



Send Red, Not Blue: **The Homeless Resident**

**Report and Recommendations on Working with Homeless Families and
Individuals in Disaster Preparedness, Response and Recovery**

Office of Special Needs Assistance Programs (SNAPS)
Community Planning and Development
US Department of Housing and Urban Development



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Executive Summary

How can communities work together to include homeless residents in disaster preparedness, response, and recovery efforts? This report provides recommendations on how to improve communication between local homeless services providers, disaster preparedness planners, and homeless residents themselves. It draws on the experience of two communities that have experienced frequent hurricanes and served homeless families and individuals during a disaster.

An interdisciplinary project team consisting of technical assistance providers funded by the US Department of Housing and Urban Development (HUD), the National Health Care for the Homeless Council (NHCHC), along with University of South Florida (USF) faculty, worked with Florida's Hillsborough and Pinellas Counties to develop this report. The purpose of the project was to examine and better understand the interface of the homeless service system and the disaster response system. The team also sought to gather the experiences of homeless families and individuals who were living either on the street or in an emergency shelter during a disaster.

Team members explored these experiences through a variety of data gathering methods, including a thorough literature review, key informant interviews, and focus groups of service providers and of homeless individuals. These sources suggest the following findings:

- 1 Homeless persons may be the first affected.** A disaster can affect families and individuals experiencing homelessness long before it begins, especially the onset of a hurricane. Once an outlying storm makes landfall, people living on the streets or in encampments are exposed to the rain and wind. Often they have nowhere to go, as disaster shelters may not open until more severe weather occurs.
- 2 Homeless persons may be among the most severely affected.** During the course of a disaster, individuals and families that are homeless are more likely to be severely affected¹ and are likely to have a more difficult time recovering from the event².
- 3 Homeless persons may miss out on eligible disaster resources.** During recovery, emergency service providers report that homeless persons may "fall between the cracks" of recovery efforts. Interpretation of eligibility criteria, e.g., distinguishing between postal address and proof of residency, often presents artificial barriers to available resources.

1 I. Redlener, "Population Vulnerabilities, Preconditions, and the Consequences of Disasters", *Social Research* 75 (2008): 785-792.

2 Brenda Philips, "Sheltering and Housing of Low Income and Minority Groups in Santa Cruz After the Loma Prieta Earthquake" US Geological Survey, US Department of the Interior, Washington DC: United States Government Printing Office (1998):17-28.

4 Hillsborough and Pinellas Counties have made a great start. Many communities struggle to meet the disaster-related needs of homeless people, generally due to limited communication capacity with emergency management officials and a lack of coordination among service providers.³ Agencies in Tampa Bay’s Hillsborough and Pinellas counties, however, as a consequence of their frequent experience with disaster response, have developed model procedures to protect vulnerable populations and are working to increase interagency coordination and integration with emergency responders.

5 “Send red, not blue.” Disaster and emergency messages communicated by law enforcement personnel may not be well received by individuals living on the street. Consistent with past research⁴, participants in the focus groups conducted by this project pointed out that homeless persons on the street are more likely to listen to and follow disaster response messages conveyed by firefighters and emergency medical technicians (EMTs) as “first responders” than directions from police officers. This feedback, received succinctly from a focus group member as “Send red, not blue,” was so meaningful an insight that authors adopted it as the title of this report.

Recommendations for Continuums of Care (CoCs):

- A.** Identify a lead person and form a committee to develop a Disaster Plan (include people with lived homeless experience and stakeholders with disaster experience).
- B.** Build partnerships with Emergency Management Organization; understand each other’s roles and responsibilities and ensure people experiencing homelessness are considered in the planning, response and recovery process.
- C.** Identify the strengths and needs of the homeless services agencies before, during and after a disaster.
- D.** Create a Disaster Plan; recommendations and a community sample can be found in this document.
- E.** Require a Disaster Plan when contracting with organizations.
- F.** Include disaster planning as a standing agenda item at Continuum of Care meetings.
- G.** Train staff on the Disaster Plan and roleplay disaster scenarios.

3 G. Nick et al., “Emergency Preparedness for Vulnerable Populations: People with Social Health-Care Needs” *Public Health Reports* (2009):338-343.

4 E. Vaughan, “Effective Health risk communication About Pandemic Influenza for Vulnerable Populations”, *American Journal of Public Health* 99 (2009): 324-331.

Find out more about National Healthcare for the Homeless Council [here](#).

Introduction and Project Overview

This report discusses the need for inclusion of homeless individuals and homeless service providers in local disaster preparedness planning, response, and recovery efforts. In response to this need, the National Health Care for the Homeless Council and the US Department of Housing and Urban Development proposed a project to examine emerging emergency planning strategies that include addressing the needs of people who are experiencing homelessness.

The purpose of this report is to provide key lessons from experiences in two Florida communities (Hillsborough and Pinellas Counties), from which other communities—including their Continuums of Care (CoCs), emergency planners, and local governments involved in emergency planning—can learn.

A project team of NHCHC staff, HUD-funded technical assistance providers, and faculty from the University of South Florida came together to engage the selected communities. While the original team did not include USF faculty, their addition to the team was essential to the success of the project. Dr. Sondra J. Fogel, Director of Special Programs for USF's Honors College, and Dr. Robin Erasing, Associate Professor in the School of Social Work, provided critical insight

into the two communities engaged. The University of South Florida Institutional Review Board (IRB) approved the project's protocols, design and ethical guidelines established by the IRB. The combined team worked with local CoCs to connect with service providers, emergency management, and homeless individuals.



The project team interviewed key stakeholders both in the emergency response sector and the homeless service sector. Faculty from USF conducted focus groups with homeless service providers and homeless individuals living on the street or in emergency shelter to provide more in-depth dialogue and data. Finally, the team reviewed and analyzed existing homeless service providers' policies and procedures regarding disaster response and recovery.

Leaders of the local CoCs helped to disseminate information and facilitated engagement of key informants in their communities. The Tampa Hillsborough Homeless Initiative and the Pinellas County Homeless Leadership Board both provided space for focus groups and assisted in outreach and recruitment of focus group participants. More importantly, perhaps, these communities and their service providers had developed a matrix of services linking both the homeless services and emergency response sectors that extensively modeled inclusive response and recovery strategies that were deserving of focused examination. The project team was highly dependent on and appreciative of the significance of these local collaborations.

Homelessness: Risk and Impact of Disasters.

Homeless families and individuals, as well as those living in poverty, are among the most vulnerable members of a community when a disaster strikes. They are more likely to be affected and more severely affected when a disaster occurs. It also often takes longer for them to recover from a disaster. Once a disaster occurs, it is too late for planning. The disaster response system must depend on known providers that are trusted to accurately communicate and deliver services.

If the emergency management team or the emergency operations center is not familiar with the strengths of a community-based organization ahead of time, they will not look to that provider for assistance during a crisis. For this reason, local homeless service organizations should seek to establish relationships with emergency managers during normal operations and as part of pre-disaster planning. Such planning can avoid wasted duplication of services, missing the chance to provide targeted and skilled assistance to people after a major disaster, and opportunities to invest response and recovery dollars locally. Determining operational procedures, policies, guidelines, and other administrative activities as much as possible *prior to* a specific threat or crisis can greatly ease the difficulties for all community residents.

Before approaching emergency managers to discuss CoC operations and opportunities for collaboration, CoC staff should become acquainted with the National Incident Management System ([NIMS](#)), the National Response Framework ([NRF](#)) and Emergency Support Functions ([ESF](#)). Like the CoC, the emergency management field has a long list of acronyms and processes. Understanding the context and language of emergency responders increases the chance of effectively communicating and matching complementary resources to the best effect. In addition, many terms have different definitions within different sectors. HUD has published a [Directory of Disaster Response and Recovery Resources](#), which contains a list of acronyms and terms common to both sectors.

For material on risk assessment please go [here](#).

HUD and other agencies have developed a variety of materials to assist communities in planning on these topics. For more information please go [here](#).

The Community Partnership for the Prevention of Homelessness in Washington DC maintains this [page](#) for service providers. All CoC funded providers are required to provide emergency information to the CoC lead.

Literature Review

A literature search found few articles related to “pre-disaster” emergency management and homelessness. Most related articles describe the need for targeted disaster assistance for this population, but fail to offer specific steps or examples for meeting this need.^{5 6 7 8 9 10}

Fullerton et al. (2009) interviewed 151 homeless individuals living in Washington, D.C., one year after two snipers killed 10 and wounded four individuals in the Washington Metro Area. The project focused on individuals using the shelter system, thus excluding more isolated and disconnected individuals. The individuals participating in the project were described as well connected to support systems subsequent to this terrorist attack. If the project had included unsheltered persons—who tend to be less connected to support systems and therefore less likely to receive emergency messages before, and support after, an event—the results might have been different. This question is a possible focus for future research. Moreover, while this report did not describe the extent of the support made available to these survivors, it appeared to be primarily therapeutic support, rather than tangible support such as transportation or housing.

Fullerton, et al. found that following the attack, 65% of the subjects restricted their activities in order to protect themselves. This is important to note as an implication for outreach services—i.e., providers may need to deploy different strategies for outreach to individuals and families on the street as behavioral patterns change in response to crisis events. This project focused its recommendations on the need for more research documenting effective outreach strategies, exploring communications from trusted and familiar sources which are shown to more effectively modify behavioral responses, and examining planning among service providers in anticipation of increased substance use, resulting withdrawal and other related medical care needs.¹¹

Leung, et al. (2008) interviewed 19 key informants to identify issues related to homelessness that emerged during a 2003 Severe Acute Respiratory Syndrome (SARS) outbreak in Toronto.

5 C.S. Leung, et al, “Homelessness and the response to emerging infectious disease outbreaks: lessons from SARS,” *Journal of Urban Health: Bulletin of the New York Academy of Medicine* (2008): 402-410.

6 Washington, G.T., “After the flood: a strategic primary health care plan for homeless and migrant populations,” *Nursing and Health Care Perspectives* 19 (1998):66-71.

7 J.J. Green and A.M. Kleiner, “The texture of local disaster response: service providers’ views following Hurricane Katrina,” *Southern Rural Sociology* 22(2007): 28-44.

8 S. Gajewski et al, “Complexity and instability: the response of nongovernmental organizations to the recovery of Hurricane Katrina survivors in a host community,” *Nonprofit & Voluntary Sector Quarterly* 40(2011): 389-403.

9 G. Simo, “Sustaining cross-sector collaborations: lessons learned from New Orleans,” *Public Organization Review* 9 (2009): 367-384.

10 T. Pipa, “Weathering the Storm: The role of local nonprofits in the Hurricane Katrina relief effort,” *Nonprofit Sector Research Fund Working Paper Series*. Washington, DC: The Aspen Institute.

11 C.S. Fullerton et al, “Effects of the 2002 sniper attacks on the homeless population in Washington, DC,” *Disaster Medicine and Public Health Preparedness* 3 (2009): 163-7.

Nearly all homeless service providers identified communication as a major challenge. Service providers claimed to have received inadequate information and few formal directives from public health officials. In addition, service providers were unaware that one shelter had been designated as a quarantine facility for people who were without housing. Though health officials reported knowledge of SARS occurring within the homeless population, they described a need to address more pressing concerns for infection control in hospitals and international travel. Recommendations included establishing: a) a line of communication between public health and homeless service providers using a single point of contact in the homeless provider community; b) an email system to disseminate urgent health advisories to homeless service providers; and c) a formal process for making decisions regarding consolidating services at fewer sites, designating quarantine facilities for people who lack housing, and allocating resources for homeless individuals and for homeless service providers.¹²

Gail Washington (1998) analyzed strategic efforts to meet the primary health care needs of homeless and migrant individuals living in Iowa after unprecedented flooding. During the flood, social service agencies acted individually, duplicated efforts, and were unaware of other agency roles and responsibilities. Furthermore, agencies were found distributing information independently with no consistent instructions. As a result, individuals experiencing homelessness were receiving inaccurate information, primarily through word of mouth. Following up on lessons learned from this experience, the local County administration adopted policies and practices that included homeless and migrant populations in county health department emergency planning, more clearly organized and articulated specific roles and responsibilities for local agencies, developed a comprehensive interagency disaster plan, and established a more robust process for coordinating information.¹³

Ben Wisner (1998) examined experiences in Tokyo and makes the case for utilizing social data, and information collected on socioeconomic factors, to better integrate marginalized citizens into disaster planning. As in the previous studies mentioned, the author describes the unique circumstances of people experiencing homelessness that make them more vulnerable to disasters. The recommended practice requires shaping and prioritizing response and recovery messaging based on literacy, financial assets, access to information (i.e., internet, television, radio, word-of-mouth), and other variables of the intended recipient.¹⁴

¹² Leung, 402-410.

¹³ Washington, 66-71.

¹⁴ B. Wisner, "Marginality and vulnerability: why the homeless of Tokyo don't 'count' in disaster preparations," *Applied Geography* 18 (1998): 25-33.

Chronic Homelessness is defined by HUD based on the duration that a person is without housing and the frequency of their homelessness in a set number of years. For more information on chronic homelessness please go [here](#).

Project Design

NHCHC, HUD, and USF partnered on this project to examine the interface of disaster management and homeless service organizations. For these 3 major institutions, articulating the nature of challenges that impact homeless individuals and families during a disaster was critical to inform the design and methodology of the project and selection of sites from which to learn.

Site Selection: Why Hillsborough and Pinellas Counties?

The project team looked for communities that had an existing CoC and that had experienced a higher-than-usual frequency of disasters. The team also sought communities that had established policies and procedures that could be generalized as models to other CoCs and communities. It was also necessary to obtain the willing participation of community homeless service providers and emergency responders.

With these requirements in mind, the team selected Hillsborough County (which includes the City of Tampa), and Pinellas County (which includes St. Petersburg and Clearwater). In 2013, Hillsborough County had a population of about 1.3 million people, a median income of \$49,450 and a count of 1,909 of homeless persons. Pinellas County had a population of approximately 929,000, a median income of \$46,051 and a count of 3,913 homeless persons. The combination of very active Continuums of Care and the Tampa Bay location of these two counties made this area a good subject for this project.

The Tampa Bay area is subject to severe storms, hurricanes, flooding and extreme heat and cold. Evacuation from the area may be a necessary response to storm surges, hurricanes, and flooding. Population density in coastal and low-lying areas, as well as limited access to roads and bridges, are important local evacuation concerns.

Pinellas County forms a peninsula with only three bridges connecting the lower county to the mainland. Because of the limited evacuation routes, careful planning and community preparedness are key to preventing harm and potential loss of life in this region. Indeed, a 2010 modeling of various evacuation levels shows that it could take between 13 and 41 hours to evacuate Pinellas County.¹⁵

Many residents of Pinellas County will travel through Hillsborough County during an evacuation. Some may stay in Hillsborough County, depending on how far inland the event is expected to reach. As a consequence, resources for sheltering and other assistance in Hillsborough can easily be overwhelmed in the event of a disaster.

¹⁵ Florida, Tampa Bay Regional Council, *Tampa Bay Region Technical Data Report: Chapter IV, Evacuation Transportation Analysis*, Pinellas, 2010.

The paragraphs that follow will describe key elements of the realities in both Pinellas and Hillsborough Counties that most significantly help explain why this project focused on these two geographic areas, in particular.

As the following two tables from the 2013 Annual Homelessness Assessment Report (AHAR) show, the state of Florida has the third highest rate of unsheltered chronically homeless people (9,647 chronically homeless, 7,774 of those unsheltered). For local and statewide data on homelessness, please see [HUD's homeless exchange site](#). Communities can download customized reports for local use.

Florida has one of the highest rates of homelessness in the United States. According to the 2013 Annual Homeless Assessment Report to Congress, 50% of individuals experiencing homelessness who were identified during a Point-in-Time Count resided in 5 states: New York, California, Florida, Massachusetts, and Texas. More than half of the nation's chronically homeless individuals lived in 3 states: California, Florida, and New York. Additionally, while the nation experienced a decline in family homelessness overall, Florida was among the list of states to experience an increase among this population.¹⁶

The tables below provide additional detail.

Highest Rates of Unsheltered Chronically Homeless People By State, 2013

State	# of Chronically Homeless People	# of Unsheltered Chronically Homeless People	% of Chronically Homeless who were Unsheltered
Highest Rates			
California	39,250	33,999	86.6
Mississippi	475	407	85.7
Florida	9,647	7,774	80.6
Louisiana	1,115	870	78.0
Hawaii	1,180	907	76.9

US Department of Housing and Urban Development 2013 AHAR: Part 1 - PIT Estimates of Homelessness

¹⁶ United States, The U.S. Department of Housing and Urban Development Office of Community Planning and Development, *The 2013 Annual Homeless Assessment Report (AHAR) to Congress*, Washington, 2013.

For more information about the Annual Homeless Assessment Report (AHAR) please go [here](#).

Highest Rates of Unsheltered People in Families By State, 2013

State	# of Homeless People in Families	# of Unsheltered People in Families	% of Homeless People in Families who were Unsheltered
Highest Rates			
Florida	16,503	9,163	55.5
Oregon	4,828	1,998	41.4
South Carolina	1,808	736	40.7
Tennessee	2,619	930	35.5
Mississippi	650	215	33.1

US Department of Housing and Urban Development 2013 AHAR: Part 1 - PIT Estimates of Homelessness

Highest Rates of Unsheltered Homeless People By State, 2013

State	# of Homeless People	# of Unsheltered Homeless People	% of Homeless People who were Unsheltered
Highest Rates			
California	136,826	91,272	66.7
Florida	47,862	28,192	58.9
Arkansas	3,812	2,148	56.3
Nevada	8,443	4,745	56.2
Mississippi	2,403	1,320	54.9

US Department of Housing and Urban Development 2013 AHAR: Part 1 - PIT Estimates of Homelessness

Highest Rates of Unsheltered Veterans By State, 2013

State	# of Homeless Veterans	# of Unsheltered Homeless Veterans	% of Veterans who were Unsheltered
Highest Rates			
California	15,179	10,293	67.8
Montana	309	191	61.8
Hawaii	558	324	58.1
Florida	5,505	3,177	57.7
Oregon	1,494	785	52.5

US Department of Housing and Urban Development 2013 AHAR: Part 1 - PIT Estimates of Homelessness

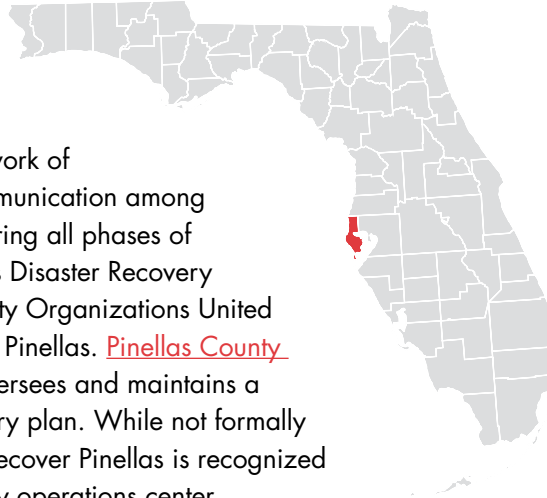
Pinellas County

LOCAL RESOURCES

Recover Pinellas. Recover Pinellas is a network of agencies that facilitates coordination and communication among public and private human service agencies during all phases of a disaster. In February 2014, Pinellas County's Disaster Recovery Leadership Network (DRLN) and Pinellas County Organizations United in Disaster (PROUD) merged, creating Recover Pinellas. [Pinellas County Emergency Management](#) is the agency that oversees and maintains a county-wide disaster preparedness and recovery plan. While not formally integrated into the county's emergency plan, Recover Pinellas is recognized as a partner and holds a seat at the emergency operations center.

Recover Pinellas carried over the objectives of the former DRLN. These objectives include: (1) helping to ensure that local health and human service organizations are optimally prepared for any major disaster, (2) working with community partners to develop and implement plans that will enable Pinellas County residents to access health and human services during long-term recovery from a major disaster, and (3) facilitating coordination and communication among stakeholders during all phases of a disaster.

Communications plan. Recover Pinellas will use a communication plan that is likely to remain similar to the one laid out earlier by the DRLN. The plan is designed to provide a framework and Standard Operating Guidelines (SOG) to guide direct health and human service response efforts in Pinellas County after natural disasters and emergencies. Topics addressed include, but are not limited to, hurricanes, tornadoes, high winds, and flooding. This plan intends to provide guidance for restoring services, facilitating communication between participating agencies to manage service delivery, and providing access to needed short term assistance. Where possible, the SOG augments and adds specificity to the many processes, tasks, and activities that must be completed prior to and after a disaster. The Communications Plan intends to complement the Pinellas County Board of County Commissioners Comprehensive Emergency Management Plan (CEMP).



A video produced by the DRLN discussing the Communications Plan is available online [here](#). Online videos are part of an effective communication plan.

Situational Awareness Information Systems. Before 2014, Pinellas County's 2-1-1 phone system was the primary mechanism that human service agencies used to report the status of their organization during a disaster, including whether or not an agency was operational, had resources to share, or was in need of resources to remain open. More recently, however, Pinellas County has developed a situational awareness management system (SAMS) that aims to streamline status reports from human service agencies and serve as a community database of human service organizations' status following a disaster. The SAMS database is a warehouse of the agencies available to move necessary resources, like water and food, throughout Pinellas County following a disaster. The system can also notify users, using text or email, of updates on the status of the disaster and other pertinent information. This system is being updated to match the growing needs of Recovery Pinellas. The 2-1-1 call center still continues to serve residential callers seeking disaster resources, while SAMS is designed to serve the needs of support organizations.

Homeless Evacuation/Sheltering Plan. Pinellas County has established operating procedures for homeless evacuation and sheltering that are separate from the county CEMP. These describe the processes and entities responsible for training and awareness, communication and notification, transportation, support personnel for homeless shelters and evacuation buses, and data collection. The operating procedures provide the homeless service community with a specific and concrete list of services, when they will be delivered, and how they will be deployed. Additionally, the Pinellas County Homeless Evacuation/Sheltering Plan includes a special needs shelter, designated for people experiencing homelessness prior to the disaster. The shelter is offered as an optional resource and is staffed with homelessness support services personnel. The Pinellas County Homeless Evacuation/Sheltering Plan is attached as [Appendix C](#).

Hillsborough County

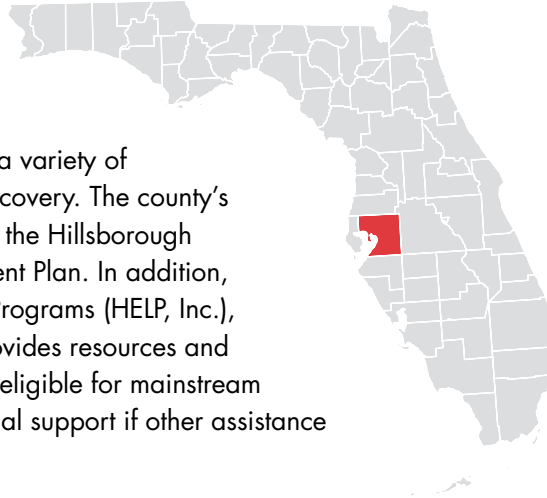
LOCAL RESOURCES

Hillsborough County, similarly, has developed a variety of plans and systems for disaster response and recovery. The county's emergency management strategy is outlined in the Hillsborough County Comprehensive Emergency Management Plan. In addition, Hillsborough Emergency Long Term Recovery Programs (HELP, Inc.), a local non-profit homeless service agency, provides resources and support for individuals and families who are ineligible for mainstream recovery assistance or who may need additional support if other assistance programs are insufficient for meeting needs.

Vulnerable Populations Task Force. Hillsborough County's emergency management strategy is outlined in the City of Tampa Emergency Operations Plan. FEMA's designated Emergency Support Function leads play key roles in coordinating health and human services before, during, and after a disaster. To better meet the needs of high risk populations, such as people experiencing homelessness, the Hillsborough County Office of Emergency Management holds regular meetings of a Vulnerable Populations Task Force.

The Task Force's goals include identifying vulnerable populations, developing plans for reaching these populations, defining regional and local resources to extend their reach to these populations, and defining tasks for timely and appropriate communication and coordination when a disaster occurs. The Task Force identifies the agencies providing services to vulnerable populations and offers continuity of operations training to these agencies to ensure service delivery to vulnerable populations during an emergency.

One member of the Vulnerable Population Task Force, the Tampa Hillsborough Homeless Initiative (THHI), leads the CoC as well as the Tampa/Hillsborough 10-year plan to end homelessness. THHI's lead role brings together organizations to discuss strategies for preventing and ending homelessness in Hillsborough County. THHI often serves as a point of contact into the homeless community for other public and private sector agencies. Emergency management activities are regularly discussed in group meetings and THHI facilitates community trainings and awareness of homeless evacuation and sheltering plans.



Emergency Support Functions (ESF) refers to the types of activities communities engage in during and after a disaster. For more information about ESF please see FEMA's [website](#) for the National Response Framework.

HELP, Inc. (Hillsborough Emergency Long Term Recovery Programs). HELP, Inc. is focused on long-term recovery after a disaster with funds intended for unmet needs once all other resources have been considered. As an independent 501(c)(3) coalition that coordinates need-based recovery initiatives for residents of Hillsborough County, HELP is written into the County Comprehensive Emergency Management Plan. HELP is responsible for restoring lives impacted by disaster by rebuilding and fortifying homes. HELP works to identify all interested partners whose participation enhances long-term recovery.

After all other methods of obtaining assistance are exhausted, HELP identifies unmet needs of individuals and families and assigns a case manager to facilitate the recovery process for them. Financing that process is also the responsibility of this agency. The organization applies for grants through multiple resources and uses them, along with donations, to fund recovery needs. Case managers are responsible for understanding the delivery sequence of private and federal disaster resources, the maximum awards available, and where to access additional resources through existing programs. Reliance on HELP is not necessarily a core strategy for the homeless population, but can serve as a useful approach to coordinating assistance.

Project Methodology

The faculty from USF and the project team worked with local CoC leaders to disseminate information about the project and to request help from the community. The Tampa Hillsborough Homeless Initiative and the Pinellas County Homeless Leadership Board provided meeting space for focus groups and shared the team's request for focus group participants. Without their crucial local contributions, the project team could not have gathered such a broad range of information.

As previously discussed, the inclusion of academia required structured procedures for this project. The faculty from USF designed and facilitated the focus groups for this project. A required step in their procedures for any research that includes human subjects is approval from the University's Institutional Review Board (IRB). To meet the IRB's process USF faculty created the following procedures for the project's focus groups.

Focus Groups Methodology

To learn about disaster preparedness for homeless individuals in Hillsborough and Pinellas counties, USF faculty partners designed an exploratory project, using focus group methodology, to capture the experiences and impressions for two targeted stakeholder groups: homeless disaster survivors and agency/emergency response staff.



Focus groups are a common data collection method used in the social sciences to gather people's thoughts about selected, often sensitive topics.¹⁷ These groups typically include a small number of participants and researchers, who often conduct multiple groups with different individuals of each target group to increase reliability of findings. The same format and/or question sequence generally guides group members

for that topic and data is generated both through response to the direct questions and the interaction among participants. Sessions generally last no more than 2 hours.¹⁸

For purposes of this investigation, researchers held focus groups in both Pinellas and Hillsborough Counties. Semi-structured questions for each of two target groups, listed in [Appendix A](#) and [B](#), helped guide the conversations. The first target group consisted of persons who were or are homeless and had the experience of living through a natural disaster.

17 David Morgan, "Focus Group Interviewing," *Handbook of Interview Research: Context and Method*, ed. Jaber Gubrium et al (Thousand Oaks: Sage Publications, 1997), 141-159.

18 R.H. Wayne, "Focus Groups," *Qualitative Research in Social Work*, ed A.E. Reid et al (New York, NY: Columbia Press, 2013), 264-283.

Focus group questions for these participants centered on the limited time period when a natural disaster had been declared in their area and explored what actions they had taken as disaster approached, while the disaster was in the area, and in the period immediately following the event. The second target group consisted of key government agency personnel, social service providers for homeless individuals, and representatives of first responder organizations. Questions for this group centered on the processes and policies used to help those who were/are homeless during a natural disaster. No demographic information was collected from participants in either of these two groups.

Homeless Disaster Survivor Groups. The project worked closely with local homeless coalition offices to recruit homeless persons in the two counties. For the purpose of this project, homeless individuals were defined as those who live on the street as well as those staying in emergency shelters. This is consistent with “Category 1” homelessness under HUD’s [homeless definition](#). All participants were over the age of 18 and English speaking. Researchers provided participants with small dollar gift cards to a major family goods chain store or eating establishment as acknowledgment for their time and effort.

Focus groups were held in local agencies that provide daily assistance or shelter to homeless persons. Each group lasted no more than two hours and participants attended only one group. A total of 31 participants in four separate focus groups participated in this project. The majority of the participants were unsheltered and all had experienced an extreme natural weather condition while they were homeless.

Researchers recorded all sessions, and kept detailed notes during each session. [Appendix A](#) lists the questions that guided dialogue.

In facilitating these groups, the research team employed an intentional strategy to foster trust with group participants. As documented in prior literature, homelessness is a traumatic experience.^{19, 20} Living through a natural disaster can exacerbate this trauma. As McCoyd and Shdaimah suggest, for social work and qualitative research studies in general, it is important to acknowledge the impact of the research topic on the project participants, because of the depth of disclosure that is possible when exploring narratives of a lived event.²¹ Taking this into consideration, the moderator for the focus group began by asking more general questions at first, then moved into more specific questions about participant experiences.

Agency/Emergency Response Staff Groups. CoC staff helped to identify both key organizations and personnel for inclusion in homeless agency/emergency response provider groups. Recruitment focused on staff from the county emergency management agency, first responders, and social service organizations that work with homeless individuals or those at

19 B.F. Barrett, “Assessing Health Care needs Among Street Homeless and Transitionally Housed Adults,” *Journal of Social Service Research* 37 (2011): 338-350.

20 K. Linton, “Factors Associated with the Health Service Utilization on Unsheltered, Chronically Homeless Adults,” *Social Work in Public Health* 29 (2014): 73-80.

21 J. McCoyd, “Revisiting the Benefits Debate: Salubrious Effects of Social Work Research,” *Social Work* 52 (2007): 340-349.

risk of homelessness, including homeless shelter settings. Local agencies in both counties offered space to conduct each of the focus groups.

Participants all spoke English and were over 18 years of age. Researchers did not offer incentive or compensation for their participation. As with the homeless survivor focus groups, researchers recorded all sessions. Questions asked are enumerated in [Appendix A](#). As part of this protocol, the researchers made efforts to ensure that all participants provided details of how their organizations responded to severe weather emergencies, clarifying questions regarding procedures that were directly related to items on the interview guide.

Local agencies in both counties offered space to conduct each of the focus groups. A total of 15 service personnel participated in two separate Pinellas County focus groups. A total of seven service personnel participated in one Hillsborough County focus group.

Analysis. Project team members transcribed audio recordings from all the focus groups to facilitate a content analysis of the answers to questions. Detailed notes taken during the focus group by two members of the research team also helped inform data analysis. For the purpose of this project, analysis remained focused on the core project questions. Themes and findings from this focus group analysis then helped inform the project's broader analysis of data from the two target communities.

Key Informant Interviews

In addition to the focus groups described above, the project also relied on key informant interviews – each up to 1.5 hours in length – to shed light on the cross-systems relationships and structures in place linking homeless and social service providers to emergency management organizations. These interviews helped elicit insights and formulate recommendations based on first hand experiences of participating service providers. The project team selected key informants through access to agency contact lists provided by the two counties' homeless coalition offices and, to some degree, by word of mouth. A total of 76 key informant participants were identified – including government agency personnel, social service providers, and representatives of first responder organizations. The team interviewed about a third of invited participants. These interviews did not collect demographic information.

Three project team members carried out these interviews using a standard format and question sequence for each informant, with some variation for representatives from the emergency management and social services sectors. The team generated data from the responses to the questions and from spontaneous comments from informants. Semi-structured questions for each sector, listed in [Appendix B](#), guided the conversations. The team recorded detailed notes from each informant, then reviewed and compared these summary notes for common themes between the two counties and across sectors.

For communities with coastal property there are several risks related to flooding and rising sea levels. For more information please go [here](#).

For more information about Reverse 9-1-1 please see this [study](#) funded by the National Fire Academy. Reverse 9-1-1 calls all residents of a community with a recorded emergency message.

Findings

1. Homeless persons may be the first affected.

Severe weather impacts those living on the street and in homeless shelters long before conditions become life-threatening for others. In particular, homeless individuals and families must plan how to keep important documents, belongings, and themselves safe, dry, and positioned to reach authorities if necessary long before the rest of the community has begun to react. When and how information is disseminated has a significant impact on how prepared homeless individuals are.

While 53.5% of homeless respondents to a recent survey by Stennett indicated that they owned a mobile phone, these individuals often try to conserve funds, only turning them on when calls are expected or to initiate a call.²² Further, Stennett found that 38.5% of respondents indicated they had an email account that they checked at least once a week. Encouraging homeless families and individuals to enroll in free communication mechanisms – e.g., email alerts, text alerts, and reverse 911 – may help critical information to reach otherwise isolated individuals.²³

2. Homeless persons may be among the most severely affected.

The focus groups reported, and research indicates, that homeless persons are more likely to be affected and more severely affected by a disaster. In addition, they have a significantly harder time recovering from a disaster than other socioeconomic groups.^{24, 25}

Risk of losing valuable belongings. For homeless individuals and families, more of their belongings are at risk and the hazards of survival during a disaster are more severe than for those with homes or access to storage. When living on the street, people experiencing homelessness often must keep all of their belongings with them. This increases the likelihood that their belongings will be stolen, seized by authorities or destroyed—especially during a disaster.

Restoring prescription medicines. Securing medications or prescriptions poses an especially challenging problem for persons who are homeless. Medications washed away or lost in the panic of emergency evacuation are difficult to replace with limited financial resources and no access to support programs. Many homeless individuals cannot pay for refills out of pocket. In addition, pharmacies may be closed in the aftermath of a serious disaster. Procedures for Medicaid programs to cover a disaster-related cost may be slow in coming post-disaster, if they come at all. In addition, original documentation related to prescriptions can be lost, making it more difficult to obtain replacement medication at an alternate location.

22 C.R. Stennett, "Identifying an effective way to communicate with homeless populations," *Public Health* 126 (2012): 55.

23 *Ibid.*

24 Philips, 17-28.

25 Nick, 338-343.

Restoring identification documents. The impact of a disaster is even more severe if a homeless person's identification is lost during or after a major event. Average citizens in ordinary times find it difficult to obtain copies of primary documents. It can be an impossible task for homeless survivors of a major disaster. An emergency may destroy the usually secure storage spaces where official source documents are stored, including birth certificates and other key records. In the aftermath of a major event, municipal offices providing this identification and other services are often closed or operating out of temporary facilities with limited staff.

Special difficulties with stored value/ATM/gift cards. Recent trends in debit cards and other electronic distribution of welfare dollars mean that if networks and telecom infrastructures are damaged or ATMs destroyed, then there is no way to access the stored value of the cards. In addition, the network operators of ATMs and point transaction terminals often charge what could be considered exorbitant fees from those who can least afford it. A recent report found ATM fees totaling nearly \$20 million dollars being charged to welfare recipients in California.²⁶ In a disaster these fees may not be obvious to users and policy-makers until it is too late to alter course.

3. Homeless persons miss out on access to disaster resources.

Even after the disaster itself has passed and recovery begun, emergency service providers in the focus groups reported that homeless families and individuals may be overlooked post-disaster due to changed job descriptions and new tasks related to disaster recovery throughout the community. Municipal employees, social workers and others previously assisting homeless individuals and families may be reassigned. Disaster-related tasks are unfamiliar to responders and locals alike and result in confusion regarding eligibility, the nature of certain benefits, and contradictory guidance. Some of the challenges encountered include:

Confusion over administering residency requirements. FEMA and other federal responders often require an address to enroll for post-disaster benefits. Some benefits are based on an individual's residency in an impacted community while other benefits are based on an individual's owning or leasing property. For benefits based on residency, community members who are homeless may be able to use a local homeless shelter's address or other organization's address for the purpose of qualifying for benefits so long as mail can be received there.

26 California Reinvestment Coalition, *The \$19 Million ATM Fee How Better Banking Services Would Protect Our Public Investment in Families*, San Francisco, 2014.

Lack of comprehensive policies regarding household membership. Immediate cash benefits post-disaster are often capped at a certain level for the entire household. Two individuals sharing the same space but maintaining separate households are both entitled to post-disaster cash benefits (if the benefit is offered). However, whichever roommate applies first can receive the entire allocation due to confusion over how the household is structured. If this happens, there is no mechanism to recapture the funds and no means of appeal for the other roommate.

Conflicting terminology. Another potential source of confusion is the way in which social service systems and emergency response systems use similar terms to refer to very different programs. Case managers not conversant in the details of these programs can easily become confused about the purpose of, eligibility for, and procedures of a particular program. States may implement certain federal programs and create new statewide names for the project, further complicating the landscape for an individual seeking assistance.

Confusion over benefits associated with different subsidized housing programs. Confusion may exist as to how residents of subsidized housing are compensated by disaster-related programs. Given the complexity of federal, state and local housing programs, this should not be surprising. For example, the US Department of Agriculture (USDA) administers housing subsidy programs in addition to those administered by HUD. Individuals and families living in housing administered by public housing authorities (PHAs), in Project-based Rental Assistance Programs, or enrolled in the Housing Choice Voucher Program (HCV, formerly known as the Section 8 Program) may receive conflicting information and find that rules have changed as the impact of the disaster is better understood by program administrators. Participation in particular programs may then impact eligibility for the type and amount of assistance an individual may receive.

Often, as the extent of a particular disaster is better understood, the guidelines for compensation by the government change. Historically, programs designed to house families and individuals post-disaster get extended as estimates of the full extent of the impact on housing markets are made. It can be very difficult for low-income and homeless individuals to track changing eligibility requirements, a task that may require them to stay connected to multiple case managers.

4. Hillsborough and Pinellas Counties have made a great start.

Many communities are just beginning the process of including the disaster-related needs and resources of homeless service providers and their program participants into a disaster plan. The two communities selected as sites for this project have not only begun the process but have built networks that ensure needs are communicated clearly, services designed to meet those needs are in place, and the people best equipped to know of any problems (service providers themselves) are able to update the plan as needed. Whether the result of frequent hurricanes, the long term investment by key staff at government and non-profit agencies, or some other factors, this foundation provides an excellent framework for continuing to meet the needs of this vulnerable population. Elements of success observed in these communities include:

Communication is key. Individuals with limited access to information need dedicated methods to ensure life-saving information reaches them in a timely manner. Without the timely communication of accurate concise information with clear directions, individuals and families don't know where to go, when to evacuate, and how to get the help they need.

Organizations need regular updates to stay focused on this important activity. Without regular training and requirements to update internal plans, institutions can lose their focus on emergency planning. Staff turnover, competing priorities and any of the hundreds of demands on shelter and project staff can distract from this priority. The regular communication of emergency-focused partners, Red Cross, and/or county/city officials assists service providers in meeting this imperative. Without an external partner, organizations often cannot meet the most important emergency planning requirements.

Clear structures for emergency communication and authority are already in place. During a disaster there is little time or capacity to discuss who makes what decisions. These discussions must happen before any event in order to have any utility during a disaster. Clearly describing who is empowered to make what decisions, both internal and external to the organization, is critical. Documenting for site managers who at the county level declares an emergency ensures there is no confusion as to who is in charge. Clearly delegating required decisions, which are normally made by the Board of Directors or Executive Director, to the highest ranking individual also allows major decisions to be made without lost time to administrative minutiae.

5. “Send red, not blue.”



This comment, by a participant in the homeless focus group, resonated strongly with other participants; so strongly in fact, that it became the title of this report. In many communities homeless individuals and families have complex relationships with law enforcement. While individual officers are often resources for desperately needed social services, engaging law enforcement as a group can be perceived as a significant risk. Past negative

interactions with officers may bias individuals against seeing any officer as a positive resource. In fact, some communities have passed vagrancy and loitering ordinances that criminalize homelessness. It is likely more effective to use community resources other than police officers to reach out to homeless persons before a disaster to disseminate emergency messages. While the community makes dedicated, sincere efforts to distribute information via law enforcement officers, the daily practice of many unsheltered homeless individuals and families is to avoid the police.

Sending emergency information through municipal and program staff, such as firefighters or outreach workers, may get the word out more effectively, since homeless persons are more likely to perceive these staff as partners and resources within the homeless community. This finding is consistent with Stennett’s finding that using a “non-threatening charity organization, rather than law enforcement or government agency (may) increase participation.”²⁷

While the homeless focus groups reported an aversion to law enforcement officers in general and a lack of communication specifically, law enforcement officers reported making a special effort to reach homeless families and individuals to encourage evacuation and guide them to disaster shelters. These two different perspectives highlight the effect that experience has on perception. Regardless of how communication is intended, the recipients interpret the information through the lens of their own experience. Emergency communications are not immune to this effect.

²⁷ Stennett, 55.

Recommendations

A) Include homeless service agencies at the highest possible level of disaster planning.

Homeless individuals and families should be a priority population in recovery planning, as those community members with limited access to resources are the most likely to need assistance from disaster responders. As the experience of Hillsborough and Pinellas counties suggests, it is important that homeless agency staff and emergency responders understand their roles and the resources they can bring to bear when disaster strikes. All agency staff participating in the focus groups reported that, at the agency level, they were aware of their responsibility to their client population first, then to the larger community. They were aware of the emergency management plans for their counties.

In the focus groups, community service providers unfortunately agreed with homeless participants that the “homeless are often not a priority immediately following a disaster.” According to homeless service professionals and emergency responders, post-disaster housing plans for temporary housing are primarily designed for people who have other resources. After disasters, first responders, as well as municipal and agency staff, may have new and different priorities, including helping residents whose homes were damaged or destroyed return to the area, while ensuring that services are restored.

It is important for planning purposes to remember that FEMA identifies 72 hours as the interval every United States resident should have sufficient supplies to survive. CoCs and other agencies may want to consider this standard as they plan for the impact and immediate aftermath of a major disaster.

Intersecting issues of addiction and mental illness may raise safety concerns among an unprepared disaster shelter staff, particularly if staffed entirely by volunteers. Beyond safety concerns, shelter volunteers and residents may not be familiar with how mental illness and trauma can impact an individual’s choices. A refusal to bathe or engage in other hygiene-related activities may appear to the untrained volunteer as stubbornness, rather than a symptom of mental illness or the result of past trauma. The approach indicated to resolve such conflict may be different in both cases but regardless is focused on helping a disaster survivor to feel safe enough to proceed with the activity.

For the full list of recommended supplies please see [Ready.Gov’s build a kit site](#).

B) Homeless service organizations must plan ahead for participants' needs.

Homeless service providers should plan in advance how to assist homeless individuals and families in keeping important documents, belongings, and themselves safe, dry, and positioned to reach authorities if necessary—long before the rest of the community has begun to react. Regular trainings or community sessions that are part of a shelter program could include disaster planning as part of the curriculum. Some areas that can be considered include:

- » Communities can educate individuals on where and how medications can be stored and accessed securely before, during, and after a disaster.
- » Program information can be distributed to service providers to allow for planned post-disaster sites for medication distribution.
- » Critical documents can be scanned into homeless management information systems (HMIS) to provide at least a record of the document, if not the original.

Providers should also plan to address the unique needs of unsheltered populations during and after a disaster. Well in advance, homeless service providers need to reach out to unsheltered individuals to inform them of steps to take to be safe and keep their belongings safe. It is important that when unsheltered individuals seek assistance and shelter they are accepted and provided support. Trainings or community sessions for programs serving unsheltered families could include:

- » Communities can determine how to effectively notify individuals and families living on the streets and in encampments of a potential emergency, where to seek safety, and what to bring.
- » Providers can distribute information using trusted sources and in locations that may be utilized by unsheltered individuals and families like announcements at soup kitchens and distribution of disaster preparedness cards by homeless outreach workers.
- » Transportation arrangements can be secured in advanced so unsheltered individuals and families can be evacuated from the area and can be transported back once the area is safe.

C) Plan ahead for organizational needs.

Past research has indicated that, in the wake of a disaster, service providers may have difficulty accessing timely help from the government.²⁸ Organizations are limited by decision making processes at state and federal levels in receiving immediate assistance after a major disaster. Some aid may require extensive permissions by a variety of government officials. In addition, cash flow may be an issue for organizations that are dependent on reimbursement-based grants. However, savvy financial planning by organizations can enable greater capacity to acquire crucial resources following a disaster.

28 Green, 28-44.

The ability of local service providers to create and maintain accessible one-stop enrollment locations, which are regularly open, can aid individuals and families to check in as needed. This helps assure that vulnerable groups do not miss out on benefits for which they are eligible. Maintaining a professional team of case managers that continually re-evaluate client lists based on changing federal or state eligibility guidelines will help homeless individuals and families to receive all of the compensation to which they are entitled after a major disaster. This alleviates the burden on local communities to meet changing needs on their own. Technology can be used to identify changed eligibility requirements and update resources available to specific clients. A family that was previously ineligible can be flagged by the system and their case manager can follow up.

HUD has invested in technology to develop robust Homeless Management Information Systems (HMIS) across the country. HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each CoC is responsible for selecting and operating a system that complies with HUD's data collection, management, and reporting standards. CoCs should develop strategies for utilizing HMIS to inform planning process and decision making before, during and after a disaster.

Uses of HMIS for identifying needs pre-disaster and post-disaster:

- » Review HMIS data to understand demographics and needs. Examples: sheltered vs. unsheltered populations, individuals vs. families and unaccompanied youth, number and location of people in permanent supportive housing.
- » Use information from HMIS to advocate for the needs and risks faced by people experiencing homelessness.
- » Strategize outreach efforts to unsheltered populations based on location and number of individuals.
- » Track both the impact to homeless residents and those that become homeless due to the event.
- » Track eligibility for disaster compensation and other disaster related resources.
- » Connect individuals and families
- » Analyze the success of projects or initiatives

Local homeless service providers are already familiar with the language and nature of existing federal programs utilized locally. Educating them in emergency response culture and practice can only aid communities in accessing the appropriate resources for their homeless residents following a disaster.

D) Use the strengths of CoC providers.

Homeless service providers have many assets that can serve the community during and after a disaster. While many localities do not have a framework for building on the strengths of the homeless service system, both Pinellas and Hillsborough Counties have taken initial steps to engage dedicated professionals that work daily to support the vulnerable homeless members of their community in case of disaster.

Each Continuum of Care has staff with extensive experience on the needs of homeless residents and the requirements of federal and state assistance programs and they can be a tremendous

The USDA works extensively with rural communities and other agencies across the Federal Government to respond to emergencies, outbreaks and other events. For more information on USDA Emergency Preparedness please go [here](#).

resource to the community. This knowledge of the terminology, eligibility, and other aspects of federal program implementation can serve localities as a valuable resource in confronting the impact of a major disaster.

E) Improve communications between homeless service providers and disaster agencies.

Participants in the service provider focus groups assumed that homeless service providers can meet the disaster-related needs of people experiencing homelessness before, during, and after a severe event. Several key service providers believed that homeless shelters are able to accommodate individuals impacted by a disaster, even before Red Cross or other community disaster shelters are activated. While shelters often have clear plans in place for responding to extremes of hot and cold temperatures, community-wide plans for sheltering individuals experiencing homelessness during tornado, flood, and hurricane watches and warnings are much less clear.

The homeless service system is comprised of a highly interdependent group of providers that rely on strong communication to be effective. Without preparedness planning, communication can break down both during and immediately after an emergency. Each project in the Continuum of Care is designed to respond to a particular set of needs associated with moving families and individuals out of homelessness to self-sufficiency. These providers are accustomed to complementing one another's services—for example, a supportive housing provider typically works with a case manager and a substance abuse treatment program. This continuum of services becomes fractured during a disaster. While agency staff were often familiar with their own agency's role during a disaster, key informant interviews revealed that many were unaware of and raised no concerns about the plans of fellow agencies. Several participants mentioned that shortages of food, staff, and a lack of generators might hamper their projects over an extended disaster event.

In disaster shelters, homeless individuals and families with special needs are often appropriately mixed with other survivors who are also facing a crisis situation. Without proper planning and training, staff and volunteers who are overwhelmed can easily overlook—or simply not be able to meet—the needs of homeless persons. Specific suggestions from the homeless service provider focus group to improve disaster shelters include:

- » Train security personnel and staff in de-escalation;
- » Provide addiction and recovery services, including methadone maintenance and 12-step meetings;
- » Clearly post and practice anti-discrimination policies;
- » Assure availability of mental health services, including crisis counseling;
- » Train staff to conduct needs assessments and triaging (if needed);
- » Make secured storage available for belongings;
- » Provide shelter staff with clear guidance regarding their roles and responsibilities;
- » Train shelter staff and volunteers to work with vulnerable populations and to be able to communicate in a trauma-informed manner;
- » Ensure that shelters have systems in place to provide structure, while giving residents some opportunities to make their own decisions;
- » Make tutors available to work with school age children and assist them in returning to school; and
- » Make child care available to enable parents to resume work.

Conclusion

The level of preparedness that Pinellas and Hillsborough counties have is hard to find in other communities around the country. Even in other areas that should be used to experiencing natural disasters, there is often a struggle to find the kind of organization that the Tampa Bay area has. In Pinellas County in particular, there is a good mix of stakeholders dedicated to addressing the disaster related needs of individuals and families experiencing homelessness. Replicating the planning process of Pinellas and Hillsborough counties and engaging strong leaders in both emergency management and the CoC may allow communities to target resources for this vulnerable population.

Recommendations for Continuums of Care (CoCs):

- A. Identify a lead person and form a committee to develop a Disaster Plan (include people with lived homeless experience and stakeholders with disaster experience).
- B. Build partnerships with an Emergency Management Organization; understand each other's roles and responsibilities and ensure people experiencing homelessness are considered in the planning, response and recovery process.
- C. Identify the strengths and needs of the homeless services agencies before, during and after a disaster.
- D. Create a Disaster Plan; recommendations and a community sample can be found in this document.
- E. Require a Disaster Plan when contracting with organizations.
- F. Include disaster planning as a standing agenda item at Continuum of Care meetings.
- G. Train staff on the Disaster Plan and roleplay disaster scenarios.

The most vulnerable members of a community must be a priority in disaster planning. Preparedness and evacuation activities targeted to households with access to transportation and financial resources likely do not meet the needs of families and individuals that are homeless. Targeted planning for these community members will prevent additional loss of life and provide better footing for successful recovery activities post disaster. Staging resources and building inclusive plans may allow for the delivery of more effective services and more efficiently connect experienced service providers with households seeking their services.

For a full list of
State Offices
of Emergency
Management visit
FEMA's [website](#).

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Appendix A: Focus Group Questions

For Focus Group Respondents who are Homeless

(For Lead): Facilitators should have clear understanding of the research, what a focus group is, informed consent and experience, or access to experienced staff, working with vulnerable populations.

Semi-Structured Questions:

- Has anyone experienced a natural disaster while homeless?
- How is information about a disaster communicated to you?
 - » Who would you expect to communicate emergency information to people who are located in an encampment or other remote location site?
 - » In this county, where do people who are experiencing homelessness go during an extreme weather watch or warning?
 - » What resources are available for families and individuals who are on the street to prepare for a disaster?
 - » Can you talk about any special needs of individual and families experiencing homelessness during a natural disaster?
 - » What about after a disaster?
- What are your thoughts about using a disaster shelter?
 - » If you do not want to use a disaster shelter —what are your options?
- What recommendation so you have for social service agencies, the police, or public officials to help individuals and families experiencing homelessness when a natural disaster is expected in the area?

For Focus Group Respondents from agencies, first responders, or government services

(For Lead) Facilitators should be familiar with informed consent, what a focus group is, and the role that the represented agencies/organization serve in relation to social service or disaster recovery.

- Does your organization provide any disaster services for the homeless population you serve?
 - » Who are your “boots” on the ground workers during a disaster?
 - » How are they prepared?
- Describe what your organization does for disaster preparedness planning for those you serve.
- Describe the resources and services available to the homeless population you serve during disaster recovery.
- What are the challenges during a disaster to reach people who are experiencing homelessness?
- Does your organization have its own EM plan?

Organization relation with EMS

- If your community has a strategy to communicate emergency information to people experiencing homelessness, can you talk about what that strategy looks like?
- As a provider, how does your organization fit into your County EM process or plan?
- What questions do you have regarding the emergency management plan?

Areas of recommendation

- What can be to help improve the services for the homeless population you serve?
- How can coordination among homeless service agencies during a disaster be improved?
- What kind of system would be used to document and share information on people serviced during the emergency?

Appendix B: Key Informant Interview Questions

Key informant questions (one hour session):

Interviewers should be generally aware of local disaster plans and specifically aware of the documented policies of the organization for comparison.

Focus Area: Knowledge of stakeholders regarding the disaster related needs of people experiencing homelessness.

- Can you talk about the special needs of individuals and families experiencing homelessness during a major disaster? *Prompts: lack of shelter, limited access to news*
- What are the challenges in reaching people who are experiencing homelessness? *Prompts: hard to find, lack of transportation, lack of outreach workers*
- Where should people who are experiencing homelessness go during an extreme weather watch or warning? What resources have been prepared for families and individuals who are on the street?
- If a Red Cross shelter was to open, what kind of services/resources should be available to meet the needs of people who are experiencing homelessness?
- What resource can you imagine that individuals or families experiencing homelessness might require during recovery from a disaster. Of these resources, are they available and how would they be accessed. Prompt: what number would they call, where would they need to go.

Focus Area: Community strengths, weaknesses, resources, and linkages that impact emergency planning and management efforts.

- How do non-profit service providers participate in decision making and resource planning as it relates to emergency management?
- What is being done to coordinate non-profit and other human service organizations for weather related emergencies and disasters?
 - » What are the formal mechanisms for the emergency management agency to interact with non-profit and human service organizations?
 - » Is there a formal structure or committee?
 - » Which agencies are actively involved?
 - » What challenges do you perceive in coordinating such a large group of stakeholders?
 - » How can coordination among homeless service agencies be improved?
- As a non-profit or human service agency, how well do you understand your county's broader emergency management plan?
 - » How do you perceive your role within the broader plan?
 - » What questions do you have regarding the emergency management plan?
 - » What questions do you have about your role or the role of non-profits in general?
- How do homeless service agencies currently work together?
- Who are the outreach workers that contact individuals and families on the streets?

Focus Area: Extent to which existing local emergency management plans and structures are inclusive of people experiencing homelessness.

- If your community has a strategy to communicate emergency information to people experiencing homelessness, can you talk about what that strategy looks like?
- Who would you expect to communicate emergency information to people who are located in an encampment or other remotely located site?
- How are homeless service providers included in communication chains or the incident command structure?
- What kind of system would be used to document and share information on people served during the emergency?
- How will your community help people who are experiencing homelessness evacuate?
- If people who were experiencing homelessness were evacuated during a disaster, how would connections be managed in the destination communities?

Focus Area: Perceptions and knowledge of stakeholders regarding local emergency planning and management efforts for people experiencing homelessness.

- What sort of challenges might the emergency management agency face in serving people who are homeless during an emergency or disaster?
- What sort of challenges might the public health department face in serving people who are homeless during an emergency or disaster? *Prompt: more medically fragile, more likely to be undiagnosed, have less preventative care*
- What sort of challenges might the Red Cross/Salvation Army (whichever is written into ESF 8) face in serving people who are homeless during an emergency or disaster? *Prompt: out placement, identifying threshold for closing a shelter, discharging homeless families and individuals*
- What is your expectation of other non-profit and human service agencies?
- If a Red Cross shelter were to open tomorrow, which agencies would be deployed to the Red Cross shelter?

Having gone through the survey and thinking in general of the few resources available, the challenges with accessing them and your role, please share your concerns or comments to help other communities develop resources to meet the needs of individuals experiencing homelessness during a disaster.

Appendix C: Pinellas County Homeless Evacuation/Sheltering Plan

Homeless Evacuation/Sheltering Plan

An operating procedure for Pinellas County
Updated August 2012

Overview

Purpose: This plan sets forth the requirements for implementing, activating and operating the homeless evacuation and shelter assistance plan for Pinellas County.

Scope: This plan will be implemented in Pinellas County to help the homeless population respond to the need for evacuation assistance and shelter during a hurricane. It includes education, notification, transportation assistance, “homeless-support” sheltering and recovery. Parts of this plan will be implemented throughout the year, for education purposes. Other parts will be implemented when there is a hurricane threat in coordination with other county emergency actions.

Background: According to the 2011 Homeless Point-in-Time Survey, conducted by the Pinellas County Coalition for the Homeless, there were 5,887 homeless adults and children living in Pinellas County. Although the highest concentration of homeless persons is in St. Petersburg and Clearwater, the population is fairly well distributed across the county.

2011 Pinellas County Homeless Population

Total Count	Men	Women
5,887	79%	21%

Other pertinent data from the 2011 Homeless Survey:

Main City of Residence	% of Homeless Population
St. Petersburg and south county	49%
Clearwater and surrounding area	22%
Largo, Pinellas Park, Lealman, Tarpon Springs	20%
Other locations	9%

- Unsheltered: Adults: 720, Families 148, Children: 65
- 279 Chronic homeless
- 55% report having mental health and/or depression issues
- 29% report having drug or alcohol abuse issues
- 66% have lived in Pinellas County for over a year
- 22% are veterans

*Source Pinellas County Coalition for the Homeless-2011 Point-in-Time Survey

Communication: Messages communicated through the mainstream media may not reach those who have no permanent residence. Many of these individuals have no access to television, and some may be illiterate or non-English speaking, so that written communications may also be ineffective with a subset of this population. Some homeless individuals may be able to be reached through radio, but the most common form of communication in this population is word-of-mouth, leading to the spread of inaccurate rumors and misunderstandings that may have serious consequences during an emergency.

Transportation: Many homeless individuals have difficulty with transportation and may not be able to reach an evacuation shelter in a timely manner without transportation assistance.

Mental Health, Substance Abuse and Medical Legal Issues: According to the Pinellas County Coalition for the Homeless (2011), 55% report having mental health, 29% substance abuse problems, and 32% report having physical disability. Mental illness may make communication with some members of this population more difficult. Other homeless individuals with substance abuse problems or legal issues may make their safe integration into a mainstream risk shelter environment difficult.

Interpersonal Issues: Some homeless individuals may have difficulty interacting with the mainstream shelter population due to the issues already discussed, or related to other lifestyle/cultural issues. In the stressful and (relatively) intimate setting of a disaster shelter, the consequences of such issues may be amplified.

Operating Procedures

Training/Awareness

- Prior to the beginning of hurricane season (June 1), training will be provided for homeless support workers staffing the homeless-support shelters. This training will be coordinated by Pinellas County Homeless Leadership Board, Pinellas County Health and Human Services and Pinellas County Emergency Management.
- Hurricane information materials will be prepared and distributed to agencies and programs that serve the homeless population prior to the start of hurricane season, and throughout the hurricane season, as appropriate. (see *Communication/Notification* below)

Communication/Notification

- A flier containing hurricane season information, including pick-up points, homeless support and general population shelters will be distributed to homeless persons by the street outreach teams, food pantries, soup kitchens, shelters, drop-in centers, and agencies serving the homeless.
- *Posters containing information on the evacuation/sheltering plan for the homeless will be posted at parks, libraries, shelters, food pantries, shelters, drop-in centers, free clinics, etc..
- When countywide evacuation levels are called by County Emergency Management, *bright-colored "emergency notification and response" cards will be distributed, by the street outreach teams and staff of the above locations, to notify homeless citizens that it is time to evacuate. These will list pick-up points where homeless people in need of transportation can be picked up and taken to an evacuation shelter.
- Law enforcement officers and the street outreach teams will provide notification to street homeless, through loudspeaker drive-bys in areas where homeless persons typically congregate. They will also post fliers, including updating of the Public Notification Board in Williams Park; and distribution of "emergency notification and response cards".
- 211 Tampa Bay Cares will replicate the cold night shelter notification process, calling and e-mailing shelters and service providers throughout the county. They will also use e-Pinellas to notify the homeless population and agencies that serve them of evacuation status or other emergency information.
- *Cards and fliers will be printed by Pinellas County Communications prior to the start of hurricane season.

*Sample information materials are attached as Appendices.

Transportation

Pinellas County Health and Human Services will coordinate with the Pinellas Suncoast Transit Authority and/or the Pinellas County Schools Transportation Division to provide up to three buses for transporting individuals needing transportation to the designated homeless-support shelters. Pinellas County Health and Human Services will provide two (2) staff monitors for each bus. At least one (1) bus that is wheelchair accessible will be on stand-by and available, as needed. Additional transportation needs will be coordinated by Pinellas County Health and Human Services from the County Emergency Operation Center, as needed.

The following sites have been selected to serve as pick-up points, where homeless people may go and be transported to the nearest homeless-support evacuation shelter, and receive supplies. These include:

Solid Rock Church

4224 28th Street N.
St. Petersburg, FL 33714
521-6306; 692-3899
Pastor Glen Miller
SolidRockCTR@aol.com

St. Vincent de Paul

1345 Park Street
Clearwater, FL 33756
441-3790-Mary Lou Guthart or
Kris Di Giovanni
SVdSoup@tampabay.rr.com

St. Vincent de Paul

401 15th Street N.
St. Petersburg, FL 33705
823-2516
Svdp.south.pinellas@netzero.com

St. Timothy Lutheran Church

812 East Tarpon Avenue
Tarpon Springs 34689
Church Administrator, Judy Webb
(727) 937-3503 ex 14
admin@mylutheran.com

Salvation Army

1400 4th Street South
St. Petersburg, 33701
Luis D. Rosa, Jr.
822-4954 Ex. 223
550-8080 Ex. 223
Luis_Rosa@uss.salvationarmy.org

The Shepherd Center

780 S. Pinellas Avenue
Tarpon Springs, FL
939-1400 ex. 403 Lisa Hughes
shepherdcenter@yahoo.com

Pinellas County Health and Human Services will arrange for homeless shelter support staff to accompany each bus and keep in contact with the Emergency Operation Center by 800 MHz radio and/or cell phone.

When the shelters close the homeless guests will be returned to same pick-up points, as appropriate, by Emergency Operation Center dispatched buses.

Sheltering Support for Homeless Persons

Homeless individuals may go to any county risk shelter; however, the County has designated specific shelters that will be staffed by specialists trained to assist homeless persons.

2012 Risk shelters that will be staffed with homeless support personnel include:

Recommended Evacuation of Mobile Homes and Historically Flood Prone Areas

Northside Baptist Church
6000 38th Avenue North
St. Petersburg, FL

**Ross Norton Recreation Center
(Red Cross Shelter)**
1426 S. MLK Jr., Ave.
Clearwater, FL

Mandatory Evacuations of Mobile Homes and Encourage Evacuations of Historically Flood Prone Areas

Ross Norton Recreation Center
1426 S. MLK Jr., Ave.
Clearwater, FL

Sexton Elementary School
1997 54th Avenue North
St. Petersburg, FL

Mandatory Evacuations

Level A

Sexton Elementary School

1997 54th Avenue North
St. Petersburg, FL

Largo High School

410 Missouri Avenue
Largo, FL

Level B

Sexton Elementary School

1997 54th Avenue North
St. Petersburg, FL

Largo High School

410 Missouri Avenue
Largo, FL

Level C

St. Petersburg High School

St. Petersburg, FL
2501 5th Avenue N.

Pinellas Park High School

6305 118th Avenue N
Pinellas Park, FL

Clearwater Fundamental Middle School

1660 Palmetto Street
Clearwater, FL

Level D

Clearwater Fundamental Middle School

1660 Palmetto Street
Clearwater, FL

Largo High School

410 Missouri Avenue
Largo, FL

Pinellas Park High School

6305 118th Avenue N
Pinellas Park, FL

St. Petersburg High School

2501 5th Avenue N.
St. Petersburg, FL

Level E

Clearwater Fundamental Middle School

1660 Palmetto Street
Clearwater, FL

Largo High School

410 Missouri Avenue
Largo, FL

Lealman Middle School

4900 28th Street N
St. Petersburg, FL

St. Petersburg High School

2501 5th Avenue N.
St. Petersburg, FL

A minimum of two (2) homeless shelter support staff will be placed by the Pinellas County Health and Human Services at each homeless support shelter for each shift, to provide problem-solving, mediation, and post-evacuation planning and placement to homeless evacuees. In addition, each homeless support shelter will have an additional police officer, who has received Crisis Intervention Training.

Basic shelter supplies, such as blankets, towels, and items for personal hygiene (soap, toothpaste, deodorant, etc.) will be coordinated by the Pinellas County Homeless Leadership Board. Kits will be available at the pick-up points (or delivered to the Homeless Support Shelters).

Shelter Closure: When the evacuation shelters close the homeless citizens will be returned to the same location where they were picked-up. HHS staff in the Emergency Operation Center will dispatch the buses to the shelters at the appropriate time.

If facilities that normally provide services to the homeless population are damaged in a hurricane, Pinellas County Health and Human Services and Pinellas County Homeless Leadership Board staff will work with the county recovery teams to ensure that alternate facilities are found that can provide basic services until normal services return.

Pinellas Hope Residents: Residents of Pinellas Hope will be transported to the nearest evacuation shelter, which normally will be Pinellas Park High School during a level C & D evacuation and Lealman MS for an E evacuation. If the evacuation shelters are not activated, and the residents of Pinellas Hope need to be evacuated, Catholic Charities has made arrangements with the Boys and Girls Club in Pinellas Park and Catholic Churches in their vicinity to shelter their clients. Catholic Charities will use their buses to transport and their staff will be in the shelters with the residents. The county may provide additional bus transportation if needed.

Safe Harbor Residents: Residents of Safe Harbor will shelter in place up through a Category 2 storm. In the event of a Category 3 or 4, SH residents will be transported to the nearest evacuation shelter, which normally will be Pinellas Park High School. For a Category 5, Lealman MS will be the shelter. Staff in the EOC will arrange for the transportation. Safe Harbor staff will arrange to bring mats and blankets and will be the staff for their clients in the shelters.

Responsibilities

- Pinellas County Emergency Management (PCEM)
 - » Ensure overall program is updated and in place prior to the beginning of hurricane season each year
 - » Provide three 800 MHz radios to Human Services for bus monitors
 - » Coordinate training for Health and Human Services staff and general risk shelter staff
 - » Collect data for tracking and reporting, analysis and evaluation
 - » Provide after-action report to all involved parties
- Pinellas County Board of County Commissioners (BCC)
 - » Declare and announce State of Emergency
- Pinellas County Health and Human Services (PCHHS)
 - » Provide staff for the Emergency Operations Center (EOC)
 - » Provide trained staff for homeless-support shelters
 - » Provide bus monitors
 - » Coordinate training for Health and Human Services staff and general risk-shelter staff
 - » Act as liaison with the Pinellas County Homeless Leadership Board
 - » Work with Pinellas County Homeless Leadership Board and Pinellas County Emergency Management to provide recovery support, as needed
 - » Assist in training homeless program staff
- Pinellas County Sheriff's Office (PCSO)
 - » Coordinate training for in-house personnel and provide information to municipal police departments (MPDs) to include information about this procedure and to assign responsibility for law enforcement agencies to provide handouts to street homeless, as appropriate
 - » Assist with distribution of hurricane warning cards and make drive-by announcements
- Pinellas County School Board (PCSB)
 - » Coordinate training for general risk-shelter staff and staff of homeless-support shelters
 - » Provide buses and drivers through normal EOC transport coordination procedures for use in transporting homeless citizens to and from designated homeless support shelter
- Pinellas Suncoast Transit Authority
 - » Provide buses and drivers through normal EOC transport coordination procedures for use in transporting homeless citizens to and from designated homeless-support shelters
- Pinellas County Communications Department(PCCD)
 - » Assist with publicity for Homeless Sheltering Program
 - » Produce bi-lingual fliers and handouts for program

- **Pinellas County Homeless Leadership Board (HLB)**
 - » Coordinate training for homeless program staff, volunteers and homeless citizens
 - » Distribute informational fliers and cards to appropriate locations
 - » Obtain and distribute, as needed, blankets and personal hygiene items
 - » Act as liaison with Pinellas County departments on homeless sheltering issues
 - » Publicize this procedure throughout the homeless community and providers
 - » Work with Pinellas County Health and Human Services and Emergency Management to provide recovery support, as necessary
- **211 Tampa Bay Cares, Inc.**
 - » Notify providers of shelter activation

See Table 2 for a table of these activities and responsible parties.

See Table 4 for a timeline depiction of these actions and responsible parties.

Partners and Responsibilities

Phase	Partner	Responsibilities	# Staff*
I	HLB/PCSO/MPDs, Street Outreach Teams	Distribute early warning hurricane cards	All Patrol Officers Street Outreach Teams
	HLB/PCEM/PCHHS	Training for homeless program staff; general risk shelter staff; homeless persons	2
	PCBCC	Declare state of emergency	1
	PCBCC	Make announcement	1
	PCEM	Activate EOC	10
	PCHHS	Activate homeless program staff	4
	PCHHS	Activate transport sites	1
	ARC	Open Shelters	
III	PCSB	Open shelters according to level	<78
	EOC/PCCH	Notify 211	1
	211	Notify providers of shelter activation	5
IV	HLB/PCSO/MPDs Street Outreach Teams	Distribute emergency notification cards	Members/Patrol Officers Street Outreach Teams
	PCHHS	Coordinate transportation	1
V	PSTA/PCSB	Activate buses/drivers	<3
	HLB	Distribute blankets/personal hygiene items	<6
VI	PCSB	Close risk shelters	<52
	PSTA/PCSB	Provide return to point of origin or overnight shelter as appropriate	<3
VII	PCEM	Data analysis	1
	All Partners	Provide feedback	
	PCEM	Write & distribute evaluation	1
	PCEM/PCHHS	Modify plan	10

* Suggestions for minimum staff recommended to implement tasks

Data Collection Table

Data Item	Collection Method	Responsible Agency	Location
# of people boarding buses at pick-up points	List of passengers w/ cards kept by PCHS staff	PCHHS	On bus
# of people sheltering at homeless-support shelters	List kept by PCHS staff	PCHHS	Shelter registration
# of supplies distributed to homeless at pick-up points	Inventory-returns	HLB/PCHHS	Warehousing point for supplies
# of homeless persons returned to point of origin following risk shelter closing	List kept by PCHHS staff	PCHHS	On bus
# of homeless people receiving services from PCHHS staff	Contact record	PCHHS	At shelter
# of homeless program staff attending homeless-support trainings	Sign-in sheet	HLB	At training
# of general risk-shelter workers receiving HLB training on guidelines for homeless	Sign-in sheet	PCSB	At training

Homeless Hurricane Evacuation Timeline

Partner	Responsibilities	T-3	T-2	T-1	T	T+1	T+2	T+3	T+4	T+5	T+6	T+7	T+8	T+9	T+10	T+11	T+12
PCCH/PCSO/ MPDs Street Outreach Teams	Distribute Early Warning Hurricane Cards																
PCCH/PCEM/ PCHHS	Training for homeless program staff/shelter staff/homeless population																
PCBCC	Declare state of emergency																
PCBCC	Make announcement																
PCEM	Activate EOC																
PCHHS	Activate homeless shelter staff																
PCSB/ARC	Open shelters according to level																
EOC	Notify 211																
211	Notify providers of shelter activation																
HLB /PCSO/ MPDs	Distribute emergency notification cards																
PCHHS	Coordinate transportation																
PSTA	Activate buses/drivers																
PCCH	Distribute blankets/ personal hygiene items																
PCSB	Close shelters																
PSTA	Transport homeless to pick-up points																
PCEM	Data analysis																
All Partners	Provide Feedback	PC Sheriff/Municipal Police															
		PC Emergency Management															
		PC Health and Human Services															
		PC School Board															
		PC Board of County Commissioners															
		211 Tampa Bay Cares															
		HLB															
PCEM	Write & Distribute Evaluation																
PCEM/PCHHS	Modify Plan																