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T R A C I E
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

*medical
reserve
corps*



Medical Reserve Corps (MRC) Voices from the Field (Speaker Series)

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ASPR
ADMINISTRATION FOR STRATEGIC
PREPAREDNESS AND RESPONSE

Rhode Island Disaster Behavioral Health

A National Scalable Model to the Brown University Active Assailant



Objectives



Describe the Rhode Island Behavioral Health Medical Reserve Corps Trauma Response Team as a scalable model for integrating disaster behavioral health capabilities into MRC operations.



Explain how the Rhode Island MRC leveraged existing infrastructure, partnerships, volunteer systems, training, and activation processes to develop and sustain a behavioral health trauma response capability.



Identify key components needed to build or expand a disaster behavioral health response team, including defined roles, training, supervision, activation procedures, responder support, and community partnerships.



Apply lessons learned from the Brown University active assailant incident and other trauma responses to strengthen MRC planning, coordination, deployment readiness, and post-incident recovery support.



Identify actionable strategies that MRC units of any size or structure can use to begin developing, improving, or expanding disaster behavioral health capabilities within their own communities.



OUR ACTIVITIES

December 13, 2025

Our Activities

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XXXXXXXXXX

- **Rapidly deployed the RI Behavioral Health MRC Trauma Response Team**
 - Support the active assailant response and overnight operations.
- **Supported the establishment and operation of a Family Reunification Center**
 - Brown University campus in coordination with Brown University, Providence EMA, RIEMA, RIDOH, and BHDDH.
- **Provided trauma-informed behavioral health support**
 - Students, staff, survivors, families, and emergency responders.
- **Served as behavioral health subject matter experts**
 - Incident leadership during a complex and evolving incident.
- **Deployed RI MRC Incident Management Support Team**
 - Assisted in management and support of the Family Assistance Center, wrote second operational period Incident Action Plan (IAP)
- **More than 30 MRC members deployed**, including behavioral health providers and support personnel, sustaining operations from approximately **4:30 PM Saturday to 6:30 AM Sunday**.



OUR ACTIVITIES

Weeks following the Incident

- **Transitioned from overnight crisis response to recovery support**
 - Maintaining readiness to assist Brown University, state, local, and community partners as needs evolved.
- **Continued coordination with response partners**
 - Including Brown University, RI Governors Office, Providence public safety and emergency management partners, RIDOH, RIEMA, BHDDH, victim assistance partners, and community-based behavioral health resources.
- **Supported trauma-informed care for affected group**
 - Including students, families, faculty, staff, first responders, and the broader Providence community.
- **Helped connect impacted individuals to follow-up resources**
 - Including crisis counseling, emotional support, spiritual care, victim assistance, community-based services, and longer-term behavioral health referrals.
- **Supported the shift from reunification to victim and survivor assistance**
 - Including resource navigation, family support, and connection to services as Brown and partner agencies opened additional support pathways during the week.



OUR ACTIVITIES

Weeks following the Incident

- **Provided behavioral health subject matter expertise**
 - Help partners think through short-term and ongoing needs after a mass violence incident, including grief, fear, anxiety, trauma exposure, safety concerns, and responder stress.
- **Shared and reinforced trauma-informed messaging**
 - Including how to support survivors, witnesses, families, responders, and community members in the days after the incident.
- **Supported responder wellness and volunteer care**
 - Including check-ins, demobilization support, and attention to the emotional impact on MRC members and partner responders.
- **Captured lessons learned while the response was still fresh**
 - Identifying what worked, what was needed, and how the RI MRC / RI BHMRC model could be strengthened for future trauma responses.

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SIX STEPS FOR OTHER MRC UNITS

1. Assess the need

Identify likely incidents where DBH support would be helpful: school crises, active assailant incidents, mass casualty events, responder deaths, sheltering operations, infectious disease response, severe weather, community violence, or family assistance operations.

2. Identify your starting team

Begin with a small cadre: one coordinator, one clinical lead if available, a few trained behavioral health volunteers, and one or two partner agencies.

3. Define the scope

Clarify what your DBH team can provide: Psychological First Aid, emotional support, stress management, peer support, referral, family support, staff support, community education, and responder wellness.



SIX STEPS FOR OTHER MRC UNITS

4. Build the operating procedure

Create a simple DBH annex covering activation, roles, safety, staging, supervision, documentation, confidentiality, demobilization, and post-incident follow-up.

5. Network and Build Partnerships

Strong DBH response depends on relationships built before a crisis. MRC units should connect with emergency management, public safety, schools, healthcare, behavioral health providers, community organizations, and peer support partners to clarify roles, activation pathways, referral resources, and shared response expectations.

6. Train, exercise, and improve

Use tabletop exercises and small planned events to test the process before a major incident. Update the model after every activation.

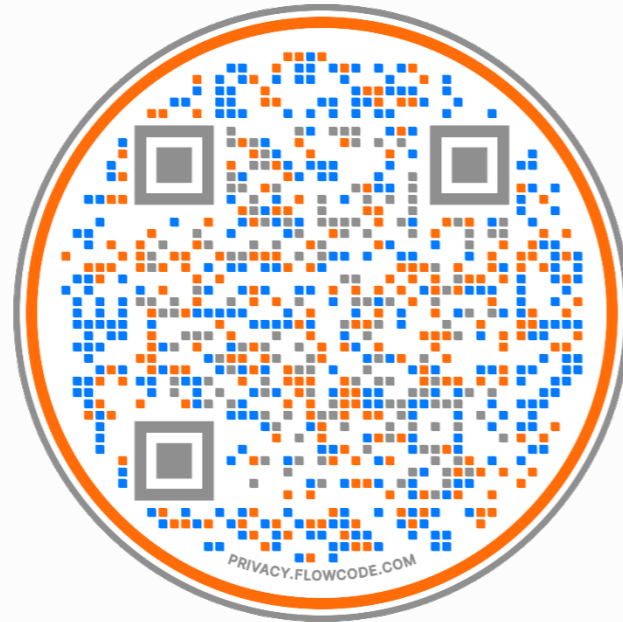


LESSONS TO CONSIDER

- Activate DBH early when trauma exposure is expected
- Define responder roles before deployment
- Use existing MRC systems for notification, credentialing, safety, and accountability
- Establish a clinical/behavioral health lead for each deployment/site
- Coordinate with incident command and requesting agencies
- Support responders as well as survivors
- Plan for recovery needs beyond the first operational period
- Capture lessons learned and update protocols after each response



THANK YOU



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