulate action plans to address the needs of the population displaced during security and safety incidents, natural disasters, and other potential events in the forthcoming years.
- The Supreme Steering Committee and the Budget Division of the Ministry of Finance, in collaboration with the Prime Minister's Office, should establish an annual budget framework for all Resilience Centers, which will be integrated into the Ministry of Health's budget base, thereby enhancing the efficiency and effectiveness of the budgeting processes for the Resilience Centers and

their operations. The Ministry of Defense, the Ministry of Welfare and Social Affairs, the Ministry of Aliyah and Integration, the Ministry of Education, and the Ministry of Interior should engage with the Budget Division of the Ministry of Finance to ensure that the budgets allocated for the Resilience Centers, as delineated in governmental resolutions, are firmly anchored within the Ministry of Health's budget framework, thus creating financial certainty.

- It is recommended that the Ministry of Health and the Ministry of Finance validate the budgeting mechanism for the Resilience Centers, ensuring budget adjustments correspond to the size of the population exposed to trauma addressed by each Resilience Center and the intensity of the threats to which this population is subjected. Furthermore, the centers must be equipped to provide an optimal psychological response in emergencies.
- The Ministry of Health should engage with operators of the Resilience Centers to expand funding and streamline the financial transfers to sustain the financial stability of these operators while enabling them to offer optimal responses to the populations they serve. When detailed performance reports are required from operators as a condition for payment approval, it is recommended that the Ministry of Health establish a budgeting mechanism based on the transfer of payment advances and provide appropriate guidance to the Resilience Centers and clusters in this context.
- The Ministry of Health and the Ministry of Finance should consider the establishment of budgetary certainty for the operation of Resilience Centers, particularly during emergencies, as well as regarding the operators' expenses in establishing branches. This is particularly pertinent for the Resilience Centers in Western and Eastern Galilee, where branches were established in response to the war. These branches must continue offering services to residents in the north post-conflict, necessitating the allocation of resources for ongoing operational costs. The Ministry of Health should formulate a mechanism for the timely approval and transfer of budgets to the Resilience Centers during the war, enabling the disbursement of the complete emergency budgets to finance their activities in the last quarter of 2023. The Ministry of Health should ensure that budget transfers to the Resilience Centers will not be delayed to maintain uninterrupted operations and prevent disruptions in service delivery.
- The Ministry of Health should regularly supervise the financial and professional activities of the Resilience Centers to guarantee the provision of quality services to the public while effectively utilizing allocated resources. The Ministry should exercise its regulatory powers and responsibilities in the operation of the Resilience Centers.

- It is recommended that the Ministry of Health establish a regular framework for meetings between Resilience Centers and operators to enable mutual learning and cross-enrichment, particularly crucial during emergencies and conflict.
- The Ministry of Health should regulate the transfer of patient information among mental health treatment teams within various bodies, ensuring patient rights are upheld while maintaining information privacy and security.
- It is recommended that the Ministry of Health collaborate with the Ashkelon Resilience Center and the Bedouin Resilience Center to address and reduce waiting times during emergencies and examine the impact of these waiting times on service provision and quality. Furthermore, it is recommended that the Ministry set forth instructions for all Resilience Centers and implement control mechanisms to ensure optimal service delivery to the population during times of emergency.
- The Ministry of Health should assess the scope of online service provision and the feasibility of using a commercial application for this purpose, evaluating its implications on the security of communications and making necessary adjustments to compliance with the Ministry of Health Director General's Circular 6/2019 regarding "Standards for Operating a Remote Health Service." Concurrently, it is recommended that the Ministry provide guidance on recording treatments, supervising their provision, and protecting minors receiving online treatment services.
- It is recommended that the Ministry of Health set a standard workforce headcount for all Resilience Centers and ensure that these centers are adequately staffed under the established procedures. Should the Ministry

**Evacuation of elderly population
from the city of Sderot on the
fourth day of the Iron Swords War**

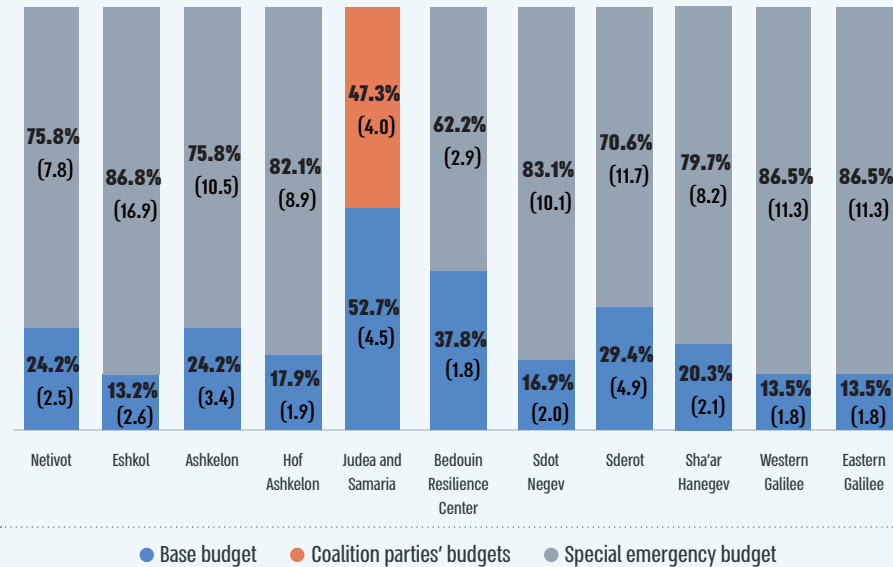
Photo: Kobi Gideon, GPO



identify opportunities for some positions to be filled by external providers, it should anchor this provision within the procedural framework. Additionally, the Ministry of Health should delineate guidelines about the employment of psychosocial coordinators at population intake sites, formulate standard workforce headcount aligned with the demographic data of the resident population, define the role of these coordinators, and staff the coordinators' positions in all hotels as necessary. Alternatively, the Ministry may consider establishing branches of the Resilience Centers in all local authorities to accommodate residents of areas served by these centers. Furthermore, it is recommended that the Ministry of Health ensure that Resilience Centers are adequately prepared to provide initial assistance to the population across various scenarios that may arise nationwide. Moreover, in collaboration with the Supreme Steering Committee, the Ministry of Health should develop a comprehensive action plan to support therapists within the Resilience Centers during periods of crisis. Moreover, the Ministry of Health should issue directives concerning the necessity of linguistic accessibility and cultural adaptation in employing caregivers within the Resilience Centers. This includes tailoring services to accommodate speakers of languages pertinent to the populations served by these centers.

- It is recommended that the Ministry of Health establish structured protocols for operating Resilience Center help-lines during emergencies. This encompasses defining operating hours and formats, implementing a switchboard system to manage incoming calls, providing training for personnel responding to requests for assistance, and setting standards for telephone response protocols, including maximum response times and procedures for returning calls to unanswered inquiries. Such measures will enable supervision by the Ministry of Health and Resilience Center operators regarding the quality of service rendered to callers.
- The Ministry of Health should ensure that all Resilience Centers it operates through service providers comply with the protection requirements established by the Home Front Command. Where compliance is not achieved, the Ministry should collaborate with local authorities and Resilience Center operators to address protection issues. Guaranteeing the provision of resilience services within a safe and secure environment enhances the efficacy of treatments and mitigates the psychological distress that may arise from inadequate protection. It is recommended that the Ministry of Health allocate budgets when necessary for the safety of the buildings housing Resilience Centers and develop a mechanism to back each other up in the event of large-scale terrorist attacks.

Budget Breakdown for the Resilience Centers for 2024 (in percentages and in millions of NIS)



According to data from the Ministry of Health from April 2024, processed by the Office of the State Comptroller.

Summary

In recent decades, the State of Israel has amassed considerable knowledge concerning the treatment of victims of psychological trauma as well as the enhancement of social and organizational resilience. At the forefront of the treatment of victims are 14 Resilience Centers that were established during this period, which play a key role in both routine and emergencies by providing essential immediate first aid to thousands of trauma victims located along the southern and northern borders of the state and in Judea and Samaria. These Resilience Centers offer professional-organizational and therapeutic services that enable local authorities and the state to prepare responses for individuals, families, and communities during routine and emergencies. In the last quarter of 2023, amidst the onset of the Iron Swords War, the Resilience Centers provided thousands of treatments and conducted numerous online and face-to-face workshops and lectures for varied audiences. From October 7th, 2023, to December 31, 2023, the examined Resilience Centers provided 19,142 treatments.

To ensure the optimal and continuous functioning of the Resilience Centers during both routine and emergencies, the Ministry of Health should provide certainty of funding for these centers and allocate vital budgets for their operations during emergencies while establishing a professional and budgetary supervision mechanism for the Centers' activities. In conjunction with the Prime Minister's Office, the Supreme Steering Committee and the Ministry of Finance should establish an annual budgetary framework for all Resilience Centers, which should be integrated into the Ministry of Health's budget base. Additionally, it is recommended that the Ministry of Health finalize the operational procedures for the Resilience Centers so that they apply to all such centers and address issues that have not been regulated, as highlighted in the audit. To ensure the provision of resilience services in a safe and secure environment, to enhance the efficacy of treatments, and to mitigate potential psychological harm associated with inadequate protection, the Ministry of Health should ensure that all Resilience Centers comply with the protection requirements set forth by the Home Front Command.

Given the key role of Resilience Centers within the framework of enhancing the resilience of the state's population across various dimensions – namely, bolstering the mental resilience of individuals; Fostering community resilience and cohesion; And developing and preparing emergency services – emphasized through audit findings, site visits, and interactions with evacuees from the southern and northern regions of the country, alongside the recognition of the urgent necessity to equip the state's population for the myriad security challenges anticipated in the forthcoming years, as well as considering the challenges faced by the Resilience Centers, including budgetary uncertainties and workforce shortages, the Minister of Health, in collaboration with the Minister of Finance, the Prime Minister's Office, and the other members of the Supreme

Steering Committee, should ensure the maintenance, reinforcement, expansion, and professionalism of Resilience Centers over time for the benefit of all citizens of the State of Israel. Additionally, a budgeting mechanism must be developed that aligns with the operational requirements of the Resilience Centers during emergencies.

Given the critical importance of saving and safeguarding lives, the Ministry of Health, the Supreme Steering Committee, and the Prime Minister's Office should integrate the Resilience Centers into all organizational structures of local governance and health systems. This integration is vital for providing effective professional care to all citizens of the State of Israel affected by warfare, hostilities, and severe natural events. Given the evolving war in the north at the time of the report's completion, the importance of the Resilience Centers' activities has intensified, particularly in delivering services to communities under threat. Only through comprehensive integration among all stakeholders involved and positioning the Resilience Centers at the forefront of mental health treatment, community resilience strengthening, and emergency preparedness while prioritizing their budget within the Israeli government's national agenda can ensure national resilience in circumstances akin to those faced by the State of Israel since the onset of the Iron Sword War and in subsequent emergencies anticipated in the future.

