

A Quarterly Technical Assistance Journal on Disaster Behavioral Health
Produced by the SAMHSA Disaster Technical Assistance Center

the Dialogue

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Native American Disaster Behavioral Health



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The Dialogue is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver an effective disaster behavioral health response.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance misuse needs following a disaster.

To learn more or receive *The Dialogue*, please call 1-800-308-3515, email dtac@samhsa.hhs.gov, or visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac>.

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In This Issue

In the 2020 Census, 9.7 million people, or 2.9 percent of the U.S. population, identified their race as American Indian or Alaska Native, alone or in combination with another race (Jones, Marks, Ramirez, & Rios-Vargas, 2021). Today there are more than 800 Native American tribes in the United States (National Council of Urban Indian Health, 2018). Native Americans speak over 160 languages, live in urban as well as rural areas and all U.S. states, and are part of tribes with their own distinctive cultures (Office of Minority Health, 2022; U.S. Census Bureau, 2011; U.S. Census Bureau, 2022).

Along with being citizens of the United States and the states, counties, cities, and towns where they live, Native Americans also may be citizens of tribes, and most tribes today have their own governments with elected leaders (U.S. Department of the Interior, Indian Affairs, n.d.). Tribes are sovereign, meaning they have the right to govern themselves, as recognized in the U.S. Constitution and treaties, Supreme Court decisions, and acts of Congress (National Congress of American



Indians, n.d.). Tribes have a unique relationship to the U.S. government, sometimes referred to as a “nation-to-nation relationship,” as sovereign nations within the United States.

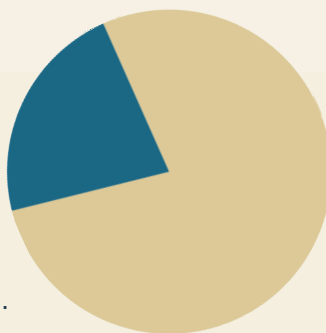
In part due to the diversity of Native Americans in the United States, and in part due to the relationship between tribal governments and the U.S. government, disaster response in Indian Country is uniquely rich

and complex. As in all areas of disaster preparedness, response, and recovery, relationships among agencies and organizations that will work together in a disaster should be in place before a disaster so response and recovery proceed as smoothly as possible.

In this edition of *The Dialogue*, we bring stories from the field as well as tips on working with tribal communities after disasters. The first two articles describe Crisis Counseling Assistance and Training Programs—one in New Mexico and one in Utah—that relied on relationships and collaboration with tribal governments, leaders, and communities in supporting

In 2020, **3.7 million people** in the United States, or 1.1 percent of the population, identified themselves as American Indian/Alaska Native (AI/AN). People who identified themselves as AI/AN in combination with another race totaled **9.7 million**, or 2.9 percent of the full U.S. population (Jones et al., 2021).

In 2020 Alaska's population was nearly **22 percent** Alaska Native or American Indian, alone or in combination (Census Bureau, 2022).



disaster behavioral health during the COVID-19 pandemic. A third article features insights from a leader with the Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal Training and Technical Assistance Center about ways to foster mental health, freedom from substance use, and resilience in Indian Country. The final article offers tips from the SAMHSA Disaster Technical Assistance Center (DTAC) for working with tribal communities before, during, and after disasters.

Have you been part of disaster planning and preparedness, response, and recovery work in Indian Country and/or with tribal communities? Other planners

and responders can learn from your efforts. Please contact us to share your stories and lessons learned. ■

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READERS RESPOND

After the release of the edition of The Dialogue about people with access and functional needs in disasters (<https://www.samhsa.gov/sites/default/files/dtac-dialogue-vol-17-issue-1-2.pdf>), the SAMHSA Disaster Technical Assistance Center received emails from readers with thoughts and insights related to the issue and its topic. We feature some highlights here.



“As a person with low vision since I was 17 . . . I have a unique perspective. I served in disaster response at my local congregation and was able to go to Houma, Louisiana, in September in response to a disaster there. Because of my

own disabilities I tend to look for opportunities to serve the disabled. In our assessments and responses we try to ask if there’s any disability or disabled persons that we need to consider special needs for in the home, for example, those who are bedbound, those using wheelchairs, or those with low vision that may not be able to see hazards or risk. Including assessment factors for the disabled is very important in planning response kits . . . and more.

This doesn’t just provide for the care of the needy and disabled, it also prevents the waste of materials such as tarps, nails, hammers, etc., that will not be beneficial in

that home. We need to be wise stewards to be able to plan a response effective for the need.

Many blessings,
Karmen Payne, RN”

“In response to your newsletter *The Dialogue* request to share information on disaster readiness for people with access and functional needs I want to bring to your attention a recently developed ADA-compliant, multilingual video and infographic series to prepare families of children with disabilities and medical needs created by the Eastern Great Lakes Pediatric Disaster Consortium Region 5 for Kids: <https://emscimprovement.center/domains/preparedness/asprcoe/eglpedr/cyshcn/toolkit/beready>.

Patricia Frost, RN, PHN, M.S., PNP”

Contributors



Deborah Altschul, Ph.D., is a psychologist and professor at the University of New Mexico's Department of Psychiatry and Behavioral Science, the Vice Chair of Community Behavioral Health Research, and the Co-

Director of the Division of Community Behavioral Health. Her work focuses on examining the connection between mental health and substance use disorder-related disparities, cultural competency, consumer outcomes, and evidence-based practice. Altschul works closely with tribal communities and the State of New Mexico's children and adult mental health and substance use authorities helping to develop a sustainable, culturally competent mental health and substance use disorder services infrastructure. Prior to working in New Mexico, Altschul worked at the University of Hawai'i Department of Psychology's Mental Health Services Research, Evaluation, and Training Program where she led a project focusing on cultural adaptation of evidence-based practices. She also led the Consumer Assessment Team, involving individuals with serious mental illness in study design, data collection, analysis, interpretation, and report writing. Altschul completed a public policy postdoctoral fellowship with the University of Colorado Health Sciences Center and a National Institutes of Health-funded postdoctoral fellowship with the National Association of State Mental Health Program Directors aimed at improving racial and ethnic disparities in mental health services. She serves as the Evaluation Director for the New Mexico Behavioral Health Services Division's (BHSD's) E-COVID grant.



Neal Bowen, Ph.D., is a psychologist and the Director of the BHSD in the New Mexico Human Services Department, overseeing all adult mental health and substance use disorder services in the state.

Prior to his appointment to this role by Governor Michelle Lujan Grisham, Bowen served as the Chief Mental Health Officer for Hidalgo Medical Services, a Federally Qualified Health Center located on the Mexico border in an underserved and economically challenged rural area. In 2011, Bowen was named the Behavioral Health Provider of the Year by the New Mexico Primary Care Association. Bowen became a psychologist later in life, after working to defend human rights in war zones, among other occupations. Witnessing a project in Sri Lanka created by a Dutch psychologist training village health workers to provide Mental Health First Aid inspired him to obtain training in psychology. After initial work in Milan, he obtained degrees, including a Ph.D. in counseling psychology, from the University of Texas at Austin. While there, he was awarded a fellowship for his work with refugees, culminating in the creation of The Sunrise Center, a mental health agency for refugees and asylum seekers. He joined the faculty of Central Washington University where he conducted research in multicultural competencies before moving to New Mexico. He serves as the Project Director of the BHSD E-COVID grant.



Raymond Daw, M.A., is a member of the Navajo Nation. He has spent his career focused on improving community quality of life by committing to effective substance use disorder treatment services for

American Indian and Alaska Native (AI/AN) people. Daw has been involved in substance use disorder treatment service delivery in Arizona, New Mexico, and Alaska. He has extensive knowledge and experience related to traditional healing and cultural practices, and translation of AI/AN values, beliefs, and history to better inform treatment services and research. Daw serves on numerous project boards and special expert workgroups and as a key stakeholder and cultural expert for AI/AN mental health and substance use disorder services. He co-manages the tribal media campaign for the BHSD E-COVID grant.



Courtney Freeman Fowler is an experienced writer and provides support through the Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal Training and Technical Assistance Center.

She enjoys helping Native people share their stories of healing and cultural resiliency. She is a member of the Muscogee-Creek Nation as well as Cherokee on her mother's side. In addition, Fowler has experience working in higher education, marketing, and information technology. She lives in Arlington, Virginia, with her husband, Mark, and they enjoy self-guided walking tours throughout the Washington, DC, area.



Seprieono Locario (Navajo/Sicilian) was born and raised in San Francisco, California, and spent summers with his grandparents in Tohatchi, New Mexico, and throughout the Navajo Reservation. Locario

earned his B.A. in public administration from San Diego State University and an M.A. in counseling psychology at the California School of Professional Psychology. Locario has dedicated 15 years of professional development to work with American Indian youth

throughout the State of California, within multiple levels of incarceration, community mental health centers, higher education institutions, and reservation communities. In addition to providing direct clinical services, Locario has worked with various youth-serving agencies to bring about systemic change to improve the mental health and substance use disorder care for Native youth in California. Locario currently works as a Training and Technical Assistance Coordinator supporting the SAMHSA Tribal Training and Technical Assistance Center's efforts across Indian Country.



Rebecca Minnick is a licensed clinical social worker. She is the Program Manager of the Utah Strong Recovery Crisis Counseling Project and works at the Huntsman Mental Health Institute. She received her

undergraduate degree in sociology and her master's degree in social work from the University of Utah and received the Pete Suazo Macro Practice Award. Minnick has over 30 years of community mental health experience working primarily with individuals with serious mental illness. She has a wealth of experience and knowledge, including her work at Valley Behavioral Health in which she was instrumental in developing the Jail Diversion Outreach Treatment Program and served as a liaison to the Utah State Hospital. She also has experience working with the U.S. Department of Veterans Affairs Assertive Community Treatment team and the Salt Lake Police Department. Minnick's passions are advocacy and program development, and she has expertise in crisis management and trauma work. Minnick is the proud mother of three children. In her spare time, she enjoys spending time with her family, reading, hiking, and travel.



Stephine "Steph" Poston was born and raised on the Sandia Pueblo Indian Reservation. She worked for her tribe for 11 years before launching Poston & Associates, a boutique full-service communications

firm. She inspires clients to draw from core values, imagine what success looks like, and create strategic paths forward. She is committed to uplifting the Native American narrative through positive representation in the media. Poston's expertise includes strategic facilitation, capacity building training, leadership

development, strategic communication, and event planning. She has worked with numerous tribes and tribal entities in New Mexico and throughout Indian Country on public relations and marketing campaigns, sacred site protection, voter empowerment, water rights, tribal policy development, economic development, education, and health care, and she recently contributed to *Indigenous Women Entrepreneurs of New Mexico: Surpassing Barriers and Stereotypes*. She is a co-founder of Native Women Lead, encouraging Native women to become business owners. She co-manages the tribal media campaign for the BHSD E-COVID grant.

Are you looking for disaster behavioral health resources?

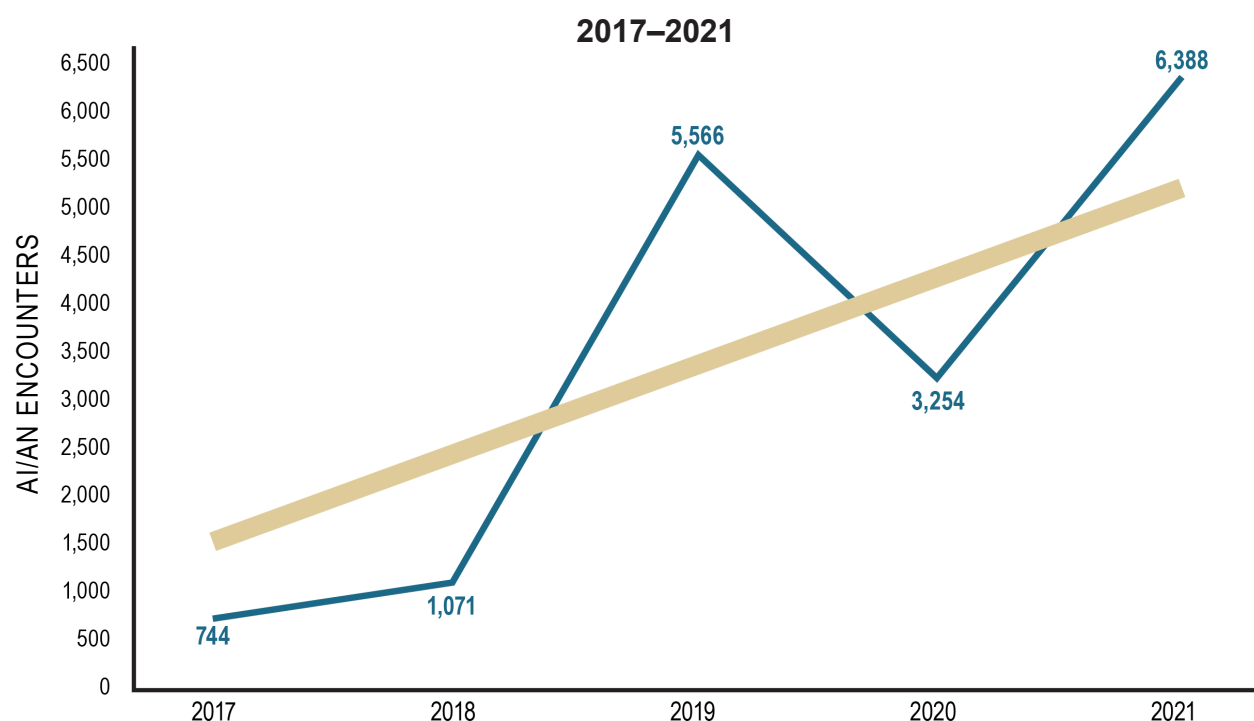
Check out the new and updated
SAMHSA DTAC Disaster Behavioral Health Information Series (DBHIS) installments.



<https://www.samhsa.gov/dtac/dbhis-collections>

TECHNICAL ASSISTANCE SNAPSHOT

Crisis Counseling Assistance and Training Program (CCP) Encounters With American Indian/Alaska Native (AI/AN) Participants by Year



In 2013, the Sandy Recovery Improvement Act gave federally recognized AI/AN tribal governments the right to request a Presidential major disaster declaration independent of a state (Federal Emergency Management Agency, 2021). A Presidential major disaster declaration is required for a CCP, a supplemental grant program that helps states, territories, and federally recognized tribes address the challenging mental health and substance use-related effects of disasters. Since 2013, AI/AN tribes have begun implementing CCPs. Throughout the history of the CCP, state and territory programs have served AI/ANs, among others within the state or territory, typically by partnering with providers

that serve tribal areas or reservations affected by a disaster and included in the disaster declaration.

CCPs collect anonymized data on their services. The graph shows some of this data—the number of individual/family encounters that included AI/AN participants. Prior to the COVID-19 pandemic, there were an average of 10 grants providing services a year, which contributed to lower frequency of reach to all populations, including AI/ANs. Starting in 2020 with the pandemic, most states and territories began providing services, increasing the number of tribal members being reached.

Building Relations and Supporting Tribal Communities: New Mexico CCP's Approach

By **Deborah Altschul, Ph.D.**, Division of Community Behavioral Health, Department of Psychiatry and Behavioral Sciences, University of New Mexico Health Sciences Center; **Stephine Poston**, Poston & Associates; **Raymond Daw, M.A.**, Consultant; **Neal Bowen, Ph.D.**, Behavioral Health Services Division, State of New Mexico

Nearly 11 percent of people in New Mexico are Native American, and during New Mexico's Crisis Counseling Assistance and Training Program grant initiative, nearly one-third (31.3 percent) of calls received by the New Mexico Crisis Counseling Program (NM CCP) were from Native American individuals. These data points clearly indicate that the crisis hotline was accessible to tribal communities even in the most rural parts of the state. Early into the global COVID-19 pandemic, it was apparent Native Americans were experiencing severe impacts. Thus, it was critical to provide medical and other support services to the indigenous population of the state, which encompasses 23 federally recognized tribal nations (including part of the Navajo Nation, 19 Pueblos, and 3 Apache Reservations) and a significant urban native population.

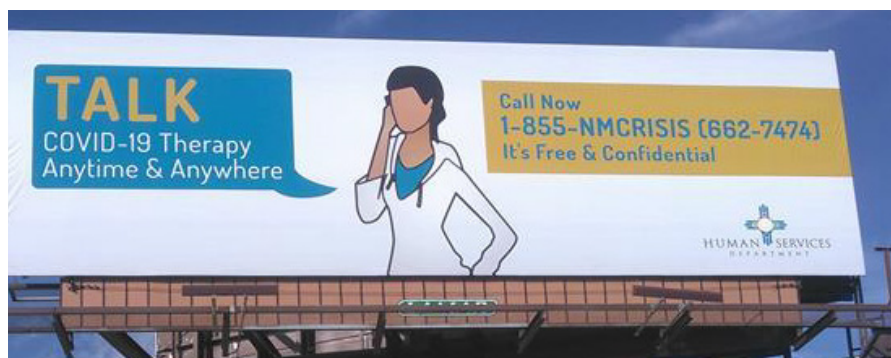
A Statewide Program With a Focus on Tribal Populations

NM CCP provided direct crisis counseling services statewide to individuals who tested positive for COVID-19; were awaiting test results; had family members who got sick with, or who died as a



result of, COVID-19; and others at high risk of infection. New Mexico is geographically the fifth largest state in the nation, with tribes representing some of the most rural communities. To reach Native American and rural populations statewide, media campaigns were provided by three companies, with two specifically focused on conducting outreach to tribal communities throughout the state, and a third focused on statewide media across New Mexico. The three media companies worked in tandem to create marketing materials and ensure cultural relevance and reach. NM CCP also engaged in program marketing and public information activities to reach tribal communities statewide.

New Mexico tribes, more than any other population in the state, have experienced tremendous impacts from the pandemic, with extremely high rates of positive cases and deaths due to COVID-19. This caused most tribes to shut down government services and close their borders to non-tribal people at various times during the pandemic to slow the spread of the virus and protect the people and culture. Significant time was spent at the beginning of the CCP initiative developing a solid strategic plan with strong, Native-appropriate outreach designs and relevant social media materials. This included the development of a project logo for utilization on materials such as backpacks, flyers, yard signs,



NM CCP signs help raise awareness of program services.

email blasts, and social media pages to promote CCP services and related information. Outreach materials focused on increasing public awareness of the importance and utility of the crisis counseling program; identification of symptoms suggesting the need for counseling; availability of the statewide 24/7 crisis hotline; and the critical need for participation in testing, contact tracing, social distancing, masking, and vaccination for COVID-19.

Collaboration With Tribes To Reach Communities

Much of the work with tribal communities was very “high touch” to ensure that communities and service providers saw the benefit of the CCP as a resource. Tribal outreach included contacting

all tribal government officials, executive assistants, and health and wellness staff via phone and email and designing and distributing toolkits with introduction letters, yard signs, and one-pagers on the project with social media links. These tribal toolkits were distributed to all communities, and information was sent electronically to tribal educational, governmental, and health programs. Additionally, during the social media soft launch on Facebook and Instagram, communication with Native American social influencers began. Project posts were shared on high-traffic social media pages and accounts, such as those of the New Mexico Indian Affairs Department, Native Women Lead, and other Native American entities.

Marketing, Media, and Educational Events

Marketing campaigns were diverse and far-reaching. Since October 2021, there have been five active CCP program-related billboards in New Mexico (three in the Albuquerque area, one in Crownpoint, and one on the Pueblo of San Felipe casino marquee on the I-25 corridor). Collaboration with Crownpoint Healthcare on the Navajo Nation resulted in a large educational billboard posted in the region with COVID-19 resources that reached approximately 28,000 people.

Other elements of marketing campaigns included flyers placed in convenience stores and transit centers, gas toppers at key gas stations, messages shared on casino marquees, radio and digital advertisements on social media, and yard signs put up and postcards distributed throughout tribal communities. In total, 82,475 postcards, yard signs, door hangers, and Indian Health Service (IHS) pharmacy bags with COVID-19 resources and information on the importance of vaccination were disseminated to Navajo communities and agencies in San Juan, McKinley, and Bernalillo Counties and throughout the 19 Pueblos through venues including tribal checkpoints, heavily traveled roads in rural tribal communities, vaccine clinics, elder meal deliveries, faith-based organizations, tribal housing authorities, and food

distributions. Tribal leadership directed placement of yard signs and postcard dissemination throughout their communities, educating members on the importance of vaccination and the availability of CCP services. In collaboration with the state's youth suicide prevention initiative, *Honoring Native Life*, 100 door hangers with information about COVID-19 and related resources were disseminated in McKinley, San Juan, and Bernalillo Counties to Native families and social service agencies. Also, 1,500 backpacks with COVID-19-related information and supplies (e.g., hand sanitizer, masks) were disseminated to Native American homeless populations in Bernalillo, San Juan, and McKinley Counties.

The program also used social media and radio to reach Native Americans. Social media outreach efforts on Facebook, Instagram, and TikTok reached 84,128 Native American people. On Facebook, social media outreach was conducted in part through the Navajo & Hopi Families COVID-19 Relief group, which has 9,000 members; the Farmington San Juan County NM: Community Group in Response to COVID-19 with over 6,000 members; and the Diné Rights and Politics group with more than 37,000 followers. Four TikTok ads were developed and disseminated (e.g., <https://www.facebook.com/nmcovid19supportservices/videos/797872410826037>).

Three radio spots were created, including spots in English, Spanish, and Diné (the Navajo language). Radio spots ran consistently on KTNN, which is operated by Native Broadcast Enterprise and is one of the most listened-to radio stations on the Navajo reservation, reaching the most rural parts of the Navajo Nation.

NM CCP distributed materials and participated in a range of educational events. These included monthly McKinley County Health Alliance COVID-19 response planning meetings with an average attendance of 18 agencies and health advocacy groups; New Mexico Native Prevention Collaborative meetings to enhance outreach, develop joint products, and stay connected to service providers; and two Indigenous Peoples' Day events at the Indian Pueblo Cultural Center and Albuquerque Civic

Plaza providing yard signs and postcards. The team collaborated with the Office of Navajo Nation President Jonathan Nez to provide public information about the COVID-19 CCP on radio to an audience that included San Juan and McKinley Counties and Facebook to a national audience. Also, the team disseminated information on COVID-19 resources to all three major Navajo IHS facilities in New Mexico and the Zuni IHS hospital.

Challenges and Lessons Learned

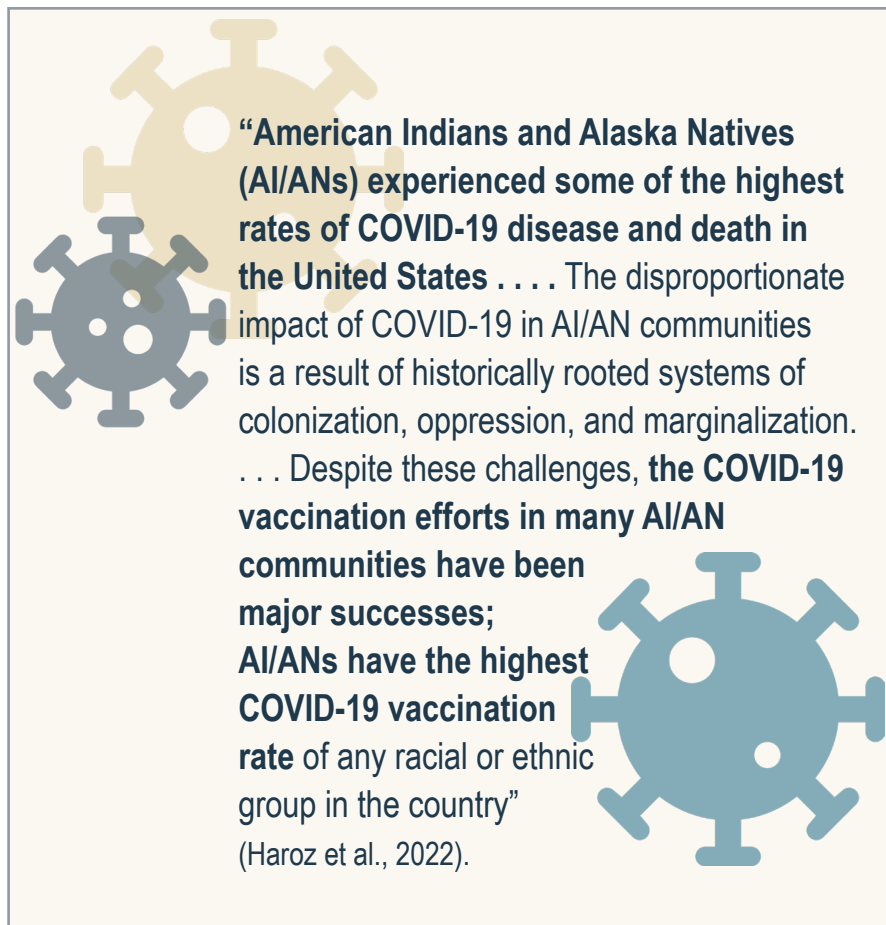
The program faced several challenges in reaching and serving tribal communities. First, rural and tribal communities in New Mexico were highly affected by COVID-19 and were difficult to reach due to a lack of infrastructure (e.g., lack of technology, limited bandwidth, lack of electricity, etc.). Outreach was especially difficult to tribal communities, as many communities were closed to limit infection entering the community. Also, provider engagement in public information dissemination sessions was difficult due to the elevated infections, provider shortages, remote work, and numerous crises. In addition, most people served by crisis counselors had limited internet access; thus, encounters typically occurred via the telephone instead of via video chat or video meeting (as originally planned). Stigma surrounding asking for crisis counseling assistance was initially evident, especially in rural and tribal

New Mexico's program uses social media to reach Native populations.



communities. Crisis counselors worked to establish rapport and build trust in communities, and this work resulted in high rates of engagement. The state as a whole was hard hit by COVID-19, and 32 of the 33 counties were already health professional shortage areas prior to the pandemic; therefore, there was less than adequate access to health, mental health, and substance use disorder treatment. Despite these challenges, contact was established and resources disseminated to all tribal communities over the life of the initiative.

The state learned several lessons through its work to engage and support tribal communities during the pandemic. **First, states should consider engaging with individuals with strong histories of meaningfully working with tribal communities.** NM CCP worked with two marketing companies with expertise and established connections with tribal communities in New Mexico. Poston & Associates (P&A) is a Native American-owned small business headquartered in the Pueblo of Sandia that offers full-service communications and marketing with specialized expertise in communication services for the pueblos of New Mexico. Raymond Daw, M.A., LLC, has a master's in counseling and is a member of the Navajo Nation who has extensive experience developing and leading comprehensive mental health and substance use disorder



“American Indians and Alaska Natives (AI/ANs) experienced some of the highest rates of COVID-19 disease and death in the United States The disproportionate impact of COVID-19 in AI/AN communities is a result of historically rooted systems of colonization, oppression, and marginalization. . . . Despite these challenges, the COVID-19 vaccination efforts in many AI/AN communities have been major successes; AI/ANs have the highest COVID-19 vaccination rate of any racial or ethnic group in the country”
(Haroz et al., 2022).

treatment programs in Native American communities, particularly on the Navajo Nation and in the surrounding communities. P&A and Daw's role in leading the outreach to tribal communities across the state was invaluable.

Second, states and counties should work collaboratively with tribal community representatives and tribal leadership to ensure CCP programming that is culturally relevant and accessible. Prior to the awarding of the CCP grant, the marketing companies and the state Behavioral Health Services Division partnered to develop social marketing strategies related

to COVID-19, in collaboration with local tribal communities and tribal leaders. This partnership as well as the prior work of the marketing companies across tribal communities statewide laid the groundwork for subsequent outreach through NM CCP.

Finally, the importance of addressing basic needs must be considered when initiating crisis counseling programs in under-resourced areas. NM CCP identified access to basic needs such as clothing, hygiene items, food, and financial assistance as top priorities for individuals engaged with the program. ■

Crisis Counselors on Navajo Nation Empower and Support Their Community Through Utah Strong Recovery Project

By **Rebecca Minnick, LCSW**, Utah Strong Recovery Crisis Counseling Project; with contributions from Calandra Hollie, M.P.H.; Jerilyn Price, M.S.W.; Susie Martin, M.S.W.; Autumn Secody, M.S.W.; Deborah Woody, ACMHC; and Rick Hendy, LCSW

Utah health officials announced the first case of COVID-19 in the state on March 6, 2020, and Utah Governor Gary R. Herbert issued an executive order declaring a state of emergency in response to the evolving outbreak of COVID-19. Over the following weeks as case counts and deaths started to climb, the Utah Division of Substance Abuse and Mental Health applied for an Immediate Services Program (ISP) grant to start the Utah Strong Recovery Project. Utah Strong would provide crisis counseling for individuals, families, first

responders, and businesses across the state experiencing the impacts of COVID-19. As we planned for this grant and further grant extensions it became apparent we needed crisis counselors in as many communities across the state as possible. COVID-19 affected everyone, unlike other disasters which tend to have a more centralized area of impact. Utah, like so much of the country, has a mix of urban and rural communities, each with different needs, and the Utah Strong Recovery Project needed to be able to adapt to meet all these unique

needs. To address this issue, four teams were developed, one of which worked with those on the Navajo Nation, as well as disproportionately affected minority populations, rural communities, and any hot spots that developed outside the geographic regions not served by the other teams. The community that was hit the hardest in Utah was those living on the Navajo Nation. By the time Utah applied for the ISP, the Navajo Nation had the third highest per capita rate of COVID-19 in the country, after New Jersey and New York.

A group photo for a nomination for community heroes. Staff from left to right: Calandra Hollie, Deborah Woody, Susie Martin, Autumn Secody, Jerilyn Price, Rick Hendy.



Utah built on existing relationships with the Utah Navajo Health System (UNHS) in Montezuma Creek to build a team of five part-time crisis counselors who lived and worked on the Navajo Nation. It was critical the team already have existing rapport within their community and be recognized as part of the community. The Utah Strong Recovery Project started June 15, 2020, and ended on December 27, 2021. During this time period, the team based out of the Nation was able to meet with 2,921 individuals for counseling sessions and interacted with another 1,272 individuals briefly while offering support, education, or resources.

Utah Strong made or answered over 1,800 phone calls, sent 626 emails, made 217 networking contacts, and distributed almost 6,000 flyers with information about coping skills. However, it's not the numbers that tell the story but the stories behind the numbers that show the success of this partnership.

The Navajo Nation in Utah has a very limited infrastructure. Many of the individuals and families served live in isolated areas or small communities with no running water, electricity, or phone service and are only accessible by dirt roads. Often crisis counselors would drive hours on these undeveloped dirt roads to meet with one or two individuals to deliver care packages, food supplies, firewood, personal protective equipment, and cleaning supplies. During much of the grant the Navajo



Crisis counselor helping to vaccinate goats during outreach.

Nation was on lockdown to try and slow the spread of the virus, and only essential workers were allowed in the community. Utah Strong staff were considered essential workers, as the program had hired individuals who already had positions with the UNHS and, embedded in their own communities, they had the clearance and connections to do the much-needed outreach. Having Navajo-speaking counselors was very beneficial in helping the Navajo elders understand how COVID was spread. Many elders were very puzzled on how the virus spread and thought it was spread only through touching objects and not necessarily from the air we breathed in close quarters. The Utah Strong team was able to access the help of a traditional medicine man, Ernest Harry Begay, who is very knowledgeable in herbal remedies

that helped relieve symptoms of COVID. Mr. Begay brought back some old practices of how their ancestors used herbs to smudge and cleanse their bodies, which was also appreciated by many families. Many of these teachings and practices would have died with the elders who succumbed to COVID had he not been able to share them with some of the younger generation during this time. Mr. Begay as part of his work with the team provided sage to the team to deliver as part of their care packages and would take referrals for the Utah Strong team to individuals and families who could benefit from his offers of prayers and hope on their behalf. Furthermore, these staff maintained the critical relationships and trust of their fellow community members during tumultuous and scary times.

The Utah Strong team on the Navajo Nation included Calandra Hollie, M.P.H., Jerilyn Price, M.S.W., Susie Martin, M.S.W., Autumn Secody, M.S.W., and Deborah Woody, ACMHC, and their work literally saved lives. The UNHS has very limited resources and did not have staff to take care packages to families who often lived great distances from the UNHS clinic. With the support of Utah Strong we were able to assemble and have our crisis counselors reach out and deliver care packages, which provided individuals and families throughout the Nation with needed supplies after someone tested positive for COVID-19. On one such delivery they were showing a COVID-19-positive patient how to use the pulse oximeter found in the care package. While doing so they realized her oxygen saturation, which needed to be above 90 percent, was in the low 80s. This same staff member was able to use her Utah Strong cell phone and provide the GPS coordinates to emergency medical personnel, who were able to get the patient to the hospital. This person and others might have died without support from this Utah Strong team, as they often did not have access to phone service.

Utah Strong staff on the Nation were able to help identify adult family members through tribal records to take custody of minor children who lost their parents to COVID-19. Next, the staff went



CCP staff stock up on care packages for second wave of pandemic, delivering to Monument Valley.

further in their advocacy and helped families navigate the court system to make formal custody arrangements. Because of this, in an already difficult time, children were able to stay with family members. Whenever Utah Strong would do outreach, they would ask families what they could do to assist them in getting their needs met. One elderly woman asked if they could stay and help her vaccinate her herd of goats, which they happily did. Several of the staff on the Nation commented that despite growing up and living on the Nation, it was through their work with Utah Strong that they were really able to get to know their neighbors and community in a way that might not have otherwise occurred. The actions of Utah Strong helped a community grow closer and stronger together. We learned that it doesn't always take an army to conquer challenges. Utah Strong demonstrated that being able to work together and offer information, care, and support is the best way to manage such difficult and tenuous times.

Utah Strong would not have had the success we achieved without the vision and wisdom of Robert H. Snarr, M.P.A., LCMHC. Robert worked for the Utah Division of Substance Abuse and Mental Health. After the Columbine shooting, Robert had the foresight to create Utah Responds. As part of this program he trained a cadre of over 500 crisis counselors across the State of Utah who could be activated to respond to a crisis or disaster, large or small. He was passionate about preparing Utah for a mass casualty event. The relationships and networking he did for Utah Responds laid the foundation for Utah Strong to connect with the Navajo Nation team early in the pandemic. This combined team effort saved lives, and Robert's dedication to crisis counseling contributed to that. Robert H. Snarr was involved in training and administrative work to support Utah Strong right up to the time of his death from cancer on May 27, 2021. ■

Building Indigenous Protective Factors for Disaster Preparedness: A Conversation With Seprieono Locario

By Courtney Freeman Fowler, Muscogee-Creek and Cherokee, SAMHSA Tribal Training and Technical Assistance Center; Seprieono Locario, M.A. (Navajo/Sicilian), SAMHSA Tribal Training and Technical Assistance Center

In late March of 2020, the devastating effects and widespread toll of the opioid epidemic continued to be felt across Indian Country, with opioid overdose taking more lives among Native Americans than the full U.S. population (Centers for Disease Control and Prevention [CDC], 2021a). Then the COVID-19 pandemic arrived. Once again, Native Americans were disproportionately affected—to date, non-Hispanic American Indians or Alaska Natives have been more than three times as likely to be hospitalized for COVID-19, and 2.7 times likelier to lose their lives to the illness, than non-Hispanic Whites (CDC, 2021b). But the opioid crisis did not fade away when COVID-19 arrived. They are now intertwined, continuing to deepen the cycle of depression, isolation, poverty, healthcare deprivation, substance misuse, and suicide across Indian Country.

Against this backdrop, Seprieono Locario works to bolster tribal communities' disaster preparedness, response, prevention, and recovery efforts. He believes that the most effective strategies are also the simplest—as he says, “I was



always taught that some of the best things you can do in community prevention are free.” Mr. Locario’s understanding of indigenous cultural customs aids his approach and is vital to helping tribal communities tap into cultural strengths when natural disasters or mental health or substance use-related challenges arise. He hopes sharing these strategies will prove helpful to others working in the disaster behavioral health field.

A proud member of the Navajo Nation with Sicilian roots, Mr. Locario grew up visiting and living on the Navajo reservation

each summer. Today, as a Tribal Action Plan and Wellness Coordinator working with indigenous communities as part of the [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Tribal Training and Technical Assistance \(TTA\) Center](#), Mr. Locario stresses simple ways to engage with and among tribal nations and their communities. Through his training and technical assistance work, he understands the importance of exchanging simple native greetings and holding culturally appropriate discussions focused on resiliency and community protective factors, which



“The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions” (Indian Health Service, 2019).



is critical in finding community-based solutions. The most effective strategies are woven together with traditional knowledge, integrate cultural best practices, and share lessons learned from westernized approaches.

Diversity and Building Relationships for Disaster Preparedness in Tribal Communities

The diversity of tribal nations and communities across the United States is often overlooked or misunderstood by the federal and state organizations designated to support them. Depending on the state, this insight is critical for emergency response management and non-tribal disaster behavioral health professionals who want to build relationships with tribal nations and their communities. Across the United States, tribal diversity encompasses geographical locations, cultural and socioeconomic differences, or whether each tribal nation holds state, federal, or non-federal

recognition. Each diversity factor matters to each tribal nation.

Within this diversity lie varying challenges. Systemic problems such as substance misuse, suicide, depression, poverty, and hunger have been ongoing for many years. New challenges such as the COVID-19 pandemic have revealed severe disparities that deeply hurt many tribal nations. It is important to recognize these challenges have all affected tribal nations as harshly as forest fires, flooding, and other natural disasters, but they do not receive the same level of media attention and response. Native communities have long struggled on their own to address these difficult challenges. Developing effective disaster response and recovery efforts offers important opportunities to address these challenges.

Mr. Locario notes, “Some of the best things we can do when working with and supporting tribes who are navigating crisis situations is understanding that cultural lens as well as the best practices of crisis

management. As we jump into Indian Country, sometimes it’s best if we jump ears first.” This key insight may help governments and organizations build relationships with tribal nations before disasters occur, and it may enhance the effectiveness of disaster response and the outcome of recovery efforts.

Mr. Locario has long contemplated a collective tribal response to crisis management. He is concerned that siloed efforts are ineffective, but he is energized by collective efforts across tribes to address an array of systemic challenges. In contemplating a unifying response to a crisis, Mr. Locario poses these questions: “Where do we start to unify all of the things we do really well?” and “What are Indian Country’s best practices for addressing prevention in our own tribal nations?”

Growing up in the San Francisco area, Mr. Locario was able to experience an inter-tribal community response to the substance misuse challenges faced by indigenous

“I’m pushing for us to create symbols that mean something to us in Indian Country.”

—Seprieono Locario

people, and that integrated recovery response model now serves as his vision of best practices in both community prevention and recovery. [The Friendship House of American Indians](#) is an 80-bed residential treatment center where indigenous people participate in finding their balance. “I witnessed this integrated community support model. I had the opportunity to experience cultural healers from other tribal nations, who provided teachings and lessons from their tribal customs. Learning the Lakota way, such as the sweat

As of 2020, the 10 U.S. states with the largest American Indian and Alaska Native populations were

**Alaska,
Arizona,
California,
New Mexico,
New York,
North Carolina,
Oklahoma,
South Dakota,
Texas,
and Washington**

(Office of Minority Health, 2022).

lodge, which is not my tribal practice, but I was able to participate in—that inter-tribal lens to recovery is huge.”

How Can We Help Our Relatives on the Front Lines?

As the full U.S. population grows more aware through social media and greater visibility of difficult challenges affecting native communities, it will be important for tribal nations and professionals who work to support them to learn effective ways to respond and align resources and energy where they can have the greatest impact. Mr. Locario has given much thought to the best ways to offer effective and supportive responses to crises.

“I check my own readiness. I try to raise awareness. Everyone wants to be on the front lines, but we can’t all be on the front lines. I think of Standing Rock. Our relatives went there to protect their water and their livelihood. I know my limitations, but that doesn’t mean I can’t attend events locally in my community and think about where and how I spend my dollars and discern how I can direct my money in a more environmentally conscious way. We can all be in tune to ways to assist and help.”

The Tribal TTA Center is just one of many [SAMHSA programs](#) offering information, training, and technical assistance to improve the quality and delivery of mental and substance use disorder prevention and treatment services across the nation.

The Work Ahead for Tribal Nations—Getting to the Core of Who We Are

Mr. Locario shares his appreciation for tribal nations who take every opportunity to incorporate their indigenous cultural symbols, language, and knowledge to represent their native land. It helps build indigenous pride in the people. “If . . . I see a tribal reservation or community that has lit a ceremonial fire to raise awareness about suicide or substance misuse, with traditional firekeepers tending the fire, it touches me deeper—from an indigenous perspective. I’m pushing for us to create symbols that mean something to us in Indian Country.”

Mr. Locario believes native communities face an increasing need for healing and learning from our resiliency. He is working to focus on best practices through an inter-tribal lens and hopes that aligning tribal nations’ resiliency and current cultural resources will help create effective prevention, crisis management, and healing strategies that work for their tribal citizens. “When we experience indigenous knowledge, it goes right to the DNA of who we are as indigenous people, and we start to see, reflect, and begin our healing paths. I really believe in recovery and best practices; we need to deploy those techniques to have an impact on our people in the core of who we are.” ■

Working With Tribal Communities Before, During, and After Disasters

By the SAMHSA Disaster Technical Assistance Center

Native Americans have been in North America for at least 15,000 years, and possibly much longer (Smithsonian National Museum of the American Indian, n.d.; Pauls, 2019). Since their arrival, Native American communities

have developed governments, irrigation and agricultural systems, tools and technologies, religions, and distinctive forms of art and architecture (Pauls, 2019). They have experienced forced displacement and various forms of oppression and violence by European settlers and settlers' descendants, and they have fought for and partnered in development of laws and policies supporting tribal sovereignty and a nation-to-nation relationship with the Federal Government (see sidebar). As noted in the introduction to this edition of

The Dialogue, today there are more than 800 Native American tribes in the United States—including 574 federally recognized tribes and over 240 state or non-federally recognized tribes—who speak over 160 languages, live in urban as well as rural areas and all U.S. states, and have their own cultures and governments (U.S. Department of the Interior (DOI), Indian Affairs, n.d.; Office of Minority Health, 2022; U.S. Census Bureau, 2011; National Council of Urban Indian Health, 2018; U.S. Census Bureau, 2022).

Language & Key Concepts

In this article, we respectfully use the term **Native Americans** to describe the hundreds of tribes, reservations, pueblos, villages, rancherias, nations, bands, and communities throughout the United States. We also use the words **tribe** and **tribal** often in reference to Native American communities for brevity and simplicity, even though Native American communities may go by many names other than tribe.

As noted in the introduction, **tribes are sovereign**, which means they have the right to govern themselves (National Congress of American Indians, n.d.). As such, tribes have a **nation-to-nation relationship** with the U.S. government, and the U.S. government has a **trust responsibility** to act morally and ethically toward Native Americans and take steps in support of health and wellness in tribal communities (DOI, Indian Affairs, n.d.).



Given this rich history and diversity, it is important to take steps to understand the specific Native American community you are working with in disaster preparedness, response, and recovery. Also key is understanding

shared history and circumstance today, as well as taking a trauma-informed approach to help in addressing challenges tribal communities may be facing. In the following sections, we offer some information and tips for collaborating with and supporting tribal communities through all phases of disaster.

Tribal Government

Tribes are sovereign nations (National Congress of American Indians, n.d.). Many tribes have their own constitutions, and most

have a tribal council, village council, or tribal business committee that serves as a legislative body (DOI, Indian Affairs, n.d.). Tribes often have governments organized with legislative, executive, and judicial branches, like the U.S. government, though this can vary (DOI, Indian Affairs, n.d.).

Tribes and Culture

While every tribal community is unique, some general cultural values are shared by many Native American communities and may be helpful to understand in collaborating and offering support:

- Harmony with the environment is seen as important (Willmon-Haque & BigFoot, 2008).
- For some Native Americans, tribal land is important because it is closely tied to identity (Beasley, Jones-Locklear, & Jacobs, 2021).
- Many communities see each person as part of a larger system (Willmon-Haque & BigFoot, 2008; Haroz et al., 2022).
- Community members respect elders and other leaders in the community for their knowledge and wisdom (Willmon-Haque & BigFoot, 2008).
- Children are the future and are to be protected and supported.
- Value is placed on connections to relatives, community, and place (Beasley, Jones-Locklear, & Jacobs, 2021).



240

“There are more than 570 federally recognized Tribes in the U.S., and more than 240 state or non-federally recognized Tribes, many of whom are petitioning for federal recognition. There are similar attributes from Tribe to Tribe, but just as many differences in Tribal languages, cultures, organizational structures, etc.” (National Council of Urban Indian Health, 2018).



574

There are 574 federally recognized tribes in the United States (U.S. Department of the Interior, Indian Affairs, n.d.-b).

Find Out More

Some of the information and tips in this article come from the SAMHSA DTAC tip sheets *Understanding Historical Trauma When Responding to an Event in Indian Country* (<https://store.samhsa.gov/product/Understanding-Historical-Trauma-When-Responding-to-an-Event-in-Indian-Country/SMA14-4866>) and *Cultural Awareness When Working in Indian Country Post Disaster* (<https://store.samhsa.gov/product/Cultural-Awareness-When-Working-in-Indian-Country-Post-Disaster/sma14-4867>). These tip sheets are being updated. Stay tuned for an announcement when the new versions are posted to the SAMHSA Store website!

- Helping others is more important than helping yourself. A community approach to healing is often emphasized.
- Prayer, traditions, and spirituality are important facets of life (Beasley, Jones-Locklear, & Jacobs, 2021).

Historical Trauma and Resilience

Historical trauma is the cumulative, multigenerational, collective experience of emotional and psychological injury in communities



and in descendants (Brave Heart et al., 2012; Brave Heart, 2003). Historical trauma is common across Native American communities due to events after the arrival of European settlers, who expanded the United States in part through relocating, renaming, combining, dispersing, and sometimes destroying Native American communities (Library of Congress, n.d.). Traumatic events, such as forced relocation and assimilation, massacres, and abduction, abuse, and even death of children and adolescents in government-funded boarding schools, have caused lasting impacts on Native American communities (Manson et al., 2021; National Native American Boarding School Healing Coalition, n.d.). Responses to historical trauma may

include low self-esteem, depression, substance misuse, and increased risk of suicide (Skewes et al., 2020).

Many Native American communities have developed resilience based in strong family, social, and religious and spiritual ties; long histories of coping with challenges; recognition and appreciation of culture and history; and participation in traditions (Beasley, Jones-Locklear, & Jacobs, 2021). These strengths can be valuable elements of disaster response and recovery plans.

Tips for Working With Tribes: Disaster Planning and Preparedness

As with other communities, it is important to start building relationships with Native

American communities before a disaster occurs, as part of overall preparedness. It is also crucial to show respect for the community, its government, and its culture and beliefs.

- Build relationships with tribal communities near you or within your state well in advance of a disaster (ASPR, 2020). Regular meetings may be helpful. So may formal agreements for mutual aid and support to make it easier to collaborate in a disaster (Federal Emergency Management Agency Center for Domestic Preparedness, n.d.).
- Before a disaster, get to know trusted tribal liaisons, such as tribal emergency managers or spiritual leaders. By showing respect and working with a tribal liaison, you will increase your professional credibility.

- Before an event occurs, you may consider seeking the wisdom of community leaders. The words and phrases used to describe mental and emotional health differ in tribal communities. It is important to know how your local community refers to these concepts before you meet with the leaders. Keeping in mind that every tribe is different and knowing your community's disaster risks, you may choose to ask leaders some of these questions to help you build a relationship and connection:

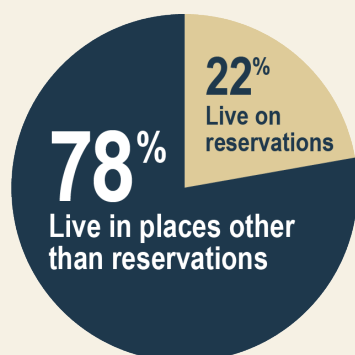
- What is the leaders' sense of their community's physical and emotional well-being (Novins, King, & Stone, 2004)?
- What strengths do community members have that can help them cope with and overcome their problems?
- How have leaders helped community members

overcome past trauma and adversity (Strickland, Walsh, & Cooper, 2006)?

- How are children in the community taught coping and problem-solving skills?
- Learn who the traditional and elected tribal leaders are and how to appropriately request to speak with them.
- Emphasize traditional values, beliefs, and expressions of culture (especially related to health and illness, emotional well-being, and resilience) for the tribe during all phases of emergency management.

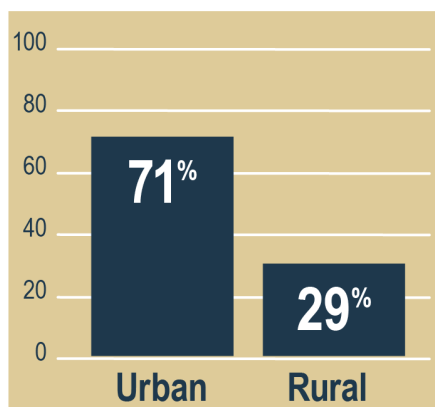
During and After a Disaster

- Always check in with the tribal community and leaders to see if they agree with the response before moving forward.
- Identify and collaborate with tribal liaisons to ensure program efforts



More than three-quarters, or 78 percent, of Native Americans live in places other than reservations (Office of Minority Health, 2022).





A majority of American Indians and Alaska Natives—71 percent—live in urban areas (Maudrie et al., 2021).

demonstrate an understanding of the unique needs of the community and are focused on strength and resilience.

- Just after an event occurs, you may wish to ask community leaders if they can talk to residents about the event in a way that shows how it relates to their tribe's creation stories or other traditional teaching stories. This technique can be used as a way to explain why things happen and emphasize the community's ability to respond and recover. It is important to have a respected leader support the community through this process and encourage collective well-being.
- Some tribes do not have a word for "disaster" and refer to disasters differently than non-Native cultures do. Some may feel that saying the word "disaster" may bring harm to their community. It is important to pay attention to how members of



the local tribal community refer to disasters and other traumatic events and use the same words and phrases they use.

- Hire people from the tribal community to provide disaster behavioral health services to people in the tribal community. Members of all communities often feel more willing to talk with people who were part of their community prior to a disaster about how the disaster has affected them and the community. If establishing a crisis counseling program with provider organizations, select organizations that are from the tribal communities they will be serving.
- Make an effort to help reestablish traditional responses and protective factors that were in

place prior to the disaster. It is important to build trusting relationships and recognize the many strengths of the community while responding to a disaster.

- Community-based healing programs that emphasize cultural values and unity can provide participants with feelings of belonging and interdependence. If the tribal community engages in an activity, event, or practice that is familiar and engaging to their members, request that a disaster behavioral health responder be allowed to participate or be present. The local leader and disaster behavioral health responder can discuss the issues to bring to the group and how these will be presented to meet community needs and build resilience. ■

RECOMMENDED RESOURCES

TIP 61: Behavioral Health Services for American Indians and Alaska Natives

This Treatment Improvement Protocol (TIP) manual from SAMHSA provides mental health and substance use disorder treatment professionals with guidance for working with American Indians and Alaska Natives. It can help professionals improve cultural competence and provide culturally appropriate services while learning about the importance of historical trauma and the significance of community.

This resource is available through the SAMHSA Store at <https://bit.ly/3ofnAdY>.

Tribal Affairs

This page from Federal Emergency Management Agency (FEMA) provides a link to the [FEMA Tribal Policy](#), notes the nation-to-nation relationship of FEMA and tribal governments, and discusses the disaster declaration process for federally recognized Indian tribal governments. Also provided are links to tools and resources for disaster preparedness, response, and recovery in Indian Country.

Find the page at <https://www.fema.gov/about/organization/tribes>.

Tips for Disaster Responders: Cultural Awareness When Working in Indian Country Post Disaster

This tip sheet highlights the importance of cultural awareness when responding to a disaster in Indian Country. It notes the uniqueness of individual tribal cultures and communities, highlights some elements of culture that are common across many tribal communities, and offers tips for incorporating the tribe's beliefs and practices into disaster response.

Find the SAMHSA resource at <https://store.samhsa.gov/product/Cultural-Awareness-When-Working-in-Indian-Country-Post-Disaster/sma14-4867>.

FEMA Tribal Curriculum

FEMA offers a curriculum composed of several courses that aim to increase the resilience of tribal nations and communities. Informed by consultation with representatives of tribal governments, the courses range from 4 hours to 4 days and teach the knowledge and skills needed to prepare communities for an emergency, ways to reduce potential losses, and more.

Find all of the courses at <https://training.fema.gov/tribal>.

Working With Indigenous/Native American Patients

This page from the American Psychiatric Association offers an overview of the history of the indigenous population and best practices for working with Native American patients. Things to keep in mind include avoiding stereotypes and translating forms to the language of the people in the area. The page also includes a video and downloadable guide.

Find the page at <https://bit.ly/3ucbRkn>.

E-Learning

Webinars

Conferences

Trainings



The image shows a tablet displaying the SAMHSA DTAC website. The website has a red header with the SAMHSA logo and navigation links. Below the header, there are several sections including 'Disaster Technical Assistance Center', 'Disaster Response', 'Disaster Recovery', and 'Disaster Prevention'. The website is designed to provide resources and support for disaster response and recovery.

<https://www.samhsa.gov/dtac>

Recent Technical Assistance Requests

In this section, read about responses SAMHSA DTAC staff have provided to recent technical assistance (TA) requests. Send your questions and comments to dtac@samhsa.hhs.gov.

Request: A representative from the Intertribal Agriculture Council serving Nebraska, South Dakota, and North Dakota requested mental health resources for agriculture producers facing drought and other disasters.

Response: SAMHSA DTAC provided a list of state-specific services and resources for tribal communities. The resources below are a sample of those sent. For additional information, please contact SAMHSA DTAC at 1-800-308-3515.

■ **Have You Experienced a Disaster?**—This SAMHSA poster describes the effects disasters of all types may have lists common reactions to disasters, and identifies sources of support. <https://store.samhsa.gov/product/have-you-experienced-disaster-poster-pertaining-adult-reactions/PEP19-01-01-003>

■ **SAMHSA Tribal Training and Technical Assistance (TTA) Center**—The SAMHSA Tribal TTA Center offers training and TA on mental health problems and substance use disorders, suicide prevention, and

mental health promotion for tribal communities and programs. <https://www.samhsa.gov/tribal-ttac>

■ **SAMHSA Mental Health Technology Transfer Center (MHTTC) Network**—These collaborative networks support resource development and dissemination, training, and TA to cover the full continuum of mental health care, including mental illness prevention, treatment, and recovery support. <https://mhmttcnetwork.org>

■ **Mountain Plains MHTTC** <https://mhmttcnetwork.org/centers/mountain-plains-mhttc/home>

■ **Rural Mental Health & Farm Stress** <https://mhmttcnetwork.org/centers/mountain-plains-mhttc/rural-mental-health-farm-stress>

■ **Mid-America MHTTC** <https://mhmttcnetwork.org/centers/mid-america-mhttc/home>

■ **National American Indian & Alaska Native MHTTC** <https://mhmttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc/home>

Help Improve SAMHSA's Disaster Services and Products

As a subscriber to this newsletter, you are invited to participate in a short, web-based survey to provide the SAMHSA

Disaster Technical Assistance Center (DTAC) with feedback about your experiences with our products and services. The survey should take no more than 15 minutes. Complete the survey by clicking on this [link](https://ihsolutions.qualtrics.com/jfe/form/SV_bjYCSJDUQAGi1h3), or copy and paste the URL https://ihsolutions.qualtrics.com/jfe/form/SV_bjYCSJDUQAGi1h3 into your web browser.



Request: SAMHSA requested resource letters in response to tornadoes that occurred in Arkansas, Illinois, and Kentucky.

Response: The resources below are a sample of those sent. For the complete resource list, please contact SAMHSA DTAC at 1-800-308-3515.

■ **Disaster-specific Resources: Tornadoes**—This part of the SAMHSA Disaster Behavioral Health Information Series resource collection features materials about coping after a tornado. Resources focus on staying safe during cleanup after a tornado,

supporting children in coping, and managing stress during deployment as part of response after a tornado. https://www.samhsa.gov/resource-search/dbhis?rc%5B0%5D=type_of_disaster%3A20553

■ ***A Guide to Managing Stress in Crisis Response Professions***—This SAMHSA guide is designed for first responders, public health workers, construction workers, transportation workers, utility workers, and volunteers who respond to disasters and other crises. The guide provides information on signs and symptoms of stress and offers simple, practical techniques for lowering stress before, during, and after disaster response. <https://store.samhsa.gov/product/guide-managing-stress-crisis-response-professions-2/sma05-4113>

■ **Tornadoes and Severe Storms**—At this web page, the SAMHSA Disaster Distress Helpline describes tornadoes and the effects they can have, lists populations at heightened risk of post-tornado distress, and provides links to related resources. <https://www.samhsa.gov/find-help/disaster-distress-helpline/disaster-types/tornadoes>

■ **Natural Disasters, Severe Weather, and COVID-19**—At this web page, the Centers for Disease Control and Prevention provides information and links to resources about staying safe after natural disasters during the COVID-19 pandemic. Information is provided about hurricanes and COVID-19, safety in public disaster shelters during the pandemic, and wildfires and COVID-19. https://www.cdc.gov/disasters/covid-19/disasters_severe_weather_and_covid-19.html

Request: A Community Emergency Response Team in Massachusetts requested resources to include in their leadership training. The requestor noted the leadership team is composed of volunteers interested in materials dedicated to emergency response and de-escalation techniques.

Response: SAMHSA DTAC provided a list of trainings and publications dedicated to disaster response and first responders. The trainings below are a sample of those sent. For additional information, please contact SAMHSA DTAC at 1-800-308-3515.

■ **Creating Safe Scenes Training Course**—This training course was originally designed for uniformed first responders but would still be helpful for other responders. <https://www.samhsa.gov/dtac/creating-safe-scenes-training-course>

■ **Psychological First Aid (PFA)**—Offered by the National Child Traumatic Stress Network, PFA is a free online course that includes a 6-hour interactive training that puts the participant in the role of a provider in a post-disaster scene. <https://learn.nctsn.org/enrol/index.php?id=596>

SAMHSA DTAC also included some publications and tip sheets for first responders, their supervisors, and others who work with first responders. A sample of these resources is included below:

■ [*Helping Staff Manage Stress When Returning to Work: Tips for Supervisors of Disaster Responders*](#)

■ [*Tips for Disaster Responders: Preventing and Managing Stress*](#)

■ [*Tips for Disaster Responders: Returning to Work*](#)

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