



Substance Abuse and Mental Health  
Services Administration

5600 Fishers Lane Rockville, MD 20857

www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)



October 11, 2024

Dear Colleague:

In the wake of recent devastating hurricanes, the Substance Abuse and Mental Health Services Administration (SAMHSA) stands ready to support states and address the profound behavioral health needs that arise during such challenging times, now and in the future. Natural disasters can disrupt lives in unimaginable ways, leaving a lasting impact on people with and without mental health and substance use conditions. Unaddressed trauma can lead to or exacerbate behavioral health challenges, including mental health conditions or substance use disorders (SUDs), especially for those experiencing severe hardships. SAMHSA is committed to providing resources and assistance to help states and communities respond to these urgent needs, both in the immediate aftermath and throughout the long-term recovery process.

This letter outlines how your state can utilize funding through the State Opioid Response (SOR) grants, as well as the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) and Community Mental Health Services Block Grant (MHBG), to support disaster-related behavioral health needs. Leveraging these resources, your state can implement critical services such as crisis intervention, substance use disorder treatment, mobile units, and other strategies to address the behavioral health impacts of natural disasters.

### **State Opioid Response Grant**

Here are a few of the resources housed within SAMHSA’s Center for Substance Abuse Treatment’s SOR grant:

- **Implementing Transportation Strategies**

Transportation is commonly identified as a barrier to service delivery, particularly in the aftermath of a natural disaster. These barriers may include inadequate or nonexistent public transportation systems, making it difficult for residents to access care. SOR funds may be used to implement programs that increase access to care. Possible program models that can be supported by SOR funds to improve access to prevention, treatment, and recovery support services include: Working with existing public or collective transit systems to expand services beyond the traditional “fixed route system” to include a variety of other models such as ridesharing, volunteer models, and mobility management models; voucher models – sometimes called “taxi vouchers” – using tickets or coupons that eligible riders can offer to participating transportation providers in exchange for a ride; coordinated services models, with agencies working together to

share resources; and mobility on demand, integrating and connecting preexisting modes of transportation.

- **Implementing Medication Units and/or Mobile MOUD**

Reaching underserved individuals is challenging enough in non-disaster times in many areas of the United States – some states and territories comprise large rural and frontier areas. This can become even more challenging in the aftermath of a natural disaster. Telehealth has made it possible to reach individuals who once had barriers to treatment in the form of transportation. Mobile units are able to fill the gap in services by reaching individuals in need of medication for opioid use disorder (MOUD). Mobile units are reaching some of the hardest hit and most-remote areas of states. SOR funding allows for the purchase and implementation of mobile units to assist with a range of services, including outreach and engagement, administering, and dispensing of medication, collecting samples for drug testing, intake, and assessments, initiating MOUD, and counseling services for opioid use disorder (OUD) in accordance with federal regulations.

Additionally, SAMHSA finalized an update to the federal rule that governs the operations of Opioid Treatment Programs (OTPs): Revisions to 42 CFR Part 8, made final early this year, make permanent COVID-19 public health emergency flexibilities that have reduced barriers to MOUD access (such as telehealth services and take-home medication doses). Providing methadone take-home medication proactively in preparation for a severe storm, as clinically appropriate, may support medication continuity in circumstances in which patients are unable to get to the OTP or the OTP has sustained damage. Read more about the [Part 8 Final Rule](#) and note that several federal agencies involved in access to controlled medications may also allow for waivers to regulations during a natural disaster (e.g. the Drug Enforcement Administration manages a natural disaster email address at [natural.disaster@dea.gov](mailto:natural.disaster@dea.gov)).

- **Implementing Low-Threshold/Low-Barrier Treatment Models**

Low-barrier treatment models seek to improve treatment engagement by minimizing the demands placed on clients and by making services readily available and easily accessible. While most of the existing evidence on low-barrier models focuses on OUD, emerging evidence supports their use for other SUDs. This is critical during crisis situations. SOR funding can be used to begin MOUD immediately and to distribute opioid overdose reversal medications in different settings to minimize the risks associated with opioid and other substance use. Other approaches include integrating peers to assist individuals with navigating systems and to provide support around treatment options, harm reduction strategies, and warm handoffs into the community. Peer recovery specialists can be employed to proactively check in on and re-engage clients who may have been lost to behavioral health care following a natural disaster. For information on low-threshold/low-barrier models of care, please see: <https://store.samhsa.gov/sites/default/files/advisory-low-barrier-models-of-care-pep23-02-00-005.pdf>.

- **Implementing Mobile Crisis Teams/Co-Response Teams and Street-Based Outreach**

SOR funds may be used to fund mobile crisis teams, which are groups of trained behavioral health professionals who provide immediate assistance to those in need. Possible models include Quick Response Teams (QRTs), which may comprise first responders, treatment providers, law enforcement, and/or faith-based organizations. QRTs identify individuals who have overdosed and promptly engage them in treatment. Mobile Crisis Teams/Co-Response Teams operate 24/7 to help individuals experiencing crisis to access behavioral health and housing services, to link to crisis services, and to provide opioid overdose reversal medications. Additionally, SOR funding is permitted for deployment of street-based outreach teams that may utilize peer supports to go into communities and to engage individuals at high risk for OUD and overdose who are not yet connected to services. While some QRT members may get deployed elsewhere during the immediate response to a natural disaster, the knowledge and skills they bring with them about how to recognize, address, and even anticipate the potential for a behavioral health crisis can be applied in any situation.

- **Implementing Crisis Stabilization Units/Crisis Centers**

SOR grants can be used to fund positions in Crisis Centers. These professionals are instrumental in response to natural disasters, with their ability to follow up with individuals receiving services, including MOUD, as well as any individual needing additional support and encouragement to participate in treatment and recovery support services. Other models may include crisis stabilization units, which provide a stable and secure environment where individuals may receive MOUD and other needed services (generally 12–36 hours).

### **Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)**

In addition to SOR funding, the [SUBG](#) also includes allowances for states' responses to disasters within its funding model.

For example, here are some recommended allowable uses of SUBG funds for disaster-related expenditures across equipment, transportation, personnel, and services categories.

Detailed examples include:

- Support provider delivery of SUD crisis counseling and supports for individuals with SUD conditions or SUD risk factors in temporary housing, shelters, or individuals temporarily without housing;
- Use funds to support temporary emergency rental of facilities, equipment, and purchase of necessary supplies for the delivery of SUD prevention, harm reduction, treatment, and recovery support services by provider agencies;
- Establish mobile services for SUD outreach and treatment capacity, including purchase or rental of vehicles for delivery of services to clients and/or for transport of clients to SUD services;

- Use funds to help outpatient SUD service providers pay for alternative outpatient treatment locations and contracted direct services staff to continue services during or following a natural disaster;
- Use funds to help SUD residential providers pay for alternative residential treatment locations, including targeted housing for residential treatment clients, during or following a natural disaster to avoid disruption in care;
- Support purchase of telephone and telehealth equipment and related infrastructure for the delivery of remote SUD services by provider agencies;
- Use funds for temporary emergency support for direct services staff housing and transportation that is necessary for the basic staff infrastructure to deliver critically needed SUD services; and
- Pay for overtime of provider agency staff involved in the planning and delivery of SUD services and supports.

### **Community Mental Health Services Block Grant (MHBG)**

The [MHBG](#) authority provides for states to use MHBG funds to support mental health services for individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED). States are encouraged to use these funds to support the mental health needs of SMI/SED individuals during and following disasters. This includes addressing disruptions in care, ensuring continuity of services, and providing trauma-informed support. In accordance with the MHBG statutory requirements, the following recommendations outline ways that states can utilize MHBG funding during a disaster to benefit individuals with SMI and SED:

#### **1. Establish and Expand Mobile Crisis Response Teams**

- **Establish or expand existing mobile crisis response teams** to provide immediate, on-site support for SMI/SED individuals in disaster-affected areas.
- **Deploy crisis teams** to conduct mental health assessments, provide stabilization services, and coordinate referrals to ongoing mental health care specifically for SMI/SED individuals, reducing the burden on emergency departments and enhancing access to appropriate care.

#### **2. Create or Enhance Community-Based Call Centers**

- **Use funds** to establish dedicated call centers or enhance existing ones to serve as crisis hotlines and warmlines that cater to the needs of SMI/SED populations, providing emotional support, trauma counseling, and specialized case management referrals.
- **Implement 24/7 call center operations** with trained mental health professionals who can connect and refer SMI/SED individuals to obtain basic necessities and ongoing mental health support.

### 3. Increase Workforce Capacity for Mental Health Services

- **Hire additional mental health professionals**, such as social workers, psychologists, or licensed counselors, certified peer supports to address the increased demand for services among the SMI/SED population in the aftermath of a disaster.
- **Contract with local providers** to deliver specialized, trauma-informed care that is accessible to individuals with SMI/SED and reflects the cultural and linguistic needs of diverse communities.

### 4. Support Community-Based Case Management Services

- **Allocate funds for case management services** that connect and refer SMI/SED individuals to who can connect and refer SMI/SED individuals to obtain basic necessities and ongoing mental health support.
- **Develop targeted case management programs** for high-risk SMI/SED groups, including children and older adults, ensuring continuity of care and comprehensive support throughout the disaster recovery process.

### 5. Implement Trauma-Focused Programs and Interventions

- **Support trauma-focused programs**, specifically designed to address the unique needs of SMI/SED individuals processing disaster-related psychological distress.
- **Provide training and capacity-building opportunities** for local community mental health providers on evidence-based trauma treatments, such as Trauma-Focused Cognitive Behavioral Therapy to ensure services are tailored to the experiences of SMI/SED individuals.

### 6. Support Coordination with Local and State Agencies

- **Facilitate cross-agency collaboration** by funding positions or initiatives that support coordination between mental health providers, emergency management agencies, and other community-based organizations, focusing on integrated care for SMI/SED individuals.
- **Enhance data-sharing and joint planning efforts** to ensure a comprehensive and integrated response to the mental health needs of SMI/SED individuals arising from the disaster, reducing service fragmentation and improving overall outcomes.

It should be noted that SAMHSA's Disaster Technical Assistance Center (DTAC) prepares states, territories, tribes, and local entities to deliver an effective mental health and substance use-related response to disasters. SAMHSA's DTAC assists states, territories, tribes, and local entities with all-hazards disaster behavioral health response planning that allows them to prepare for and respond to both natural and human-caused disasters. SAMHSA's DTAC also supports collaboration among mental health and substance use authorities, federal agencies, and nongovernmental organizations and facilitates in the sharing of information and best practices with the disaster behavioral health field. Read more about [DTAC](#).

During this crucial time of providing support to communities throughout the affected states, we want it to be clear how SAMHSA's SUD-addressing resources, and services to people with SMI/SED through the public mental health system, might be used. We stand with you in your efforts in helping to save and improve lives.

Sincerely,

/Miriam E. Delphin-Rittmon/

Miriam E. Delphin-Rittmon, Ph.D.  
Assistant Secretary for Mental Health and  
Substance Use