the Dialogue

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Disaster Behavioral Health Planning for the 21st Century

SAMHSA
Substance Abuse and Mental Health
Services Administration

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In This Issue

"If you fail to plan, you are planning to fail!"

This quote from Benjamin Franklin is often repeated in professions that respond to disasters and their effects. This centuries-old phrase holds true in the disaster behavioral health (DBH) community to this day for a reason: if we do not prepare, we are setting ourselves up for failure. Conversely, if we do prepare, then we are setting ourselves up for success.

While planning is a classic element of preparedness, planning for disasters, and the mental health and substance use effects on those impacted by disasters, is a continually evolving process. Lessons from our own experiences, successful strategies shared by our peers, feedback from those with lived experience, and research from the field continue to inform the way DBH plans are developed, maintained, and executed.

In this issue of *The Dialogue* we dive into the DBH planning process, exploring challenges, sharing resources, and examining what DBH planning looks like today and where it's heading in the future. We recognize that much of the knowledge on this topic is held by those doing the work. Those who have been in the field for years bring their expertise, their stories, and their wisdom, and those newer to the field bring a fresh perspective, creative solutions, and ideas for the future of DBH planning. In this issue we bring together a number of practicing DBH professionals, with various levels of experience, to share their thoughts and experiences, as well as offering actionable steps and solutions for DBH planning.

In the first articles of this issue, you will find perspectives from two professionals who are newer to DBH; they share what they have experienced and learned from their first years in the field. Next, Dr. Denise Bulling of the University of Nebraska Public Policy Center shares an in-depth strategy for revising an all-hazards disaster behavioral health plan, with step-by-step guidance. The final article details a number

of resources that support the DBH planning process, including printed and online information, tools for needs assessment, and training opportunities.

If you have experience with DBH planning, other planners and responders can learn from your efforts and experience. Please contact us to share your stories and lessons learned.

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Contributors

Denise Bulling, Ph.D., LIPC, CTM, is a Senior Research Director with the University of Nebraska Public Policy Center. She joined the university in 2003 after an over-20-year career as a mental health practitioner. Her Ph.D. is in human science with her dissertation focusing on exploration of training needs for disaster chaplaincy. Bulling uses her extensive field experience in mental health to create bridges between practitioners, academicians, and policymakers. She is a leader in Nebraska's development of disaster behavioral health response capacity, consults and speaks about the role of disaster behavioral health within an integrated response and recovery system, and is a national trainer for the Federal Emergency Management Agency Crisis Counseling Assistance and Training Program (CCP). She has served as lead for several CCPs including one of the first projects in the nation conducted on tribal land. Bulling is a licensed independent professional counselor and a certified threat manager through the Association of Threat Assessment Professionals. She has numerous publications related to mental health, disaster, and violence.

Kalie Burke, M.P.H., is the Disaster Mental Health Coordinator for Georgia at the Department of Behavioral Health and Developmental Disabilities. Burke attended Florida State University for both her undergraduate degree and master of public health. Prior to joining the Georgia behavioral health team, Burke worked as a public health consultant in Florida and California during the height of the COVID-19 pandemic. Burke leads the Georgia Recovery Project, a team of Crisis Counseling Assistance and Training Program providers located throughout the state providing information on stress management and mental health related to COVID-19. Additionally, she co-chairs the Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults.

Sofia Cabrera, B.A., is a Technical Assistance Specialist for the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Cabrera attended the University of Maryland and received a B.A. in English literature and language. She has worked in the public health field for 2 years. Cabrera provides guidance to state, territory, and tribal grantees developing behavioral health support for disaster-affected communities. She also provides administrative support and promotes grantee development to address growing community needs after disaster events. Cabrera manages and writes content for several SAMHSA DTAC resources, including the *SAMHSA DTAC Bulletin* and *The Dialogue.* She specializes in highlighting culturally competent and accessible materials and systems for underserved populations experiencing inequities in access to behavioral health services.

Heather Phelps, M.A., LPC, received her master's in human development and family relationships from the University of Connecticut. Since returning to Alaska in 1998, she has worked in the behavioral health field

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in state government, nonprofit agencies, and the private sector. Her professional experience ranges from providing substance use disorder treatment in a therapeutic community, to behavioral health services for adolescents at the largest juvenile detention center in Alaska, to overseeing medication-assisted treatment at the Department of Corrections. A licensed professional counselor, she has worked for the Alaska Division of Behavioral Health specializing in policy, planning, and regulations. Phelps was the Alaska Disaster Behavioral Health Mental Health Clinician from March 2022 to December 2023. In that capacity, she was a member of the State Emergency Operations Center and worked closely with the Alaska Division of Public Health's Health Emergency Response Operations (HERO) for the administration of behavioral health disaster response. In December 2023, she began work for the Alaska Mental Health Trust Authority as a Program Officer.

Disaster Distress Helpline

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disasterdistress.samhsa.gov

TECHNICAL ASSISTANCE SNAPSHOT

A Look at the Disaster Behavioral Health Workforce: Data From the SAMHSA DTAC Customer Feedback Survey

Each year the SAMHSA Disaster Technical Assistance Center (DTAC) administers the Customer Feedback Survey to learn more about customers and their needs. Between 2017 and 2022, the average SAMHSA DTAC customer had 8 to 16 years of experience in disaster behavioral health (DBH) and spent 10 to 20 percent of their time at work on DBH planning.

Average Years of DBH Experience

Year	Average Years of Experience
2017	14
2018	16
2019	0
2020	11
2021	12
2022	8

Average Years of Experience
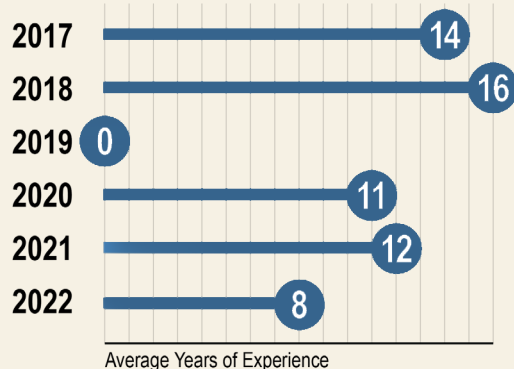
Work Time (%) Spent on DBH Planning

Year	Percentage of Work Time
2017	20
2018	21
2019	0
2020	10
2021	17
2022	13

Percentage of Work Time
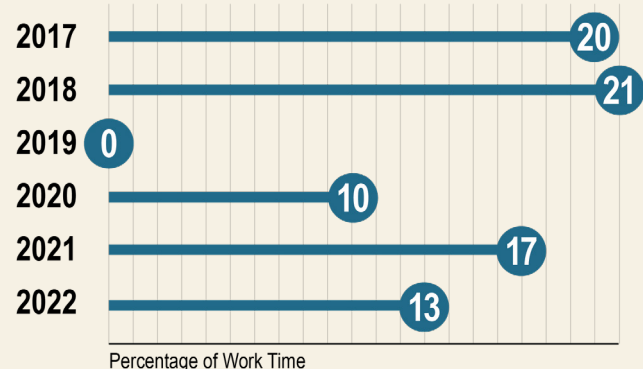
Note: Where there are zeroes, there is no data to include. There were few responses in 2019 to the Customer Feedback Survey.

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INTERVIEW

New Perspectives: Disaster Behavioral Health Through a Fresh Lens

By **Heather Phelps, M.A., LPC,** Alaska Mental Health Trust Authority, State of Alaska; **Kalie Burke, M.P.H.,** Georgia Department of Behavioral Health and Developmental Disabilities; and **Sofia Cabrera, B.A.,** SAMHSA Disaster Technical Assistance Center (DTAC)

Limited resources, lack of time, and burnout are just some of the challenges state disaster behavioral health coordinators and other disaster behavioral health specialists encounter working in the field. *The Dialogue r*ecently spoke with Heather Phelps and Kalie Burke to discuss their experiences with disaster planning and response efforts as relatively new state disaster behavioral health coordinators. Phelps and Burke shared their perspectives on barriers to disaster planning and priorities to provide a fresh outlook on disaster behavioral health work in the 21st century.

How long have you worked in disaster behavioral health (DBH)? Did you have any DBH experience prior to working in your current position?

Heather Phelps: I started working in this position in March of 2022, so I'm relatively new. I wasn't familiar with DBH at all. I sometimes filled in for the person previously in the position for some COVID State Emergency Operations Center meetings, but that was my only previous experience. I used to work in corrections, so I had experience with Critical Incident Stress Management (CISM). I oversaw statewide CISM teams for the Department of Corrections. I lend some of that skill and knowledge to my current work.

Kalie Burke: I have officially been in this position for about a year and a half now. That's my official DBH experience. Unofficially, my master's thesis was on DBH. It focused on how we can expand mental health services during a disaster with or without federal funds. When I first started my thesis, I was working in emergency management, but not in the DBH world. I was doing more work focused on COVID-19, like getting

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vaccines to the public and testing centers up and running.

What complications or challenges have you encountered as you focus on creating, revising, or implementing your state's disaster response plans—or in your work in general?

Heather Phelps: There's a lot I would like to do with the disaster behavioral health component of my position that I just don't have time for right now. My official title is under policy and regulations. The bulk of my job is drafting regulations and managing the regulation projects. We're going through regulation changes that have taken more of my focus. It's an interesting mix because policy regulation is a very slow, lengthy process, and disaster behavioral health is a very immediate process with high emotional intensity and urgency.

I am located in the Division of Behavioral Health under the Department of Health, while everything else related to disaster response and emergency planning is under the Division of Public Health. I'm separated from others in the Emergency Operations Center. There's a lot of mystique about behavioral health. There are a lot of ideas about what behavioral health or mental health services should be in relation to a disaster response or a crisis situation. A lot of times people don't understand that a

SAMHSA and the SAMHSA Disaster Technical Assistance Center have identified eight promising practices in disaster behavioral health planning:

1 Plan scalability

2 Partnerships

3 Financial and administrative preparedness

4 Plan implementation

5 Services assessment

6 Logistical support

7 Legal and regulatory guidance

8 Plan integration

— From SAMHSA Disaster Technical Assistance Center Promising Practices in Disaster Behavioral Health Planning: Introduction video. You can also access the full *Promising Practices in Disaster Behavioral Health Planning* video series.

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person receiving services from a disaster response is not going to be diagnosed or receive a treatment plan. So there's an education piece to this work.

Kalie Burke: We've done a good job of focusing on population mental health. We did a lot of great work with the general population, with teachers, and with the healthcare field. But emergency managers were, and continue to be, kind of left out. When a disaster is coming, we see the news, we see the graphs. I know a hurricane is coming and I need to prepare. I, of course, need to do my job, but also need to help my family and friends prepare and prepare myself. That can weigh on you a lot. There's the impending doom knowing I'm going to be working 12-hour shifts. It's not to say we don't want to do it. But we would like a bit more support and leniency for our mental health.

I know there's not a lot of room for leniency because everything moves fast during a disaster, but it's important to have people's best interests in mind. When Hurricane Idalia was coming through, I sent out an email to my team and said, "I know this is a really stressful time. Just remember to take a deep breath and that we can get through this together." It's kind of a "one team, one fight" type of mentality that I encourage for my team, because we are all in it for the same goal.

Our jobs are extremely stressful. Working in the field for several years during COVID-19, the burnout we are experiencing is substantial. I want to make sure that everyone is taken care of. It's not just the nurses, doctors, firefighters, and police on the frontlines. It's also the people who may be sitting at a desk all day, working from home, who have a toll taken on them as well working in DBH.

In a field as fast-paced as DBH, how do you ensure self-care and wellness for yourself and/ or others on your team?

Heather Phelps: I'm a licensed professional clinician. My master's is in marriage and family therapy, so self-care is a practice I've been doing most of my professional and personal life. Truthfully, it's a part of who I am and not just something I do. It's an everyday component of my life. I exercise regularly. I journal. I have an active social network of friends and family who support and care about me, and I support and care about them. I stain glass as my hobby. I live in the most beautiful state. I hike all the time. Do I get stressed out still? Yes. But I've had my personal journey with recovery, and I'm pretty grounded.

Kalie Burke: You should be able to establish what works best for you. I know that I need to go talk to my therapist once a week and that works for me. If there's a disaster coming, I know I'm going to be thinking about it and that I'll be a little anxious. I read an interesting piece once that said, "If you're always on call, you're always in fight-or-flight response mode." It's important to have everybody on the same page of what we want to see in terms of work effort, team meetings, and social supports. You're no good to anyone else if you overwork yourself. You can't pour from an empty cup. Know yourself and know your personal limits. I did not know mine when I started

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> **Disaster behavioral health is ever evolving. Disasters are not static events, and they're not always the same. Every incident has its own uniqueness that needs to be addressed.**

working in emergency management, and I know a lot of people who don't know theirs because they want to put everybody else first. This is the field we got into to help people, but you're no good to anyone else if you're not helping yourself.

What recent work have or are you pursuing to ensure you can best address DBH needs in your state?

Heather Phelps: I stepped into the position and there wasn't an active continuity of operations plan. The disaster behavioral health response part of the state emergency preparedness plan was last updated in 2019, pre-COVID, and didn't reflect resources that are currently available in our state post-COVID. It was extremely well written and well thought out, but it wasn't practical. Disaster behavioral health is ever evolving. Disasters are not static events, and they're not always the same. Every incident has its own uniqueness that needs to be addressed.

We successfully updated our disaster preparedness plan this June. I reached out to SAMHSA DTAC and was connected with Dr. Denise Bulling, who is amazing. Unfortunately, there was a change in leadership here, and regulation work took off, so we didn't take advantage of her knowledge and expertise as much as we could have. I think we met twice, but just those two times were extremely motivating and encouraging for me.
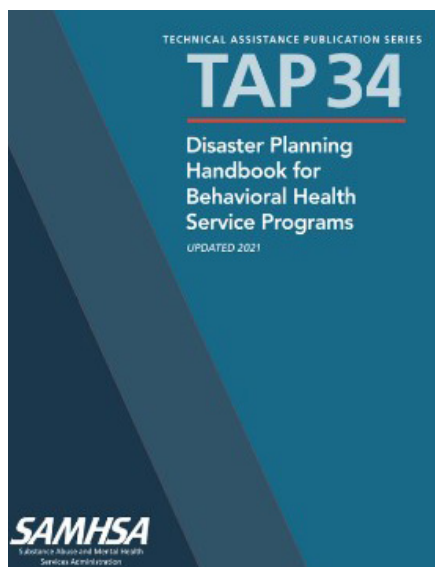
Something that Denise Bulling shared with me that I totally resonate with is that all disasters begin and end locally. Many of our smaller communities are vitally connected with Alaska Native culture, and we may not be aware of their strengths without asking. Coming in with a more Western medical model of behavioral health may not be appropriate. So we are considering how we can support those communities in a culturally appropriate, respectful, and honoring

way. The community recovers and rebuilds through support.

Kalie Burke: The Department of Public Health has these telemedicine backpacks that nurses and first responders can use to conduct a physical check-in. The backpacks have a computer with a camera so users can essentially FaceTime with a doctor in real time remotely. I have been working with specialists within the Department of Public Health to see if those backpacks are something we could start using in shelters to get disaster behavioral health services out to communities a lot faster.

When a disaster hits, it's very difficult to get people out there and providing services immediately, especially when our providers are short staffed, or are in the affected area and are also recovering from the disaster. We may be able to have something there at the shelters where individuals can receive immediate access to real healthcare

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services in a virtual manner. These locations can offer crisis counseling-type services immediately without needing someone physically there. A crisis counselor can be working at the provider's office, doing their normal day-to-day work, and answer calls as they come in.

It's a project we have identified as a way to be able to continuously provide behavioral health services or basic public health care in times of a disaster. We know it usually takes some time to get services up and running after a disaster—why not try cutting that part out? We're moving with the technology and with the times.

What advice would you give to someone starting to work in DBH or in your position?

Heather Phelps: Connect with SAMHSA DTAC. There's a lifeline. When I started in the position, I had no clue who to contact regarding disaster behavioral health response.

So I would do Google searches to find out what to do. And I found SAMHSA DTAC and a wealth of information. And then I was able to connect with a technical assistance specialist, and they were able to connect me with Denise Bulling. SAMHSA DTAC provides resources, including fact sheets, when there's been a lot of flooding or wildfires or mass violence events. SAMHSA has some great resources, including the _TAP 34 Disaster Planning Handbook for Behavioral Health Service Programs,_ which was super instrumental in helping me draft our DBH response plan. I attended the SAMHSA DTAC Crisis Counseling Assistance and Training Program Grants Training and was able to connect with individuals from other states through that training. I connected with an attendee from Oregon, and we're still in contact. Every time a disaster comes up, she and I are messaging each other to support each other however we can.

Kalie Burke: Don't be afraid to not know. That was my biggest thing when coming into this field. The first year of having this job, I thought, "I am going to ask the stupidest questions and they're going to think I am so dumb." But they didn't. No one expects you to be the disaster behavioral health expert of the world because no one is. The individual that had my job before me was in this position for 20 years. She is the queen of disaster behavioral health, and even she doesn't know things sometimes. And she is unashamedly able to admit she doesn't know something. Even once you feel like you know everything, there will still be more that you can learn.

We're all moving through this new world of disasters and funding, so don't be afraid to reach out for help. There is a network of disaster behavioral health coordinators and individuals in the field across the county with people who are more than happy to answer your questions. No question is too simple to ask. Honestly, the simplest questions turn into great discussions. No one's here to scare you or get you. We're all here to learn and provide services. ∎

Contact SAMHSA DTAC for Planning TA
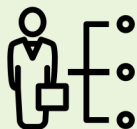
SAMHSA DTAC welcomes all requests for technical assistance (TA), including requests related to DBH planning and preparedness. Staff can provide resources, information, and connection with experienced professionals in the field that may be helpful for DBH planning. You can reach SAMHSA DTAC by email at dtac@iqsolutions.com or toll-free phone at 800–308–3515.

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Steps to Revising an All-Hazards Disaster Behavioral Health Plan

By **Denise Bulling, Ph.D., LIPC, CTM,** University of Nebraska Public Policy Center

All-hazards disaster behavioral health plans became a priority for states in the early 2000s. Since then, we have learned a lot about what people need after disasters and how to deliver services even when we can't be face to face. Plans are tested by each disaster or large-scale emergency. Along the way, we face changes in personnel, availability of resources, and context—all impacting how we respond. Most states have or should have updated plans with the lessons they learned and the evolving evidence for effective interventions. The most tempting way to revise a plan is to give it to one person and ask them to "update it." However, this may not be the best solution.

I am a strong advocate for outlining the plan revision process to include timelines and who is responsible for each step. The benefits of following a clear process include increased transparency and accountability. There are many ways to approach the revision process. Below is a simplified process that can serve as a starting point for your revision or update. Adjust it to meet your context and resources.

[1] Exercise situation manuals are available for viewing and download at https://www.disastermh.nebraska.edu/training-education/exercises. These manuals can be modified for use in your jurisdiction.

Step 1: Exercise your plan.

Step 2: Identify the areas of the plan that need community or organizational involvement.

Step 3: Gather community or organizational input.

Step 4: Draft the plan.

Step 5: Reconcile with other plans.

Step 6: Finalize and distribute the plan.

Step 1: Exercise your plan.

This can be as simple as convening (virtually or in person) key personnel to talk through how your plan would be used in a specific scenario. You could also take a recent disaster in your jurisdiction and talk through the strengths and weaknesses of the plan. Nebraska convenes state and local partners once a year for a tabletop exercise testing local and state behavioral health plans.[1] Representatives from behavioral health, public health, emergency management, Nebraska Voluntary Organizations Active in Disaster (VOAD), first responders, and others participate. This results in an after-action review and report/implementation plan identifying areas of improvement, who is going to do it, and when it is expected to be done. The recommendations for improvements can be related to plans, procedures, or even resource development and acquisition. Doing an exercise is a great way to enhance partnerships, foster collaboration with emergency management, and tap into their expertise in exercise design and facilitation. Exercises help you quickly identify gaps and outdated assumptions in your plan.

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Step 2: Identify the areas of the plan that need community or organizational involvement.

Plan gaps or challenges identified in the exercise may not require involvement of other entities. For example, you may find outdated references or resources in your plan that are easy to update. However, you may also find challenges to your assumptions that impact stakeholders—for example, the way you are organizing your workforce or assumptions that are no longer relevant about how you plan to implement the federal Crisis Counseling Assistance and Training Program grant when your jurisdiction is eligible. These and similar challenges may require input from stakeholders such as your leadership, other state agencies, provider groups, professional groups, and so on. This step in the updating process involves identifying which parts of the plan require stakeholder buy-in. Narrowing the focus of what you present to stakeholders will help you get better feedback.

Step 3: Gather community or organizational input.

Once you know the areas of the plan you want involvement in, determine how you will get meaningful input from the various groups you identified. Table 1 showcases different methods for involvement, each with advantages and disadvantages.

Table 1. Stakeholder Input Methods

Method	Advantages	Disadvantages
Online survey	• Easy to deliver. • Focused questions. • Easy and quick analysis.	• It may miss key points. • Not everyone has online access.
Focus groups or interviews	• Rich data/discussion points. • People feel heard.	• Labor intensive. • Difficult to synthesize.
Virtual meetings	• Easy to arrange. • Amenable to breakout discussions. • May reach large groups of people.	• Must have good facilitation skills. • Some may be silent in a group. • Scheduling may not work for all.
Focused input during regularly scheduled meetings/ gatherings	• Integrates with regular meetings. • Easier to schedule. • May involve virtual data gathering in addition to discussion.	• May be limited on time. • Agenda placement may impact input. • May miss stakeholders not attending regular meetings.
Engagement of key stakeholder groups to gather data from their own constituents	• Easier access to some populations. • Creates buy-in from the organization. • May be in person or virtual. • Capitalizes on existing trust.	• Data may be filtered. • Little control over delivery.
Advisory group (*ad hoc* only for the plan update period)	• Creates high-level buy-in. • Allows for high-level review.	• It may be seen as limited engagement if another method is not used.
Webinars	• May be recorded and played later. • Increase awareness. • May be coupled with other methods. • May be issue-focused.	• Not everyone has online access. • Recording may not be accessible. • It may not stimulate engagement.

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Step 4: Draft the plan.

Drafting the plan involves synthesizing all the input and making decisions about the direction the plan will take. Involve leadership in these decisions before any changes to the plan are made. Take time to review and update references, resource listings, statistics, and appendices. Highlight key areas of change that are based on your stakeholder work.

Step 5: Reconcile with other plans.

Circulate a draft of the updated plan to key groups before moving to the next step. Ask them to pay particular attention to the areas that were changed and highlighted. For example, your plan might include new information about how you are organized and deployed under an incident management structure by an emergency management agency. The emergency management agency should review your proposed changes and check their plans to ensure your proposed changes are compatible with their plan language.

The following situation manuals are specific to Nebraska, but they can be customized for
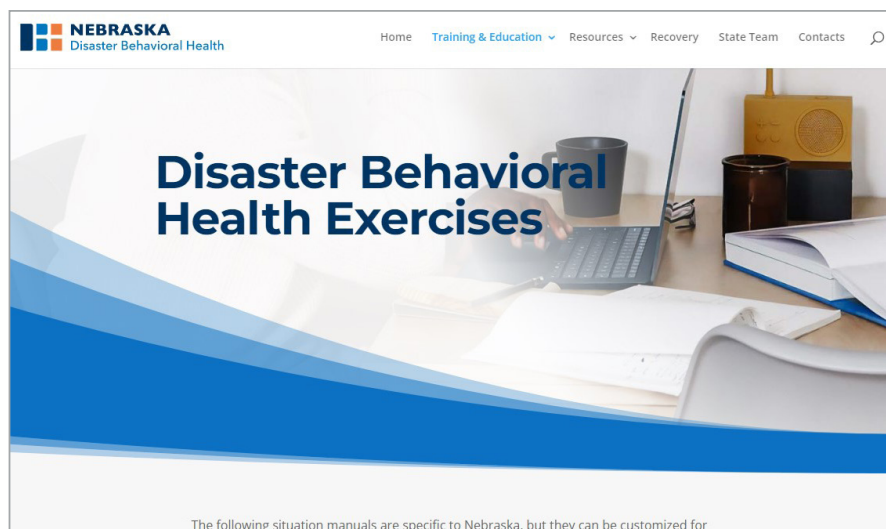
Step 6: Finalize and distribute the plan.

Incorporate any changes from the last step and finalize your plan. Ensure it is signed and approved by the right people, and you are ready to distribute it. Start by confirming your partner groups have a copy and know where to find it when needed. Think about who needs a copy of your plan and how they are going to access it during an emergency. For example, some may want a hardcopy for a "go-bag" along with a copy on a flash drive as a backup

while others may just access it on your website when needed. Make suggestions about how you want key staff to access your plan and ensure they have the resources they need to enact their part in the plan.

Now that your plan is up to date, it is time to test it with another exercise! Getting into a rhythm of exercising and adjusting will help your plan stay fresh and relevant. It will also increase awareness of the role of disaster behavioral health for other response entities and help ensure people in your jurisdiction get the help they need when they need it most. ■
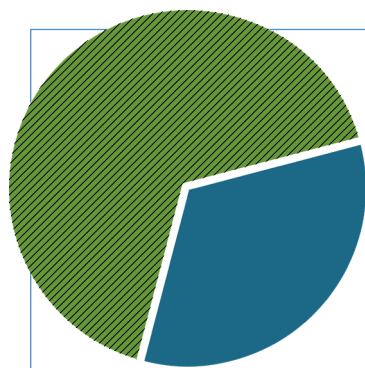
In a study of state disaster recovery implementation plans, researchers found that a majority of plans had provisions to address short-term healthcare needs, including behavioral health needs, **but only one-third addressed long-term healthcare and behavioral health needs** (Kennedy et al., 2021).

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Resources for Disaster Behavioral Health Planning

By **SAMHSA Disaster Technical Assistance Center (DTAC) staff**

According to the Customer Feedback Survey, which SAMHSA DTAC uses to improve our products and services, most disaster behavioral health (DBH) professionals have very little work time dedicated to DBH planning—an average of 16 percent, according to the latest survey findings. Yet a lot of planning must be done to ensure effective DBH response and recovery. This article presents resources that may help, including printed and online information, needs assessments, and training opportunities.

Guides and Other Resources To Support the Planning Process

SAMHSA DTAC maintains a web portal for disaster planners. This portal features information to help planners include and account for populations who may be at heightened risk in disasters, including people with access and functional needs, older adults, and people experiencing homelessness, as well as information about diversity, equity, inclusion, and accessibility in disaster planning and response. The portal also includes a link to the Introduction to Promising Practices in Disaster Behavioral Health Planning webinar recording,

which presents promising practices to help strengthen planning efforts and outcomes. In addition, the portal offers a tool to help with DBH planning in the context of climate change.

The SAMHSA Disaster Behavioral Health Information Series collection also includes resources specific to planning.

The Federal Emergency Management Agency (FEMA) offers several resources to support emergency planning by states, territories, tribes, and local governments, as well as entities in other sectors. The *Comprehensive Preparedness Guide (CPG) 101*

provides information, strategies, and tools to aid in developing emergency operations plans (EOPs) at state, territory, tribal, and local levels. Other resources offer guidance on private-public partnerships in support of planning and preparedness, specific incident types, and EOPs for houses of worship and schools.

Tools for Assessing Hazards, Vulnerability, and Need

The Centers for Disease Control and Prevention (CDC) offers the Social Vulnerability Index (SVI), a database with information about levels of risk during disasters in locations across the United States. The SVI is based on factors research has found to be associated with greater risk during disasters, including socioeconomic status, household characteristics, being part of a historically marginalized racial or ethnic population, and access to transportation. The SVI is designed to help emergency managers and public health professionals understand and plan for vulnerability levels in areas where they are

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developing and maintaining EOPs, DBH plans, and disaster response and recovery plans. Users can access an interactive map or download data for their own use.

FEMA's National Risk Index is another tool for assessing needs at state and local levels. The National Risk Index draws in part on the CDC's SVI. Its data helps show the U.S. communities at greatest risk for 18 natural hazards. The index shows risk at U.S. county and Census tract levels. Users can access the index as an interactive map or via database downloads, among other methods.

The Hazards Vulnerability and Resilience Institute at the University of South Carolina has developed the Social Vulnerability Index for the United States (SoVI®). There are 2010–2014 and 2019 versions of the SoVI. The index is based on data from the U.S. Census Bureau and other sources related to 29 socioeconomic variables found to affect community capacity to prepare for, respond to, and recover

from disaster. A data page offers the ability to download the SoVI 2019 for counties across the United States, as well as SoVI 2010–2014 state-level maps that show how counties compare. The SoVI and tools at the SoVI website may be helpful to planners in identifying areas of heightened vulnerability within their jurisdictions that may need more resources for planning and preparedness, response, and recovery.

The U. S. Census Bureau offers QuickFacts, a website presenting statistics for all U.S. states and counties, as well as for cities and towns where at least 5,000 people live. Users can select a geographical area and compare statistics in that area to the entire United States, with statistics including overall population, age, sex, race, and ethnicity; variables related to housing ranging from number of housing units to median gross rent; families and living arrangements; and income and poverty. The site also allows users to view data in

a range of formats (tables, charts, maps) and download and share data easily.

Developed by FEMA and Argonne National Laboratory, the Resilience Analysis and Planning Tool (RAPT) allows planners to use geographic information system mapping to view community resilience indicators and other data on demographics, infrastructure, weather, and hazards. RAPT also features analysis tools and the ability to print and download information. You can access a website to learn how to use RAPT.

Training

The FEMA Emergency Management Institute offers a wide range of Independent Study (IS) courses you can complete online and at your own pace. To complete the courses, you must obtain a FEMA Student ID, which you can register for online free of charge. Some of these courses may help you get up to speed on fundamentals of emergency planning and management and how these disciplines intersect with DBH:

- Fundamentals of Emergency Management (IS-230.E). This course offers an overview of emergency management, identifying key partners and their roles and steps in developing a comprehensive EOP.

- Emergency Planning (IS-235.C). This course covers the relationship between planning and preparedness, the planning process

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and the steps it includes, and elements of an EOP.

- **National Preparedness Goal and System Overview** (IS-2000). In this course, participants are introduced to the National Preparedness Goal and National Preparedness System, two frameworks for organizing nationwide disaster preparedness efforts.

- **National Disaster Recovery Framework Overview** (IS-2900.A). This course presents the National Disaster Recovery Framework, its history and background, and key elements such as guiding principles and recovery support functions.

- **An Introduction to the National Incident Management System** (IS-700.B). The National Incident Management System (NIMS) helps organizations and entities in all sectors collaborate in incident management to implement effective preparedness, response, and recovery activities. This course covers the basics of NIMS, the Incident Command System and other NIMS management and coordination structures, and how different structures and elements of NIMS work together.
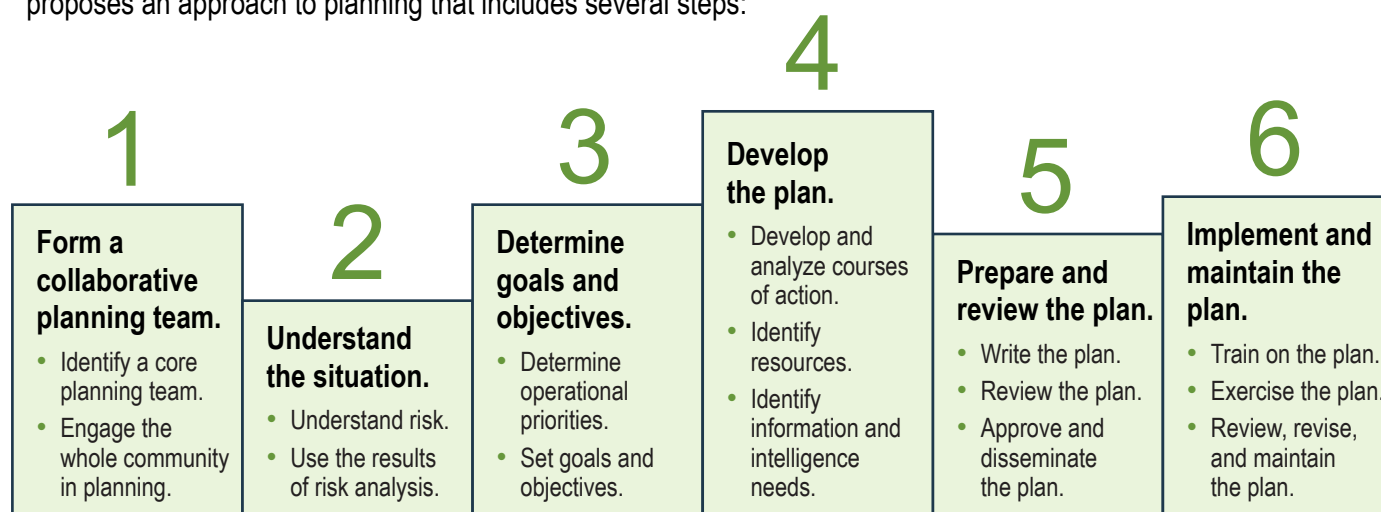
- **The Role of Voluntary Organizations in Emergency Management** (IS-288.A). This course covers the history of voluntary organizations in the United States and their contributions to disaster planning and preparedness, response, and recovery.

- **Developing and Managing Volunteers** (IS-244.B). This course prepares participants to involve volunteers in disaster response and recovery. The course discusses aspects of disaster response and recovery where volunteers can be especially helpful, volunteer recruitment and management, and issues in management of volunteers.

- **Community Preparedness: Implementing Simple Activities for Everyone** (IS-909). This course equips participants to manage and support efforts that increase community preparedness. It discusses principles of community preparedness, activities to build preparedness, and resources to support community preparedness. ∎

Steps in the Planning Process

In the *Comprehensive Preparedness Guide 101*, the Federal Emergency Management Agency provides information to help state, territorial, tribal, and local governments create and maintain emergency operations plans. The guide proposes an approach to planning that includes several steps:

1 Form a collaborative planning team.
- Identify a core planning team.
- Engage the whole community in planning.

2 Understand the situation.
- Understand risk.
- Use the results of risk analysis.

3 Determine goals and objectives.
- Determine operational priorities.
- Set goals and objectives.

4 Develop the plan.
- Develop and analyze courses of action.
- Identify resources.
- Identify information and intelligence needs.

5 Prepare and review the plan.
- Write the plan.
- Review the plan.
- Approve and disseminate the plan.

6 Implement and maintain the plan.
- Train on the plan.
- Exercise the plan.
- Review, revise, and maintain the plan.

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RECOMMENDED RESOURCES

SAMHSA Disaster Mobile App

This free app from SAMHSA provides responders with resources for every phase of disaster response and includes tip sheets, guides, and a directory of behavioral health service professionals. Materials can be downloaded in advance and accessed offline. The app is available through the Apple App Store and Google Play Store.

Learn more about the app at http://bit.ly/3PEYl1T.

Make a Plan

This page from Ready.gov has fields you or people you are helping with disaster preparedness can complete to help create a family emergency communication plan. Users can fill out household information such as details on each family member (including important medical information), emergency plans and contacts, and meeting places. When information has been entered, users can submit the form to receive a PDF version to print out and save.

Access the planning tool at https://bit.ly/3tiNwe4.

Red Cross Mobile Apps

The American Red Cross has a variety of preparedness apps available for free. The Emergency App provides step-by-step guides to help individuals prepare, an interactive map of open Red Cross shelters, and information in English and Spanish. There are also first aid apps for family and pets.

Find links to download the apps at https://rdcrss.org/46a6Adc.

Caring for Children in a Disaster: For Kids and Families

The Centers for Disease Control and Prevention has a range of checklists designed to help families with children prepare for an emergency. Parents and other caregivers can learn which items to consider including in an emergency kit and how to turn this task into a fun game for the family. Checklists are available for families with children, a baby or toddler, or pets, as well as children and youth with special healthcare needs.

Find the checklists at https://bit.ly/3LMcNDX.

Stop Disasters!

Designed for 9- to 16-year-olds, this game from the United Nations Office for Disaster Risk Reduction can help young people learn the risks of disasters such as hurricanes, wildfires, earthquakes, and tsunamis. Participants can pick their difficulty level and disaster scenarios that help them think of the most efficient way to build hospitals, housing, and more to protect the population.
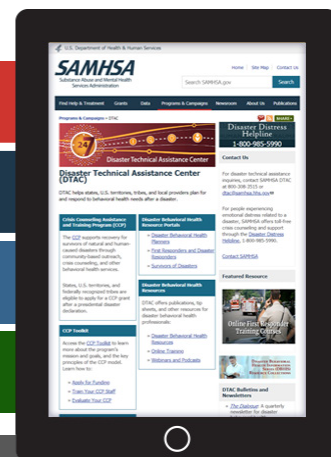
Play the game at https://bit.ly/48woOHr.

https://www.samhsa.gov/dtac

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Recent Technical Assistance Requests

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

Request: SAMHSA DTAC received a phone call from Hawaii requesting guidance on handling inbound crisis line calls related to the 2023 Hawaii wildfires. The state further inquired about additional resources and information that should be shared with individuals impacted by the fires.

Response: SAMHSA DTAC compiled a list of wildfire-specific resources, as well as information pertaining to common reactions and stressors involved in unexpected home evacuation. A sample of the resources provided is included below:

- **Disaster-specific Resources: Wildfires**—This part of the SAMHSA Disaster Behavioral Health Information Series collection includes resources focused on wildfire preparedness and response. The collection includes resources for children, parents and other caregivers, school personnel, and the public.

  https://www.samhsa.gov/resource-search/dbhis?rc%5B0%5D=type_of_disaster%3A20555

- **Wildfires**—The SAMHSA Disaster Distress Helpline supports survivors, family members, responders, and recovery workers who are affected by wildfires and other disasters. Information on this web page includes signs of emotional distress, populations who may be at greater risk for distress after a wildfire, and links to resources for more information and support.

  https://www.samhsa.gov/types-disasters/wildfires

- **Natural Disasters and Severe Weather: Wildfires**—The Centers for Disease Control and Prevention's website provides information on a host of hazards, including wildfires. This web page offers links to information about staying safe after a wildfire and learning about and coping with hazards linked to wildfires and other disasters, including emotional distress.

  https://www.cdc.gov/disasters/wildfires/index.html

  The page is available in Spanish at https://www.cdc.gov/es/disasters/wildfires/index.html.

- **Wildfires: Response/Recovery**—Part of the U.S. Department of Labor, the Occupational Safety and Health Administration (OSHA) works to ensure safe and healthy workplace conditions across the United States. This part of OSHA's website offers information on staying safe as a worker involved in wildfire response and recovery. Links are provided to information about the range of hazards workers may face after wildfires, as well as information for firefighters and other responders.

  https://www.osha.gov/wildfires/response

- **Recovering From Wildfires**—This part of the American Psychological Association's website identifies common reactions to wildfires and provides recovery tips for individuals and families. The resource also provides guidance for individuals caring for children with special needs, as well as those seeking additional assistance.

  https://www.apa.org/topics/disasters-response/wildfires

Request: To aid in writing an article about disaster, a representative from the State of Missouri contacted SAMHSA DTAC to identify reliable sources of information specifically related to disaster preparedness and individuals living with serious mental illness.

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Response: SAMHSA DTAC provided several topical resources developed by SAMHSA and SAMHSA DTAC, including selected issues from SAMHSA DTAC's *Supplemental Research Bulletin* and *The Dialogue*. Below are some of the resources shared:

- **Disasters and People with Serious Mental Illness**—This issue of the *Supplemental Research Bulletin* delves into the experiences of individuals with serious mental illness before, during, and after encountering disasters. It focuses on the observed differences in reactions to disasters among individuals with various mental illnesses and offers approaches to help meet the post-disaster needs of people with serious mental illness.

  https://www.samhsa.gov/sites/default/files/disasters-people-with-serious-mental-illness.pdf

- **Helping People With Serious Mental Illness and Substance Use Disorder During Disasters**—This issue of *The Dialogue* addresses the challenges faced by people living with serious mental illness or substance use disorder during and after disasters. It includes articles exploring ways to enhance disaster preparedness and recovery support to include people with serious mental illness and substance use disorders.

  https://www.samhsa.gov/sites/default/files/dtac/dialogue-vol-15-issue-3-4.pdf

- *TIP 57: Trauma-Informed Care in Behavioral Health Services*—Provided by SAMHSA, this manual helps behavioral health professionals understand the effects of trauma and better serve patients who have experienced trauma. It also contains information to help behavioral health program administrators develop and sustain trauma-informed organizations.

  https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

- *TAP 34: Disaster Planning Handbook for Behavioral Health Service Programs*—This publication offers comprehensive guidance for both management and staff involved in the development of disaster plans for behavioral health service programs. The publication delves into the nuances of planning strategies and processes, with a focus on putting together a disaster planning team, coordinating planning, and testing and using the plan.

  https://store.samhsa.gov/product/tap-34-disaster-planning-handbook-for-behavioral-health-service-programs/pep21-02-01-001

- **My Mental Health Crisis Plan Mobile App**—Developed through SMI Adviser, this mobile app enables individuals with serious mental illness to create a psychiatric advance directive for guiding their treatment during a mental health crisis. The app offers a step-by-step process to state treatment preferences,

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 going to the survey web page, or copy and paste the URL https://iqsolutions.qualtrics.com/jfe/form/SV_bjYCSJDUQAGi1h3 into your web browser.

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designate decision-makers in case of incapacity, and share the plan with healthcare professionals and loved ones. The mobile application is available through both the Apple App Store (https://apps.apple.com/us/app/my-mental-health-crisis-plan/id1497373282) and Google Play (https://play.google.com/store/apps/details?id=org.smiadviser.apa&hl=en_US).

https://smiadviser.org/mymhcp

- **The Effects of Disaster on People with Severe Mental Illness**—This National Center for PTSD web page discusses the impact of disasters on individuals with severe mental illness. It examines the response of individuals with severe mental illnesses to disaster events and explores the question of whether people with severe mental illness are at increased risk of posttraumatic stress disorder (PTSD) following disasters. The web page further emphasizes the necessity for improved information on how individuals with severe mental illness react to disasters and suggests providing additional support and assessment to this population.

https://www.ptsd.va.gov/professional/treat/specific/disaster_mental_illness.asp

- **Psychological First Aid Online**—Offered by the National Child Traumatic Stress Network, this online course is designed to train new disaster responders in Psychological First Aid (PFA). It also serves as a valuable refresher for responders seeking to revisit this disaster response approach. The course covers the fundamental principles of PFA and its application after a disaster.

https://www.nctsn.org/resources/psychological-first-aid-pfa-online

Request: To further enhance the state's disaster preparedness and response, the Disaster Behavioral Health (DBH) Coordinator of North Carolina contacted SAMHSA DTAC seeking referrals to consultants with extensive expertise in the implementation of DBH response teams.

Response: SAMHSA DTAC provided North Carolina's DBH Coordinator with a list of recommended consultants suitable for the state's needs of building upon their disaster response. SAMHSA DTAC encouraged the coordinator to connect with the suggested consultants and to follow up if possible with SAMHSA DTAC about the state's progress in disaster planning and preparedness.

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Groups

New Online Forum for the Disaster Behavioral Health Field

The SAMHSA Disaster Technical Assistance Center (DTAC) has set up a new online community for the disaster behavioral health (DBH) field: the SAMHSA DTAC DBH Google Group. The group provides a forum for disaster behavioral health professionals to share information and resources and discuss issues in the field. All who work or volunteer in disaster behavioral health are welcome. The only requirement is a Google account, which can be set up free of charge. Visit the group today to check out high-quality disaster behavioral health resources, training opportunities, and more.

Prepare • Respond • Recover
Inform • Assist

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Substance Abuse and Mental Health Services Administration