Hurricanes Katrina and Rita: Addressing the Victims’ Mental Health and Substance Abuse Treatment Needs

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Summary

The Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration (SAMHSA) has three primary mechanisms of providing federal funding to meet the mental health and substance abuse prevention needs of victims of recent hurricanes: the Crisis Counseling Assistance and Training Program (CCP), SAMHSA Emergency Response Grants (SERG), and supplemental appropriations. CCPs may be of interest to Congress, as questions have arisen regarding their appropriate scope and duration following two previous large-scale emergency situations (the Oklahoma City bombing, and the September 11, 2001 terrorist attacks). SERG may also be of interest, as Congress may consider amending or suspending existing law to enhance the availability of grant money. Congress has already passed two supplemental appropriations. This may lead Congress to consider a range of oversight options. This report will be updated as needed.

Introduction

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), Hurricanes Katrina and Rita may effect both the victims’ mental health and their substance abuse treatment needs. The mental health effects may be deep and linger for weeks and months to come. Almost everyone who lives through such an event experiences some feelings of sadness and depression. Depending on the individual, these feelings can vary in intensity and duration. This is true not only for the residents of the Gulf Coast cities and towns devastated by the hurricanes, but also for the thousands of rescue workers, emergency medical personnel, and disaster recovery experts engaged in one of the biggest search-and-rescue operations in United States history.¹

Issues related to substance abuse may also arise in the aftermath of Hurricanes Katrina and Rita.\(^2\) Those recovered or recovering from substance abuse problems face an increased risk of relapse following a disaster.\(^3\) Individuals dependent on opioids, including but not limited to heroin, may seek help from Opioid Treatment Programs (OTPs) as a result of the disruption in supply of street drugs. Persons previously involved in OTPs may also need assistance to ensure continuity of care, as both the local OTPs and individuals’ medical records may have been destroyed. As of September 9, 2005, seven OTPs serving over 1,000 patients in the New Orleans area were closed. Many of the patients may seek not only medication, but also other services such as crisis counseling, housing or employment counseling.

SAMHSA, which is a part of the U.S. Department of Health and Human Services (HHS), is the federal agency with the primary responsibility for addressing the mental health and substance abuse treatment needs of those individuals impacted by the hurricanes. SAMHSA’s mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness. The agency administers a combination of competitive, formula, and block grant programs that fund community-based mental health and substance abuse treatment and prevention services. Disaster readiness and response is one of its 11 priority program areas.\(^4\) This report provides a brief overview of SAMHSA’s activities related to the hurricanes and discusses issues and options for Congress. It begins with some background on federal disaster assistance.

### How Does the Federal Government Generally Assist Disaster Victims?\(^5\)

The central piece of legislation enabling federal assistance to disaster victims is the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974.\(^6\) The Stafford Act authorizes the President to issue a major disaster declaration to speed a wide range of federal aid to states determined to be overwhelmed by hurricanes or other catastrophes. Section 416 authorizes the President to provide financial assistance to state or local agencies or private mental health organizations for professional counseling services, or training of disaster workers, to relieve major disaster victims’ mental health problems caused or aggravated by the disaster or its aftermath. Through executive orders, the

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\(^2\) Unless otherwise noted, the information in this paragraph is from Charles G. Curie, SAMHSA Administrator, “A Letter from the SAMHSA Administrator - Guidance to the State Methadone Authorities (SMA) and Opioid Treatment Programs (OTP),” SAMHSA website (Sept. 9, 2005), at [http://www.samhsa.gov/Disaster/katrina_curie_050909.aspx], visited Sept. 14, 2005.


\(^6\) 42 U.S.C. 5121, et seq.
President has delegated to the Federal Emergency Management Agency (FEMA), within the Department of Homeland Security (DHS), responsibility for administering the major provisions of the act. Through interagency agreement, SAMHSA generally administers the emergency programs related to mental health and substance abuse.

Financing for Stafford Act aid is appropriated to the Disaster Relief Fund (DRF), administered by the Department of Homeland Security (DHS). Congress has passed two supplemental appropriations bills to provide additional money to meet hurricane assistance requests not covered by the current funds available in the DRF.

How Is SAMHSA Assisting Victims of Hurricanes Katrina and Rita?

SAMHSA is participating in an interagency triage team with the Administration on Aging and the Administration for Children and Families, helping Federal Medical Shelters to provide staffing recommendations and service delivery. During the week of August 29, 2005, SAMHSA established a toll-free hotline for people in post-hurricane crisis, and activated the SAMHSA Emergency Response Center (SERC). SERC is a point of contact for all state mental health and substance abuse authorities, as well as all federal agencies and local mental health providers, to receive information and have access to resources, both in terms of staffing and resources to be deployed. It is also the coordinating body for the federal response overall for mental health and substance abuse issues prompted by Hurricanes Katrina and Rita.

On August 31, SAMHSA’s Center for Substance Abuse Treatment (CSAT), Division of Pharmacologic Therapies, issued guidance to the State Methadone Authorities (SMA) and Opioid Treatment Programs (OTP) in hurricane affected states. The SAMHSA administrator has also issued guidance to all OTPs and States to assist them in providing short and long-term emergency methadone and buprenorphine treatment services to populations affected by the disaster, including patients in OTPs and persons dependent on opioids but not enrolled in addiction treatment.

In conjunction with the above measures, SAMHSA has three primary mechanisms for providing funding to help address hurricane victims’ mental health needs, each of

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7 For further information, see CRS Report RS22239, Emergency Supplemental Appropriations for Hurricane Katrina Relief, by Jennifer E. Lake and Ralph M. Chite.


which is discussed below: the Crisis Counseling Assistance and Training Program (CCP), SAMHSA Emergency Response Grants (SERG), and supplemental appropriations.

**Crisis Counseling Assistance and Training Program (CCP).** To provide funding of mental health assistance and training activities in areas that have received a presidential disaster or emergency declaration, SAMHSA administers the FEMA-funded CCP through an interagency agreement with FEMA. Eligible entities (state mental health agencies and tribal authorities) work with SAMHSA to apply for and receive grants to provide counseling outreach and train local crisis counselors to provide assistance after federal relief workers leave the area.

The CCP Immediate Services Program (ISP) provides funds for up to 60 days of services immediately following a disaster declaration; the Regular Services Program (RSP) provides funds for up to nine months following a disaster declaration. Services include education about typical disaster-related reactions, short-term individual and group counseling services, and referrals to other services (e.g., other disaster recovery agencies or organizations, substance abuse treatment, or traditional mental health treatment). CCP funds do not support long-term or traditional mental health or substance abuse services.

As of November 17, 2005, 29 states had received post-hurricane CCP funding: AL ($1,564,109); AK ($326,847); AZ ($187,336); CA ($1,003,983); CO ($388,333); D.C. ($47,184); FL ($1,461,517); GA ($870,404); IA ($102,092); IL ($368,105); IN ($192,553); KY ($285,000); LA ($6,790,608); MD ($111,499); MO ($542,250); MS ($2,413,498); NE ($46,789); NJ ($200,208); OK ($200,208); PA ($285,214); RI ($39,790); TN ($127,584); TX ($6,246,404); UT ($103,804); WA ($128,968); WI ($110,233); and WV ($45,791). Two states, MA and SC, declined awarded CCP funding. Eighteen states have submitted applications for an additional 90 days of CCP funding: AL, AR, CO, DC, FL, GA, IA, IL, IN, LA, MD, MO, MS, NE, PA, TX, UT, and WI.

**SAMHSA Emergency Response Grant (SERG).** When local resources are overwhelmed and other resources are unavailable, SAMHSA is authorized under Public Health Service Act (PHSA) Section 501(m) to provide grants for crisis mental health and substance abuse services in accordance with SAMHSA’s Mental Health and Substance Abuse Emergency Response Criteria. Immediate Services grants and Intermediate Services grants are available to states, territories, and federally recognized tribal authorities. Previous instances when SERGs were awarded include the Washington, D.C.-area sniper incidents in 2002 and the 2003 RI nightclub fire. SERGs totaling $600,000 were made to AL ($100,000), LA ($200,000), MS ($150,000), and TX

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13 In emergency situations, the PHSA allows the HHS Secretary to waive the usual requirements of a competitive grants process and a formal peer review of grant applications (as described in 42 USC §290aa-3). 42 USC §290aa(m).

($150,000), as part of SAMHSA’s immediate hurricane response. These grants were made within 24 hours of receipt of a state’s two-page application. When SAMHSA receives an appropriation for 2006, more SERG funding will be available.

**Supplemental Appropriations.** A portion of the supplemental funds appropriated by Congress to aid victims of Hurricanes Katrina and Rita may be used to supplement SAMHSA’s activities. These may be used to provide emergency mental health and substance abuse counseling and related services not addressed by the CCP, the SERG, or other existing funding. For example, substance abuse and mental health treatment services, psychotropic medication expenses, methadone treatment, suicide prevention programs, and major administrative expenses for mental health and substance abuse resulting from the disaster may be addressed through this mechanism.

**Deployments.** In addition to and in conjunction with the above programs, as of October 15, 2005, SAMHSA had deployed 220 people to serve in the hurricane-affected states (MS, LA, AL, and TX), and 675 professional individuals with expertise in mental health or substance abuse had volunteered to travel to and provide services in the affected states. SAMHSA makes all such deployments in response to requests from the respective states. FEMA pays for the travel, accommodations, and training for those deployed. SAMHSA ensures that both federal and nonfederal employees who are deployed have the credentials to provide mental health or substance abuse services. In addition, SAMHSA has and will continue to provide training on what to expect and how best to address the needs of those who experienced hurricane-related trauma. Special attention is paid to suicide prevention.

Deployments usually last for two weeks. New individuals are deployed as others return to maintain the state-requested levels of assistance. Some of those deployed provide administrative assistance to state and local governments and agencies, and aid them in requesting help or funding from federal agencies. The vast majority of those deployed provide behavioral health services. Deployments have been made with the following personnel: SAMHSA (49); National Institute of Health (19); Health Resources and Services Administration (1); Argentina Mental Health Professionals (18); Columbian Mental Health Professionals (4); Volunteers Mental Health Professionals (120).

**What Are the SAMHSA-Related Issues and Options for Congress Prompted By Hurricanes Katrina and Rita?**

**CCP is Generally Short-term, Crisis-specific.** The CCP is generally restricted to providing immediate crisis counseling for victims of disasters; it usually addresses neither ongoing mental health needs (such as the delayed emergence of post traumatic stress disorder), nor exacerbated pre-existing conditions. However, on two previous occasions the duration of CCP services has been extended: in Project Heartland (following the Oklahoma City bombing), and in Project Liberty (following the September

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11, 2001 terrorist attacks). These extensions of service have prompted inquiries as to the appropriateness of providing funding for ongoing services, and what sort of oversight of the expenditure is appropriate for these services.17

**SERG Availability is Limited by SAMHSA’s Fiscal Year.** The enabling section of the PHSA allows SAMHSA to allocate up to 2.5% of its discretionary grant funds (appropriated from Congress) for SERG in a given fiscal year. At the start of FY2005, SAMHSA could have potentially allocated up to $24.9 million (2.5% of the $996.2 million available for SAMHSA discretionary grant funding) for SERG. However, because the hurricanes occurred near the end of the fiscal year, only $600,000 was actually available for SERG. Congress might assist SAMHSA with future SERG by providing funding that may be spent without regard to SAMHSA’s fiscal year cycle. SAMHSA activities are currently being funded under the terms of a Continuing Resolution at the House-passed FY2006 Appropriations level ($3.231 billion), which is lower than both the Senate-passed level ($3.275 billion) and the FY2005 current rate ($3.269 billion).

**Appropriating Supplemental Funds for Disaster Relief Programs May Prompt Additional Congressional Oversight.** Congress has the authority to conduct oversight following its appropriations, including supplemental appropriations like those it has made for the relief of victims of Hurricanes Katrina and Rita. In light of concerns about funding decisions after the hurricanes, Members of Congress may elect to exercise that oversight authority through informal communication with agency representatives, formal hearings, follow-up reports, or through other mechanisms.

Congressional oversight activities may be confounded by the effects of the hurricanes. For example, hurricane victims may be difficult to track as they cross state borders. Victims’ ongoing mental health and substance abuse needs may be difficult to ascertain because their medical records may have been destroyed or been made otherwise unavailable by the storms. Further issues may be created as victims who use mental health services provided by Medicaid move across state lines. Medicaid coverage of benefits varies from state to state, and it is not yet clear whether the Medicaid coverage rules of victims’ home or host state should apply.18 This constellation of issues complicates the task of ensuring that the appropriate amount of federal funding is directed toward meeting victims’ mental health and substance abuse needs.

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18 For further information, see CRS Report RL33083, *Hurricane Katrina: Medicaid Issues*, by Evelyne Baumrucker, et al.