## SAMHSA
Substance Abuse and Mental Health
Services Administration

# the Dialogue

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**People With Functional and Access Needs and Disasters**

# SAMHSA
Substance Abuse and Mental Health
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IN THIS ISSUE

# the Dialogue

# In This Issue

According to the Census Bureau, more than one in four people in the United States has a disability. That amounts to 85.3 million people (Taylor, 2018). The disability community in the United States is rich and varied. In addition to including people with a range of disability types, this community boasts the same rich diversity as the full U.S. population in terms of race and ethnicity, culture, language, age, socioeconomic status, gender identity, sexual orientation, and life experience.

People with disabilities move through a world largely designed for people without disabilities. As noted in an article in this issue, they are essentially emergency managers every day. Many people with disabilities have developed strong coping skills and resilience, as well as supportive networks to function and thrive. In spite of these strengths, people with disabilities have sometimes had worse experiences in and after disasters (Chakraborty et al., 2019; Stough et al., 2016; Frieden, 2006; Center for Disaster Philanthropy, n.d.; Mann et al., 2021). In many cases this was because disaster planning and management processes missed taking them into account. Efforts underway since shortly after September 11th and Hurricane Katrina have begun to remedy this issue. Some approaches have focused on functional and access needs, a framework broader than disabilities that may better reflect actual needs people experience during and after disasters.

In this edition of *The Dialogue,* we consider ways to ensure inclusion of people with disabilities and other functional and access needs in all phases of disaster preparedness, response, and recovery. After an article about functional and access needs, the next article spotlights work done in collaboration with the Centers for Disease Control and Prevention to produce accessible materials and information about the COVID-19 pandemic for people with disabilities. In two articles, states with Crisis Counseling Assistance and Training Program grants that have done especially well in reaching people with disabilities describe approaches

Based on some measures, **more than** **1 in 4** people living in the United States has a disability. This amounts to **85.3 million people,** or **27.2 percent of the population.**

Source: Taylor, 2018
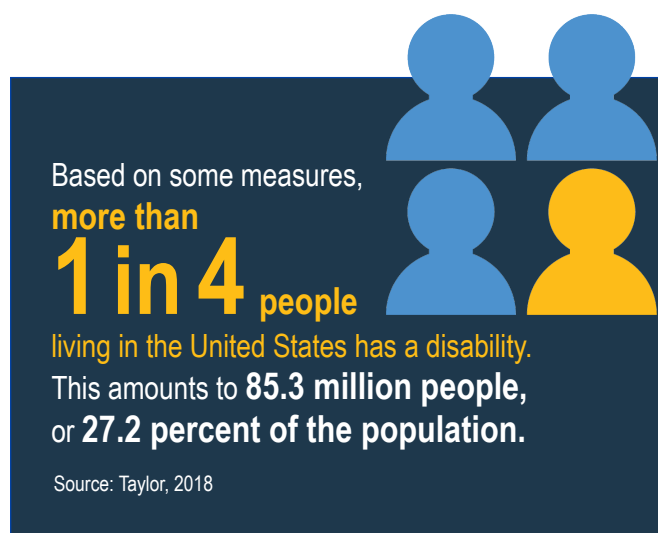
they used and lessons learned. Another article focuses on working with people with service animals in disasters. Also, a disaster behavioral health expert from Colorado describes work the state has done to ensure inclusion of the whole community, including people with access and functional needs, in disaster preparedness, response, and recovery.

Have you been part of work to include people with disabilities and other access and functional needs in disaster preparedness, response, and recovery? Are you someone who has a disability or other functional or access need who has been involved in emergency management or disaster behavioral health? Other planners and responders can learn from your efforts. We encourage you to contact us to share your stories and lessons learned. ■

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**Cg Garrard, M.A.,** is an accomplished consultant with 18 years of experience in emergency management who also happens to have a disability. She has worked with all levels of government: federal, state, and local, as well as engaging local communities and private-sector partners in emergency planning and resilience efforts. Garrard excels at building relationships with stakeholders and engaging in productive discussion on inclusion, equity, diversity, and anti-racism in emergency management planning and operations. She is the Founder and Owner of hazard-management firm Griffin LLC. Garrard conducts business with the support of her service dog and "Chief Barketing Officer," Noni. Contact **info@griffinworks.org** or visit **https://www. griffinworks.org/training** to learn more about Griffin's training, Pawsitive Interactions with Service Dogs During Response Operations ©.

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coalition's member organizations, working closely with colleagues at the University of California San Diego's Refugee Health Unit. Nash has provided a range of consulting services to clients in California, Hawaii, and British Columbia, Canada, since 1998. Much of her work is centered on helping communities design effective solutions to complex social problems and addressing systemic inequities. She has co-authored numerous assessments and reports and served as principal investigator and consultant to projects funded by the Centers for Disease Control and Prevention (CDC), California Office of Emergency Services, and County of San Diego Health and Human Services Agency. Nash has also been part of the University of San Diego's Nonprofit Institute since 2016, providing training in program design, development, and evaluation. Originally from England, Nash studied at Warwick and Oxford Universities before completing a master's in psychology at Boston College.
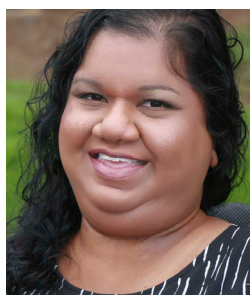
**Liz Persaud** is a nationally recognized public speaker and advocate addressing the need to build bridges and solidify the gaps between individuals living with and without disabilities. Persaud currently serves as the Program and Outreach Manager for Tools for Life, Georgia's Assistive Technology Act Program, at the Center for Inclusive Design and Innovation (CIDI) within the College of Design at the Georgia Institute of Technology (Georgia Tech). Persaud serves on the Board of Directors at NMD United, Inc., providing outreach and raising disability awareness to numerous groups and organizations across the globe. Her passion lies within education about generations of adults growing up and living independently and successfully with childhood neuromuscular diseases. Persaud is sought after for her storytelling ability, shedding light on the power of assistive technology and its impact on the lives of individuals living with disabilities and their support circles. Persaud has dedicated her life to

increasing independence for individuals with disabilities by educating on self-determination and advocacy with a focus on technology and disabilities. She is a graduate of Georgia State University.

**Carolyn Phillips** is internationally recognized in the fields of assistive technology, inclusive design, accessibility, and disabilities. Phillips serves as Co-Director of CIDI at Georgia Tech and Director & Principal Investigator of Tools for Life, Georgia's Assistive Technology (AT) Act Program. She is a frequent keynote speaker at conferences and guest lecturer at universities throughout the globe. Phillips serves as the Associate Editor for the *AT Outcomes and Benefits (ATOB)* journal and has published articles in journals, chapters in books on AT, and poetry focused on living with disabilities. Phillips received her undergraduate degree from the University of Georgia and her master's degree from the University of Kentucky, and she is currently pursuing her Ph.D. at Texas Tech University.

**Patricia Redmon** is a Special Project Consultant to the Center for Inclusive Design and Innovation at Georgia Tech. She has developed resources for the reuse of assistive technology, prepared accessibility guidance for international projects, and provided administrative support for research. Her prior experience includes senior editorial and management roles at Knight-Ridder Newspapers and in publishing-related technology, and participation in the development and implementation of standards for document processing. She has consulted with healthcare organizations and leading scientific and medical publishers. She holds a B.S. in English education and an M.B.A. in marketing from Florida State University.

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**Charlotte Stasio** excels at developing emergency management and public safety plans and policy. Her professional experience includes developing doctrine for FEMA and local policy and planning guidance for jurisdictions in the National Capital Region. Stasio is a certified emergency medical technician and works in the field as a first responder for an emergency medical services provider in Philadelphia. She serves as Director of Operations for Griffin LLC, a firm on a mission to advance access and inclusion in emergency management.



**Aimee Voth Siebert, M.A.,** is the Disaster Behavioral Health and Inclusion Worklead for the Colorado Department of Public Health and Environment's Office of Emergency Preparedness and Response (CDPHE OEPR). Voth Siebert holds a master's in international disaster psychology from the University of Denver. She enthusiastically weaves cross-cultural psychology; community engagement; mental health, substance use disorder prevention, and public health; crisis communication; and neuroscience into the broader disaster conversation, promoting a people-centered lens for emergency preparedness and response. In 9.5 years with OEPR, Voth Siebert has supported Colorado's responses to the COVID-19 pandemic, the 2013 floods, multiple wildfire seasons, and several mass shooting events. In 2015, she deployed with CDC's Ebola response in Sierra Leone, and in October 2017, she led Colorado's Emergency Management Assistance Compact disaster mental health team in supporting Puerto Rico's response to Hurricane Maria. Voth Siebert also contributes leadership to the development of Colorado's Access and Functional Needs Program. In 2019, she co-chaired the inaugural "Getting It Right" Access and Functional Needs Conferences in Colorado, and the Community Inclusion in Colorado mapping project, which she leads, was recognized as a "promising practice" for emergency management inclusive of people with disabilities by FEMA and the Americans with Disabilities Act National Network in 2015. ■

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## TECHNICAL ASSISTANCE SNAPSHOT

### Crisis Counseling Assistance and Training Program (CCP) Encounters with People With Disabilities

**2019–2021**
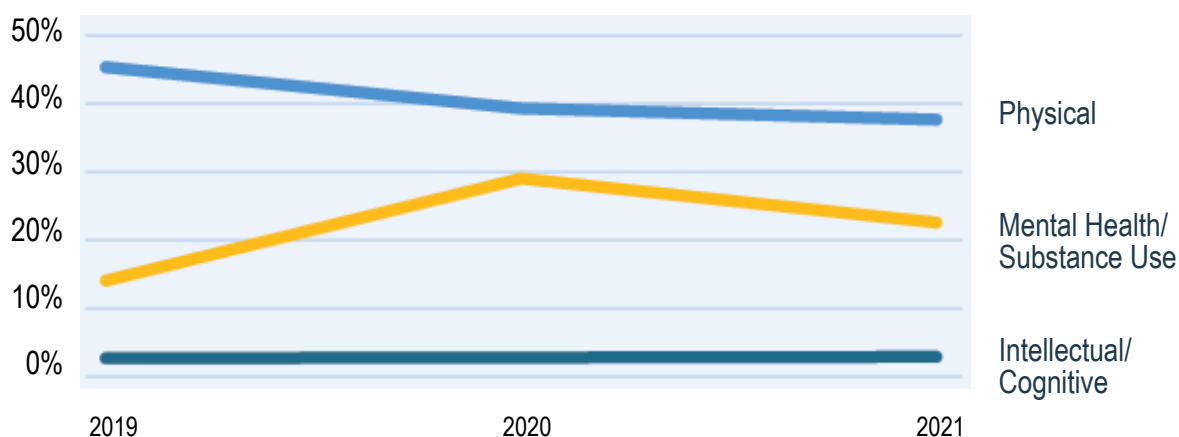


The CCP provides supplemental assistance to help states, U.S. territories, and federally recognized tribes meet mental health and substance use-related needs after a disaster. CCP data are collected for program development and improvement, including data on percentages of people served who have disabilities. From 2019 to 2021, CCPs served more people with physical disabilities than mental health or substance use-related disabilities or intellectual or cognitive disabilities. However, they reached people in all three groups.

Source: CCP data as reported to the SAMHSA Disaster Technical Assistance Center

"A crisis counselor described how she works with a lot of families whose children have autism, or where the grandparent is struggling with dementia. They have had a much more difficult time with COVID-19, and they have less access to mainstream resources and services due to language barriers. She talked about how isolated and afraid these families have been and how valuable the CCP is."

Source: Flores & Nash

"The CCP staff began assisting Ohioans by meeting them where they were. Creative and culturally diverse staff brought a new level of sensitivity and competence in working with people with different abilities."

Source: Sielski & Brownlee

# Including People With Access and Functional Needs in Disaster Preparedness, Response, and Recovery

*By* **SAMHSA Disaster Technical Assistance Center Staff**

Wherever you live, your community likely includes people with access and functional needs, identified by the Federal Emergency Management Agency (FEMA) as "individuals who need assistance due to any condition (temporary or permanent) that limits their ability to take action" (FEMA, 2014). People with access and functional needs in a disaster may include people in a wide range of communities:



- People with limited proficiency in spoken or written English, who may need disaster warnings and other emergency information provided in languages they read and speak

- People who are deaf or hard of hearing who use American Sign Language and need information provided in that language

- People who are blind or people with low vision, who may need written information provided in braille, large-print, or audio formats

- People with intellectual or developmental disabilities, who may need information provided in simplified language
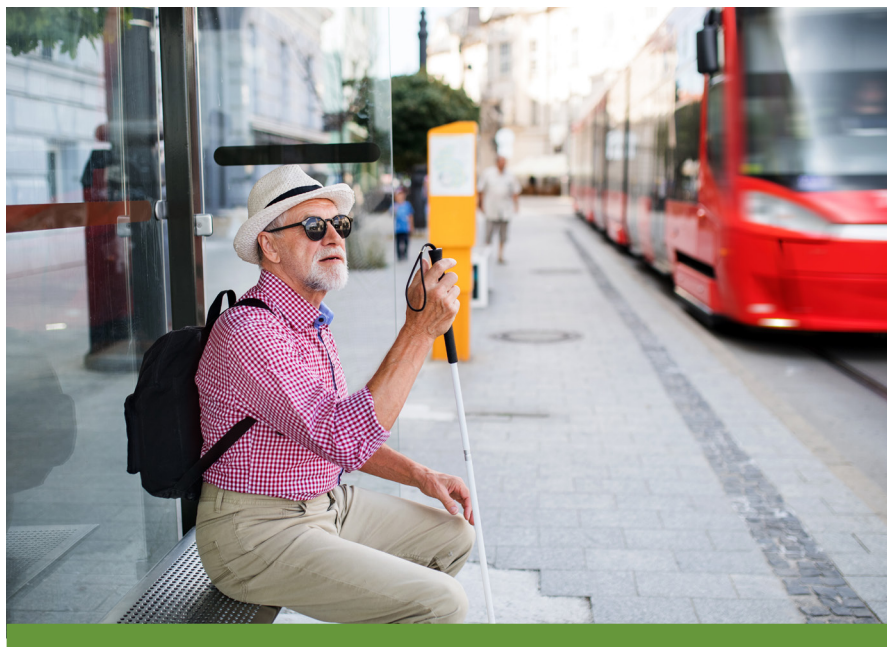
- People who use wheelchairs or other mobility devices, who may need accessible shelters and transportation options for evacuation

- People who use medications to manage health conditions, including mental health conditions and recovery from substance use disorders, as medications may be hard to get during and after disaster

- People with serious mental illness, who may have developed networks of service professionals and supports that may be disrupted by disaster

- People who do not own personal vehicles or have access to transportation for evacuation

- People in any other group who may need resources or support to take action before, during, and after a disaster in support of their health, well-being, and usual functioning

To ensure whole-community preparedness and effective disaster response and recovery, you will need to include and account for people with access and functional needs in all phases of emergency management and disaster response.

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Like other changes made for people with access and functional needs, these efforts stand to benefit your whole community and result in better disaster response and recovery for all.

Disabilities, Opportunities, Internetworking, and Technology Center, University of Washington, 2021

This work can be challenging, especially if you and your organization do not have preexisting relationships with people with functional and access needs or organizations run by and serving these communities. However, like other changes made for people with access and functional needs, from sidewalk curb cuts for people who use wheelchairs to translation of health information into simplified language, these efforts stand to benefit your whole community and result in better disaster response and recovery for all (Disabilities, Opportunities, Internetworking, and Technology Center, University of Washington, 2021).

Following are steps you can take to ensure that your disaster planning and preparedness work includes people with functional and access needs and that response

and recovery processes involve the whole community.

## Before a Disaster: Planning and Preparedness

- Invest in understanding your community and building networks. Who makes up your community? What needs may they have in a disaster?

- Establish a working group on emergency planning and preparedness for people with access and functional needs, or several working groups for specific communities of people with access and functional needs and disabilities. Include representatives of the communities of people with functional and access needs in your area in standing emergency planning and preparedness meetings. You may be able to find state, territory, tribal, and local

contacts through the Aging and Disability Networks section of the Administration for Community Living's website at **https://acl.gov/programs/aging-and-disability-networks**. You may also want to reach out to your state or local government community mental health provider organizations. Meet regularly with various groups to collaborate on disaster planning and preparedness.

- Plan and budget for translation and interpretation of information in languages other than English that people in your community speak, particularly people with limited proficiency in written and/or spoken English. This may include sign language such as American Sign Language, as well as large print or braille for print publications. Ideally it also will include testing draft

communications to make sure they are appropriate for and make sense to intended audiences.

- Plan and budget for disaster warning systems that rely on visual as well as auditory cues.

- Plan and budget for disaster communication in visual as well as verbal formats (i.e., handouts showing information in pictures only, or in pictures in conjunction with written information).

- Plan to ensure availability of shelters that are accessible to all members of your community, including people using wheelchairs, canes, or other mobility devices or people with service animals.

- Plan evacuation support for people without access to personal vehicles.

- Plan to ensure continuity of access to medication.

- Plan to ensure continuity of care and access to support networks

for people who use systems and supports to manage serious mental illnesses and recovery from substance use disorders.

- Plan to ensure continuity of access to health care and devices for people with chronic health conditions (e.g., supplemental oxygen supplies for people with emphysema, nebulizers for people with asthma).

## During a Disaster

- Present information in a range of formats, including in written words, pictures, and videos.

- Provide disaster warnings that are visual as well as auditory, and in tactile or haptic format if possible.

- Provide sign language interpretation of disaster information.

- Provide vital information early, and in plain language, for people with intellectual and developmental disabilities. Simplify instructions, breaking

them down into smaller steps and providing them in written form.

## After a Disaster

- Provide health information, including psycho-educational and coping materials, in languages members of your community use. This may include several languages other than English, including sign languages such as American Sign Language, as well as large-print publications and publications in braille.

- Provide shelters that are accessible to the whole community, which may include people who use wheelchairs or canes, people with service animals, and people with sensory or neurological differences such as autism or serious mental illness who may benefit from additional space or more private accommodations if available. For example, aisles should be sufficiently wide for someone using a wheelchair to navigate, and private spaces should be available for those who need to have discussions with their mental health or substance use support service providers.

- Ensure that sites where resources and services are provided to survivors are accessible to the whole community.

- Offer assistance, or allow for support from friends or loved ones, for people who need this support in completing forms and reporting events in the order in which they happened. ■

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# Delivering Accessible Communications About COVID-19 to Individuals With Disabilities

*By* **Carolyn Phillips, Liz Persaud,** and **Trish Redmon,** Tools for Life, Georgia's Assistive Technology Act Program, Center for Inclusive Design and Innovation, Georgia Tech

The COVID-19 pandemic highlighted an ongoing need to deliver accessible communications to people with disabilities, their families, and caregivers in times of emergency. The Center for Inclusive Design and Innovation (CIDI) at the Georgia Institute of Technology (Georgia Tech) focuses on utility, ease of use, and high quality to meet such needs. CIDI's portfolio of services includes accessibility consulting, braille services, captioning and audio description services, professional e-text production, and certified assistive technology (AT) services.

In July 2020, the CDC Foundation partnered with CIDI to use its full array of accessible communications services to make information from the Centers for Disease Control and Prevention (CDC) accessible through alternate formats for individuals who are blind or have low vision, who are deaf or hard of hearing, or who have cognitive disabilities requiring text at extremely low reading levels. The resulting products and services made CDC products available in digital and embossed braille, American Sign Language (ASL) videos, and simplified text products.

The accessible products reached target audiences through a Georgia Tech website (**http://www.cidi.gatech.edu/covid**) and key partnerships for the physical distribution of embossed braille products. Using its own extensive networks and partner networks, CIDI worked with the American Association on Health and Disability, a project partner, to construct a network of organizations to disseminate information about project services through virtual



This microsite was created for the project, Accessible Materials and Culturally Relevant Messages for Individuals with Disabilities, which was led by Georgia Tech's Center for Inclusive Design and Innovation (CIDI), with funding from the CDC Foundation and technical assistance from CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD).

## What is assistive technology (AT)?

According to the AT Act of 1998 as amended in 2004, an AT device is "any item, piece of equipment, or product system…used to increase, maintain, or improve functional capabilities of individuals with disabilities." An AT service is "any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device" (AT Act, 2004). AT devices encompass a wide range of items, including magnifying glasses, large-print text, communication boards, canes, wheelchairs, closed captioning on televisions, hearing aids, communication devices with voices, and computers with specialized software.

speaking appearances, webinars, and social media messaging to intended audiences.

The project began in July 2020 and was extended through September 2021 to complete new initiatives related to vaccines and vaccination guidance for people with disabilities. The Georgia Tech microsite designed to facilitate distribution of the accessible material continues through September 2022 to provide critical updates to online CDC guidance and to update a limited set of single-topic braille documents.

CIDI brought to the project a staff with a long history of broadly focused attention to the challenges of accessible communications. Tools for Life, Georgia's Assistive Technology Act Program, through its coordination of the Pass It On Center, hosted the first national conference on the role of AT reutilization and emergency management in 2010.[1] The need for multimodal and redundant communication systems was identified as one of the non-AT issues of major concern at the conference. Through continued focus and ongoing partnerships, some participants in that conference, including Deaf Link, contributed to the solutions used in this project.

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[1] AT reuse activities can benefit people with disabilities by providing an inexpensive avenue to acquire equipment for independent daily living and even provide a temporary loan of equipment throughout a lengthy insurance process of getting a new wheelchair. Benefits reach much farther, allowing cost savings to Medicaid and other government-funded entities, as well as the environmental impact of keeping waste out of landfills.

## What is an Assistive Technology Act program?

These are programs at the state level authorized under the AT Act and intended to offer key AT services to people in a state, including AT demonstration activities, device loan activities, reutilization activities, and financing activities. These programs are supported by grants to states overseen by the Administration for Community Living.
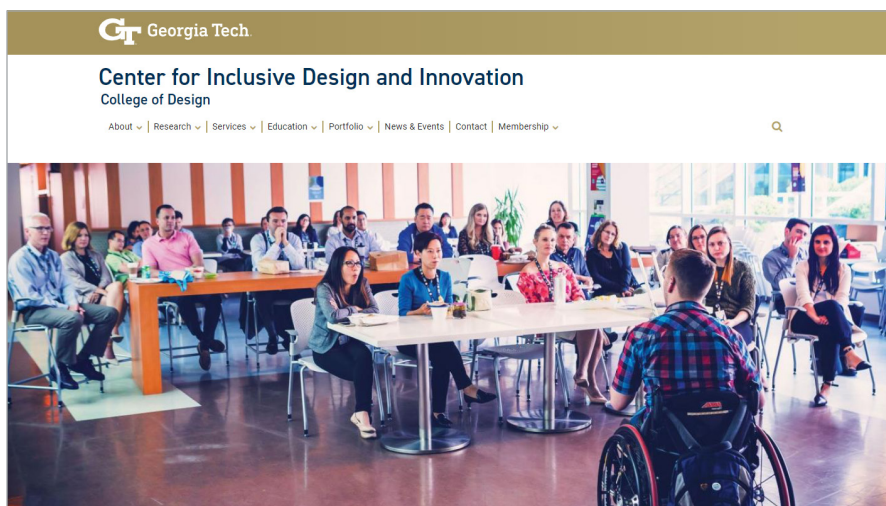


With the existence of mandated accessibility guidelines (Section 508 guidelines now "harmonized" with the Web Content Accessibility Guidelines, or WCAG 2.1), the use of plain language in communications, and improved technologies for communicating to people with sensory disabilities, why was the communication of healthcare guidance related to COVID-19 still a major consideration a decade after the 2010 conference? To a large degree, the answer lies with inconsistent application of available tools and technologies and the need for better "translation" of messages to reach audiences with cognitive disabilities. Even though nearly one-fourth of the population now has a disability, the delivery of accessible communication about emergencies still lags behind mainstream channels of news because it often requires alternate formats and additional time and expertise to prepare.

CIDI experts performed needs assessments for the targeted communication groups:

- Individuals who are blind and/or low vision who access content through braille

- Individuals with intellectual or developmental disabilities for low/adapted literacy materials

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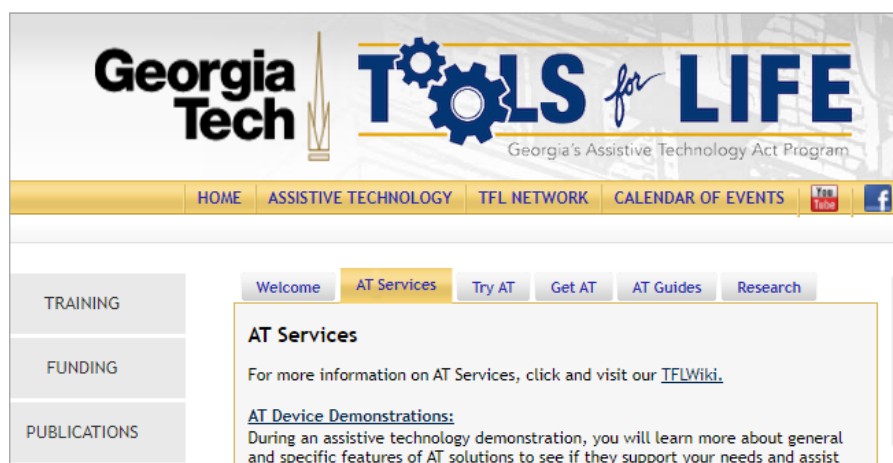


• Individuals who are deaf and rely on ASL for communication

Subsequently, the researchers worked with people with disabilities and subject matter experts to conduct user accessibility testing on some of the initial products created from the project.

Serving communities with sensory disabilities goes beyond the preparation of accessible text documents for users of assistive technology. It often requires translation into video using ASL to reach individuals who are deaf or hard of hearing, or into embossed braille or braille-ready digital files for people who are blind or have low vision. CIDI staff include experts in both ASL services and braille. They recommended improved methods for preparation of ASL video guidance and supported the preparation of 36 more accessible scripts at lower reading levels. CIDI's braille team used its expertise and state-of-the-art production facility to create 2,000 packets and more than 150,000 pages of embossed braille, and it

distributed those to users through its affiliation with the Braille Authority of North America and national library systems. Accessible digital files are available to users of refreshable braille displays and text-to-speech software through the project website.

A different issue confronted people with cognitive disabilities, whether those disabilities resulted from illness, injury, or developmental disabilities. Communications about health care, because of the complexity of the subjects, often remain at levels of readability beyond their comprehension. Plain language for many audiences is not adequate to address the need for communication at second or third grade reading levels. No solution for this existed at the outset of this project. Aware of their ongoing interest in this field, CIDI included a research team led by Dr. Karen Erickson from the Center for Literacy and Disability Studies at the University of North Carolina (UNC) at Chapel Hill in this project. Working with CIDI staff to test the

development of tools, the UNC team formulated research-based guidelines for the simplification of text, the *Guidelines for Minimizing the Complexity of Text* (https://cidi.gatech.edu/sites/default/files/2021-02/Minimized%20Text%20Complexity%20Guidelines%20%5Bversion%202.03.2021%5D.pdf). These guidelines became the basis for "translating" CDC guidance to new levels of simplicity for this specific audience. The 25 resulting documents were posted to both the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/easy-to-read/index.html) and the project website (https://cidi.gatech.edu/covid/easytoread) and served as the basis for seven extremely short videos for basic COVID-19 guidance.

The Accessible Materials Project also produced six national webinars on topics of interest related to COVID-19. Those remain archived and available on the project website.

Of ongoing concern is the availability of accessible communications for disaster communication of all types. The pandemic led to greater use of virtual platforms for personal communication, business meetings, healthcare appointments, and social gatherings, and ASL interpreters became more widely used for public communications. The accessibility gap persists, and much still remains to be done to ensure equal access to emergency information. ■

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# California's CCP Serves People With Different Abilities

*By* **Kim Flores, M.P.P.,** California Mental Health Services Authority, and **Valerie Nash, M.A.,** San Diego Refugee Communities Coalition



In November 2020, California received approval to fund CalHOPE, a multipronged Crisis Counseling Assistance and Training Program (CCP) to address the COVID-19 disaster. California's Department of Health Care Services (DHCS) established a statewide warm line, student support program, the Together for Wellness website, a media campaign, and a network of over 500 crisis counselors to serve Californians. California Mental Health Services Authority (CalMHSA) is contracted with DHCS to oversee the CCP and has subcontracted with 29 agencies that serve California's diverse communities including hiring counselors that speak over 50 languages.

The Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC) contacted CalMHSA because in its review of the data, it found several of the agencies working on the California COVID-19 CCP were serving an impressive number of persons with different abilities. When SAMHSA DTAC presented CalMHSA with the named agencies, CalMHSA realized that most of them were culturally specific community-based organizations (CBOs). They included Community Health for Asian Americans and the Multi-Ethnic Collaborative of Community Agencies. In further discussions with some of the agencies, CalMHSA concluded that by subcontracting with many CBOs that serve specific language and/or racial/ethnic communities, CalMHSA not only was able to reach into many of California's distinct communities, but also ended up serving many more persons with intellectual and cognitive disabilities. This has occurred because when families are served by people who speak their language and/or come from their communities or countries, they go to them for all their needs and don't silo the counselors as only available to provide mental health services.

CalMHSA asked if any of the agencies would help explain this phenomenon, and the San Diego Refugee Communities Coalition (SDRCC) offered the following discussion. There are 12 agencies in San Diego in this coalition that serve African, Middle Eastern, Burmese, and Haitian refugees, among others. CalMHSA approached one of the agencies, the United Women of East Africa Support Team (UWEAST), about how they serve so many persons with intellectual and cognitive disabilities. Following is their response.

### Achieving Impressive Reach

CCPs collect and use a wide range of data, including data on people served who have intellectual or cognitive disabilities. On average, CCPs find that between 2 and 3 percent of interactions involve a survivor with an intellectual or cognitive disability. For the CalHOPE California CCP, 8 percent of encounters have involved someone with an intellectual or cognitive disability. SAMHSA DTAC reached out to the California CCP to learn more about how the program has achieved impressive reach to this community of survivors.

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**CalMHSA**
California Mental Health Services Authority

**Compassion. Action. Change.**

### What is an ethnic community-based organization, and how are they different?

The Office of Refugee Resettlement (ORR) defines an ethnic community-based organization (ECBO) as a "non-profit organization that was founded and is led by a current or former refugee, or a group of current and former refugees and immigrants, primarily for the advancement of refugees" (ORR, n.d.). What differentiates ECBOs from larger, mainstream organizations is that they are led and staffed by members of the community that they serve, meaning that they have unparalleled linguistic and cultural competency. This is certainly the case for the SDRCC. Under the direction of lead organization UWEAST, community members affected by the COVID-19 pandemic are served by 25 part-time crisis counselors within 9 ECBOs who collectively speak 16 languages.

### What outreach methods are used to reach individuals with different abilities?

The short answer is that there are no special outreach efforts focused on individuals with disabilities as a unique population. This was confirmed by conversations with crisis counselors. What the CCP has highlighted is that ECBOs such as Haitian Bridge Alliance, Karen Organization of San Diego, and South Sudanese Community Center are the go-to trusted organizations for their community members. The crisis counselors go to the same ethnic markets, attend the same mosques and churches, and live in the same densely populated urban neighborhoods as the individuals and families they are serving. Trust is based upon reputation, and outreach is mostly through word of mouth and established community and social media networks.

### How can you explain the large numbers of individuals and families served by the CCP who have physical or cognitive disabilities or mental health or substance use-related needs?

The first thing to point out is that even though the numbers are high, the actual numbers are likely higher. The reasons for this are twofold. First, a requirement for providing a CCP in California is the ability to serve people of all different abilities. Second, stigma around cognitive disabilities and mental health or substance use disorders means that many individuals are undiagnosed or would be hesitant to disclose their diagnosis. Very few refugees would be familiar with learning disorders such as dyslexia or conditions such as attention deficit hyperactivity disorder. Of the families with different abilities served through the CCP, for the most part these are individuals and families who are known to the ECBOs. One of the crisis counselors described how she works with a lot of families whose children have autism, or where the grandparent is struggling with dementia. They have had a much more difficult time with COVID-19, and they have less access to mainstream resources and services due to language barriers. She talked about how isolated and afraid these families have been and how valuable the CCP is. Another who is working with the Afghan community shared a recent situation in which a client disclosed that he has a traumatic brain injury as the result of a bombing. He had lost his job and needed help understanding what benefits he was eligible for.

**Moving Forward With Awareness:** CalHOPE's CCP has offered an opportunity for San Diego's ECBOs to serve their communities in new ways. The program has allowed SDRCC to establish a crisis counseling warm line, 1–888–222–0980, offering counseling services in 16 different languages. As we look toward life after the pandemic, SDRCC is committed to sustaining the work of crisis counselors. There is a need for this type of peer-based, linguistically and culturally competent support for all members of refugee communities—including those with different abilities. ∎

# Disaster Response for the Whole Community: Colorado's Work Toward Access and Functional Needs Integration and Community Inclusion

*By* **Aimee Voth Siebert, M.A.,** Colorado Department of Public Health and Environment's Office of Emergency Preparedness and Response, and the **SAMHSA Disaster Technical Assistance Center**

Colorado has long had processes and networks to work toward greater community inclusion, including inclusion of people with access and functional needs, in emergency management and disaster behavioral health. *The Dialogue* recently spoke with Aimee Voth Siebert, a state leader in disaster behavioral health and community inclusion, about community inclusion efforts in the state, the resilience of people with access and functional needs, and ways to foster community inclusion in disaster preparedness, response, and recovery.

**What is Colorado's history of efforts to include people with disabilities and other access and functional needs in disaster planning and preparedness, response, and recovery?**

This personal story may be helpful context. Part of my job title is Community Inclusion Coordinator. It used to be Vulnerable Populations Coordinator. Early in my tenure with our office, I attended a training hosted by Dave Schaad, our regional Federal Emergency Management Agency Disability Integration

Specialist at the time. He looked at my business card and asked, "Why do you call your role a vulnerable populations coordinator?"

I said, "We want to make sure that disaster responses don't *just* work for people who are able-bodied, middle-income, White . . . who have access to their own vehicles . . . who speak English. We want to make sure we have inclusive practices for everyone in Colorado."

He said, "There it is. You don't want to coordinate vulnerable populations; you want to coordinate community inclusion."

And I was like, "Yeah, that's it!"

It was great to have this new language as I had already been in conversations about the term "vulnerable populations." When whole groups of people are lumped into the category of "vulnerable populations," it creates an unfortunate mindset that often misses the resilience of people who experience and address barriers on a regular basis. One of my favorite things Dave Schaad said is, "people with disabilities are emergency managers every day." They come up

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with different strategies, operations so to speak, to get their needs met. Even the term "people with disabilities" encompasses so many different needs and strategies and resilient resources and practices. We recognized it wasn't helpful to lump entire groups into a "vulnerable populations" category, not only because those folks don't necessarily identify as vulnerable, but also because it's disempowering and emphasizes rescue rather than participation, which strains expectations on responders too.

We shifted my title to Community Inclusion Coordinator. We began work to figure out how to have whole-community perspectives in planning and better engage resources

> We recognized it wasn't helpful to lump entire groups into a "vulnerable populations" category, not only because those folks don't necessarily identify as vulnerable, but also because it's disempowering and emphasizes rescue rather than participation, which strains expectations on responders too.

from the whole community in eventual response. Who makes up the Colorado community? Where do they live? What types of resources are most relevant to their disaster experience? Who needs to come to the table?

**The C-MIST framework** developed by Kailes and Enders (2007) promotes inclusive preparedness and response. The access and functional needs framework looks at people's capabilities and needs, not their diagnosis, status, or group labels as was often the case in "vulnerable populations" or "special needs" approaches. For instance, the group label "stroke survivor" tells us nothing about an individual's functional needs for maintaining health, safety, and independence, which can range from no needs to many needs. C-MIST is a memory tool for five functional areas that may affect individuals during disasters and for which resources and inclusive practices can be identified:

- **Communication**
- **Maintaining health**
- **Independence**
- **Support, safety, and self-determination**
- **Transportation**

Learn more at **https://disasterstrategies.org/blog-post/defining-functional-needs-updating-cmist-by-june-isaacson-kailes-disability-policy-consultant** (Kailes, 2020).

### How did you work on answering those questions?

The C-MIST access and functional needs framework from disability policy consultants June Kailes and Alexandra Enders has guided many efforts on our team and in our office over the years.

We created the Colorado Community Inclusion Maps in 2013 as an ongoing data project to help integrate community functioning and characteristics in local and state disaster planning. We began facilitating quarterly meetings of the Colorado Community Inclusion Workgroup in 2015. There were also significant community-led efforts that moved the state forward. Community groups and disability organizations led by the Independence Center, a Center for Independent Living (CIL)[2]

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[2] Part of a program of the Administration for Community Living (ACL), a CIL is a nonprofit run by people with disabilities that provides services to help community members with disabilities live independently. Services include connection to local resources, help with job searches, and education about legal rights. Find CILs in your state at https://acl.gov/programs/centers-independent-living/list-cils-and-spils (ACL, 2021).

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in Colorado Springs, petitioned the Colorado legislature to create an access and functional needs program in the state Division of Homeland Security and Emergency Management. The program would more intentionally bring emergency and community preparedness efforts to people with disabilities and other access and functional needs, and it would integrate access and functional needs considerations into wider planning efforts. That program started a few years ago. Sadie Martinez, who used to be the Emergency Preparedness Coordinator with the Independence Center and had served on our Community Inclusion Workgroup, now serves as the State Access and Functional Needs Coordinator.

Since the program started, we have worked to help Emergency Support Function (ESF) #5 Emergency

Management; ESF #8 Public Health, Health Care, and Behavioral Health; and ESF #6 Mass Care partners[3] move forward together and advance our collective planning by growing community relationships and using this shared language of C-MIST and access and functional needs.

In 2019, we held a series of regional workshops as a forum for ESF #6, #8, and #5 partners and community-based organizations to take a snapshot of our current access and functional needs efforts. At the end of 2019, we held two statewide "Getting it Right" conferences focused on building knowledge and shared language about access and functional needs in Colorado. Through these events, two things became clear. One, we are not starting from scratch. A lot of emergency partners and community organizations are already building

relationships and have begun to discuss barriers and resources affecting people they serve. And two, "getting it right" is a process. There's more to do. We're focusing on how we can start to organize that better with shared language, and where we should go from here at the different levels of response.

**_Does Colorado participate in any processes to share work done there and lessons learned in community inclusion?_**

In the past year, Sadie started a monthly national access and functional needs call involving people who have similar roles or work in access and functional needs planning in other states. It's powerful to have space to share some of the challenges, insights, and opportunities that have come from approaching this cross-cutting topic with lots of different partners. We have also shared about developing Colorado's Access and Functional Needs Program at national preparedness and emergency management conferences.

**_Has Colorado run into any challenges in including and meeting the needs of people with access and functional needs?_**

We have opportunities to further the inclusive practices we've been learning and apply them

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[3] ESFs are part of the National Response Framework (NRF), a structured approach to disaster response at the federal level. Each ESF describes how government agencies and other entities will work together in a disaster. Many states, including Colorado, also use ESFs as part of state emergency planning and preparedness (https://dhsem.colorado.gov/emergency-management/plans/state-eop). You can learn more about the NRF and ESFs at FEMA's website at https://www.fema.gov/emergency-managers/national-preparedness/frameworks/response.

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consistently. Because people show up across so much of disaster response, and meeting access and functional needs involves cross-disciplinary considerations, there is work to more clearly define access and functional needs roles and responsibilities among partners from different disciplines and organizations, especially in disaster operations where we may use the same functional services or resources. We're still on that "getting it right" journey. It has been encouraging to see more efforts incorporating this thinking ahead of time. I give a huge shout-out to my colleague Reed Floarea and the Colorado Spirit Crisis Counseling Program team for modeling some of this work. In planning for the Crisis Counseling Assistance and Training Program grant, their team worked to identify and support new community partners they wanted involved. They budgeted for bilingual staff as well as functional services like telephonic interpretation and providing materials in languages other than English, and they engaged folks with different disabilities in review of materials and programming. It will

be a great mark of progress when each disaster team or operation has a plan for what access and functional needs will interact with their work and identifies key community partners, resources, and services they will engage.

As we have greater community involvement in inclusive disaster responses, it will also be important to keep talking about equity in effort and compensation. What does whole-community funding or compensation look like across traditional emergency agencies and newly engaged community organizations or resources? How do we address any logistical or administrative barriers that determine where funding comes from, who administrates it, and which critical community partners are eligible and ready to receive it?

Access and functional needs is whole-system and whole-community work.

**Based on your experience, are there things you would recommend other states do to ensure they reach and**

**meet the needs of people with access and functional needs around disasters?**

I expect nobody is starting from scratch, but I like these big starting questions: Who makes up my community? How do I make sure that I am building thoughtful relationships and involving them on a regular basis?

Two, regarding access and functional needs specifically, what works well for people on a regular basis? If we can protect the services or resources critical to people's access and functional needs as we protect critical infrastructure, a hazard may feel less like a disaster because things our communities rely on are still available. How can we each incorporate what works well into the programs we plan and resources for which we budget? How can we support the community providers who render those services with preparedness, so they're ready when a bad day comes too?

Three, who is left out? We don't enter into disasters from an equitable space. We have to account for what is creating barriers or who is not being invited to the table, who has been under-resourced or disempowered in daily practices. Disasters will either exacerbate inequalities that already exist, or—and only if we are thoughtful—disasters can be a disruption that gives us a chance to do things differently and learn how we can be more equitable in future disasters and future community life. ■

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# THE C-MIST FRAMEWORK

A framework called C-MIST developed by June Kailes and Alexandra Enders identifies functional needs that community members may have in a disaster. In the C-MIST framework, the letters stand for communication; maintaining health; independence; support, safety, and self-determination; and transportation (Kailes, 2020).

## Communication

### What It Is
Need for assistance with receiving disaster-related information

### Who May Have It
People with hearing, vision, speech, and intellectual or developmental disabilities; people with limited proficiency in written or spoken English.

### How To Address It

• Provide people with electronic information in accessible formats (formats that can be used by people using assistive technologies such as screen readers).

• Use redundant and multiple methods of communicating information, including using images as well as words; offering translations and interpretation services for various languages, including sign languages; and conveying messages in person, in writing, via email, and through social media.

• Test materials with intended audiences to make sure materials convey information successfully.

## Maintaining Health

### What It Is
A need for medications, supplies, or equipment to survive, stay healthy, and maintain or return to usual level of functioning

### Who May Have It
People with health conditions like diabetes or major depressive disorder that they manage with medication, people with chronic obstructive pulmonary disease who need oxygen supplementation, people with end-stage renal disease who need dialysis.

### How To Address It

• Develop plans that account for health maintenance needs and ensure ongoing support for people with these needs, including ongoing supplies of medication after a disaster, backup sources of power for people who use machines that run on electricity, and supplies such as nebulizers.

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## Independence

### What It Is

"The overarching goal, the steady state that the individual wants to maintain in an emergency" (Kailes, 2020)

### Who May Have It

The whole community. Many people after a disaster will need help of some sort to maintain independence.

### How To Address It

- Address the other functional needs in the model.

## Support, Safety, and Self-determination

### What It Is

A need for assistants, attendants, family, and friends to cope in new and unfamiliar environments; a need for support in understanding and remembering vital information during evacuation and sheltering

### Who May Have It

Young children, people with intellectual disabilities, people with autism, people with dementia, people with serious mental illness leading to confusion or disorientation.

### How To Address It

- Determine needs on a case-by-case basis.

- Develop plans to reconnect people after a disaster with the loved ones, services, and supports they typically use to maintain functioning.

## Transportation

### What It Is

Lack of access to personal transportation, and the need for accessible vehicles and transportation options

### Who May Have It

People who do not own their own vehicles, people who use wheelchairs and other supports for mobility and who need assistance with getting into and out of vehicles.

### How To Address It

- Develop plans that account for the needs of individuals without personal vehicles and who need accessible transportation.

- Provide information to the public about how to find and use accessible transportation in an evacuation.

# "Help Where You Are and Hope When You Need It": Meeting the Diverse Needs of Ohio's Residents in a Pandemic

*By* **Christine Sielski, M.S.W.,** and **Kirsten Brownlee,** Ohio Department of Mental Health and Addiction Services

The success of Ohio's Crisis Counseling Assistance and Training Program (CCP) Regular Services Program (RSP) grant is credited to a multifaceted implementation approach of providing timely access to resources for Ohioans affected by the COVID-19 pandemic.

## Engagement Strategies To Reach Individuals With Functional and Access Needs

The program targeted outreach and referral services for Ohioans with physical, intellectual/cognitive, and mental health issues and/or substance use disorders. In the process of connecting with people about their needs, it was discovered that a lack of familiarity with technology is itself a functional need brought to the forefront during



A group of Ohio RSP staff shares resources with community members. Photo provided by Ohio CCP.

the pandemic. People with multiple functional and access needs, such as mobility issues paired with lack of technology in the home or unfamiliarity with using computers and video platforms, benefited from the program.

The CCP staff began assisting Ohioans by meeting them where they were. Creative and culturally diverse staff brought a new level of sensitivity and competence, implementing boots-on-the-ground best practices working with people with different abilities. To reach those with mobility constraints, staff went door to door, adhering to safety protocols while offering outreach contacts and service referrals. For those who faced technological barriers to receiving assistance, staff

## Achieving Impressive Reach

CCPs collect and use a wide range of data, including data on people served who have intellectual or cognitive disabilities. On average, CCPs find that between 2 and 3 percent of interactions involve a survivor with an intellectual or cognitive disability. For one of Ohio's CCPs, 11 percent of encounters involved someone with an intellectual or cognitive disability. The SAMHSA Disaster Technical Assistance Center reached out to the Ohio CCP to learn more about how the program has achieved impressive reach to this community of survivors.

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**In 2019, more than** **3 million** **U.S. children,** or about **1 in 23 children in the United States (4.3 percent),** had a disability.

Source: Young, 2021

worked to secure free computers and make in-person visits to provide resources that trained people on using technology to meet their needs. They also assisted parents in meeting the educational needs of children who were learning from home.

Local provider agencies developed screening forms to identify physical and mental health needs. Staff then conducted the initial telephone outreach, and when possible, conducted follow-ups in person. In some instances, staff took the forms to the in-person meetings and read them to those with hearing, sight, and literacy issues. Another important discovery was that in-person contacts supported the needs of Ohioans who may have been uncomfortable in group settings. The isolation and loneliness that people with disabilities experienced during the pandemic was alleviated through this outreach, and clients expressed gratitude for these in-person visits.

While conducting in-person visits, CCP staff modeled important self-protection precautions like how to correctly wear a mask and practice good hygiene. Ongoing education provided in a user-friendly manner specific to each group was critical

to reducing further anxiety for recipients of assistance. For example, techniques were simplified, using pictures so everyone could understand the information being conveyed. This proved an essential "best practice" for people with cognitive, intellectual, or other disabilities to ensure information was provided in an understandable way.

Due to closures of other agencies, CCP staff explored new outreach methods to connect with Ohioans needing substance use and mental health treatment. This included finding transportation to services as well as providing connections to food pantries and organizations that could offer assistance with rent and utility payments. Nurse practitioners came to local agency sites to dispense vaccines and provide education for those who were apprehensive about receiving the vaccine. CCP staff even helped connect an Ohioan who uses a wheelchair with a resource to sell his handmade crafts. This allowed him to receive income to provide for his basic needs while also enhancing his self-esteem and improving his mental health.

## Management Strategies To Support Inclusion and Resource Sharing

"Help where you are" and "hope when you need it" branding was used in public awareness campaigns and informational materials about Ohio's COVID Care Program, and CCP staff often wore T-shirts with this branding. When in-person contact was not available, staff sent out informational postcards and flyers. The Ohio CareLine, crisis lines, and local hotlines also referred callers who needed additional assistance to CCP staff so that information about the program could be shared and referrals provided via phone or video.

**OHIO'S COVID CARE PROGRAM**

**HELP** where you are.

**HOPE** when you need it.

Image provided by Ohio CCP.

The implementation of the program included monthly technical assistance calls held by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) with RSP provider staff to answer questions, help with technology issues, and create a statewide team

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approach to the work. During these webinars, staff from the various provider agencies were able to share details regarding accomplishments and barriers experienced in their local programs. A steering committee also formed and met each month to discuss program updates, collect data, and explore collaboration opportunities. OhioMHAS offered "provider mentorship," which matched new provider agencies with agencies who had participated in the Immediate Services Program grant.

OhioMHAS also developed a directory of CCP staff; this directory was shared with all providers to increase connection points, collaboration, and networking opportunities. Additionally, staff were brought together for trainings required by SAMHSA and Question, Persuade and Refer Gatekeeper suicide prevention trainings. Local Alcohol, Drug Addiction, and Mental Health (ADAMH) boards included CCP staff in their agency trainings, which provided increased visibility to CCP staff within local provider agencies. Recognizing the unique working situation during the pandemic and the possibility of staff burnout, OhioMHAS administered a quarterly stress survey for all CCP staff. Data shows that most staff consistently scored "never" or "rarely" experiencing stress from working in the current environment. In fact, staff instead reported high levels of job satisfaction. Both the recipients of assistance and CCP staff have shared that making

meaningful connections with others during a time when many people felt isolated or helpless had a positive effect on their mental health.

## Peer Support Strategies To Address Community Needs

It is important to recognize the paraprofessional staff who were instrumental to the program's success. Ohio's CCP staff comprises paraprofessional peer supporters, most of whom have lived experience of mental illness or substance use disorder. They worked diligently to provide outreach, referral, and community education while establishing a visible presence in their board region and across the state. Although tasked with outreach and referral, they often went a step further and included follow-up to make sure that Ohioans were able to connect with other needed resources. This was how it was discovered

that some populations required help registering for a COVID vaccine, and staff created a network between hospitals and local provider agencies to provide registration and transportation for vaccines. For non-English-speaking Ohioans, RSP peer supporters and provider agencies created COVID healthcare and vaccine materials in six different languages that were then used with minority populations.

In summary, the COVID-19 pandemic presented tremendous challenges, but it also presented opportunities to innovate and enhance access and pathways to care. The success of Ohio's RSP program is a strong example of this innovation and a testament to the commitment of the program staff to live out their mission of offering "help where you are" and delivering "hope when you need it." ■

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# How Service Animals Empower People With Disabilities in Disasters

*By* **Charlotte Stasio** and **Cg Garrard, M.A.,** Griffin LLC

A service animal should be treated the same as any medical device: a personal possession essential for the user to thrive in daily life. Just like a wheelchair, a service animal ideally would not be handled by anyone other than the person with a disability. This can make it difficult during and after disasters when responders and support personnel might need to interact with an animal whose handler needs help. Knowing what to expect is the first step to ensuring positive interactions in such cases and ultimately improving mental health and stress management capabilities of the people who rely on these incredible animals.

## Service Animals and People With Disabilities

Service animals are dogs (or sometimes miniature horses) that are individually trained to do work or perform tasks for people with disabilities, as defined by the Americans with Disabilities Act (ADA) (**https://www.ada.gov/regs2010/service_animal_qa.html**). An individually trained animal is one that has been trained for a particular person to take specific actions that are needed to assist with that person's disability. It is important to know that service animals are not the same as



emotional support animals, therapy dogs, or other working dogs. These companions can be extremely helpful to the people they serve, but they do not meet the requirements as outlined in the ADA.

There are many things that we as humans cannot control. For people with disabilities that feeling of restriction may be enhanced, particularly in times of crisis. All disabilities are different, in the same way that every single person is different. Emergency managers, mental health practitioners, and responders should not make assumptions about the capabilities of a person or service animal. The best way to help people with disabilities

is by recognizing and supporting their control over the things they have authority over. When we do this, we empower people to ask for what they need.

## Animals With Jobs

Service animals need to concentrate on the incredibly important job of keeping their handlers safe. This is often noted on the vests they wear with phrases such as "do not pet," "ignore me," or "do not distract" (but, according to the ADA, a service animal is not required to wear a vest or harness). Many people do not realize service animals are working at all times—they are closely attuned to signs from their handler, ready to take action

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if needed. In fact, many service animals are trained to respond to signs of heightened stress or discomfort in their handler.

As an example, say that a service dog has been individually trained to assist their handler with posttraumatic stress disorder, which affects the central nervous system and can cause panic attacks, loss of awareness, and other symptoms that could be dangerous if they occurred when a person was not in a safe place. That is where the service dog comes in. Their service dog may perform over a dozen specially trained tasks in about a half hour, including retrieving and delivering medication, preventing injury, and comforting their handler. That is why it is so important not to interrupt service animals when they are working, even if well-intentioned. They have an important job, and they need all their attention to do it.

## Service Animals in a Disaster

Now, say a service dog's handler is hurt as a result of an incident. When emergency responders arrive, it will be incredibly important that they do not separate the service dog from the handler.

Emergency responders do not need to spend time figuring out if a service dog is legitimate. If the dog is not a safety risk, it should remain with its owner, where it can continue to provide physical and psychological support. This will allow emergency responders to care for the handler—and the animal might even provide help by alerting responders to medical emergencies. Furthermore, by separating a person from their service animal, responders run the risk of creating additional psychological or emotional distress. For mental health and substance use disorder treatment practitioners in the recovery phase of an incident, the service animal will

continue to be a source of support and comfort for their patients.

The only circumstances where service animals should be separated from their handler is in the case of a legitimate safety risk, according to the ADA (**https://www.ada.gov/service_animals_2010.htm**). Legitimate safety risks would include an animal who is out of control, not housebroken, or in an environment that requires sterility, such as a burn unit or operating room. Basically, anywhere a person needs to wear full personal protective equipment (PPE) is a place the service animal cannot go.

If the animal's presence would interfere with lifesaving care, that could also be considered a safety risk. Personnel should arrange for the animal to be reunited with its owner as soon as possible. Advocates in the form of a family member, friend, neighbor, or even one of the personnel themselves may be employed to look after the service animal.

## Common Goals

Ultimately, both emergency management professionals and service animals share the same goals in a disaster—to provide lifesaving and stabilizing support to a person with a disability and ensure their successful recovery. There will be better outcomes for everyone involved in a disaster scenario when we understand the roles service animals play in keeping their owners safe, mentally well, and able to manage stress. ∎

Photo provided by Griffin LLC.

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## Disaster Safety for People With Disabilities

This web page from the American Red Cross can help individuals with disabilities and their families plan ahead for an emergency by assembling a survival kit, making an emergency plan, and being informed. The page also provides a series of questions to help you think about what you may need before, during, and after a disaster. Included is a video about emergency preparedness information for those who use American Sign Language or closed captioning.

This web page is available at **https://rdcrss.org/3BlMywd**.

## Access and Functional Needs Toolkit: Integrating a Community Partner Network To Inform Risk Communication Strategies

This toolkit developed by the Centers for Disease Control and Prevention (CDC) helps emergency planners effectively communicate public health information to people with disabilities and other access and functional needs. This toolkit includes things to consider in your planning, examples, and resources that can guide you in planning risk communication messages to help people stay safe.

Find the toolkit at **https://bit.ly/3GroWtE**.

## Preparing Makes Sense for People With Disabilities, Others With Access and Functional Needs and the Whole Community

This brochure from Ready.gov highlights how to create an emergency plan that fits your needs. This includes creating a list of family, friends, and others who will be a part of your personal support network if you anticipate needing support during a disaster. It also provides information on how to include your service animal in your emergency plan, and what emergency documents, medications, and medical supplies to include in your emergency kit.

The brochure is available at **https://bit.ly/3vWGFEm**.

## Safety and Children With Disabilities: Keeping Children With Disabilities Safe in Emergencies

This web page from the CDC provides tips to help protect your family and child with a disability during an emergency situation. Children with disabilities may have a hard time relocating, communicating, or adjusting, and preparing ahead of time can help ease some of the stress and confusion involved in an emergency. The page offers suggestions on preparing an emergency kit and making a plan and has additional resources for families, caregivers, and healthcare practitioners.

This page is available at **https://bit.ly/31dpnrw**. It is also available in Spanish at **https://bit.ly/3vULL42**.



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# Recent Technical Assistance Requests

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

**Request:** The Supporting Healthy Aging Resource & Education (SHARE) Network in Chicago requested SAMHSA DTAC host a presentation about older adults in disasters for their stakeholders after receiving a *SAMHSA DTAC Bulletin* on the topic. The SHARE Network noted their audience was interested in disaster planning guidance for special populations and would benefit from tips and resources.

**Response:** SAMHSA DTAC collaborated with the SHARE Network and developed a presentation for their audience and stakeholders during a network meeting at which almost 40 members received information and resources about vulnerable populations and disaster planning. Below are some of the resources provided:

- *Helping Older Adults After Disasters: A Guide to Providing Support*—This guide from SAMHSA provides tips and resources for outreach staff working with older adults after disasters.
  **https://store.samhsa.gov/product/helping-older-adults-after-disasters-a-guide-to-providing-support/PEP19-01-01-001**

- *TAP 34: Disaster Planning Handbook for Behavioral Health Service Programs*—This guide in the Technical Assistance Publication (TAP) series by SAMHSA provides guidance for mental health and substance use disorder treatment and services programs in disaster planning.
  **https://store.samhsa.gov/product/tap-34-disaster-planning-handbook-for-behavioral-health-service-programs/pep21-02-01-001**

- *Working With Older Adults and People With Disabilities: Tips for Treatment and Discharge Planning*—This fact sheet from the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response includes important considerations and tips for service providers supporting older adults and individuals with disabilities.
  **https://www.phe.gov/Preparedness/planning/abc/Documents/older-adults_disabiliities.pdf**

- *Building Resilience in Older Adults*—This toolkit from the RAND Corporation provides community members, organizations, health department officials, and disaster planners with information and activities for supporting disaster resilience in older adults.
  **https://www.rand.org/pubs/tools/TL282/introduction.html**

**Request:** A certified peer recovery specialist in Delaware contacted SAMHSA DTAC seeking information on the Crisis Counseling Assistance and Training Program (CCP). The individual also asked for assistance finding trainings for those interested in delivering services to communities experiencing need during the COVID-19 pandemic.

## Help Improve SAMHSA's Disaster Services and Products

As a subscriber to this newsletter, you are invited to participate in a short, web-based survey to provide the SAMHSA Disaster Technical Assistance Center (DTAC) with feedback about your experiences with our products and services. The survey should take no more than 15 minutes. Complete the survey by clicking on this **link**, or copy and paste the URL **https://iqsolutions.qualtrics.com/jfe/form/SV_bjYCSJDUQAGi1h3** into your web browser.

**Response:** SAMHSA DTAC shared information regarding the administration and mission of the CCP to provide services to those affected by disasters. SAMHSA DTAC provided the following online trainings available for disaster behavioral health professionals.

- **Crisis Counseling Assistance and Training Program Trainings**—This series of trainings delivered to CCP staff can be adapted and used by other entities to train staff to be ready for crisis response.
  https://www.samhsa.gov/dtac/ccp-toolkit/train-your-ccp-staff

- **Psychological First Aid**—This free online course provided by the National Child Traumatic Stress Network (NCTSN) includes a 6-hour interactive training that places the participant in the role of a practitioner in a post-disaster scene.
  https://learn.nctsn.org/enrol/index.php?id=555

- **Skills for Psychological Recovery (SPR)**—This free online course provided by NCTSN teaches participants about SPR, an intervention to help survivors gain skills during longer term disaster recovery to manage distress and cope with stress.
  https://learn.nctsn.org/enrol/index.php?id=535

- **American Red Cross Online Training Modules**—The American Red Cross offers various free online trainings on disaster-related topics, including disaster mental health.
  https://www.redcross.org/take-a-class/disaster-training

- **Community Emergency Response Team (CERT) Program**—Created by the Federal Emergency Management Agency, this program educates people about disaster preparedness by training participants in basic disaster response skills.
  https://www.ready.gov/cert

**Request:** SAMHSA DTAC received a TA request from the New Jersey Attorney General's Office looking to train first responders on best practices when interacting with individuals experiencing mental health and substance use-related crises.

**Response:** SAMHSA DTAC shared information regarding the following free online trainings designed for first responders.

- **First Response**—This course addresses the mental and physical stressors faced by firefighters, emergency

## Are you looking for disaster behavioral health resources?

**Check out the new and updated
SAMHSA DTAC Disaster Behavioral Health Information Series (DBHIS) installments.**



https://www.samhsa.gov/resource-search/dbhis

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medical services personnel, and police when responding to opioid overdose calls.
https://www.samhsa.gov/dtac/first-responders-training

- **Shield of Resilience**—Created specifically for law enforcement personnel, this course helps officers learn to recognize symptoms of stress, depression, posttraumatic stress disorder, and risk of suicide.
https://www.samhsa.gov/dtac/shield-resilience-training-course

- **Service to Self**—Created specifically for fire and emergency medical services personnel, this course addresses occupational stressors and includes demonstrations of stress management techniques.
https://www.samhsa.gov/dtac/service-to-self-training-course

SAMHSA DTAC also provided the following resources regarding self-care and stress management for first responders.

- *Helping Staff Manage Stress When Returning to Work: Tips for Supervisors of Disaster Responders*—This tip sheet from SAMHSA provides supervisors



If you're experiencing distress or other mental health concerns related to disaster, you're not alone.

Call or text the national Disaster Distress Helpline at 1-800-985-5990 (for Spanish, press "2")

**Disaster Distress Helpline**
Call or Text 1-800-985-5990 || disasterdistress.samhsa.gov

tips for helping disaster responders transition back to work after they have been deployed to serve as part of a response effort.
https://store.samhsa.gov/product/Helping-Staff-Manage-Stress-When-Returning-to-Work/sma14-4871

- *Preventing and Managing Stress: Tips for Disaster Responders*—This tip sheet from SAMHSA provides disaster responders tips for managing stress before, during, and after their assignments.
https://store.samhsa.gov/product/Preventing-and-Managing-Stress/SMA14-4873

- *Returning to Work: Tips for Disaster Responders*—This tip sheet from SAMHSA offers disaster responders tips for transitioning back to routine work after disaster deployment.
https://store.samhsa.gov/product/Returning-to-Work/SMA14-4870

- *Understanding Compassion Fatigue: Tips for Disaster Responders*—This tip sheet from SAMHSA explains the causes and signs of compassion fatigue and provides self-care tips.
https://store.samhsa.gov/product/Understanding-Compassion-Fatigue/sma14-4869

- **First Responders: Behavioral Health Concerns, Emergency Response, and Trauma**—This edition of the SAMHSA DTAC *Supplemental Research Bulletin* explores mental and substance use disorder-related risks faced by first responders as a consequence of their work, risk and protective factors, and interventions in support of first responder mental health.
https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf

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The *SAMHSA DTAC Bulletin* is a monthly e-communication used to share updates in the field, post upcoming activities, and highlight new resources. Contact SAMHSA DTAC to be added to the *SAMHSA DTAC Bulletin* subscription list.

The SAMHSA Disaster Behavioral Health Information Series contains resource collections and toolkits pertinent to disaster behavioral health. Installments focus on specific populations, specific types of disasters, and other topics related to all-hazards disaster behavioral health preparedness and response. Visit the SAMHSA DTAC website at **https://www.samhsa.gov/resource-search/dbhis** to access these materials.

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