



United States Department of
Health & Human Services

Office of the Secretary
Office of the Assistant Secretary for
Preparedness and Response (ASPR)

Special Needs Populations: HHS, ASPR and the ABCs

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Preparedness and Response**

- What is the ASPR ABC Office?
- What is an “At-Risk Individual”?
- How is the Department Addressing At-Risk Individuals in Emergency Preparedness and Response?
- How Does Behavioral Health Fit in?
- What Activities Are Happening at HHS Related to Behavioral Health?

What is the ASPR ABC Office?

U.S. Department of Health & Human Services (HHS)

→ Office of the Assistant Secretary for Preparedness and Response (ASPR)

→ Office of Preparedness and Emergency Operations (OPEO)

→ The Office for **A**t Risk Individuals, **B**ehavioral Health and Human Services **C**oordination (ABC)

ABC:

- Focuses on ESF #8 (Public Health and Medical Services).
- Works with ASPR, HHS Opdivs and Staffdivs, and ESF #8 Partners to ensure inclusion and coordination of at-risk individual and behavioral health issues and response strategies in ESF #8 preparedness and response systems.

Vision

All individuals and communities affected by public health emergencies and disasters shall have access to and receive the public health, behavioral health, and medical services they need, so that they can re-establish the activities of daily life.

Mission

Provide subject matter expertise, education, and coordination to internal and external partners to ensure that behavioral health issues and the needs of at-risk individuals are integrated in the emergency preparedness, response, and recovery activities of the nation.

What is an “At-Risk Individual”?

PAHPA “At Risk” Requirements

Address at-risk issues as they relate to:

- The National Health Security Strategy
- The Strategic National Stockpile (SNS)
- All-Hazards Public Health and Medical Response Curricula and Training
- BARDA and prioritization of products
- The National Preparedness Goal on public health emergencies
- State and local public health grants
- Dissemination of novel and best practices of outreach to and care of at-risk individuals before, during, and following public health emergencies
- Assistance to other Federal agencies responsible for planning for, responding to, and recovering from public health emergencies

At Risk Individuals

- The Pandemic and All-Hazards Preparedness Act (PAHPA) defines the term “at-risk individuals” as children, pregnant women, senior citizens and other individuals who have special needs in the event of a public health emergency, as determined by the Secretary of HHS.
- **HHS Adopted Definition.** Before, during, and after an incident, at-risk individuals are those who may have additional needs in one or more of the following functional areas (CMIST):
 - **C**ommunication
 - **M**edical care
 - **I**ndependence
 - **S**upervision
 - **T**ransportation

At Risk Individuals (cont.)

In addition to those individuals specifically recognized as at risk in PAHPA (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance should include those who:

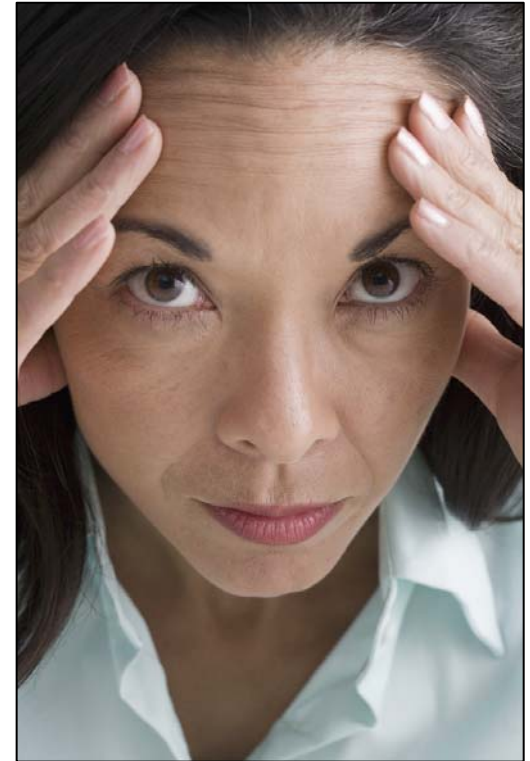
- have disabilities;
- live in institutionalized settings;
- are from diverse cultures;
- have limited English proficiency or are non-English speaking;
- are transportation disadvantaged;
- have chronic medical disorders; or
- have pharmacological dependency.

In simple terms, at-risk individuals are those who, in addition to their event-related medical needs, have other needs that may interfere with their ability to access or receive medical care.

At-Risk: Examples

An individual with HIV/AIDS who does not speak English and who contracts influenza could easily find herself in a precarious situation. In addition to treatment for influenza, her **functional needs** would be **medical care** (for the HIV/AIDS) and **communication** (her lack of English may keep her from hearing about where and how to access services).

Without addressing those functional needs, she cannot get healthcare services.



At-Risk: Examples



The health status of an individual receiving home dialysis treatment who relies on a local Para-transit system to attend medical appointments and food shopping could quickly become critical if 40% of the drivers are ill and transportation is suspended. In addition to treatment for influenza, his **functional needs** would be **medical care** (for dialysis) and **transportation**.

Without addressing those functional needs, he cannot get healthcare services.

Accomplishments related to “At Risk” individuals

- HHS has increased preparedness for needs of at-risk individuals by:
 - Leading the inter-agency “Medical Special Needs” workgroup and the Interagency Workgroup on At-Risk Individuals and Pandemic Influenza.
 - Conducting listening sessions and developing a matrix of best practices and model plans.
 - Preparing a white paper on geospatial tools for identifying vulnerable populations (ATSDR).
 - Convening a panel on racial and ethnic communities in planning and response (OMH).
- Since 2003, at-risk individuals have been incorporated into the emergency preparedness and planning grants for public health (CDC) and healthcare systems preparedness (formerly HRSA, now ASPR).
- OD and ASPR have developed a toolkit for planners on accounting for the needs of at-risk individuals.
- The FMS cache of equipment and supplies was expanded to include accommodations for at-risk individuals and a wider range of medications for managing behavioral health issues.

More accomplishments related to “At Risk” individuals

- HHS has worked with other federal departments to:
 - Address gaps and barriers in homecare services in emergencies (AHRQ).
 - Develop a common HHS/FEMA triage tool for evacuation and transportation.
- HHS funded a Tribal readiness assessment to assess the current all-hazards capacity of selected Tribes.
- CDC developed an action guide specific to chronic diseases, disability, and reproductive health needs during disasters; and with ASTHO is developing guidance on at-risk groups in pandemic influenza.
- BTCDP has supported capacity building for meeting the acute care needs of vulnerable patients.
- CDC prepared a workbook to identify vulnerable populations and develop a communication outreach and information network; developed guidance for health education/communication messages for diverse audiences; and is developing a model to describe/quantify persons with disabilities or chronic disease.

How Does Behavioral Health Fit in?

Policy Support for Disaster Behavioral Health



- Homeland Security Presidential Directive 21 (**HSPD-21**) establishes a national strategy for public health and medical preparedness. In addition, it mandated the establishment of a national advisory group on disaster mental health:
 - **Focus on education, messaging and interventions**
 - **Focus on protecting, preserving, and restoring individual and community mental health**

Why Focus on Behavioral Health

- Behavioral health is part of the nation's public health response per ESF #8.
- Behavioral health refers to mental health, substance abuse, stress management, and related services.
- Behavioral health needs often emerge immediately following a disaster, but may also develop over time.
- ABC works to address the behavioral health needs of disaster/emergency survivors as well as the needs of the response workforce (force protection) as these pertain to ESF #8.
- ABC also works to forward behavioral health approaches to promote individual and community resilience.

Behavioral Health – Activities

- HHS has established a Disaster Mental Health Subcommittee under the NBSB to provide recommendations for protecting, preserving, and restoring individual and community mental health in catastrophic health event settings.
- HHS completed a survey of all HHS Operating Divisions and Staff Divisions to identify behavioral health resources and assets related to preparedness, response, and recovery efforts.

HHS Behavioral Health Survey

Some highlights:

- OFRD has Commissioned Corps mental health providers rostered, assigned to teams and tiers, and available for deployment.
- MRC, ESAR-VHP, and NDMS all have the capability to deploy local volunteer mental health providers to respond to emergencies at the local level.
- FEMA's Crisis Counseling Program (CCP), funded by Stafford Act dollars and managed by SAMHSA, has emergency grants for short-term (up to 60 days) and long-term (up to 9 months) duration.
- SAMHSA's Disaster Technical Assistance Center (DTAC) provides technical assistance, telephone consultation, and training materials.
- SAMHSA's National Mental Health Information Center is a web-based resource that provides a wide array of training materials and publications on emergency mental health and traumatic stress.
- CMS reimburses for mental health services as part of the array of benefits available through the SCHIP, Medicaid and Medicare programs for eligible beneficiaries.
- NIMH has recently announced funding for a Disaster Mental Health Research Center.



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Questions?