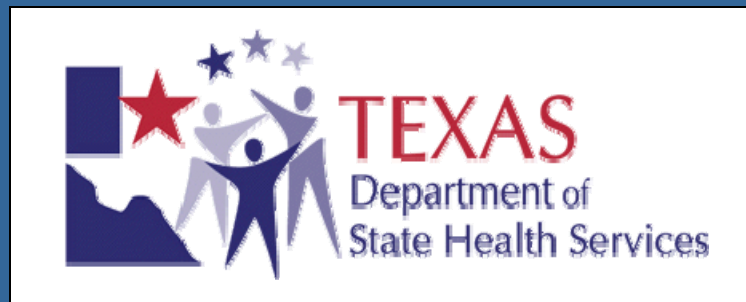


Mental Health Services for Hurricane Displaced Persons in 2005

Dave Wanser, Ph.D. Deputy Commissioner for Behavioral and
Community Health
Texas Department of State Health Services

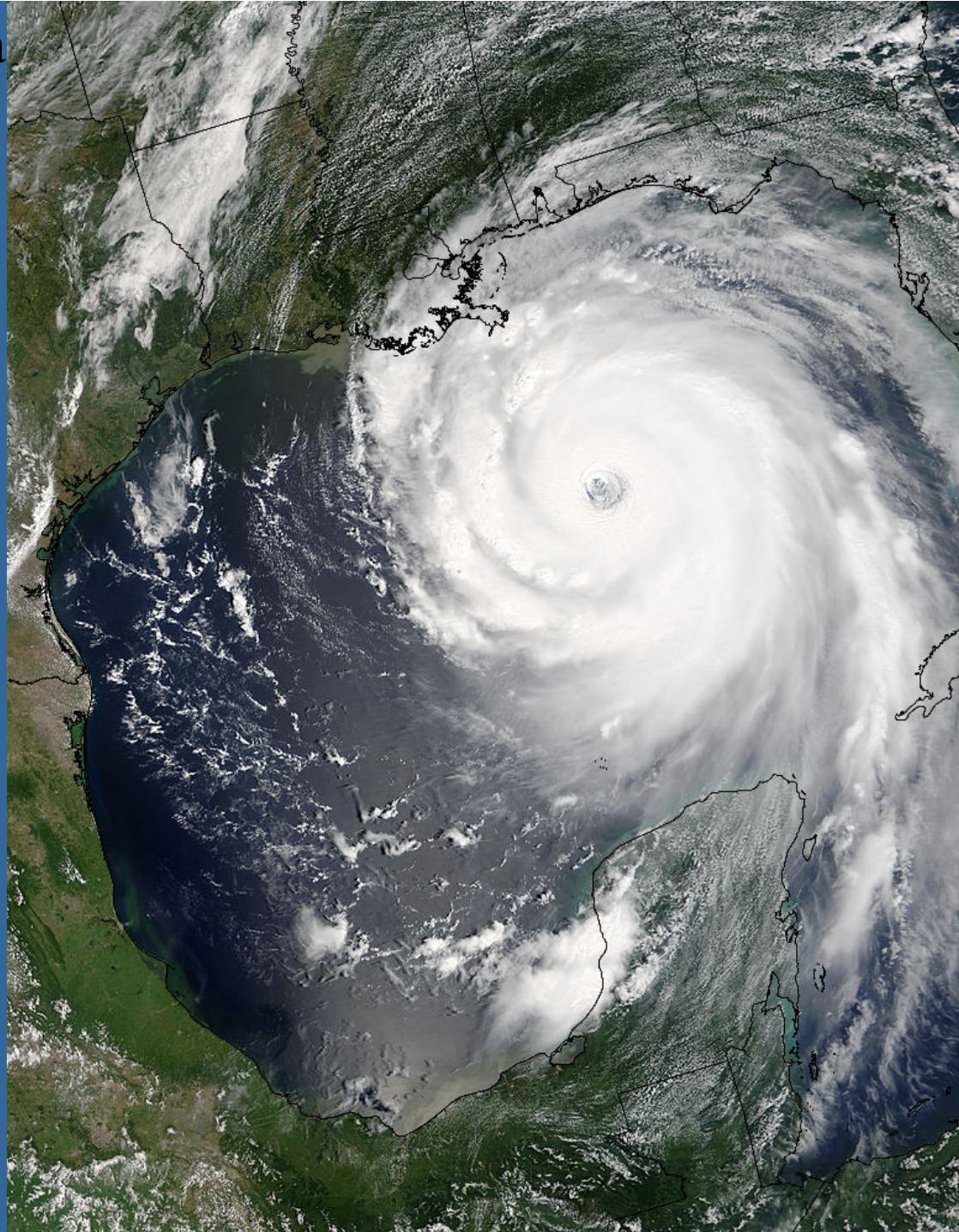


Texas Department of State Health Services (DSHS)

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

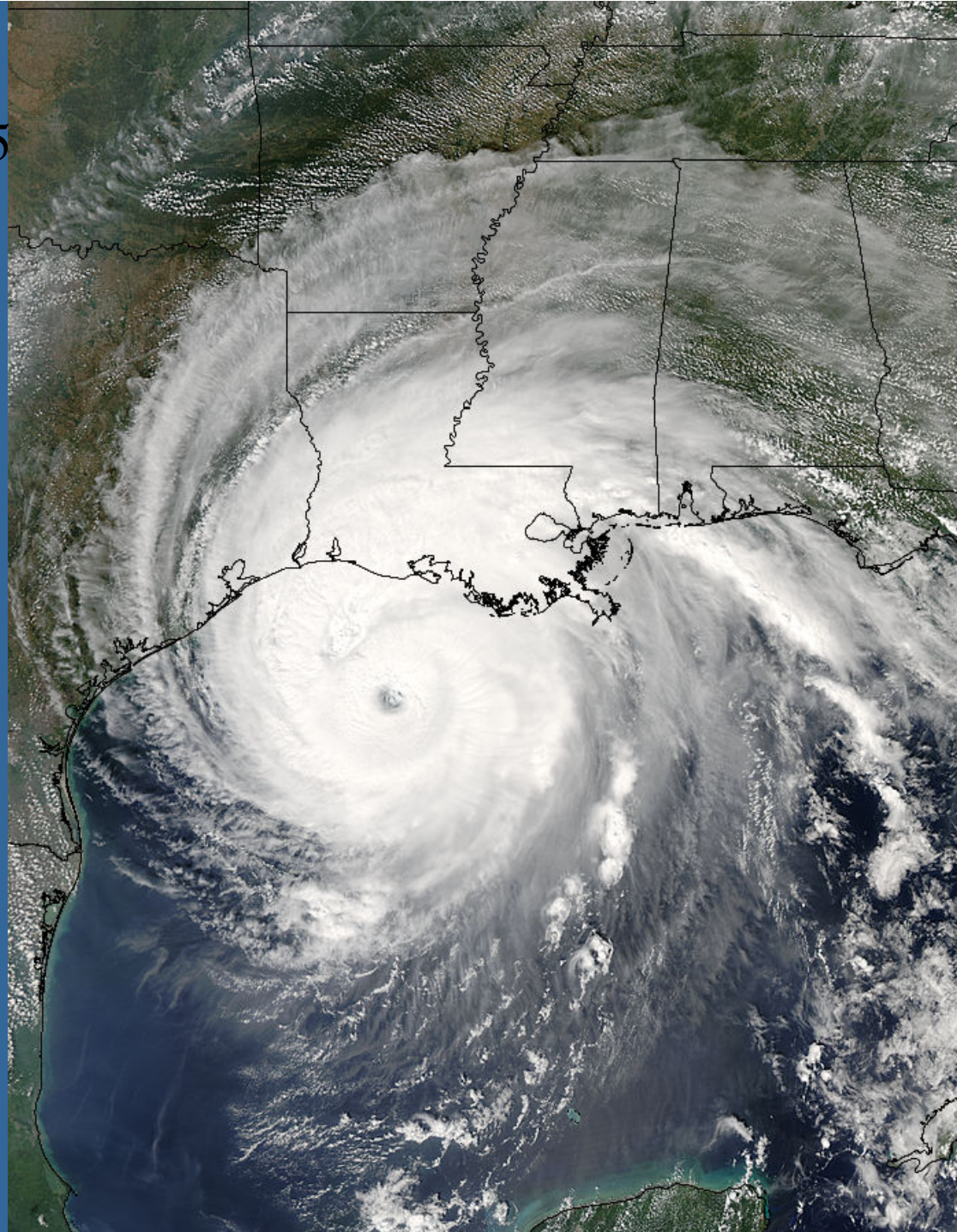
Hurricane Katrina

28 August 2005



Hurricane Rita

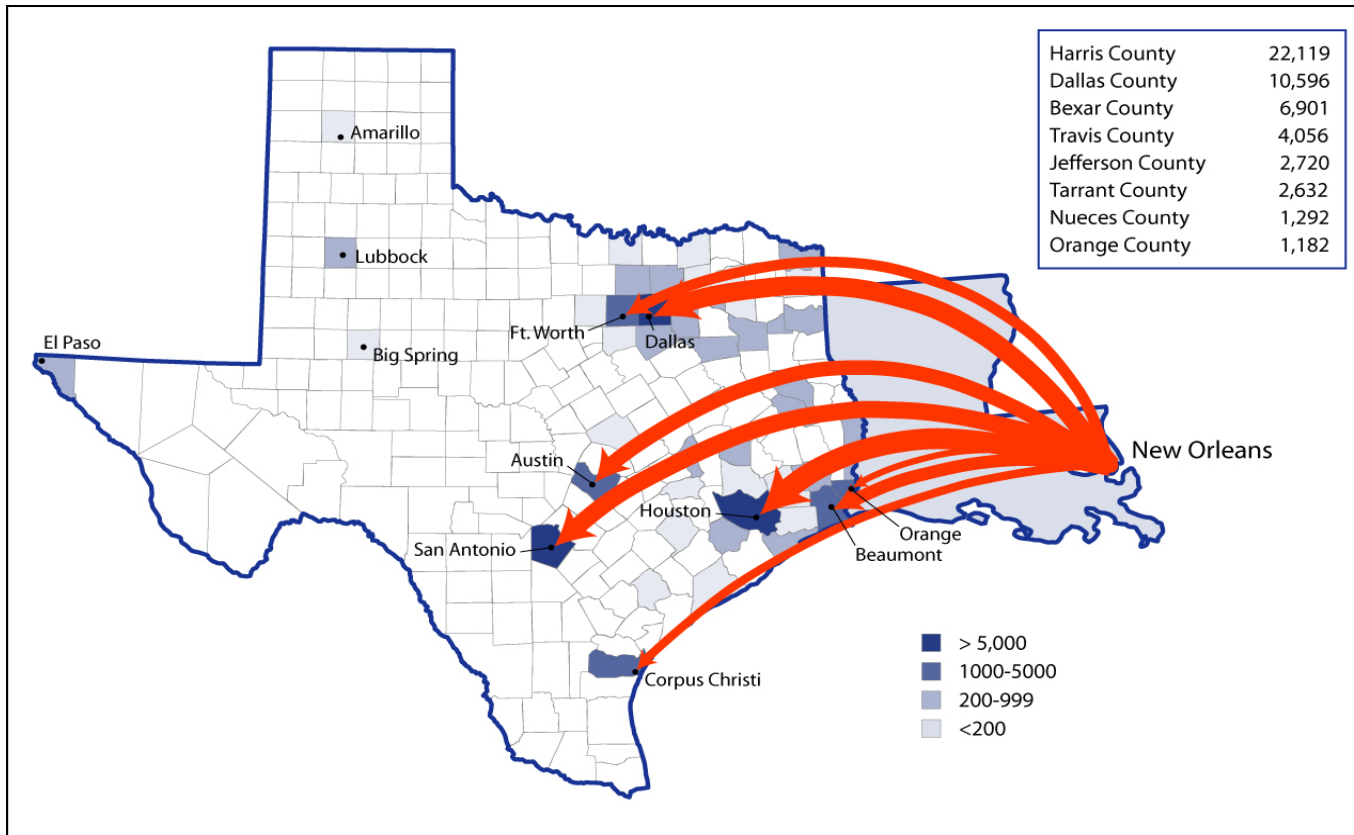
23 September 2005



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 no take into account the unofficial shelters.

Katrina Evacuees Went to More than 200 Texas Counties



DSHS Responsibilities

- Activate Mental Health/Substance Abuse hotline
- Coordinate volunteer recruitment and credentialing
- Survey shelters for MHSA needs
- Survey special needs populations
- Work with Community MHMR, Red Cross & others to match mental health needs & resources
- Coordinate with local and regional offices, and hospitals
- Coordinate with private sector to ensure adequate supply of medications

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

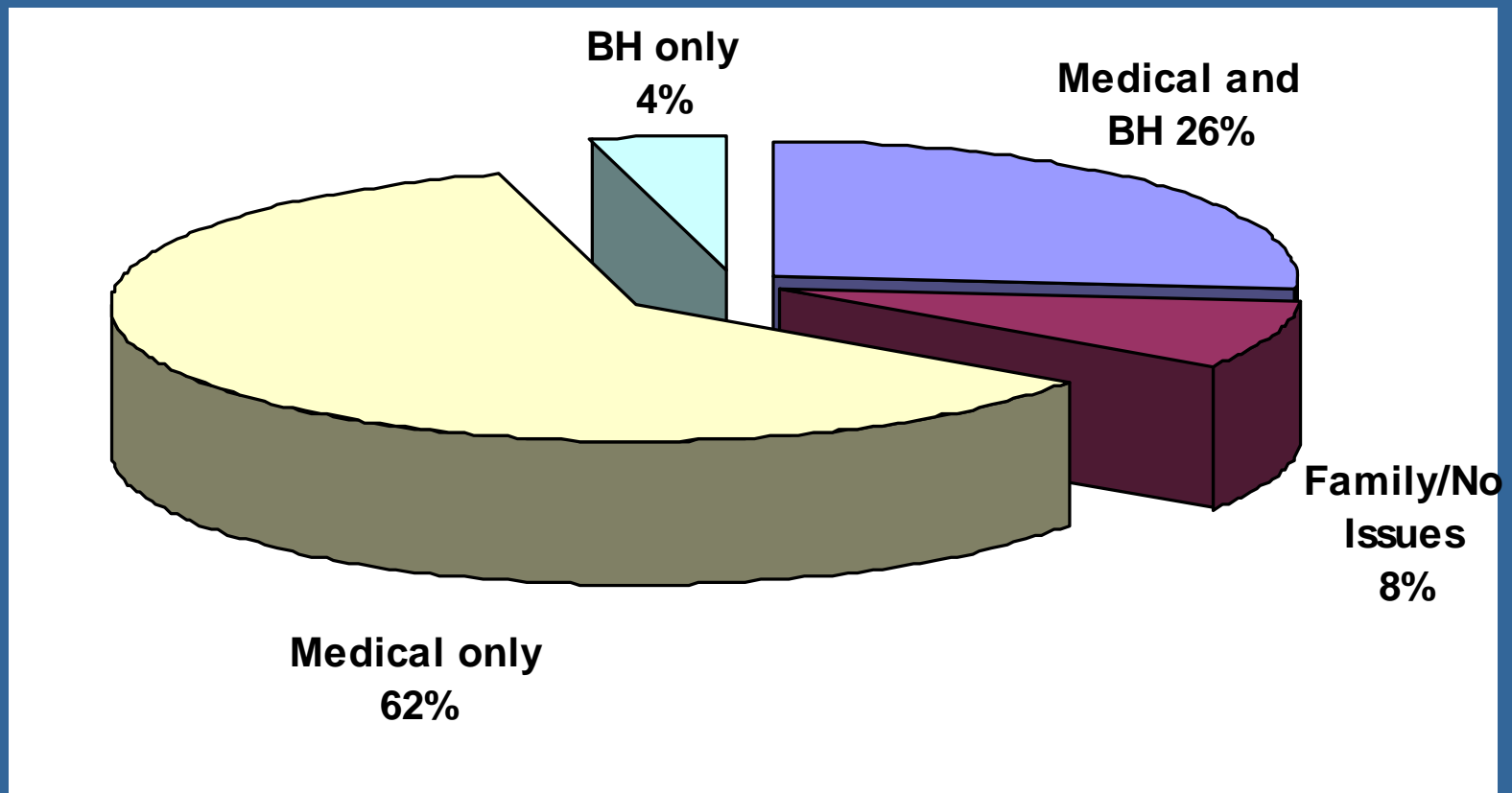
Displaced Persons Sheltering

- 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



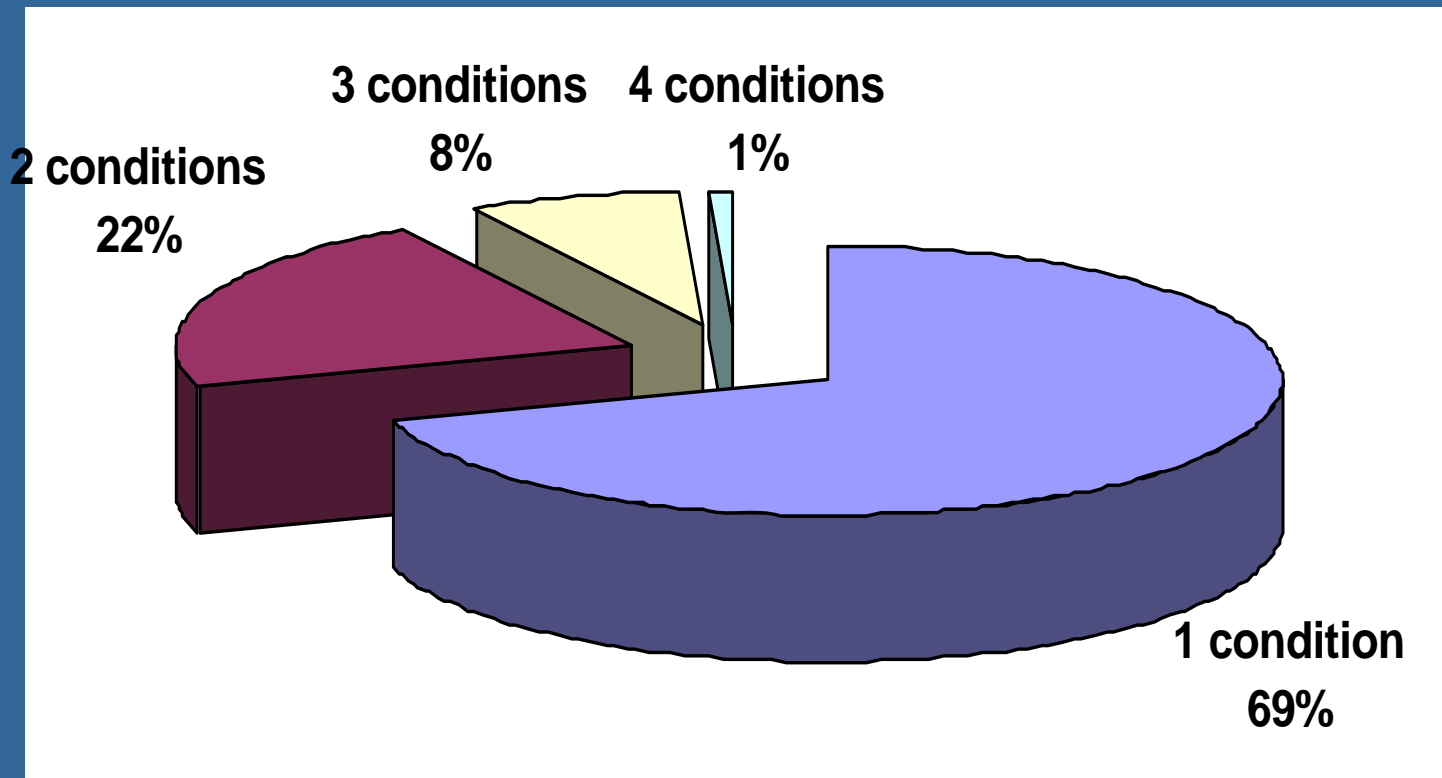
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Prevalence of medical and behavioral health conditions



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

Prevalence of multiple behavioral health conditions per patient

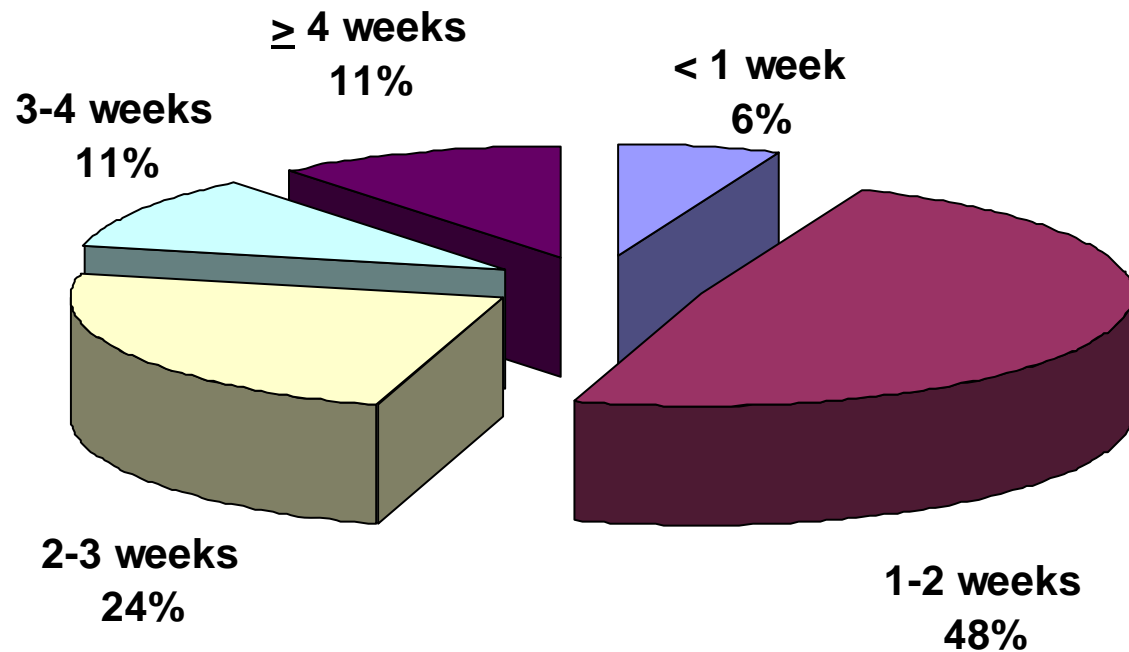


Waco, Marlin, and Meridian NAS (n=120)

Common behavioral health conditions

Condition	% affected (n=120)
Depression	27.1
Schizophrenia/Psychosis	20.2
Anxiety	14.7
Bipolar	11.6
Alzheimer's/dementia	9.3

Length of Stay for patients/family



FMS	Average LOS (days)
Marlin	15.4
Waco	16.0

Organizational Approaches

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

Effective Disaster Mental Health

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

Reflections

- Businesses, agencies, and individuals in Texas, other parts of the country, and Mexico volunteered without hesitation.
- Impact on DSHS
 - Were we prepared?
 - Were we adequately staffed?
 - Did we have appropriate policies and practices in place?
 - Did the unified command system work?
 - Were we successful in responding to the events?
 - What happened to our routine business activities?

Post-Events

Demographics

- Katrina displaced persons are predominantly young, low income, African-Americans who live in households with children.
 - 81% are African-American
 - 63% are 18 to 44 years old
 - 60% are female
 - 54% households with children
 - 45% households have one adult
 - 83% adult respondents are high school graduates
 - Pre-hurricane, 61% households earned less than \$20,000/year

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**

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 MHSA 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

Before the Next Disaster

- Address confidentiality and data sharing issues
- Develop a better menu of tactical tools, i.e. warm lines, public education
- Update what we say and do about trauma, particularly to secondary contacts
- 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

Katrina Displaced Persons in 2006

- 250,000 – 270,000 Katrina evacuees remain in Texas today
- Significant needs: employment, housing, health-care, and social integration
- Half of the individuals asked say they expect to continue living in Texas

NEWSclips Date: August 15, 2006
Local Katrina evacuees still adjusting, one year later
By Lindsay Wilcox
KLTV-TV

NEWSclips Date: August 15, 2006

**Houston police blame Katrina evacuees in part for slaying increase
Homicide rate up more than 17% over past year, officials say.**

**By Paul J. Weber
Associated Press**

**Texas Department of State Health Services
NEWS RELEASE
August 29, 2006**

Crisis Counseling Available for Katrina Evacuees

Katrina evacuees in Texas experiencing anxiety, anger, depression, insomnia, suicidal thoughts or other mental health problems triggered by the one-year anniversary of the hurricane's landfall and media retrospective reports of that disaster may call a Texas Department of State Health Services toll-free number, 1-866-773-4243, for assistance.

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