Outreach Strategies for Disaster Behavioral Health Response Programs\*

Planning Template

# Outreach Principles

The concept of developing outreach strategies in the wake of disasters stems from the knowledge that most people do not see themselves as in need of mental health or crisis intervention services even when they are suffering terribly after a traumatic event. In fact, the majority of the general public will likely not require any formal mental health services. They may, though, still suffer with some serious distress symptoms. Psycho-education through crisis counseling, outreach efforts, and public messaging/risk communications may assist in helping them understand their reactions, provide some helpful tips/coping ideas, and move through the recovery period more quickly.

A small percentage of the affected population at higher risk for developing a serious mental disorder such as depression or anxiety for a number of reasons (e.g., direct life-threatening exposure, developmental stage, prior traumatic experiences, prior mental illness, and physical health concerns) may require assessment and treatment. These people may be more easily located and identified through a structured outreach process.

The overall objective in reaching our target population is to inform these populations that most of their distress responses to the disaster are common and expected. It is helpful to educate survivors about the strength and resiliency that we all have within us and to suggest that connecting, calling, and talking with each other is one of the most effective paths to recovery. Specifically, it is useful to inform people that some education, coping skills, and tips may help relieve their disaster-related distress.

The objectives are to:

1. Reach those people in the communities most highly affected by the disaster (those who lost loved ones, were injured, or had homes or livelihoods destroyed)
2. Reach those people in the affected community who may be at higher risk of developing a serious mental health problem due to any number of identified variables, including these:
3. People who have suffered previous traumatic experiences, losses, or exposure to disaster events
4. People with a history of prior mental illness
5. People with a frail elderly status (e.g., physical disability and/or restricted accessibility to services, lack of familial or social supports)
6. At-risk populations and children in general (e.g., those coping with the distress of their caregivers, those with limited or inadequate familial or other social supports, those with a limited ability to make sense of the aftermath of the disaster)
7. People who are in minority and/or immigrant groups, tribes, or economically or politically disadvantaged groups
8. Reach the general public who may be suffering with some distress symptoms and not realize their emotional responses are related to the disaster
9. Identify persons with serious and persistent mental illnesses, substance misuse concerns, and others with preexisting emotional disorders to assure that those in need of ongoing outpatient care continue to receive services through appropriate linkages and referrals

These objectives are aimed at achieving the goals of providing a supportive presence, psycho-education, resources, and referrals that may assist in mitigating the development of a serious mental disorder.

To operationalize these goals and objectives, an outreach strategy is recommended. The tools to inform an outreach strategy include the following:

1. Needs assessment data
2. Input from local community leaders
3. Input from special needs groups (e.g., immigrants, parents, school administrators, local mental health providers)
4. Feedback from immediate response providers
5. Data tracking and evaluation of outreach activities
6. Scheduling outreach activities
7. **Needs Assessment Data**

Needs assessment data that have been gathered by local authorities such as departments of health and/or mental health, offices of emergency management, or federal agencies such as the Federal Emergency Management Agency (FEMA), or the Centers for Disease Control and Prevention may be available. These data would help identify the following:

1. **The geographic area affected by the disaster**

Identify here the geographic area of your state or territory most affected by the disaster (e.g., name of coastal towns, inland towns, rural areas). Include a map if you have one available. The state or territory office of emergency management can usually supply one. FEMA is an immediate resource as well.

Target Date for Completion:

Affected Geographic Areas:

1. **The demographics of the communities affected by the disaster**

Identify the demographics of the areas most affected by the disaster, including those identified in the statewide or territory-wide assessment. Cross-reference these with the towns or other areas noted above (e.g., Town A is primarily made up of mixed-race middle-class families who are involved in [name industry].) Family make-up includes young adults with an average of one or two school-aged children as well as middle-aged couples with no children living at home; there are a small number of retirees who participate in [industry] as a financial supplement or leisure activity. Provide the same information for Town B, C, etc.

Target Date for Completion:

Community Demographics:

1. **The potential at-risk areas in the community**

Identify communities whose members may be at higher risk for the development of emotional distress or even mental illnesses. In this case, you would likely identify those who have had recent previous traumatic experiences such as losing their homes in a previous disaster (e.g., Hurricanes Katrina, Wilma, Gustav, or Ike). There may be communities that were making it through the economic downturn but now because of this disaster are losing hope of recovery. Identify the geographic area and the at-risk issue (e.g., Town A was hit by Gustav where 40 percent of the residents had partial home damage and have not yet completed rebuilding. Town B lost a school that was just repaired prior to the oil spill, and the families of the students are suffering with job losses.)

Target Date for Completion:

Potential At-Risk Areas:

1. **Special populations of concern**

Identify those populations that we know from the literature might be at risk, so outreach will involve targeting these groups to see how they are managing. These groups include those of lower socioeconomic status and in minority groups that have suffered a lack of attention to social and economic issues in their community, schoolchildren in directly affected areas, people who were already suffering with an emotional disorder prior to the disaster—likely with depression or anxiety as a result of the multitude of stressors and a poor economy, or are the frail elderly—those who have had a decrease in their health or who are isolated and without transportation to community or familial supports, etc. Identify persons with preexisting serious and persistent mental illnesses and people with other emotional disorders prior to the disaster to assure that those in need of ongoing outpatient care continue to receive services through appropriate linkages and referrals. Identify the schools that need to be visited, the adult living group homes, or elderly assisted living/skilled nursing homes as examples.

Target Date for Completion:

Special Populations:

1. **Service areas**

Needs assessment data may also indicate where services were provided in the immediate disaster response phase, where services are currently being provided, where there has been a lack of needed service for the identified time period, and where services are already targeted for provision by various providers continuing to work in the area.

Identify where the American Red Cross or local faith-based organizations have set up information and/or distribution centers (for clothing, food, registration opportunities) for example. Talk with locals in the area to determine where services have existed or still exist. Call your list of resources to see if each is still active or closed down. Cross-reference these resources with your identified geographic areas and search for places where there seems to have been a lack of attention or no services provided to date. Pay special attention to more rural areas where little or no outreach has been conducted. In this way you are “geomapping.” You can literally put a pin on a map in areas where you have identified a need for outreach.

Target Date for Completion:

Areas Where Services Were Provided/Service Provider:      /

Areas Where Services Need to Continue/Service Provider:      /

Areas Where Services Are Needed/Service Provider:      /

1. **Input from Local Community Leaders**

The most effective manner of receiving information about where to target the message that help is available and identify what type of help may be most effective (e.g., radio informational shows, educational/informational brochures, group educational sessions) is to speak to those within the affected communities who hold any type of leadership role with various groups. Each crisis center should brainstorm about who the community leaders are in its area. Identify leaders, representatives, or spokespeople whom you can rely on to provide accurate information about their community members. Remember to include the following (but don’t limit yourselves to this list):

1. **Faith-based leaders from all denominations**

Identify those organizations/leaders in the affected and at-risk areas you have targeted above. Get contact information and/or a liaison to connect to them. Will they allow you to make announcements about the availability of your disaster program at their services or post-service meetings? Can you distribute informational brochures in their public areas?

Target Date for Completion:

Faith-Based Leaders and Denominations:

1. **Teachers and representative parent group leaders (parent-teacher associations [PTAs], after-school programs)**

Identify those schools you have targeted above. Obtain contact information for the principals, PTAs, and after-school program managers. Try to find a liaison who knows/works with them or within their school to connect you.

Target Date for Completion:

Teacher and Parent Groups:

1. **Community mental health outpatient managers**

Locate community mental health outpatient services within the targeted geographic and demographic areas. Your state or territory disaster coordinators or mental health administrators can provide comprehensive maps and contact information. Ask if they will act as a liaison to introduce the outreach workers to those managers that you don’t already know. Request a meeting to share information and learn about any high-risk groups within their service areas that may benefit from information and support, and connection to the disaster program. Maybe co-lead an in-service with their staffs to bring information to all providers and clients as well.

Target Date for Completion:

Community Mental Health Outpatient Services Managers and Phone Numbers:

1. **Hospital and emergency room program managers**

Arrange a visit to the acute care hospitals and physical health clinics in the affected areas identified above. Request an opportunity to meet with the community liaison staff and share information in a myriad of ways—offer to provide an educational in-service, leave informational brochures, etc. Request information about which medical staff may have reach into the affected community and follow up at their offices with informational brochures. Consider partnering with public health community-based services like Meals on Wheels, Visiting Nurse Associations, and infant care educators. Consider leaving informational brochures and tip sheets in waiting rooms, physician’s offices, etc.

Target Date for Completion:

Hospitals/Emergency Room Managers and Phone Numbers:

1. **Limited and Non-English Speaking and Immigrant population spokespersons (community gatekeepers)**

Identify those immigrant groups who have limited or no English speaking proficiency within your geographic and demographic target areas who may be at risk for increased emotional distress, isolation, lack of support, and fear. Use bicultural and bilingual workers in outreach efforts with each varied community. Find a leader from within your community and/or their community to act as a cultural liaison and build a relationship if you do not already have one. Invite a representative to work with you in translating educational and informational materials or presenting a group education session. Work with these liaisons or “cultural brokers” to learn what the disaster means to the group and what perceptions are of health and mental health concerns within their communities. Identify what supports they have from within their group and where there are gaps. Brainstorm together as to how to address them.

Target Date for Completion:

Community Gatekeepers:

1. **Local police, fire, and emergency management personnel**

Identify the leaders of your law enforcement and emergency/rescue services in the targeted areas. Ask for help in getting some specific information about what the emotional distress issues have been in that community. Are there more calls for domestic violence issues or substance misuse problems? Has the number of calls for emergencies and ambulance services for medical or emotional issues changed? What is the local office of emergency management finding out about the affected communities? Can you join with them to offer a street fair or community education session?

Target Date for Completion:

Local Emergency Management Personnel:

1. **Business owners (owners of local supermarkets and delis, street vendors, transportation professionals—bus drivers, train conductors, etc.)**

This is the literal “on-the-ground” work where outreach staff can both gain information by chatting with the local businesses and inform them of the availability of the disaster program. Business owners like to talk about their neighborhoods and the people with whom they come in contact on a daily basis. Outreach workers can find out what some of the local community issues may be and offer support through the crisis center’s activities.

Target Date for Completion:

Business Owners and Contact Information:

1. **Input From At-Risk Groups**

Identify at-risk groups in the affected communities. Consider local hospitals and health care centers; group homes for people suffering with serious and persistent mental illnesses or developmental disabilities; and assisted living facilities and homes for the elderly and the disabled, homeless people, and immigrants. These groups that have been identified above will help identify people who may be at risk for developing some serious distress symptoms. You may want to cross-check the information received from FEMA, the needs assessment, local leaders, business people on the ground, and others. Add here any new groups that have been missed or later identified as special needs populations.

Target Date for Completion:

Special Needs Groups and Leaders:

1. **Feedback From Immediate Response Providers**

An efficient manner by which to obtain feedback from providers who have been responding to the disaster from the start is to either join an existing roundtable (there is most often an “unmet needs” roundtable that is spearheaded by a FEMA or a local chapter of the American Red Cross or a long-term response group such as Lutheran Disaster Response).

Identify these groups/meetings in your community and request permission to join. Determine if there are other community advisory committees or roundtables already established around the disaster and ask to participate in these groups. Work through your local state or territory disaster coordinator or state or territory department of mental health liaison to assist if you are unable to get a direct response. If there is no such group, your agency may want to host a meeting inviting the local response agencies and other interested parties to join a committee or even a one-time meeting. In the meeting, ask everyone to present his or her agency’s activities to date and the formal as well as informal feedback on their response. A structured discussion may then lead into further suggestions as to continued needs and identifying target populations. This forum may also be used to request suggestions or ideas as to outreach activities that might be successful in the area.

Target Date for Completion:

Immediate Response Providers and Phone Numbers:

1. **Data Tracking and Evaluation of Outreach Activities**

The best way to track the outcome of your outreach and evaluate its usefulness is by the following methods.

1. Document those geographic areas where outreach was conducted and track the specific activities.

Where and when were meetings held?

Who were the leaders involved?

How many community members attended?

What were their roles/responsibilities?

1. Track how much media messaging was conducted in certain areas.

Create print and radio ads. Gather various topical informational brochures on the disaster. Identify each piece of material by giving it a code for ease of reference on the log forms. First, map where distribution may be most useful. Then direct outreach staff to document distribution sites and number and type of materials left, as well as any person-to-person contacts at each area. Individual crisis counseling logs and sample material distribution logs may be used for this purpose. (Please refer to the Crisis Counseling Assistance and Training Program website to see examples of these forms.)

Target Date for Completion:

What was the reach of these messages?

Track the number of informational brochures distributed.

Where and when were brochures distributed?

1. Cross-reference crisis counseling log forms and call volume reports with outreach activities, material distribution, and dates/times of television/radio/print ad placement. Analyze the number of visits to and calls from specific areas where possible and then geomap the above activities with log forms and call volume data to determine possible causation and anecdotal connection. At a minimum, you will be able to speculate. Crisis counseling log forms and call log data collected should be able to provide information as to where the recipient/caller heard about the disaster program if the circumstances allow an opportunity to ask. This provides more solid evidence of the need for these services.

Target Date for Completion:

1. **Scheduling Outreach Activities**

Based on all the dates you have targeted to complete each aspect of outreach, create a timeline that can help you to plan activities and stay on schedule. Since there is a limited timeframe for this project, it might be helpful to design both a monthly and a quarterly timeline integrating the calendar with community events. We know that October through December includes the most intensive period of holidays for those who follow the U.S. Judeo-Christian calendar.

1. October Through December—Holidays/School Schedules/Geographic Areas/Target Populations

Remember there will be a lot of ups and downs during the holiday season and that you should be conducting broad-scale outreach intensely during this time. For example, you might target initial outreach this quarter to those most highly affected by the disaster and the special needs groups who will be affected by the holidays (e.g., isolated elderly, young families coping with kids at home with no funds for gifts, and people with increased alcohol/substance use).

1. January Through March—Holidays/School Schedules/Geographic Areas/Target Populations

What are the local industry activities at this time?

What groups do you need to attend to at this time?

Where are good opportunities to reach those groups that are otherwise difficult to get to in busier times?

1. April Through June—Holidays/School Schedules/Geographic Areas/Target Populations

Schedules for spring begin to pick up, while at the same time people are planning for close of school and summer activities for children.

1. July Through September—Holidays/School Schedules/Geographic Areas/Target Populations

What does this timeframe encompass for local businesses?

This timeframe includes children’s being out of school and planning for the next school year.