

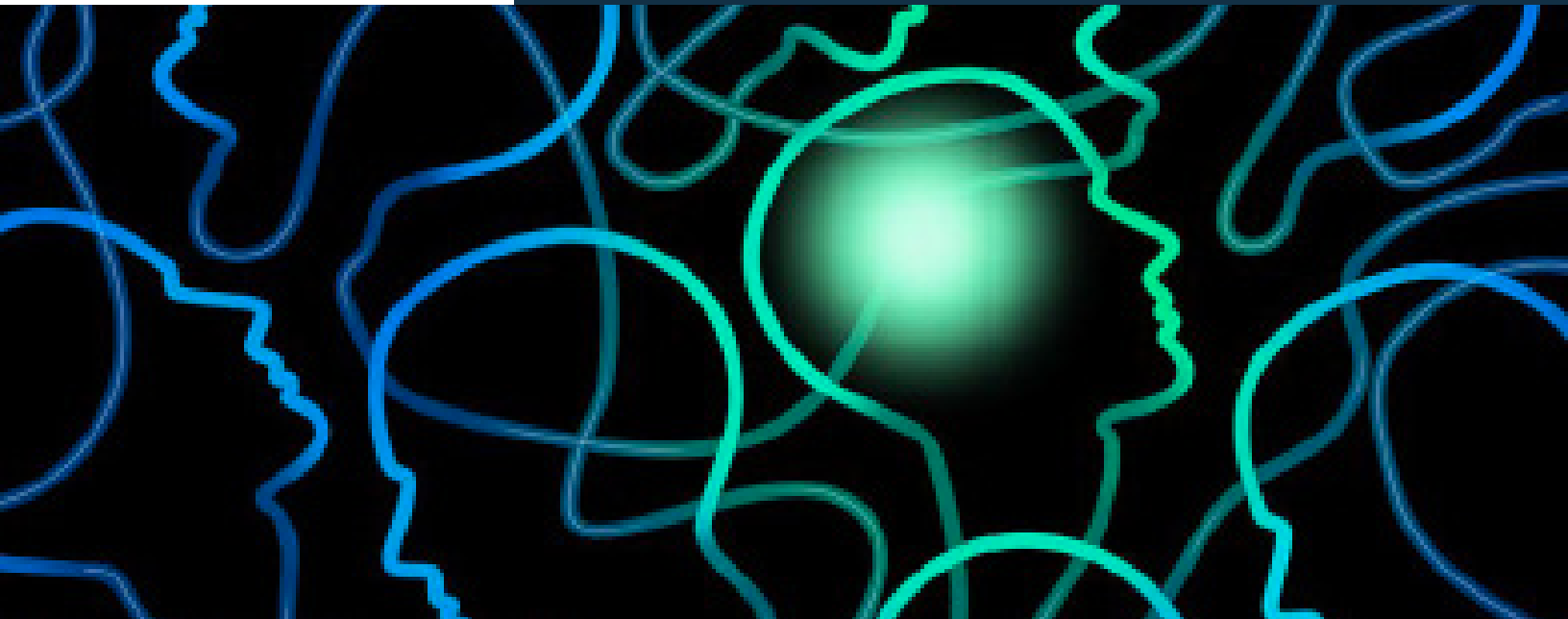


TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

DISASTER BEHAVIORAL HEALTH:

What Do The Feds Do?

(Originally published in 2017)



Emergency planners and responders recognize that disaster behavioral health (DBH) is an integral part of the overall public health and medical response to any emergency event. DBH addresses the psychological, emotional, cognitive, developmental, and social effects that disasters have on survivors and responders as they respond and recover. Even knowing this, not everyone understands the federal role in DBH. The majority of DBH activities are accomplished by state, local, tribal, and territorial (SLTT) entities, and voluntary organizations active in disaster (VOADs). Therefore, the federal role, largely carried out by the U.S. Department of Health and Human Services (HHS), includes providing preparedness, response, and recovery support to SLTT communities. Federal behavioral health support typically includes the provision of technical assistance, educational resources, and grant assistance; deployment of trained behavioral health responders; actions to support federal responders in managing stress and maintaining resilience; and participation in response and recovery planning and coordination efforts at the SLTT and national levels. Although behavioral health activities occur across HHS, the primary agencies that engage in activities specifically related to disasters are the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Office of the Assistant Secretary for Preparedness and Response (ASPR)

ASPR works on behalf of the HHS Secretary to direct and coordinate all federal public health and medical assistance — including behavioral health assistance. Within ASPR, the Office of Emergency Management (OEM) and the Office of Policy and Planning (OPP) work closely together to carry out the activities directed toward overall public health and medical coordination for ASPR.

OPP, Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC)

Within ASPR OPP, the Division for At-Risk Individuals, Behavioral Health, and Community Resilience (ABC) is responsible for ensuring effective coordination and providing subject matter expertise so that DBH needs are identified and addressed as part of federal public health and medical response efforts. The primary mechanism by which this is accomplished is through convening the Federal Disaster Behavioral Health Group (FDBHG).

Coordination and Technical Assistance

The FDBHG includes participants from across HHS as well as national, state, and local stakeholders typically engaged in DBH, such as SAMHSA, the Administration for Children and Families, the Health Resources & Services Administration, the Centers for Disease Control and Prevention, the American Red Cross, state mental health authorities, and HHS regional staff. After mass violence or terrorism events, the FDBHG will also include partners such as the Department of Justice, the Federal Bureau of Investigation, and the Department of Education. The goal of the group is to implement a coordinated approach so that outreach to state and local behavioral health stakeholders is targeted, appropriate, and not unnecessarily duplicative. The FDBHG also establishes bidirectional communication through relevant agency programs and grants to identify needs, share governmental information, gather essential elements of information, and develop a common operating picture regarding behavioral health. It allows the broad range of participants to analyze information and identify capabilities and gaps to make response recommendations. Often the group identifies informational and psycho educational resources related to the disaster event and mobilizes access to this information through public information systems. Or it generates information and conducts analysis to inform the transition to recovery, longterm recovery, and after-action/lessons-learned activities. ABC and key partners of the FDBHG, such as SAMHSA, work closely with ASPR's OEM to ensure that information and recommendations are captured and provided to decision makers, response and regional staff, and responders.

Resource and Guidance Development

ASPR ABC engages in preparedness activities when not supporting response efforts. ABC works closely with ASPR's Technical Resources, Assistance Center, and Information Exchange (TRACIE) to address specific information requests. ABC also creates tools to help with the coordination and understanding of federal behavioral health activities and to assist SLTT planners in enhancing their ability to provide behavioral health services during and after emergency events.

Examples include:

- The HHS Disaster Behavioral Health CONOPS, which outlines how federal and SLTT collaboration uses the strength of the existing health and behavioral health structures to achieve success in both response and recovery.
- The Disaster Behavioral Health Coalition Guidance, which provides a rationale, guidance, and suggestions for forming successful DBH coalitions.
- The Capacity Assessment Tool, which helps state and local agencies as well as provider organizations assess DBH capacity and its integration into all planning, preparedness, response, and recovery efforts.

Office of Emergency Management (OEM)

ASPR OEM carries out the administrative and functional activities of public health and medical response and recovery, including behavioral health, and ensures that ASPR has the systems, logistical support, and procedures necessary to coordinate the Department's operational response to threats and emergencies. Within ASPR OEM, several components work in close collaboration with ABC to ensure that federal behavioral health preparedness, response, and recovery activities are provided and appropriate. These include the Emergency Management Group, the Secretary's Operations Center, the Regional Emergency Coordinators, the Incident Response Coordination Team, and the Division of Recovery, specifically assigned behavioral health liaison officers from the Public Health Service. OEM oversees the assessment of needs, the provision of technical assistance and resources, and the deployment of behavioral health personnel when necessary.

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA's mission is to reduce the effect of substance abuse and mental illness on America's communities and to support SLTT and voluntary organizations as they prepare for, respond to, and recover from disasters. SAMHSA oversees and administers the vast majority of day-to-day mental health and substance abuse programs and also uses several mechanisms to coordinate behavioral health resources to help responders and communities.

Communication and Coordination

One of the main ways SAMHSA coordinates behavioral health resources is through the SAMHSA Emergency Coordinator, who maintains contact with SAMHSA grantees and other response partners (e.g., state departments of mental health/behavioral health, substance abuse/addiction services). This coordination involves communicating with the State Disaster Behavioral Health Coordinator and stakeholders in any affected region to assess whether there are unmet behavioral health needs, and, if so, SAMHSA offers applicable technical assistance and resources. Examples of relevant projects and grants include the National Child Traumatic Stress Network, suicide prevention, block grants, tribal programs, and mental health and substance abuse prevention and treatment programs.

SAMHSA also helps VOADs and professional guilds that provide behavioral health services, such as the American Psychological Association, the National Association of Social Workers, and the American Counseling Association, to coordinate and integrate their activities with federal and SLTT efforts.

Technical Assistance and Provision of Resources

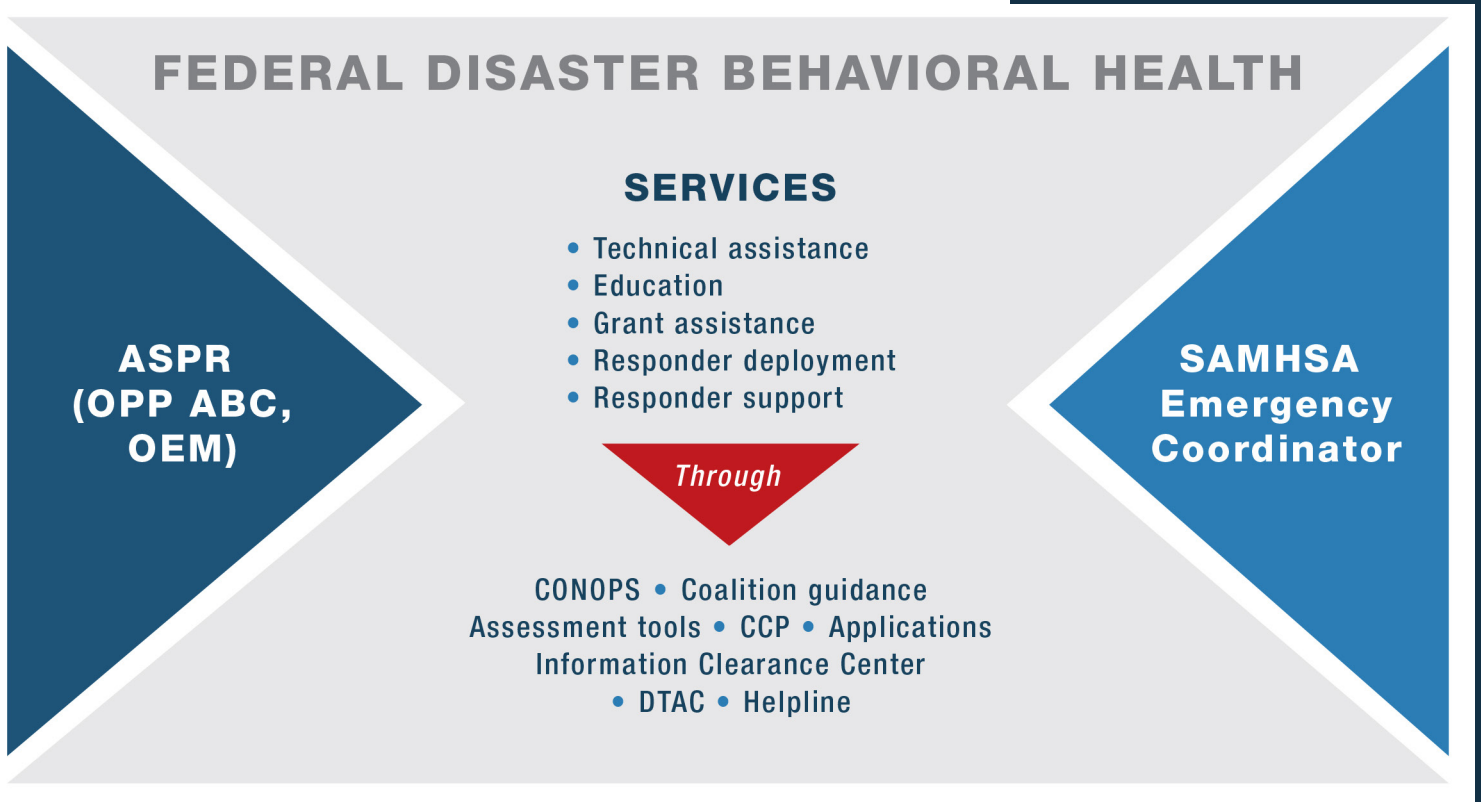
SAMHSA provides technical assistance and administers the FEMA Crisis Counseling Assistance and Training Program (known as CCP; a Stafford Act program) and the SAMHSA Emergency Response Grant program, which can help SLTT entities meet survivors' DBH needs. CCP assists individuals and communities in recovering from the challenging effects of

disasters through the provision of community-based outreach and psycho educational services. Services are typically provided by behavioral health organizations through contracts with a state's department of mental health. SAMHSA's role in DBH also includes dissemination of resource materials via the SAMHSA website, SAMHSA's Information Clearance Center, and SAMHSA's Disaster Technical Assistance Center (DTAC).

In addition, the SAMHSA Disaster Distress Helpline connects individuals experiencing emotional distress related to a disaster with crisis counselors who can provide support and referrals to local resources. People can access the helpline 24/7 by calling 1-800-985-5990 or texting "TalkWithUs" to 66746. SAMHSAGO2AID—The Field Resources for Aiding Disaster Survivors App allows responders to access critical, disaster-related behavioral health resources from their phone.

Interdependent Efforts

It is important to understand that DBH activities require interagency efforts, as well as coordination among the federal government, SLTT governments, and nongovernment stakeholders. During and after emergency events, the behavioral health scope of care must be based on an assessment of behavioral health needs with SLTT officials in consultation with SAMHSA, the Emergency Management Group, the Incident Response Coordination Team, ASPR-ABC, and local VOADs. It is only through building and leveraging partnerships among all of these stakeholders that the essential element of overall health — behavioral health — is recognized, assessed, supported, and strengthened.



The Emergency Prescription Assistance Program and DBH

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According to a recent Mayo Clinic and Olmsted Medical Center study, 70 percent of Americans rely on at least one prescription drug, and more than half take two. Many of these people rely on their medications to control chronic conditions like heart disease, diabetes, depression, and pain. When a disaster strikes, medications can get lost or damaged, putting patients' health and well-being at risk. People without insurance and those with mental health conditions can be disproportionately affected.

More than 72,000 pharmacies are currently enrolled in the Emergency Prescription Assistance Program.

Ensuring that patients are able to continue to access the medications, medical supplies, vaccines, and durable medical equipment (DME) that they rely on every day is an important priority for emergency management. When disasters strike, emergency rooms fill up quickly — but they aren't just full of people who have been injured by the disaster directly. When people's medication, medical supplies, or DME get lost or damaged in a disaster, a condition that was previously manageable may become more serious, causing these people to seek care in an emergency room or go without needed care.

The Emergency Prescription Assistance Program (EPAP) provides an efficient mechanism for enrolled pharmacies to process claims for prescription medications, medical supplies, vaccines, and some forms of DME for uninsured eligible individuals in a federally identified disaster area. The program provides a 30-day supply of covered drugs and medical supplies that can be renewed every 30 days for as long as EPAP is active. EPAP allows any enrolled pharmacy in the United States and its territories to use existing electronic pharmacy systems to efficiently process prescriptions for individuals from disaster areas. This effort is performed under the authority cited in the Robert T. Stafford Disaster Relief and Emergency Assistance Act or under the authority of the National Disaster Medical System (NDMS) to provide emergency medical care to the victims of public health emergencies and catastrophic events that overwhelm the capacity of state and local emergency medical systems to respond to these disasters. In 2016, EPAP was used to provide mental health medications during the Louisiana Major Flooding response (Figure 1); these prescriptions constituted 13.5 percent or more of total claims. As knowledge of EPAP increases, the amount of mental health medications acquired during disasters through this program also will likely increase.

The following ASPR TRACIE fact sheets provide an overview of EPAP and how it has been used in past disasters:

- [EPAP: Overview Fact Sheet](#)
- [EPAP: Hurricane Ike Data Fact Sheet](#)
- [EPAP: Hurricane Gustav Data Fact Sheet](#)
- [EPAP: Superstorm Sandy Data Fact Sheet](#)
- [EPAP: Baton Rouge Flooding Data Fact Sheet](#)

Ensuring that people are still able to access the medications, medical supplies, vaccines, and DME that they rely on every day helps patients cope with a disaster more effectively and prevents stress on the health care system. More information and live updates about EPAP activations are available at www.phe.gov/EPAP.

