

US Department of Health and Human Services  
Office of the Assistant Secretary for Preparedness and Response  
Division of At-risk Individuals, Behavioral Health, and Community Resilience  
**Disaster Behavioral Health Coalition Guidance**



During disaster response and recovery, there may be challenges coordinating behavioral health services. Behavioral health services are often provided by a variety of agencies and organizations, such as state and local government, mental health departments, substance abuse programs, hospital-based and outpatient services, private clinicians, and volunteer groups. In an emergency event, it is important for communities to determine what supportive services and treatment options are available, who are the providers, and whether gaps or duplication of services exist. Establishing a disaster behavioral

health coalition can facilitate communication across provider groups, coordinate behavioral health care efforts, and help identify existing and emergent needs.

#### **Developing a Disaster Behavioral Health Coalition**

It can be challenging forming a disaster behavioral health coalition in the middle of a response unless it has been planned for in advance. Proactively developing a coalition prior to a disaster can ensure timely and effective response and recovery efforts. Resources can be identified, communication channels and referral processes agreed upon, and decisions regarding chain of command can be established prior to the occurrence of a disaster. The formation of a structure for the coalition helps facilitate a focused and successful response.

It is helpful to involve disaster behavioral health providers in the planning process. Providers include professional mental health clinicians, other health professionals, and paraprofessionals trained in disaster behavioral health interventions and in methods to address trauma and grief.

Identifying the goals of the coalition will help planners identify members who can support the intended outcomes. A robust coalition will include behavioral health stakeholders, including those affiliated with state or local chapters of prominent national prevention, treatment, and recovery support organizations. It will also include other healthcare providers, public health workers, and key public, private, and community partners. Consider reaching out to representatives from the list in **Worksheet A: Coalition Membership Recruitment**.

### **Guidelines for Successful Coalitions:**

- ✓ Agree on a process for communicating with members. Identify who will have the responsibility for coordinating communications (e.g. maintaining member roster, scheduling meetings, taking and disseminating minutes)
- ✓ Allow all members to have an active role in planning and decision making
- ✓ Encourage community involvement to achieve maximum voluntary participation
- ✓ Maintain consistent meeting times and length
- ✓ Be responsive to emergent needs brought on by the disaster response or recovery process
- ✓ Identify the coalition's leader or Chair early in its development (ideally the leader will not have direct involvement in the community's disaster relief and can focus on moderating the coalition)
- ✓ Develop a vision and mission, and set priorities and goals with member input and participation
- ✓ Encourage members to work collaboratively
- ✓ Engage in ongoing recruitment of members as needs are identified
- ✓ Foster a coalition where participation is mutually beneficial for those involved
- ✓ Garner early involvement of local government and public health and mental health service agencies
- ✓ Plan for the coalition's mission to shift during pre-response, response, and recovery periods— develop clear objectives and roles for the coalition during these different times
- ✓ Prepare a budget for activities, if needed, and assign a person to manage it
- ✓ Provide networking opportunities to foster understanding of the function of each organization
- ✓ Remain flexible and responsive to participants' needs without altering the main mission
- ✓ Set expectations for members about participation and contributions

### **Recruit Members to the Coalition**

It is essential that the coalition identify the right mix of members. When inviting potential members, point to existing connections within their organization that may entice them to join the coalition.

- Have materials to present to potential members that describe the proposed mission, goals, and vision of the coalition to advance disaster behavioral health response and recovery for the community.
- Develop a broad base of support with individuals who have knowledge and expertise in mental health, substance abuse, and health.
- Consider how coalition members can help fill gaps in policies, guidelines and protocols, data collection tools, training curricula, public education materials, or special reports to legislators, the media, and business leaders. Create working groups to accomplish specific tasks.
- Determine how coalition members can help increase visibility for the unmet behavioral health needs of the community and secure resources to provide an effective behavioral health response and recovery.
- The skills of each coalition member are potential resources. Recruit experts who can contribute special knowledge and skills in areas such as training, evaluation, cultural competency, pediatrics, and the access and functional needs of at-risk individuals.
- Utilize social media and web sites to help recruit members.
- Hold virtual meetings as needed to better accommodate people's schedules.

## Disaster Behavioral Health Coalition Activities

Activities will depend on whether the coalition meets during pre-disaster times or during the response and/or recovery period. Some tasks are ongoing such as member recruitment and assessment of needs.

### Pre-disaster coalition activities:

- Advocate for community disaster behavioral health planning, services, and training
- Develop communication plan
- Collaborate in planning coalition objectives
- Assess disaster behavioral health capacity
- Conduct disaster behavioral health training
- Develop new educational products
- Identify local, state, and national stakeholder contacts and resources
- Create database with contacts and resources
- Plan for the behavioral health needs of at-risk individuals with access and functional needs
- Increase coalition visibility and obtain credibility as a resource in disaster behavioral health
- Plan for how volunteers will be organized
- Engage with similar coalitions focused on topics such as community resilience, people with disabilities, or human services to reduce duplication of effort and increase collaboration.

### Disaster response and recovery activities:

- Conduct a needs assessment to identify gaps in the response and assess larger systemic, education, communication, and policy issues.
- Ensure there are adequate behavioral health support services, and personnel responding to community
- Enhance communication, coordination, logistical, and moral support to providers
- Implement just-in time training
- Promote resources (e.g. the SAMHSA Disaster Distress Helpline and the SAMHSA Disaster Smartphone App)
- Identify and reduce duplication of efforts

### Post disaster coalition activities:

- Report on and document accomplishments/lessons learned
- Recruit new members

## References

- Dodgen D, LaDue LR, Kaul RE. Coordinating a local response to a national tragedy: community mental health in Washington, DC after the Pentagon attack. *Mil Med.* 2002 Sep;167(9 Suppl):87-9.
- “Reaching Out: A guide for coalition building”: [www.emscnrc.org](http://www.emscnrc.org)
- “Build Community Coalitions”: <http://recoverymonth.gov/Recovery-Month-Kit/Resources/2014-Build-Community-Coalitions.aspx>
- “Coalition Building 1L Starting a coalition”: <http://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coalition/main>

## Resources

- ASPR Disaster Behavioral Health Capacity Tool: [www.phe.gov/abc](http://www.phe.gov/abc)
- SAMHSA Disaster Distress Helpline: 1-800-985-5990; <http://disasterdistress.samhsa.gov/>
- SAMHSA Disaster App: <http://store.samhsa.gov/apps/disaster/>
- SAMHSA DTAC: <http://beta.samhsa.gov/dtac/about>
- HHS Disaster Behavioral Health Concept of Operations: [www.phe.gov/abc](http://www.phe.gov/abc)

## WORKSHEET A: Coalition Membership Recruitment

Use this to help identify provider organizations or agencies from which to recruit coalition members. Remember your community may have specific organizations that exist that are not on this list but are essential sources of behavioral health support for your community.

- Adult independent-living communities
- American Red Cross Chapter
- Children and Youth Task Force, if convened in the community
- Child welfare organizations
- Community- based health-related organizations
- Criminal justice system representatives and organizations
- Domestic violence prevention and services agencies
- Elected officials
- Volunteer groups
- Healthcare coalitions (Hospital Preparedness Program Grantees)
- Local and state government agencies (mental health and substance abuse authorities)
- Local American Academy of Pediatrics chapter and other health care and behavioral health care provider chapters
- Individual and family therapists trained in disaster behavioral health
- Media and social media groups
- Medical Reserve Corps
- Mental health organizations
- Military installations and associations
- Neighborhood clubs
- Nonprofit organizations working on behavioral health issues and/or disaster work
- Prevention groups
- Private companies and businesses with Employee Assistance Programs (EAPs)
- Public health (state and local)
- Peer-to-peer support groups
- Faith based organizations
- Schools, child care providers, Head Start Centers\*, universities, and the educational community
- Service providers for individuals and families experiencing homelessness
- Substance abuse treatment services organizations
- Disaster recovery organizations
- Tribal organizations
- Veterans' associations

\*Head Start programs in many communities are not only important venues for reaching the birth to five age cohort, but many of them have professional or paraprofessional behavioral health capabilities that can contribute to the overall BH Coalition effort.

**List other suggested groups in your community:**

## WORK SHEET B: Coalition Assessment

Every coalition has strengths and weaknesses as well as milestones and achievements that can be measured over time. Coalition members can use this worksheet to score the strengths of the coalition and use the results to assess where areas need to be improved. If there are many areas of weakness, it might be a good time to reassess the make-up, leadership, and objectives of the coalition and see where changes can be made.

**On a scale of 1 to 5 (1= Very weak and 5=Very strong), please assess the following qualities of your coalition.**

The results will help identify strengths and areas for improvement. For items scored a 1 or a 2, please provide clarification as to why and a suggestion for improvement. Your feedback is greatly appreciated!

- Ability to reach consensus and/or compromise
- Access and functional needs of the population are addressed through inclusion of representatives from service agencies
- Appropriate frequency of meetings
- Clear and measurable goals and priorities
- Coalition addresses cultural competency needs of the community
- Community and leaders view coalition as a credible disaster behavioral health resource
- Collaborative spirit among members
- Contact information for members is shared
- Commitment of staff and members
- Communication plan is established for how members communicate during a disaster response and during recovery
- Continuum of care represented
- Delegation of tasks is fair and effective
- Relevant and efficient subcommittees
- Broad stakeholder and community involvement
- Enough time is taken to plan, implement, and evaluate activities
- Everyone participates
- Evaluation plan is in place and used
- Good attendance
- Good connections with decision-makers
- Good communication in meetings
- Good facilitation
- Good communication between meetings
- Helpful meeting summaries, minutes
- Member organizations' disaster behavioral health resources are shared
- Letters of commitment, memoranda of understanding are in place
- Linkage with state and local emergency management, public health, and mental health agencies
- Linkage with community service, voluntary organizations
- Meetings include professional development
- Members recognized and appreciated
- Mutual benefits identified
- Mutual respect and trust
- Necessary resources identified and secured
- Ongoing outreach to new members
- Orientation process for new members
- Behavioral health services consumer involvement
- Positive energy and enthusiasm by members
- Process for resolving conflict
- Process for decision-making
- Productive meetings
- Public awareness of and support for disaster behavioral health coalition
- Right people involved
- Roles and commitments of members and leader are clear
- Shared and clear vision, mission, and purpose
- Staff and member follow-up is good
- Sufficient media attention
- Successes celebrated
- Tangible outcomes, achievements
- Training in disaster behavioral health is provided to members and community
- Available technology is used effectively