

Beyond the Emergency of Homelessness

The Roles of HCH Programs in Planning for and
Responding Strategically to Disasters and Emergencies

Frances Isbell, Health Care for the Homeless Houston

David Peery, Camillus Health Concern

Lucy Kasdin, Alameda County HCH

David Modersbach, Alameda County HCH

Agenda

10:10-10:25am David Modersbach:

 Intro: HCH/Health Center Emergency Planning

10:25-10:40am Frances Isbell:

 HCH Health Center Experience Hurricane Harvey 2017

10:40-10:55AM

 David Peery: HCH Health Center Experience Hurricane Irma

10:55-11:10 Lucy Kasdin:

 Daily Disasters: Strategies for HCH programs

11:10-11:30 Questions and Discussion

Regional Disasters



Santa Rosa Wildfire



Hurricane Sandy



Houston Flooding Hurricane Maria

weather

Hot Weather and Homelessness Cooling Centers Locations

Be careful in the Summer Heat!

Extremely hot weather can be very harmful to homeless people – it can be just as harmful as the cold.

Be Careful! Heat and sun are threats to aging folks, babies and children, disabled people with medical conditions or who take medication, and folks who drink or use drugs.

Be Aware! If you see someone passed out or in bad shape, don't think they're "just" suffering or dying from heat and sun. Call 911 and get them help!

Water! People on the streets don't have ready access to water. It is both compassionate and safe to provide bottled water to people, in addition to sunscreen, hats and umbrellas.

Cooling Center! A cooling center is a facility, such as a senior center, community center or library, where people may go to get out of life-threatening heat during a heat wave. Cooling centers are safe for everyone, especially those at risk of getting a heat-related illness.

Please call the cooling center nearest you for hours of operation during hot weather.

Burned feet, parched throats: Arizona homeless desperate to escape heatwave



California Today: Rain Brings Health Hazards to the Homeless



News

VIDEO: San Jose residents worry homeless are setting up fires near them during cold snap

By: Vince Cestone [Email](#)

Updated: Feb 20, 2018 09:13 PM PST



Displacement

Homeless Displaced By Long Island Bridge Closure Remain In Flux

December 18, 2014

By Deborah Becker  and Lynn Jolicoeur 



Minneapolis Homeless Shelter To Move During Super Bowl

By Jennifer Mayerle

November 15, 2017 at 11:01 pm

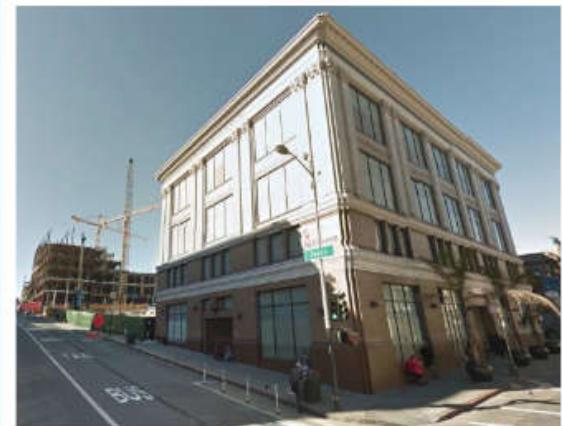
Filed Under: [Jennifer Mayerle](#), [Local TV](#), [Super Bowl LI](#)



Gas Leak Forces 400 Out of Polk Homeless Shelter

Residents poured out of the building on Polk and Geary streets before responders transported 14 people to the hospital.

Iida Mojedad / Mon Apr 23rd, 2015 2:48pm 



Next Door shelter on Polk and Geary streets (Google Maps)

Outbreaks

HEPATITIS A OUTBREAK

among homeless people in California.



Spread by coming into contact with an infected person's pool



Causes EXTREME sickness, liver damage, death.



Wash your hands with soap and water to keep Hepatitis A from spreading.

Get a **FREE VACCINATION** to protect yourself

Ask an outreach worker or a friend.

CALIFORNIA'S
HEPATITIS A
OUTBREAK IS THE
FUTURE POKING
US IN THE FACE

https://www.nhchc.org/wp-content/uploads/2016/05/fact-sheet_infectious-diseases_hrsa-approved-final-version-1.pdf

Rare infectious diseases are rising at an 'alarming' rate in Seattle's homeless population, concerning health officials

In addition to strep A, public health officials issued a advisory in February about outbreaks of shigella, a highly contagious diarrheal illness, and Bartonella quintana, an infection known as "trench fever" when it spread among World War I soldiers. It is spread by body lice and can result in fevers and rashes or more serious infections of the heart or blood vessels.



San Francisco DPH
@SanFranciscoDPH



Follow

SF Shigella increase sickens homeless and non-homeless population. Sanitation hand-washing key to prevent spread of gastrointestinal illness

Fake Xanax Pills
Overdose Warning!



real Xanax vs. fake Xanax

Fake Xanax pills contain dangerous amounts of Fentanyl (which is an opiate like morphine or heroin) are being sold in the area. There has already been one fatal overdose and four folks admitted to the emergency room. Be very careful if you are taking these fake street Xanax pills as the Fentanyl can cause an OD.

If anyone is overdosing on these fake pills, please call 911. If you have Narcan you can administer Narcan to revive them.

For more info and if you need Narcan contact your local needle exchange.

Fires: Encampments & buildings



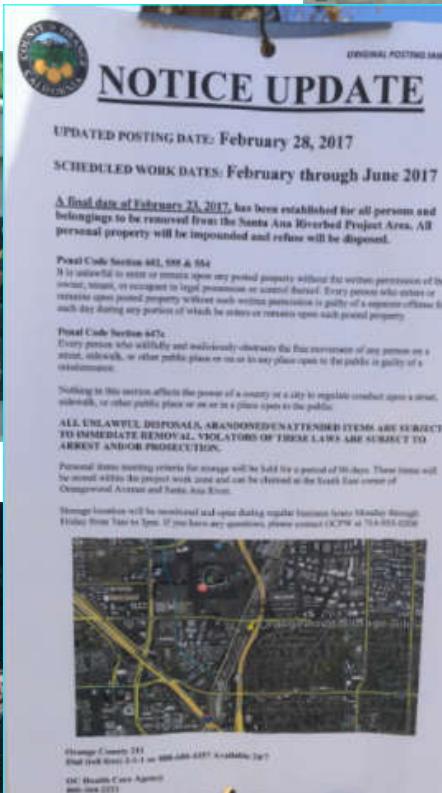
Air quality



Refinery Explosion 2011, Richmond CA
Shelter In Place Order for those indoors



Forced displacement



Orange County
Courthouse Plaza 4/2018



NHCHC 2018 Spring Training Emergency Planning and HCHs



Click and view these webinars!

Understanding the
Health Impacts of
Weather on People
Experiencing
Homelessness: Using
Research to Inform
Healthy Public Policy

**San Diego Hepatitis A
Outbreak:**
An HCH Health
Center's Involvement
in Disaster Response

The Aftermath of
Disaster:
Addressing Trauma
with **Mental**
Health First Aid
Matthew
Bennett

Public Health
Preparedness for
Health Centers:
Navigating the
Preparedness
Landscape

Federal emergency
management plan
NRP
Coordination during national
Emergencies

POLICY INFORMATION NOTICE

DATE: August 22, 2007

DOCUMENT NUMBER: 2007-15

DOCUMENT TITLE: Health Center
Emergency Management Program
Expectations

Health Center Emergency Management Program Expectations (<https://bphc.hrsa.gov/about/pdf/pin200715.pdf>)

- Emergency Management PLAN
- Linkages and Collaboration
- Communication and Info-Sharing
 - Internal/External Incident Command System

Health centers must have risk management policies and procedures in place that proactively and continually identify and plan for potential and actual risks to the health center in terms of its facilities, staff, clients/patients, financial, clinical, and organizational well-being.

Plans and procedures for emergency management must be integrated into a health center's risk management approach to assure that suitable guidelines are established and followed so that it can respond effectively and appropriately to an emergency.

Health centers should also be aware that other entities (i.e., accrediting organizations, State and/or local health departments) may also have requirements related to emergency management activities.

Organizational Emergency Preparedness HRSA SAC

Form 10: Emergency Preparedness Report

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 10: EMERGENCY PREPAREDNESS REPORT		Grant Number	Application Tracking Number
Section I: Emergency Preparedness and Management (EPM) Plan			
1. Has your organization conducted a thorough Hazards Vulnerability Assessment? If Yes, date completed: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Does your organization have an approved EPM plan? If Yes, date that the most recent EPM plan was approved by your Board: _____ If No, skip to the Readiness section below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to question 2.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3a. Mitigation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3b. Preparedness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3c. Response	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3d. Recovery	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to question 2.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. If No, has your organization attempted to participate with local/regional emergency planners? (This question is mandatory if you answered Yes to question 2 and No to question 4.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Does the EPM plan address your capacity to render mass immunization/prophylaxis? (This question is mandatory if you answered Yes to question 2.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Section II: READINESS			
1. Does your organization include alternatives for providing primary care to the current patient population if you are unable to do so during an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Does your organization conduct annual planned drills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Does your organization's staff receive periodic training on disaster preparedness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Will your organization be required to deploy staff to Non-Health Center	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
Form 10: EMERGENCY PREPAREDNESS REPORT		Grant Number	Application Tracking Number
sites/locations according to the emergency preparedness plan for the local community?			
5. Does your organization have arrangements with Federal, State, and/or local agencies for the reporting of data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Does your organization have a back-up communication system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a. Internal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6b. External	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Does your organization coordinate with other systems of care to provide an integrated emergency response?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Has your organization been designated to serve as a point of distribution for providing antibiotics, vaccines, and medical supplies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Has your organization implemented measures to prevent financial/revenue and facilities loss due to an emergency? (e.g., insurance coverage for short-term closure)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Does your organization have an off-site back-up of your information technology system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Does your organization have a designated EPM coordinator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-N39, Rockville, Maryland, 20857.

Instructions for Form 10: Emergency Preparedness Report

Select the appropriate responses regarding emergency preparedness.

Rural Health Clinic / Federally Qualified Health Center Requirements

CMS Emergency Preparedness Final Rule

The Centers for Medicare & Medicaid Services (CMS) issued the [Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers Final Rule](#) to establish consistent emergency preparedness requirements for healthcare providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and human-caused disasters. The U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) worked closely with CMS in the development of the rule.

<https://asprtracie.s3.amazonaws.com/documents/aspr-tracie-cms-ep-rule-rhc-fqhc-requirements.pdf>

All CMS providers including FQHC (HCHs) have this regulatory requirement:

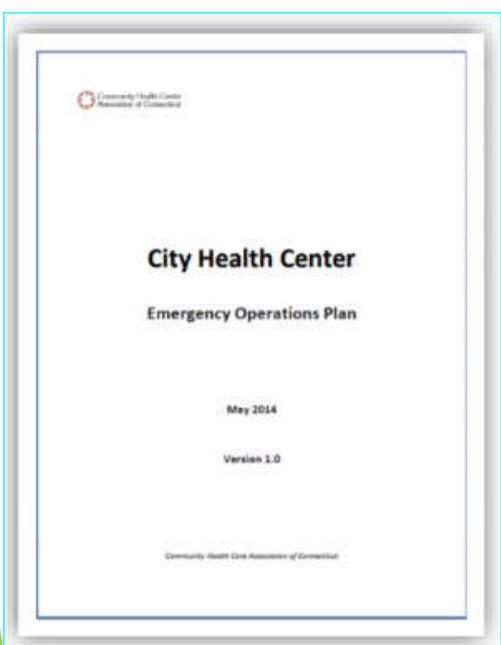
- Emergency Plan
- Policies and Procedures
- Communications Plan
- Training and Testing Program

Hazard and Vulnerability Assessment Tool

- Active Shooter
- Acts of Intent
- Bomb Threat
- Building Move
- Chemical Exposure, External
- Civil Unrest
- Communication / Telephone failure
- Dam Failure
- Drought
- Earthquake
- Epidemic
- Evacuation
- Explosion
- Fire
- Flood
- Forensic Admission
- Gas / Emissions Leak
- Generator Failure
- Hazmat Incident
- Hostage Situation
- Hurricane
- HVAC Failure
- Inclement Weather
- Infectious Disease Outbreak
- Internal Fire
- Internal Flood
- IT System Outage
- Landslide/Mudslide
- Large Internal Spill
- Mass Casualty Incident
- Natural Gas Disruption
- Natural Gas Failure
- Other
- Other Utility Failure
- Pandemic
- Patient Surge
- Food Poisoning
- Planned Power Outages
- Power Outage
- Radiation Exposure
- Seasonal Influenza
- Sewer Failure
- Shelter in Place
- Strikes / Labor Action / Work Stoppage
- Supply Chain Shortage / Failure
- Suspicious Odor
- Suspicious Package / Substance
- Temperature Extremes
- Tornado
- Transportation Failure
- Trauma
- Tsunami
- Water Contamination
- Water Disruption
- Weapon
- Workplace Violence / Threat
- Super Bowl

Key Elements of Disaster Readiness

Emergency
Operations Plan



Plan for what you will do

Incident
Command
System



The Tools to make it
happen

A Kick-Ass HCH
program



HCH TEAM



- Medical Director
- Program Manager
- Family Nurse Practitioners (FNP)
- Registered Nurses (RN)
- Community Health Workers (CHW)
- Certified Enrollment Counselors
- Consumer Liaison
- Senior Health Education Specialist
- Mental Health Specialist
- Licensed Clinical Social Worker (LCSW)
- Dentist
- Registered Dental Assistant

Connected to the
Community

DISASTER PLANNING AND EXPERIENCE FROM AN AGENCY PERSPECTIVE

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

**Frances Isbell. Executive Director
Houston Health Care for the Homeless**

HEALTH CENTER 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 Americares *before* emergency – invaluable resource

EMERGENCY PREPAREDNESS/cont.

- ▶ 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

RECOVERY/cont.

- ▶ 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

The Consumer Perspective During Regional Disasters

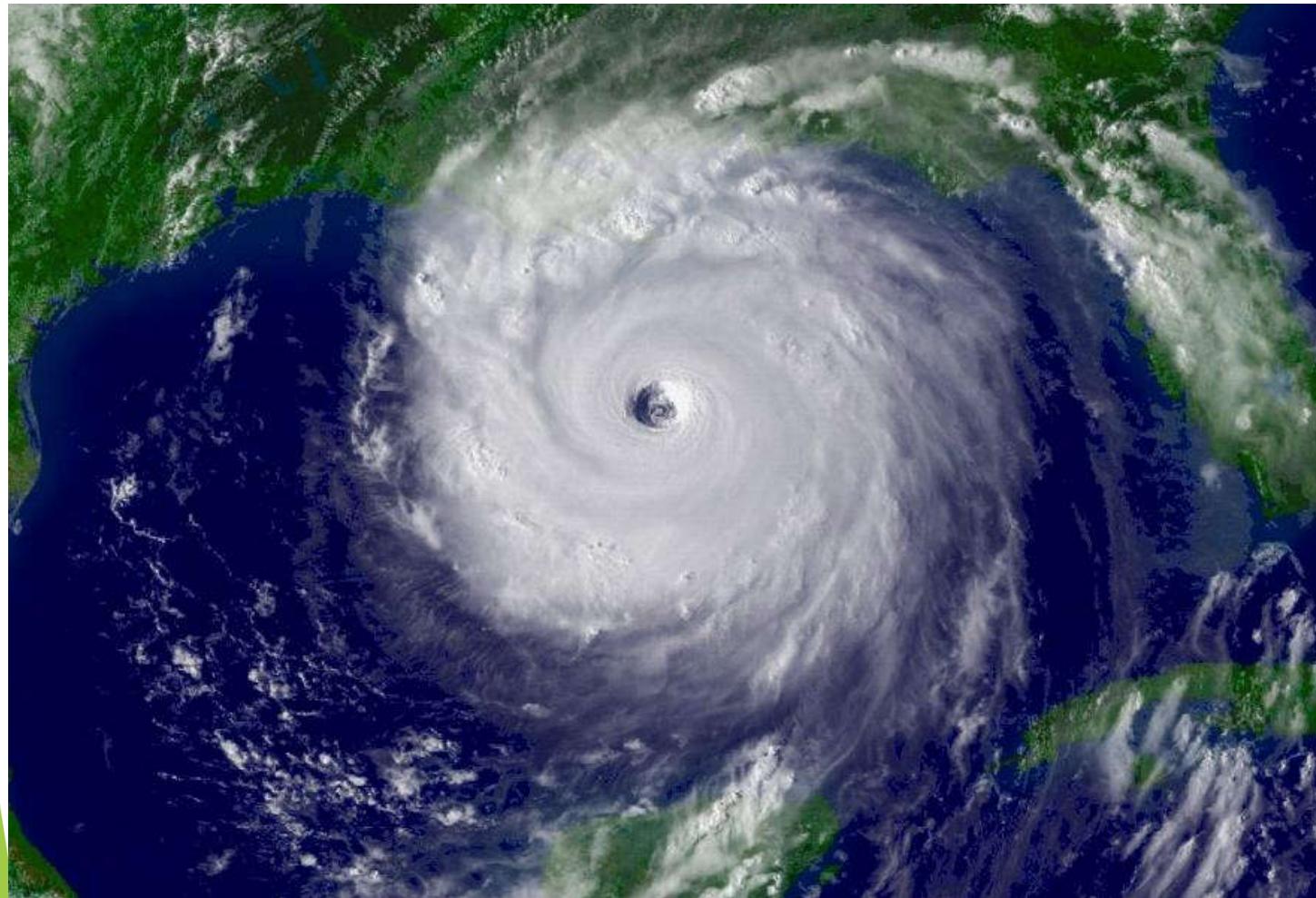
David Peery
Camillus Health Concern

2018 NHCHC Annual Conference
**Beyond the Emergency of Homelessness: Planning and Responding
Strategically to Disasters and
Emergencies**

Presentation Overview

1. Hurricanes Irma and Katrina as case studies/context for understanding consumer perspective in disaster preparation and post-disaster response.
2. **What Not To Do:** Issues arising from involuntary commitment of homeless persons who refused evacuation orders and sensitivity to evacuation of disabled persons; and
3. **Lessons learned**, suggestions and resources for outreach and engaging consumers prior, and in response, to disasters.

Hurricane Katrina 2005



Hurricane Katrina Selected Facts

Category 5 hurricane that caused catastrophic damage along the Gulf coast from central Florida to Texas

Property damage estimated at \$125 billion,^[1] tied with Hurricane Harvey of 2017 as the costliest tropical cyclone on record.

At least 1,200 to 1,800 people died in the hurricane and subsequent floods.

20,000 to 25,000 sheltered in Superdome

Post-Katrina Mental Health Issues

One study found that rates of mental illness in New Orleans doubled after the storm.

"The Impact of Hurricane Katrina on the Mental and Physical Health of Low-Income Parents in New Orleans." Am J Orthopsychiatry (Rhodes, Chan 2010)

A 2012 Princeton study of low-income mothers in the New Orleans area found that after four years, about 33 percent of its participants had Katrina-related PTSD, and 30 percent reported psychological distress.

"Hurricane Katrina survivors struggle with mental health years later." Princeton University website
<https://www.princeton.edu/news/2012/01/24/hurricane-katrina-survivors-struggle-mental-health-years-later-study-says?section=topstories>

A year after the storm, the Resilience in Survivors of Katrina Project found that nearly half of the 392 low-income parents they studied reported symptoms consistent with post-traumatic stress disorder.

<https://www.riskproject.org/>

Hurricane Irma 2017



Fast Facts

The strongest Atlantic hurricane ever recorded in terms of maximum sustained winds.

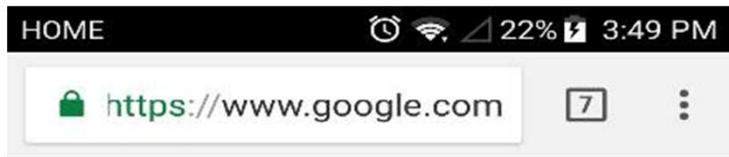
First Category 5 hurricane to strike the eastern Caribbean islands followed by Hurricane Maria two weeks later.

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 2004



Miami cranes cause concern as Hurricane Irma barrels toward Florida

SEP 7, 2017 9:10 AM EDT CBS THIS MORNING
CBS NEWS



In Miami, there were big concerns over some 25 construction cranes that could not be taken down before Irma's expected arrival. People who live in nearby buildings were 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.



Scene from my bedroom window
9/7/17



HURRICANE

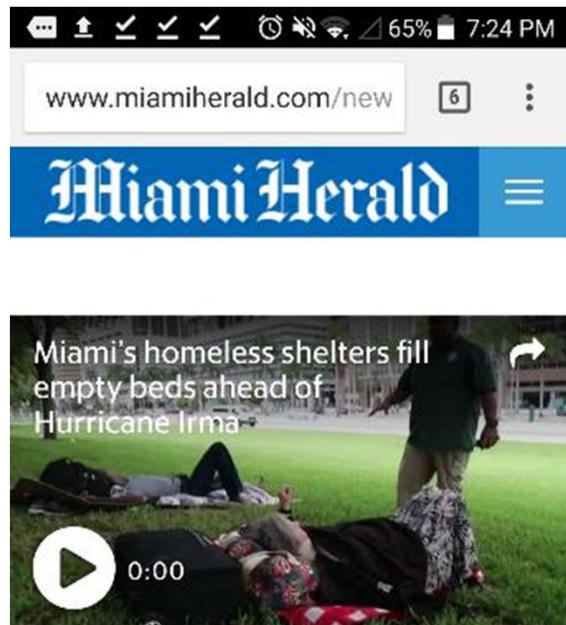
Miami-Dade orders coastal evacuation as Hurricane Irma threatens



Miami-Dade Mayor Carlos Gimenez issued expanded evacuation orders Thursday, September 7, 2017 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.



Miami's homeless shelters fill empty beds ahead of Hurricane Irma

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..

"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 shelters homeless against their will as Irma closes in



ADVERTISEMENT

Officer in Miami detain a person who is homeless ahead of the arrival of powerful Hurricane Irma, Sept. 8, 2017. (Josh Robarge / AP)
By Adriana Gomez Licon
Associated Press

SEPTEMBER 9, 2017, 6:52 AM | MIAMI

On what is likely the last clear day in Florida before Hurricane Irma's monster wind



HURRICANE

Miami's homeless to be committed if they won't seek shelter from Irma

BY DAVID SMILEY
dsmiley@miamiherald.com

September 07, 2017 03:49 PM
Updated October 24, 2017 01:29 PM

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

By KURTIS LEE and LES NEGRUS
SEP. 09, 2017 | 6:45 PM
MIAMI



MIAMI-DADE COUNTY

HURRICANE IRMA

PRELIMINARY REPORT

Preliminary Draft - September 28, 2017



Miami-Dade County Report on Preparation and Response to Hurricane Irma

"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.

LESSONS LEARNED





Prepare in advance to establish effective consumer outreach and engagement using Trauma-Informed approaches

Peers are most effective in outreach

Peer support specialists

Consumer Advisory Board Members

Community Health Workers

Emergency Preparedness

Disaster Planning for People Experiencing Homelessness

- [**Integrating Homeless Service Providers and Clients in Disaster Preparedness, Response, and Recovery**](#), 2014, This issue brief outlines strategies in place in two Florida counties to meet the disaster needs of people experiencing homelessness. Findings from focus groups were used to assess homeless individual and service provider knowledge base and perception of these strategies. Recommendations are offered for other communities working towards more inclusive planning.
- [**Surviving Severe Weather: Tools to Promote Emergency Preparedness for People Experiencing Homelessness**](#), 2013, This series of weather-specific informational flyers was developed specifically for people experiencing homelessness using input from people who are formerly and currently homeless. Information for planning a severe weather dialogue and learning session is included.
- [**Directory of Disaster Response and Recovery Resources**](#), June 2009, Canavan Associates. The goals of the Directory are to: 1.) Provide Continuums of Care (CoC) a guide to the development of disaster/emergency preparedness. 2.) Help CoCs better understand the disaster/emergency response and recovery process. 3.) Enhance CoC capacity to respond and recover from disasters/emergencies by providing an inventory of potential resources addressing both organizational and individual needs. 4.) Encourage coordination and collaboration between CoCs and disaster/emergency organizations.

Resources

- General Information
- Clinical Practice
 - HCH Clinicians' Network
 - Adapted Clinical Guidelines
- Diseases and Conditions
- Tools And Support
 - Case Management
 - Case Reports
 - Children, Youth & Families
 - Clinical Performance
 - Cultural Competency
 - Discharge Planning
 - Elderly
 - Emergency Preparedness
 - Forms from HCH Projects
 - Lesbian, Gay, Bisexual, Transgender & Queer Health
 - Medical Ethics
 - Models of Care
 - Poverty & Health

NHCCHC disaster planning resources and issues briefs

HUD and Continuum of Care Resources

DR-H-Local-Planning-G X + file:///C:/Users/mintab/AppData/Local/Microsoft/Windows/INetCache/E/JKBCENUW/DR-H-Local-Planning-Guide-Steps-At-a-Glance.pdf

 DISASTER RECOVERY
Homelessness Toolkit

LOCAL PLANNING GUIDE

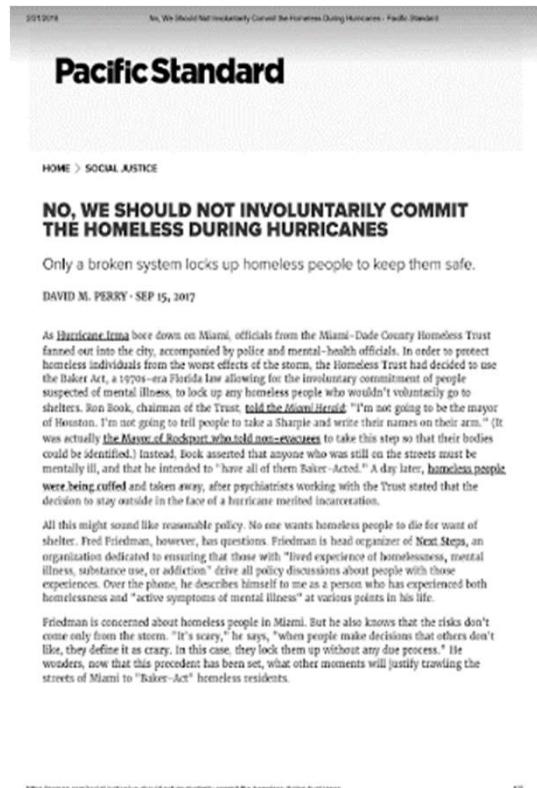
STEPS	CHECK	INVOLVE	COLLECT	IDENTIFY	IMPROVE	PREPARE
Why you should do this step...	Some disaster planning probably has already taken place in your community. No need to reinvent the wheel. Find out who was involved and what was accomplished. Were homeless and vulnerable populations addressed? Were they consulted? Does your area have special needs for these populations such as sheltering; mass evacuations for people without vehicles; mental health services? Do not be alarmed if these populations aren't mentioned. Here is your chance to make that happen.	No individual has all the knowledge and skills needed to identify lessons and solutions for homeless populations in a disaster. You will need to build a network of people who have deep understanding of your community, disaster planning, and homelessness. All communities have a Continuum of Care (CoC) organization that coordinates work to end homelessness (note that your area could be covered by a "Balance of State" CoC if there is not a CoC in your city or county). Work with the CoC leadership. Let homeless service providers know about existing disaster preparedness plans, involve them and those affected in developing knowledge about persons experiencing homelessness and other vulnerable populations, and gain their commitment to working on plan improvements.	Identify and review existing data from the CoC Plan, the Continuum of Care, and qualitative accounts from local service providers, to get a clearer picture of the numbers, characteristics, and locations of homeless people in your community.	Your service provider network has tested staff facilities, and protocols for addressing homelessness that can support the disaster response. You will want to take advantage of these assets in your network. If a disaster can disrupt or overwhelm the organizations' operations, You need to understand the assets that are available as well as potential service gaps if a disaster hits.	After analyzing existing plans, creating a network, and using data to understand community needs and resources, you're ready to enhance your community's existing disaster plan to address any gaps that occur during a disaster. Persons and other vulnerable populations. You will need to have solutions tailored to your community, but you don't need to come up with everything on your own. Best practices gleaned from other communities are covered in Parts 2 and 3 of this Toolkit.	Do not let all your good work go to waste. Take immediate steps to prepare, including training, outreach, and public education. Clarify roles and sign agreements to codify them. Stay in touch with stakeholders. Community information will change over time, so update your plan regularly.
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 team that has the knowledge, skills, and commitment to plan an effective response to the needs of homeless and vulnerable people after a disaster.	Increased knowledge of your homeless populations, including location of outdoor camps, soapbox and sites of substance use disorders, common mental and physical challenges, and other key information that will help you craft a plan that addresses the real vulnerabilities in the community. Without this knowledge, you risk leaving people out and putting them in danger.	An inventory of the capacity, skills, and services that your service provider network can provide to assist homeless and other vulnerable people during and after a disaster, as well as information about potential gaps in the network post-disaster.	An improved disaster plan that effectively integrates the needs of homeless people and other vulnerable people.	A commitment to and practical approach for the community to assist persons experiencing homelessness and other vulnerable people in a disaster.

<https://www.hudexchange.info/homelessness-assistance/disaster-recovery-homelessness-toolkit/local-planning-guide/>

Time Remaining: 32:39 Other Options End Session

No We Should Not Involuntarily Commit the Homeless During Hurricanes

<https://psmag.com/social-justice/we-should-not-involuntarily-commit-the-homeless-during-hurricanes>



[The Needs of People with Disabilities with Psychiatric Disabilities During and After Hurricanes Katrina and Rita](https://psmag.com/social-justice/we-should-not-involuntarily-commit-the-homeless-during-hurricanes) (National Council on Disability 2006)

Strategic Responses to Daily Disasters Affecting People Experiencing Homelessness

Lucy Kasdin, LCSW

Alameda County Health Care for the Homeless

Before a Disaster: Building the Foundation

- ▶ Outreach Provider Monthly Meetings
 - ▶ Training
 - ▶ Coordination
- ▶ Orientation toward services
 - ▶ Harm reduction framework
 - ▶ Trauma Informed Care

“Daily Disasters”

- ▶ Encampment Fires
- ▶ Extreme Weather
- ▶ Air Quality
- ▶ Potential disease outbreaks

Daily Disaster Example: Building Fire Response

- ▶ Substandard housing of last resort
- ▶ Population served
- ▶ Response:
 - ▶ Red Cross
 - ▶ Community
 - ▶ Spiritual Leaders
 - ▶ HCH Program



Uroja House Fire
March 2017
4 killed, 100+ displaced

Daily Disaster Example: Fire Safety Encampments

Areas the training should address: Fire for warmth, cooking, light and substance use

Fire Safety:

- Choose a site at least 15 feet from tent walls, shrubs, trees, power lines, buildings, vehicles, equipment or other flammable objects to make fires.
- Open flames in an area with excess clutter is very dangerous.
- Don't burn dangerous things like aerosol cans, pressurized containers, glass or aluminum cans. They could explode, shatter and/or create harmful fumes or dust.
- Keep your fire to a manageable size
- Cooking:
 - If you are sleepy or have been using substances don't cook
 - Keep anything that can catch fire away from the flames
 - Keep your grill clean
 - Never leave your grill unattended
 - Make sure your coals are completely cool before disposing of them
- Candles:
 - Don't use candles inside the tent because oxygen is limited and risk is greater
 - Keep candles at least 12 inches from anything that can burn
 - Avoid using if you may fall asleep
 - Use candle holders that are sturdy and put candle holder on a sturdy, uncluttered surface. You want to make sure the candle does not tip over
 - Don't burn candles all the way down, put it out before it gets too close to the holder or container
- Substance Use:
 - Grind out cigarettes, cigars or pipe tobacco in the dirt; do not throw smoking materials into brush, leaves or debris piles.
 - Keep cups of water nearby to throw lite cigarettes in if you start to nod off
- Putting out a fire:
 - Pour lots of water on the fire. Drown ALL embers, not just the red ones. Pour until hissing sound stops.
 - If you do not have water, stir dirt or sand into the embers with a shovel to bury the fire.
 - If it's too hot to touch, it's too hot to leave
 - When disposing ash outside, drown the charcoal and ash with lots of water, stir them, and soak again. Be sure they are out cold.
 - If you have a grease fire smother the flames and leave it covered until it completely cools

Generator safety:

- Use in well-ventilated area
- Store fuel in a labeled container
- Turn off generators and let them cool down before refueling. Never refuel a generator while it is hot.



Encampment
Fire
Extinguisher
Distribution

Community
Partnership

Daily Disaster Example: Extreme Weather Resources and Information

Heat Emergency Resources 2016-17

Be careful in the Summer Heat!

Extremely hot weather can be very harmful to homeless people – it can be just as bad – or worse – than the cold.

Be Careful! Heat and sun are threats to aging folks, babies and children, disabled persons, folks with medical conditions or who take medication, and folks who drink or use drugs.

Be Aware! If you see someone passed out or in bad shape, don't think they're "just drunk" – they could be suffering or dying from heat and sun. Call 911 and get them help!

Water! People on the streets don't have ready access to water. It is both compassionate and useful to provide bottled water to people, in addition to sunscreen, hats and umbrellas for protection.

Cooling Center! A cooling center is a facility, such as a senior center, community center or library, where people may go to get out of life-threatening heat during a heat wave. Cooling centers are for everyone, especially those at risk of getting a heat-related illness.

Please call the cooling center nearest you for hours of operation during hot weather.

Heat Emergency Homeless Cooling Centers Locations

North Oakland Senior Center	5714 Martin Luther King Jr Way 510-597-5085	Monday - Friday, 9 am - 4:30 pm
East Oakland Multipurpose Senior Center	9255 Edes Avenue, Oakland, CA 510-615-5731	Monday - Friday, 8:30 am - 5 pm
St. Vincent DePaul Center	2272 San Pablo Ave Oakland 510-638-7600	Tuesday-Saturday 9:30-3pm Not air conditioned but water and a place in the shade.
Fruitvale-San Antonio Senior Center	3301 E 12th Street, Suite 201 Oakland 510-535-6123	Monday - Friday, 9 am - 5 pm
Oakland Main Library	125 14th Street Oakland (510) 238-3134	Mon, Tue, Fri, Sat: 10-5:30pm Wed, Thur: 12 -8pm Sun 1-5pm
Berkeley	Location	Address & Phone
		Hours

Winter Emergency Resources 2017-2018

The Winter Shelter and Warming Stations for Alameda County are closed for the season, with the exception of St. Vincent de Paul in Oakland which closes June 11, 2018. Normally Winter Shelters open in November.

Following is information for **Winter Shelters** (open every night during the winter months), and **Warming Stations** (shelters open only in rainy or cold weather) in Alameda County.

For additional information about accessing shelters, transitional housing, and other emergency housing in Alameda County, call 211 (Eden Information and Referral). More information is also available on our [Get Help](#) page.

Download the printable version of the Winter shelter listing [here](#).

Alameda County - Winter Emergency Housing Resources Winter 2017-2018

For Information on accessing shelters, transitional housing and other emergency housing in Alameda County, please call 211 (Eden Information and Referral)

Program Name	Location	Dates Open	Capacity	Availability Notification	Referral Process	Eligibility	Requirements	Contact
Seasonal Winter Shelter: Open every night during winter months								
Berkeley	1925 9th	Opens	75	Call 510-830-2001	First-come,	Open to all "wet"	Opening as early as 6:45pm	510-830-2001

Daily Disaster Example: Hepatitis A Campaign

HEPATITIS A OUTBREAK
among homeless people in California.

 Spread by coming into contact with an infected person's **poop**

 Causes **EXTREME sickness, liver damage, death.**

Wash your hands with soap and water to keep Hepatitis A from spreading.

Get a FREE VACCINATION to protect yourself

Ask an outreach worker or a friend.

Health Care for the Homeless Mobile Clinic and Hepatitis A Immunization Sites:

Free vaccines available to people experiencing homelessness on the HCH mobile clinic, street outreach, and at Hepatitis A Immunization Sites provided by the County of Alameda and the [City of Berkeley](#), according to the below Schedule:

HCH IMMUNIZATION CALENDAR

Today  Thursday, November 16, 2017 

Date	Vaccination Site	Time	Notes
Thursday, November 16, 2017	Castro St/6th St Oakland (Corner of 6th/Castro)	1:30pm	Open to All
Thursday, November 16, 2017	Multi-cultural Institute—Hearst and 4th St., Berkeley	9:30am	Open to all
Friday, November 17, 2017	St. Mary's Senior Center 925 Brockhurst St/San Pablo Ave Oakland	9:30am	Open to All
Friday, November 17, 2017	St. Mary's Senior Center 925 Brockhurst St/San Pablo Ave Oakland	9:30am	Open to All
Monday, November 20, 2017	City Team 722 Washington St/7th St Downtown Oakland	9:30am	Open to All
Tuesday, November 21, 2017	East Oakland Community Project—7515 International Blvd. Oakland	9:30am	Open to all
Wednesday, November 22, 2017	San Leandro Community Church 1395 Bancroft Ave., San Leandro	9:30am	Open to all
	Mon On the Way Hayward (Residents Only)	1:30pm	

Daily Disasters: Opportunities

- ▶ Partnerships with Public Health Department, Environmental Health Department, Behavioral Health Care Services
- ▶ HCH's role as experts in homeless services:
 - ▶ Advise and consult
 - ▶ Convene

PREPARE

Know your Community

- Create Opportunities for Collaboration
- Establish or Strengthen Relationships with Potential Partners
- Meet and Discuss Common Concerns

Know your strengths, tools, plans

- Trauma-Informed Care
- Training tools
- Convene/Maintain Relationships

RESPOND

Use/Test the System

- Test in Exercises, Table-Top Planning, or actual Daily Disasters

RECOVER

Sustain an Inclusive System

- Coordinate work between program, other providers and Emergency Responders in the Long-Term

VA toolkit:

<https://www.va.gov/HOMELESS/nchav/education/VEMEC-Toolkit.asp>

NOW AVAILABLE!

AN ONLINE RESOURCE FOR SHARING THE STORIES OF DISASTER SURVIVORS WITH ELECTED OFFICIALS



Personal stories from disaster survivors can make a compelling case for elected officials to develop policies and programs that are more responsive to those disproportionately impacted—now and in the future.

But that can only happen if direct accounts are collected from those recovering from the multiple hurricanes and wildfires of 2017 or from their advocates and direct-service providers.

The Disaster Housing Recovery Coalition has created a brief online form so you can easily share these stories and help to illustrate the unmet housing challenges low income disaster survivors face. Full names are not required to share this information. [Find this resource at https://bit.ly/2qoyKhX](#)

The Disaster Housing Recovery Coalition (DHRC) is a group of over 700 local, state, and national organizations dedicated to ensuring the federal response to recent disasters prioritizes the housing needs of the lowest income people in the impacted areas. The group is led by the National Low Income Housing Coalition. [Find out more at www.nlihc.org/disaster-housing-coalition](#).

National Low Income Housing Coalition

Disaster Housing Recovery Coalition

<http://nlihc.org/disaster-housing-coalition>

Discussion Questions

- ▶ How well do you feel your HCH Health Center is prepared for “conventional” disasters?
- ▶ What are particular needs of your patient population within the most likely type of disaster your area faces?
- ▶ Who can you partner with on the local level for emergency planning?
- ▶ What are some of the “daily disasters” that your patient population has experienced or may experience?
- ▶ How does your program/health center respond to “daily disasters?”
- ▶ Who do you partner with around “daily disasters?”