

# Rural Disaster Behavioral Health



**A Guide for Outreach Workers  
and Crisis Counselors**

***SAMHSA***  
Substance Abuse and Mental Health  
Services Administration

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**Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services**

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## Overview

**T**his guide is designed for outreach workers, crisis counselors, or other workers or volunteers providing support to rural populations after a disaster.<sup>1</sup> Please refer to the “Who Should Use This Guide?” box for more about who might benefit from this booklet.

As you probably know from your own experience, and from survivors you serve, many people feel distress after a disaster and show signs of having a tough time (Norris et al., 2002; North, 2016). Most people bounce back over time, and one of the best things people can do after a disaster is talk to others (Hobfoll et al., 2007; Pfefferbaum, Jacobs, Griffin, & Houston, 2015).

After a disaster, you may work with people of different races, ethnicities, genders, sexual orientations, religions, cultures, ages, income levels, and living situations and communities. This guide is designed to help you in your work with rural populations.

Rural communities are often associated with certain races, ethnicities, and lines of work, particularly agriculture. While this may be true for some rural community members, rural populations are as diverse as urban populations. As you begin to develop and pursue outreach plans for this population, we encourage you to consider all possible aspects of the community you are serving.

<sup>1</sup> In this guide, we use the terms “crisis counselor” and “outreach worker” interchangeably to refer to people working in the community after a disaster to respond to mental health and substance use-related needs.

## Who Should Use This Guide?

This guide may be useful to anyone providing support—informally or professionally—to rural populations after a disaster. The following individuals may benefit from this guide:

- Crisis counselors and outreach workers in disaster response programs, including the Crisis Counseling Assistance and Training Program and others
- Emergency and disaster behavioral health planners and managers
- Anyone else providing supportive services to rural populations after a disaster

# Rural Populations in the United States

Rural communities represent a considerable part of the nation’s population that is often disproportionately affected by disaster events. While rural areas account for 97 percent of the nation’s land mass, about 1 in 5 Americans is classified as part of the nation’s rural population (about 20 percent of the U.S. population) (U.S. Census Bureau, 2022). As a result of sparse population, lower housing density, and distance from urban centers, rural communities may have less access to resources necessary to prepare, respond, and recover from disasters (America Counts, 2017b).

Rural communities are often diverse, with their own barriers and stressors. Social inequities—including racism, unemployment, and poverty—increase the risk of developing mental health issues and conditions (Haynes et al., 2017). People living in stressful environments are also at increased risk.

Rural areas often experience healthcare workforce shortages, limiting the availability of quality health care. The Health Resources and Services Administration (HRSA) identifies Health Professional Shortage Areas across the United States and has found shortages of about 788 mental healthcare providers and 3,002 mental healthcare facilities in rural areas (HRSA, 2023).

In this guide, we present general statistics (see the “Statistical Snapshot” on the next page), but we cannot provide an in-depth profile of each rural community in disaster-affected areas across the United States. If you are working for a disaster response program, your manager or team leader should take steps to understand the needs of populations in your area, including rural populations, so that you’re aware of issues they may have. You can help by bringing issues you notice in your work to managers so that your program and teams can plan to meet the needs of communities you are serving.





# Statistical Snapshot: Rural Populations in the United States

## Rural Areas

“Rural areas” are defined by the U.S. Census Bureau as all population, housing, and territory not included within a defined urban area. Areas are defined based on population thresholds, density, distance, and land use. To qualify as an urban area, an area must have at least 2,000 housing units or at least 5,000 inhabitants (U.S. Census Bureau, 2023).



## Most Rural States

As of 2022, Vermont was the most rural state in the nation, with 64.9 percent of its population living in rural areas.



The states with the next largest proportions of their populations in rural areas are Texas, North Carolina, Pennsylvania, and Ohio (U.S. Census Bureau, 2022).



## Percentage of Population

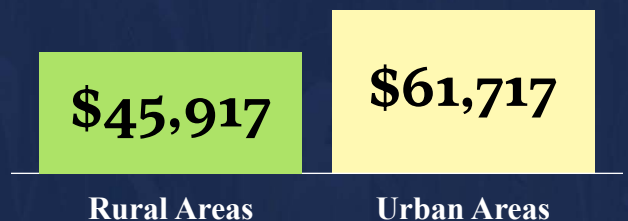
As of 2020, more than 66 million people live in rural America. This accounts for about 20 percent of the total nation’s population (U.S. Census Bureau, 2022).



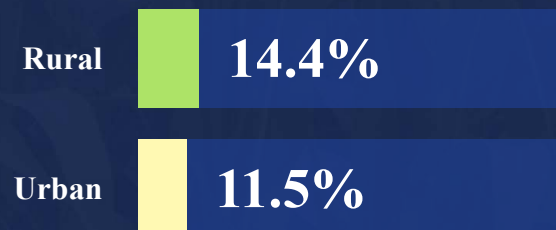
## Income & Poverty

In 2020, the average per capita income in urban areas was \$61,717, while the average per capita income in rural areas was \$45,917. Urban poverty rates were 11.5 percent, while rural poverty rates were 14.4 percent (U.S. Department of Agriculture Economic Research Service, 2023).

### Average Per Capita Income



### Poverty Rates





# Disasters in Rural Communities

The rural population, much like the full U.S. population, is composed of a rich range of races, ethnicities, cultures, genders, sexual orientations, religions, employment and income levels, skills and talents, and functional and access differences and needs. This diversity is linked to the varying vulnerabilities and strengths that affect individual and community capabilities to respond to and recover from disasters.



## Risk Factors

People living in rural communities are disproportionately affected by poorer health, greater disability, and higher age-adjusted mortality (Weil, 2019). Rural community members are also disproportionately affected by disasters and are often underserved during disaster response efforts. The following characteristics are common barriers experienced by people living in rural areas when recovering from disasters and seeking, receiving, or adhering to mental health or substance use services or treatments:



**Geographic diffuseness.** Rural areas are sparsely populated, have low housing density, and are often distant from larger population centers. This can impact the community's awareness of available services and resources while also causing feelings of isolation after a disaster.



**Lack of access to broadband internet.** Rural and remote areas may not have existing or reliable access to the internet. This can cause issues for those seeking services and limit their awareness of or access to mental health and substance use services, including telehealth options.



**Effects of disaster on employment.** A large concentration of the rural population works in industries that are directly impacted by extreme weather events. In 2017, 1 out of 10 workers in rural areas worked in agriculture, forestry, fishing, hunting, or mining (America Counts, 2017a). Disasters can have long-lasting effects on production, workplace infrastructure, and employment.



**Lower income and inaccessibility of resources.** People in rural areas may encounter financial challenges that limit their engagement with mental health or substance use services. Barriers include financial hardship related to reliable travel and transportation to reach more heavily populated areas where mental health and substance use disorder (behavioral health) services are offered or hosted, perceived or actual cost of healthcare services, or lack of health insurance coverage (Rural Health Information Hub, n.d.-a).



**Possible stigma and distrust of services.** It is not uncommon for some community members to feel distrustful or uncertain of mental health or substance use services. Some people may experience shame or embarrassment about seeking services, especially if services lack anonymity (Rural Health Information Hub, n.d.-a).



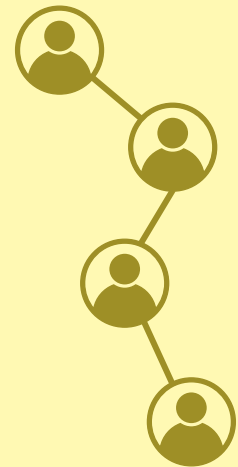


# Strengths

Rural populations also have unique characteristics that can strengthen the community’s resilience. The following characteristics are common strengths in rural areas for communities recovering from disasters:



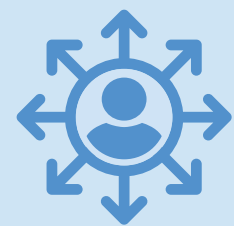
**Community connectedness and willingness to help neighbors.** In part due to distance from urban centers, people living in rural areas often develop close relationships with their neighbors that may serve as a source of strength during times of stress. Residents, especially community leaders, are more likely to have earned the respect of the community in leading recovery and resilience efforts after a disaster than outsiders. Residents who have lived in the rural area for a long period of time often develop trust and camaraderie with each other and are more likely to share and participate when others in the community do the same. These long-standing relationships can play key parts in cementing strong peer networks and support groups within the community.



**Existing history or tradition of resilience.** Each rural community likely has its own history responding to and rebuilding after disaster events. Families living in rural areas have often resided within the community for generations, building traditions of resilience that have been useful to them and their neighbors as they encounter new challenges. Each rural community’s resilience is unique and rooted in its history, geography, demographics, and values.



**History of resource sharing.** Organizations in rural areas are used to working together to maximize resource sharing. Individuals working in organizations serving rural areas often wear “multiple hats” and help connect organizations. For example, it is not uncommon for a town official to also be part of a board or staff of organizations serving the community.







# Behavioral Health Impacts of Disaster on Rural Communities and Individuals

People in rural areas, just like people in urban areas, can benefit from mental health and substance use services and treatment after disaster events. Within the first 2 to 4 weeks after a disaster, people may experience distress and distress-related reactions, which can be unusual, surprising, and upsetting. Most people will be okay with information and support, but some may benefit from more professional services.

The following reactions are common after disasters.

## Emotional Reactions

People report feeling, or you may notice that they seem to feel:

- Anxious or fearful
- Overwhelmed by sadness
- Angry
- Guilty, even though they had no control over the disaster
- Heroic, as though they are able to do anything
- Disconnected, as though they don't care about anything or anyone
- Numb, or unable to feel joy or sadness

## Physical Reactions

People say they have been:

- Having stomachaches or diarrhea
- Having headaches or other physical pain for no clear reason
- Feeling very hungry or not hungry at all
- Having trouble falling asleep or staying asleep or sleeping too much
- Sweating or having chills for no physical reason
- Having tremors or muscle twitches
- Feeling jumpy or easily startled

## Behavioral Reactions

People report or seem to be:

- Having increased or decreased energy and activity levels
- Feeling sad or crying a lot
- Using alcohol, tobacco, prescription medication, or other substances in an attempt to reduce distressing feelings or to forget
- Having outbursts of anger
- Having difficulty accepting help or helping others
- Wanting to be alone most of the time and isolating themselves

## Cognitive Reactions

People report or seem to be:

- Having trouble remembering things
- Having trouble thinking clearly and concentrating
- Feeling confused
- Worrying a lot
- Having trouble making decisions
- Having trouble talking about what happened or listening to others talk about it

## Signs of Urgent Need for Referral

**You must respond appropriately and provide an immediate referral to survivors who show or talk about:**

- **Severe distress**
- **A desire to hurt or kill themselves or someone else**

Managers should provide a procedure and referral information for these situations. Check out some helpful resources available nationwide in the “For People in Crisis” box.



## For People in Crisis

You can always refer a disaster survivor or responder to these resources:

- [Substance Abuse and Mental Health Services Administration Disaster Distress Helpline](#) (available by calling or texting **1-800-985-5990**)
- [988 Suicide & Crisis Lifeline](#) (available via call or text to **988** or chat at [988lifeline.org/chat](https://988lifeline.org/chat))

For more about these and other resources, see the [Appendix](#).

# How To Help Rural Communities and Individuals

Studies show that rural health care improves when those who serve the community explore options to serve and access training to optimize their rural healthcare delivery (Finley, 2020). The following sections discuss possible methods to address the needs of rural communities and support accessible rural health care.

## Promotion of Service Utilization, Awareness, and Access

Some people may know they can benefit from mental health or substance use services but may not be sure where to begin. Others may not be aware that these types of treatments and resources exist. Lack of awareness can be a barrier to accessing behavioral health programs and professionals.

Increasing awareness and knowledge of available services is fundamental to supporting access. Service providers are encouraged to participate in existing rural social networks and public advertisement venues to facilitate the engagement of people living in rural areas. High-traffic areas, such as local clinics or community centers, can provide a safe, neutral space for people to learn about available services (Pass et al., 2019). Where possible, connect with health centers, emergency rooms, courts, jails, and other public service areas and organizations where people experiencing mental or substance use issues may be (Flaherty et al., 2018).

Co-location of services can also be a beneficial way to connect with survivors after a disaster. Find opportunities to offer mental health and substance use information and services at locations or events where survivors may be visiting to acquire other resources through food banks, shelters, and community centers (see the “Highlight From the Field” box on the next page).





## Reducing Stigma Through Education

Promoting mental health literacy is essential to increasing public comfort and engagement with mental health and substance use services and treatment. Ongoing dialogue about mental health and substance use issues facilitates community engagement, providing an open environment for people to ask questions, share their concerns, and ideally combat stigma.

Stigma, stemming from individual and broader community-held beliefs, can impact people's view and use of mental health and substance use services. Negative views of mental health and substance use services can develop due to a lack of understanding and knowledge, general secrecy about mental illness within the community, or perceived judgment.

Optimize the community's reception of mental health and substance use services by initiating and supporting collaborations between service providers and pillars of the community. Continue to support mental health literacy by participating in and hosting educational events, both to inform your outreach strategies and to ensure ongoing needs assessment.

## Reviewing Governmental and Policy Approaches

As rural healthcare policymakers continue to work toward action to address healthcare needs and disparities, residents may contend with issues related to access, quality of care, and financial stress connected to medical expenses. These issues will likely impact the type of stakeholders you work with in rural areas, and how outreach is approached and received. Federal and state-level policymaking for rural health care is constantly changing. As you prepare to serve the rural population, be prepared to encounter unique healthcare challenges.

Affordable, high-quality health care may not be accessible in some rural communities. Going to healthcare professionals located in urban centers can present challenges related to transportation and affordability for people in rural areas. Rural healthcare facilities are faced with funding and other financial barriers

## Highlight From the Field

The State of Missouri reported hosting Multi-Agency Resource Centers, or MARCs (Keenan, 2017). These resource fairs were held in a large venue, and agencies were invited to staff tables and share information about their services. Serving as a “one-stop shop” for survivors, MARCs lessened the workload for the community to find new resources while providing healthcare professionals with an opportunity to reach survivors.

that can influence the upkeep of facilities, quality of care, and retention of medical professionals (Rural Health Information Hub, n.d.-b). Rural populations in some areas may also have higher rates of uninsured residents than urban populations (Day, 2019). For example, in 2019 about 12.3 percent of rural residents did not have health insurance, compared to 10.1 percent of urban residents.

Familiarize yourself with the healthcare infrastructure in the community you are serving and resources the community may be unaware of. Consider the following elements as you determine how to best serve the community:

- Existing rural healthcare centers and providers, including emergency medical services
- Existing medical care that is high-quality, affordable, and accessible
- Healthcare options for insured and uninsured residents
- Funding and financial coverage options for rural residents and providers

## Exploring Telehealth Options

Telehealth has emerged as an alternative for many people living in rural areas seeking access to healthcare services. Telehealth allows people to talk to healthcare professionals over the phone or through video chat, send and receive messages, and participate in remote health monitoring applications (HRSA, 2022). Studies have shown that using telehealth for patient care increases access to and receptiveness toward resources and treatment, supporting patient comfort and willingness to continue working with providers (Talarico, 2021).

Telehealth opportunities may be viable for some, but barriers may limit the participation of people living in rural areas. For example, some people living in rural areas may have:

- Poor telecommunications infrastructure
- Limited or no access to technological devices capable of call or video communication
- Lack of interest, distrust, or inexperience with technological devices



Some studies have explored the usefulness of nearby access points in rural areas. This option offers a healthcare location closer than an urban area that has a high-quality telecommunications infrastructure through which community members can receive video-based healthcare services from providers in other areas (Tarlow et al., 2020). In some instances this option has improved use of services overall for those living near and relatively far from the access point, as people encounter fewer travel issues and benefit from the access point's bandwidth for telehealth services. However, some have continued to encounter challenges due to limited transportation or other barriers.

## Promoting Shared Decision-making Between Patient and Provider

Some rural residents may be unfamiliar with or wary of healthcare services, especially if they have encountered previous challenges with low-quality services or unaffordable care. Apart from possible stigma impacting patients' acceptance of services and resources, other factors, including feeling understood and heard by the service professional, influence the patient's probability of treatment compliance.

Shared decision-making between the patient and professional seems to facilitate positive patient-physician relationships and adherence to treatment (Pass et al., 2019). Providing rural residents with opportunities to make decisions for their own health can promote their mental health literacy and help them feel in control of their wellness.

Several forms of outreach can provide the individual with chances to engage successfully with services and treatment without feeling pressured. For example, you can provide self-care and stress relief strategies that can be practiced at home, or share opportunities to participate in group education or counseling sessions when available. Outreach may also include information about what to expect when going to see a mental health or substance use professional. This helps break down barriers, reduces anxiety, and creates realistic service expectations. Outreach is not a substitute for treatment, but it can be a bridge.

## Highlight From the Field

Weintraub and colleagues sought to help people with opioid use disorder (OUD) living in rural areas to access buprenorphine, a medication for OUD, by creating a mobile services unit. Their modified recreational vehicle included telemedicine technology and clinical staff that could be deployed to rural areas to offer residents accessible care.

The mobile clinic combatted the transportation barrier to healthcare services for many. Weintraub and colleagues saw a one-third reduction of opioid use and a 60 percent treatment retention rate over 3 months of service (Weintraub et al., 2021).



# Working With Local Partners and Community Leaders

Community pride and trust are strengths commonly found within rural areas. Many rural residents have long family histories in the area and are isolated from more densely populated communities. Rural residents may be part of tight-knit communities, which can make them reluctant to accept newcomers. To work effectively in rural areas, connect with the community through larger scale, trusted community pillars.

Local businesses, faith-based and spiritual groups, and other community-based organizations may be sources of community leaders that can be highly influential in rural areas. Identify individuals who have earned the respect of their communities through long-standing relationships and exemplary initiatives to improve the community's well-being.

Partnerships with local organizations and community leaders can be mutually beneficial. Establish goals with leaders by being open to their community traditions and beliefs, providing a space for them to share their concerns, and uniting around common interests such as supporting the community's recovery after a disaster (Savage et al., 2018). Identify ways they can help you raise awareness of services, support mental health literacy, and connect with rural residents while helping them represent the community as a stakeholder in disaster response and recovery.

Work with your partners to co-host outreach activities or events in public spaces that are welcoming to the community. This will help ensure overall safety and comfort for all participants. Community centers, places of worship, and schools are all possible venues that can serve as neutral spaces for building relationships with rural residents.

Collaborations and partnerships are essential to all disaster response, but they are especially important in communities that are chronically underserved and underrepresented in disaster planning. Rural residents may be more accepting and open to outreach personnel who show genuine interest in community needs; are supported by trusted community members; and offer high-quality, welcoming services.

## Highlight From the Field

Many Crisis Counseling Assistance and Training Programs have pursued local partnerships and collaborations to encourage community-wide engagement. The following are examples of these efforts.

- Partnerships with local places of worship to attend community-wide religious events and connect with residents attending
- Collaborations with local schools or the state's department of education to distribute resources and host educational events for staff, teachers, parents, and students
- Partnerships with local community centers to host educational events and group counseling sessions in a comfortable and neutral space



## Summary of Recommendations

- All rural communities are unique. Prepare to serve rural communities by conducting a needs assessment and familiarizing yourself with possible community vulnerabilities, strengths, and disaster history.
- Promote service utilization, awareness, and access by participating in existing rural social networks and advertising services in high-traffic areas frequented by locals.
- Combat stigma by promoting mental health literacy. Provide opportunities and welcoming spaces for rural residents to learn about mental health and substance use.
- Consider barriers to health care for rural community members. If able, share local, affordable, and accessible healthcare options with survivors.
- Provide rural residents with wellness strategies they can use at home, such as self-care or stress relief tips.
- Explore and promote available telehealth options for those experiencing financial hardship, transportation issues, or general anxiety regarding medical visits. Note that telehealth may not be a suitable option for all survivors.
- Promote shared decision-making with patients and service professionals by giving survivors opportunities to guide their own wellness journeys. Create a welcoming space for survivors to share their beliefs, concerns, and ideas while offering support and mental health and substance use knowledge to inform their decisions.
- Look for opportunities to partner with local organizations and community leaders to evaluate and meet the needs of the rural community.
- Co-host events with partners, and provide outreach in public community spaces that are welcoming to survivors.
- Have a procedure and referrals ready for survivors who show severe distress or express a desire to hurt or kill themselves or someone else.



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# Appendix: Resources

## Resources From the Substance Abuse and Mental Health Services Administration (SAMHSA)

### Online Collections, Information, and Referral

#### Rural Populations Installment of the SAMHSA Disaster Behavioral Health Information Series

This collection of resources focuses on disaster planning and preparedness, response, and recovery for rural populations. Resources include checklists, tip sheets, and online information. If you would like a print copy of this installment, please contact the SAMHSA Disaster Technical Assistance Center (DTAC) at 1-800-308-3515 or [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).

<https://www.samhsa.gov/resource-search/dbhis?rc%5B0%5D=populations%3A20185>

#### SAMHSA Rural Behavioral Health

The programs described at this web page are focused on advancing behavioral health equity for rural populations. Programs include several grant opportunities, such as the Treatment, Recovery, and Workforce Support Grant and the Rural Emergency Medical Services Training Grant. Information is also provided about programs to improve care for people with substance use disorders and to prevent development of substance use disorders and improve mental health in rural areas.

<https://www.samhsa.gov/rural-behavioral-health>

#### SAMHSA Behavioral Health Disaster Response Mobile App

Designed for disaster responders, this app allows you to collect and share resources you can use in the field to assist disaster survivors. It also can be used to find mental health and substance misuse services in the disaster-affected area. The app works on iOS, Android, and BlackBerry devices.

<https://store.samhsa.gov/apps/disaster>

#### SAMHSA Behavioral Health Treatment Services Locator

You can use this online database to find treatment services in your area. If you don't have access to the internet, you can also find local treatment services by calling SAMHSA's National Helpline (<https://www.samhsa.gov/find-help/national-helpline>) at 1-800-662-HELP (1-800-662-4357) or TTY at 1-800-487-4889.

<https://findtreatment.gov>

## **SAMHSA DTAC**

SAMHSA DTAC provides technical assistance, resources, and support related to disaster planning and preparedness, response, and recovery. Resources include publications available through the SAMHSA Store, webinars and podcasts, newsletters, and collections of resources on topics in disaster behavioral health. SAMHSA DTAC provides technical assistance, training, and support for Crisis Counseling Assistance and Training Program grants and other disaster behavioral health preparedness, response, and recovery efforts.

Phone: 1-800-308-3515

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

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

## **SAMHSA Store**

You can find publications and digital products on a wide range of topics in disaster behavioral health. Access and download publications, or order copies through the website. Several items related to disaster preparedness and recovery are available at

[https://store.samhsa.gov/?f%5B0%5D=professional and research topics%3A5362](https://store.samhsa.gov/?f%5B0%5D=professional+and+research+topics%3A5362).

<https://store.samhsa.gov>

# **Helplines**

## **SAMHSA Disaster Distress Helpline**

The SAMHSA Disaster Distress Helpline offers free, confidential crisis counseling and referrals by phone and text to disaster survivors at any time of day throughout the year. To reach the Disaster Distress Helpline, people can call or text 1-800-985-5990.

<https://www.samhsa.gov/find-help/disaster-distress-helpline>

<https://www.samhsa.gov/find-help/disaster-distress-helpline/espanol>

## **988 Suicide & Crisis Lifeline**

People can call the 988 Suicide & Crisis Lifeline if they or someone they care about is in crisis or thinking about suicide.

Call or Text: **988**

Chat: <https://988lifeline.org/chat>

Website: <https://988lifeline.org>



# Customizable Tip Sheet

Following this page is a 2-page tip sheet you can customize for your program and hand out to rural residents. Feel free to save it, make copies, or copy and paste content into a separate document. If you need assistance, call SAMHSA DTAC at 1-800-308-3515 or send an email to [dtac@samhsa.hhs.gov](mailto:dtac@samhsa.hhs.gov).



# Managing Your Stress After a Disaster: Tips for Rural Community Members

Do you live in a rural community? Were you affected by the disaster?

Disasters are stressful. After a disaster, many people notice changes in how they feel, think, and act.

Some of these changes can be upsetting. Here are some common reactions:

- Feeling anxiety or fear
- Feeling strong sadness
- Having headaches or other physical pain for no clear reason
- Feeling very hungry or not hungry at all
- Having trouble falling or staying asleep, or sleeping too much
- Having difficulty accepting help or helping others
- Having trouble thinking clearly and concentrating
- Worrying a lot

These steps may help:

- Reach out to family, friends, mentors, and leaders in your community. Talk with people you trust. Remember that it's okay to be angry or sad.
- Take part in activities that reduce your stress, such as deep breathing, listening to music, prayer, or reading.
- Participate in community recovery activities.
- Get plenty of rest and eat healthy meals and snacks.
- Reestablish daily routines. This may help lower anxiety.
- Reflect on other tough times you have gotten through. It may help to consider how you addressed past challenges; you may be able to solve current problems in similar ways.
- Don't be afraid to accept help. It's a sign of strength to be able to accept and use the help other people and programs can provide.

## How Our Program Can Help

After a disaster, many people need some sort of support, whether it's talking with someone about their experiences or help that is available, or meeting with others in their community. If you would like help with coping—or just to learn more about kinds of help available—contact:

*Please put a label with information about your program here,  
including contact information and services.*

## Other Resources

### **Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline**

Offers free, confidential crisis counseling in multiple languages to disaster survivors at any time of day throughout the year.

Call or text: 1-800-985-5990; press option 2 for support in Spanish

For deaf and hard of hearing American Sign Language (ASL) callers: Connect to video chat options through the “ASL Now” button at <https://www.samhsa.gov/find-help/disaster-distress-helpline> or call 1-800-985-5990.

Website (English): <https://www.samhsa.gov/find-help/disaster-distress-helpline>

Website (Spanish): <https://www.samhsa.gov/find-help/disaster-distress-helpline/espanol>

### **SAMHSA Disaster Technical Assistance Center**

Provides assistance, materials, and support related to disaster preparedness, response, and recovery.

Phone: 1-800-308-3515

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

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

*Photos are for illustrative purposes only. Any person depicted in the photo is a model.*

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**SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.**

**1-877-SAMHSA-7 (1-877-726-4727)**

**1-800-487-4889 (TDD)**

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