Behavioral Health Town Hall

October 22, 2026

Marissa Eyanson, Director of Behavioral Health, Iowa HHS

IOWA Health and Human Services

Overview

- Welcome
- Disaster Behavioral Health
  - Overview
  - New Initiatives
  - Joining DBHRT
- Reminders



Disaster Behavioral Health

Karen Hyatt, HHS Emergency Mental Health Specialist

Disaster Behavioral Health Mission

Strengthen community resilience and deliver comprehensive behavioral health support for individuals and families affected by natural disaster, human-caused events, or critical incidents through a coordinated response, trauma-informed care and long-term recovery strategies.

What is Behavioral Health

Behavioral health refers to the connection between behaviors and the health and well-being of the whole person. It encompasses addiction, mental health, substance use, and the way people cope with stress and their challenges.

Following a disaster or emergency event, it is common for people to experience distress and anxiety related to safety, health, well-being and recovery.

Behavioral health is an integral part of the public health and medical emergency management system and should be fully integrated into preparedness, response and recovery activities.

Summary of the Disaster Behavioral Health Response Plan

The Iowa Disaster Behavioral Health Response Plan provides an organizational framework for Iowa's behavioral health response to disasters.

The plan seeks to increase understanding of disaster behavioral health, what it is and how it can help individuals, families, and communities recover following disasters.

Behavioral health preparedness activities, interventions and response are directed by the Iowa Health and Human Services, Division of Behavioral Health and are carried out by the Disaster Behavioral Health Response Team (DBHRT) and/or Project Recovery Iowa.

Disaster Behavioral Health Response Plan



The purpose of the plan is to provide a framework for organizing Iowa's behavioral health response to disasters.



Behavioral health disaster response addresses the psychological, emotional, behavioral and social issues which may arise from a disaster event.



Disaster behavioral health services can help mitigate the severity of adverse psychological effects of the disaster and help restore social and psychological functioning for individuals, families and communities.



The plan is meant to be an ever-changing document that can be modified to incorporate changing technologies and emerging best practices in behavioral health response.

Mission

To ensure all individuals and communities are equipped to withstand, recover from, and thrive beyond natural disasters, human caused events, and other crises through strengthened resilience and equitable, accessible behavioral health supports.

Disaster Behavioral Health

- **Goals:**
  - Prevent maladaptive psychological and behavioral reactions of disaster survivors and all people working in the aftermath of an event.
  - Minimize the counterproductive effects and maladaptive reactions within the disaster response and recovery.

Disaster Behavioral Health response is local responsibility first.

The first response to a disaster always occurs locally.

Local planners understand the cultural, social and psychological needs of people in their area.

The Iowa Disaster Behavioral Health Response Plan builds on the strengths of Iowa's local communities.

Disaster behavioral health services supplement and do not replace the strength of communities and local efforts.



Types of Disaster



Natural Disasters

- Severe Storms and Tornadoes
- Floods
- Winter Storms and Blizzards
- Drought

Human-Caused Disasters

- Agricultural Accidents
- Industrial Accidents
- Nuclear Accidents
- Transportation Accidents
- Active Threat

Health Related Disaster

- Outbreaks of Diseases
- Public Health Emergencies

Disaster Behavioral Health Planning

The plan provides a statewide framework aligned with FEMA's Response Plan.

The plan outlines scalable and flexible strategies to address natural, human-caused, crises and technological incidents affecting Iowa.

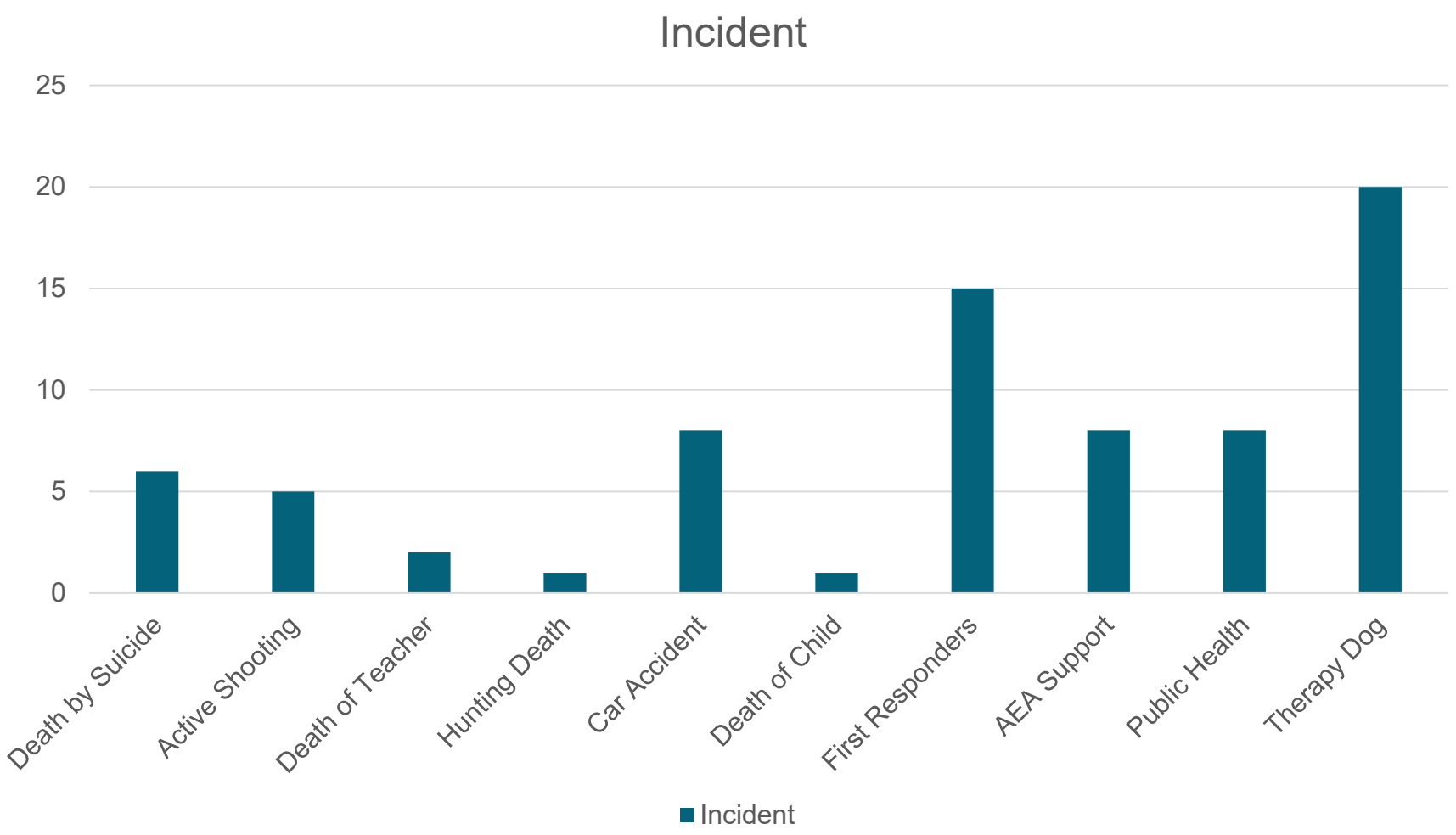
The plan recognizes multiple incidents may occur concurrently, and behavioral health needs may evolve across response and recovery phases.

Coordinates planning to ensure appropriate resource activation, reduce duplication of service and supports behavioral health impact areas

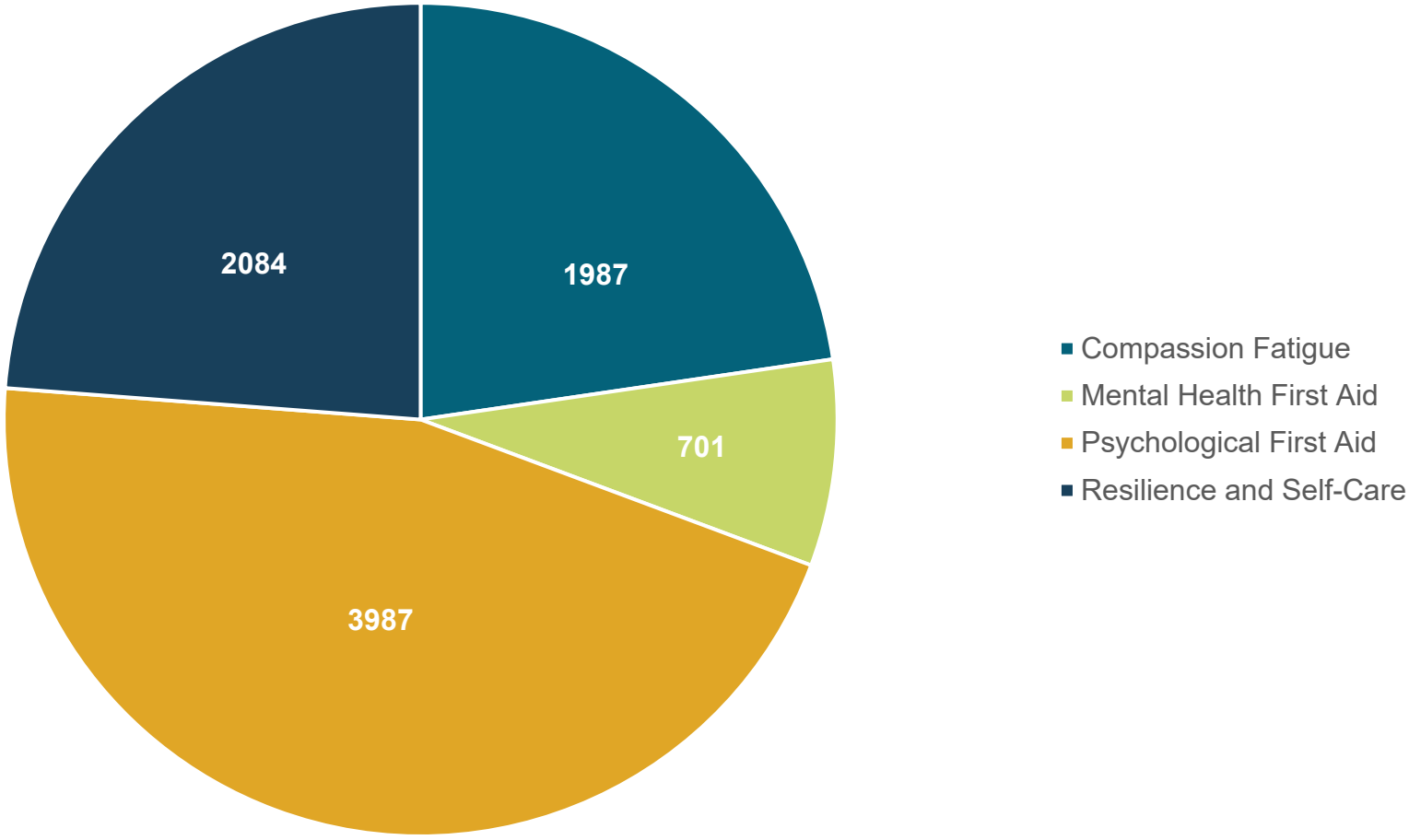
DBHRT Services

- Behavioral health needs assessment
- Psychological First Aid
- Brief counseling and intervention
- Community outreach
- Public information and education
- Critical Incident Stress Management Services
- Virtual counseling and personal support

Natural Disaster Response by Disaster Behavioral Health		
Year	**Event Type**	**Counties Affected**
2007	Ice storms, floods	Multiple
2008	Tornado, flooding	85
2010	Winter storms, floods	Many
2011	Storms, floods	Multiple
2013	Storms, winter, floods	Multiple
2014	Storms, tornadoes, flooding	Multiple
2015	Storms, flooding	19
2016	Storms, flooding	Multiple
2017	Storms, flooding	9
2018	Storms, tornadoes	34
2019	Flooding, storms	80 (PA)
2020	COVID-19	99
2021	Derecho, storms	5
2023	Flooding	—
2024	Tornadoes, storms	Multiple
2025	Winter storm	4 counties


Incident
25
20
15
10
5
0
Death by Suicide
Active Shooting
Death of Teacher
Hunting Death
Car Accident
Death of Child
First Responders
AEA Support
Public Health
Therapy Dog
Incident

Attended and Completed Training 2023 to 2026



Psychological First Aid (PFA)

PFA is a compassionate, evidence-informed approach designed to support people in the immediate aftermath of a crisis whether it is a natural disaster, accident, or traumatic event. It is a tool to reduce distress and promote resilience.



PFA is built around five essential goals:

- **Promote safety:** Help people access shelter, food, and medical care.
- **Promote calm:** Listen empathetically and help reduce emotional overwhelm.
- **Promote connection**: Reunite individuals with loved ones and support networks.
- **Promote hope:** Offer reassurance and information about available help.
- **Promote self-empowerment:** Encourage survivors to take steps toward recovery.

Mental Health First Aid (MHFA)

MHFA is an evidence-based training program that teaches people how to identify, understand, and respond to signs of mental health and substance use challenges to equip everyday individuals with the tools to offer initial support until professional help is available.

- Participants learn to recognize common signs and symptoms of mental health issues like anxiety, depression, and substance use.
- Respond to mental health crises, such as panic attacks, suicidal thoughts, or psychosis.
- Offer nonjudgmental support and guide individuals toward appropriate care.

Question, Persuade, Refer (QPR)

QPR: The method is modeled after CPR, aiming to empower everyday people to act as gatekeepers.

- Question the person about suicidal thoughts in a direct, compassionate way.
- Persuade them to seek help and accept support.
- Refer them to appropriate professional resources or crisis services.
- QPR is based on the idea that early recognition and intervention can save lives. Much like CPR helps stabilize someone in cardiac arrest until medical help arrives, QPR helps someone in emotional crisis until professional care is available.

Mental Health Stigma

Mental Health Stigma is designed to help individuals and organizations recognize, understand, and reduce the negative attitudes and misconceptions surrounding mental health conditions.

The training offers a range of programs that tackle stigma through education, storytelling, and community engagement.

Compassion Fatigue

Compassion Fatigue: Compassion fatigue is often described as the state of physical, emotional, and spiritual depletion that can occur when helpers are unable to refuel and recover. It's closely related to burnout and secondary traumatic stress.

- Understanding the symptoms: Fatigue, irritability, detachment, and reduced empathy.
- Self-assessment tools: Like the Professional Quality of Life (ProQOL) scale.
- Resilience-building strategies: Mindfulness, boundary-setting, and self-care routines.
- Organizational support: Creating healthy work environments and peer support systems.
- Trauma-informed care principles: To reduce re-traumatization and emotional overload.

Resiliency

Resiliency refers to the ability to bounce back from adversity, adapt to challenges, and recover from stress, trauma, or setbacks. It's not about avoiding hardship; it's about how you respond to it.

- Resiliency can be physical, emotional, mental, or social and it's something that can be cultivated over time through healthy habits, mindset shifts, and support systems.

Critical Incident Stress Techniques

Critical Incident Stress Techniques are part of a broader approach known as Critical Incident Stress Management (CISM), which is designed to support individuals—especially first responders and disaster survivors—who experience intense psychological stress following traumatic events.

- These tactics are structured interventions aimed at reducing acute stress reactions and promoting psychological recovery after a disaster or crisis. They are not psychotherapy, but rather a form of Psychological First Aid.

National Incident Management System (NIMS) Training

IS-100 Introduction to ICS = 4 hours

IS-700 Introduction to NIMS = 4 hours

IS-200 ICS for Single Resources and Initial Action Incidents = 12 hours

IS 800 National Response Framework = 3 hours

Activate and Coordinate Behavioral Health Resources to Support Local and State Disasters



- Follow established lines of authority when requesting or deploying disaster response resources.
- Operate within the Incident Command System (ICS) when events require multi-agency coordination or exceed local capacity.
- Support local agencies as they mobilize resources and coordinate with first responders, voluntary organizations, and public health according to local emergency operations plans.
- Recognize local emergency management may activate an Emergency Operations Center (EOC) to coordinate response.
- When local capacity is exceeded, local emergency management may request state assistance through the HSEMD and/or HHS duty officer or the Division of Behavioral Health. DBHRT activation typically occurs through the Disaster Behavioral Health Coordinator.
- DBHRT may also be requested by local emergency personnel, state departments, the Iowa National Guard, behavioral health providers, or DBHRT members.
- DBHRT may be deployed anywhere in Iowa based on need and availability.

Disaster Behavioral Health Belongs within the Incident Command System

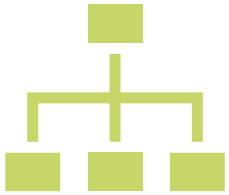
The Incident Command System is used during local, state and federal disasters and emergency operations.

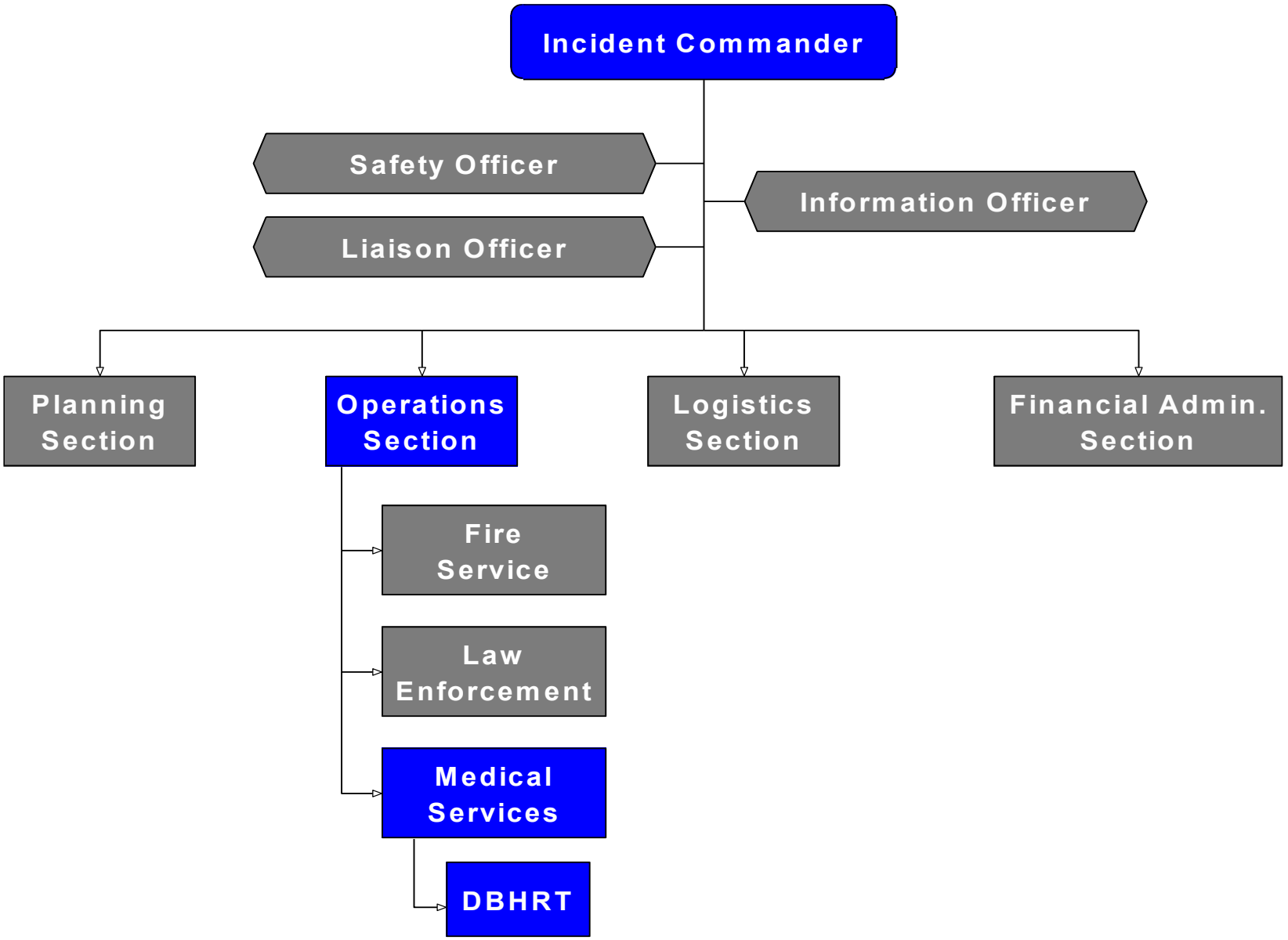
The Federal Government has mandated all states implement an Incident Command System.

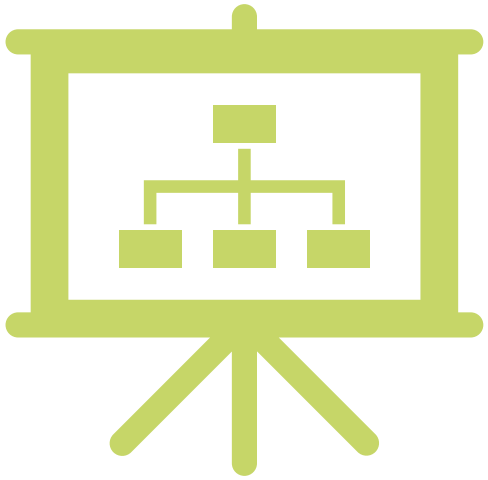
Know where disaster behavioral health fits in the system to assist with effective and efficient operations during an event.

Incident Command System (ICS)

ICS is a management system used by all responders during a disaster to achieve optimal command and control when an organization as well as seamless interagency coordination during any kind of emergency.




Incident Commander
Safety Officer
Information Officer
Liaison Officer
Planning Section
Operations Section
Logistics Section
Financial Admin. Section
Fire Service
Law Enforcement
Medical Services
DBHRT



ICS Concepts and Principals

- Common terminology
- Clearly defined chain of command
- Modular organization
- Integrated communications
- Unified command structure
- Consolidated action plans
- Manageable span of control
- Designated incident facilities
- Resource Management

Iowa's Emergency Management Laws

Federal Emergency Support Functions	
ESF 13	Public Safet and Security
ESF 14	Cross-sector Business and Infrastructure
ESF 15	External Affairs
ESF 1	Transportation
ESF 2	Communication
ESF3	Public Works and Engineering
ESF 4	Firefighting
ESF 5	Information and Planning
ESF 6	**Mass Care, emergency Assistance, Temporary Housing and Human Services**
ESF 7	Logistics
ESF 8	**Public Health and Medical Services**
ESF 9	Search and Rescue
ESF 10	Oil and Hazardous Materials
ESF 11	Agriculture and Natural Resources
ESF 12	Energy

Emergency Support Function (ESF) 6 and ESF 8 are the Lead Support Functions for Behavioral Health

- **Department of Homeland Security and Emergency Management:** This department is responsible for coordinating the state's emergency management efforts.
- **Emergency Management Coordinator:** Each political subdivision of the state can appoint an emergency management coordinator to oversee local efforts.
- **Emergency Response Fund**: A fund is created to support emergency response efforts.
- **Governor's Powers**: The governor has the authority to declare a state of public disorder or disaster emergency.
- **Hazard Mitigation and Assistance:** Financial assistance is available for hazard mitigation and disaster recovery.
- **Local Emergency Management Commissions**: Local governments can establish emergency management commissions to handle local preparedness and response.
- **Mutual Aid:** There are provisions for mutual aid among political subdivisions and with other states.

ESF 6: Mass Care, Emergency Assistance, Temporary Housing and Human Services

ESF 6 focuses on providing life-sustaining resources and essential services when disaster survivors' needs exceed local, state, tribal, territorial, and insular area government capabilities.

The primary functions include:

- **Mass Care:** Sheltering, feeding, distribution of emergency supplies, and reunification of families.
- **Emergency Assistance:** Coordination of voluntary organizations, management of unsolicited donations, and support for individuals with disabilities.
- **Temporary Housing**: Providing rental, repair, and loan assistance, as well as safe, secure, and accessible housing.
- **Human Services:** Offering disaster assistance programs, crisis counseling, disaster unemployment services, and other state and federal human services programs.

ESF 8: Public Health and Medical Services

ESF 8 provides the mechanism for federal assistance to supplement local, state, tribal, territorial and insular area resources in response to public health, medical, behavioral or human service emergencies.

The primary functions include:

- **Medical Care:** Providing medical care and human services to those affected by disasters.
- **Public Health:** Minimizing and preventing health emergencies, detecting and characterizing health incidents and disseminating public health information.
- **Support Services:** Offering patient movement, behavioral healthcare and support to individuals with disabilities.
- **Fatality Management:** Assisting in victim identification, fried counseling and reunification of human remains.

Activation Criteria (1)

Confirm	Verify	Ensure	Document
Confirm the event meets pre-established activation criteria (e.g., severity, scope, population impact).	Verify that behavioral health needs exceed local capacity or are anticipated to do so.	Ensure an official authorization for activation has been received (emergency management, public health, incident command, Division of Behavioral Health).	Document the activation decision, including time, authorizing official, and rationale.

Iowa Disaster Behavioral Health Response Team (DBHRT)

- A trained team of volunteers who mobilize resources to provide post-event behavioral health services statewide.
- Provide an organized response to individuals, family members, volunteers, responders, and the community affected by critical incidents and disasters.
- Disaster Behavioral Health training is provided to all team members by HHS Division of Behavioral Health, and local community-based providers.
- Provide services to supplement local providers and/or provide a service when a local option is beyond capacity or doesn't exist.
- Includes members from the Iowa National Association of Social Workers and Iowa Psychological Association and other specialty organizations.

Activation Criteria (2)

- Team Leadership and Coordination
- Personal Readiness
- Deployment Planning
- On-the-Ground Operations
- Ongoing Monitoring and Adjustments
- Documentation and Reporting
- Data fields

Disaster Behavioral Health Response Team

Iowa DBHRT members include volunteers from a wide range of backgrounds with experience in:

- Behavioral Health
- Education
- Faith-based or Spirituality
- First Response
- Peer Support Specialists
- People reflecting the communities across the state
- Public Health
- Recovery Coaches
- Retail
- Refugees
- Social Services



How DBHRT is Requested

- 24-hour Duty Officer for Homeland Security Emergency Management (HSEM):
  - **515-979-2200**
- 24-hour Duty Office for Iowa Department of Health and Human Services (HHS):
  - **866-834-9671**
- Disaster Behavioral Health Coordinator:
  - **515-601-7899**
  - **iowadbhrt@hhs.iowa.gov**
- DBHRT members see a need in their community and reach out to one of the above options.
- Emergency Managers, Community Mental Health Centers, Crisis Services, Public Health, Community-Based Providers, State Departments.


New Initiatives

New Initiative 1

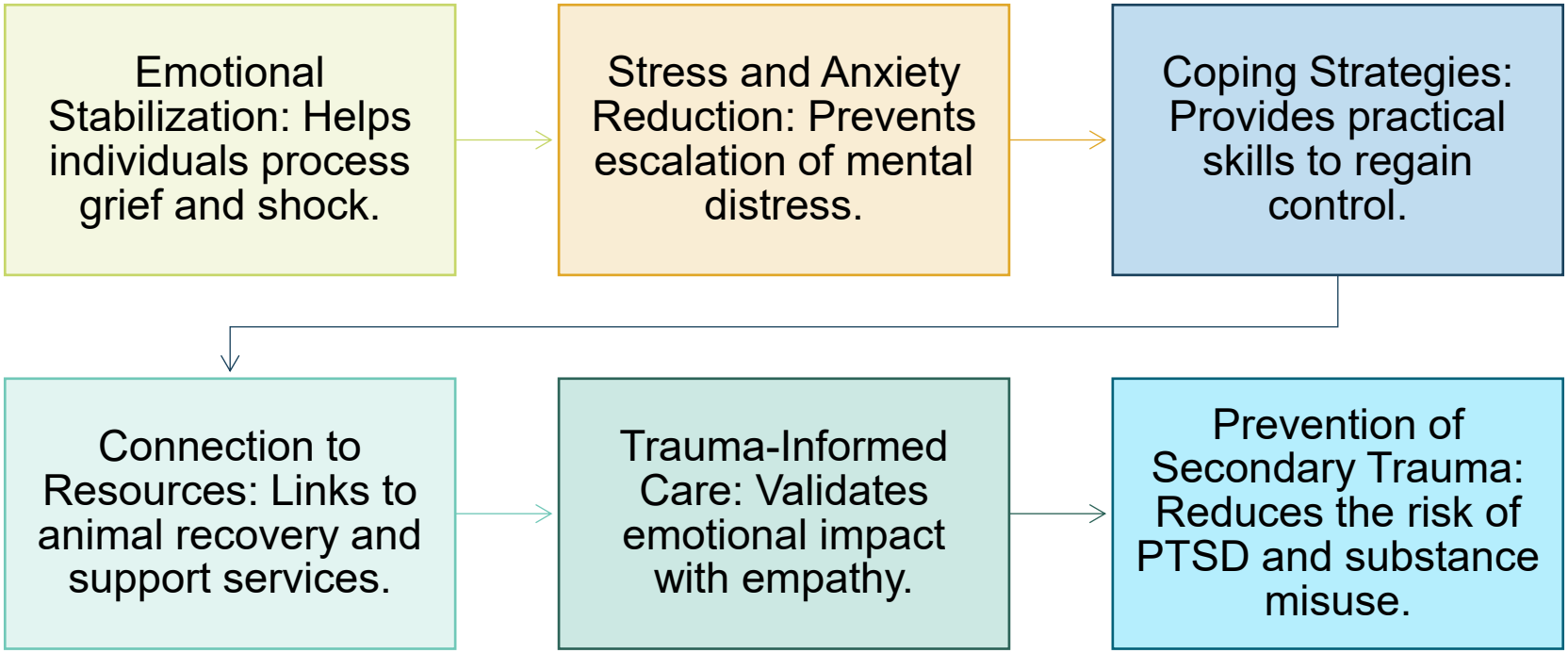
- HHS is working with the Animal Rescue League, the Division of Public Health and the Iowa Department of Agriculture and Land Management.
- HHS will be offering specific training to create a specialty team to work with people after the removal of animals.

Response After Animal Hoarding or Lack of Care

Animal hoarding is recognized as a serious mental health concern and often associated with underlying psychiatric disorders.

- Accumulation of large numbers of animals
- Inability to provide basic care to animals
- Strong emotional attachment
- Denial of problem
- Living environment deterioration
- Social isolation
- Distress when animals are removed

Benefits of DBH Response for People with Animals Removed



New Initiative 2

1

Train interested DBHRT members in mass casualty response.

2

Utilize a form requested by the state Medical Examiner's Office at the time of a mass casualty response.

3

Work at the direction of the State Medical Examiner's Office to support staff and families of the deceased.

Importance of DBH Response During Mass Casualty Events

- **Address Immediate Psychological Impact:** Reduces acute stress, shock and grief.
- **Stabilizes Communities:** Restores safety and promotes resilience.
- **Supports First Responders:** Provides stress management and peer support.
- **Prevents Secondary Trauma:** Early intervention reduces long-term mental health issues.
- **Coordinates Resources:** Ensures continuity of care for vulnerable populations.
- **Respects Cultural and Spiritual Needs:** Integrates holistic care approaches.

Joining DBHRT

ISERV Juvare

- DBHRT members need to sign up through ISERV a communication notification system.

- https://www.iaserv.org/



DBHRT Personal Information Form

https://forms.cloud.microsoft/g/J3N2dsSpXm?origin=lprLink



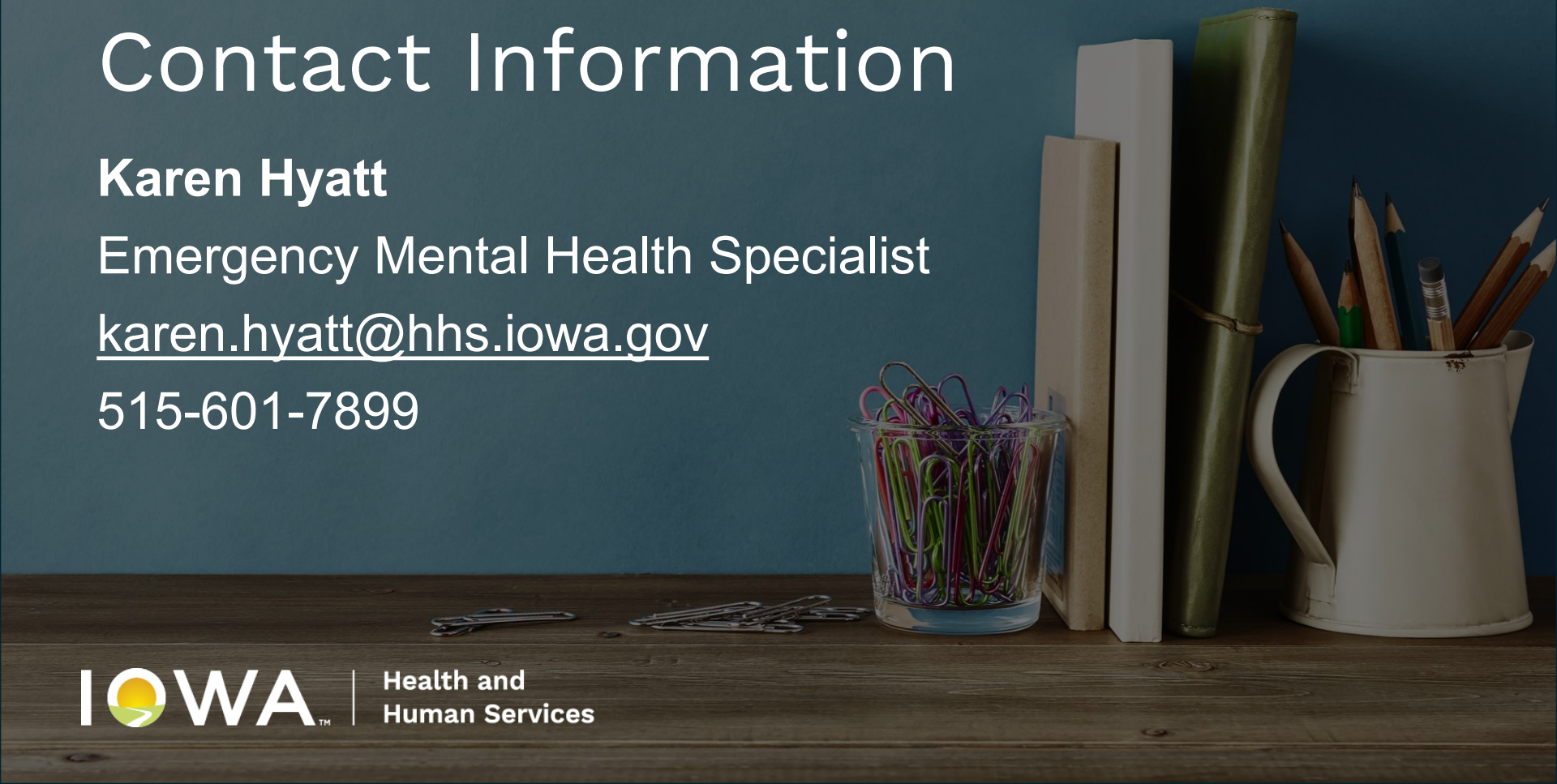
Contact Information

Karen Hyatt

Emergency Mental Health Specialist

karen.hyatt@hhs.iowa.gov

515-601-7899



IOWA Health and Human Services

Questions about DBHRT?

Reminders

New Behavioral Health Sign-Up Form



A new **sign-up form** has been created for state fiscal year 2027.



If you had previously signed-up on the SFY 2026 form, please sign-up again on the new form.



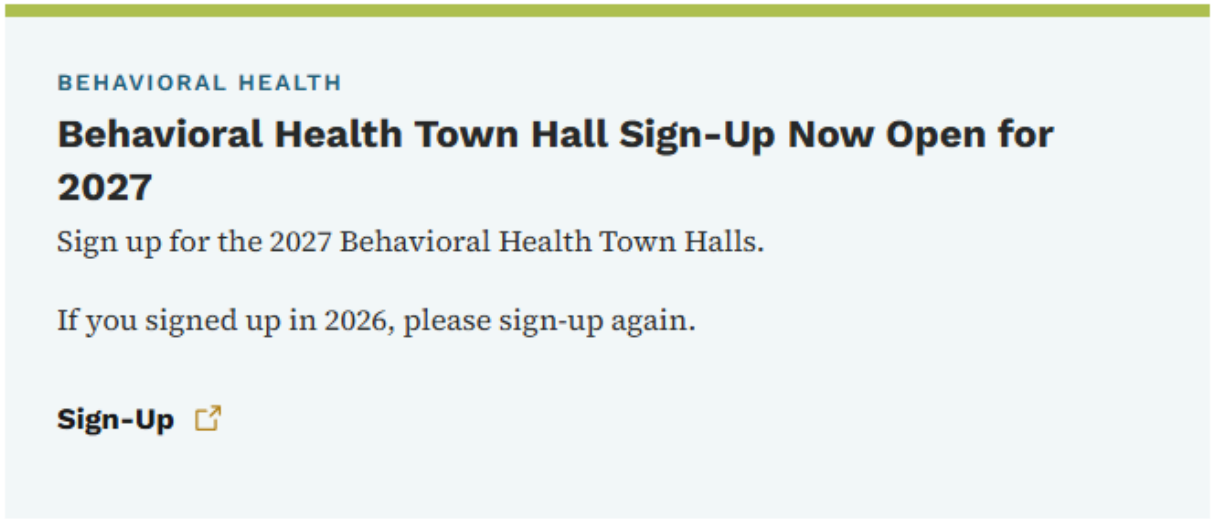
Every year, a new form will be made. Please sign-up once yearly.



The new form can be found on the Behavioral Health Town Hall section of the **Behavioral Health Service System** webpage.

Sign-Up for 2027 Town Halls

https://forms.cloud.microsoft/g/uwuS1ZEdnt



Questions?