Texas Disaster Behavioral Health Services

Disaster Behavioral Health Services (DBHS)
Texas Health and Human Services
Disaster behavioral health is the provision of mental health, substance abuse, and stress management services to disaster survivors and responders. US Department of Health & Human Services

Disaster behavioral health interventions are designed to address incident-specific stress reactions, rather than ongoing or developmental behavioral health needs.

Reality check: We support providing psychological first aid, CISM, Chaplaincy support, and referral to behavioral health when appropriate.
The effects of a disaster, terrorist attack, or other public health emergency can be long-lasting; the resulting trauma can even affect those not directly exposed to the incident.

The goals of DBH are to relieve stress, reinforce healthy coping strategies, mitigate future mental health/substance abuse problems, and promote resilience.

DBH supports a trauma informed approach as a system or program that is knowledgeable and sensitive to the impact of trauma in a person and/or the vulnerabilities of survivors of traumatic events.
Trauma Informed Approach

- 25% of all children will experience trauma before the age of 18
- 70% of all adults will experience at least one traumatic event in their lifetime
- Between 50 – 84% of children entering community mental health services have experienced trauma before entering services
- At least 93% of individuals entering the judicial system have experienced one traumatic event
Trauma Informed Approach

$100 Billion per year

Cost of lost productivity due to untreated mental illness in the United States
A trauma-informed approach to disaster response:

- Acknowledges past trauma and the current impact it may have on the lives of anyone receiving services or support
- May provide greater sensitivity to trauma and improve communication between responders and the homeless
- Can facilitate compliance with public health directives.
Workplace-Related Stress

Toxic Stress

Normal Stress

Burnout

Secondary Traumatic Stress

Compassion Fatigue
Psychological Phases of Disaster

Emotional Highs

Pre-disaster

Warning

Threat

Impact

“Heroic”

Honeymoon

(Community Cohesion)

Disillusionment

(Coming to Terms) Working Through Grief

Reconstruction

A New Beginning

Trigger Events and Anniversary Reactions

Inventory

1 to 3 Days ------------------- TIME ------------------- 1 to 3 Years

Zania/Meyers

1 to 3 Days

1 to 3 Years
Psychological Consequences of Disaster

Psychiatric Illness
- Major depression
- PTSD

Behavioral Changes
- Change in travel patterns
- Smoking
- Increased alcohol and drug consumption

Distress Responses
- Insomnia
- Sense of Vulnerability
Psychological Consequences of Disaster

It is likely that Early psychological interventions (response-oriented crisis and disaster mental health intervention) is best thought of as a means to enhance resiliency.
Resilience

The ability of an individual, a group, an organization, or even an entire population, to rapidly and effectively rebound from psychological and/or behavioral perturbation associated with critical incidents, terrorism, and even mass disasters.

All Crisis Intervention should be based upon the **ASSESSMENT** of **NEED**

...and the further **assessment** of the most **APPROPRIATE** intervention
DBHS Program Functions

★ Serve as the liaison to and Subject Matter Expert for the Texas Division of Emergency Management and other federal resources for disaster behavioral health issues

★ Coordinate all DBH, Crisis Counseling, and Critical Incident Stress Management (CISM) services during state or federally declared disasters

★ Assist Local Mental Health Authorities (LMHA) and Local Behavioral Health Authorities (LBHA) with behavioral health assessments, to the extent possible
DBHS Program Functions

★ Develop and submit FEMA CCP grant applications on behalf of Health and Human Services and impacted communities

★ Coordinate all DBH, Crisis Counseling, and Critical Incident Stress Management (CISM) services during state or federally declared disasters

★ Assist in the development of internal emergency response capabilities and resources to assist in the coordination in response and recovery activities from traumatic events
DBHS Partners

- Texas Division of Emergency Management (TDEM)
- Federal Emergency Management Agency (FEMA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Center for Mental Health Services
- 38 Community Mental Health Centers – AKA: Local Mental Health Authorities (LMHA)
- 2 Local Behavioral Health Authorities (LBHA)
DBHS Partners

- Voluntary Organizations Active in Disasters (VOAD)
- Texas Disaster Behavioral Health Consortium
- Texas Critical Incident Stress Management Network (CISM)
- 11 Outreach, Screening, Assessment, and Referral Centers (OSAR)
- 140 Substance Abuse Providers
Crisis Counseling Assistance and Training Program (CCP)

The FEMA-funded CCP grants are available through the Robert T. Stafford Disaster Assistance and Emergency Relief Act following a Federally declared disaster.

The Immediate Services Program (ISP) and the Regular Services Program (RSP) CCP grants are awarded through the FEMA Individuals and Households Program (IHP)
Crisis Counseling Assistance and Training Program (CCP)

Eligibility for CCP grants is limited to:
★ States
★ US Territories
★ Federally recognized tribes and tribal organizations

The State and the LMHA/LBHA determine the need for crisis counseling services by compiling disaster data and conducting a mental health needs assessment of the declared disaster area.
Currently providing services to disaster survivors funded by CCP grants, *Texans Recovering Together* Crisis Counseling Program

The Harris Center has provided crisis counseling and referral services to disaster survivors after Hurricanes Rita, Katrina, and Ike; Tropical Storm Allison; the 2015 Memorial Day floods; the 2015 Halloween floods; and the 2016 Tax Day floods

Leondre “Dre” Ledoux
Leondre.Ledoux@TheHarrisCenter.org
CCP Goals and Objectives

- Provide Crisis Counseling, Brief Interventions, and Referrals as necessary
- CCP is NOT there to provide traditional therapy
- Services are provided in non-traditional settings instead of an office setting
- Lend a listening ear, provide practical stress management education, and provide referrals and interventions only when necessary
- Help anyone experiencing common stress reactions to a traumatic event
- LMHA staff work under the same authority as state staff