

# Disaster Preparedness and Response

If you haven't the strength to impose your own terms upon life, you must accept the terms it offers you.

- T.S. Eliot

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# Setting the Context: Texas Department of State Health Services

**These are the agency's "day jobs"**

- Public Health Services
- Mental Health Services
- Substance Abuse Services
- Regulatory & Consumer Health Services
- Family & Community Health Services

**IN ADDITION TO** the agency's day jobs  
these are some of the responsibilities  
during a disaster

- Activate Mental Health/Substance Abuse hotline
- Coordinate volunteer recruitment and credentialing
- Survey shelters for MH-SA needs
- Survey special needs populations
- Work with Community MH and SA providers, Red Cross & others to match behavioral health needs & resources
- Coordinate with federal, state, regional and local offices, and hospitals
- Coordinate with private sector to ensure adequate supply of medications and other supplies

# Lesson One

Decision making needs to be entirely different in a disaster response situation. Unlike business as usual in state government, decisions need to be made **immediately** and effectively communicated up and down the chain of command.

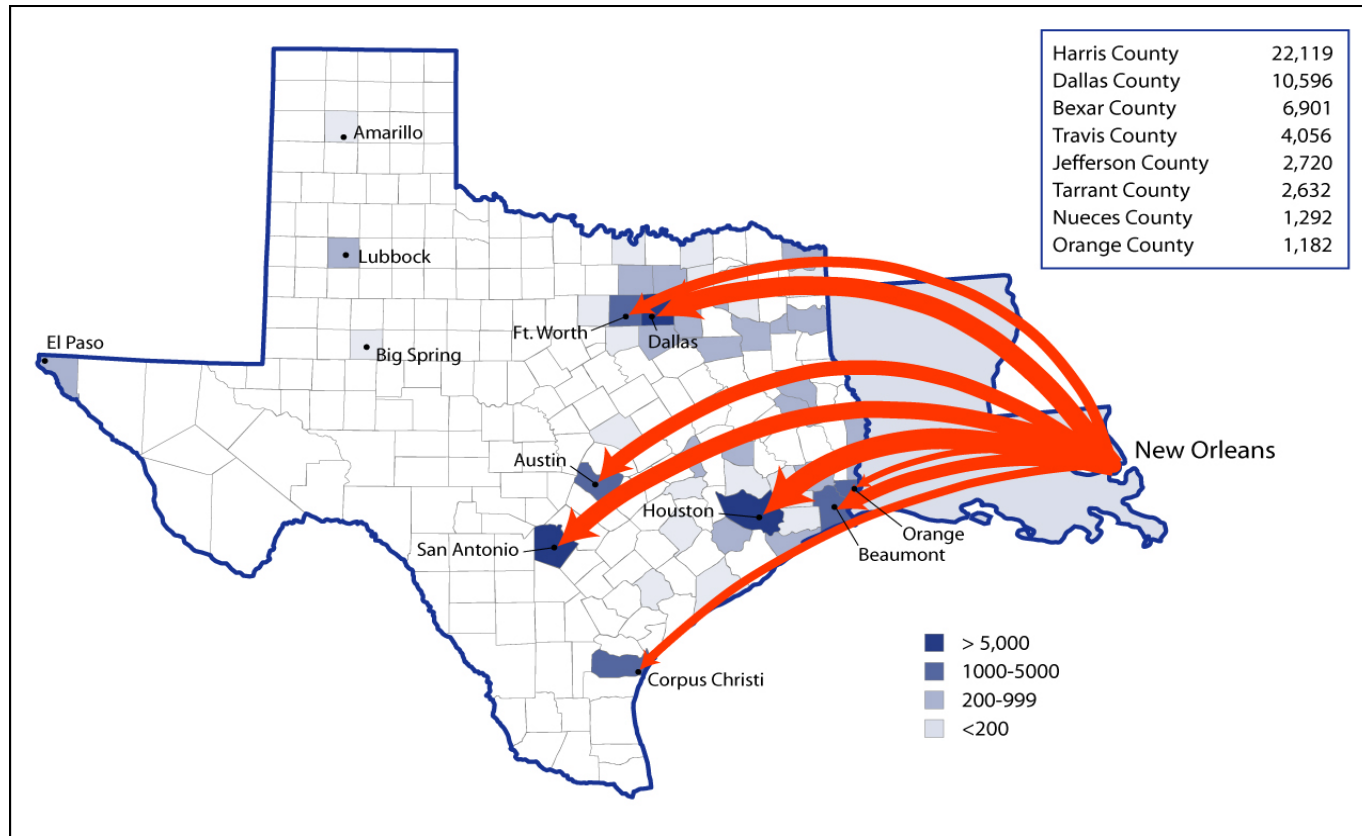
Nothing will ever be attempted if all possible objections must first be overcome.

- Samuel Johnson

# Hurricanes Katrina and Rita: Texas-Sized Impact

- Initial projection of 25,000 Katrina displaced persons
- 450,000-475,000 Katrina displaced persons in Texas hotels motels & shelters
- 66,000 in 180 “official” shelters for Katrina
- Katrina displaced persons went to 202 of 254 Texas counties
- 3.2 million displaced persons from Rita
- 115,000 in 468 “official” shelters for Rita
- These numbers do not take into account the unofficial shelters.

# Katrina Evacuees Went to More than 200 Texas Counties



## Lesson Two

If you are not already coordinating, training and integrally involved with the Governor's Office of Emergency Management and the Health Department your input won't be relevant when a disaster strikes.

It is important to remember that what we bring to the table is knowledge about behavior. Disaster response is all about behavior before, during and after the actual event(s).

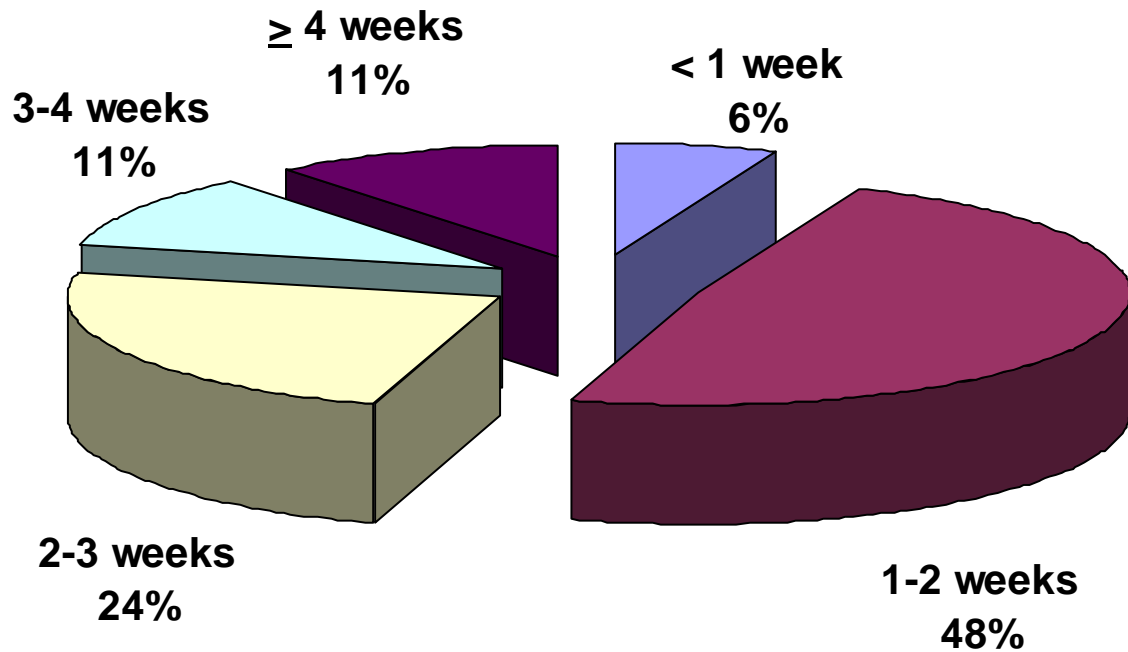
Always bear in mind that your own resolution to succeed is more important than any one thing.

- Abraham Lincoln

# Katrina & Rita Timelines

- 8-28: Texas SOC activated to 24/7 status
- 8-29: **Katrina landfall**
- 8-29: DSHS Multi-Agency Coordinating Center (MACC) activated to 24/7 status
- 9-1: Governor's Emergency Declaration
- 9-2: Presidential Emergency Declaration
- 9-3: Medicaid 1115 waiver submitted
- 9-20: Rita evacuation begins
- 9-24: **Rita landfall**
- 10-21: DSHS Multi-Agency Coordinating Center (MACC) deactivated

# Length of Stay for patients/family



FMS	Average LOS (days)
Marlin	15.4
Waco	16.0

# Lesson Three

Anticipate long term staffing needs. Everyone will show up to help initially, but when they wear out is about the time things get really interesting.

Shelter managers (especially the Red Cross) generally don't want help from substance abuse counselors or prevention specialists until after a day or so and they realize they have some problems with substance abuse they don't know how to – or want to – address

Most human beings have an almost infinite capacity for taking things for granted.

- Aldous Huxley

# Displaced Persons Sheltering

- Mega-shelters
- “Medical Special Needs” shelters
- Non-urban shelters
- Non-sanctioned shelters
- Constant flow in and out, opening and closing of shelters
- Constantly changing assessments of populations and needs

# Lesson Four

People won't go to the shelter you think they should go to or evacuate as you would want them to – especially individuals with mental health and substance use issues.

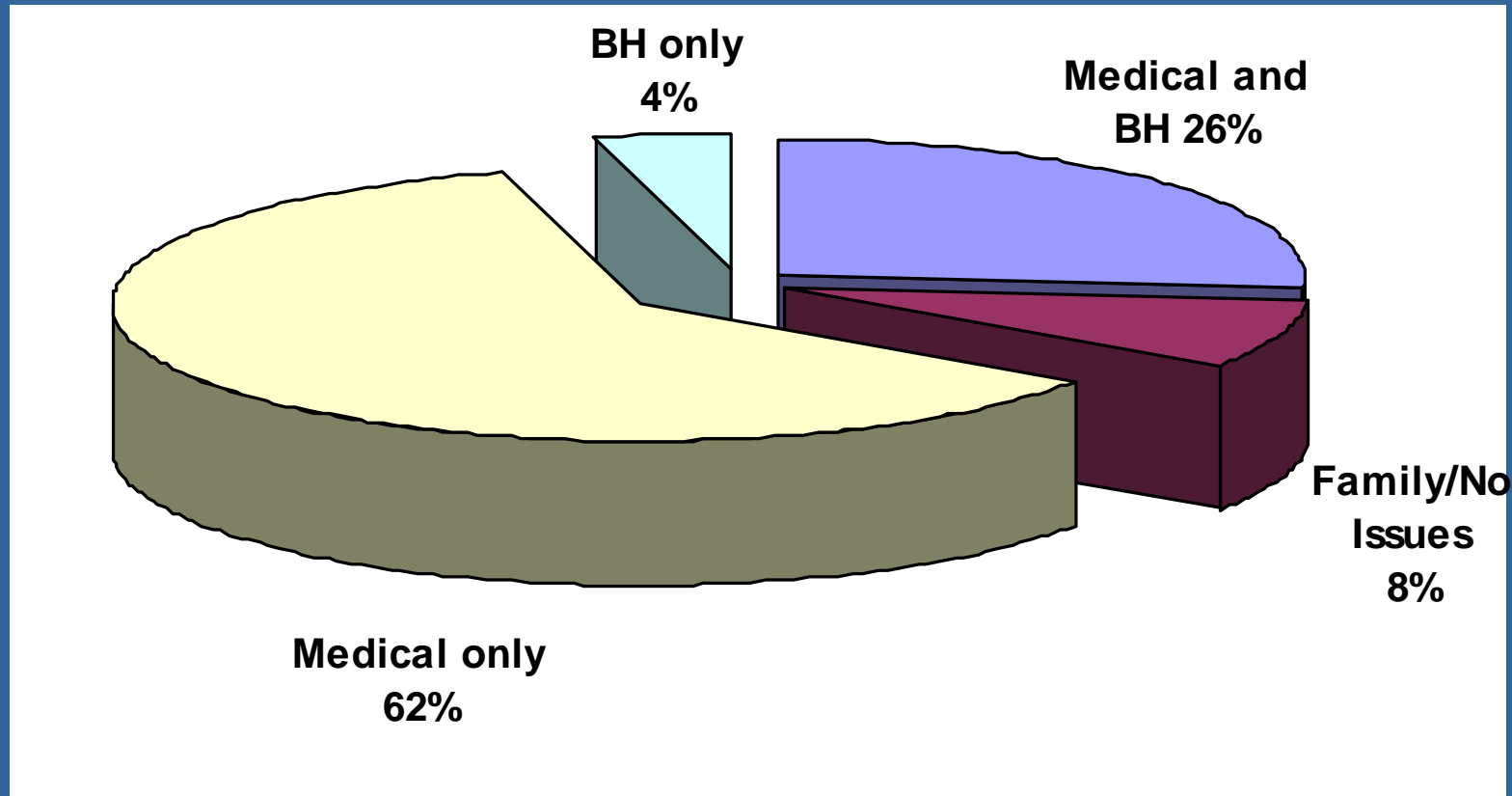
Exception: Methadone clients will find the nearest OTP immediately

Individuals with substance use issues will find ways to get the shelter medical staff to prescribe what they prefer to abuse – often repeatedly.

One thing I never wanted to be accused of is not noticing.

-Don Shula

# Prevalence of medical and behavioral health conditions



Waco, Marlin, and Meridian NAS (n=380)

# Displaced Persons Requiring MHSA Services

29 August 2006

- Community MH Service – 11,415
- Community SA Service – 4,226
- State MH Hospital Admissions: Katrina – 127
- Total Days: Katrina – 3,366
- State MH Hospital Admissions: Rita – 58
- Total Days: Rita - 2,291
  
- **Total Estimated Cost - \$8,361,751**
  
- **Under-reporting**

# Lesson Five

The behavioral health implications of exposure to a traumatic event (or series of events) vary along a continuum and are more often long lasting than transitory

The heart's memory eliminates the bad and magnifies the good; and thanks to this artifice we manage to endure the burdens of the past.

- Gabriel Garcia Marquez

# Organizational Preparation

- Adequate training and exercise participation
- Effective management structure and leadership
- Clear purpose and goals
- Functionally defined roles for team members
- Integration of teams into shelter operations
- Operational support for team

# Effective Disaster Response

- Pre-event planning
- Clear state agency role as coordinator of activities – not as primary provider
- Coordination with the lead state agency
- Agreements with local governments and non-governmental organizations (e.g. Community MH - SA, Red Cross)
- Adequate volunteer teams (composition & shifts)
- Plan for stress management with a continuum of interventions

## Lesson Six

You will rarely train and practice for the disaster that will happen. You train and practice the *process* and you develop relationships with the people you will work alongside during a disaster.

Each of our acts makes a statement as to our purpose

- Leo Buscaglia

# Before the Next Disaster

- Address confidentiality and data sharing issues
- Develop a comprehensive menu of tactical tools, i.e. warm lines, public education
- Update what we say and do about trauma, particularly to secondary contacts, e.g. schools
- Use technology to track displaced persons
- Develop and use after-action reports if you were an impacted state, read those from impacted states if you were not

# Policy and Logistical Considerations

- Arrange for credentialing, with local government and the Red Cross before events, where possible
- Redirect existing federally funded infrastructure to disaster response
- Allow flexibility in use of federal funds in emergency situations
- Limit additional bureaucratic activities required to obtain emergency funding
- States have small numbers of disaster mental health professionals – they should be concentrating on service coordination...rather than grant writing during an event

# Recapping Lessons

- Have a plan and exercise the plan
- Plan past the emergency phase
- Appreciate the importance of policy coordination
- Sustainable training, organization, and staffing
- Public health and other agencies awareness and openness to MH-SA issues requires improving
- Understand the gaps between what the feds can do, what the state can do, and what locals will do
- Take care of your people
- All disasters are local
- Disasters are all about behavior
- SAMHSA and FEMA **still** need to change emergency services grant policy and process