



GULF RESEARCH PROGRAM

**Project Title:** Sustainable Solutions During Disaster

**Award Amount:** \$414,150

**Awardee:** Family Counseling Center of Mobile, Inc.

**Award Start Date:** 05/01/17

**Award End Date:** 10/31/19

**NAS Grant ID:** 2000008149

**Project Director:** Chandra Brown

**Affiliation:** Family Counseling Center of Mobile, Inc.

**Project Key Personnel:**

- Chalise Peltier, Lifelines Counseling Services
- Jennifer Langhinrichsen-Rohling, Gulf Coast Behavioral Health and Resiliency Center

**I. PROJECT SUMMARY (from proposal)**

The ultimate goal of this proposal is to enhance our capacity to create and sustain a resilient community that has more trauma-informed resources and reduced stigma around seeking mental health services.

Throughout the past two decades, the Alabama Gulf Coast has been repeatedly impacted by natural and technological disasters, including Hurricanes Ivan, Rita and Katrina and the Deepwater Horizon BP Oil Spill. Layered onto a chronically impoverished area with an underdeveloped health infrastructure, community members remain emotionally, physically and financially taxed. The community's current ability to handle additional disasters and attend to the population's chronic trauma needs, through a viable resiliency-focused and trauma-informed service network, remains in question.

The project's purpose is to expand the capacity of a vital non-profit located in the heart of lower Alabama (Lifelines Counseling Services). Through this initiative, Lifelines proposes to:

- 1) Recruit and train a new cadre of community leaders on disaster preparation, response, and recovery, including how to recruit, activate, and sustain volunteers during "crisis-free" periods.
- 2) Bring evidence-based training (Mental Health First Aid, QPR suicide prevention program, Trauma-focused CBT) to emerging professionals (e.g., teachers, community agency members) likely to remain in lower Alabama.
- 3) Resource a Train the Trainer model for the above programs to promote sustainability.
- 4) Establish a trauma and resiliency focused partnership between Lifelines and the University of South Alabama to design and establish a trauma training track within several existing undergraduate and graduate programs.
- 5) Generate and activate novel strategies to set up a cross-boundary volunteer center.

## **II. PROJECT SUMMARY (from final report)**

Throughout the past two decades, the Alabama Gulf Coast was impacted by natural and technological disasters. This community experienced at least 14 tropical storms and hurricanes since 1995, including Hurricanes Ivan, Rita and Katrina and Deepwater Horizon BP Oil Spill. Community members were emotionally, physically and financially taxed. The combination of high crime communities, poverty, lack of resources and/or the lack of access to resources leads to an increased risk for trauma.

The objectives of the project was for Lifelines Counseling Services to bolster internal infrastructure utilizing evidence-based practices by working with community members after a community disaster and to establish a community network of leaders with the knowledge of disaster preparation, including a community plan and designees, when the plan is activated. This project trained community leaders on disaster preparation and response, including volunteer activation and recruitment, establishing community collaborations and training on disaster mental health. Over 3,700 community members were educated through evidenced-based practices, trainings and workshops.

The ultimate goal of this proposal is to establish the capacity for a resilient community. Through the advancement of the use of science in our work; with the continued relationship between Lifelines Counseling Service and the University of South Alabama; and by pairing evidenced based care with research scientists who evaluate program effectiveness and the sustainability of the trauma training process, we achieved this outcome. Utilizing evidenced based practices to inform, implement and sustain our work has allowed us to become a more resilient organization and a more resilient community.

## **III. PROJECT RESULTS**

### **Accomplishments**

What is the problem you were trying to address?

Throughout the past two decades, the Alabama Gulf Coast was impacted by natural and technological disasters. This community experienced at least 14 tropical storms and hurricanes since 1995, including Hurricanes Ivan, Rita and Katrina and Deepwater Horizon BP Oil Spill. Community members were emotionally, physically and financially taxed. After these natural and technological disasters, more individuals experiencing trauma and suicidal struggles presented needing help.

What did you do to address this problem?

The purpose of this project is to train community leaders on disaster preparation and response, including volunteer activation and recruitment, setting up a volunteer center, establishing community collaborations and training on disaster mental health. This project provided an opportunity to educate key personnel and community stakeholders on the application of evidence based practices in improving the lives of our community members. The societal impact is to sustain the knowledge needed to effectively serve the community during disaster times. The ultimate goal of this proposal is to establish the capacity for a resilient community. By building mental health and disaster response preparedness capacity, our community resiliency in Mobile has increased.

What were the results?

Below are the anticipated outputs & outcomes stated in the grant and the actual outputs & outcomes.

Anticipated vs Actual Outputs:

- Train 1,000 community members with on Disaster Mental Health topics, with evidence based programs. 3,218 community members were trained.
- Train 5 undergraduate, graduate and PhD level students to provide evidence based programming and evaluation measures. 26 undergraduate, graduate and PhD level students were trained.
- Certify, up to 12, mental health professionals on trauma-focused treatment, including university faculty. 13 were certified.
- Establish a cross boundary network of volunteers to develop the community capacity to mobilize volunteers after disaster. Utilizing Healthcare Ready as a consultant, we worked with Volunteers after Disaster (VOAD), United Way, governmental agencies, churches, community groups and social service providers to bolster community capacity around disaster preparedness.
- Conduct a disaster preparedness workshop for up to 75 participants. 88 participants attended 2 series of trainings (5 workshops total).
- Develop relationships between community members, local agencies and university faculty, staff and students. Through this project, the following relationships were formed –
  - 1) Terrorism and Disaster Coalition for Child and Family Resilience – We are a part of the Alabama subcommittee. Louisiana State University Health Sciences Center received funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish the Terrorism and Disaster Coalition for Child and Family Resilience (TDC4), a center in the National Child Traumatic Stress Network (NCTSN). The center is working with partners across the nation to develop materials and provide training on interventions to support the behavioral health, wellbeing and resilience of children, their families, and our communities in the face of terrorism and disaster.
  - 2) USA Disaster and Trauma Alliance – The establishment of USA Disaster and Trauma Alliance in October 2017. Dr. L-R and the staff of GCBHRC brought together 27 university faculty and university health system staff to create this alliance. The alliance conducted quarterly meetings and multiple presentations on disaster and trauma-informed care. This led to greater collaboration and grant submission among members.
  - 3) Project Thrive – The foundation of the trainings and relationships created through GCBHRC, the DATA Alliance and this grant led to Project THRIVE. The mission of Project THRIVE is to...create a trauma informed community through strong agency partnerships and continuous community education... 32 community members participate in this task force, representing social service agencies, Mobile Police Department, Mobile County Health Department, City of Mobile, Mobile County Public School System, University of South Alabama – Health Systems and University of South Alabama.
  - 4) Healthcare Ready – Through our relationship with Healthcare Ready (HCR) (who we met at the GRP conference), HCR and Lifelines have jointly applied for additional grants through the Robert Wood Johnson Foundation (Understanding and supporting Anchor Institutions and Systems of Action).
- Gain insights into individual and systemic barriers to disaster preparedness and recovery. In Summer 2018, we contracted with Healthcare Ready to conduct a community needs assessment for disaster

preparedness and recovery and create trainings around these needs. Healthcare Ready supported LCS in closing this gap by creating an emergency preparedness and response training and exercise program. This program was designed to strengthen the capabilities and capacity of LCS staff to support Southwest Alabama during a disaster and increase community resilience. As a first step, Healthcare Ready conducted an organizational needs assessment to determine both gaps in services needed by the community during emergencies and gaps in LCS staff and resources to meet these needs.

- Attain actionable information regarding effectiveness of various training initiatives and disaster preparation events, including participant recommendations for improvement. At the end of our training series and disaster preparation events, recommendations for improvement were made, including using participant review.
- Develop a clear protocol for engaging professionals, volunteers and community members in disaster training and preparedness. After the series of trainings, a protocol was developed to be implemented and sustained through VOAD.

Anticipated vs Actual Outcomes include:

- Creation of cross-sector collaboration with USA, Dr. L-R, consultant, United Way and Volunteer Task Force. We achieved this outcome through our relationship with Healthcare Ready.
- The advancement of the use of science in nonprofit work with the continued relationship between Lifelines Counseling Service and the University of South Alabama by pairing evidenced based care with research scientists who evaluate program effectiveness and the sustainability of the trauma training process. We achieved this outcome. Utilizing evidenced based practices to inform, implement and sustain our work has allowed us to become a more resilient organization and a more resilient community.
- Foster and sustain trauma focused treatment and suicide intervention by working with university clinical counseling faculty to develop concentration with MS and PhD level students. We achieved this outcome through our evidenced based training for trauma and community education efforts.

### **Implications**

Implications on Current Work:

After the BP Oil Spill in 2012, Dr. L-R received funding to create the Gulf Coast Behavioral Health and Community Resiliency Center. Her community work to raise the conversation of disaster mental health and suicide prevention laid the foundation for the work in this grant. When we initially began this project in 2017, our community had recently received a Sexual Assault Kit Initiative grant from the Department of Justice. The aspect of these grants that converged were over the conversation of how we deal with trauma as a community.

While the previous work focused on trauma informed care in institutional settings (community based mental health center, health department, community based health clinics) and with sexual assault victims, we saw there was a gap in educating/training current and upcoming clinicians, on evidenced based practices and implementation of those practices in community settings. We should also address being in the South (and all those issues around funding from grants & foundations) and lack of funding for these types of trainings and certifications are expensive. The certification initial costs and upkeep often outweigh the salary received by community based clinicians.

So, we quickly saw these conversations form a larger community discussion on trauma and disaster – community and personal. Although it did not create new opportunities for funding with the current project team, it did forge new relationships and collaborative teams that generated funding and coalition building around trauma-informed communities.

Another implication is the collaboration between academic and communities working together to create, this work. In our project, utilizing evidence based practices, allowed us to apply academic research and deep-dive through trainings into implementation of these practices. Once trained, community based settings worked with researchers to evaluate our work. Although this sounds simple, it's not. Having leaders able to bridge the two worlds is a priority. Once the worlds collide, the synergies created had implications throughout our organization, university and community.

What are the implications of the project results for the research or practices of others?

As we continue to study climatological changes and its impact on our environment, it's important to keep lay people, in mind and the adverse effects these changes will have on vulnerable populations. Attending the GRP conferences in Mobile & New Orleans, seeing the sudden devastation of Hurricanes Harvey, Michael, Maria, etc., and being a resident on the Gulf Coast, I see firsthand the slow burn impact on our environment. While our environment is deteriorating, the stressors and trauma of communities - with little to no resources to invest in infrastructure already – will be severe. Continuing to research how to educate community members on these issues, while also keeping the impacts race, poverty and health disparities is imperative.

Why are the results important to science or society?

In an ideal setting, the two – community & research scientists - inform each other. Using science to improve our services through evidenced based interventions, trainings and practices, increased the quality of services offered to our community. It allowed are staff to understand why we use these interventions and the researchers to make human and community connections with whom the interventions are created for. Then, the research scientists were able to evaluate program effectiveness and give us feedback in areas we could improve. The loop allowed us to create a sustainable foundation for our community trauma programs. It gave both groups an opportunity to see the other as an expert in their field.

### **Unexpected Results**

The development of the cross boundary network for disaster preparedness was more difficult to implement than anticipated. It required a lot more relationship building across the community than expected. It was found that although there is a group of near retired and retired individuals holding this space in the disaster preparedness and response, they are not inclined to share information (or meeting times), train less experienced community members or learn new practices. Through the interviews completed by HCR, it was mentioned how this was important and needed, there was limited support by the “old guard”. When challenged, the “old guard” became resistant and nonresponsive. New community organizations coalesced around the work and how they can assist with disaster response. It's still touch and go how inclusive the “old guard” will be in the future.

## **Project Relevance**

The following audiences would be most interested in the results of this project:

- Researchers
- Educators
- Community Leaders
- Local Government Officials
- State Government Officials
- Federal Government Officials
- Non-Profit Private Sector
- For-Profit Private Sector

The results of this project would show the benefit of capacity building funding to improve the infrastructure of a community. During funding cuts, training is typically the first thing cut. When training and evaluation is cut, entities often become insular. Completing evidenced based practices becomes impossible to overwhelming while evaluation is nonexistent. Creating collaborative, innovative projects and communities comes from growth, not lack. It's the growth that allows us to curate resilient communities.

## **Education and Training**

Number of students, postdoctoral scholars, or educational components involved in the project:

- Undergraduate students: 7
- Graduate students: 26
- Postdoctoral scholars: 3
- Other educational components: 3709

The other educational components included community members from the cross sector disaster preparedness and response trainings; community members and university faculty in our mental health, evidence based trainings; and university and university-health system faculty and staff Disaster and Trauma Alliance.

## **IV. DATA AND INFORMATION PRODUCTS**

This project produced data and information products of the following types:

- Information Products
- Scholarly publications, reports or monographs, workshop summaries or conference proceedings

## **DATA**

### **Data Management Report:**

N/A

### **Relationships Between Data Sets:**

N/A

**Additional Documentation Produced to Describe Data:**

N/A

**Other Activities to Make Data Discoverable:**

N/A

**Sensitive, Confidential, or Proprietary Data:**

N/A

**INFORMATION PRODUCTS**

**Information Products Report:**

See attached Information Products Report

**Citations for Project Publications, Reports and Monographs, and Workshop and Conference Proceedings:**

The Sustainable Solutions After Disaster Annual Report. It provides a synopsis of our accomplishments over the grant period.

**Websites and Data Portals:**

N/A

**Additional Documentation Produced to Describe Information Products:**

N/A

**Other Activities to Make Information Products Accessible and Discoverable:**

The products will be placed on our website; sent out in a press release; and posted on social media.

**Confidential, Proprietary, Specially Licensed Information Products:**

N/A

**V. PUBLIC INTEREST AND COMMUNICATIONS**

**Most Unique or Innovative Aspect of the Project**

During the award of this grant, our community received federal funding for the Sexual Assault Kit Initiative. Prior to this, Dr. L-R received funding for the Gulf Coast Behavioral Health and Community Resiliency Center in 2012. Each of these projects informed the other. We were able to leverage aspects of each grant to learn more about how our community members, first responders, social service providers and research scientists respond to disaster and trauma. We were able to use the same language when working together to uniquely create a more resilient and trauma-informed community.

**Most Exciting or Surprising Thing Learned During the Project**

I enjoyed the GRP conferences in Mobile and New Orleans. The conferences helped me gain a broader perspective of the work we're doing and how it fits in the bigger vision. It would stretch my brain to see

how to bridge science and service delivery together to create a healthier client, effective organization and resilient community.

Dr. L-R also connected our project to the work being done through the Terrorism and Disaster Coalition for Children and Families through LSU. This network conducted annual conferences to discuss advanced practices and intervention in disaster and trauma work.

**Most Important Outcome or Benefit of Project**

Through this project, I've seen how the lack of resources, including funding creates an insularity in a community. We've lacked resources as a community for so long. It became commonplace to be mediocre and not desire more - knowledge, education, pathways to progress or innovation. This project allowed us to provide top-notch training programs to our staff and university faculty & students. Because of this, our quality of services have improved. Staff burnout has lessened because of growth due to enhanced knowledge.

The most important outcome is the impact this will have on our community members receiving treatment. We provide services to 25,000+ community members annually. Community members will continually receive the highest quality of services to build their resiliency to stressors and adverse situations. We are creating a resilient community!

**Communications, Outreach, and Dissemination Activities of Project**

Our project was featured on the Healthcare Ready website blog:

<https://www.healthcareready.org/blog/championing-for-the-2-1-1-line-and-the-mighty-ngos-supporting-disaster-response>.



Information Products Report

InfoProductType	DigitalResourceType	Title	FileName	Creators	PublicationYear	Publisher	RepositoryName	DOIorPersistentURL	DatasetReference
Report or Monograph	Text	Sustainable Solutions After Disaster - Final Report 2019	GRPFinalReport2019.docx	Brown, Chandra; Bumgarner, Sarah	2019	Lifelines Counseling Services	NA	NA	NA