Preparing and Responding to Natural Disasters: Health Care for the Homeless Perspectives

Wednesday, February 28th
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Disclaimer

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Presenters

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Learning Objectives

• Highlight key findings from Miami-Dade County’s assessment of community preparation for and response to Hurricane Irma.

• Summarize issues arising from involuntary commitment of consumers who ignore mandatory evacuation orders prior to disasters.

• Identify currently available resources for health centers and shelters to bolster outreach efforts and to positively engage consumers prior to disasters.

• Recognize the importance of adequate emergency management planning.

• Prepare for both common and unique needs of people who are homeless when responding to a disaster.

• Identify strategies to assist in providing services for people who are homeless during the recovery phase of a disaster.
Hurricane Irma
the Miami consumer perspective

Useful Strategies to Proactively Engage

and

Prepare Consumers for Natural Disasters

2018 Spring Virtual Training
Presentation Overview

1. Background of Irma’s impact on Miami;
2. Evacuation orders from the City of Miami as implemented by the Miami-Dade County Homeless Trust and City of Miami Police;
3. Issues arising from threatened and actual involuntary commitment (Florida Baker Act) of homeless persons who refused evacuation orders; and
4. Lessons learned, suggestions and resources for engaging consumers prior to future disasters
HURRICANE IRMA

Irma was the strongest Atlantic hurricane ever recorded in terms of maximum sustained winds.

Irma was the first Category 5 hurricane to strike the eastern Caribbean islands followed by Hurricane Maria two weeks later.

The second-costliest Caribbean hurricane on record, after Maria

Irma caused widespread and catastrophic damage throughout its long lifetime, particularly in the northeastern Caribbean and the Florida Keys.

It was also the most intense hurricane to strike the continental United States since Katrina in 2005.

The first major hurricane to make landfall in Florida since Wilma in 2005.
Hurricane Irma's Impact on Florida

Irma struck Florida twice on September 10, 2017 – the first as a Category 4 at in the middle Florida Keys and the second on Marco Island on the Florida West Coast as a Category 3.

The hurricane weakened significantly over Florida and was reduced to a tropical storm before exiting into Georgia on September 11.

The storm's large wind field resulted in strong winds across the entire state except for the western Panhandle. The strongest reported sustained wind speed was 112 mph on Marco Island, while the highest observed wind gust was 142 mph, recorded near Naples, though stronger winds likely occurred in the Middle Keys.

Miami recorded routine gusts of 90 mph. Sustained winds were from 45 to 60 mph.

Over 7.7 million homes and businesses were without power at some point – approximately 73.33% of electrical customers in the state.

Irma caused at least $50 billion in damage, making it the costliest hurricane in Florida history, surpassing Hurricane Andrew.

The hurricane left a total of 93 fatalities across 27 counties, including 12 at a nursing home due to sweltering conditions and lack of power in the hurricane's aftermath.
In Miami, there are big concerns over some 25 construction cranes that cannot be taken down before Irma’s expected arrival this weekend. People who live in nearby buildings are being urged to get out.

The massive cranes are symbolic of the construction boom reshaping Miami’s skyline. The counterbalances alone can weigh up to 30,000 pounds. You don't want to be anywhere near one if it starts to collapse, reports CBS News' Mark Strassmann.
Miami-Dade Mayor Carlos Gimenez issued expanded evacuation orders Thursday, September  to the county’s coast and other inland areas as Hurricane Irma threatened to bring severe flooding to South Florida.

The orders represent the largest evacuation ever attempted by Miami-Dade County, with more than 650,000 instructed to leave their homes ahead of Irma.

While often described as “mandatory,” the orders carry no punishment for people who choose to remain in evacuation zones.
Baker Act on the Homeless

In the hours before Hurricane Irma was expected to pummel Florida, authorities were urging homeless people to go to shelters.

For those who refused, police were employing a controversial law known as the Baker Act, which allows officers to send anybody they believe poses a danger to themselves or others to a mental institution, where they can be held for up to 72 hours for an involuntary examination.

The 1971 law has been widely criticized by advocates for the homeless. But with Irma bearing down on Miami-Dade County, some advocates had been urging local authorities to use it.

"It's a bad storm and we needed to take drastic measures," said Ron Book, chairman of the Miami-Dade County Homeless Trust, a public-private partnership that aims to end homelessness.

"I'm not going to see our homeless population dead in the streets. I'd rather see this law used than to have them in body bags," he said.
Miami’s homeless to be committed if they won’t seek shelter from Irma

BY DAVID SAILEY
daisy@MiamiHerald.com

September 07, 2017 03:49 PM
Updated October 24, 2017 05:29 PM

Miami’s homeless men and women who won’t seek shelter from Hurricane Irma will be involuntarily committed to a psychiatric ward ahead of the storm, the head of Miami-Dade’s public agency in charge of homeless services said Thursday.

Police removing homeless from the streets of Miami as Hurricane Irma approaches

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By KURT LEWIS
9/11/2017 | 2:43 PM

As homeless camps explode in L.A., officials, residents fear they will become permanent

How much more heat Miami can take?

Miami shelters homeless against their will as Irma closes in

Miami Herald Health
Miami Herald Business
Miami Herald News
US News

Miami shelters homeless against their will as Irma closes in

11/05/2017 10:36 PM

Miami Herald

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Miami Herald
“On September 8, 2017, Homeless Trust Chairman Ronald L. Book, Trust staff, City of Miami Police and Specialized Outreach Teams with certified mental health professionals took the extraordinary measure of evaluating homeless persons refusing shelter in the face of the hurricane to determine if they were a threat to themselves or others.

In the end, six individuals were certified after an evaluation by a psychiatrist and taken to Jackson’s crisis stabilization unit for care. Of the six, only one ended up remaining after the second evaluation at the crisis stabilization unit.” (page 21)
According to eyewitness reports and interviews, 18-25 people “voluntarily” went into shelters when faced with the prospect of being involuntarily committed as police stood by ready to ship them to the Jackson Hospital crisis unit.

This means that 18 – 25 persons were handcuffed and sat in police cars before deciding “voluntarily” to enter shelters rather than the crisis unit.

At least one person was cuffed and transported to the crisis unit but released after one hour due to clearing the initial psychiatric evaluation.
Hurricane Irma: High winds cause cranes to collapse in Miami

Last Updated Sep 10, 2017 3:50 PM EDT

MIAMI – Two cranes atop high-rise buildings under construction collapsed Sunday in downtown Miami amid strong winds from Hurricane Irma.

The cranes were among two dozen such heavyweight hazards looming over the city skyline as the monster storm powered across the state.

No injuries were reported after either crash, said Miami City Manager Daniel Alfonso.

The first crane fell in a bay-front area filled with hotels and high-rise condo and office buildings, near the AmericanAirlines Arena, where the NBA’s Miami Heat play.

It was stationary after the collapse, according to the contractor operating the crane.

"All possible preparations and precautions were taken, but we believe that a micro-tornado struck this area, compromising the crane. Again, we're grateful there have been no injuries," said John Leete, Mortuary executive vice president.
Miami flooding

A car is seen in a flooded street as Hurricane Irma passes through Miami, Florida, on Sept. 10, 2017 in Miami, Florida.

CREDIT: Joe Raedle / Getty Images
Waves crash over a seawall in Miami

Waves crash over a seawall at the mouth of the Miami River from Biscayne Bay, Fla., as Hurricane Irma passes by, Sunday, Sept. 10, 2017, in Miami.

CREDIT: Wilfredo Lee/AP
Scenes from a Red Cross Disaster Shelter

September 11 – 20, 2017
Scenes From the Red Cross Disaster Shelter at Florida International University
LESSONS LEARNED
Use peer support specialists

And Consumer Advisory Board

For effective outreach and consumer engagement
Disaster Planning for People Experiencing Homelessness

by Sabrina Edginton
HUD and Continuum of Care

Disaster Recovery Homelessness Toolkit

Steps

1. Find out what disaster planning has taken place

Involving the right people together

2. Get the right people together

Collecting data on your homelessness population

3. Others data on your homelessness population

Identifying and reviewing existing data from the Plan, the Continuum of Care, and qualitative accounts from local service providers to get a clearer picture of the needs of people experiencing homelessness and locations of homeless people in your community.

Improve

4. Expand your plan network

Preparing for a disaster

5. Define roles, maintain the plan, and prepare

Why you should do this step:

Some disaster planning problems have already taken place in your community. Find out what people involved and what was taken into account in your community's response to the disaster. For example, were there enough homes for homeless and vulnerable populations? When they consulted? Does the plan identify special actions for these populations such as shelters? Does the plan identify special actions for people with disabilities? Does the plan identify special actions for people who need medical care?

What you will get from doing this step:

An understanding of your community's gaps in planning for homeless and vulnerable populations in disasters.

A plan that has the knowledge, shifts, and commitment to plan an effective and integrated response to the needs of homeless and vulnerable people after a disaster.

Increased knowledge of services and resources, and the services and resources we should have and use to respond to the needs of homeless and vulnerable people.

An inventory of the capacity, skills, and resources of the community service providers network to provide assistance to homeless people and other vulnerable people during and after a disaster.

An improved disaster plan that effectively addresses the needs of homeless people and other vulnerable people.

https://www.hudexchange.info/homelessness-assistance/disaster-recovery-homelessness-toolkit/local-planning-guide/
NO, WE SHOULD NOT INVOLUNTARILY COMMIT THE HOMELESS DURING HURRICANES

Only a broken system locks up homeless people to keep them safe.

DAVID M. PERRY - SEP 15, 2017

As Hurricane Irma bore down on Miami, officials from the Miami-Dade County Homeless Trust fanned out into the city, accompanied by police and mental-health officials. In order to protect homeless individuals from the worst effects of the storm, the Homeless Trust had decided to use the Baker Act, a 1975-era Florida law allowing for the involuntary commitment of people suspected of mental illness, to lock up any homeless person who wouldn’t voluntarily go to shelters. Ron Book, chairman of the Trust, told the Miami Herald, “I’m not going to be the mayor of Houston. I’m not going to tell people to take a Sharpie and write their names on their arm.” (It was actually the Mayor of Rockport who told non-evacuees to take this step so that their bodies could be identified.) Instead, Book asserted that anyone who was still on the streets must be mentally ill, and that he intended to “have all of them Baker-Acted.” A day later, homeless people were being cut off and taken away, after psychiatrists working with the Trust stated that the decision to stay outside in the face of a hurricane merited incarceration.

All this might sound like reasonable policy. No one wants homeless people to die for want of shelter. Fred Friedman, however, has questions. Friedman is lead organizer of Next Steps, an organization dedicated to ensuring that those with “lived experience of homelessness, mental illness, substance use, or addiction” drive all policy discussions about people with those experiences. Over the phone, he describes himself to me as a person who has experienced both homelessness and “active symptoms of mental illness” at various points in his life.

Friedman is concerned about homeless people in Miami. But he also knows that the risks don’t come only from the storm. “It’s scary,” he says, “when people make decisions that others don’t like, they define it as crazy. In this case, they lock them up without any due process.” He wonders, now that this precedent has been set, what other moments will justify trawling the streets of Miami to “Baker-Act” homeless residents.
DISASTER PLANNING AND EXPERIENCE FROM AN AGENCY PERSPECTIVE

Some lessons learned from the flooding and hurricane disasters in Houston, Texas.
EMERGENCY PREPAREDNESS PLANNING

- Good resources for developing plan: HRSA/BPHC, FEMA, CMS, NACHC, NHCHC (specific resources applicable for people experiencing homelessness); update regularly with lessons learned
  - HRSA requirements for emergency preparedness plans
- Necessary that staff understand roles & responsibilities, esp. management
- Prioritize staff safety during all phases: preparedness, response, recovery
EMERGENCY PREPAREDNESS/cont.

• Coordinate with other community planning efforts/reduce duplication:
  ➢ City, County, Department of Homeland Security (be a known resource)
  ➢ Other provider agencies with outreach teams
  ➢ HPD & Harris County Sheriff’s Office: Homeless Outreach Teams
  ➢ Volunteer Organizations Active in Disasters (VOAD)
  ➢ Primary Care Associations

• Join Direct Relief and Americas before emergency – invaluable resource
EMERGENCY PREPAREDNESS/cont.

- Good communication plan essential:
  - Significant improvement in technology between Hurricane Ike (2009) and Hurricane Harvey (2017)
  - Communication with HCH patients can be more challenging before and after an event, especially in situations without a lot of warning
  - Establish post-event planning call times for the leadership team before the event, if possible (example: Immediately after Harvey, leadership team had daily 10:00 a.m. and 4:00 p.m. calls until clinics could re-open)
• With hurricanes and most floods, there is typically enough warning time to prepare personally and professionally
  - Staff will need time to prepare their families and homes (again, emphasizing that staff safety is the first priority)
  - Medications and medication lists are priorities in early preparation stages: providers went through their patient panels to identify who was at danger of running out of medications and staff tried to get them to the clinic for a refill before the hurricane hit
  - Finding shelter is often a last minute decision (if willing to go at all): outreach teams tried to provide basic necessities if someone stayed outdoors
RESPONSE

• Reinforce the need for safety checks with and between staff (helps reduce anxiety); some staff may be severely affected and need assistance

• Have a plan for staff who may want to volunteer at emergency shelters or other venues – has potential to create scheduling challenges when clinical sites can re-open
   HCH staff have expertise in working with SMI and SU, so there were many calls for their assistance by other agencies

• There will be some people who will leave the shelter following immediate danger; how to provide outreach to them?
RESPONSE/cont.

- Working in shelters: with Hurricane Harvey, there were 2 very large shelters run by FEMA and Red Cross, with many smaller shelters in churches, schools, etc.
  - Loud and chaotic; lots of fear and anxiety
  - Recognize secondary trauma
  - From beginning, shelter staff and volunteers treated people who are homeless differently
  - Volunteers, including professionals, report feeling overwhelmed when trying to assist people who are homeless and do not know or understand resources
RECOVERY

• Assess the well-being of staff on a regular basis – for some of our staff, this was the third time their homes had flooded in three years; everyone in the community was traumatized

• Assess facilities and equipment

• Develop plan to re-open for services based on facility and availability of staff – some of HHH staff had to be out for 2 weeks

• CAB members have invaluable wisdom, so involve them early when possible
RECOVERY/cont.

Become a vocal advocate:

• FEMA and the Red Cross categorized people who are homeless as different; FEMA wouldn’t pay for emergency housing when shelters closed

• When seeking assistance inside the shelter, people were often told they should seek assistance from the homeless provider system

• Little understanding that someone living on the streets who may have lost all their possessions or camp, has also lost their home

• Some were prioritized by City housing authority, which was a benefit
Many patients came to HHH for basic needs following the hurricane rather than routine care.

Staff prepared for a spike in behavioral issues; increased BH outreach to several agencies that hosted evacuees.

3 men who were living on the streets died in the flooding – people needed a way to express their grief.
SOME ADDITIONAL LESSONS LEARNED

• As is said, this kind of tragedy is raceless and classless – that is not true of the recovery
• The stress of this kind of trauma takes a long time to lessen for everyone
• “managing” response and recovery consumes an incredible amount of time
• There will always be new lessons to be learned
Q&A

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