



Building and Maintaining Disaster Behavioral Health Resources in Minnesota

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- Disaster Behavioral Health - Behavioral Health
What is the Difference?
- Disaster Behavioral Health at MN Department of Health (MDH)
- Crime Victims Services at Department of Public Safety (DPS)

Disaster Behavioral Health (DBH) VS Behavioral Health (BH)

What is the Difference?

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Disaster Behavioral Health

“the understanding and provision of mental, emotional, and substance use services and interventions for persons and communities impacted by disasters. DBH encompasses the delivery of behavioral health and stress management interventions to address and promote mental health, reduce substance misuse, and foster resilience and recovery.”

[Disaster Preparedness, Response, Recovery, and Mitigation | SAMHSA](#)

Behavioral Health

“refers to a state of mental, emotional, and social well-being or behaviors and actions that affect wellness. Behavioral health is a key component of overall health. The term is also used to describe the support systems that promote well-being, prevent mental distress, and provide access to treatments and services for mental health conditions.”

Umbrella term that refers to: Mental Health, Suicidal thoughts or attempts and Substance use, or Substance Use Disorder

[About Behavioral Health | Mental Health | CDC](#)

Disaster Definitions

Behavioral health describes the continuum of one's emotional, cognitive, and relational wellbeing and is a key factor in the ways that people act.

Disaster behavioral health is the provision of mental health, substance abuse, and stress management services to disaster survivors and responders. Federal disaster behavioral health also addresses the behavioral health care infrastructure, individual and community resilience, and risk communication and messaging.

[Disaster Behavioral Health](#)- Administration for Strategic Preparedness & Response

Our Working Concepts

Disaster Behavioral Health provides intervention and support services to reduce the impacts of disaster for survivors and impacted individuals and communities

Goal is to foster the natural resilience

Prevention, early intervention model

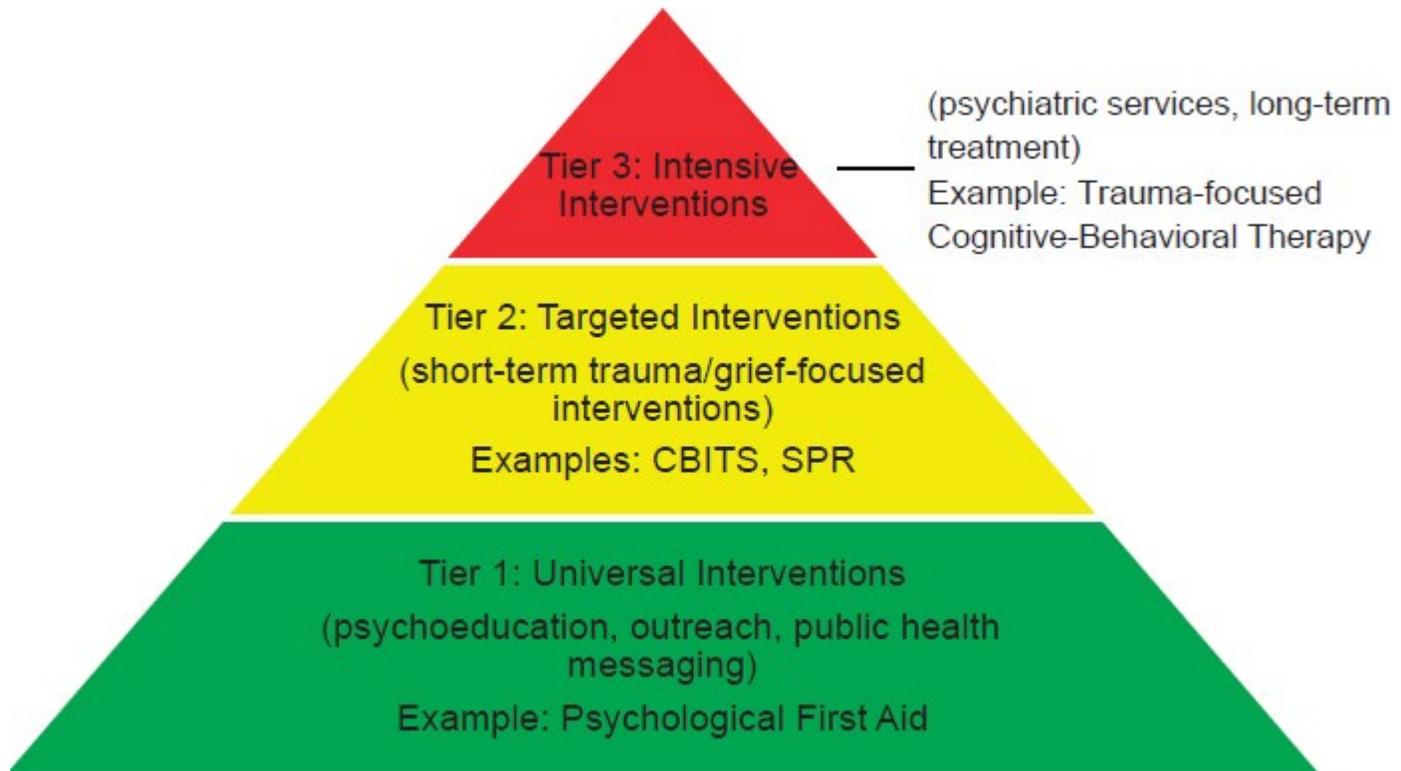
In a public health model

Behavioral Health, as a department, provides policy, payment and oversight of support and treatment services, across a continuum of care in mental and chemical health

Works to ensure that Minnesotans have a full range of effective interventions for behavioral health needs

Individual or family service and treatment model *

?? Nancy do you have a model for this?



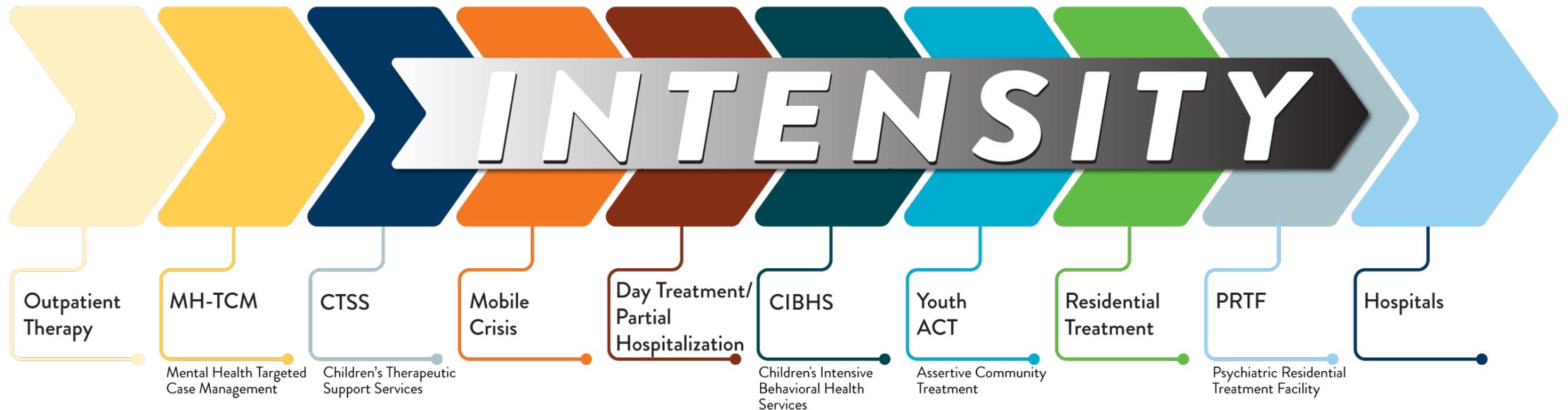
nationalacademies.org/read/18996/chapter/12



Overview of DHS- Behavioral Health

Children's Mental Health Continuum of Services

Children's Mental Health Continuum of Services

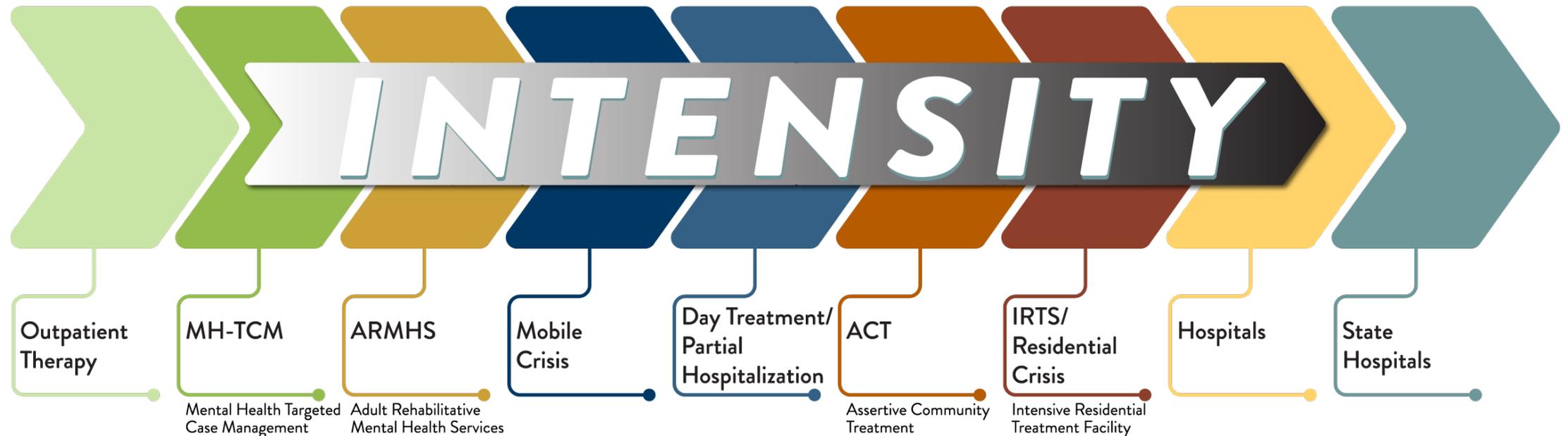


Children's Programs and Services

- Behavioral Health Home Services
- Case Management Services
- Certified Community BH Clinics
- Child and Adolescent BH Services
- Community Mental health Centers
- Early Childhood MH Services
- First Episode Psychosis
- Mental health and addiction treatment
- Mental health Behavioral Aide
- MN Intensive Therapeutic Homes
- Respite care
- School-linked behavioral health services
- School MH services in special education
- Traditional Healing for Native Communities
- Transition services
- Trauma-informed care

Adult Mental Health Continuum of Services

Adult Mental Health Continuum of Services



Adult programs and services

- Certified Community Behavioral Health Clinics
- Certified peer specialists
- Crisis response
- Culturally Specific MH and SUD Services Grant Program
- Dialectical Behavior Therapy-Intensive outpatient treatment
- Employment services
- First episode psychosis
- Residential Treatment Services
- Partial hospitalization program
- Traditional Healing for Native Communities

Alcohol, Drugs and Addictions Programs and Services

Prevention

Awareness & education

Early Intervention

Screening, brief intervention, referral to treatment

Assessment

Utilization of the Comprehensive Assessment for level of care determination

Treatment

3rd ed. American Society of Addiction Medicine levels of care including; outpatient, intensive outpatient, partial hospitalization, residential, medication management, treatment coordination and Opioid Treatment Programs, etc.

Recovery

Recovery Community Organizations, peer recovery supports

Problem Gambling

Treatment Programs

Tobacco addiction

Youth prevention, treatment programs

Traditional Healing For Native Communities

Research backed practice for American Indians, by American Indians

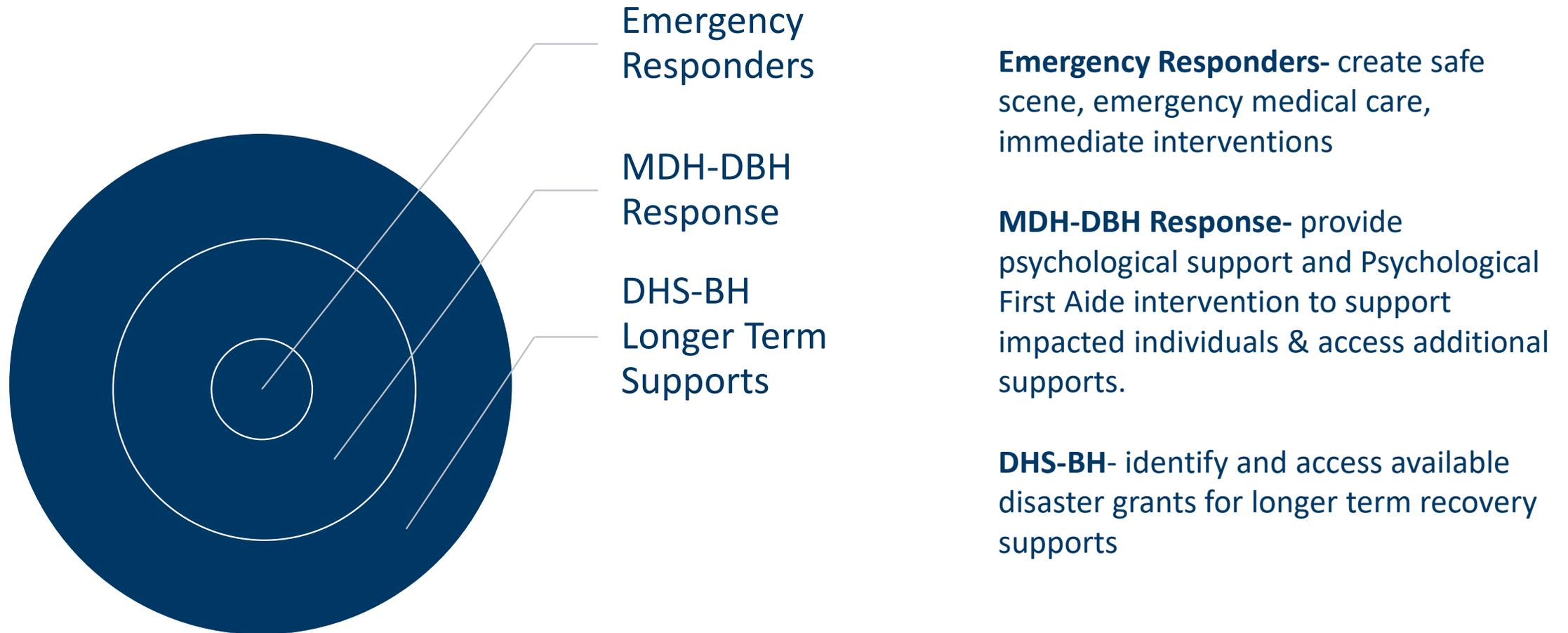
Alcohol, Drugs and Addictions Continuum



Where do we meet?

In Disasters!

Collaboration in Disasters



Crisis Counseling Program (CCP) Grant

- **Strengths-based:** Crisis counselors assume natural resilience in individuals and communities and promote independence rather than dependence on the CCP, other people or organizations. Crisis counselors help survivors regain a sense of control.
- **Outreach-oriented:** Crisis counselors take services into the communities rather than waiting for survivors to come to them.
- **More practical than psychological in nature:** Crisis counseling is designed to prevent or mitigate adverse repercussions of disasters rather than to treat them. Crisis counselors provide support and education, listen to survivors and accept the content at face value. Crisis counselors help survivors to develop a plan to address self-identified needs and suggest connections with other individuals or organizations that can assist them. The CCP does not provide mental health or substance use treatment or critical incident stress debriefing.
- **Anonymous:** Crisis counselors do not classify, label, or diagnose people. No personally identifiable records or case files are kept

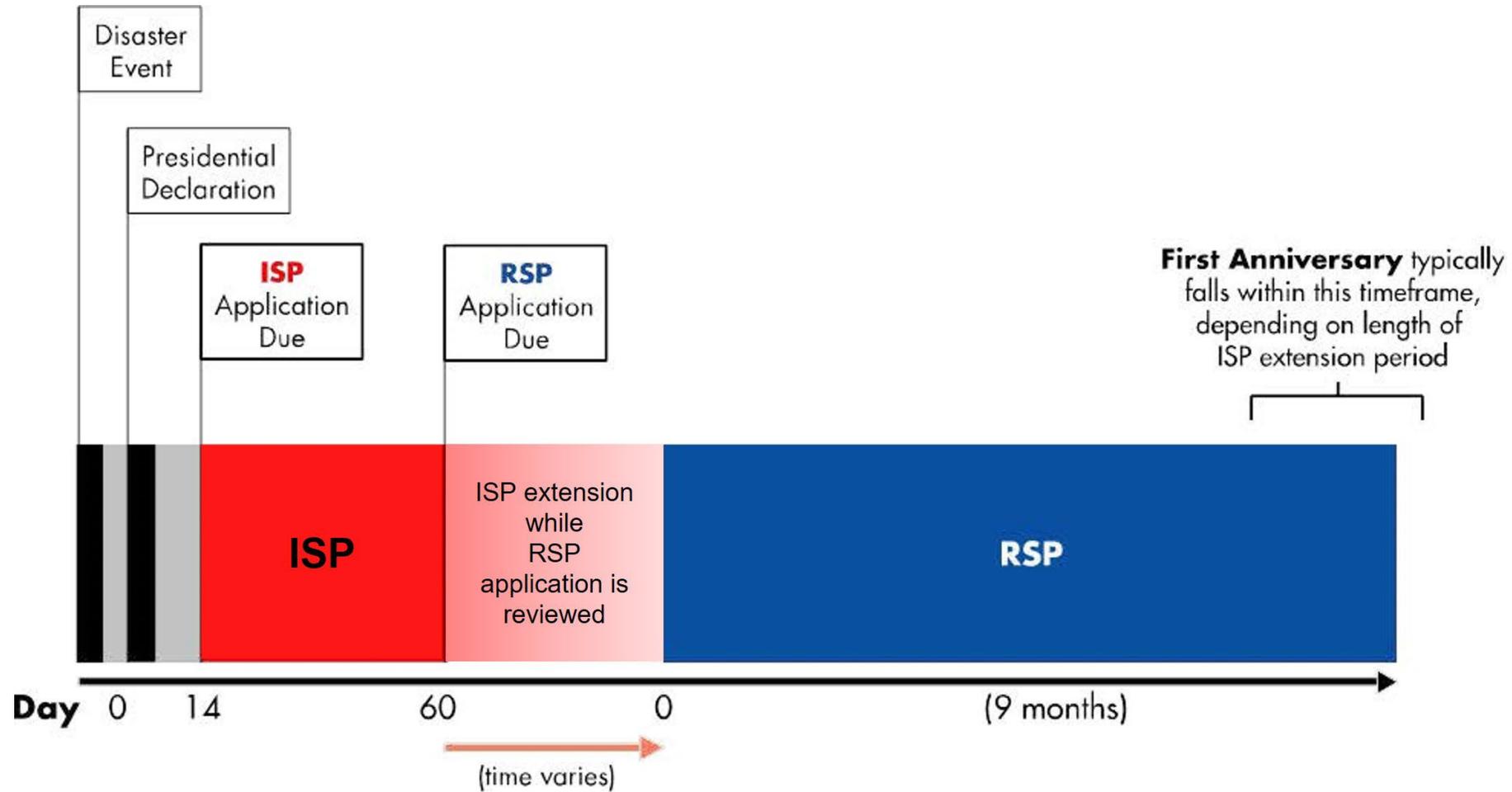
<https://www.samhsa.gov/dtac/ccp>

CCP Grant cont'd

- **Conducted in nontraditional settings:** Crisis counselors make contact with survivors in their homes and communities, not in clinical or office settings.
- **Culturally aware:** The CCP model embraces cultural and spiritual diversity as reflected in culturally relevant outreach activities that represent the communities served.
- **Designed to strengthen existing community support systems:** Crisis counselors support, but do not organize or manage, community recovery activities. Likewise, the CCP supplements, but does not supplant or replace, existing community systems.
- **Provided in ways that promote a consistent program identity:** Crisis counselors should work together early to establish a unified identity. The CCP strives to be a single, easily identifiable program, with services delivered by various local agencies.

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

CCP Timeline



Disaster Behavioral Health Grant Process

Rely on the “boots on the ground” response to collect data necessary for grant applications

- Emergency Managers can provide information on impacted populations, specific needs, local resources
- MDH-DBH gathers data related to psychological distress of impacted populations
- Better data provides the best grant application and potential program for recovery



Overview of MDH: Disaster Behavioral Health

MDH Emergency Preparedness & Response

Established in 2002, as the Office of Emergency Preparedness, the Emergency Preparedness & Response (EPR) Division coordinates emergency preparedness and response activities of the Minnesota Department of Health.

It provides guidance to local public health agencies, tribal governments and health care organizations as they develop plans and protocols for responding to public health threats.

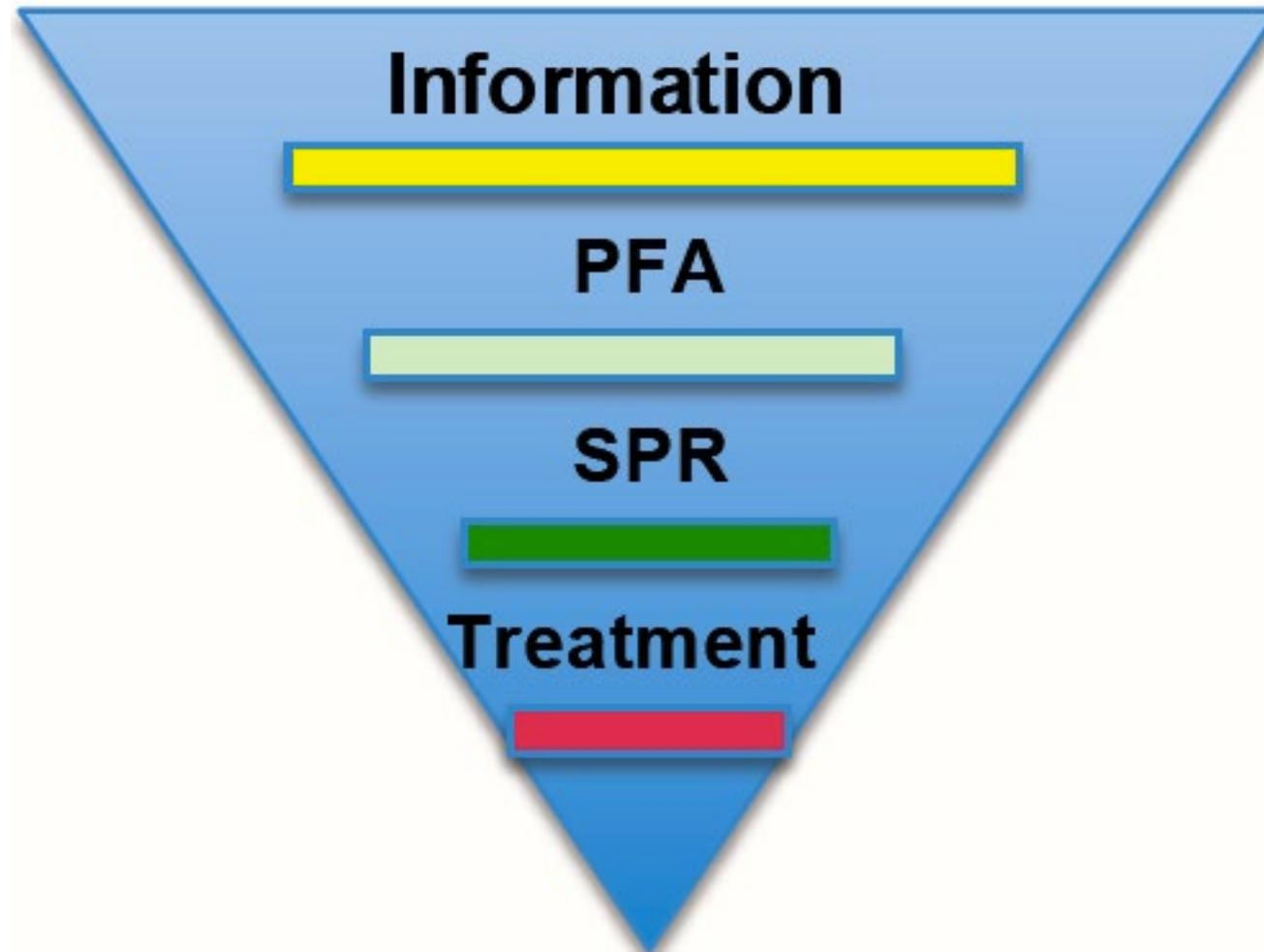
EPR maintains a 24/7 on-call system to take calls from federal agencies, local government, and other state agencies about emergency events. That number is 651-201-5735.

- Disaster Behavioral Health (DBH): Addresses the mental, emotional, substance misuse, and stress management problems may surface at any stage in disaster response and recovery among the public and the professionals who respond to an incident.
- A range of behavioral health problems may surface in the early stages of a disaster and may continue to emerge among the public and those who respond to an event. Some reactions include confusion, an inability to concentrate, anxiety, depression, phobias, sleep disturbances, panic disorders, acute or post-traumatic stress disorder (PTSD), suicidal behaviors, rage, and rigidity.
- Addressing these concerns improves the overall emergency response effort and the health of the whole community.

Just a Reminder- DBH is Not

- Psychotherapy
- Focused only on mental health
- Limited to survivors
- Only provided by mental health professionals

MN Post-Disaster Behavioral Health Stepped Care Intervention Model



MN Psychological First Aid (PFA) Card

GOAL: Provide support & limit distress

SEEK OUT & ENGAGE
Introduce yourself
Compassionate presence
Simple questions to clarify
Listen, listen, listen

PROMOTE SAFETY
Meet basic needs
Accurate information
Repeat information if needed
Identify immediate resources

CALM & COMFORT
Meet them where they are at
Don't push for information
Stress management techniques
Be flexible and supportive

CONNECTEDNESS
Connect people with help
Help families connect
Ask questions
Refer as needed

Psychological First Aid

SELF-EMPOWERMENT
Promote action and education
Encourage self-efficacy
Manage expectations
Endorse routine

PREVENTION STRATEGIES
Share thoughts with people you trust
Eat a healthy diet—avoid sugar
Avoid coping with substances
Look for gratitude
Maintain regular routines and sleep
Exercise and use meditative practices

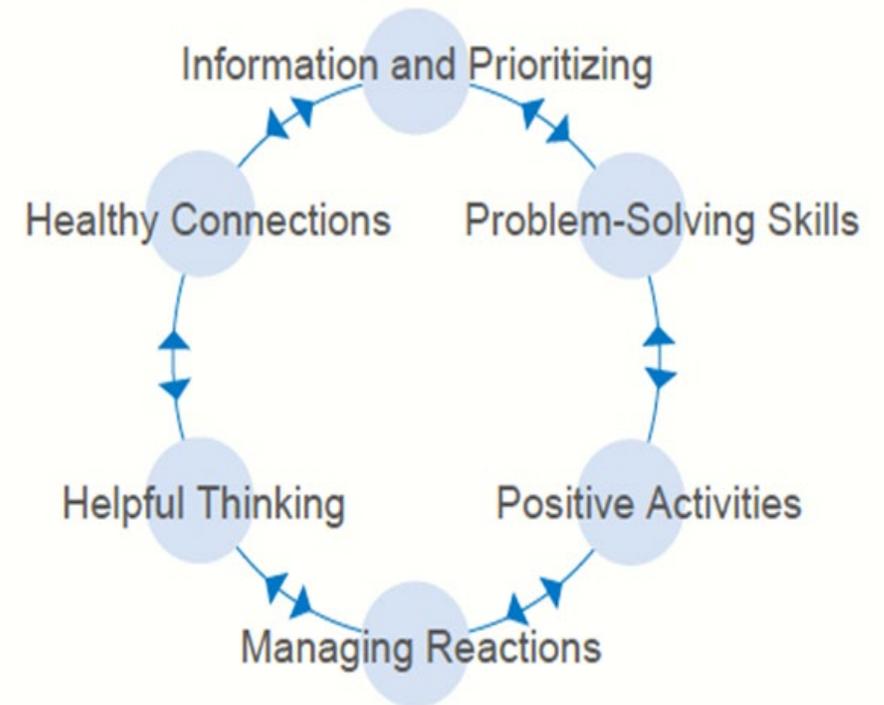
PFA SELF CARE
Check your readiness daily
Understand nature of your mission
Use support resources
Engage your resiliency
Expect recovery period after incident

When in doubt, CONSULT!

Psychological First Aid

When PFA is Not Enough: Skills for Psychological Recovery (SPR)

- Evidence informed modular approach to help children, adolescents, adults, and families in the intermediate (weeks-months) period after disasters and terrorism.
- Similar to PFA in that you don't have to be a mental health professional to provide SPR.
- Although, unlike PFA you need to be supervised by a mental health professional.



MDH DBH Service Providers: MN Behavioral Health Medical Reserve Corp (BH MRC)

- The Behavioral Health MRC is a statewide group of volunteer behavioral health specialists, whose mission is to support the global resilience of individuals, communities, and the Public Health Incident Command System during disasters by providing expert skills in the area of behavioral health. Disasters in which the
- Disasters in which the BH MRC may be deployed include, but are not limited to, natural disasters, human caused accidents, terrorism, pandemics, and other public health emergencies.



BH MRC is a Minnesota State Asset

- The BH MRC is housed under the MN Department of Health.
 - Funding for the BH MRC is limited to staff time for the unit administrator.
- The BH MRC is listed in the MDH all-Hazard plan within the following annexes:
 - Community Behavioral Health Coordination
 - Responder Behavioral Health Coordination
- The BH MRC is listed as the state level disaster behavioral health services provider in the MN State Emergency Operations Plan (MEOP).



Where Are BH MRC Services Provided?

- **Disaster Recovery Centers (DRC) and Multi-Agency Resource Centers (MARC)** to provide emotional support services and assist in connecting with other disaster support services.
- **Behavioral Health Outreach (BHO)** support services provided door-to-door in disaster impacted neighborhoods to assist survivors without access to disaster services and/or survivors who may not be actively seeking formal services.
- **Assistance Center (AC)** for waiting family members and/or survivors of the disaster. AC services may include Informational Briefings, Psychological First Aid (PFA), Family Reunification, Death Notification support, and linkage to community resources.



Where Are BH MRC Services Provided?

- **Incident Command Centers, Staging Areas and Deployment Sites** to support the emotional health of public health and health-care disaster responders.
- **Community Locations** such as churches, schools or other locations where they can best meet the needs of disaster impacted communities.
- **Virtual Support Services** to support individuals and communities in navigating the emotional challenges that can arise after a disaster for those that are unable to access in-person support or when in-person support is not available.



BH MRC Volunteers

- BH MRC volunteers may be retired, licensed or unlicensed behavioral health professionals, social workers, mental health counselors, school counselors, mental health case managers, substance abuse professionals, chaplains, psychiatric nurses, geriatric specialists, or they may come from a closely related disaster community support service field.
- BH MRC volunteers have expertise in behavioral health crisis response, are knowledgeable about local and regional mental/behavioral health and disaster resources and have the communication skills to coordinate with local mental/behavioral health agencies, other disaster responders, and disaster community support services during disaster response and recovery.
- Go to MNResponds.org to apply to join the BH MRC



BH MRC Short-Term Disaster Recovery Services

- Disaster behavioral health education & training.
- Assistance with the development of disaster behavioral health messaging to community.
- Short-term disaster behavioral health interventions (such as Psychological First Aid) and referral services.
- Short-term responder and community support services.



BH MRC & Disaster Intermediate Recovery Services

- Provide BH MRC volunteer on each FEMA/State Property Damage Team (PDA) and BH MRC teams at Disaster Recovery Centers (DRC).
- Data collection to support applications for Crisis Counseling Program (CCP), Disaster Case Management (DCM), Disaster Supplemental Nutrition Assistance Program (D-SNAP), and to assist in local and regional long-term recovery planning.
- Training disaster responders and community support services in Psychological First Aid (PFA) & Skills for Psychological Recovery (SPR) coaching.
- Training in Psychological First Aid & Skills for Psychological Recovery coaching.
- The BH MRC does not provide long-term recovery services, rather we turn that over to local public health, human services and local mental health and community support services.



Training Opportunities



DEPARTMENT OF HEALTH

PSYCHOLOGICAL FIRST AID

Psychological First Aid (PFA) is an evidence-informed approach built on the concept of human resilience. PFA aims to reduce stress symptoms and assist in a healthy recovery following a traumatic event, natural disaster, public health emergency, or even a personal crisis. A Certificate of Attendance will be available for continuing education credits.

February 9, 2026
April 13, 2026
June 8, 2026
August 10, 2026
October 12, 2026
December 14, 2026
All trainings are from 3:00-4:30pm CST.

Register at <https://www.train.org>
Course ID 1101620



2/9/2026



MnTIER for the Disaster Responder

MnTIER provides an overarching framework for disaster planning that recognizes the impact of trauma on the responder by providing actionable strategies, tools and resources to mitigate harm and build resilience. Based on SAMHSA's trauma-informed six guiding principles, this training focuses on building trauma-informed skills, and organizational supports for the responder during disaster deployments. A certificate will be provided that can be used to apply for 1 Continuing Education credit.

January 5, 2026
April 6, 2026
July 6, 2026
September 28, 2026
12:00-1:00pm CST.

Register at <https://www.train.org>
Course ID 1131229



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OFFICE OF JUSTICE PROGRAMS

Office of Justice Programs (OJP)

- Part of the Department of Public Safety
- Grants to victim serving organizations and agencies, law enforcement, youth violence intervention and more
- Financial compensation program for victims of violent crime (reimbursement program)
- Engages with communities, law enforcement community, and service providers
- Purposeful effort to focus on MVI

Departments within OJP

- Missing & Murdered Indigenous Relatives
- Missing & Murdered Black Women and Girls
- Crime Victim Reimbursement Program
- Grant Program Management
- Crime Victim Justice Unit
- Statistical Analysis Center
- Community and Victim Specialist Unit
- Operations

OJP Focus on Mass Violence Incidents (MVI)

- Strengthen OJP internal capacity and preparedness
- Increase the capacity of local victim service professionals (VSPs)-systems based and community bases
- Connect with emergency management community
- Connect with state and federal victim service partners
- Connect with public health, health care preparedness coalitions, etc.
- Respond to MVI

Strengthen OJP Internal Capacity and Preparedness

- Ensure within OJP that designated staff understand their role if a MVI occurs.
- Keep up-to-date contact list and response plan
- Increase knowledge of key OJP staff on MVI
- Understand role of local, regional and state emergency management and develop relationships
- Provide basic information on our website
- Follow guidelines of our federal partners

Increase Capacity of VSPs

- Educate VSPs on their role following an MVI
- Provide resources to local VSPs
- Organize training with the assistance of OVC-TTAC and NMVC
- Send out information to VSPs on crime victim reimbursement
- Help make connections with emergency managers and public health professionals

Emergency Managers

- Help connect EMs to local victim service providers
- Develop training to assist agencies in their victim response planning
- Encourage the inclusion of victim response in state and local emergency response plans
- Provide feedback on emergency plans as relates to victim response

Make Connections

- Continue to develop relationships with public health, health care preparedness coalitions, behavioral health coordinators, and others
- Share role of OJP and resources available
- Share key messages OJP is sending to the VSP community
- Share FREE resources available at the national level

Respond to an MVI

- Connect with local victim service professionals (VSPs)
- Reach out to responding agencies
- Communication/coordination with commissioner's office and HSEM
- Dispatch staff to assist at a center set up (immediate, intermediate, and long term)
- Dispatch staff into the community
- Assessment regarding requesting federal grants funds
- Assist victims, families, and witnesses in applying for reimbursement

OJP Response-Annunciation Church/School Shooting

- Crime Victims Reimbursement Program
 - Short form application
 - Prepared for large number of applications
 - Connected with MPD about getting list of victims and witnesses
- Deployed OJP staff to the Family Assistance Center, Neighborhood Assistance Center, and Hospital

- Interim Executive Director Kim Babine at the EOC
 - Brought victim services perspective
 - Liaison
 - Valuable coordination
- Coordinated with DPS Office of Communications
 - Information and resources on OJP website

Technical Assistance & Support

- U.S. DOJ Office of Victims of Crime
 - Quickly connected with technical assistance from OVC and the National Mass Violence Center
 - Meetings with TA providers by the next day
 - TA providers on the ground by early next week
 - Started grant application process

Antiterrorism Emergency Assistance Program (AEAP)

- Grant that is administered by OVC
- OJP-Grant Applicant
- OVC-TTAC plays a major role in preparing the grant on our behalf
- The grant covers
 - OJP response (including reimbursement)
 - Retroactive and prospective expenses of responding agencies
 - Resiliency Center
 - Separate grant for addressing first responder needs

OJP Continued Response

- Complete the AEAP grant application process
 - Temporary pause during government shutdown
- OJP staffing the Resiliency Center now and in the future
 - Annunciation Parish-Washburn Library (temporary location)
 - Waite House-Lake Street Shootings
- Build on lessons learned

- Critical role of victim services at Family Assistance Centers
- Value of victim services voice at the EOC
- Necessity of preparation and planning
- Importance of communication and coordination
- Importance of relationships

Long Term Vision

- Envisioning a statewide victim service response
- Being part of the state emergency management plan
- Facilitate training to increase knowledge and understanding of victim response after an MVI
- Create a Family Liaison Program in MN
- Create an ongoing Trauma Notification training
- Develop FAC recommendations specific to ensuring a trauma-informed response to victims
- Evaluate website and update as needed
- Ensuring each community (city, county, region, etc.) includes VSPs in their planning and response

Resources



Questions



Thank You!

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