

Lessons Learned in a Year of Hurricanes

By Kristin Hamilton, JD, NAADAC Communications Manager



Matt Feebery, LCDC, is the NAADAC Regional Vice-President for the Mid-South, representing Arkansas, Louisiana, Oklahoma, and Texas, and CEO of Memorial Hermann Prevention & Recovery Center (PaRC) and Behavioral Health Services in Houston, TX. He has worked in the addiction treatment field since 1979, serving as consultant and CEO for treatment organizations and hospitals throughout the country. Feebery is Chairman of the Behavioral Health Services Council for the Texas Hospital Association (THA), is an appointed member of the Behavioral Health Advisory Committee for the Texas Health and Human Services Commission (HHSC), and previously served as President of the Texas Association of Addiction Professionals (TAAP). He is a native Houstonian and holds a Master's degree in Business Administration in Healthcare Management. NAADAC Communications Manager, Kristin Hamilton, sat down with Feebery

to discuss the effects of Hurricane Harvey on the treatment provided by the addiction professionals in the region, lessons learned, and how they can be better prepared for disasters in the future.

Q: How did Hurricane Harvey and the resulting flooding, evacuation orders, and loss of electricity affect the treatment systems in Houston?

A: Most residential treatment organizations were able to stay operational, but some evacuated due to either optional or mandatory evacuation orders in advance of the storm. Different treatment centers handled the evacuations differently, but providers from across the state came together to minimize any lapse in care being provided to the residents. One center moved its patients to treatment centers it operates in other parts of the state that were out of the storm's path. Other treatment centers further inland agreed to house patients from those closer to the coast. PaRC Memorial Hermann had agreed to accept detoxing patients from another center but at the last minute that center chose to stay open. Treatment facilities that provide medication assisted treatment, including methadone clinics, coordinated with each other to cover clients' needs in the event their operations were interrupted due to flooding or lack of electricity. The city and county open shelters for displaced citizens and part of the services offered included behavioral health care, so care for mental health and substance use was available.

Q: What lessons were learned in the aftermath of Hurricanes Katrina, Rita, and Ike that helped with the preparation for and recovery from Hurricane Harvey?

A: The experiences from Hurricanes Katrina and Rita in 2005 motivated treatment providers to plan ahead for storm events and get prepared for handling rising water and hurricane force wind. Healthcare organizations developed evacuation and storm operation plans, including plans to ensure there are enough supplies and staff on hand for riding out the storm, or having a plan in place for transferring patients, should the need arise. Managing staff coverage during a weather emergency is a challenge within itself, since employees still have to get to work while dealing with their own situations. Houston took a direct hit from Hurricane Ike in 2008, but the detrimental impact was mitigated as much as possible because the providers were more prepared as a result of their planning. Hurricane Harvey was a huge flood event spread across a wide geographic area and it lasted for almost four days in the Houston area. River and bayou flooding, which caused some roads to remain impassable, continued well into the following week. The impact on Houston area residents was widespread. More than 15% of Memorial

AVAILABLE RESOURCES

As an association, NAADAC is committed to doing what we can to support our members and treatment providers working to rebuild and recover from the storms in Texas, Florida, Louisiana, and Puerto Rico, and other natural disasters in the United States. If you or someone you care about needs help coping with these tragedies, please contact:

- SAMHSA's Disaster Distress Helpline by calling 1-800-985-5990 or texting TalkWithUs to 66746.
- The SAMHSA Disaster Technical Assistance Center (DTAC) also offers a hurricane-specific resource collection through the Disaster Behavioral Health Information Series (DBHIS), which can be found at www.samhsa.gov/dbhis-collections/disaster-specific-resources?term=Hurricane-DBHIS.

Hermann's staff had either their home or their vehicles flooded. Continuing to serve your patients while being sensitive to the very real issues many of your employees are facing is a challenge, but people pulled together to make both priorities.

Those organizations that provide methadone or other MAT pre-planned a response in the event clientele were cut off from accessing designated clinic sites. Clients were supplied with additional doses in case offices were unable to reopen. These same providers also contacted each other to arrange for supporting clients from other programs in the event a program's office was flooded or there was not adequate medication on hand. This, in fact, happened to one of the local methadone clinics and the coordinated response worked well. When Hurricane Katrina hit, many people from Louisiana came to Houston. Methadone patients came to the city's shelters and medical sites without medication or identification and, of course, there was no way to notify their programs to confirm participation. Regardless, Houston area addiction medicine professionals provided care and assistance, and addressed the need for medication and treatment. Hurricanes happen along the Gulf Coast and these storms made all providers aware of the need to safely and adequately serve patients in these kinds of circumstances.

Q: *What affect do you see on the client population – particularity relapse and binge using of drugs or alcohol – during a major disaster, like Hurricane Harvey?*

A: People with addictions are pretty resourceful. In the general population, someone actively using will prepare for a hurricane event the same way another person would prepare, but instead of just getting batteries for flashlights, water and non-perishable food supplies in preparation for a storm, they'll make sure they're stocked up on alcohol and their primary drug of use. For those with an addiction, the alcohol and/or drugs are the necessities, and acquiring them becomes a priority and a part of storm preparation. For the homeless or displaced, that preparation will be more difficult.

Q: *What do you see as the long term needs or issues as a result of the hurricane?*

A: Hurricane Harvey impacted a large swath of Texas, including larger cities like Corpus Christi, plus many rural and small communities as far away from Houston as 150 miles in any direction. Those who live farther away from major metropolitan areas experience more difficulty in accessing services without delay, especially those who are in MAT programs. Storm relief shelters were set up in Dallas, Austin and San Antonio to support the rural communities, and they faced some of the same challenges with behavioral health. The state's Health and Human Services substance use division utilized their response resources to meet much of this need in the weeks following the storm. State-funded and private providers will continue to evaluate their responses and streamline their coordination efforts.

Q: *Did you hear of an up-tick in services or support groups happening in the aftermath of the hurricane, or were clients more involved in helping their families with the immediacy of the situation?*

A: When a natural disaster of this magnitude happens, people move into a different level of response, both emotionally and physically. Regardless of their own personal issues, they are generally more supportive of each other and helpful. Families help families, neighbors help neighbors and complete strangers help complete strangers. It's a beautiful thing to witness communities pull together in difficult times and support each other. When PaRC Memorial Hermann intensive outpatient program patients came back to attend groups after the storm subsided, it was great to hear them share their perspectives about the previous days and weeks. Patients reflected on how self-absorbed they were prior to treatment, acknowledging that they were more worried

about themselves and where their next drug or drink might come from. Being sober allowed them to have compassion and concern for others and become helpful to their families and neighbors in these difficult times. It was an eye-opening experience for many of them and provided an important reassurance about being in recovery. One of the gifts of sobriety and recovery is that you are present and available to others. The 12-step recovering community also came out in force to support each other.

Q: *What can NAADAC or other groups do to assist the programs in the Houston area?*

A: The recovery across the greater Houston area has been swift and quite remarkable. There are continuing needs, but each organization is working to secure the resources needed to help them get back on their feet. This hurricane certainly wasn't the community's first but it was definitely a historical storm in terms of duration, size and the amount of rain. Between 48" and 52" of rain fell across the Houston area in just three days' time. No part of the community was left untouched; that was the difference with this one.

Q: *What tips would you give to others regarding preparing for and handling the aftermath of natural disasters?*

A: Many disasters, like hurricanes or even the recent fires in northern California, tend to allow for advance warning. Take advantage of that time to make and finalize plans and otherwise prepare. Treatment organizations should have organized Disaster Response and Emergency Preparedness plans in place and drill on an annual basis, if not more often. Knowing the other organizations in your community that provide treatment services is always a good idea. Collaborate and partner with them in handling these types of emergencies. One organization may be impacted while another is not; it's important that we all do what we can to help our neighbor.



Kristin Hamilton is the Communications Manager for NAADAC, the Association for Addiction Professionals. She works on NAADAC public relations, communications, and digital media, including the NAADAC website and social media, is editor of NAADAC's two ePublications, the bi-weekly Addiction & Recovery eNews and weekly Professional eUpdate, and is associate editor for NAADAC's magazine, Advances in Addiction and Recovery. She also contributes to the planning, organization, and administration of communication campaigns, administers the PhD Candidate Survey Program, and serves as the affiliate liaison for the Communications Department. Hamilton holds a Juris Doctorate from Northeastern University School of Law in Boston, MA and a Bachelor of Science Degree in Biology and Chemistry from Roger Williams University in Bristol, RI.