

Mobilizing Deployable Medical and Mental Health Resources

FEMA's Chief Medical Officer is authorized to deploy FEMA and contract medical and mental health professionals to provide in-person and virtual support to the FEMA workforce as needed.

Overview

FEMA has its own full-time, deployable medical and mental health resources and is in the process of hiring more. These clinicians can provide individual and group assistance, both in-person and virtually. Additionally, FEMA's Chief Medical Officer will review the circumstances and direct the activation of external medical contract(s) to deploy additional licensed professionals as needed.

Initiating Resource Deployment

- Facility, regional, and Joint Field Office leadership such as Federal Coordinating Officers and Chiefs of Staff can contact the Medical Branch at FEMA-MedicalServices@fema.dhs.gov anytime to receive professional consultation and request resources. E-mails sent to this inbox will be received by the Chief Medical Officer, Senior Psychologist, all other designated FEMA clinicians, and all Contracting Officer Representatives working on medical support contracts.
- Deployable medical and mental health resources include:
 - FEMA's Medical Branch includes full-time federal and contracted clinicians who can be deployed when the need for emergent medical or mental health support exists. In order to warrant the deployment of any of these resources, it is necessary for the Requestor to consult with the On-Call Clinician to discuss the most effective resource alignment (e.g., triage, arrival times, short-term and longer-term circumstances, and demand). Virtual/telehealth consultation and counseling can be made available immediately upon request and are an excellent means of bridging support until the arrival of in-person support onsite.
 - **Short-duration medical resources:** Depending on availability, immediate-need FEMA resources can be mobilized rapidly and typically arrive onsite within 1-2 days. These assets can provide individual and group assistance, both in-person and virtually. If deploying to a disaster, typically the following expenses will be billed to the disaster: travel, lodging, per diem, and overtime hours.
 - **Longer-duration medical, clinic services and other support resources:** For expectation management, these currently draw primarily from a contract; as a result, activation of the contract(s) and arrival of personnel onsite may take up to 7 days from the date of request.



FEMA

- To request resources:
 - Send an e-mail that includes the following:
 - **Subject Line:** “Requesting Deployable Medical Resources for [Region or DR-XXXX, Location]”
 - **Location(s):** Region or Disaster Number. Include number of facilities and duty station description(s) (e.g., Recovery Office, Area Office, etc.)
 - **Onsite Contact POC:** On-site FEMA contact name, title, e-mail, and cell phone number
 - **Size of workforce being served:** Number of FEMA employees deployed to the site(s)/operation/disaster
 - **Justification and estimated length of the need for services:** Brief description of the necessity for services being requested (medical and/or mental health) and sensitivities (e.g., catalyst conditions or incident such as mass civilian casualties or an employee death)
 - **Other Factors:** Relevant context/circumstances that bear on the request for resources (e.g., remote location; travel distance between facilities, need for Responder Lodging, etc. that may influence the number of medical or mental health resources deployed)
 - **Funding Code:** To mobilize a FEMA internal or contracted resource, typically a FEMA Fund Code is required. This is often a rate-limiting step when contracted services are requested. **THE CONTRACTOR WILL NOT ACTIVATE RESOURCES WITHOUT CERTIFIED FUNDS.**
 - Next Steps/Timeline:
 - The Medical Services Inbox, FEMA-MedicalServices@fema.dhs.gov, will send an immediate, automatic reply, including the **current on-call points of contact** with telephone numbers for emergent requirements to the Requestor. For emergent needs, the Requestor should use the appropriate telephone number to make immediate contact after receiving the automatic reply.
 - For expectation management, routine requests for support will be handled by the end of the normal duty day. Routine requests submitted after normal duty hours and on weekends or holidays will be handled at the beginning of the next duty day. Emergency requests should always be made telephonically after sending the initial e-mail and will be handled 24/7.
 - The on-duty clinician will discuss the request with the Requestor/Onsite POC to ensure the most appropriate resource mix to meet the requirements is activated. The on-duty clinician will alert the appropriate Contracting Officer Representative if contracted medical/mental health services are required by the Requestor.
 - **Caveat:** This is for support intended for the FEMA workforce by FEMA and is separate/distinct from any other medical services (e.g., through HHSESF-#8) that may be activated or Mission Assigned during a disaster operation.

Proactive Resource Deployment

- Under certain circumstances, the Chief Medical Officer may independently determine that deployable medical resources are warranted. This could happen if:

- There is a catastrophic, large, or complex disaster (e.g., 9/11 or Hurricane Maria) where it can reasonably be assumed that services will be needed immediately; or
- The Medical Branch receives emergent requests for assistance from staff on the ground that require in-person consultation abilities.
- In this circumstance, the Chief Medical Officer will reach out directly to the on-scene Responsible Official (e.g., FCO, Chief of Staff, RA, etc.) to discuss:
 - Number of clinicians to be deployed
 - If contract support is warranted and funding
 - Travel and confidentiality-supportive office/consultative space logistics
 - Approximate arrival date for the medical resources.

Issue Resolution

- Any concerns with inadequate medical/mental health resourcing or delays in resourcing should immediately be brought to the attention of the Dr. Andre Pennardt, Chief Medical Officer (andre.pennardt@fema.dhs.gov or (202) 615-2192) and Alexandra Travis, Designated Safety and Health Official (DSHO) (alexandra.travis@fema.dhs.gov or (202) 657-3516) for action.