

A Quarterly Technical Assistance Journal on Disaster Behavioral Health  
Produced by the SAMHSA Disaster Technical Assistance Center

# the Dialogue

2017 | VOLUME 13 | ISSUE 2



Low Socioeconomic Status and Disasters

## TABLE OF CONTENTS

- 1 In This Issue
- 2 Contributors
- 3 Recent Technical Assistance Requests
- 4 Data Snapshot
- 4 *The Dialogue* Reader Responses
- 5 A Networked Approach: How Missouri Addresses Residents' Behavioral Health Needs After Disasters
- 8 West Virginia CCP Helps Rural Communities After Thousand-Year Flood
- 11 Low Socioeconomic Status (SES) Communities in Times of Disaster: Understanding the Challenges
- 14 Recommended Resources

Cover photo: Water remains on the streets after the Meramec River at Pacific, Missouri, crested more than 29 inches March 21, 2008. Photo by Joycelyn Augustino/Federal Emergency Management Agency.

*The Dialogue* is a quarterly technical assistance journal on disaster behavioral health which is produced by the Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Technical Assistance Center (DTAC). Through the pages of *The Dialogue*, disaster behavioral health professionals share information and resources while examining the disaster behavioral health preparedness and response issues that are important to the field. *The Dialogue* also provides a comprehensive look at the disaster training and technical assistance services SAMHSA DTAC provides to prepare states, territories, tribes, and local entities so they can deliver an effective behavioral health (mental health and substance misuse) response to disasters. To receive *The Dialogue*, please go to SAMHSA's home page (<https://www.samhsa.gov>), click the "Sign Up for SAMHSA Email Updates" button, enter your email address, and mark the checkbox for "SAMHSA's Disaster Technical Assistance newsletter, The Dialogue," which is listed in the Newsletters section.

SAMHSA DTAC provides disaster technical assistance, training, consultation, resources, information exchange, and knowledge brokering to help disaster behavioral health professionals plan for and respond effectively to mental health and substance misuse needs following a disaster.

To learn more, please call 1-800-308-3515, email [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov), or visit the SAMHSA DTAC website at <https://www.samhsa.gov/dtac>.

*The Dialogue* is not responsible for the information provided by any webpages, materials, or organizations referenced in this publication. Although *The Dialogue* includes valuable articles and collections of information, SAMHSA does not necessarily endorse any specific products or services provided by public or private organizations unless expressly stated. In addition, SAMHSA does not necessarily endorse the views expressed by such sites or organizations, nor does SAMHSA warrant the validity of any information or its fitness for any particular purpose.

The views, opinions, and content expressed in this publication do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, SAMHSA, or the U.S. Department of Health and Human Services.

## In This Issue

The power of socioeconomic status (SES) shapes the human experience by influencing access to resources and opportunities. SES includes a collection of qualities associated with a person's standing in society such as education, occupation, and level of income. The SES of certain groups of people can vary to some degree across culture, place, and time. However, those with low SES have comparatively less access to mental health resources and professional treatment in the United States. As a result, low SES can have far-ranging negative effects that can be further magnified in the event of a disaster.

The body of literature on this topic shows that disasters disproportionately affect those with low SES. Disasters do not selectively target groups of people or communities. Yet those with lower SES face greater vulnerability and often slower recovery from a disaster due to preexisting factors. Socioeconomic inequality among communities reveals underlying risks and the potential for hardship from disaster. Those same qualities that identify people as low SES are the same risk factors making them more vulnerable.

The authors in this edition of *The Dialogue* discuss, based on their experiences, how the Crisis Counseling Assistance and Training Program (CCP) can best reach low SES communities, lessons learned, and barriers and challenges they have encountered. The three articles highlight programs that had to meet the needs of different special populations—all with low SES factors.

The first article, "A Networked Approach: How Missouri Addresses Residents' Behavioral Health Needs After Disasters," is an interview with Joan Keenan discussing her experience implementing the CCP in low SES populations. Next, Marcie Vaughn explains how the CCP program responded to the needs of survivors in small towns during an ongoing economic crisis in the article "West Virginia CCP Helps Rural Communities After Thousand-Year Flood." Against a very different

backdrop, Adrienne Fessler Belli articulates variations of socioeconomic distress during recovery in a more urban setting with the article "Low Socioeconomic Status (SES) Communities in Times of Disaster: Understanding the Challenges."

A theme throughout the articles is the need to restore services and resources to those in communities with low SES as soon as possible to help prevent and mitigate negative mental health impacts. SES is only one of many important factors determining healthy recovery from a disaster. However, identifying those with low SES and supporting their needs may avoid or minimize the effects of disaster on a community. Addressing the inequalities in low SES populations creates more resilient communities by reducing underlying risks.

We hope you find the articles in this edition helpful, and we encourage your feedback. Please let us know if you have any thoughts or suggestions on how programs can tackle the issues surrounding low SES and disaster preparedness, response, and recovery. Look for an upcoming issue of our *Supplemental Research Bulletin* summarizing current research on the relationship between low SES and disaster recovery.

**Captain Erik Hierholzer, B.S.N.**

Program Management Officer, Emergency Mental Health and Traumatic Stress Services Branch  
[erik.hierholzer@samhsa.hhs.gov](mailto:erik.hierholzer@samhsa.hhs.gov)

**Nikki Bellamy, Ph.D.**

Public Health Advisor,  
Emergency Mental Health and Traumatic Stress Services Branch [nikki.bellamy@samhsa.hhs.gov](mailto:nikki.bellamy@samhsa.hhs.gov)

**Brenda Mannix SAMHSA**

Disaster Technical Assistance Center Project Director [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov)

## Contributors



**Joan Keenan, M.B.A., PHR, SHRM-CP** was appointed Coordinator for the Missouri Department of Mental Health (DMH) Office of Disaster

Services in August 2015, after serving as Assistant Coordinator since October 2010. Her first 15 years working in state government were in DMH's Office of Human Resources. She has worked closely with the DMH responses to the 2011 Joplin tornado and the 2016 DR-4250 winter flooding in the St. Louis region, working with the implementation of the Crisis Counseling Assistance and Training Program grant to assist the survivors of those disaster events. She has developed a social media site to promote disaster behavioral health information and for general communication during a crisis event. Ms. Keenan assists with many other DMH preparedness obligations under the state's contracts for the Assistant Secretary for Preparedness and Response grant and the Centers for Disease Control and Prevention's Public Health Emergency Preparedness grant. Ms. Keenan has extensive training experience with Psychological First Aid, Skills for Psychological Recovery, and Mental Health First Aid. She holds an undergraduate degree from Tulane University in New Orleans, Louisiana, and completed her M.B.A. at William Woods University in Jefferson City, Missouri.



**Marcie Vaughan, M.A.** is a licensed psychologist and CEO of Seneca Health Services. She is serving as a member of PRO WV (West Virginia Bureau for Behavioral Health & Health Facilities).



**Adrienne Fessler Belli, Ph.D., LCSW** is a psychologist and licensed clinical social worker and is the Director of the Disaster and Terrorism Branch within the New Jersey

Department of Human Services' Division of Mental Health and Addiction Services. She served as a New Jersey Disaster Field Operations Specialist for the Federal Emergency Management Agency-funded mental health response to the 9/11 World Trade Center attack. As Director, she is in charge of overseeing and coordinating disaster behavioral health preparedness, response, and recovery efforts statewide. She has managed responses to several disasters, including Tropical Storm Irene and Superstorm Sandy, and she oversees a program that trains and certifies disaster response crisis counselors. Her background includes 35 years of providing health and trauma-related mental health services. She received her master's of social work from Rutgers University and Ph.D. in psychology from Walden University.



## Recent Technical Assistance Requests

In this section, read about recent questions SAMHSA Disaster Technical Assistance Center (DTAC) staff have answered and technical assistance requests to which they have responded. Send your questions and comments to [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).

**Request:** Crisis counselors working in a state with an up and running Crisis Counseling Assistance and Training Program (CCP) were facing issues that go beyond the scope of the CCP with the potential to impact staff morale.

**Response:** SAMHSA DTAC sent the state and the providers resources on self-care and tips for working with survivors. The following is a list of the resources sent to the state by SAMHSA DTAC.

### *Self-care and stress management resources*

- ***A Guide to Managing Stress in Crisis Response Professions***—This SAMHSA pocket guide provides first responders with information on signs and symptoms of stress and offers simple, practical techniques for minimizing stress responses prior to and during disaster response. <http://store.samhsa.gov/shin/content/SMA05-4113/SMA05-4113.pdf>
- ***Tips for Disaster Responders: Preventing and Managing Stress***—This SAMHSA tip sheet helps disaster response workers prevent and manage stress. It includes strategies to help responders prepare for their assignment, use stress-reducing precautions during the assignment, and manage stress in the recovery phase of the assignment. <http://store.samhsa.gov/shin/content/SMA14-4873/SMA14-4873.pdf>. This tip sheet is available in Spanish at <http://store.samhsa.gov/shin/content/SMA14-4873SPANISH/SMA14-4873SPANISH.pdf>.
- ***Tips for Disaster Responders: Understanding Compassion Fatigue***—Explains the causes and signs of compassion fatigue, the burnout and secondary trauma a disaster response worker can experience. Offers self-care tips for coping with compassion fatigue and discusses compassion satisfaction as a protective tool. <http://store.samhsa.gov/product/Understanding-Compassion-Fatigue/SMA14-4869>

- ***Responder Stress and Self-care During a Disaster or Emergency***—This fact sheet by Alberta Health Services presents possible sources of stress, signs of stress, and tips for self-care. <http://www.albertahealthservices.ca/assets/healthinfo/mh/hi-amh-prov-mhipip-disaster-responders-stress-and-self-care.pdf>

### *Tools and tips for working with survivors*

- ***Psychological First Aid: How You Can Support Well-Being in Disaster Victims***—This fact sheet by the Center for the Study of Traumatic Stress explains how disaster response workers can use Psychological First Aid to help people in distress after a disaster. [https://www.cstsonline.org/assets/media/documents/CSTS\\_psychological\\_first\\_aid.pdf](https://www.cstsonline.org/assets/media/documents/CSTS_psychological_first_aid.pdf)

**Request:** A flood survivor in a state with a CCP grant contacted SAMHSA DTAC for assistance. The survivor had been given SAMHSA DTAC materials at a recent community event.

**Response:** SAMHSA DTAC forwarded the survivor's contact information to the appropriate provider who reached out to the survivor. ■

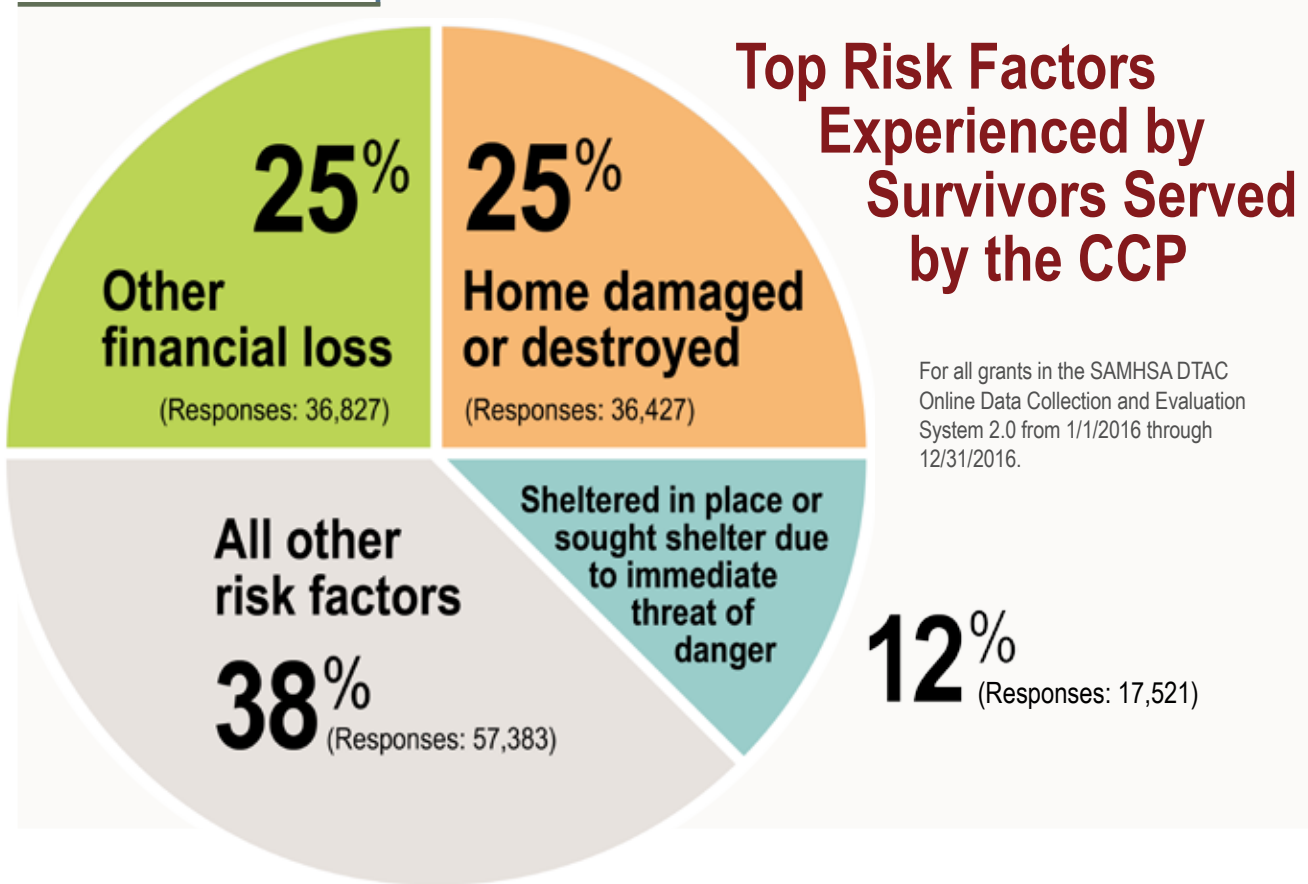
### ONLINE TRAINING



Creating Safe Scenes is a free online training course that helps first responders—police, fire, and emergency medical services—work with individuals experiencing a mental health and/or substance use crisis.

For more information, visit <https://www.samhsa.gov/dtac/creating-safe-scenes-training>.

## DATA SNAPSHOT



## The Dialogue Reader Responses

In this section, read selected responses from readers about their thoughts on previous issues of The Dialogue. Find past issues at <https://www.samhsa.gov/dtac/resources/dialogue>. If you have a comment about an article, send it to [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).

**In response to a previous issue, “The Role of Disaster Memorials,” Shelly Bradbury shared with SAMHSA DTAC a project that she just completed.**

Ms. Bradbury, a sculptor from Massachusetts, unveiled Dedication Plaza on September 11, 2016, at Endicott College in Beverly, Massachusetts. The memorial was created to honor the five branches of the military and first responders. Her inspiration for the memorial came from learning about the experiences of the college’s Reserve Officers’ Training Corps students; men and women serving in the military; and local firefighters, police officers, and emergency medical technicians.



.....  
If you are interested in the full issue of *The Dialogue* about disaster memorials, visit <http://www.samhsa.gov/sites/default/files/dtac/dialogue-vol-12-issue-2.pdf>.

INTERVIEW

## A Networked Approach: How Missouri Addresses Residents' Behavioral Health Needs After Disasters

Joan Keenan, M.B.A., PHR, SHRM-CP, *Coordinator, Office of Disaster Services, Missouri Department of Mental Health*, talks about her experience with disasters in Missouri, as well as her state's practices to reach people of low socioeconomic status (SES) and other special populations.

Missourians are no strangers to disaster. To reach individuals across the state after disasters, Missouri has some distinctive practices that may work well in other states, territories, and tribes. *The Dialogue* recently interviewed Joan Keenan of Missouri's Department of Mental Health (DMH) to learn more about how the state approaches behavioral health response to disasters in ways designed to reach all its residents.

### Please describe Missouri's current Crisis Counseling Assistance and Training Program

We had flooding between Christmas and New Year's in 2015 that affected more than 30 counties across the state. Missouri is known for its many rivers and creeks; we are

used to springtime flooding, but not Christmas flooding.

Although I was traveling out of state during the holidays when the flooding began, I soon realized this disaster would probably qualify for a federal declaration. I started reaching out to our DMH service providers in the areas affected by the flooding. Most indicated confidence in their ability to support the behavioral health needs of their communities with existing resources. In the St. Louis region, three providers agreed that they would welcome the additional funding assistance a CCP grant would provide. Those agencies—Crider, COMTREA, and Places for People—agreed to administer CCP grant operations for the “Show Me Hope” program covering the five counties of St. Charles, St. Louis,

Jefferson, Franklin, and Lincoln. Fortunately, two of the three provider agencies had previous experience administering a CCP grant.

### Does your office engage in specific efforts to reach people of low SES?

Almost everyone we meet in CCP outreach experiences some degree of poverty. We keep an eye on where people show up for other services. Negative attitudes and misperceptions about mental health often keep people from seeking behavioral health support. However, they will seek assistance to get clothes for their kids or go to a food pantry to make sure they can feed their families. After the 2011 Joplin tornado and the 2015 winter flooding, CCP teams engaged



Missouri is home to a range of populations at particular risk in disasters, including people of low socioeconomic status.

Missouri's poverty rate is **15.5 percent**, higher than the U.S. rate of 13.5 percent.  
**Over 21 percent** of children in Missouri live in poverty; the national rate is 19.7 percent.

SOURCES: Missouri Association for Community Action, 2016 *State of the State: Poverty in Missouri*, <http://www.communityaction.org/poverty-reports>; Proctor, Semega, & Kollar, 2016, <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>

with other services, such as Meals on Wheels. Outreach workers rode on public transportation looking for opportunities to engage with community members. When there are community events, “Show Me Hope” providers make sure that CCP teams are a visible presence, providing resource materials and information about available services in the communities. “Show Me Hope” workers offer outreach wherever residents of the community naturally congregate, such as at school events and in public libraries.

In Missouri, many faith-based organizations and nongovernmental organizations (NGOs) regularly respond to disasters. Following the “Great Flood of 1993,” then-Governor Carnahan issued an executive order to establish the **Governor’s Faith-Based and Community Service Partnership for Disaster Recovery (also known as The Partnership)**, which continues to operate today. Members of The Partnership include disaster response partners from state agencies and many NGOs like the Red Cross and Salvation Army, and faith-based organizations like Catholic Charities, the Southern Baptists, and the United Methodist Conference. We meet face to face on a quarterly basis and by conference call as needed. We know each other by name, and we know what resources we each bring to disaster response, recovery, and unmet needs or issues.



Internally, the DMH Central Office has a team of representatives from different offices and divisions. The **DMH READI Team** helps share preparedness and response information with service providers and facilities around the state. This team provides staff support during activation of our state emergency operations center. The department supports the state’s mass care and public health/medical operations during emergency events.

Most of what we rely on is the nurturing of these networks and making sure there is two-way communication. Relationships are key to disaster response. If you have strong relationships, you have connectivity to the community where and when the events happen. We use those connections to reach other agencies that can support behavioral health at a community fair or holiday event and be a visible presence in the community. Collectively, we have quite an impact combating negative

attitudes and misperceptions about mental health services. The fact is everyone needs a little help now and then.

Another successful Missouri concept is the **Multi-Agency Resource Center, or MARC**. This began in response to the Joplin tornado. After a disaster event, the Red Cross or Missouri State Emergency Management Agency may ask a community if they would like to host a MARC. Similar to a health fair, a MARC is set up in a large venue such as a school gymnasium or a church. Various agencies set up booths or tables to present their resources and information about available services. This allows people in disaster-affected communities a “one-stop-shop” experience in a central location where they can easily learn about and select services and supports available from state agencies, volunteer organizations, and the NGOs. Part of the beauty of the MARC is that people are free to select from the



array of available services and resource materials, and they decide what their families need. It gives ownership back to disaster survivors to begin to address their own problems and consider options they may not have thought about before. The MARC allows volunteer and faith-based agencies to help people in a way that is organized, uniform, and supportive of the community.

**What barriers or challenges have you encountered in trying to provide services to people of low SES and other special and hard-to-reach populations? How has your team worked to overcome these barriers and challenges?**

Communication and transportation are often challenges following disasters. In the behavioral health world, there are negative and inaccurate ideas rooted in prejudice toward people with mental and/or substance use disorders. As people contend with this, it can create hurdles for crisis counseling work.

We run into a lot of barriers with older adults. As a group, they're less likely to reach out for help. They figure they've made it this far in life; they can handle whatever comes their way. There may be reluctance to admit they're vulnerable and need help. Some may worry that their kids will see it as an opportunity to put them in a nursing home, or they wonder what a crisis counselor or outreach worker can offer. It takes



**Missouri ranks seventh nationally for food insecurity, or percentage of households where people have lower quality and less varied diets than are needed for good health, and in some cases not enough to eat.**

SOURCE: U.S. Department of Agriculture, Economic Research Service. (2016). Definitions of food security. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security>

time to develop trust and rapport, which means multiple visits and lots of patience.

Similar to other states, Missouri's population has a wide range of cultural and ethnic backgrounds. To reach these various groups of residents, we coordinate with local organizations that are already working within the groups' communities, schools, and places of faith. We find meeting places, where people show up for building supplies or groceries, and other types of services in a community. We often call SAMHSA DTAC for resource materials in appropriate languages.

Thanks to our partners, we have local experience and awareness to help guide us as we reach out to individuals and families experiencing homelessness and those with special needs. To reach children, we work with schools, day care centers, after-school programs, and libraries.

**What, if anything, is key to Missouri's success in providing disaster behavioral health services?**

After the tornado, Joplin was swamped by people who came to help in any way they could. It was like watching young children first learning to play soccer—everyone is just chasing the ball! By the time kids get to middle school, they learn how to play their zone and work together as a team. It's similar with disaster response. We all want to get the ball down the field, but not every player gets to make the goal. Everyone must learn to play together within their respective zones, understanding when and to whom to pass. It takes dedicated effort to build and maintain those important working relationships. In Missouri, we are proud of the relationships that have been built and are so critical for a successful, coordinated response that respectfully blends in with the unique character of each community. ■

## West Virginia CCP Helps Rural Communities After Thousand-Year Flood

By **Marcie Vaughan, M.A.**, *Licensed Psychologist and CEO, Seneca Health Services, and People Reaching Out in West Virginia (PRO WV) Crisis Counseling Assistance and Training Program Team, West Virginia Bureau for Behavioral Health & Health Facilities*

In the midst of an economic crisis, disaster struck, and its effects lingered. June 2016 brought what is being referred to as the “Thousand-Year Flood” to West Virginia.

### Backdrop of Economic Crisis

Small towns across West Virginia have suffered as the coal industry has slowed. Communities have become impoverished, with residents experiencing one of the highest unemployment rates of all time. Not only have individuals faced difficult times, but municipalities and county governments have also been dealing with financial woes as tax revenues have plummeted. The lack of tax revenue has forced governmental entities to cut services and personnel.

### Disaster Impacts on Communities

The natural disaster—Thousand-Year Flood—that hit small towns in West Virginia during June 2016 left behind a path of destruction and a mound of debt for small towns that were already struggling to meet the needs of their citizens. Municipalities lost street sweepers, lawnmowers, snow removal trucks, and other equipment vital to maintenance. Water supply systems

### The Disaster

On June 23 and 24, 2016, West Virginia experienced a “thousand-year flood”—so called because the chances of its happening in a year are extremely low—only 1 in 1,000 (Breslin, 2016). The flooding stranded state residents, destroyed over 100 homes, damaged infrastructure, and claimed at least 23 lives (Pérez-Peña, 2016).



**West Virginia has  
a median household  
income of \$41,751,  
more than \$10,000 less than the  
national median income.**

SOURCE: United States Census Bureau, 2015, Quick facts for the state of West Virginia and the United States, 2010-2015. Retrieved from <https://www.census.gov/quickfacts/table/PST045216/00,54>

supported by loans were damaged during the flooding and its aftermath, requiring repair to restore a clean water supply. Coupled with massive shutoffs due to vacant housing, this situation means that loan repayment will be difficult. The small towns were not financially able to support recovery for their citizens.

## Financial Impacts on Individuals

The flood damaged or destroyed over 80 percent of homes in small communities. The rural areas do not have an abundance of public housing, so families were displaced to areas outside of their community or to homes where they live with multiple families under one roof. Citizens have reported that recovery monies they have received are not enough to cover replacement of items they need to remain in the homes they lived in before the flooding. For example, many individuals heated their homes by



Local grocery store cleanup continues after flash flooding strikes West Virginia on May 2, 2002. Photo by Bob McMillan/Federal Emergency Management Agency News Photo.

burning wood due to the low cost in comparison to electric heating or heating oil. In the flooding, these individuals lost chainsaws, wood splitters, and/or four-wheelers used to harvest wood, and the recovery money they received didn't cover replacement of those items.

Public transportation is nonexistent. Individuals who lost their vehicles in the flood found themselves without means to travel to grocery stores or medical appointments. In some rural areas of West Virginia, the sole grocery stores closed as a result of flood damage, forcing residents on a fixed

In West Virginia  
**275,280**  
residents are  
food insecure.

SOURCE: 2015 Overall County Food Insecurity in West Virginia, Feeding America. Retrieved from <http://map.feedingamerica.org/county/2015/overall/west-virginia>

**“In some areas of rural West Virginia, the sole grocery stores have closed as a result of flood damage, forcing residents on a fixed income to travel over 20 miles for essentials such as milk and bread.”**



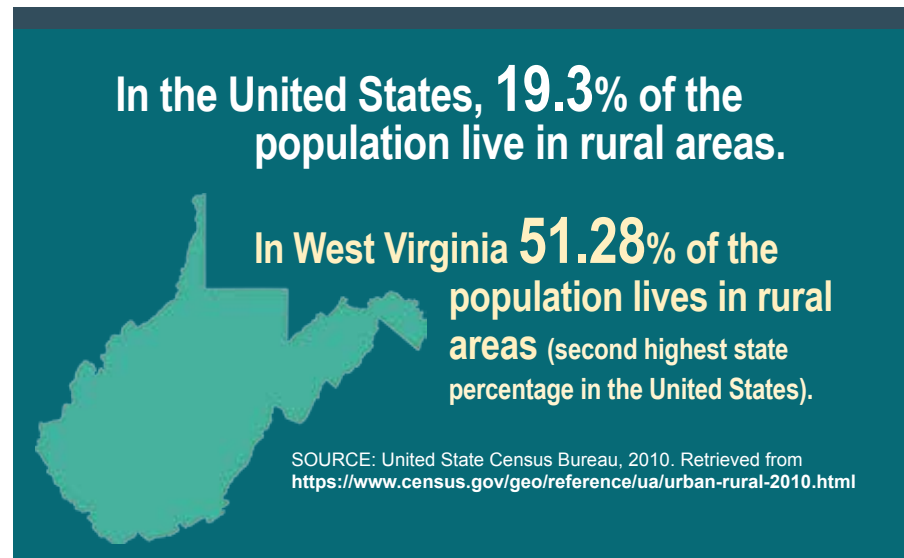
income to travel over 20 miles for essentials such as milk and bread. The community members who had remained employed during the financial crises were faced with rebuilding their homes and businesses—significantly limiting assistance they could offer to the community. Older adults on fixed incomes refused the offer of low-interest loans, stating that they did not want to pass debt on to their children.

## Support From Volunteers

The devastation of the recent flooding has been great—the positive response of volunteers, greater. As communities have worked to recover, small-town citizens have found people with no previous ties to their small community willing to get in and get dirty. These volunteers have taken on jobs no one wanted to do . . . pulling up wet, muddy carpet; shoveling debris out of homes; and lifting waterlogged furniture out of homes and onto streets. They have distributed cleaning supplies and food, and they have left sweat, tears, and most of all hope.

## People Reaching Out in West Virginia (PRO WV) CCP

In addition to being present in Disaster Response Centers during the initial response, PRO WV CCP teams took to the streets to share information about common responses to disaster, ways to cope with additional stress, and when and where to find help, as well as



providing information on local supply distribution sites. While teams did make door-to-door visits, they were often limited in their success through this approach, due to the relocation of survivors outside of the community. Instead, PRO WV teams made contact with survivors at furniture and building supply distribution sites, hardware stores, flea markets, community fairs, and local sporting events such as Little League and middle and high school football games. Individuals displaced due to lack of housing often returned to the community for these types of events.

Many flood victims have expressed appreciation for PRO WV team members' interest in their well-being and for the information they provided about whom to contact for hazard mitigation, furniture, or other needs. One flood survivor, in particular, was very glad to see them at his door. It was the first

of September, 2 months after the flood, when PRO WV made their way to his home to find he had not been in contact with anyone. The team provided information about a veterans' and community action program and a contact number for the long-term recovery case management team. As a result, a new heating system was installed in his home before winter weather moved in. The PRO WV teams have been able to encourage many individuals in their journey back to their homes.

The PRO WV teams and survivors have encountered numerous obstacles on the road to recovery; however, they continue to work toward returning to a more stable way of life. ■

Breslin, S. (2016, August 3). America's 'one-in-1,000-year' flood events in 2016. Weather.com. Retrieved from <https://weather.com/safety/floods/news/1-in-1000-year-flood-events>

Pérez-Peña, R. (2016, June 24). West Virginia floods cause 23 deaths and vast wreckage. *The New York Times*. Retrieved from [http://www.nytimes.com/2016/06/25/us/west-virginia-floods.html?\\_r=1](http://www.nytimes.com/2016/06/25/us/west-virginia-floods.html?_r=1)



## Low Socioeconomic Status Communities in Times of Disaster: Understanding the Challenges

By **Adrienne Fessler Belli, Ph.D., LCSW**, *Director of the Disaster and Terrorism Branch, Division of Mental Health and Addiction Services, New Jersey Department of Human Services*

In 2011, Hurricane Irene caused nearly \$1 billion in damage to 200,000 homes and buildings in New Jersey, and just 1 year later, the state was slammed again, this time by Superstorm Sandy, which resulted in economic losses to businesses of up to \$30 billion. Over 2 million households in the state lost power in the storm, 346,000 homes were damaged or destroyed, and 37 people were killed. In responding to affected residents, it became clear that crisis counselors needed to understand and anticipate three variations of socioeconomic distress in the early stages of recovery.

First, there were many individuals seeking refuge in disaster shelters who lived with chronic socioeconomic hardship and had prior or current connections to public assistance programs for housing, food, and other services. Their distress frequently arose more from disruption of their services and support than from the shock of the storm. It was critical for counselors to be knowledgeable about local social service networks and to rapidly form relationships with representatives from those agencies who were present in the shelters or working in the community.

The principal task was often reconnecting such individuals with systems of care and support to which they were already known, but whose connections had been severed by displacement. Many shelter residents were not from the immediate area, so it was challenging to reestablish these connections, particularly at a time when communications were compromised and systems were overwhelmed.

A second type of socioeconomic distress commonly encountered by counselors was in those individuals

and families who had greater pre-disaster stability and security, but no buffer for devastating or disruptive events. In most instances, these individuals and families had consistent job, housing, and food security, but no reserves to protect against the effects of adverse life events. The combination of increased costs (such as hotel stays, damage to homes and vehicles) and decreased income due to lost time and wages, or outright economic displacement, often resulted in a second “perfect storm” of hardship for this type of survivor. Individuals and fami-

Due to the impact of Hurricane Sandy, hungry kids get help with hot food and supplies in Queens, New York. Photo by FashionStock.com / Shutterstock.com.



**One in three American families reports having no savings to protect themselves from the unexpected.**

SOURCE: The Pew Charitable Trusts. (2015, November 18). *What resources do families have for financial emergencies? The role of emergency savings in family financial security*. Retrieved from <http://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2015/11/emergency-savings-what-resources-do-families-have-for-financial-emergencies>.



**Only 37% of Americans had enough savings to pay for a \$500 to \$1,000 emergency.**

SOURCE: Bankrate Money Pulse Survey.  
December 17-20, 2015.

lies in this situation were typically unfamiliar with and not previously connected to local human service or social service supports. Even though they went into the disaster in a better position than those with chronic socioeconomic distress, they often found themselves in worse shape financially and emotionally. Anxiety, sadness, and often self-blame were dominant themes in crisis counseling for this group.

The residents' geographic environment was the third factor impacting individuals with low SES after the disaster. Urban environments involved additional challenges. For example, areas characterized by lower SES levels often lacked shopping options for groceries and other basic needs. In those neighborhoods badly affected by the storms, the few local grocery stores were often damaged and closed. Public transportation was damaged and limited by the storms, especially during Superstorm Sandy, with floodwaters that damaged or

destroyed 273 NJ TRANSIT railcars and 70 engines. Residents reliant on mass transit often could not use public transportation options to go beyond their immediate areas to access alternative shopping places.

### Response to Superstorm Sandy

In New Jersey, the Division of Mental Health and Addiction Services, part of the New Jersey Department of Human Services, houses a highly specialized mental health Disaster and Terrorism Branch (DTB). The branch is responsible for administering as well as directly providing emergency response behavioral health programs to assist the citizens of New Jersey. Services available through the DTB include crisis counseling, Psychological First Aid, psycho-educational information focusing on disaster stress management, consultation, training, and information and referral services.

DTB has a seat at the State Emergency Operations Center to keep a finger on the pulse of changing needs throughout the state. Crisis counselors were activated immediately and were deployed statewide to provide crisis counseling, emotional support, and services for shelter occupants, as well as information and referral to other services. Many individuals in shelters were at risk and already had an array of service needs that could become more complicated due to the effects of the disaster. Counselors provided information regarding local resources and emotional support.

As the response progressed, counselors provided outreach in low-income housing and transitional shelters to disseminate information regarding the availability of services and Office of Emergency Management contact information, all the while providing emotional support and establishing rapport and trust. The Crisis Counseling Assistance and Training Program was named New Jersey Hope and Healing, and because of its efforts at the shelters, as well as numerous partnerships and outreach activities, communities became familiar with the program as it moved through the different phases of response.

DTB hired a staff member who was specifically assigned to develop strategies for working with disadvantaged communities—to assess their unique needs and provide support, referrals, and resources. One of the providers who participated in the response to Superstorm Sandy had also been a provider during the response to Hurricane Irene. This provider had a long and successful history of serving several urban, diverse communities and was experienced and available to conduct outreach to these populations in response to Superstorm Sandy. They were also affiliated with the largest provider of low-income housing in the area and known in the community from their work providing services to individuals with mental and substance use problems and other outlying populations.

The other strategy we used in response to the storm was to work with faith-based entities to develop partnerships. This was vital to reaching individuals who felt disenfranchised and were less likely to respond to people they perceived to be in authority or outside of their community area.

The training given to providers and disaster response crisis counselors before the disaster familiarized them with the SAMHSA and Federal Emergency Management Agency (FEMA) crisis counseling model. Many of these providers and crisis counselors responded to Superstorm Sandy and then later participated in the NJ Hope and Healing CCP. As a result, they understood not only the SAMHSA/FEMA model, but also the importance of disenfranchised populations and the unique issues they face, which their training also emphasized. A major factor in ensuring successful provision of services to low SES individuals was to establish a strong presence in the affected communities where people lived and worked. With over 200 crisis counselors, teams were embedded within communities to locate pockets of survivors. This effort facilitated the development of support groups that eventually were partnered with long-term recovery groups and other community partners and institutions such as schools, restaurants, neighborhood stores, senior centers, food banks, supermarkets, banks, and hardware stores. Counselors reached out to faith-based organizations, retail

establishments, rental centers, and social service agencies and at community events. Crisis counselors were recruited who came from and had ties to local municipalities. During the NJ Hope and Healing program, counselors became immersed in the communities they served and provided services that included door-to-door outreach, resource tables at different community locations such as shopping centers and churches, individual and group crisis counseling, educational presentations, and information and referral services. In addition, the referral process for NJ Hope and Healing was supported by a toll-free mental health helpline that provided warm transfers and direct linkages to services across the state.

In low SES communities more than in the general population, people may mistrust officials, and this mistrust can decrease their likelihood to seek services during a disaster. Instead, they may rely on known, trusted services such as health care providers including hospitals, emergency rooms, local health care settings, physicians' offices, and primary care facilities. DTB has a longstanding relationship with the New Jersey Department of Health (DOH). Through the preparedness phase, DTB worked very closely with the New Jersey DOH and other county and local health entities, forming strong partnerships. During Superstorm Sandy, NJ Hope and Healing capitalized on those partnerships,

and the counselors benefitted from these relationships to access the affected communities. We understood that it is difficult for individuals to focus on taking time to address behavioral health needs when their basic needs are a struggle to meet. To address that problem, counselors provided outreach in settings where survivors would be present daily such as at medical appointments, food markets, shopping centers, and day care centers.

## Lessons Learned From Superstorm Sandy

Urban settings pose unique challenges, and even within those settings each city has its own distinctive strengths and problems. It is important to remember that the CCP is not a one-size-fits-all program. It requires a study of the different community characteristics and challenges, which leads to the development of a plan that will help each unique community recover and enhance its resiliency.

Preparedness activities go a long way with helping to promote a more comprehensive disaster response that fits the needs of diverse communities. Developing partnerships before the chaos of a disaster builds credibility and increases access to groups who may resist the assistance they need after a disaster. Each disaster brings new challenges and more lessons learned, and the planning process must be fluid and change with the distinctive needs of the communities to be served. ■

## RECOMMENDED RESOURCES

### Preparedness Tip Sheet: Assembling a Cost-Friendly Emergency Supply Kit

FEMA developed this tip sheet to help people on tight budgets to put together supply kits for disasters and other emergencies. The tip sheet features ideas for stocking up on items without breaking the bank, as well as links to related resources.

View and download the tip sheet at <http://www.dhhr.wv.gov/healthprep/plan/howtoprep/prepare/familyprep/Documents/FEMA%20-%20Preparedness%20Tip%20Sheet.pdf>.

### Economic Stress

The National Child Traumatic Stress Network (NCTSN) provides information about economic changes and stressors and their effects on parents and other caregivers, communities, and children. Also provided are links to related resources, including guidance on building resilience and a series of fact sheets about coping with difficult economic times.

Access this part of NCTSN's website at <http://www.nctsn.org/resources/topics/economic-stress>.

### When Disaster Strikes: Promising Practices—Low-Income Families and Communities

In this 7-page booklet, MDC, an organization based in North Carolina, explains factors and conditions that place low-income people and communities at particular risk in disasters. It then recommends strategies and steps that officials, organizations, and individuals can take to build capacity in low-income communities. Also included are case studies in which organizations helped to increase preparedness in low-income communities and ensure that recovery and rebuilding efforts included people with low incomes.

Learn more and access and download the booklet at <http://www.mdcinc.org/resources/publications/when-disaster-strikes-promising-practices-low-income-families-and-communities>. ■





# Behavioral Health is Essential To Health

## Prevention Works • Treatment is Effective • People Recover

### SUBSCRIBE

*The Dialogue* is a publication for professionals in the disaster behavioral health field to share information, resources, trends, solutions to problems, and accomplishments. To receive *The Dialogue*, please go to SAMHSA's home page (<https://www.samhsa.gov>), click the "Sign Up for SAMHSA Email Updates" button, enter your email address, and select the box for "SAMHSA's Disaster Technical Assistance newsletter, *The Dialogue*."

### SHARE INFORMATION

Readers are invited to contribute to *The Dialogue*. To author an article for an upcoming issue, please contact SAMHSA DTAC at [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).

### ACCESS ADDITIONAL SAMHSA DTAC RESOURCES

The *SAMHSA DTAC Bulletin* is a monthly e-communication used to share updates in the field, post upcoming activities, and highlight new resources. To subscribe, please enter your email address in the "SAMHSA DTAC Bulletin" section of the home page of our website at <https://www.samhsa.gov/dtac>.

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/dtac/dbhis-collections> to access these materials.

### CONTACT US

SAMHSA Disaster Technical  
Assistance Center

Toll-Free: 1-800-308-3515

[dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov)

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