

46th Annual
Addiction Leadership
Conference



NATIONAL ASSOCIATION[®]
OF
ADDICTION TREATMENT PROVIDERS

Welcome
NAAATP
NATIONAL2025

**Natural Disaster Planning
Three State Case Studies and Accreditation**

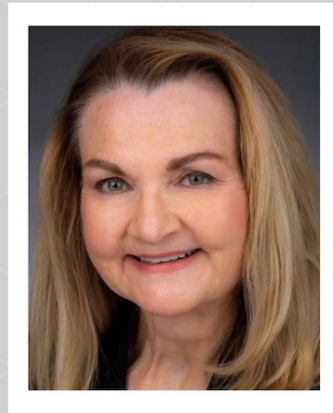
Monday, May 19 | 11:15 - 12:15pm

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May 18-20 | Seattle, WA



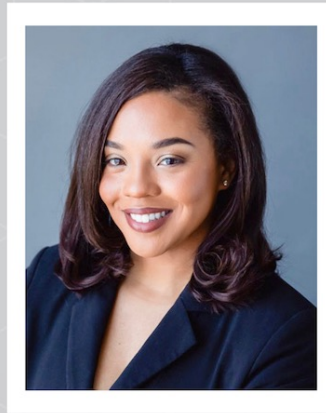
Christina Simos

Moderator
Executive Director
Friendly House



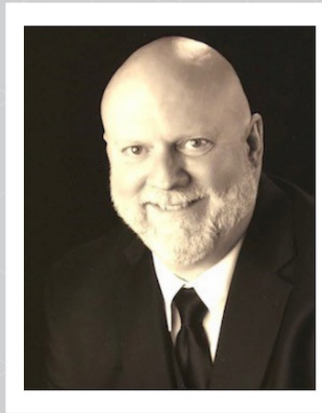
Barbara Bennett

CEO
Pavillon



**Whitney Howzell,
PhD**

Executive Director
Claudia Black Young Adult
Center - Meadows



Michael Johnson

Managing Director of
Behavioral Health
CARF International



Wayne Young

CEO
The Harris Center for
Mental Health and IDD

WORKSHOP Session

naatp.org/conference



Natural Disaster Planning

Michael Johnson

Senior Managing Director of Behavioral Health
CARF International

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1.G Risk Management

Risk management plans are designed to ensure the organization protects people, property, and persons served.

- These plans are often rudimentary and frequently consider likely events that are easy to manage.
- Assessment of potential risk often is a likelihood vs result analysis with lesser likely events taking a back seat.



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G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

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- 1.G. 1. The organization implements a risk management plan that:
- a. Includes:
 - (1) Identification of loss exposures.
 - (2) Analysis of loss exposures.
 - (3) Identification of how to rectify identified exposures.
 - (4) Implementation of actions to reduce risk.
 - (5) Monitoring of actions to reduce risk.
 - (6) Reporting results of actions taken to reduce risks.
 - (7) Inclusion of risk reduction in performance improvement activities.
 - b. Is:
 - (1) Reviewed at least annually for relevance.
 - (2) Updated as needed.

Intent Statements

The risk management plan is designed to manage risk and reduce the severity of a loss if one were to occur.

1.G Risk Management

The process of annual reviews of insurance packages includes:

- Assessment of adequacy against evolving risks (ie. New technologies, regulatory requirements, novel litigation, cyber)
- Optimizing coverages to ensure adequacy and negotiation of better rates.
- Mitigation of financial risks (real losses, business interruption)

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entity of loss, reducing the severity of the consequences if a loss were to occur, and/or transferring the loss to another organization through a contractual transfer.

- Risk financing is done by either assuming the financial responsibility for the loss (through self-insurance) or by transferring it to an outside organization (through insurance).

1.a.(5) Monitoring measures and comparing actual versus planned performance of the selected techniques enables the organization to evaluate the plan and determine whether different options may be necessary.

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- 1.G. 2. **As part of risk management, the insurance package of the organization:**
- Is reviewed:**
 - (1) For adequacy.
 - (2) At least annually.
 - Protects assets.**
 - Includes:**
 - (1) Property coverage.
 - (2) Liability coverage.
 - (3) Other coverage, as appropriate.

Intent Statements

When effectively managed, insurance, whether third-party or self-insurance, can cover many tangible risks an organization faces. The organization's insurance package includes appropriate

1.H Health and Safety

Organizations should have thorough procedures for all types of emergencies it could face.

- The procedures identify:
 - Evacuation
 - Ensuring safety of all persons
 - Shelter
 - Continuation of essential services



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- Evacuation, shelter, and accountability procedures.
- Emergency shutdown procedures.

The scenarios developed during the vulnerability analysis can serve as the basis for training events.

4.a.(9) and 4.b.(9) Training might include what types of behaviors, actions, or communication constitute workplace violence; e.g., bullying; intimidation; sexual harassment; disruptive behavior; assaultive behavior; or unauthorized possession and/or use of a weapon such as a gun, knife, Taser, or bomb. Training may also include actions to take under such circumstances; e.g., communication with the offending party, the mechanism to seek assistance within the organization, and reporting requirements.

1.H. 5. There are written emergency procedures:

- a. For:
 - (1) Fires.
 - (2) Bomb threats.
 - (3) Natural disasters.
 - (4) Utility failures.
 - (5) Medical emergencies.
 - (6) Violent or other threatening situations.
- b. That satisfy:
 - (1) The requirements of applicable authorities.
 - (2) Practices appropriate for the locale.
- c. That address, as follows:
 - (1) When evacuation is appropriate.
 - (2) Complete evacuation from the physical facility.
 - (3) When sheltering in place is appropriate.
 - (4) The safety of all persons involved.
 - (5) Accounting for all persons involved.
 - (6) Temporary shelter, when applicable.

- (7) Identification of essential services.
- (8) Continuation of essential services.
- (9) Emergency phone numbers.
- (10) Notification of the appropriate emergency authorities.
- (11) Communication with relevant stakeholders.

Intent Statements

Established emergency procedures that detail appropriate actions to be taken, including communication with relevant stakeholders, consider any unique needs of persons served, and are appropriate and specific to the service delivery site or location promote safety in all types of emergencies.

Being prepared and knowing what to do help the persons served and personnel to respond in all emergency situations, especially those requiring evacuation. The evacuation procedure guides personnel to assess the situation, to take appropriate planned actions, and to lay the foundation for continuation of essential services.

Examples

Depending on the type of emergency, the procedure could include immediate response, evacuation, use of appropriate suppression techniques, notification of the proper authorities, sheltering in place, and reporting requirements. In developing emergency procedures the organization identifies critical products, services, and operations that may be impacted in an emergency and backup systems, internal capabilities, and external resources that may be needed or accessed.

5.a.(1) Procedures for fire safety can include how personnel will be trained on the use of fire suppression equipment, etc.

5.a.(3) The organization evaluates safety concerns related to possible natural disasters and their potential effects on the organization's personnel, the persons served, and property and develops procedures detailing action to be taken in the event of occurrence of a natural disaster. Possible natural disasters are those typical of a particular geographic location. They may include

1.H Health and Safety

All emergency procedures are tested

- At least annually
 - Analyzed for performance improvement.
- This standard is frequently cited for non-conformance.
 - Many organization conduct this to satisfy the standard and rarely find performance improvement opportunities.



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- 1.H. 6. The organization has evacuation routes that are:
- Accessible.
 - Understandable to:
 - Persons served.
 - Personnel.
 - Other stakeholders, including visitors.

Examples

6.a. Evacuation routes refer to the clearly visible and known routes of egress. Signage such as a posted map or diagram is not required. If an organization chooses to use signage, this may be simple Exit signs over doors, Braille representation, diagrams, or directional signs showing corridors and line of travel to exit doors. Accessibility of the signage would consider location, height, and other needs relative to the persons served and other stakeholders. Additionally, the exit ways should have adequate lighting and be clear of obstructions such as equipment, furniture or locked doors. Evacuation routes should not result in individuals getting to an unsafe location such as ungraded land, a rooftop with no opportunity for egress, or where emergency personnel cannot reach the individuals.

-
- 1.H. 7. An unannounced test of each emergency procedure:
- Is conducted:
 - At least annually.
 - On each shift.
 - At each location.
 - Includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill.
 - Is analyzed for performance that addresses:
 - Areas needing improvement.
 - Actions to address the improvements needed.
 - Implementation of the actions.

- Necessary education and training of personnel.
 - Whether the actions taken accomplished the intended results.
- d. Is evidenced in writing, including the analysis.

Intent Statements

It is expected that each emergency procedure addressed in Standard 1.H.5. (fires, bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations) is tested, analyzed for performance, and documented, including the analysis. Practicing emergency procedures helps the persons served and personnel to better respond in actual emergency situations. Simulated evacuations should be limited to situations where actual evacuations are not possible. Emergency procedure testing is part of an organization's performance improvement activities. Analysis of results of the tests may indicate ways to improve performance.

Examples

Each emergency procedure (e.g., the procedure for fires, bomb threats, natural disasters, utility failures, medical emergencies, and other threatening situations) is tested annually at all locations that pertain to the service seeking accreditation whether they are service sites or administration only. The test or drill should be realistic and occur at random on different shifts, if applicable to the organization. An organization that tests emergency and evacuation procedures at the time of a shift change is cautioned to consider whether that timing provides a realistic representation of the resources that would be available to respond to an emergency during a regular shift. For example, the number of personnel present overnight at a residential program may vary considerably from mid-day, resulting in different expectations of personnel on those shifts in the event of an emergency.



Natural Disaster Planning

Barbara Bennett

Chief Executive Officer
Pavillon

The logo for NAATP NATIONAL2025 features a stylized mountain range silhouette composed of purple and grey geometric shapes. The text "NAATP" is in a large, bold, grey sans-serif font, and "NATIONAL2025" is in a smaller, grey sans-serif font below it.

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Natural Disaster “Helene” Hits Western North Carolina

Event: In Western NC, a heavy precursor rainstorm pounded southern Appalachia for two days straight, drenching the soil before Tropical Storm Helene hit, bringing over 22 + more inches of rain and 60-100 mph winds. Flooding, landslides, high winds and tornadoes were the result of Helene, now known as the “thousand year storm”. Helene hit the area on Friday, September 27th. The category 4 storm left devastating conditions behind.

Bridges collapsed, roads were destroyed, trees were snapped at their roots, and most significantly buildings, homes, and even whole towns washed away. The terrain of mountains and valleys, the number of trees in the region, and the number of water ways exponentially increased the devastating impact of the Hurricane to the region.

Estimate of damages and needs is in excess of \$60 billion across the state

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Helene's Impact on Western North Carolina

- 107 deaths; 6 still unaccounted for : one Pavillon employee died
- 160 water/sewer systems' infrastructure damaged or destroyed
- Over 12,000 housing units in one county damaged or destroyed
- 1900 landslides and flooding resulting in entire towns destroyed
- 5,000 miles of state roads impacted, 7,000 miles of private roads and 900 miles of roads damaged/impacted in national forests alone
- 822,000 acres of timberland with damage
- Communication blackout – 14 days for Pavillon



Main highway to
get to Pavillon

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Chimney Rock Village
Top Photo: after
Hurricane Helene
Bottom Photo:
Before Hurricane
Helene



Lake Lure before Hurricane Helene

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Lake Lure after
Hurricane
Helene

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Planning:

1. Never underestimate the impact of a predicted event of nature: anticipate the worst and set up systems prior to the event. Example: vehicles fueled and available; resources such as cash, 7 day water and food supplies, batteries, flashlights/headlamps, patient medications; a printed list of all patients and their emergency contact information.
2. Establish communication systems outside of cell phones and internet dependent services. Satellite communication systems are crucial.
3. Implement a mobile command center, including ways to provide communication. Pre-determine communication process for leadership and include alternate communication systems if primary ones fail. Example: remote staff handling calls to families to coordinate evacuation plans and answer calls from families.
4. Proactively plan for events: reality-based table top drills are essential as is pre-event briefing. Both are critical with last minute details and delegations to specific persons

Response:

1. Determine a pre-established “Command Center” off campus in a safe place where leadership can gather to confer during the event. Have an alternate plan if roads are impassable and travel is not an option
2. Provide planned routine contact with both staff and patients. Communication with evacuated patients should be consistently provided by clinical staff
3. Plans to return to campus: Schedule staff first and then schedule the return of patients to the campus in stages
4. Administratively decide payroll options: pay staff without their providing services or require PTO usage/ not paying staff if you are closed during an event

Recovery:

1. Offer a Critical Incident Debriefing session for staff using an outside facilitator, once everyone is on campus and the situation is stabilized. Provide EAP information to staff
2. Keep all staff informed of recovery efforts and plans – communicate, communicate, communicate
3. Prepare Business Interruption Insurance claim: know your policy, exemption clauses, coverage parameters, and craft your claim accordingly



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Expect long term implications: rebuild versus recovery



Natural Disaster Planning

Whitney Howzell

Executive Director

Claudia Black Young Adult Center - Meadows Behavioral Healthcare

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Therapeutic Perspectives and Actions

Planning:

- Normalize the possibility of disruption
- Develop individual emergency coping plans
- Safety drills with therapeutic framing
- Prepare all staff for emotional support roles

Response:

- Preserve routine and structure
- Use frequent grounding interventions
- Prioritize transparency and connection
- Process “real-time” emotions

Recovery

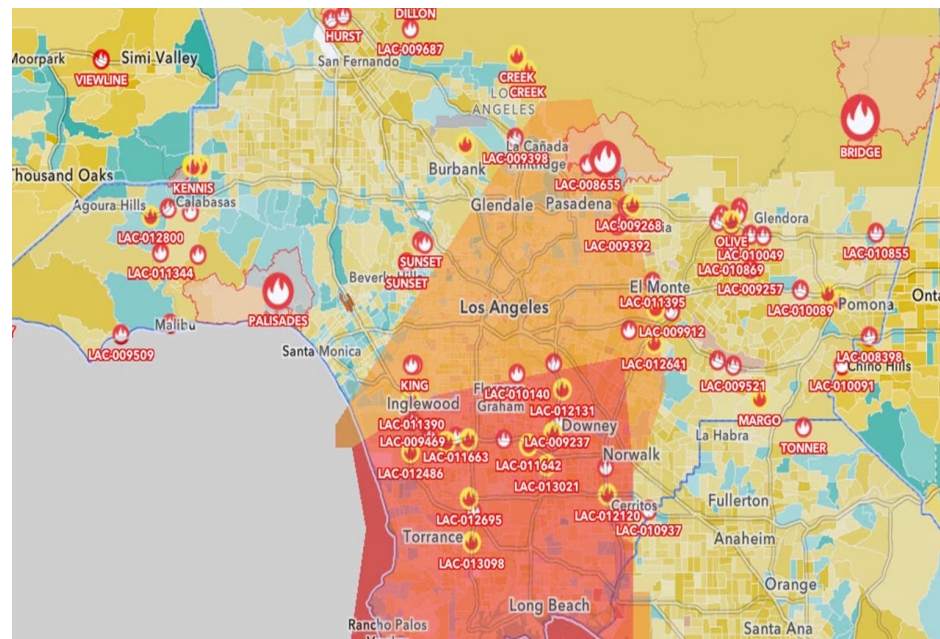
- Facilitate closure rituals
- Increase both narrative processing relapse scenarios
- Invite post-crisis grow discussions
- Increase staff support, debriefing, and recovery



Event: January 2025 Southern California Wildfires

The 2025 wildfire season began unusually early, triggered by a fierce Santa Ana wind event that swept across much of Southern California

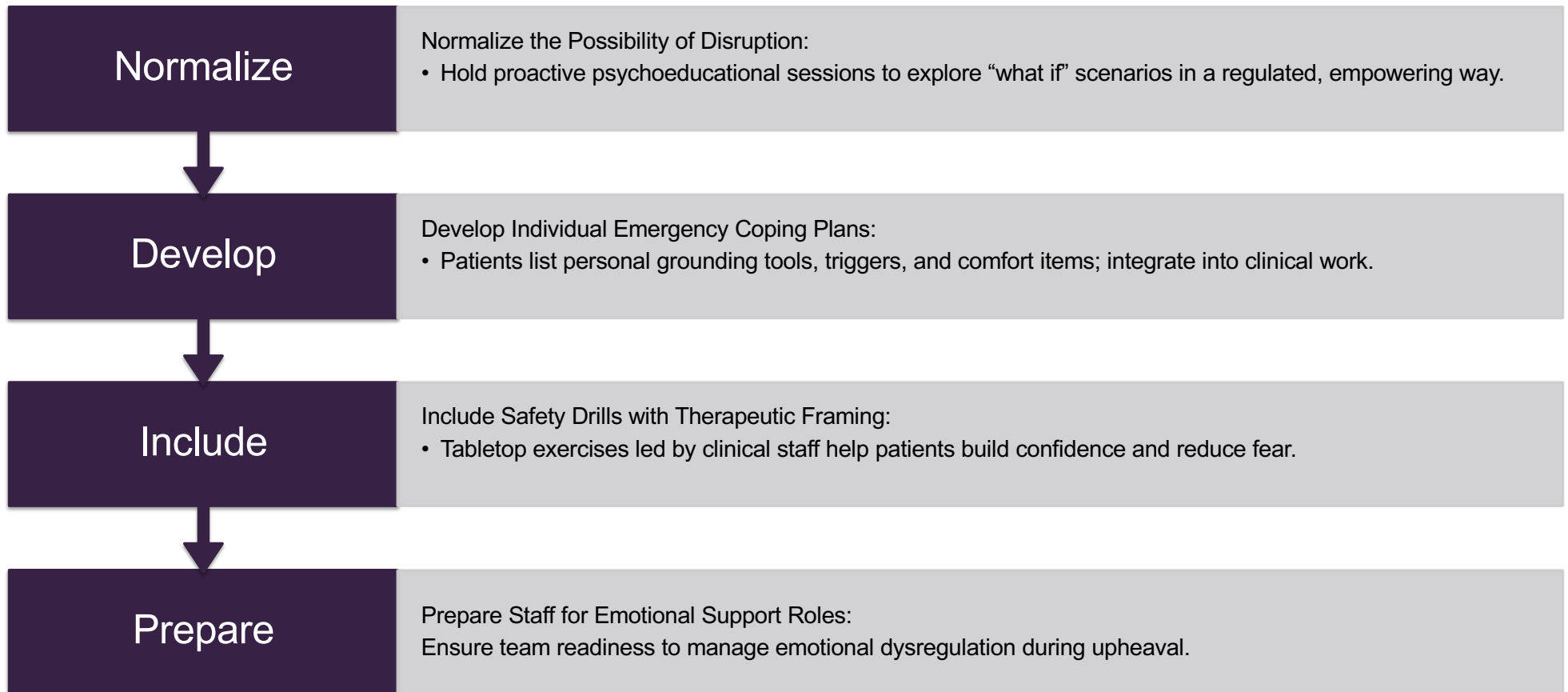
- Multiple fires spread throughout the Greater Los Angeles area and San Diego County California.
- Destroyed structures and burned over 57,000 acres
- At least 30 fatalities and more than 200,000 people forced to evacuate.



Before and After: Devastation of the January 2025 Southern California Wildfires



Planning: Building Psychological Safety Before the Disaster/Evacuation



Planning Phase: Leadership Perspective

"Before the evacuation, I knew if fear took over, we'd fracture. So we started early—not with logistics, but with conversations about what safety feels like when everything is uncertain. I wasn't just managing a plan—I was holding space. We normalized disruption, built coping plans, and prepared staff to lead with compassion, not just control. In that moment, I wasn't just a director—I was a moral anchor. If we could hold them through the fear, we wouldn't just survive—we'd grow."



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Response: Regulation in the Midst of Chaos

Preserve

Preserve Routine and Structure:

- Hold group therapy, meals, and check-ins at consistent times—even in temporary housing.

Use

Use Frequent Grounding Interventions:

- Integrate daily short mindfulness sessions, breathing exercises, and tactile tools.

Prioritize

Prioritize Transparency and Connection:

- Staff provide calm, clear updates to reduce feelings of abandonment or loss of control.

Process

Process In-the-Moment Emotions:

- Use process groups to acknowledge fear, grief, anger, or past trauma activation.

Response Phase: Nursing Narrative

- Theme: Duty | Resilience | Fear

"I was making med passes from a plastic bin in a hallway closet, grounding patients while trying to stay grounded myself. It wasn't our clinic, our meds, or our space—but I showed up. I kept wondering if anyone saw that I'd left my own family to help hold this one together. I didn't know if we'd make it, but I knew the patients were watching. So I stuck to the rhythms—meds, meals, group check-ins. Even while I was unraveling, I held the line. Because showing up, even shaky, still mattered."



Response Phase: Therapist Narrative



- Theme: Containment | Presence | Structure

"I had to contain their fear while modeling calm. One patient kept repeating, 'I knew something bad was going to happen.' Honestly, I felt it too. But they needed structure—so we kept our group times, breathed together, stayed in rhythm. I offered grounding tools and stayed present. Not because I wasn't scared, but because they needed someone steady. That's what clinical containment looked like—holding fear without losing our center."

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Recovery: Making Meaning from the Disruptions

1. Facilitate Closure Rituals:

Hold circles for reflection, symbolic release (e.g., writing and burning fear notes), and expressions of gratitude.

2. Increase Narrative Processing and Relapse Scenarios:

Help patients re-author their experience with a strengths-based lens.

3. Invite Post-Crisis Growth Discussions:

Highlight resilience, adaptability, and coping skills developed through the crisis.

4. Increase Staff Debriefing and Recovery:

Offer formal critical incident processing sessions and restabilization periods for team members.

Recovery Phase: Patient Narrative

- Themes: Suppression | Triggers | Safety Seeking

"I thought I buried it—but the fire brought it all back. The smell, the panic, the need to run. My trauma isn't even about fire, but suddenly, everything felt dangerous again. I wanted to leave. I kept thinking, 'Maybe if I just drink, I can quiet this down.' But then we sat in group. We talked about how the body remembers, how fear doesn't always make sense—and that helped. I wrote down what I wanted to let go of and burned it. That moment didn't erase the pain, but it reminded me I wasn't alone in it. I'm starting to see that the crisis didn't just trigger something—it uncovered what still needs healing."



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Power of Narrative in Disaster Preparedness

Lived Experiences Matters:

- Narratives give voice to experience. Each phase – Planning, Response, and Recovery – is not just protocol, but a deeply human process. These experiences help us hear the heartbeat beneath the logistics.
- They center the emotional reality for patients, staff, and leaders – acknowledging uncertainty, trauma activation, and the drive to find safety and meaning

Why It's Important:

- Humanizes policy and planning
- Informs trauma-informed system design
- Validates the emotional labor of staff
- Supports collective healing and reflection

Recovery Phase: From Collective Pain to Individual Healing

The Nature of Collective Trauma

- Disasters creates a shared rupture – staff and patients alike feel exposed, unsafe, and uncertain.
- This collective pain can foster trauma bonding – sense of closeness formed through chaos rather than safety.
- Without guidance, this bond may reinforce avoidance, dependency or emotional dysregulation

Why Individual Needs Still Matter

- Each person processes crisis through their own lens – shaped by personal trauma, history, and coping mechanisms.
- If we focus only on “getting through it together,” we may miss the individual struggles masked by group survival.

Recovery Phase: Therapeutic Recovery Priorities

1. Debrief in circles, heal in Sessions

- Use group process to normalize the experience but create space for one-on-one care to meet needs.

2. Name the Bond, Then Redefine It

- Acknowledge the closeness or “hive mind” formed in crisis, then reframe the relationship through safety and trust, not fear and anger.

3. Watch for Survivor Guilt, Triggers and Cravings, or Withdrawal

- These are common after the threat has passed – offer healthy coping plans, trauma resolution, and peer support.



Natural Disaster Planning

Wayne Young

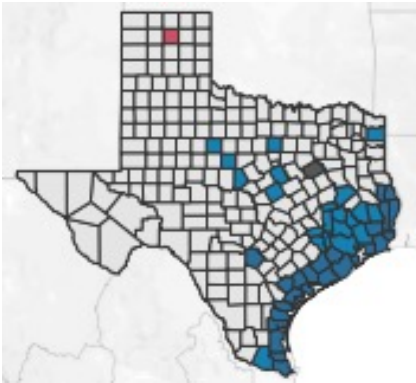
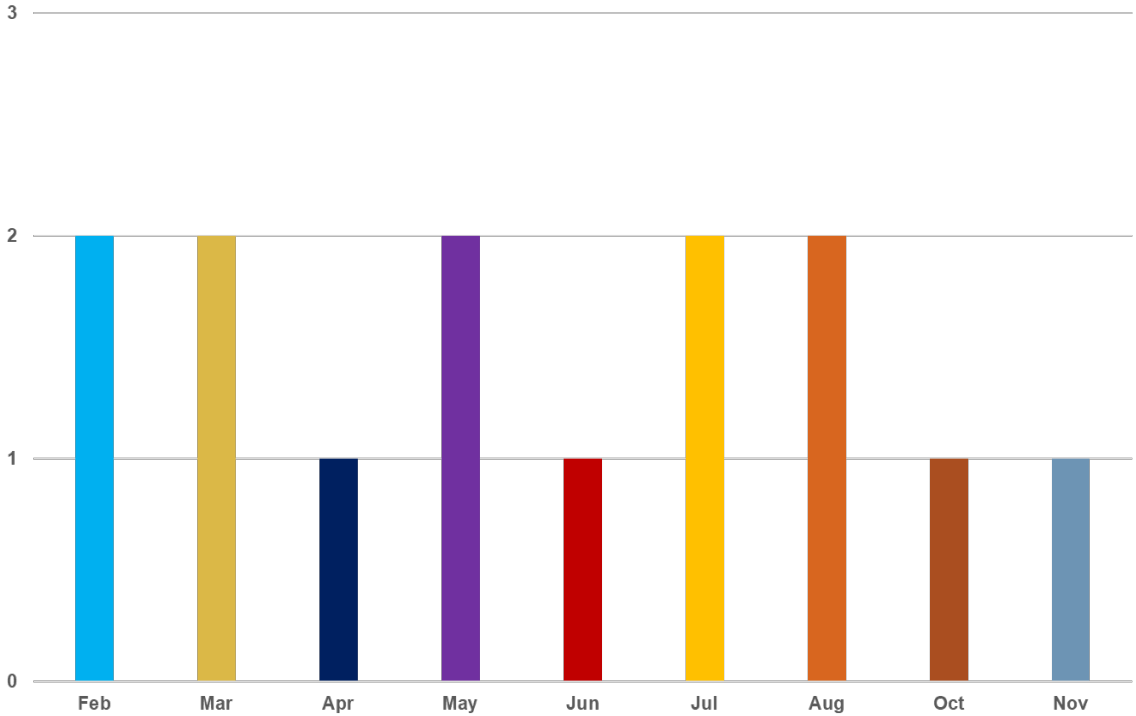
Chief Executive Officer

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Federally Declared Disasters – Harris County, Texas 2015 – 2024

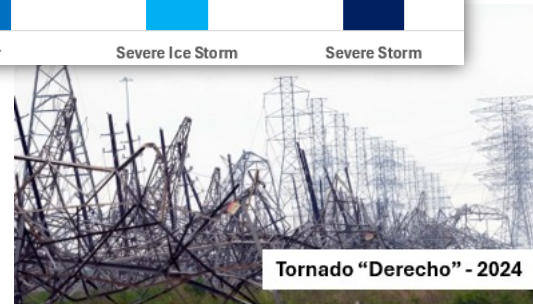
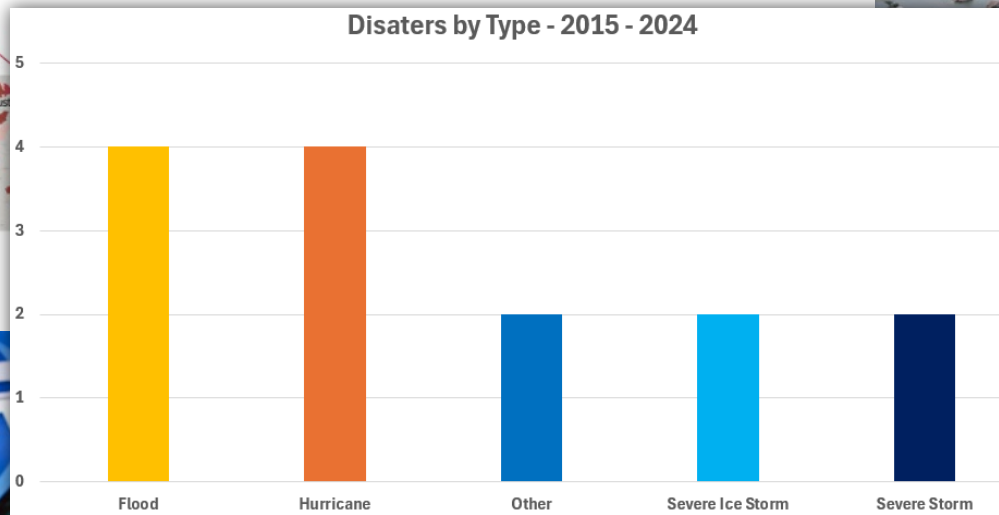
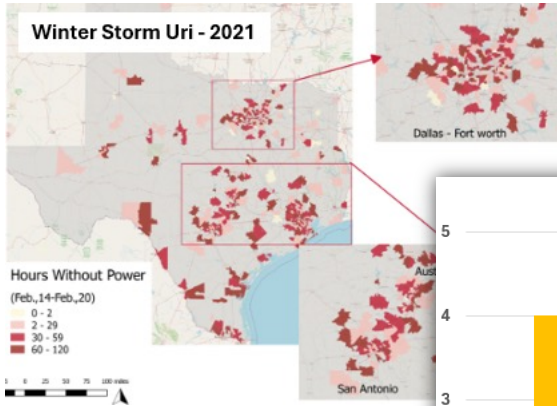
Disasters by Month - 2015 - 2024



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https://www.fema.gov/data-visualization/disaster-declarations-states-and-counties?utm_source=chatgpt.com

Federally Declared Disasters – Harris County, Texas 2015 – 2024



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Thinking Ahead through Planning

- Plan
 - CARF Accreditation
 - Tools for Response
 - Communications
 - Physical Locations
 - Incident Command
 - Relationships & Partnerships
 - Evacuation Contracts
 - Representation in Planning Environments
 - MOUs
 - Being Historically Responsive
 - Media
 - Unexpected Issues
 - Methadone
 - Communication Outages
 - Physical Access to Sites
 - Employee Impact



Taking Quick Action when Responding

- Respond
 - Dedicated Crisis Lines
 - Psychological First Aid
 - Current Services & Programs Activated
 - Employee Support



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Demonstrating Resilience through Recovery

- Recover
 - Shelters
 - Disaster Recovery Centers
 - Mobile Resources
 - Texans Recovering Together Funding
 - Dedicated Crisis Lines



Disaster Recovery Centers - ISP
During the ISP4798, there was a high level of stress experienced in the community as everyone worked together to open centers after they were closed for May storm. Stress was reduced as Beryl had a template to follow for seamless deployment.

Midpoint Stress -RSP
Stress levels fluctuate. Survivors report bracing themselves for another impactful storm. This anticipation of more damage has been a barrier to recovery. Offering emotional support and strategic measure of empowerment; listening to learn what has worked for them in the past has been the small capture that is built upon.

Anniversary - RSP
Remembering what Harris County has been through invokes feelings of resilience and grief. Each survivor experienced something different during Hurricane Beryl. Stress during this time can present high level and the CCP Beryl Team have their ears to the street, along with the data, to ensure survivors who are impacted have access to services.

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Typical Community Reactions to a Disaster



Lessons Learned

- Planning
- Response
- Recovery

Upcoming Sessions

12:30-1:45

C-Suite Leadership Luncheon:

Rebel Leadership: Prioritizing Humility and Rethinking Power

Location: Cirrus Ballroom (35th Floor)

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OR

Lunch on your own

2:00-3:00

Workshop Session 2

A: From Numbers to Impact: Driving Revenue Through Comprehensive Community Care

Location: Redwood AB

B: Adolescent Programming: Dignified Treatment of Youth as Best Practice

Location: Willow B

C: Maximizing Revenue through Provider-Payer Relations and Contracting
Organizational Growth and Resilience

Location: Willow A

3:00-3:45

Exhibit Hall Popcorn Social & Networking Opportunity

Sponsored By



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