



What is Disaster Behavioral Health?

Disaster behavioral health is the provision of mental health, substance abuse, and stress management services to disaster survivors and responders. Following an emergency event it is common for individuals and families, as well as disaster responders, to experience distress and anxiety about safety, health, and recovery. Disaster behavioral health is an integral part of the overall public health and medical preparedness, response, and recovery system. It includes the interconnected psychological, emotional, cognitive, developmental, and social influences on behavior, mental health, and substance abuse, and the effect of these influences on preparedness, response, and recovery from disasters or traumatic events. Unlike traditional mental health services, disaster behavioral health interventions can be provided by non-clinicians as well as other professionals as long as they are properly trained in disaster behavioral health concepts and evidence-based interventions.

Behavioral health encompasses other issues. Trauma, violence, and witnessing violence can be determinants of behavioral health problems, and at-risk groups such as children, senior citizens, pregnant women, and people with disabilities can be at higher risk for these concerns. People's behavioral health status can also influence decision making in affected populations. Disaster behavioral health practitioners and approaches can inform risk communication and public health messaging to address anxiety, encourage people to follow public health measures, and prevent misinformation from gaining credibility. Population surveillance systems, as well as individual and community assessment strategies, can provide valuable information concerning risks and protective factors affecting recovery. Engaged research can identify longer-term trends to guide future preparedness efforts. Efforts to bolster personal and family psychological resilience and social connectedness aim to mitigate adverse reactions and improve recovery trajectories.

For additional information regarding disaster behavioral health and how it is coordinated at the federal level, please review the HHS Disaster Behavioral Health Concept of Operations (CONOPS) available at: <http://www.phe.gov/Preparedness/planning/abc/Documents/dbh-conops-2014.pdf>

Purpose of the Tool:

The purpose of this tool is to help state and local agencies as well as provider organizations assess disaster behavioral health capacity and its integration into all planning, preparedness, response and recovery efforts. The tool's aim is to facilitate better collaboration and communication across agencies as information is gathered and strengths and weakness are identified. Through this assessment process, gaps will most likely be identified and questions will arise which can provide for an opportunity to strengthen the disaster behavioral response capacity in the state. This tool is not all inclusive but is intended to help gather critical information that will assist in the development of a comprehensive disaster behavioral health plan and response. Reaching out to partners locally and at the state level will strengthen relationships and collaborations so that behavioral health can more fully get integrated into all emergency and disaster planning, response and recovery efforts. These relationships formed along with a stronger integration of behavioral health will lead to a more knowledgeable, prepared and responsive community and state, thereby enhancing recovery and resiliency should a disaster occur.

For more information or to provide feedback to inform future revisions of this tool please contact:
U.S. Department of Health and Human Services
Office of the Assistant Secretary for Preparedness and Response
Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC)
Web site: <http://www.phe.gov/ABC> E-mail: ABCinfo@hhs.gov

Disaster Behavioral Health Capacity Assessment Tool

STATE/REGION 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:

- Behavioral health fits organizationally into the State's emergency operations structure:
 - Behavioral health is addressed in Emergency Support Function (ESF) #8
 - Behavioral health is addressed in Emergency Support Function (ESF) #6
 - Behavioral health is addressed in other ESFs or plan annexes
 - Other:

- Coordination of the responsibilities of disaster behavioral health preparedness and response within the State are authorized through :
 - Legislation
 - Regulations
 - Policies
 - Other:

- Surveillance tools are administered and data are utilized to help inform planning efforts.
 - List surveillance tools utilized:

- There are _____ number of State-sponsored behavioral health treatment facilities:
 - Inpatient
 - Outpatient treatment
 - Residential facilities locations

- Plans or protocols exist to direct the behavioral health response in an emergency or disaster in the State.
 - List plans:

- Plans have addressed the significant disaster behavioral health needs of at-risk individual populations in the State.
 - Pediatric population
 - Individuals with disabilities
 - Elder population
 - Cultural concerns
 - Individuals with limited English proficiency
 - Other populations:

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- Plans, including the disaster behavioral health aspects, are reviewed and updated every two years at a minimum.
- Mechanisms are in place to effectively apply for and implement a FEMA Crisis Counseling Assistance and Training Program (CCP) grant, should there be a need.
 - Point of contact for State lead for CCP application is:
- Plans address how behavioral health needs and support will be provided at service delivery sites, such as:
 - General population centers
 - Service Centers
 - Family Reception Centers
 - Family Assistance Centers
 - Point of Dispensing Centers
 - Phone banks and hotlines
 - Emergency First Aid Stations
 - Hospitals and Hospital Emergency Room Settings
 - Respite Centers
 - Other:

PARTNERSHIPS AND INTEGRATION

Partnering with agencies that serve at-risk populations such as those listed below will play an important role in meeting the needs of these individuals during disaster response and recovery. Examples of individuals or populations at risk include children, senior citizens, pregnant women, people with disabilities, the economically disadvantaged, racial and ethnic minorities, people with pre-existing behavioral health conditions, or people with limited English proficiency. Also of concern is the safety and well-being of at-risk individuals with access and functional needs. For planning purposes, access and functional needs can be categorized according to five domains: Communication, Maintaining health/medical, Independence, Support, and Transportation (known by the acronym C-MIST).

- Pre-disaster relationships with governmental, non-governmental, and voluntary entities involved in emergency preparedness and response have been formed to help facilitate the disaster behavioral health response. These include:
 - State mental health agency
 - State emergency management
 - Public health
 - Mental health providers
 - Substance abuse services providers
 - Medical examiner's office
 - Criminal justice
 - Faith-based organizations
 - Law enforcement
 - Fire and rescue
 - Agriculture
 - Parks and recreation
 - Animal care and control
 - Victims' services
 - Social services
 - Child care and early education
 - Schools and higher education
 - American Red Cross
 - Other:

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- Mutual aid agreements, or other such written agreements, between providers of behavioral health services to disaster survivors and key partners have been created. These include:
 - Emergency Management Agency
 - 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
 - Other:

- Partnerships or cooperative relationships to meet the needs of children and other at-risk populations during a disaster have been developed (e.g. special agreements with schools, department of education, community youth programs, maternal and child health, elder services programs, cultural groups, etc.):
 - Please describe:

- 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?

- Behavioral health has been integrated into public information and risk communication initiatives within the State.
 - Pre-event relationships with media
 - Consultation with State public health risk communicators
 - Dissemination of behavioral health messages
 - Other:

- Behavioral health information and educational materials are available for dissemination in times of disaster.
 - Materials and information in accessible templates
 - Materials and information in multiple languages
 - Materials and information in hearing- or sight-impaired formats
 - Materials and information through newer technologies (i.e. SAMHSA Disaster Behavioral Health Application)
 - Other:

- Following a disaster, there is a formal plan for how to contact high-risk behavioral health clients.

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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.

- Acute phase/short-term intervention training recommended by the State is:
 - Psychological First Aid
 - Listen, Protect, and Connect
 - Psychological First Aid (NCTSN Model)
 - Other model:
 - Disaster behavioral health
 - Medical Reserve Corps (MRC)
 - American Red Cross (ARC)
 - Mental Health First Aid
 - Community Emergency Response Teams (CERT)
 - Other:

- Post-acute phase intervention training recommended by the State is:
 - Crisis Counseling
 - Trauma-informed Care
 - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
 - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - Skills for Psychological Recovery (SPR)
 - Grief and Trauma Intervention for Children
 - Trauma Focused Coping (Multimodality Trauma Treatment)
 - Other:

- Training is provided directly through the State Disaster Behavioral Health system.
 - Please describe:

- To sustain an engaged and robust disaster behavioral health response capacity, the State's disaster behavioral health training system provides:
 - Continuing education opportunities
 - Exercises or drills
 - Training which includes basic emergency management principles and approaches, such as Incident Command System
 - Other:

- The disaster behavioral health components of exercises are evaluated.
 - Tools used to evaluate are: (i.e., HSEEP)

- Other agencies or organizations that provide disaster behavioral health training in the State are:
 - American Red Cross
 - Medical Reserve Corps
 - Other:

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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) 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.

- The State directly manages the coordination or deployment of disaster behavioral health responders in the event of an emergency or disaster. If not, then please describe who does:
- Disaster behavioral health response is implemented and conducted by the following organizations or agencies in the State:
 - The organizations' resources (e.g. the organization, number, and type of responders) are:
 - Please describe how these response resources will be accessed and mobilized:
- Trained and deployable disaster behavioral responders include those with the following credentials and/or qualifications:
 - 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
 - Trained non-licensed staff or para-professionals
- Mechanisms are in place for the State to call upon contracted or private providers of behavioral health services for deployment in a major emergency.
- Mechanisms are in place to evaluate the behavioral health response.
 - Evaluation tools utilized are:
- Mechanisms are in place to address the emergency medication needs of people with mental illness during and after a major emergency/disaster.
- Mechanisms are in place to address the emergency medication needs of people with substance abuse disorders and opiate addiction.
- A process has been developed for handling spontaneous behavioral health volunteers.
- Disaster behavioral health preparedness and response data management systems and communications technology have been 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
 - Integrate behavioral health into the Electronic Medical Record (EMR)

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Behavioral Health Provider Organization Information Sheet

ORGANIZATION:

CONTACT:

CONTACT INFORMATION:

Provider Organization Information

- The organization is affiliated with the local Emergency Management Agency
 - Contact:
- Disaster behavioral health is included within the organization's mission and/or defined responsibilities.
- There is a written strategy or continuity of operations plan for assuring ongoing treatment for mental health or substance abuse clients in the event of a disaster.
 - Organization regularly conducts disaster response drills and exercises and integrates behavioral health needs.
 - Plan includes strategy to relocate clients in event of emergency or disaster.
 - Include provisions for the behavioral health needs of employees and responders.
- Plans, including the disaster behavioral health aspects, are reviewed and updated every two years at a minimum.
- Organization has an individual who is a designated representative to the county or local Emergency Operations Center.
 - Individual has received Disaster Behavioral Health Training (specify what kind).
 - Individual is a registered member of the Disaster Behavioral Health Response Team.
- Organization has a disaster behavioral health response plan that details actions the organization will take to provide disaster behavioral health services in addition to continuity of operations activities. The Disaster Behavioral Health Plan includes:
 - How disaster behavioral health fits into planning and preparedness efforts, including exercises and drills, training, etc.
 - How disaster behavioral health fits into response efforts, including triage and assessment, interventions provided, and communications and messaging.
 - How disaster behavioral health fits into recovery efforts.
 - How needs of at-risk populations and those with access and functional needs will be addressed.