

**Template for Conducting a State  
Capacity Assessment or Gap Analysis of  
Disaster Behavioral Health**

Updated February 2010

# Disaster Behavioral Health Capacity Assessment

On September 15-16, 2009, representatives from each State in Region I (New England) met with Federal representatives to discuss current disaster behavioral health capacity in that region. The workshop was convened by the HHS Office of the Assistant Secretary for Preparedness and Response and focused on knowledge-exchange, collaboration, and identification of capabilities and gaps as these pertain to disaster behavioral response within Emergency Support Function (ESF) #8: Public Health and Medical Services. An overall aim of the workshop was to improve the integration of behavioral health into public health emergency and disaster preparedness and response.

Participants determined that enhanced collaboration and knowledge exchange, at both the regional and community levels, can result in stronger disaster behavioral and public health preparation, response, and recovery. Additionally, Federal partners' ability to gain up-to-date information concerning State and regional disaster behavioral health preparedness and response needs, capabilities, and systems facilitates optimal coordination and response when addressing support requests for behavioral health issues during disasters or emergencies. Furthermore, the relationships built between behavioral health, public health and emergency management during participation in disaster planning and response exercises fosters greater integrated disaster response and recovery and can enhance resilience within a community and region.

Discussions highlighted the importance of assessing and prioritizing regional and State medical surge capacity as a critical part of effective ESF #8 planning and response. Vital partners in this are those who respond to the behavioral health needs of individuals and communities. These needs include behavioral health, stress management, and services to address substance use and chemical dependency concerns. In order to enhance the ability of a State or region to effectively address behavioral health components during a disaster or emergency situation, a capacity assessment or gap analysis can serve as a valuable step in achieving this goal.

Capacity or needs assessments conducted at the regional, State, county, city, or agency level, can expose the strengths and vulnerabilities of a system, identify the surge capacity within specific systems, and help target improvement and resource allocation efforts. A behavioral health capacity assessment can be integrated into existing public health and comprehensive State emergency management planning processes. Alternatively, a State may choose to conduct a stand-alone disaster behavioral health assessment, with the following tool provided as a customizable template to guide such an undertaking.

The State Disaster Behavioral Health Capacity Assessment that follows can be customized and used as a template to gather information and identify gaps regarding disaster behavioral health capacity at the State level. It is an optional tool and is not in any way to be viewed as a documentation requirement. For ease of reference it is organized into three main categories: Planning and Preparedness, Training, and Disaster Behavioral Health Response Capacity.

# STATE DISASTER BEHAVIORAL HEALTH CAPACITY ASSESSMENT

**STATE NAME:** \_\_\_\_\_

**Submitted by (name):** \_\_\_\_\_

## PLANNING AND PREPAREDNESS

A comprehensive disaster behavioral health response relies on and is informed by an overall State emergency plan, the designation of State authorities, partnerships established with other key governmental and non-governmental entities, and the integration of behavioral health into public health and emergency medical services during disaster preparedness and response.

## PLANS AND AUTHORITIES

1. How does behavioral health fit organizationally into the State's emergency operations structure (e.g. is behavioral health addressed in Emergency Support Function (ESF) #8 and in other ESFs or plan annexes)?  
\_\_\_\_\_
2. What legislation, regulations, and policies provide authority to coordinate the responsibilities of disaster behavioral health preparedness and response within the State?  
\_\_\_\_\_
3. Describe the State-sponsored behavioral health treatment system (e.g. the number and location of inpatient and outpatient treatment and residential facilities).  
\_\_\_\_\_
4. What plans or protocols exist to direct the behavioral health response in an emergency or disaster in the State?  
\_\_\_\_\_
5. What are the significant at-risk individual and vulnerable population considerations when addressing the disaster behavioral health needs of the State? (e.g. children's issues, disability issues, elder issues, cultural concerns, limited English proficiency within a sizable community, etc.)  
\_\_\_\_\_
6. What mechanisms are in place to effectively apply for and implement a FEMA Crisis Counseling Assistance and Training Program (CCP) grant? Has the State conducted a CCP in the past five years?  
\_\_\_\_\_

## PARTNERSHIPS AND INTEGRATION

7. Please describe the extent of pre-disaster relationships with governmental, non-governmental, and voluntary entities involved in emergency preparedness and response (e.g. State emergency management, public health, mental health or substance abuse services providers, medical examiner's office, criminal justice, law enforcement, fire and rescue, agriculture, parks and recreation, animal care and control, victims' services, social services, education, American Red Cross, etc.).  
\_\_\_\_\_
8. Please identify any mutual aid agreements, or other such written agreements, between providers of behavioral health services to disaster survivors within the State, such as:
  - Voluntary organizations active in disaster (VOADs), such as American Red Cross
  - Faith-based organizations

- First responder groups
  - Community Response Groups (e.g. Citizen Corps, Medical Reserve Corps, etc.)
  - Community and stakeholder groups that address the needs of vulnerable and at-risk populations, persons with disabilities, persons from diverse cultural origins, and groups with issues of cultural responsiveness (e.g. Limited English Proficient persons)
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9. Describe the specific provisions, plans, and/or cooperative relationships to meet the needs of children and other at-risk populations during disaster (e.g. special agreements with schools, department of education, community youth programs, maternal and child health, elder services programs, cultural groups, etc.).

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10. Do behavioral health representatives staff the State Emergency Operations Center (SEOC) during time of emergency? If not, how is coordination with the SEOC carried out during a disaster response?

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11. How is behavioral health integrated into public information and risk communication initiatives within the State (e.g. pre-event relationships with media, consultation with State public health risk communicators, dissemination of behavioral health messages)?

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12. (a) Are behavioral health information and educational materials available for dissemination in times of disaster?

Yes       No       Limited materials available

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(b) Are materials made available in accessible templates (e.g. multiple languages, hearing- or sight-impaired formats, etc.)? Please describe briefly.

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## TRAINING

Disaster behavioral health training is critical for all professional, paraprofessional, and nonprofessional personnel associated with disaster response and recovery in order to provide responders with specific disaster behavioral health interventions and skills to utilize during disaster.

13. (a) What types of training are provided, or have been provided, directly through the State Disaster Behavioral Health system?

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(b) If not provided directly, what types of training is recommended (e.g. psychological first aid, crisis counseling, etc)?

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(c) Does disaster behavioral health training include basic emergency management principles and approaches, such as Incident Command System?

Yes       No

Please describe briefly.

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14. What other agencies or organizations provide disaster behavioral health training in the State?

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15. Does the State's disaster behavioral health training system include regular, continuing education opportunities, exercises, or drills to sustain an engaged and robust disaster behavioral health response

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capacity?

Yes       No       Somewhat

Comment:

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**16.** Have quality standards for disaster behavioral health training been established and documented within the State's disaster behavioral health system?

Yes       No       Somewhat

Comment:

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## **DISASTER BEHAVIORAL HEALTH RESPONSE CAPACITY**

Disaster behavioral health response capacity refers to 1) a response capacity that can provide basic supportive services and interventions to disaster survivors and responders; 2) professional behavioral health surge capacity to maintain the continuity of operations of existing essential behavioral health services; and 3) the ability to manage any increased need for more intensive, clinical services among disaster survivors.

**17.** Who is authorized to initiate a disaster behavioral health response in the State?

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**18.** What organizations or agencies implement and conduct a disaster behavioral health response in the State?

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**19.** Does the State directly manage the coordination or deployment of disaster behavioral health responders in the event of an emergency or disaster? *If yes, please answer Question 20 below.*

Yes       No

Comment:

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**20.** How many of the responders in the following groups are trained and deployable for State-managed disaster behavioral health response?

- Licensed behavioral health professionals (e.g. Psychologists- Ph.D./ Psy.D.; Psychiatrists- M.D.; Social Worker- LPC; LCSW; Licensed Mental Health Counselor; Certified Addiction Counselor or Specialist- CAC/CAS; Nurses R.N. or LPN, etc.)
    - Professionals, of those referenced above, with the ability to prescribe medications
  - Nonlicensed or para-professionals
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**21.** Are there mechanisms in place for the State to call upon contracted or private providers of behavioral health services for deployment in a major emergency?

Yes       No       Somewhat

Comment:

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**22.** For the additional partners identified in Question 18, please describe the following:

- The general resources (e.g. the organization, number, and type of responders)
  - How this response resource would be accessed and mobilized
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**23.** How are the emergency medication needs of person with mental illness addressed during and after a major

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emergency/disaster?

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**24.** What is the process for handling spontaneous behavioral health volunteers?

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**25.** Please describe disaster behavioral health preparedness and response efforts to utilize data management systems and technology designed to:

- Track credentialing, training, and deployment of responders within the State
  - Use public health or emergency management alert systems (e.g. Hospital Incident Command System, Health Alert Network, etc.)
  - Use remote communications to maintain connectivity with and manage deployed responders (e.g. cell phone, two-way radios, internet, etc.)
  - Utilize communication technologies (e.g. hotlines, 2-1-1, internet) in disaster behavioral health information, referral, or counseling efforts
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