



Advancing Equity in Post-Disaster Recovery Operations

Disaster Behavioral Health and Community Resilience in Focus

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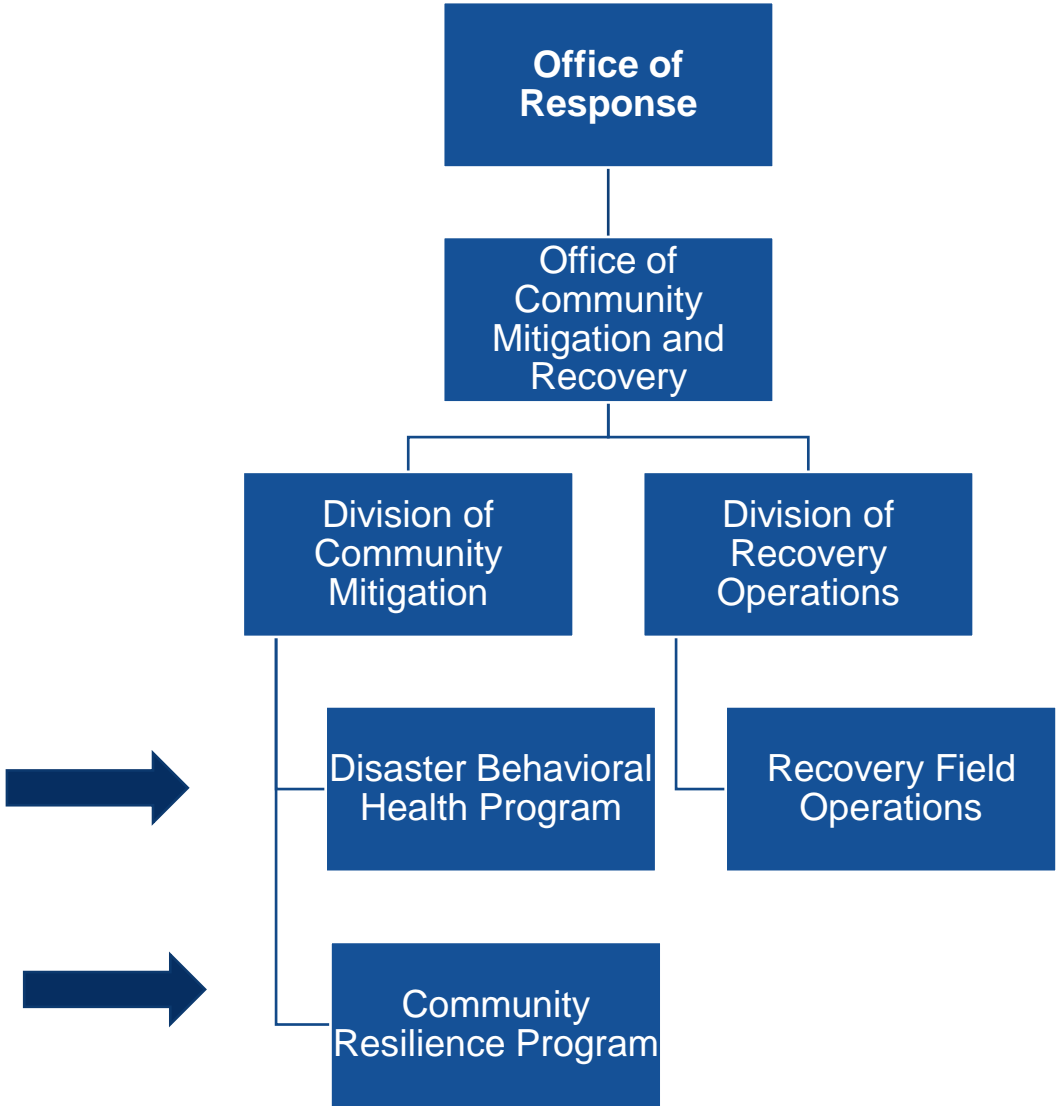
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Objectives

- Understand the landscape of the Office of Community Mitigation and Recovery and ways to request assistance in the future
- Discuss concrete strategies that state, local, tribal, or territorial partners can utilize to reduce disparities in post-disaster outcomes
- Explain ways to incorporate an equity lens into emergency planning
- Highlight lessons learned from disaster behavioral health response and recovery missions

Office of Community Mitigation and Recovery

ASPR'S Office of Community Mitigation and Recovery



Community Mitigation and Recovery Operations

Division of Community Mitigation

- Supports **ESF-8 and Disaster Recovery Field Operations** for Stafford Act Events and case by case non-Stafford Act Events (e.g., Incidents of Mass Violence).
- Enhances **OCMR's interoperability** by leveraging lessons learned from the field to **inform targeted recovery interventions** and national-level program initiatives that influence recovery outcomes and increase community resilience.

Division of Recovery Operations

- Manages and oversees the **Health and Social Services Recovery Support Function** for Stafford Act Events.
- Augments state, local, and tribal, and territorial recovery capabilities through **regional coordination structures and pre-disaster planning.**

Defining Equity

Applying an Equity Lens to Emergency Operations

Executive Order 13985 of January 20, 2021

Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

The term “equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.

- Black, Latino, And Indigenous And Native American Persons
- Asian Americans And Pacific Islanders
- Persons Of Color
- Members Of Religious Minorities
- Lesbian, Gay, Bisexual, Transgender, And Queer (LGBTQ+)
- Persons With Disabilities
- Persons Who Live In Rural Areas
- Persons Otherwise Adversely Affected By Persistent Poverty Or Inequality

Division of Community Mitigation Field Operations

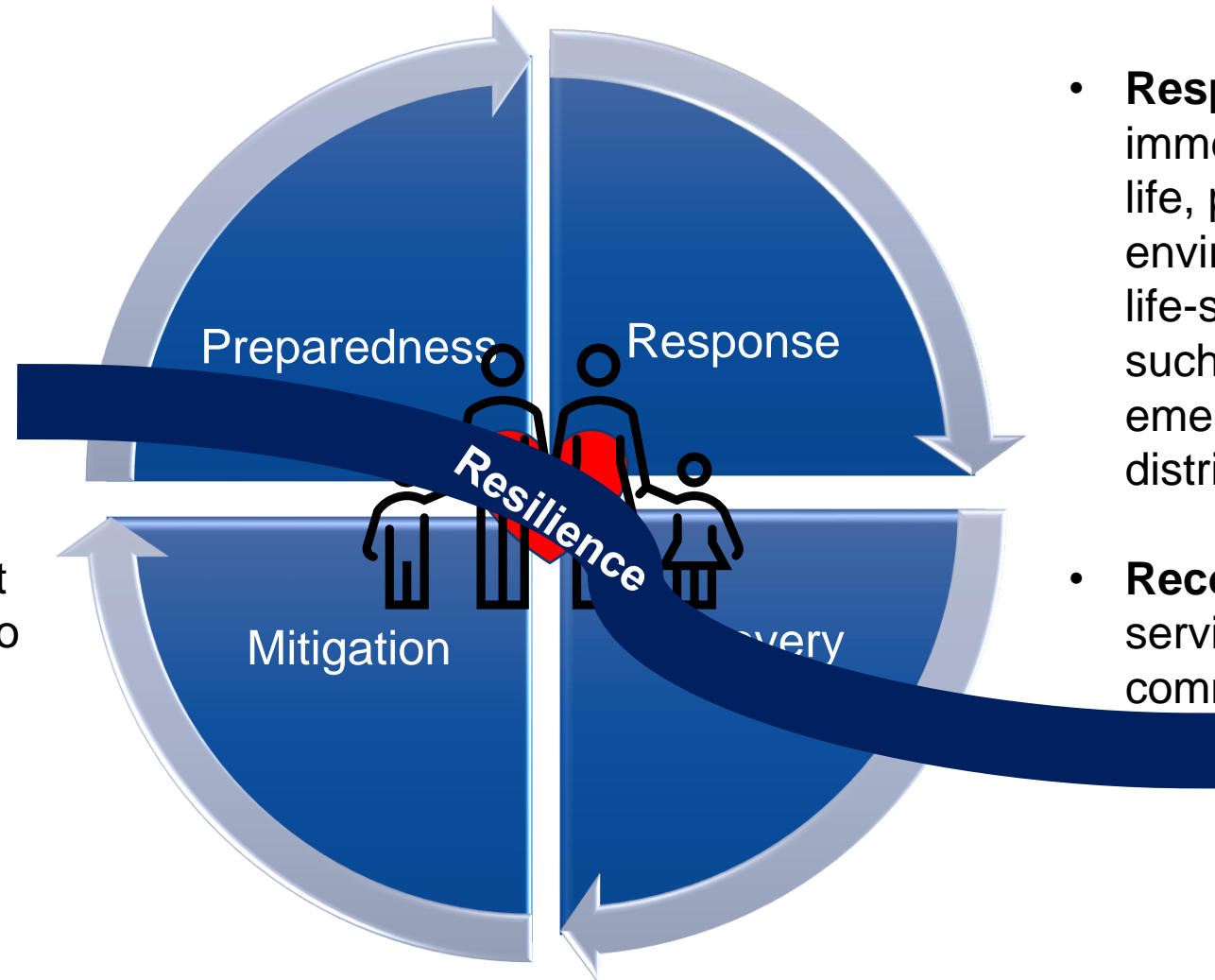
Community Resilience and Disaster Behavioral Health

Post-disaster issues in behavioral health include supports for those **grieving losses**, those **exposed to traumatic incidents**, those burdened by high levels of **chronic stress**, those with substance use issues related to the post-disaster environment, and those with **pre-disaster clinical behavioral health needs**.

Community Resilience and Disaster Behavioral Health, support the HSS RSF mission through **course of action development**, subject-matter expertise, and **organization of mission assignment documentation to track lessons learned** from the field.

Emergency Management Phases & Plans

- **Preparedness:** Actions taken prior to an event intended to increase capability to withstand hazard events.
- **Mitigation:** Any action that reduces the potential risk to life, property, or the environment.



- **Response:** Taking immediate action to protect life, property, and the environment. Also includes life-sustaining activities such as sheltering and emergency food distribution.
- **Recovery:** Restoring services and rebuilding communities.

Community Resilience and Disaster Behavioral Health

Examples of Steady-State Activities

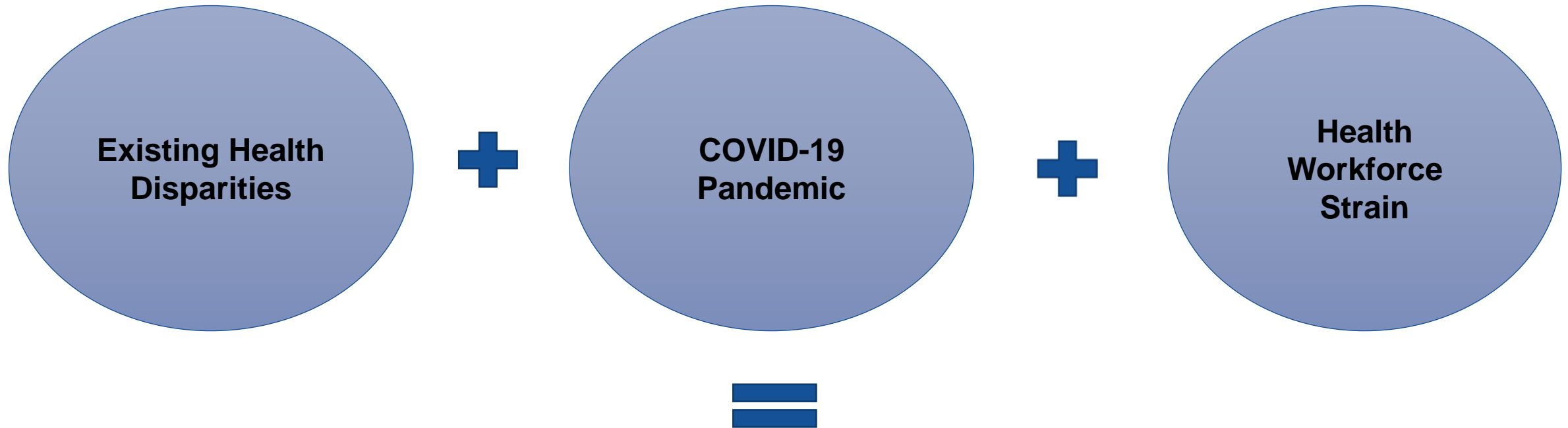
- Psychological First Aid or Skills for Psychological Recovery Training
- Consultation with State Disaster Behavioral Health Authority and Substance Abuse Mental Health Service Administration (SAMHSA)
- Workforce Protection and Resilience Building Initiatives
- Health and Social Services Recovery Intervention Catalog

Examples of Stafford Act Disaster-Declaration Activities

- Behavioral Health Preliminary Assessments
- Tailored Disaster Behavioral Health Training
- Specialized Trauma Training for High Acuity Events (e.g., MSI, Wildfires)
- Field Deployment and Staff Augmentation

Advancing Equity in Post-Disaster Recovery Operations Pilot Project

Disasters, Disparities, and Inequities



Long-Term, Large-Scale, Cross-Cutting Recovery Challenges

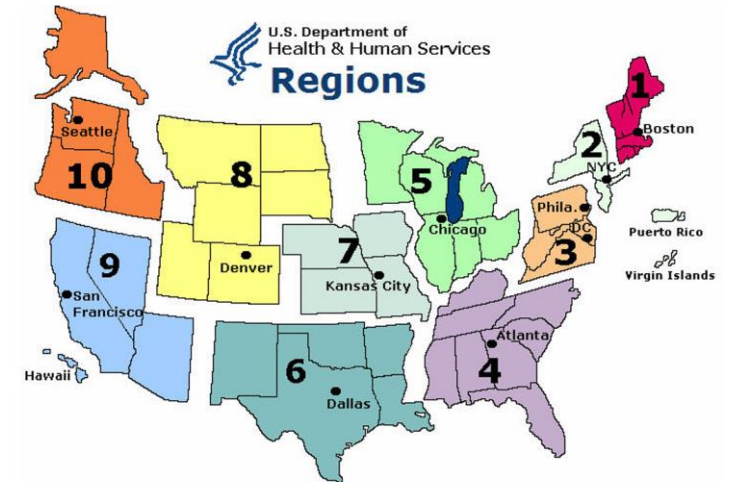
What Now?

Looking Back: Regional Recovery Operations

In 2021, Region 5 piloted the Advancing Equity in Post-Disaster Recovery Operations Project.

Mitigating Adverse Post-Disaster Outcomes Requires...

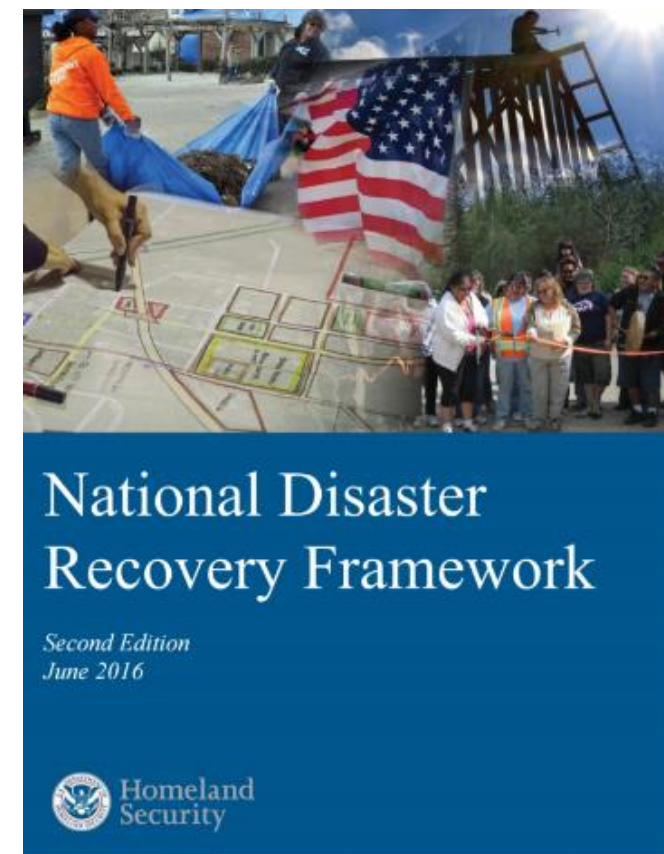
- Promoting pre-disaster recovery planning
- Recognizing recovery begins during the response phase
- Improving agency-level capability to carry out recovery activities
- Delivering timely disaster behavioral health interventions
- Making staff resilience both an individual and organizational responsibility



**Using Federal Emergency Doctrine
and Steady-State Health Equity
Frameworks to Foster Collaboration**

National Disaster Recovery Framework

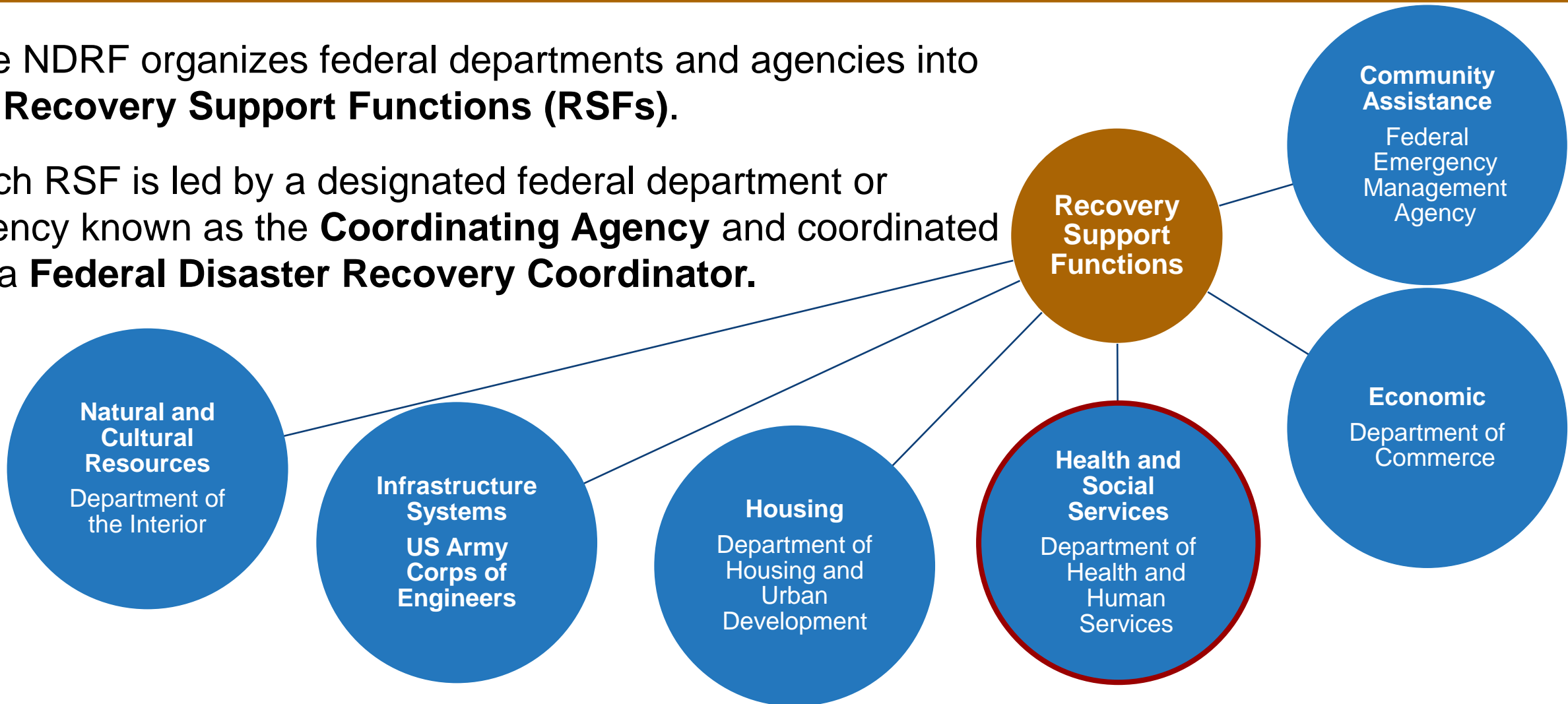
- Established September 2011 (refreshed June 2016)
- Shifted recovery from a dispersed, agency-specific approach to an integrated, sector-based approach
- **Emphasizes local primacy, unity of effort, and pre-disaster planning**
- **COVID-19 caused disaster emergency management to shift, as its impacts reached a larger scale than prior natural disasters or localized threats.**



Recovery Support Functions

The NDRF organizes federal departments and agencies into six **Recovery Support Functions (RSFs)**.

Each RSF is led by a designated federal department or agency known as the **Coordinating Agency** and coordinated by a **Federal Disaster Recovery Coordinator**.



Health & Social Services RSF: Coordinating Agency

Coordinating
Agency:
US Department of
Health and Human
Services

Office of the Secretary (OS)
Administration for Children and Families (ACF)
Administration on Community Living (ACL)
Administration for Strategic Preparedness & Response (ASPR)
Agency for Healthcare Research and Quality (AHRQ)
Agency for Toxic Substances and Disease Registry (ATSDR)
Centers for Disease Control and Prevention (CDC)
Centers for Medicare and Medicaid Services (CMS)
Food and Drug Administration (FDA)
Health Resources and Services Administration (HRSA)
Indian Health Service (IHS)
National Institutes of Health (NIH)
Substance Abuse and Mental Health Services Administration (SAMHSA)

Federal Plan for Equitable Recovery and Resilience

The Federal Plan for Equitable Long-Term Recovery and Resilience (Federal Plan for ELTRR) lays out an approach for federal agencies to cooperatively strengthen the vital conditions necessary for improving individual and community resilience and well-being nationwide.



	BELONGING & CIVIC MUSCLE	<i>Sense of belonging and power to shape a common world</i> Civic agency; civic association; collective efficacy; equitable access to information; freedom from stigma, discrimination, oppression; many opportunities for civic engagement (voting, volunteerism, public work); social support; support for civil rights, human rights; vibrant arts, culture, and spiritual life
	THRIVING NATURAL WORLD	<i>Sustainable resources, contact with nature, freedom from hazards</i> Accessible natural spaces; clean air, water, soil; freedom from extreme heat, flooding, wind, radiation, earthquakes, pathogens; healthy ecosystems able to sustainably provide necessary resources
	BASIC NEEDS FOR HEALTH & SAFETY	<i>Basic requirements for health and safety</i> Freedom from trauma, violence, addiction and crime; fresh air; nutritious food, safe drinking water; routine care for physical and mental health; routine physical activity; safe, satisfying sexuality and reproduction; sufficient sleep
	HUMANE HOUSING	<i>Humane, consistent housing</i> Adequate space per person; affordable costs; close to work, school, food, recreation, and nature; diverse neighborhoods (without gentrification, segregation, concentrated poverty); safe structures
	MEANINGFUL WORK & WEALTH	<i>Rewarding work, careers, and standards of living</i> Family and community wealth; good-paying and fulfilling jobs; job training/retraining; savings and limited debt
	LIFELONG LEARNING	<i>Continuous learning, education, and literacy</i> Career and adult education; continuous development of cognitive, social, emotional abilities; early childhood experiences; elementary, high school, and higher education
	RELIABLE TRANSPORTATION	<i>Reliable, safe, and accessible transportation</i> Active transport; close to work, school, food, leisure; efficient energy use; few environmental hazards; safe transport

Source: [Health.gov | Equitable Recovery and Resilience Plan](https://www.health.gov/equitable-recovery-and-resilience-plan)

Task Force Development

Advancing Equity in Post-Disaster Recovery Operations Task Force

Economic Growth, Workforce Development, and Housing

- **NDRF Connection:** Economic and Housing RSF
- **ELTRR Connection:** Meaningful Work and Wealth and Humane Housing
- **Agencies:** HUD, EDA, FEMA, USDA-RD, SBA, etc.

Healthcare, Behavioral Health, and Social Services

- **NDRF Connection:** Health and Social Services RSF
- **ELTRR Connection:** Basic Needs for Health and Safety
- **Agencies:** HHS/ASPR, HHS/ACL, FEMA, HHS/OASH, WI DHS, MDH, etc.

Community Planning and Capacity Building

- **NDRF Connection:** Community Planning and Capacity Building RSF
- **ELTRR Connection:** Belonging and Civic Muscle & Thriving Natural World
- **Agencies:** FEMA, HHS/ASPR, USDA-RD, HHS/OASH, etc.

Health & Social Services RSF Supports Equitable Recovery

Our scope focuses on five core mission areas...



Behavioral Health



Education



Healthcare Systems



Human Services



Public & Environmental Health

...and four cross-cutting priorities.



Integration of older adults and people with access & functional needs



Needs of children, youth, and families

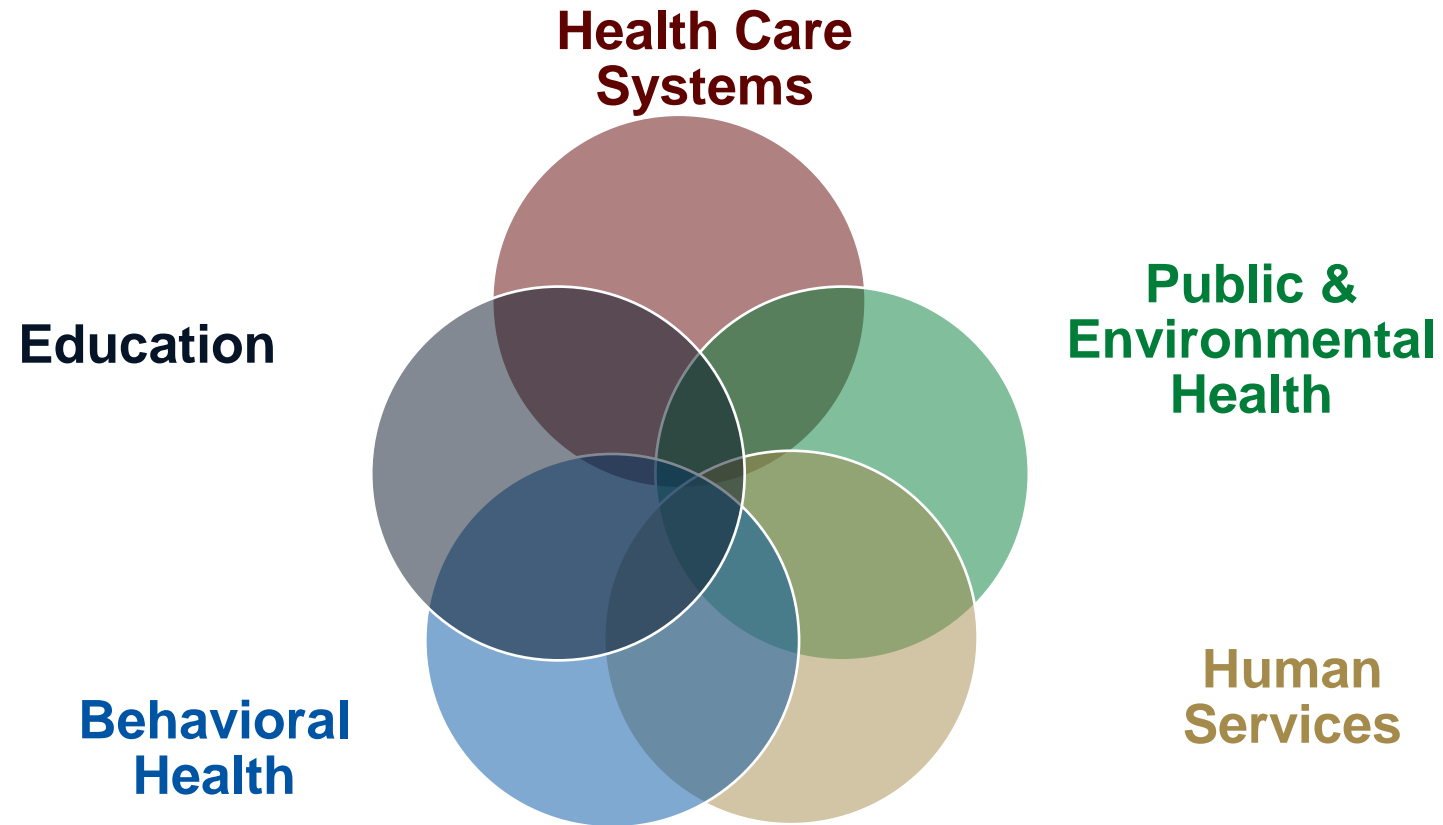


Climate resilience & sustainability



Equity: race, ethnicity, gender, and sexual orientation

Health and Social Services Recovery and Interdependent Systems



Example: COVID-19 Recovery Issues

Health Care Systems	Education	Human Services	Behavioral Health	Public & Environmental Health
Restoration of health care services suspended due to COVID-19	Safe restoration of child care capacity	Surging means-tested programs to address economic effects of pandemic	Shortfalls in clinical capacity to respond to behavioral health needs	Mitigating racial disparities in COVID-19 outcomes
Sustaining rural and small health care systems	Delivery of education and other school-based programs and services to children	Sustainment of community organizations and networks	Challenges to social connectedness and community systems of support	Sustainment of STTL public health workforce and capacity
Health care access disruptions due to employment losses	Addressing increased domestic violence and child abuse risks	Promoting resilience within non-profit organization service delivery	Burnout and collective grief	Managing consequences of deferred care

Post-Disaster Recovery Needs Assessment Guide

Recovery Needs Assessment Guide

This assessment can be adaptable for other disaster events but was first created to address recovery challenges that have emerged in a post-COVID environment.

The questions are tailored to determine recovery issues across a wide range of state, local, or tribal organizations involved in recovery and resilience activities.

Healthcare, **Behavioral Health**, and Social Services

- 16** Behavioral Health Recovery Questions were developed with the assistance of MDH
- 1** Minnesota's Department of Health DBH Recovery Needs Assessment (Sample)
- 53** Overall Healthcare, Behavioral Health, and Social Services Questions

Behavioral Health Assessment Questions

Data and Demographics

- How could we retrieve data on the challenges people are experiencing, demographics/characteristics of populations experiencing similar issues, etc.?

Confidentiality and Access to Service

- Are telemental health services offered, and if so, can it be accessed in a private area in a shelter, or in a trusted (non-stigmatizing) community location (such as a church or a school)?

Communication and Digital Equity

- What is the demand for the SAMHSA Crisis Counseling Program? Who is utilizing this service?

Program Evaluation and Improvement

- Are electronic devices, internet, and technical support for telemental health services available and easily accessed?

Sample: Assessing Community Trauma Risk Factors and Service Needs



Community Mental/Behavioral Health Recovery Needs Assessment Checklist

Jurisdiction Name:

Identify Your Community Trauma Risk Factors				
Community Trauma Risk Factors	Yes	No	N/A	Comments
Was this a terrorist or a mass violence incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have residents that had to be evacuated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have residents that were trapped or had delayed evacuations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have any injuries or deaths due to the incident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have homes damaged, or unlivable due to the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did you have children that were separated from their caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was this an incident that took your community by surprise (not included in your preparedness plans)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was there confirmed exposure or contamination by an agent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there health concerns due to the incident (i.e., mold exposure)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was there significant disaster related financial loss for residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Community Behavioral Health Recovery Service Needs				
Behavioral Health Recovery Service Needs	Yes	No	Not Required	Comments
Children services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teen services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Older Adult services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tribal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Racial & Ethnic Minorities services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disabilities services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LGBTQIA services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to health care (physical & behavioral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Data and Demographics
 Confidentiality and Access to Services
 Communication and Digital Equity
 Program Evaluation and Improvement

Pre-Disaster Recovery Planning with an Equity Lens

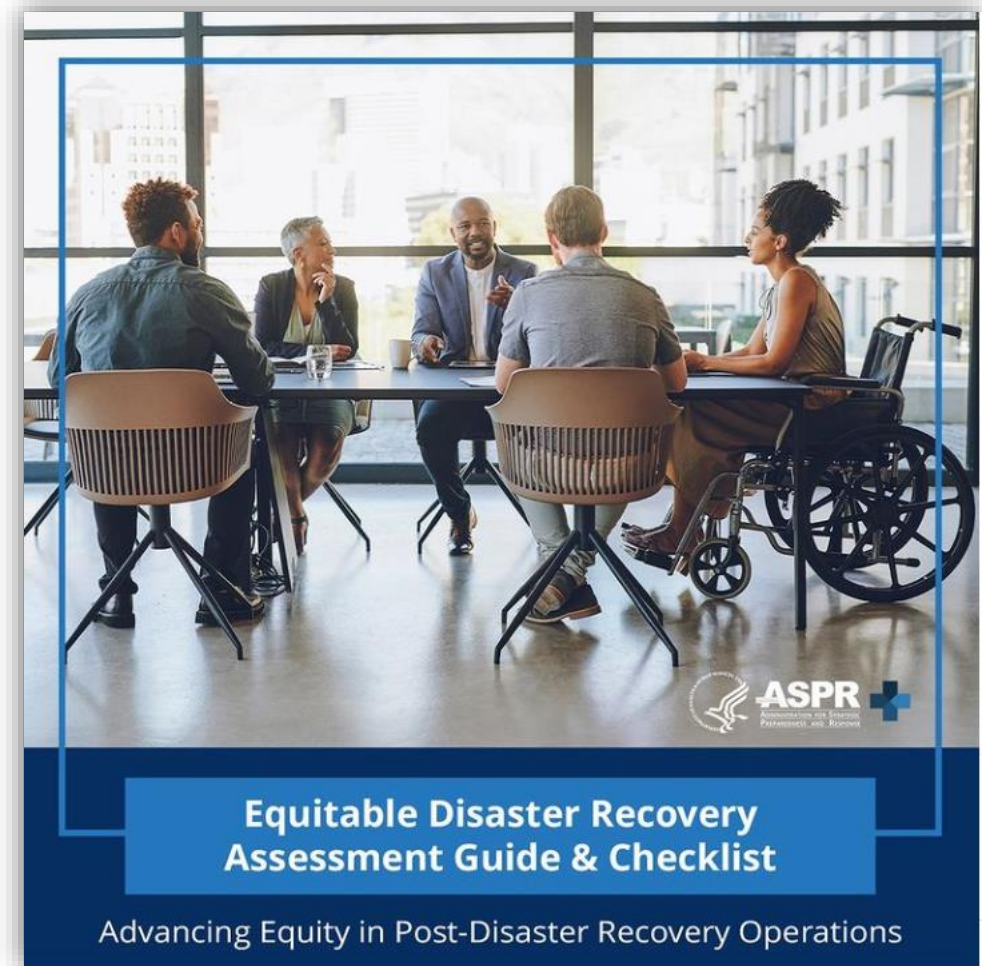
- ✓ Anticipate recovery challenges
- ✓ Understand the population served and community demographics
- ✓ Tailor communications and messaging to the population served
- ✓ Determine available services and existing programs for populations at higher-risk of being disproportionately impacted

Table 16: Behavioral Health for Tribes

Recovery Issue	Behavioral Health Resources for Tribal Communities
Impacted RSF & Vital Condition of Health	RSF: Health and Social Services Vital Condition of Health: Basic Needs for Health and Safety
Federal, State, Tribal, Territorial, or Local Stakeholder Groups	State/Local Emergency Management Agencies State/Local Public Health Departments State/Tribal/Local Behavioral Health Authority
Possible Data Sources, Resources, Metrics, Outcomes	Data Sources <ul style="list-style-type: none"> • The National Tribal Behavioral Health Agenda • Research Policy Update: The Opioid Epidemic: Definitions, Data, and Solutions. National Congress of American Indians (NCAI) Resources <ul style="list-style-type: none"> • SAMHSA Native Connections Tribal Training and Technical Assistance Center SAMHSA • Toolkit - Best and Promising Practices for the Implementation of Zero Suicide in Indian Country • Indian Health Service (IHS) Suicide Prevention Program • Suicide Prevention in Indian Country • Risk and Protective Factors: American Indian and Alaska Native Populations • Transforming Tribal Communities: Indigenous Perspectives on Suicide Prevention • IHS TeleECHO's Reflecting the Impact of COVID-19 • Stronghearts Helpline • SAMHSA's Tribal TTA Center provides TTA on mental and substance use disorders, suicide prevention, and the promotion of mental health. Metrics <ul style="list-style-type: none"> • Number of behavioral health clinicians • Number of mental health facilities or hospitals • Patient Wait Times • Available telemental health services Outcomes <ul style="list-style-type: none"> • Lower psychiatric hospitalizations

Equitable Disaster Recovery Assessment Guide and Checklist

- Published on ASPR TRACIE, a **healthcare** emergency preparedness information gateway to address the need for:
 - Enhanced and rapid technical assistance
 - A comprehensive, one-stop, national knowledge center for healthcare system preparedness
 - Multiple ways to efficiently share and receive information between various entities, including peer-to-peer
 - A way to leverage and better integrate support (force multiplier)
 - Ways to prepare deployed and field staff via resources developed with our cadre of subject matter experts



[Equitable Disaster Recovery Guide & Checklist](#)

Applying Historical Knowledge and Lessons Learned

DR-4707 Hoopa Valley Tribe (HVT) Severe Winter Storms and Mudslides

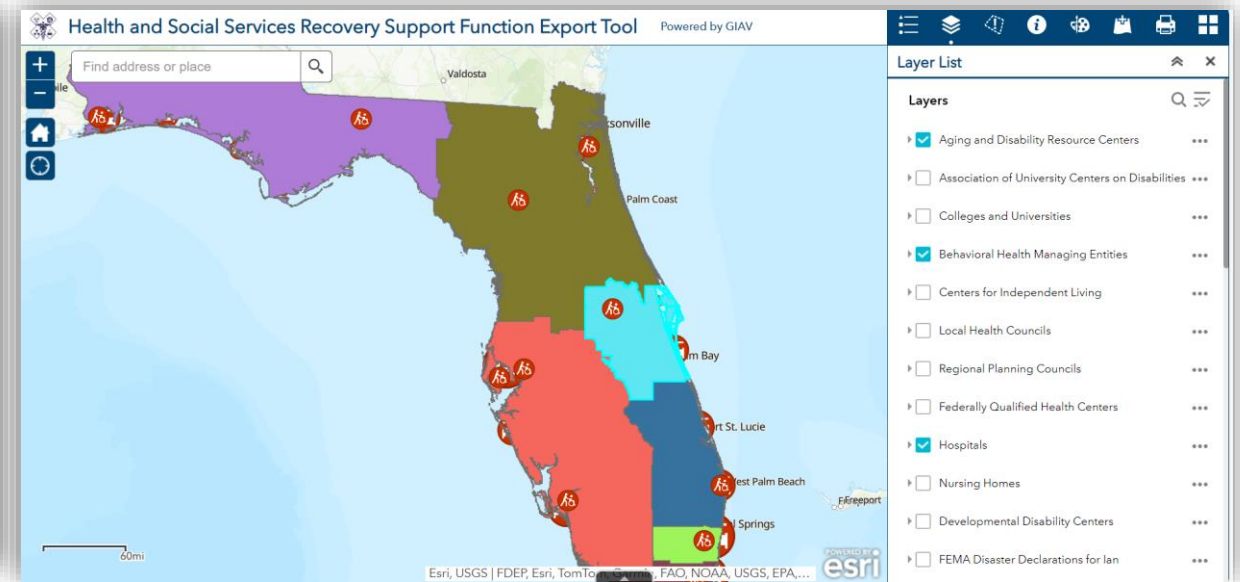
Behavioral Health Capacity Support Project

SAMHSA's Office of Tribal Affairs and Policy Director provided **on-site HHS SAMHSA technical assistance (TA)** to HVT officials and five HVT departments including to advance **BH/SUD issues and broker a long-term and ongoing TA partnership with the agency.**

- a. Identified a grant for funding HVT Medication Assisted Treatment (MAT) outreach team through USDA.

DR-4673 & DR-4680 Hurricanes Ian and Nicole

The tool was created by our HHS Recovery team and GIAV team and is public-facing that will enable anybody to look at **county-level health and social services data**. The tool includes information such as percentage of older adults, percentage of youth, percentage of those with health coverage, percentage of people with a disability, **locations of federally qualified health centers, behavioral health managing entities, hospitals, etc.**



[Recovery Mapping Tool for Florida](#)

DR-4673 & DR-4680 Hurricanes Ian and Nicole



Emergency Responder Self-Care Plan: Behavioral Health PPE

EMERGENCY RESPONDER SELF-CARE PLAN
Behavioral Health PPE

Based on the Anticipate, Plan, Deter™ Personal Resilience Plan and PsySTART Responder Triage System.
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- PREDICT PROBLEMS
- PRESCRIBE PROTECTION
- ENGAGE YOUR PLAN
- STRESS MANAGEMENT TIPS
- BUDDY SYSTEM
- PFA & RESOURCES

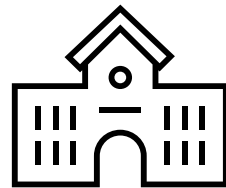
[Emergency Responder Self-Care Plan: Behavioral Health PPE](#)

Recognizing the unique needs of older adults and survivors with disabilities, ASPR's Disaster Behavioral Health Team provided a **brief on workforce support, self-care, and ways to promote resilience.**

Example of Cross-Agency Collaboration with Behavioral Health Implications

The HSS RSF coordinated with U.S. Department of Education to connect K-12 schools and institutes of higher education with opportunities to apply for their grant program, [Project School Emergency Response to Violence \(Project SERV\)](#).

Project Serv provides funding for local educational agencies (LEAs) and institutions of higher education (IHEs) in which the learning environment has been disrupted due to a violent or traumatic crisis. Past awards have covered related behavioral health activities.



DR-4724 Maui

ASPR-led Disaster Behavioral Health (DBH) teams, comprised of mental health clinicians from the USPHS Commissioned Corps, ASPR, and an ASPR contractor provided assistance in the Disaster Recovery Center, in hotels where survivors were sheltered, in the **Lahaina Comprehensive Health Center, and in local schools. Over the course of the mission, the DBH teams provided **20,892** face-to-face behavioral health contacts, including **15,645** behavioral health support encounters with wildfire survivors and **5,247** force protection encounters with responders and workers serving survivors.**



Questions and Answers

Stay Connected!

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