



Disaster Behavioral Health: Current Assets and Capabilities

U.S. Department of Health and Human Services Assets and Capabilities

Assets and capabilities for providing disaster behavioral health services (i.e., mental health, substance abuse, and stress management) to responders and survivors:

- **Human Resources: Volunteers**

- The Medical Reserve Corps (MRC), coordinated by the Office of the Surgeon General (OSG), includes licensed mental health professionals in its cadre of volunteer skilled health care providers, trained and prepared to respond to emergencies at the local level, with a mechanism in place to deploy individual MRC volunteers as Emergency Support Function (ESF) #8 assets.
- The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) includes licensed mental health professionals in its state-based volunteer registration system.

- **Human Resources: Civilian**

- The National Disaster Medical System (NDMS), a component of the Office of the Assistant Secretary for Preparedness and Response (ASPR), is comprised of intermittent Federal employees assigned to general disaster and specialty teams. A mental health provider can also be deployed with each NDMS team. NDMS currently has a total of over 100 deployable mental health personnel.
- The Employee Assistance Program (EAP) is able to extend crisis and certain other mental health services, upon request, through existing vendor contracts when requested by a Federal agency in an area affected by a disaster.
- Federal Occupational Health (FOH), a reimbursable service within the Assistant Secretary for Administration and Management (ASAM), has an interagency agreement with the Federal Emergency Management Agency (FEMA) that can be activated during a disaster to provide mental health services to Federal responders.

- **Human Resources: Commissioned Corps Officers**

- OSG's Office of Force Readiness and Deployment (OFRD) has approximately 150 Commissioned Corps mental health providers rostered, assigned to teams and tiers, and available for deployment.

- **Grants/Benefits**

- FEMA's Crisis Counseling Assistance and Training Program (CCP), co-managed by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), provides individual and community crisis counseling and education. The CCP consists of two types of grants:
 - The Immediate Services Program (ISP) grants provide funds for up to 60 days of services immediately following a Presidential declaration of a disaster that includes FEMA Individual Assistance.
 - The Regular Services Program (RSP) grants provide funds for up to nine months of additional crisis counseling services.
- The SAMHSA Emergency Response Grant (SERG) funding enables public entities to address mental health and substance abuse needs when existing resources are overwhelmed by an emergency and other resources are unavailable.

Disaster Behavioral Health: Current Assets and Capabilities (continued)

- **Grants/Benefits (continued)**

- The FEMA/Administration for Children and Families (ACF) Disaster Case Management Pilot Project is designed to be in place 72 hours after a Presidential declaration of disaster to provide disaster case management services to disaster survivors and families.
- The Centers for Disease Control and Prevention (CDC) provides oversight to state and local grantees for preparedness grants, which include grant performance areas pertaining to mental/behavioral health planning/steering, especially for workforce support.
- The Centers for Medicare & Medicaid Services (CMS) reimburse for mental health services as part of the array of benefits available through the State Children's Health Insurance Program (SCHIP), Medicaid and Medicare programs for eligible beneficiaries.
- The Health Resources and Services Administration (HRSA) provide supplemental grants to community health centers (CHCs) to promote long-term recovery in affected areas upon receipt of additional disaster funding.

- **Technical Assistance**

- ASPR's Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC) provides technical assistance on disaster behavioral health issues to HHS, Federal partners, states, and other stakeholders. ABC identifies needs and coordinates services through participation in meetings, conference calls, and disaster planning/operations within HHS and with external Federal partner agencies, voluntary and non-governmental organizations, professional associations, and State and local disaster behavioral health personnel.
- SAMHSA's Disaster Technical Assistance Center (DTAC) provides disaster behavioral health telephone consultation, access to expert consultants/trainers, technical assistance, and resource dissemination to state and local communities, both for preparedness and in response to current disaster. DTAC provides CCPs with at-risk population-specific (e.g. children, older adults, ethnic/cultural, disability, etc.) and disaster-specific (e.g. environmental hazards) educational materials. (1-800-308-3515, DTAC@esi-dc.com).
- CDC has expertise, documented strengths, and mission focus in the conduct of post-disaster surveillance (facility-based, population-based, and/or clinical encounter-based mental health monitoring) and needs assessments to estimate health burden and inform resource allocation decisions (e.g., services, personnel, medication).

Typical State Assets and Capabilities

- Every state behavioral health agency has an identified Disaster Mental Health Coordinator responsible for coordinating state disaster behavioral health response activities.
- The state behavioral health response may rely on a coalition of response groups including MRC, Voluntary Organizations Active in Disaster (VOADs), and behavioral health professional associations. Many states have also developed state-level behavioral health responder capacity, to coordinate with or bolster other voluntary, state, or local assets. These assets may be deployed prior to award of a CCP grant.
- Most states have State Disaster Behavioral Health Plans that detail how the state will provide services that are well-coordinated with ESF #6, #8, and state emergency plans.
- Often an unmet needs committee of behavioral health stakeholders will form following the immediate disaster response to ensure behavioral health needs are met during the transition from response to recovery. Such committees may continue to meet throughout the longer-term recovery effort as continuing care committees.
- States that are members of the Emergency Management Assistance Compact (EMAC) may use this mechanism to request state-to-state behavioral health assets.