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
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 bad as the cold.

Be Careful! Heat and sun are threats to aging folks, babies and children, disabled people, those 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 drinking” or “just drunk.” 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 bothcompassionate and wise 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, library, building, or YWCA. People may go to get out of life-threatening heat during a heat wave. Cooling centers will be open during the day 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.

California Today: Rain Brings Health Hazards to the Homeless

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

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

Homeless Displaced By Long Island Bridge Closure Remain In Flux

Minneapolis Homeless Shelter To Move During Super Bowl

Gas Leak Forces 400 Out of Polk Homeless Shelter

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

SF Shigella increase sickens homeless and non-homeless population. Sanitation hand-washing key to prevent spread of gastrointestinal illness.
Fires: Encampments & buildings
Air quality

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

Santa Rosa Wildfires
10/2018

Volunteers distribute respiratory masks to the homeless in Oakland
Forced displacement

Orange County Courthouse Plaza 4/2018
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

Click and view these webinars!
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 | FOR HRSA USE ONLY |
| Health Resources and Services Administration | Grant Number | Application Tracking Number |

**Section I: Emergency Preparedness and Management (EPM) Plan**

1. Has your organization conducted a thorough Hazard Vulnerability Assessment? If Yes, date completed.
   - [ ] Yes
   - [ ] No

2. Does your organization have an approved EPM plan? If Yes, date the most recent EPM plan was approved by your Board.
   - [ ] Yes
   - [ ] No

3. Does the EPM plan specifically address the four disaster phases? (This question is mandatory if you answered Yes to question 2.)
   - [ ] Yes
   - [ ] No

   3a. Mitigation
   - [ ] Yes
   - [ ] No

   3b. Preparedness
   - [ ] Yes
   - [ ] No

   3c. Response
   - [ ] Yes
   - [ ] No

   3d. Recovery
   - [ ] Yes
   - [ ] No

4. Is your EPM plan integrated into your local/regional emergency plan? (This question is mandatory if you answered Yes to question 2.)
   - [ ] Yes
   - [ ] 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.)
   - [ ] Yes
   - [ ] 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.)
   - [ ] Yes
   - [ ] 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?
   - [ ] Yes
   - [ ] No

2. Does your organization conduct annual planned drills?
   - [ ] Yes
   - [ ] No

3. Does your organization's staff receive periodic training on disaster preparedness?
   - [ ] Yes
   - [ ] No

4. Will your organization be required to deploy staff to Non-Health Center
   - [ ] Yes
   - [ ] No

**Instructions for Form 10: Emergency Preparedness Report**
Select the appropriate responses regarding emergency preparedness.
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

<table>
<thead>
<tr>
<th>Event</th>
<th>Probability</th>
<th>Human Impact</th>
<th>Property Impact</th>
<th>Business Impact</th>
<th>Preparedness</th>
<th>Facility Response</th>
<th>External Response</th>
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- 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**
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
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
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, 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.


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/
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 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.
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.
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.
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

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

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

By DAVID SMILEY
david@miamiherald.com

September 07, 2017 03:49 PM
Updated October 24, 2017 01:29 PM
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
HUD and Continuum of Care Resources
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 (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

Encampment Fire Extinguisher Distribution Community Partnership

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.

Cooling:
- 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:
- Don’t throw cigarettes, pipes or pipe tobacco in the dirt, do not throw smoking materials into brush, leaves or debris piles.
- Keep cups of water nearby to throw lit cigarettes in if you start to nod off.

Put 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 unventilated 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.
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 medications, 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

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<tr>
<th>Location</th>
<th>Address &amp; Phone</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td>North Oakland Senior Center</td>
<td>3714 Martin Luther King Jr Way 510-597-5085</td>
<td>Monday - Friday, 9 am - 4:30 pm</td>
</tr>
<tr>
<td>East Oakland Multipurpose Senior Center</td>
<td>9255 Edes Avenue, Oakland, CA 510-615-5731</td>
<td>Monday - Friday, 9 am - 5 pm</td>
</tr>
<tr>
<td>St. Vincent DePaul Center</td>
<td>2272 San Pablo Ave Oakland 510-636-7600</td>
<td>Tuesday - Saturday 9:30 am - 5 pm</td>
</tr>
<tr>
<td>Fruitvale-San Antonio Senior Center</td>
<td>301 E 12th Street, Suite 201 Oakland 510-535-6129</td>
<td>Monday - Friday, 9 am - 5 pm</td>
</tr>
<tr>
<td>Oakland Main Library</td>
<td>125 4th Street Oakland (510) 238-3134</td>
<td>Mon, Tue, Fri, Sat: 10:30 am - 5:30 pm Wed, Thu: 12:30 pm - 5:30 pm</td>
</tr>
</tbody>
</table>

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).
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**

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<td>MOBILE: Castro St/6th St Oakland (Corner of 6th/Castro)</td>
<td>Open to All</td>
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<td>Thursday, November 16, 2017</td>
<td>9:30am</td>
<td>MOBILE: Multi-cultural Institute—Hearst and 4th St., Berkeley</td>
<td>Open to all</td>
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<td>Friday, November 17, 2017</td>
<td>9:30am</td>
<td>MOBILE: St. Mary's Senior Center 925 Brockhurst St/San Pablo Ave Oakland; Open to All</td>
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<tr>
<td>Monday, November 20, 2017</td>
<td>9:30am</td>
<td>MOBILE: City Team 722 Washington St/7th St Downtown Oakland; Open to All</td>
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<tr>
<td>Tuesday, November 21, 2017</td>
<td>9:30am</td>
<td>MOBILE: East Oakland Community Project—7515 International Blvd. Oakland—Open to all</td>
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<tr>
<td>Wednesday, November 22, 2017</td>
<td>9:30am</td>
<td>MOBILE: San Leandro Community Church 1365 Bancroft Ave., San Leandro—Open to all</td>
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<tr>
<td>Thursday, November 23, 2017</td>
<td>1:30pm</td>
<td>MOBILE: Olivo-Calilo Way North (Residences Only)</td>
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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
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/2qoyK6X

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.
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?”