

Section VI – Disaster Mental Health Services: The Big Picture

Whether you are an administrator or a clinician, it is necessary to have a rudimentary understanding of who is doing what, how disaster services become operational, and where service sites are likely to be established. The complexity of government in the United States compounds the difficulty of describing “who does what” in disaster. More than 82,000 separate government systems operate throughout the country in the absence of nationally integrated standard operating procedures for disaster planning and response. Numerous federal and state agencies are charged with the authority and responsibility to provide disaster services. In addition, the American Red Cross and many non-government agencies have a cadre of volunteers who provide disaster mental health services.

During the immediate aftermath of a disaster, it can be difficult to determine the scope or mission of each of the agencies responsible for providing mental health services. The architecture for a systematic, coordinated, and effective response is continually reshaped by real-world contingencies. Moreover, the vertical and horizontal multiorganizational emergency response network causes variable levels of interagency coordination. Higher levels of cooperation and coordination prior to disaster are directly related to response effectiveness (Drabek, 1992). Furthermore, each disaster becomes a political event and the political issues related to “who is in charge” are factors with implications for survivors, planners, and responders.

This section provides an introduction to the big picture with the objective of increasing your effectiveness and ability to contribute to the delivery of coordinated care. More specifically, becoming familiar with how the system mobilizes, who's who, and the array of disaster mental health resources will enable you to more effectively educate survivors, coordinate your activities with other responders, and communicate with other disaster mental health clinicians and officials. You and your team may have limited contact with from other disaster mental health agencies; nonetheless, if responding to a community-wide disaster, you will be operating within context of the National Disaster Medical System, the disaster declaration process, the Federal Response Plan, and potentially the Federal Crisis Counseling Program for disaster survivors.

NATIONAL DISASTER MEDICAL SYSTEM

NDMS is an inter-agency program that provides the United States with a nationwide medical mutual aid system. The NDMS is designed to care for as many as 100,000 victims of any incident that exceeds the medical care capability of an affected State, region, or Federal health care system. NDMS is a cooperative effort between four Federal agencies:

- Department of Health and Human Services
- Department of Defense
- Department of Veterans Affairs
- Federal Emergency Management Agency

The system may be activated in three ways:

- In the event of a peacetime disaster, the Governor of an affected state may request Federal assistance under the authority of the Disaster Relief Act of 1974.
- A state Health Officer may request NDMS activation by the Secretary of Department of Health and Human Services.
- When military casualty levels exceed the capabilities of the Department of Defense and the Department of Veterans Affairs medical facilities, the system may be activated by the Assistant Secretary of Defense.

Three primary functional elements comprise NDMS:

- Medical response:
 - Disaster Medical Assistance Teams (DMATs) - include mental health personnel
 - Clearing-Staging Units (CSUs)
 - Medical Support Units (MSUs)
 - Medical supplies and equipment
- Patient evacuation:

Patients that cannot be cared for locally will be evacuated to designated locations throughout the United States.
- Hospitalization:

NDMS has a network of hospitals spanning the major metropolitan areas of the country. Network hospitals accept patients in the event of emergencies.

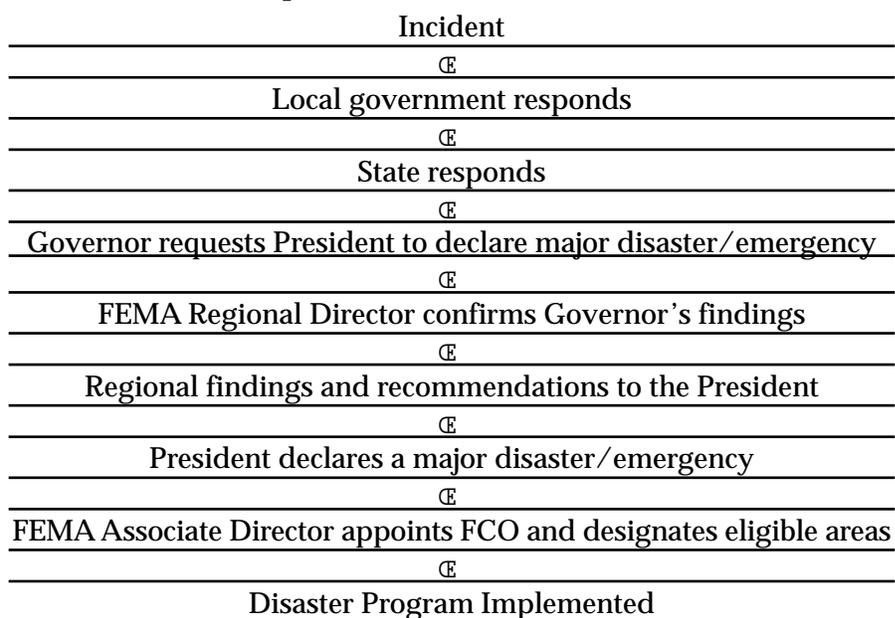
Currently, all NDMS coordinating centers are military medical treatment facilities or Department of Veterans Affairs Medical Centers.

**DISASTER DECLARATION
 PROCESS**

Not every disaster requires federal assistance. Typically, before the Federal Emergency Management Agency (FEMA) and other federal agencies provide assistance to state and local governments, the state's governor must request assistance and the President must then make a declaration of major disaster or emergency.

1. Contact is made between the affected state and the FEMA regional office. This contact may take place prior to or immediately following the disaster.
2. If it appears that the situation is beyond state and local capacity, the state requests FEMA to conduct a joint Preliminary Damage Assessment (PDA). Participants in the PDA will include FEMA, other federal agencies, and state and local government representatives.
3. Based on the PDA findings, the governor submits a request to the President through the FEMA Regional Director for a disaster declaration.
4. The FEMA Regional Office submits a summary of the event and a recommendation based on the results of the PDA to FEMA headquarters, along with the Governor's request.
5. Upon receipt of these documents, FEMA Headquarters senior staff convene to discuss the request and determine the recommendation to be made to the President.
6. FEMA's recommendation is forwarded to the White House for review.
7. The President makes a declaration of disaster.

Disaster declaration process



FEDERAL RESPONSE PLAN

The Federal Response Plan (FRP) describes the planning assumptions, policies, concept of operations, and organizational structures by which twenty-seven federal departments and agencies mobilize resources and conduct activities to augment state and local response efforts following a domestic disaster. The FRP uses a functional approach to operationalize the types of federal assistance under twelve Emergency Support Functions (ESFs):

- ESF #1 - Transportation
- ESF #2 - Communications
- ESF #3 - Public Works and Engineering
- ESF #4 - Firefighting
- ESF #5 - Information and Planning
- ESF #6 - Mass Care
- ESF #7 - Resource Support
- ESF #8 - Health and Medical Services**
- ESF #9 - Urban Search and Rescue
- ESF #10 - Hazardous Materials
- ESF #11 - Food
- ESF #12 - Energy

Each ESF is headed by a primary agency, which has been selected based on its authorities, resources and capabilities in the particular functional area.

Mental health services fall under ESF#8, the Health and Medical Services Annex. Federal assistance provided under ESF #8 is directed by the Department of Health and Human Services (DHHS) through its Executive Agent, the Assistant Secretary for Health, who heads the U.S. Public Health Service.

All federal assistance is provided to the affected state under the overall coordination of the Federal Coordinating Officer appointed by the Director of the Federal Emergency Management Agency (FEMA) on behalf of the President.

**FEDERAL, STATE, LOCAL, NON-PROFIT, AND
VOLUNTEER AGENCIES OFFERING DISASTER MENTAL HEALTH SERVICES**

Federal Agencies

***Federal Emergency
Management Agency (FEMA)***

FEMA is the principal agency within the Federal Government for dealing with emergencies affecting the United States in peacetime and war. FEMA is responsible for coordinating emergency activities through all levels of government (i.e., Federal, state, and local), and the private sector of the nation. Other primary FEMA responsibilities include:

- **Assessment:** Assessing national mobilization capabilities and developing concepts, plans, and systems for management of resources in a wide range of national and civil emergencies.
- **Resource Identification:** Identifying shortages of natural, industrial, or economic resources that could constitute a threat to national security.
- **Plan & Program Development:** To protect the population, key government offices, and the industry of the United States.
- **Mitigation:** Prevention, risk reduction and effects limitation.
- **Preparedness:** Policy, planning, programs, training, and education.
- **Response:** Active coordination of scene activities during an emergency.
- **Recovery:** Restoring affected areas to normalcy.

The Director of FEMA reports to the President and works closely in emergency management matters with the National Security Council, the Cabinet, and the White House staff. There are 10 FEMA regional offices.

During the period immediately following a major disaster or emergency requiring Federal response, primary agencies, directed by FEMA, take action to identify requirements, and mobilize and deploy resources to the affected area to assist the state in life-saving and life-protecting response efforts.

A Federal Coordinating Officer (FCO) is appointed by the President to coordinate the Federal activities in each declared state. The FCO works with the State Coordinating Officer (SCO) to identify overall requirements, including unmet needs and evolving support requirements, and coordinate these requirements with the ESFs. The FCO also coordinates public information, Congressional liaison, community liaison, outreach

and donations activities, and facilitates the provision of information and reports to appropriate users.

The Catastrophic Disaster Resource Group (CDRG), composed of representatives from all departments and agencies under the Plan, operates at the national level to provide guidance and policy direction on response coordination and operational issues arising from FCO and ESF response activities.

FEMA Crisis Counseling Program

To meet the mental health needs of survivors following a Presidential-declared disaster, FEMA provides funding for crisis counseling programs through provisions of the Stafford Act. Funds for crisis counseling, training, public information, and education services are available only when states can document that needs exist which cannot be met with state and local resources. The needs assessment under the crisis counseling program must demonstrate that disaster-precipitated mental health needs are significant enough that a special mental health program is warranted which cannot be provided without federal assistance. A grant application is required for all states applying for funds for post-disaster crisis intervention programs under the "Immediate Services" and the "Regular Program" types of grants. Staff of the Emergency Services and Disaster Relief Branch (ESDRB) of the Center for Mental Health Services are available to assist in the preparation of the grant applications. The grant application requires the submission of Form 424 (Part I of Public Health Service grant application form 5161-1 - the other parts of Form 5161-1 are not required for the crisis counseling program). Other information for developing an application for crisis counseling services for disaster victims is available from the Emergency Services and Disaster Relief Branch (ESDRB).

Needs Assessment

Two methods of assessment are suggested: use of indicator data and the use of key informants.

Indicator Data Method⁷

- Estimation of average number of persons per household in each service provider area of state
- Estimation of the number of directly impacted households in service provider area (e.g., number of dead, hospitalized, non-hospitalized injured, homes destroyed, homes with major damage, homes with minor damage, disaster unemployed)

⁷ Suggested sources of data include American Red Cross, FEMA, state and local governments, state Employment Services, and the Department of Labor.

- Estimation of the total number of individuals in need of services (prevalence rates for different types of loss have been developed to represent the percent of persons expected to be in need of mental health services).
- Estimation of outreach, consultation, and education needs · description of population demographics (high risk groups: children, frail elderly, the disadvantaged, ethnic groups).

Key Informant Method

The key informant approach to needs assessment is based on the assumption that certain persons in the community know the community well enough to be able to estimate both mental health needs attributable to the disaster and needed resources. Key informants can be surveyed to estimate a) specific groups impacted by the disaster; b) gaps and problems in existing services; and c) resources required to meet the needs resulting from the disaster.

Types of key informants:

- Gatekeepers: Professionals such as public health nurses, school nurses, social workers, clinicians, school teachers and administrators, clergy, and disaster workers.
- Administrators and directors of service organizations.
- Influential leaders: County commissioners, mayors, judges, school board leaders.

Program Plan

The program plan section of the grant application should describe the proposed service delivery mechanisms to meet the mental health needs of the impacted population as estimated by the assessment procedures. Crisis counseling programs services generally include outreach, consultation, individual crisis counseling, referral, and education services. In addition to the description of proposed services, the plan should include a budget, a description of organizational structure, staffing and training requirements, job descriptions, facility and equipment requirements, and the process of record keeping and program evaluation. The budget must be tied to program elements and present sufficient detail about the fiscal resources necessary to administer the program.

Individuals, families, farmers, and businesses are eligible for federal assistance if they live or own a business in a county declared a Major Disaster Area, incur sufficient property damage or loss, and, depending on the type of assistance, do not have the insurance or resources to meet their needs.

Public Health Service (PHS)

PHS is the principal health agency of the Federal government. It is responsible for promoting and assuring the nation's health through research into the causes, treatment, and prevention of disease.

PHS is made up of eight agencies and the Office of the Assistant Secretary for Health.

1. Agency for Health Care Policy and Research
2. Agency for Toxic Substances and Disease Registry
3. Center for Disease Control and Prevention
4. Food and Drug Administration
5. Health Resources and Services Administration
6. Indian Health Service
7. National Institutes of Health
8. Substance Abuse and Mental Health Services Administration

PHS is the lead agency for ESF #8, directing the provision of the federal government health and mental health resources to fulfill the requirements identified by the affected state/local authorities having jurisdiction. Included in ESF #8 is overall public health response, and triage, treatment and transportation of victims of disaster, and the evacuation of patients out of the disaster area, as needed, into a network of military services.

Substance Abuse and
Mental Health Services
Administration (SAMHSA)

SAMHSA is the lead mental health agency of the Public Health Service. SAMHSA provides assistance with assessing mental health needs; providing mental health training materials for disaster workers; assisting in arranging training for mental health outreach workers; assessing the content of applications for Federal crisis counseling grant funds; and address worker stress issues and needs through a variety of mechanisms.

Center for Mental Health Services (CMHS)
Emergency Services and Disaster Relief Branch (ESDRB)

CMHS promotes mental health and the prevention of the development or worsening of mental illness by helping states improve and increase their mental health services. CMHS is organized into several divisions including the Division of Program Development, Special Populations, and Projects. Within this division, the ESDRB works with FEMA to administer the Crisis Counseling Program described earlier. Often the programs are given names by local authorities (e.g., Project Heartland following the Oklahoma City Bombing; Project Recovery following the midwest flooding; Project COPE following the Loma Prieta Earthquake, to name just

a few of the many programs funded). In general, these crisis counseling programs provide a range of psychoeducational services for individuals who live and work in disaster areas including one-to-one counseling, outreach services, family/and or childrens' programs, and programs for other special populations. In addition, they offer disaster mental health training to local mental health professionals. Typically, the federal Crisis Counseling Programs are funded for 9-15 months following the disaster. Staff of the ESDRB travel to the site of major disasters and assist state and local mental health agencies in needs assessment, training, and program design. Throughout the period of funding, ESDRB staff provide program consultation and monitoring.

Following a major disaster, early phase disaster mental health workers can inform and assure survivors that a counseling program will be established for them to receive additional support and information.

Disaster Medical Assistance Teams (DMATS)

DMATs are operationalized by PHS to assist in providing care for ill or injured victims at the site of a disaster or emergency. Each DMAT is made up of a volunteer group of about 30 professionals that include physicians, nurses, technicians, and other allied personnel who train together as a unit. Each DMAT has a sponsoring organization (e.g., medical center, public health agency, local Red Cross chapter). When NDMS is activated, DMATs receive, hold, and support patients in patient collection areas when evacuation is necessary. DMATs can provide triage, medical or surgical stabilization, and continued monitoring and care of patients until they can be evacuated to locations where they will receive definitive medical care. Specialty DMATs can also be deployed to address mass burn injuries, pediatric trauma, chemical injury or contamination, etc. In addition to DMATs, active duty, reserve, and National Guard medical units for casualty clearing/staging and other missions are deployed as needed. Mental health and medical care specialists may be provided to assist state and local personnel.

**Department of Veterans
Affairs (VA)**

The VA healthcare system, the largest healthcare system in the world, provides primary and specialized care and related medical and social support services for veterans. A member of the Presidential Cabinet, the VA is Congressionally-mandated to serve as a support agency in the Federal Response Plan. Three programs within the VA healthcare system are involved with disaster response:

1. Emergency Management Strategic Health Care Group
2. National Center for Post-Traumatic Stress Disorder
3. Readjustment Counseling Service

Emergency Management
Strategic Health Care Group
(EMSHCG)

With headquarters at the VA Medical Center in Martinsburg, West Virginia EMSHCG coordinates its activities through four regional offices and 37 area emergency offices. EMSHCG serves as the emergency medical contingency facilitator for the Department of Veterans Affairs, providing technical guidance, support, management and coordination necessary to conduct programs ensuring health for eligible veterans, military personnel, and the public during Department of Defense contingencies and natural, human-made, and technological emergencies. EMSHCG works closely with DHHS, DOD, and FEMA to develop national plans, policies, and directives to support NDMS.

National Center for PTSD
(NC-PTSD)

The NC-PTSD was mandated by the U.S. Congress in 1984 under Public Law 98-528 to represent the Department of Veterans Affairs in carrying out multidisciplinary activities in research, education, and training related to stress and trauma.

The NC-PTSD Executive Division is located at the VA Medical Center in White River Junction, Vermont, with six additional Division offices located at VA Medical Centers in Boston, MA; Honolulu, HI; Menlo Park, CA; and West Haven, CT.

NC-PTSD disaster mental health specialists have developed a training curriculum to prepare VA mental health, social work, nursing, and chaplaincy professionals to provide emergency response services at their local VA and in their local community. The curriculum also is designed to identify select groups of VA DMH specialists in various regions of the country, and to prepare them to provide the highest quality services in conjunction with the national disaster response system at the site of major disasters.

Readjustment Counseling Service

RCS was established under DVA, VHA, by U.S. Congress in 1979 under PL 96-22 to assist Vietnam-era veterans and their families in dealing with stress reactions and disorders as a result of the veterans' involvement in Vietnam. That mission has been expanded to include veterans of WWII, Korean, post-Vietnam conflicts, and veterans who have been sexually assaulted during military service.

RCS locates its Headquarters in Washington, D.C. There are seven area offices with 206 community-based Vet Centers with sites in each of the 50 states and Puerto Rico, the Virgin Islands, and Guam. Vet Center staff are professionals who have been specifically trained and are skilled in dealing with mental health issues related to stress and trauma.

Trained RCS staff have provided disaster mental health services in communities stricken by disasters such as hurricanes, earthquakes, floods, train wrecks, etc. RCS has also worked in collaboration with NC-PTSD in offering disaster mental health training programs.

VA Collaborative Disaster
Mental Health Program

NC-PTSD and RCS are jointly developing a nationwide system for training a cadre of VHA/RCS clinicians as DMH specialists. The trainings are the first step in ongoing consultative guidance provided by a NC-PTSD/RCS DMH Executive Team, which will ensure each DMH team's continuing readiness by supporting team members before, during, and after disaster deployments.

The establishment of the VHA/RCS DMH response network represents a significant step toward the development of a truly proactive and integrated national DMH response system, in collaboration with other key disaster response organizations.

State Agencies

The governor appoints a State Coordinating Officer (SCO) to coordinate the state and local efforts with those of the federal government. To date, the 50 states do not have a universal disaster mental health organization chart. A few states have a designated state disaster coordinator within their respective departments of mental health.

State Mental Health Departments

State mental health departments have the responsibility to apply for crisis counseling assistance and training funding. The Immediate Service Grant provides funding to pay for non-federal mutual aid assistance received by the state and the Regular Service Grant provides federal funding to run special mental health programs to communities affected by disaster. Assistance under these programs is limited to Presidential-declared major disasters.

Local Mental Health Services

County Mental Health Services:

County mental health agencies, the primary sponsors of disaster crisis counseling programs, almost exclusively serve individuals with severe and chronic mental illness as part of their everyday mission. Following a disaster these agencies must shift their services to assist people without mental illness who are responding normally to an abnormal situation. They must also maintain the care of their regular clientele, who often experience an exacerbation of symptoms during the aftermath of a disaster. Community mental health staff generally require special disaster-related training to be able to respond rapidly and efficiently. Additional staff are often needed to manage regular on-going services, immediate disaster response activities, and the crisis counseling program.

Mutual Aid:

Mutual aid (additional staffing) may come from both the non-profit and private sector. Most states have a mutual aid system designed to supplement individual county resources when a county's own resources are insufficient (e.g., fire, rescue, law enforcement, medical services, coroners, public works, engineering). However, mental health services may not be part of a state's mutual aid system. If not, it is strongly recommended that action be taken to include mental health services in the state plan to ensure organized rapid deployment of trained disaster mental health personnel when needed.

Non-profit agencies (e.g., Catholic & Jewish Family Services) may provide needed resources, and volunteers are generally, but not always, licensed private practitioners wanting to donate their time.

The Immediate Service Grant serves as the primary resource of funding for reimbursement of mutual aid. The Regular Service Grant is the funding mechanism for on-going crisis counseling programs and training.

Non-profit Agencies

American Red Cross Disaster Mental Health Services (ARC DMHS)

Under a 1905 Congressional charter, the American Red Cross is mandated to meet human needs created by disaster by providing emergency congregate and individual care in coordination with local government and private agencies. A private, charitable corporation, ARC is designated as a federal agency for purposes of the Federal Response Plan.

The first priority of ARC Disaster Mental Health Services is to promote effective disaster recovery efforts by helping ARC workers manage stress related to their disaster work. The provision of mental health services to disaster victims and local mental health providers are the second and third priorities.

The disaster mental health program is being developed at both the national and local levels. Extensive networking is being conducted with professional associations to inform their membership of the Red Cross DMHS program and their opportunity to become involved. Statements of Understanding have been signed with American Psychiatric Association, American Psychological Association, National Association of Social Workers, and the American Association of Marriage and Family Therapy. These understandings facilitate interagency cooperation and increase the number of available mental health professionals for local and national assignments.

Local Red Cross chapters are developing and incorporating disaster mental health response plans in their chapter disaster plan. Chapters are encouraged to network with community agencies and individual providers to coordinate services and obtain agreements that provide pro bono services to disaster victims and workers to be utilized in the chapter's response to local disasters. When disasters occur that are beyond the response capabilities of a local chapter, the national organization provides assistance with personnel, materials, and financial resources. The Disaster Services Human Resources System (DSHR) is the national personnel inventory that tracks individual disaster workers. From this system, volunteers are recruited to respond to these large disasters. To become a DSHR member, licensed mental health professionals must meet ARC training requirements and be available for a minimum of a 12 day operational assignment. Any mental health professional interested in becoming a volunteer should contact his or her local chapter of the American Red Cross.

Non-profit Agencies

Many non-profit agencies have disaster/trauma mental health teams or associate professionals who respond to disasters.

University and Colleges

Medical schools
Departments of psychology, social work, nursing

Religious Groups

Ananda Marga
Church of the Brethren
Christian Reformed World Relief
Lutheran Church of America
National Catholic Disaster Relief Committee
National Catholic Conference and Catholic Charities
The Salvation Army
Seventh Day Adventists
Southern Baptist Convention
United Methodist Church Committee
Volunteers of America

Miscellaneous Agencies

American Association of Marriage and Family Therapy (AAMFT)
American Psychiatric Association (APA)
American Psychological Association (APA)
Green Cross
International Association of Trauma Counselors (IATC)
International Critical Incident Stress Foundation (ICISF)
International Society for Traumatic Stress Studies (ISTSS)
National Association of Social Workers (NASW)
National Organization for Victim Assistance (NOVA)