

DISASTER PREPAREDNESS TO PROMOTE COMMUNITY RESILIENCE

Information and Tools for Homeless Service
Providers and Disaster Professionals



Introduction to Promoting
Community Resilience

A joint project of the U.S. Department of Veterans Affairs, the
U.S. Department of Health and Human Services, and the U.S.
Department of Housing and Urban Development.

This material is based upon work supported by the US Department of Veterans Affairs, Veterans Health Administration, Office of Patient Care Services. The views expressed in this publication are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

Authors and publisher are solely responsible for the accuracy of the statements and interpretation contained in this publication. Such interpretations do not necessarily reflect the views of the Government. The substance and findings of the work are dedicated to the public.

All materials in this work are in the public domain and may be reproduced or copied without permission from the US Department of Housing and Urban Development. Citation of the source is appreciated. However, this publication may not be reproduced or distributed for a fee without the specific written authorization of the Office of Special Needs Assistance Programs, Community Planning and Development, US Department of Housing and Urban Development.

Acknowledgments

July 2017

We wish to acknowledge all who contributed to make this effort possible. This effort was led by three federal agencies: the US Department of Veterans Affairs (VA), the US Department of Health and Human Services (HHS), and the US Department of Housing and Urban Development (HUD). We wish to thank the leadership of these offices for supporting this work.

A comprehensive list of authors and subject matter experts who provided substantive input for this process is included below. We especially thank the reviewers and work group volunteers who contributed their expertise and time to helping us develop this toolkit. Over 30 subject matter experts weighed in during interviews and informal conversations with our teams. We have listed the names of those who agreed to be identified.

Core Toolkit Team

Veterans Emergency Management Evaluation
Center (VEMEC)

U.S. Department of Veterans Affairs (VA)

June L. Gin

Alicia Gable

Susan Schmitz

Mangwi Atia

Aram Dobalian

Office of the Assistant Secretary for
Preparedness and Response (ASPR)

U.S. Department of Health and Human
Services (HHS)

Cheryl Levine

Sulava Gautam

Daniel Dodgen

Office of Special Needs Assistance
Programs (SNAPS)

U.S. Department of Housing and Urban
Development (HUD)

**David Canavan, Canavan Associates
(consultant to HUD)**

**Fran Ledger, Canavan Associates
(consultant to HUD)**

Susan Ziff

Health Resources and Services
Administration (HRSA)

U.S. Department of Health and
Human Services (HHS)

Nicole Gaskin-Laniyan

Centers for Disease Control and Prevention (CDC)

U.S. Department of Health and Human Services (HHS)

Samantha Williams

VA National Center on Homelessness among Veterans

U.S. Department of Veterans Affairs (VA)

Roger Casey

Luis Molina

Workgroup Leads, Volunteers, Contributors, and Reviewers:

Section 1: Creating an Inclusive Emergency Management System

Co-Leads: **David Canavan and Alicia Gable**

Kevin C. Heslin, Veterans Emergency Management Evaluation Center

Fran Ledger, Canavan Associates, consultant to U.S. Department of Housing and Urban Development

Michele Wood, California State University Fullerton

Susan Ziff, U.S. Department of Housing and Urban Development

Ian Lisman, Advocates for Human Potential

Luis Molina, VA National Center on Homelessness among Veterans, U.S. Department of Veterans Affairs

Robin Pfohman, Public Health - Seattle & King County

Jason Yancey, Operation HOPE, and Emergency Network Los Angeles

Sarah Yates, National Association of City and County Health Officials

Section 2: Guidance for Homeless Service Providers: Planning for Service Continuity

Co-Leads: **June L. Gin and Roger Casey**

Alessa Adamo, currently with American Red Cross North Florida Region; formerly with San Francisco Community Agencies Responding to Disaster (SF CARD)

Cissie Bonini, Tenderloin Hunger Task Force, San Francisco

Colleen Clark, University of South Florida

Richard Eisner, formerly with the Fritz Institute's Bay Area Preparedness Initiative, San Francisco; and the California Governor's Office of Emergency Services

Tala Hooban, Administration for Children and Families, U.S. Department of Health and Human Services

Co-Leads: **Cheryl Levine, Nicole Gaskin-Laniyan, and Samantha Williams**

Lynette Araki, U.S. Health Resources and Services Administration

Mangwi Atia, Veterans Emergency Management Evaluation Center

Richard Cho, United States Interagency Council on Homelessness

Sabrina Edgington, National Health Care for the Homeless Council

Kent Forde, U.S. Health Resources and Services Administration

Sulava Gautam, U.S. Department of Health and Human Services

Adishesu Gundlapalli, U.S. Department of Veterans Affairs

Karen Guthrie, U.S. Department of Veterans Affairs

Cynthia K. Hansen, U.S. Department of Health and Human Services

Rachel Kaul, U.S. Department of Health and Human Services

Linda MacIntyre, American Red Cross

Sapna Morris, U.S. Centers for Disease Control and Prevention

Torrie Osterholm, U.S. Department of Veterans Affairs

Thomas O'Toole, U.S. Department of Veterans Affairs

Shulamit Schweitzer, U.S. Department of Health and Human Services

Jeffrey Simms, U.S. Department of Health and Human Services

Jonathan White, U.S. Department of Health and Human Services

Subject Matter Experts (Note: Individuals who requested anonymity are not listed):

Rhonda Abbott, Homeless Leadership Board of Pinellas County (Florida)

Alessa Adamo, currently with American Red Cross North Florida Region; formerly with San Francisco Community Agencies Responding to Disaster (SF CARD)

Heather Barr, Public Health - Seattle & King County

Sally Bishop, Pinellas County (Florida) Department of Emergency Management

Cissie Bonini, Tenderloin Hunger Taskforce, San Francisco

Rob Dudgeon, currently with Union Foxtrot International; formerly with San Francisco Department of Emergency Management

Richard Eisner, formerly with the Fritz Institute's Bay Area Preparedness Initiative, San Francisco; and the California Governor's Office of Emergency Services

Kelley Evans, DVM, currently with Veterinary Medical Assistance Team 2; formerly U.S. Army

Paul Jacks, currently with CB&I; formerly with the Fritz Institute's Bay Area Preparedness Initiative, San Francisco; and the California Governor's Office of Emergency Services

Erin McLachlan, currently with Minnesota Department of Health; formerly with City of New York

Justin Mammen, formerly with St. Vincent de Paul, Los Angeles; and the Skid Row

Interagency Disaster Collaborative,
Los Angeles

Donata Nilsen, Alameda County (California)
Department of Public Health

Shawn Noles, Volunteers of America
(Tallahassee, Florida)

Casey O'Donnell, Impact Services
(Philadelphia, PA)

Robin Pfohman, Public Health -
Seattle & King County

Jeffery L. Quarles, Grant and Per Diem
National Program Office, U.S. Department of
Veterans Affairs

Gerald Rooks, Volunteers of America
(New Orleans, LA)

Clifford Smith, currently with City of St.
Petersburg, Florida; formerly with Pinellas
County (Florida) Department of Health and
Human Services

Alix Stayton, Emergency Network
Los Angeles

Sheri Taylor, Volunteer Florida

Carol Thomas, Project HOME,
Philadelphia, PA

Chad Thomas, Philadelphia Department of
Public Health

Shelba Waldron, Juvenile Welfare Board of
Pinellas County (Florida)

Brian Whitlow, San Francisco Community
Agencies Responding to Disaster (SF CARD)

Kerrie Wilson, Volunteers of America of
Florida (Punta Gorda Veterans Village)

Jason Yancey, Operation HOPE, and
Emergency Network Los Angeles

Andrea Zussman, The San
Francisco Foundation

Table of Contents

Introduction	6
Toolkit Audience, Purpose and Objectives	7
Homelessness and Disasters: The Challenges	9
Background on Continuity of Operations Plans (COOPs)	15
Background on Healthcare Guidance	19
References	21

Introduction

Individuals and families experiencing homelessness are among the most vulnerable members of our society. Many depend on an array of services to meet their basic needs on a daily basis. These services are provided by a range of community homeless service providers, consisting of shelters, meal providers, transitional housing facilities, health care providers and case management agencies. Health care services are also a vital resource for many individuals who are homeless as there are disproportionate rates of serious mental illness, substance use disorders, disabilities and medical conditions within this population (Arangua and Gelberg 2007; Edgington 2009). During a disaster, homeless individuals are likely to depend on these trusted entities to help address their disaster-related needs (Ritchie, Tierney et al. 2010; Gin, Kranke et al. 2015; Vickery 2015b). Homeless individuals and families become even more vulnerable if homeless service providers are damaged or unavailable during a disaster. Enhancing preparedness and continuity planning for healthcare providers and homeless service providers can assist in reducing potential interruptions of services. By maintaining service delivery, these institutions can care for their current clients while also functioning as a critical resource to homeless individuals when emergency managers and other government responders are likely to be overwhelmed with demands from the larger community (California Governor’s Office of Emergency Services (Cal OES) 2000).

1 Note about Terminology

In this document, “homeless service providers” refers primarily to non-profit organizations providing direct daily services to homeless populations in the local community. Emergency management system” refers broadly to local government disaster preparedness and response, including local public health preparedness officials.

Agencies responsible for disaster planning within a jurisdiction (city, county, state, territory) must plan to care for the whole community. Including entities that provide daily services to people who are homeless in community disaster planning can provide “a more comprehensive solution when a timely and thorough response to a disaster is required” (Wexler and Smith 2015). Building an inclusive emergency management system that incorporates homeless service providers and health organizations as partners can dramatically improve disaster response for the entire community. Working as an inclusive system will also more adequately address the needs of individuals who are homeless and other at-risk populations. Ultimately, preparing homeless service providers, enhancing health care preparedness, and strengthening the emergency management system can increase community resilience to disasters.

Healthcare system disaster planning can also ensure that homeless individuals, who often use emergency rooms for health care, receive needed care when demand on the system surges during disasters and avoid unnecessary strain on emergency medical systems. Healthcare settings will also be better able to respond with providers experienced in serving individuals experiencing homelessness, and able to expand such services after a disaster.

Toolkit Audience, Purpose and Objectives

This toolkit provides preparedness strategies to better integrate homeless service providers into emergency management systems, ensure that homeless service providers are capable of providing essential services after disaster, and prepare health care providers to be able to address the health-related needs of homeless individuals. By putting strategies into place in advance of a disaster, communities can more effectively respond to the needs that homeless individuals will have when disaster strikes. The toolkit is not intended as a reference for use in the disaster response and recovery phases, but rather a supportive tool when preparing for potential disasters (See Appendix 1, Glossary for a description of the phases of emergency management).

The information provided is intended for a diverse audience of practitioners. Some of the systemic challenges identified require broader solutions and are relevant to policymakers and funders. However, the toolkit does not expand on these larger issues. Instead, it is geared for three primary audiences that work directly to address the needs of homeless individuals during and after disasters:

1. Homeless service providers;
2. Emergency managers and public health officials at the local, state, and federal levels; and
3. Health care providers.

The toolkit is divided into this current Introduction document, which is designed to accompany the toolkit. Readers may find it helpful to review this document to get a sense of the importance of the concepts covered in the toolkit and the challenges that surround them. The Toolkit is then divided into three sections that provide solutions, step-by-step guidance, and best practices to create systems capable of addressing the needs of homeless individuals during disasters. The sections and their objectives are as follows:

Introduction

- Highlight challenges in addressing the needs of homeless populations during disasters.
- Raise awareness about the need for collaboration between the disaster preparedness, response and recovery systems, and homeless service providers.
- Highlight challenges in continuity of operations planning for homeless service providers.
- Identify standards of community-based organization (CBO) preparedness that communities have developed in order to establish shared disaster performance measures for homeless service providers.

Section 1: Creating an Inclusive Emergency Management System

- Provide guidance to homeless service providers, public health officials, and emergency managers in identifying and collaborating with partners to address disaster response and recovery needs of homeless individuals.
- Augment the ability of various partners to address disaster response and recovery needs of individuals experiencing homelessness through collaboration.

Section 2: Guidance for Homeless Service Providers: Planning for Service Continuity

- Provide strategies, tools and guidance for homeless service providers to engage in preparedness and minimize service disruption from a disaster.

Section 3: Guidance for Health Care Providers

- Identify the impact of disruption on medical and behavioral health services for individuals experiencing homelessness.
- Raise awareness of pre-disaster planning and coordination needs of clinical service providers for individuals experiencing homelessness.
- Enhance the capacity of healthcare settings with providers experienced in serving people who are homeless, and provide expanded care following a disaster or public health emergency.

Glossary

Provides background to help readers better understand the specialized terminology of the fields of emergency management and homeless service provision.

Appendices

Additional resources that may be useful for communities and organizations seeking guidance in addressing the needs of individuals experiencing homelessness are provided in the Appendices. These include resources specifically referenced in Sections 1 and 2, and Addressing Service Animals and Pets of Individuals Experiencing Homelessness.

Homelessness and Disasters: The Challenges

Individuals and families experiencing homelessness face numerous challenges in their ability to respond to and recover from disasters and emergencies. On a community level, failure to adequately plan for the needs of people who are homeless can reduce their ability to access disaster relief services. Homeless service providers are also fragile and at risk of disruption. During disasters, homeless service providers' capacity to meet emergent service demands are often constrained by a lack of resources, particularly since they often face difficulty accessing needed funds to cover the surge in service demands. This section outlines these challenges to disaster response and recovery for homeless populations.

Individual Challenges

When disasters occur, homeless persons are often both the first affected and the most severely affected, and may face disproportionate difficulty responding and recovering as a result (U.S. Department of Housing and Urban Development 2016). Homeless persons living outdoors are frequently located in areas that are vulnerable to environmental hazards such as heat waves, storms, and flooding, often because these are the only areas available for camping or outdoor living (Ramin and Svoboda 2009; Vickery 2015b). They may not be able to prepare themselves before disasters through shelter in place or stockpiling supplies (Vickery, 2015; 2015; Wexler and Smith, 2015; Edgington, 2009). Television, radio, internet access, phone service, and access to other mainstream emergency information systems may be limited among some homeless populations. Homeless individuals also may have more challenges in coping with the abrupt disruptions that accompany disasters (U.S. Department of Housing and Urban Development 2016) due to disproportionate rates of serious mental illness, substance use disorders, disabilities and medical concerns (Arangua and Gelberg 2007; Edgington 2009). In addition, homeless individuals often experience social isolation due to the stigma associated with homelessness. They may be unable or reluctant to engage in evacuation, and a lack of trust in authorities, including law enforcement, exacerbates this difficulty (Edgington 2009).

Community and Policy Challenges

Historically, communities have often failed to adequately meet the needs of homeless populations in disaster planning, response, or recovery. Time and again, unintended consequences have occurred, such as the denial of disaster services to people who are homeless (Tierney 2007; Edgington 2009; Vickery 2015a; Vickery 2015b), the unavailability of services due to the closure of homeless service providers, or homeless populations experiencing difficulty in accessing health services and overwhelming health care settings as a result.

Homeless individuals have actually been turned away from, or discouraged from accessing disaster shelters during events. Such instances have occurred because of past disaster relief policies specifying that shelters are intended only for people who were displaced from pre-existing homes. During Hurricane Andrew in 1992, the Federal Emergency Management Administration (FEMA) barred pre-disaster homeless populations from accessing the "tent cities" set up for displaced persons (Tobin 1999). While FEMA and American Red Cross have changed their policies to specify that no one is to be excluded from disaster shelters on the

basis of housing status, homeless individuals are still often denied access to shelters because they lack a home address. During the 2013 floods in Boulder, CO, homeless individuals were turned away at local disaster shelters until the director of a local homeless service provider called the authorities and clarified that they were to be granted access to the shelter (Vickery 2015a; Vickery 2015b). A strong network connecting homeless service providers with emergency managers and disaster responders can help avoid or quickly resolve such situations.

Homeless individuals are often excluded from most sources of disaster assistance after events as well, which are typically aimed at individuals who were housed prior to a disaster. These include housing or short-term rental assistance from FEMA and the American Red Cross. After the 1989 Loma Prieta earthquake, FEMA and the American Red Cross determined that individuals who were homeless prior to the event were not eligible for disaster housing assistance (Phillips 1998; Tierney 2007). In some instances, they are improperly screened out of disaster benefits for which they are eligible. For instance, while FEMA often requires an address to enroll for post-disaster benefits, homeless individuals may not realize that they can list the address of a shelter or transitional housing facility as their pre-disaster address for the purpose of applying for disaster benefits if they resided there prior to the disaster (U.S. Department of Housing and Urban Development 2016).

Homeless Service Providers' Challenges

During a disaster, homeless individuals are likely to depend on these trusted entities to help address their disaster-related needs. However, homeless service providers are often fragile organizations even in non-disaster times. As the needs generated from a growing homeless population increases, homeless service providers typically struggle to keep up with increasing caseloads (Vickery 2015a; Vickery 2015b). They are often under-funded, relying on a combination of government grants and/or private donations to provide services. Staff at these organizations usually juggles multiple roles, often relying on volunteers for assistance.

These organizations face challenges in preparing for, responding to, and recovering from disasters.

For example:

- Many lack comprehensive disaster plans that address restoring services disrupted in a disaster, when they may need to operate with fewer staff while expanding their services to meet a surge in demand caused by the disaster and limitations of peer agencies.
- Limited resources and the competing demands of daily operations create a sense that “every day is a disaster”. Consequently, homeless service providers are largely unable to prioritize preparedness activities such as ensuring that staff are personally prepared and trained in disaster operations, or creating continuity plans (Eisner 2010; Ritchie, Tierney et al. 2010; Gin, Kranke et al. 2015).
- Homeless service providers often report that they need outside assistance to be able to develop and implement preparedness plans and incentives to encourage them to prioritize planning (Gin, Kranke et al. 2015).

- Partnerships with peer agencies may be lacking, and often homeless service providers are not connected to local emergency management organizations (Ritchie, Tierney et al. 2010; Gin, Kranke et al. 2015).
- Operating on a very limited budget, homeless service providers often have difficulty keeping their doors open during disasters due to reduced funding and staffing.

If these service provider organizations are not available during disasters, homeless individuals would lose a critical trusted agent for information, basic services needed to sustain life and well-being, and advocates to ensure that they have equitable access to disaster resources and services.

Disaster Financing Challenges

Financial continuity and emergency funding are two fiscal challenges that homeless service providers face. The concerns arising from disaster financing stem from observations and experiences of homeless service providers and government funders. Below is an abbreviated list of specific challenges that homeless service providers encounter in attempting to access funds in disasters (See (Acosta, Chandra et al. 2011) and (Pipa 2006) for more details):

- Funding accessibility post-disaster
 - » No mechanism to guarantee reimbursement of CBOs for costs
 - » Funding is unsuitable for CBOs with limited liquid assets (i.e. no up-front financing)
 - » National disaster relief non-governmental organizations (NGOs) receive majority of the out of area donations and foundation support due to greater name recognition and stronger fundraising mechanisms
 - » Conflicting or duplicative state and federal reimbursement procedures
- Type of funding available to CBOs
 - » Restrictions on type of expenses eligible (i.e. homeless service providers' normal operating costs not eligible)
 - » No policy for funding CBOs' long-term recovery activities
 - » Application and disbursement process is time consuming, duplicative, and lengthy
- Coordination between government and CBOs
 - » Lack of contracts with clear roles and responsibilities with CBOs
 - » CBOs often provide spontaneous service delivery without established contracts
 - » No effective coordinating structure to integrate all homeless service providers and NGOs providing services into emergency management
 - » Most disaster coalitions lack financial incentives to lead coordination
 - » Government has limited understanding of CBOs' estimated costs of providing services

All of these challenges are complex and do not have simple solutions. Comprehensive solutions will require significant policy changes and future research. See Pipa 2006; Acosta, Chandra et al. 2011 for detailed recommendations related to CBO prequalification, formalized federal relationships, local labor and funding policies, and more. Section 1 of the toolkit outlines planning and collaboration activities that all partners can engage in to address financial and collaboration concerns. In addition, some specific disaster funding streams are important to know and understand.

Federal Emergency Management Administration (FEMA) Funding: Local CBOs can only receive direct assistance from FEMA for disaster damage to their facilities, or if they have a pre-disaster agreement with FEMA to provide disaster services (Pipa 2006; Angelheart January 4, 2006). Most local homeless services providers are not qualified to be reimbursed for service delivery through the government without a pre-disaster formal agreement with local government.

The Stafford Act (Public Law 93-288) (1988): Local jurisdictions are eligible for direct federal support. The Stafford Act authorizes the delivery of federal technical, financial, logistical, and other assistance to states and localities during a President declared emergency or major disaster that overwhelms the response capabilities of state and local governments. The Act defines the processes for when and how emergencies and major disasters are declared by the President, the type of assistance that can be provided by the federal government and the cost-share requirements between federal, state, and local governments (Acosta, Chandra et al. 2011). Under the Stafford Act, FEMA coordinates financial disaster assistance to state and local governments through the Public Assistance (PA) Grant program and the Disaster Assistance Improvement Program. These grants pay for an array of eligible response and recovery activities. To be eligible for a PA grant, an applicant's state government must request assistance from the federal government and the President declares an emergency or major disaster, and the primary grantee is the state government. Local government entities may be sub-grantees (Brown and Richardson April 16, 2015).

Typically, the local government applies to FEMA for reimbursement for response and recovery costs. Establishing pre-disaster agreements and relationships with local governments will help decrease the number of CBOs put in the difficult position of deciding between potentially going out of business by using limited cash reserves during a crisis, or choosing not to provide services.

Background on Disaster Collaboration

The emergency management systems in the United States are increasingly being called upon to engage the whole community in response to disasters. "A fundamental expectation for emergency planning is that our plans encompass all members [of the community]" (Canton 2015). FEMA's "whole community" approach has expanded the scope of emergency management to include nongovernmental entities so that disaster plans account for all community members. Yet communities often experience challenges in addressing the needs of their most at-risk members, such as the elderly, people in poverty, homeless individuals, and individuals with access and functional needs.

Failing to include at-risk populations in disaster plans can adversely impact overall community disaster response. As one emergency manager said in an interview, "Every population that you don't plan for before disaster is a population that will take up 90% of your allocated resources during a disaster." Communities that do not account for the needs of pre-disaster homeless populations in their plans will end up with greater human service challenges during the disaster response and recovery phases, including strain on emergency rooms, emergency medical services and other first responders, and the overall social service network that will

also be called upon to help newly homeless individuals. Under these circumstances, everyone will be affected.

Homeless service providers are often better equipped to address the human service needs of individuals experiencing homelessness than government agencies or disaster-specific relief providers because they are trusted entities in the community and have expertise in addressing their unique needs (California Governor's Office of Emergency Services (Cal OES) 2000; Eisner 2010). As one emergency manager interviewed for this toolkit pointed out, "How you do business today is how you will do business in an emergency," meaning that the organizations that serve at-risk populations on a daily basis and best understand their needs will be the same entities that are most vital to these populations after a disaster.

Identifying these potential partners before a disaster can dramatically improve disaster response and recovery for the entire community. Homeless service providers offer a reservoir of expertise and skills, knowledge of and cultural competence with diverse communities, and may have established partnerships with local peer organizations. By working together, emergency managers and homeless service providers will be able to plan more effectively. The community emergency management system would benefit from having a larger number of partners to assist with disaster preparedness and response, including stakeholders to help with outreach campaigns, needs identification, and vulnerability assessments. The ability to reach homeless populations before, during, and after a disaster will be greatly improved by leveraging existing trusted relationships. Unmet needs can be reduced using a more coordinated approach to service delivery, and by using trusted entities in the community with expertise in addressing the unique needs of these populations.

With sufficient support and collaborative relationships, homeless service providers will be better able to remain in place during and after a disaster to contribute their skills to response and recovery, offering a critical opportunity to ensure that at-risk individuals can access long-term post-disaster case management and housing assistance. Therefore, building a robust community system that addresses the disaster needs of homeless individuals will ultimately create a system that more adequately addresses the needs of a variety of at-risk populations.

Challenges to Collaboration

Implementing the vision of a "whole community" approach has been proven more difficult than anticipated, and little operational guidance has been offered to support these changes at the local level (Acosta and Chandra 2013). In practice, non-profit homeless service providers are often not included in local emergency planning structures. Collaboration between homeless service providers, emergency managers, disaster relief organizations, and other governmental entities, is often non-existent or ineffective at the local level. There is therefore a disconnect between service providers and disaster response agencies.

Knowing challenges others have faced can offer an opportunity to address them before they become an issue. Below are some of the challenges emergency management agencies and homeless service providers have faced in efforts to work together.

- **Limited Understanding of One Another:** Homeless service providers may not have experience with the complex and dynamic sequence of events that are initiated by a major disaster. At the same time, emergency managers may not be aware of the emergencies homeless shelter operators face daily within their shelters or are unsure of whom to contact for more information.
- **Difference in Focus:** Due to limited scope and funding, FEMA targets resources to return community members to their housing status prior to the disaster. That means that individuals experiencing homelessness prior to a disaster would not be eligible for housing assistance post-disaster because they were not rendered homeless by the disaster.
- **Varying Perceptions of Collaboration:** CBOs reported feeling underutilized with respect to public health emergencies and disasters due in large part to the “one-way” push of information from emergency planners to CBOs rather than a model built on transparency and improved capacity (Stajura, Glik et al. 2012).
- **Lacking a Common Language:** Communication can be complicated by unclear definitions of key terms. For example, the Federal Emergency Management Agency (FEMA)’s definition of “disaster case management (DCM)” refers to a process whereby a disaster case manager identifies and connects the client to resources addressing disaster-caused unmet needs so that people can return to pre-disaster status” (Federal Emergency Management Agency and Administration for Children and Families (US Department of Health and Human Services) 2010). CBOs take a substantially more comprehensive view of case management: “a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client’s health and human service needs.” Following Hurricane Katrina, many CBOs were concerned that the federal funds for case management were limited to short-term non-therapeutic interventions rather than traditional case management and counseling (Chandra and Acosta 2009).
- **Difference in Culture:** Law enforcement and fire service, which have traditionally dominated the emergency management arena, typically adhere to hierarchical, top-down, “command and control” paradigm, a culture that is often inconsistent with the cultural norms of many homeless service providers (California Governor’s Office of Emergency Services (Cal OES) 2000; Stajura, Glik et al. 2012). In contrast, non-profit CBOs tend to prioritize consensus building and favor adaptability in addressing the concerns of clients and needs in their community, which, to emergency managers, may appear inefficient, time-consuming, or unstructured.
- **Conflicting Roles:** Homeless service providers may view their role as including advocacy of community and client interests, which are at odds with the government’s stricture of non-partisanship and impartiality (California Governor’s Office of Emergency Services (Cal OES) 2000). Not addressing these conflicting roles can result in unintended consequences. For example, during the 2007 San Diego wildfires, individuals were deported after they accessed help at the Qualcomm Stadium Evacuation Center, causing the immigrant community to be reluctant to seek assistance (San Diego Immigrant Rights Consortium, Justice Overcoming Boundaries of San Diego County et al. 2007; Martinez and Nunez-Alvarez 2009). Negotiating the respective views of law enforcement and disaster relief in advance may help avert such unintended consequences.

Conclusion

Many of the obstacles to integrating homeless service providers into the emergency management system and forming partnerships requires long-term systemic changes in the policy and culture of organizations. However, recognizing and understanding potential challenges can make collaboration more successful. As homeless service providers and emergency management agencies become aware of one another's potential roles and skill-sets, a greater understanding and respect for these differences may result, enabling them to build partnerships and construct creative ways to plan for the post-disaster assistance needs of homeless populations in the community. Section 1 of the toolkit outlines a seven-step process offering guidance for those seeking to build partnerships in their community.

Background on Continuity of Operations Plans (COOPs)

Homeless service providers constitute an often-precarious safety net that struggles to keep up with the growing demands generated by poverty and income inequality (Vickery 2015a; Vickery 2015b). Every day, homeless individuals depend on them for essential services including housing, case management, food, counseling, and healthcare. Following a disaster, homeless service providers may come under even greater strain as they are asked to shoulder the burden of maintaining their current services to clients while expanding their services to a growing population in need.

In order for homeless service providers to function successfully during and after a disaster, understanding continuity of operations planning and training is critical. Disaster preparedness measures help ensure homeless service providers' ability to respond to disasters and enhance their ability to resume vital services for their clients. Unfortunately, CBOs frequently lack protocols for resuming service operations post-disaster, as well as pre-disaster agreements with partner agencies, and connections to emergency management systems (Ritchie, Tierney et al. 2010; Gin, Kranke et al. 2015; Vickery 2015a; Vickery 2015b).

Challenges to Planning

Historically, there has been little guidance for homeless service providers as to exactly what they need to do to successfully respond and recover from a disaster. In some locations, experienced organizations may be available to provide technical assistance to homeless service providers as they develop their plans. While having individualized technical assistance is extremely beneficial, it is not available in most communities. As a result, most homeless service providers find themselves taking on the task of creating continuity plans with little outside guidance and often become discouraged. As a result, many organizations do not successfully develop disaster contingency protocols.

Continuity of Operations Plans (COOPs) include strategies to address contingency questions of what services will be provided after a disaster and how the organization will recover the capacity to provide those services, not just an evacuation plan. Since most homeless service providers lacking a COOP cannot afford to hire specialized staff to write their disaster plan, they may face ongoing challenges as they begin to develop it.

Staff assigned to develop a COOP often lack expertise and/or the time to learn how to plan for disasters, especially if they are “starting from scratch” and do not have a COOP or have only a rudimentary plan (Alix Stayton personal interview 2015). CBOs are often unsure how to facilitate organizational change to ensure that preparedness is institutionalized and sustained throughout their organizations over time (Fritz Institute and California Volunteers December 2009). They can also feel overwhelmed and stop the planning process if they are relying on resources and guidance that do not fit their specific needs (Alessa Adamo personal interview 2015). In order to make planning easier for CBOs, a number of communities have developed guidance specifically tailored to the operational challenges and needs that homeless service providers must address in their disaster plans. This toolkit draws on those lessons, offering a road map to guide homeless service providers in their COOP planning.

Planning Standards

During past disasters, many organizations with critical roles within their community were unable to recover from the impact, while others confronted with similar challenges, were able to adapt and expand their services to new and existing clients. The CBOs that performed the best all had shared characteristics—best practices that enabled them to rise to the occasion and continue serving their communities (Eisner 2010; Fritz Institute and California Volunteers June 2009). Transforming these best practices into recommendations for preparedness (i.e. standards) can help CBOs more efficiently identify what they should be working to accomplish.

Two communities have used lessons learned from organizations that have successfully navigated disaster preparedness, response, and recovery to develop standards for CBOs. These evidence-based standards can be a starting point for guiding the preparedness process. While these standards may vary slightly from community to community, based on the local

2

Benefits of Standards

- Allow a clearer understanding of what CBOs will need in order to be able to fulfill their expected role(s) in a disaster.
- Provide a roadmap for how to achieve desired outcomes.
- Enable partners to vet CBOs’ capabilities for providing services.
- Identify pre-disaster training needs and gaps in CBOs capacity (Acosta and Chandra et al, 2011, p. 13).
- Inform technical assistance and training strategies.

hazards faced and the degree of local organizational capacity, they provide a model of the types of expectations that CBOs in other regions can consider adopting.

Fritz Institute’s Bay Area Preparedness Initiative (BayPrep)

In the San Francisco Bay Area, The Fritz Institute’s Bay Area Preparedness Initiative (BayPrep) used information from a systematic literature survey and community partner interviews to develop standards of preparedness for CBOs. In a pilot project in San Francisco, funders provided financial support to CBO participants who achieved preparedness milestones, offering an incentive to help motivate progress toward meeting preparedness standards. They have since been applied within the San Francisco Bay Area by disaster preparedness technical assistance providers (i.e. San Francisco Community Agencies Responding to Disaster - SFCARD, Santa Clara County Collaborating Agencies’ Disaster Relief Effort – CADRE) and have been integrated into preparedness programs supported by multiple funding agencies (e.g. The San Francisco Foundation, Haas Fund). These standards have also provided the community with an excellent foundation on which to develop policy. Over 50 Bay Area CBOs benefited from the BayPrep program, many of which have received training directly from SF CARD or have participated in philanthropy-run preparedness based on the BayPrep standards.

Public Health-Seattle & King County

Public Health-Seattle & King County Community Resilience and Equity Program designed 13 standards of preparedness (See Box 4). These standards reflect objectives that CBOs “should work towards to become more prepared and resilient in the event of an emergency or disaster.” Initially the program provided financial incentives, training, and feedback to assist CBOs to develop continuity of operations plans. Now, the King County Emergency Planning Institute (2014) provides a full day training twice a year and is supplemented by

3

Fritz Institute BayPrep’s Standards of Preparedness for CBOs

1. Disaster Mission Statement
2. Hazard and Threat Assessment
3. Disaster Resilient Facilities and Operations
4. Disaster Operations Plans
5. Disaster Specific Agreements
6. Donations and Volunteer Management
7. Training, Exercises, and Continuous Improvement
8. Disaster Education and Communication
9. Financial Record Keeping and Reimbursement

(Source: Fritz Institute and California Volunteers June 2009)

4

Public Health- Seattle & King County Standards

1. Essential functions/services are identified.
2. The agency has a plan for how it will operate during a disaster, and if the agency is unable to operate, have a backup plan for how critical services will be addressed.
3. Multiple communications tools are identified and established in order to contact internal and external stakeholders.
4. Staff is personally prepared to fulfill their role in a disaster.
5. Staff and key stakeholders have been trained on the agency's emergency plan.
6. Staff is prepared to be self-sufficient in the workplace for a minimum of three days.
7. Vital information is backed-up and accessible.
8. Emergency payment procedures and emergency financing options are established and maintained.
9. Partner organization(s) are identified to share support/resources in event of a disaster.
10. Local emergency responders are familiar with staff and agency.
11. Staff are trained in the Incident Command System (ICS).
12. Physical safety of facility/ies is/are addressed (hazard reduction & mitigation).
13. Facility and staff are prepared for an evacuation.

(Source: Public Health- Seattle & King County (WA) Community Resilience + Equity Program n.d.)

more in-depth trainings throughout the year to help CBOs develop plans. The Institute also holds regular tabletop exercises. In addition, a pilot project was initiated with social service funders that requires or encourages CBOs to have Agency Emergency Plans. Over 200 CBOs have participated in training and have begun developing agency emergency plans from 2009 to 2015.

Conclusion

Disaster continuity of operations plans are essential to ensure that homeless service providers are able to resume their services and meet the client demands that a disaster generates. Unfortunately, many homeless service providers face challenges that often hinder their ability to engage in such planning. Several communities have developed standards for continuity planning tailored to the specific needs of CBOs providing human services to at-risk populations. These guidelines outline core capabilities that CBOs should address in developing their internal disaster response capacity. Section 2 of the toolkit draws on the lessons learned from these efforts to provide a seven-step process for homeless service providers to initiate their continuity of operations planning process.

Background On Healthcare Guidance

People experiencing homelessness typically have limited resources and likely have past exposure to traumatic events. Therefore, they may be at higher risk of adverse physical and psychological reactions following a public health emergency or disaster. Trauma-informed approaches can help disaster responders effectively serve homeless individuals and families.

A trauma-informed approach to disaster response acknowledges past trauma and the current impact it may have on the lives of anyone receiving services or support. Sensitivity to trauma can improve communication between responders and the homeless and facilitate compliance with public health directives.

Section 3 of the toolkit helps healthcare providers prepare to address the unique needs of homeless individuals in a disaster or public health emergency.

Persons Experiencing Homelessness Have High Rates of Past Trauma

- The National Center on Family Homelessness reports that 92% of homeless American mothers in the United States have experienced severe physical or sexual abuse in their lifetime.
- 83% of homeless children have been exposed to at least one serious act of violence by age 12.
- There were 1,148 reported hate crimes committed against homeless people between 1999 and 2010 in 47 states, Puerto Rico, and Washington, D.C.; 27% of the crimes were fatal.

When Planning for Persons Experiencing Homelessness during Disaster:

- Include people with expertise in providing services to the homeless in planning activities and exercises.
- Understand that homeless individuals and families often have a significant trauma history prior to an emergency.
- Educate service providers about trauma and how it impacts a person's physical and behavioral health.
 - » Train providers to be mindful of common triggers for traumatic symptoms which include loud noises, small spaces, lack of privacy, and chaotic or disorganized surroundings.
- Help providers recognize that shock, denial, anger, grief, acceptance, and coping are common stages by which individuals come to terms with trauma; a homeless child or adult may be in any one or more of these stages when a disaster occurs. Provide information about where it is safe, as well as where it may be unsafe, to seek shelter during a disaster.

When Responding to Persons Experiencing Homelessness and Families during Disaster:

- Ensure that homeless individuals and families are physically safe.
- Provide basic emotional and tangible psychological support using interventions such as Psychological First Aid (<http://learn.nctsn.org/course/category.php?id=11>).

- Make the National Domestic Violence Hotline (1-800-799-SAFE) and the Disaster Distress Helpline (1-800-985-5990) available to sheltered individuals with concerns (through signage, access to a phone, etc.).
- Keep families together during a disaster to help children and their parents maintain unity and comfort.
- Address a homeless individual or family's immediate and unique needs.
 - » Arrange for food, shelter, and transportation.
 - » Offer age-appropriate emergency and disaster information to homeless children.
 - » Provide gender-informed services to women and girls by making female case managers available.
 - » Make trauma-specific assessment resources available to service providers, such as tools that screen for anxiety, depression, or substance abuse (e.g. SAMHSA's Behavioral Health Screening Tools).
 - » Build the capacity to connect homeless disaster survivors with experienced service providers for follow-up care after their physical and psychological wellbeing has been safeguarded.
 - » Reconnect with prior service providers when available and appropriate.

Conclusion

Safety, unity, and immediate needs are of utmost importance for homeless individuals and families during a public health emergency or disaster. Many homeless individuals and families have already experienced significant trauma and vulnerability; they will benefit from a trauma-informed response following emergencies and disasters. Knowledge of trauma-informed systems of care is a valuable tool for effectively communicating with homeless individuals and families and for connecting them with other social services.

References

- Federal Emergency Management Agency (FEMA), Department of Homeland Security (DHS). Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288) as amended. 2015. Available from: <https://www.fema.gov/robert-t-stafford-disaster-relief-and-emergency-assistance-act-public-law-93-288-amended>. [accessed March 25, 2016].
- Acosta, J. and A. Chandra (2013). "Harnessing a community for sustainable disaster response and recovery: An operational model for integrating nongovernmental organizations." *Disaster Medicine and Public Health Preparedness* 7(04): 361-368.
- Acosta, J., A. Chandra, et al. (2011). *The Nongovernmental Sector in Disaster Resilience*. Santa Monica, CA, Rand Corporation.
- Alessa Adamo personal interview (February 13, 2015).
- Alix Stayton personal interview (February 12, 2015).
- Angelheart, A. (January 4, 2006). *Reimbursement of Local Private Nonprofit Organizations Under the Stafford Act*. C. R. Service. Washington DC.
- Arangua, L. and L. Gelberg (2007). Homeless persons. *Changing the US health care system*. 3: 491-547.
- Brown, J. T. and D. J. Richardson (April 16, 2015). *FEMA's Public Assistance Grant Program: Background and Considerations for Congress*. Congressional Research Service. Washington, DC.
- California Governor's Office of Emergency Services (Cal OES) (2000). *Meeting the Needs of Vulnerable People in Times of Disaster: A Guide for Emergency Managers*. Available from: <http://www.caloes.ca.gov/AccessFunctionalNeedsSite/Documents/Vulnerable%20Populations.pdf> [accessed September 6, 2016].
- Canton, L. (2015). *Pre-Disaster Homeless Populations Post Unique Problems for Planners*. Emergency Management.
- Chandra, A. and J. D. Acosta (2009). *The role of nongovernmental organizations in long-term human recovery after disaster: Reflections from Louisiana four years after Hurricane Katrina*, Rand Corporation.
- Edgington, S. (2009). *Disaster planning for people experiencing homelessness*. Nashville, TN: National Health Care for the Homeless Council, Inc. Available from: <http://www.nhchc.org/wp-content/uploads/2011/10/Disaster-Planning-for-People-Experiencing-Homelessness.pdf>. [accessed March 25, 2016].
- Eisner, R. K. (2010). "Building Disaster Resilient Organizations in the Non-Government (NGO) Sector." *Journal of Disaster Research* 5(5): 503-508.

Federal Emergency Management Agency and Administration for Children and Families (US Department of Health and Human Services) (2010). Disaster Case Management: Assisting One Client at a Time (PowerPoint Presentation delivered at 2010 Individual Assistance-Emergency Support Function (ESF) #6 Conference).

Fritz Institute and California Volunteers (December 2009). Findings and Recommendations for Implementing the Standard for Community- and Faith-Based Service Providers: Workshop Proceedings.

Fritz Institute and California Volunteers (June 2009). A Disaster Resilience Standard for Community- and Faith-Based Service Providers. San Francisco, CA.

Gin, J. L., D. Kranke, et al. (2015). "Disaster Preparedness in Homeless Residential Organizations in Los Angeles County: Identifying Needs, Assessing Gaps." *Natural Hazards Review*: 04015022.

Martinez, K. M. and A. Nunez-Alvarez (2009). Coming Out of the Dark: Emergency Preparedness Plan for Farmworker Communities in San Diego County. San Diego, CA, National Latino Research Center, California State University, San Marcos and Vista Community Clinic.

Phillips, B. (1998). Sheltering and housing of low-income and minority groups in Santa Cruz county after the Loma Prieta earthquake. In: *The Loma Prieta, California, Earthquake of October 17, 1989 - Recovery, Mitigation, and Reconstruction* (Professional Paper 1553-D). Washington DC: US Geological Survey; p. 17-29. Available from: <http://pubs.usgs.gov/pp/pp1553/pp1553d/pp1553d.pdf>. [accessed March 25, 2016].

Pipa, T. (2006). *Weathering the storm: The role of local nonprofits in the Hurricane Katrina relief effort*, Aspen Institute.

Public Health- Seattle & King County (WA) Community Resilience + Equity Program (n.d.). "Vulnerable Populations Action Team Standards: <http://www.kingcounty.gov/depts/health/emergency-preparedness/partnerships/Community-Resilience-Equity-Program/~media/depts/health/emergency-preparedness/documents/VPAT-Standard-10.ashx>." [accessed September 6, 2016].

Ramin, B., & Svoboda, T. (2009). Health of the Homeless and Climate Change. *Journal of Urban Health*. 86(4):654-664.

Ritchie, L. A., K. J. Tierney, et al. (2010). Disaster Preparedness among Community-Based Organizations in the City and County of San Francisco: Serving the Most Vulnerable. *Community Disaster Recovery and Resiliency: Exploring Global Opportunities and Challenges*. D. S. Miller and J. D. Rivera, CRC Press: 3-39.

San Diego Immigrant Rights Consortium, Justice Overcoming Boundaries of San Diego County, et al. (2007). *Firestorm: Treatment of Vulnerable Populations during the San Diego Fires*.

Stajura, M., D. Glik, et al. (2012). "Perspectives of community-and faith-based organizations about partnering with local health departments for disasters." *International journal of environmental research and public health* 9(7): 2293-2311.

Tierney, K. J. (2007). "From the margins to the mainstream? Disaster research at the crossroads." *Annu. Rev. Sociol.* 33: 503-525.

Tobin, G. A. (1999). "Sustainability and community resilience: the holy grail of hazards planning?" *Global Environmental Change Part B: Environmental Hazards* 1(1): 13-25.

U.S. Department of Housing and Urban Development (2016). *Send Red, Not Blue: The Homeless Resident*. Available at: <https://www.hudexchange.info/resource/5073/send-red-not-blue/> [accessed July 6, 2016]

Vickery, J. (2015a). *Compounded Vulnerability: Homeless Service Organizations during Disaster*, Master's Thesis: University of Colorado, Boulder.

Vickery, J. (2015b). 'Every day is a disaster': Understanding the challenges faced by homeless service organizations in disaster planning and response. *Natural Hazards Observer*. Boulder, CO, Natural Hazards Center, University of Colorado, Boulder. XL: 10-13.

Wexler, B. and M.-E. Smith (2015). "Disaster response and people experiencing homelessness: Addressing challenges of a population with limited resources." *Journal of emergency management (Weston, Mass.)* 13(3): 195-200.



A joint project of the U.S. Department of Veterans Affairs, the U.S. Department of Health and Human Services, and the U.S. Department of Housing and Urban Development.