

Post-Mass Shooting Programs and Resources Overview

Updated April 2019

Original Publication Date: October 2017

ASPR TRACIE has developed and gathered additional information on programs and resources available to the communities affected by mass shooting events. Information is organized by [programs](#) and [resources](#). Check out our [Select Disaster Behavioral Health Resources](#) page for a snapshot of recently published materials.

Programs

[Antiterrorism Emergency Assistance Program](#) – Department of Justice, Office for Victims of Crime

The Antiterrorism Emergency Assistance Program (AEAP) is designed to support victims in jurisdictions that have been overwhelmed following a criminal mass violence or terrorism incident. AEAP is a grant program and are retroactive to the date of the incident. As such, victim-related costs that occur on or after the date of the incident can be reimbursed to eligible applicants once the AEAP grant is awarded.

AEAP Guidelines can be found in the Federal Register, Vol. 67, No. 21, published Thursday, January 31, 2002 on page 4822.

<https://www.federalregister.gov/articles/2002/01/31/02-2299/guidelines-for-the-antiterrorism-and-emergency-assistance-program-for-terrorism-and-mass-violence>

In cases of terrorism or mass violence occurring within the United States, 42 U.S.C. 10603b(b) authorizes OVC to provide emergency relief, including crisis response efforts, assistance, training, and technical assistance for the benefit of victims of terrorist acts or mass violence. Funding may be awarded to eligible applicants. Eligible applicants are limited to state victim assistance programs; public agencies, including federal, state, and local governments, and federally recognized Indian tribal governments, as determined by the Secretary of the Interior and published in the Federal Register; public institutions of higher education; and victim service and nongovernmental organizations. Individuals are not directly eligible for AEAP funds. Individual victims may be able to obtain funds from their state victim compensation programs.

Please note that under this program, funding must be used to support victim-related issues and, as a supplemental source of funding, AEAP cannot supplant other funding

sources. AEAP is available for eligible applicants where other sources of funding for victims needs have been overwhelmed. Therefore, funding cannot be used for costs such as existing staffing and facilities; however, AEAP funding may be used to hire additional staff, pay overtime costs, or secure additional office space to support victim needs. Victims needs include, but are not limited to, mental health/trauma informed care; medical expenses (including rehabilitation expenses); vocational rehabilitation expenses; repatriation of remains; funeral expenses; child and dependent care, lost wages, and support of victim participation in criminal justice proceedings. Also, limited victim-related law enforcement overtime expenses, such as death notifications; crime scene cleanup; and security at memorial services, hospitals, certain victim expenses related to their involvement in a trial, and evacuation centers may be considered under AEAP, but the program cannot fund routine police activities. The Guidelines also state that AEAP cannot be used to cover property damage or property loss.

For more information:

For details about AEAP grants, including what is typically funded and who is eligible to apply, access the FY 2019 Solicitation: <https://www.ovc.gov/grants/pdf/FY19-AEAP-Solicitation-508.pdf>

For further information about OVC's domestic mass violence and terrorism programs and support, please see: http://ojp.gov/ovc/providers/domestic_terrorism.html and http://ojp.gov/ovc/help/domestic_terrorism.html

Community-Based Providers – Health Resources and Services Administration

HRSA program offices stand ready to provide technical assistance and other information about HRSA programs. Questions about HRSA programs and emergent event response and recovery should be directed to the HRSA EOC at hrsaeoc@hrsa.gov.

Disaster Distress Helpline – Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

The Disaster Distress Helpline (DDH) is a program of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) which provides crisis counseling and support for anyone in the U.S. experiencing distress or other behavioral health concerns related to any natural or human-caused disaster. Calls (1-800-985-5990) and texts (text "TalkWithUs" to 66746) are answered by a network of independently-operated crisis centers around the country, who provide psychological first aid, emotional support, crisis assessment and intervention, and referrals to local/state behavioral health services for follow-up care & support. The helpline's SMS service is also available in Spanish. Text "Hablanos" to 66746 for emotional support.

Emergency Response Grant – Substance Abuse and Mental Health Services Administration

Funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency Response Grant (SERG) is designed to meet emergency substance abuse and mental health needs for primary victims and their families in local communities that are a direct consequence of a precipitating event. SERG funding enables public entities to address these needs when existing resources are overwhelmed and other resources are unavailable. SERG monies are considered “funds of last resort” and cannot supplant or replace other existing funds. See [Appendix A](#).

For more information:

Applicants should contact the SAMHSA Emergency Coordinator at (240) 276-2244 prior to applying.

Crisis Counseling Assistance and Training Program – Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

NOTE: Use of this program requires a Presidential Declaration of Disaster under the Stafford Act with Individual Assistance eligibility, therefore may not be an option for this event.

The Federal Emergency Management Agency (FEMA) implements the Crisis Counseling Assistance and Training Program (CCP) as a supplemental assistance program available to the United States and its territories. Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 1974 authorizes FEMA to fund mental health assistance and training activities in presidentially declared major disaster areas. SAMHSA Center for Mental Health Services (CMHS) - Emergency Mental Health and Traumatic Stress Services Branch (EMHTSSB) works with FEMA through an interagency agreement to provide technical assistance, consultation, and training for state and local mental health personnel, grant administration, and program oversight.

The mission of the CCP is to assist individuals and communities in recovering from the effects of natural and human-caused disasters through the provision of community-based outreach and psycho-educational services. Three entities are eligible to apply for and receive CCP funding after a presidential disaster declaration: states, U.S. territories, and federally recognized tribes. The CCP supports short-term interventions that involve the counseling goals of assisting disaster survivors in understanding their current situation and reactions, mitigating stress, assisting survivors in reviewing their disaster recovery options, promoting the use or development of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies who may help survivors in their recovery process.

Supplemental funding for crisis counseling is available to state or territory mental health authorities through two grant mechanisms:

- The Immediate Services Program (ISP) which provides funds for up to 60 days of services immediately following a disaster declaration
- The Regular Services Program (RSP) which provides funds for up to 9 months following a disaster declaration

While SAMHSA provides technical assistance for an ISP, the monitoring responsibility remains with FEMA. FEMA has designated SAMHSA as the authority responsible for monitoring all RSP programs.

For more information, contact the SAMHSA Disaster Technical Assistance Center (DTAC) at 1-800-308-3515 or via email at DTAC@samhsa.hhs.gov

Resources

Disaster Behavioral Health

[Coping with Stress Reactions After Mass Violence Events](#) – American Red Cross

The Red Cross offers the topics to help people stay strong following mass violence events. The document is available in Appendix B.

[SAMHSA Disaster App](#) – Substance Abuse and Mental Health Services Administration

The SAMHSA Disaster App makes it easy to provide quality support to survivors. Users can navigate pre-deployment preparation, on-the-ground assistance, post-deployment resources, and more—at the touch of a button from the home screen. Users also can share resources, like tips for helping survivors cope, and find local behavioral health services. And, self-care support for responders is available at all stages of deployment.

[Disaster Kit](#) – Substance Abuse and Mental Health Services Administration

Provides a toolkit for disaster recovery workers in mental health awareness.

[Explaining the News to Our Kids](#) – Common Sense Media

This resources provides tips for talking to children about distressing incidents they may see on the news or hear about in conversation.

[Fact Sheets for Handling Traumatic Stress](#) - Center for the Study of Traumatic Stress

This link provides access to numerous Fact Sheets and resources for leaders, providers, and others to understand how to manage traumatic stress following major disasters and incidents. Search by keyword or click the pre-selected topics.

[Incidents of Mass Violence](#) – Substance Abuse and Mental Health Services Administration

This page is dedicated to Incidents of Mass Violence distress risk factors and warning signs, plus resources for coping that can be added to any online resource web page.

[Managing Your Distress in the Aftermath of a Shooting](#) – American Psychological Association

This page provides tips and strategies to identify and manage stress and feelings following a mass shooting.

[Mental/Behavioral Health Topic Collection](#) – ASPR TRACIE

This Topic Collection addresses the impact of post-disaster mental and behavioral health-related challenges on the healthcare system.

[Responder Safety and Health Topic Collection](#) – ASPR TRACIE

The resources in this Topic Collection focus on safety strategies (e.g., preventing fatigue, ensuring the availability and correct use of personal protective equipment) and maintaining behavioral health (e.g., working through stress and preventing/addressing compassion fatigue).

[Select Disaster Behavioral Health Resources](#) – ASPR TRACIE

Incorporating DBH into all phases of emergency management can ensure resident and responder preparedness, an effective, compassionate response effort, and a more resilient community moving forward. The resources on this page can help our stakeholders accomplish these goals.

[Talking to Children about the Shooting](#) – The National Child Traumatic Stress Network

This Tip Sheet provides information for caregivers to consider when talking to children about a shooting incident.

[Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress](#) – Substance Abuse and Mental Health Services Administration

This resource provides stress prevention and management tips.

[Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers](#) – Substance Abuse and Mental Health Services Administration

Helps parents and teachers recognize common reactions children of different age groups (preschool and early childhood to adolescence) experience after a disaster or traumatic event. Offers tips for how to respond in a helpful way and when to seek support.

[Terrorism](#) – The National Child Traumatic Stress Network

This is a compilation of resources for parents, caregivers, and educators regarding terrorism.

Mass Violence

[Explosives and Mass Shooting Topic Collection](#) – ASPR TRACIE

These resources can help emergency medical professionals plan for and respond to the changing nature of mass shootings or explosive events.

[Helping Victims of Mass Violence and Terrorism: Planning, Response, Recovery and Resources](#) – Office for Victims of Crime

The Office for Victims of Crime is holding a series of webinars in June 2016 to introduce the web-based toolkit [Helping Victims of Mass Violence and Terrorism: Planning, Response, Recovery, and Resources](#) to civic, government, and business sectors that are interested in developing a comprehensive victim assistance plan.

Spanish Translated Disaster Behavioral Health Materials

Ayudando a Niños y Adolescentes a Superar la Violencia y los Desastres: Que Pueden Hacer los Miembros de la Comunidad ([Helping Children and Adolescents Cope with Violence and Disasters: What Community Members Can Do](#))

Ayudando a Niños y Adolescentes a Superar la Violencia y los Desastres: Que Pueden Hacer los Padres ([Helping Children and Adolescents Cope with Violence and Disasters: What Parents Can Do](#))

Ayudando a Niños y Adolescentes a Superar la Violencia y los Desastres: Que Pueden Hacer los Trabajadores del Cuerpo de Rescate ([Helping Children and Adolescents Cope with Violence and Disasters: What Rescue Workers Can Do](#))

Consejos para el personal de respuesta a desastres: Regreso al trabajo ([Tips for Disaster Responders: Returning to Work](#))

Consejos para las familias del personal de respuesta a desastres que regresa a casa: Adaptación a la vida en el hogar ([Tips for Families of Returning Disaster Responders: Adjusting to Life at Home](#))

Consejos para socorristas: Cómo entender la fatiga por compassion ([Tips for Disaster Responders: Understanding Compassion Fatigue](#))

Consejos para socorristas: Cómo prevenir y manejar el estrés ([Tips for Disaster Responders: Preventing and Managing Stress](#))

Consejos para socorristas: Cómo identificar el abuso de sustancias en la comunidad de socorristas ([Tips for Disaster Responders: Identifying Substance Misuse in the Responder Community](#))

Consejos para sobrevivientes de un desastre u otro evento traumático: Manejo del estrés ([Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress](#))

Consejos para estudiantes universitarios: Después de un desastre u otro tipo de trauma ([Tips for College Students: After a Disaster or Other Trauma](#))

Sugerencias para hablar con niños y jóvenes y ayudarlos a hacer frente después de un desastre o un evento traumático: una guía para padres, cuidadores y maestros ([Tips for Talking With and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers](#))

Mentalhealth.gov in Spanish <https://espanol.mentalhealth.gov>

HIPPA Privacy Rule during a Disaster

[Health Insurance Portability and Accountability Act \(HIPAA\) Privacy Rule: A Guide for Law Enforcement](#)

[Bulletin: HIPAA Privacy in Emergency Situations](#)

[HIPAA and Disasters: What Emergency Professionals Need to Know](#)

[HIPAA Privacy Rule: Disclosures for Emergency Preparedness – A Decision Tool](#)

[Health Information Privacy – Is HIPAA Privacy Rule Suspended during a National or Public Health Emergency?](#)

Other Disaster-Related Resources

[Family Reunification and Support Topic Collection](#) – ASPR TRACIE

[Fatality Management Topic Collection](#) – ASPR TRACIE

[Healthcare-Related Disaster Legal/Regulatory/Federal Policy Topic Collection](#) – ASPR TRACIE

[Hospital Surge Capacity and Immediate Bed Availability Topic Collection](#) – ASPR TRACIE

[Mental/Behavioral Health Topic Collection](#) – ASPR TRACIE

[On-Scene Mass Casualty Triage and Trauma Care](#) – ASPR TRACIE

[Pre-Hospital Topic Collection](#) – ASPR TRACIE

[HHS Response and Recovery Resources Compendium](#) – Department of Health and Human Services

Appendix A: Substance Abuse and Mental Health Services Administration

Emergency Response Grant (SERG) Fact Sheet

Purpose

Funding for the Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency Response Grant (SERG) is designed to meet emergency substance abuse and mental health needs for primary victims and their families in local communities that are a direct consequence of a precipitating event. SERG funding enables public entities to address these needs when existing resources are overwhelmed and other resources are unavailable. SERG monies are considered “funds of last resort” and cannot supplant or replace other existing funds.

Eligibility

Eligible applicants are limited to public entities, which are defined as a State or Territory, political subdivision of a State, or a Federally recognized tribal government or organization. These entities may partner with other organizations to respond to the emergency situation; however, the eligible entity must submit the application.

The following criteria must be met to establish that an emergency exists:

- 1) Existing State, Tribal and local systems for mental health and/or substance abuse services are overwhelmed or unable to meet the existing needs of the local community impacted;
- 2) This inability to meet the mental health and/or substance abuse services needs is the direct consequence of a clear precipitating event; and
- 3) No other local, State, Tribal, Federal, or private funding is available to address the specific level of need resulting from the precipitating event and resulting in emergency mental health and/or substance abuse service needs of the impacted community.

SAMHSA does not have a specific appropriation for SERG. Instead, funds are tapped from existing programs not to exceed 2.5 percent of all amounts appropriated in a fiscal year. Therefore, SAMHSA reviews SERG applications with gravity knowing that other programs will sustain cuts to fund SERG.

Definition of a Precipitating Event

For the purposes of the SERG program, a precipitating event must have a sudden, rapid onset and a definite conclusion. Examples include natural disaster (e.g., hurricane, tornado, storm, flood, earthquake, fire, drought); technological disaster (e.g., chemical spill, major industrial accident, transportation accident); or a criminal act (e.g., act of terrorism, hostage situation, riot, incident of mass violence). Such incidents may result in significant death, injury, exposure to life-threatening circumstances, hardship, suffering, loss of property, or loss of community infrastructure.

Application Information

Applicants should contact the SAMHSA Emergency Coordinator at (240) 276-2244 prior to applying. The SAMHSA Emergency Coordinator will discuss application requirements and program parameters and provide the applicant with the application materials.

The Immediate SERG award is designed to be used over the initial 90-day period after the precipitating event, and provides for funding up to \$50,000. Because Immediate SERG funds must be expended within 90 days from the date of the emergency, the Immediate SERG application is due within 10 calendar days of the precipitating event.

The Intermediate SERG award is designed to meet the systemic substance abuse and/or mental health needs during the recovery period following the Immediate SERG award period. Intermediate awards have no predefined budget limit and are dependent on a justifying needs assessment and other data. The Intermediate SERG application is due within 90 days of the date of the emergency and may fund up to 1 year of services. An Immediate SERG is not a prerequisite to apply for an Intermediate SERG.

Other Federal Funding Sources

SAMHSA coordinates with other Federal agencies to avoid duplication of services. Other funding sources to consider include Federal Emergency Management Agency, Readiness, Response and Recovery Directorate; U.S. Department of

Appendix A: Substance Abuse and Mental Health Services Administration

Emergency Response Grant (SERG) Fact Sheet

Education, Safe and Drug Free Schools Program or School Emergency Response to Violence; U.S. Department of Justice, Office for Victims of Crime; U.S. Department of Transportation, National Transportation Safety Board; U.S. Environmental Protection Agency, Emergency Response Program; U.S. Department of the Interior, Bureau of Indian Affairs; U.S. Department of Agriculture, Animal and Plant Health Inspection Service; and U.S. Department of Health and Human Services, Indian Health Service.

Appendix B: American Red Cross Coping with Stress Reactions after a Mass Violence Event



COPING WITH STRESS REACTIONS AFTER A MASS VIOLENCE EVENT

This is a difficult time for everyone affected and it's important for people to connect with and support each other. The Red Cross offers the following tips to help people stay strong:

- Events like this can cause feelings of uncertainty and anxiety since no one knows for sure what will happen next. Remember that it's okay to feel nervous.
- Be patient with yourself and others. It's common to have any number of temporary stress reactions such as anger, frustration and anxiety.
- Spend more time with family and friends, and offer your support. Hug one another and listen.
- Stay informed but limit media exposure of the events, especially for children. Children are often more vulnerable to stress reactions related to media than adults.
- Parents should let children talk about their fears and then reassure them about their safety. Talk with them in ways that they can easily understand. Let them guide the conversation; share details only when they ask about them.
- Watch for signs of stress in your family, friends and children. Get help from others if needed.
- Take care of yourself. Eat healthy, drink plenty of water and get enough rest.
- To reach out for free 24/7 counseling or support, contact the Disaster Distress Helpline at 800- 985-5990 or text TalkWithUs to 66746.

Practice Psychological First Aid with each other:

The following practices do not need to be performed in order but should be considered as helpful strategies and tools to help your family and friends.

Make a connection with your friends and family	Encourage good coping strategies
Help people be safe	Help people connect with their support systems
Be kind, calm and compassionate with each other	Provide accurate and timely information (no rumors!)
Help people meet their basic needs (food, water, etc.)	Make referrals to other resources (as needed)
Listen to their stories	End the conversation (ask if there's anything else you can do to help before you leave)
Give realistic reassurance	Take care of yourself

Getting ourselves and our lives back in a routine that is comfortable for us takes time. Each positive action you take can help you feel better and more in control. While we each have our own unique ways of reacting to stress, our resilience nonetheless helps us navigate our way through it, regardless of our many individual differences. In addition, there are ways we can help each other with our stress reactions.

Appendix B: American Red Cross

Coping with Stress Reactions after a Mass Violence Event

See the table below for the most common signs of stress. Most people who experience these reactions will recover and return to previous functioning within a short period of time and will not experience long-term reactions.

Feelings	Thoughts
<ul style="list-style-type: none"> • Irritability, anger, rage • Disinterest • Resentment • Numbness • Anxiety, fear • Helplessness, loss of control • Terror • Feeling overwhelmed • Guilt • Despair, hopelessness • Sadness 	<ul style="list-style-type: none"> • Self-blame • Difficulty making decisions • Forgetfulness • Confusion • Distortion of sense of time • Lowered self-esteem • Difficulty concentrating and thinking • Intrusive thoughts, memories, flashbacks • Worry • A sense of being cut off from reality • Thoughts of self-harm
Behaviors	Physical Conditions
<ul style="list-style-type: none"> • Crying spells • Angry outbursts • Alcohol/drug/prescription abuse • Avoiding people, places, situations • Argumentative • School and work problems • Decreased interest in once enjoyable activities • Risky behaviors (driving dangerously, multiple sexual partners, unsafe sex, keeping/carrying firearms) • Inattention to appearance, personal hygiene, self-care • Irritability with family, friends and others • Withdrawal 	<ul style="list-style-type: none"> • Fatigue • Agitation • Physical complaints (e.g., headaches, stomach problems) • Decreased or increased sex drive • Decreased or increased appetite • Easily startled • Increased cravings for and use of caffeine, nicotine, sweets, alcohol, illicit substances • Weakness • Sleep difficulties and nightmares
Spiritual Life	
<ul style="list-style-type: none"> • Change in relationship with or belief about God/higher power • Abandonment of prayer, ritual, scripture, devotions, sacraments <ul style="list-style-type: none"> • Questioning the beliefs of faith providers • Struggle with questions about of life, justice, fairness <ul style="list-style-type: none"> • Loss of faith • Rejection of spiritual care 	

Suggestions for counselors and other caregivers: Most people exposed to a mass violence event will have reactions as listed above. During the immediate aftermath of the event, the most effective intervention is to provide psychological first aid and to help people cope with what they're experiencing. Listening to their stories and helping them problem solve the next steps in their recovery will often prevent long-term psychological consequences. Let people talk about what happened in their own words and in their own time. Be a shoulder and a comfort. Therapeutic interventions are not useful in the immediate aftermath but should be considered for those who are not able to function adequately after a month or so.

Source: *Coping in Today's World: Psychological First Aid for Friends and Neighbors*, American Red Cross, 2010
 Coping with Stress after Mass Violence Events
 Rev. June 2016

