

Texas Association of Community Health Centers

The Heartbeat of Texas Community Health Centers



Hurricane Harvey: Texas Health Center Impact, Response, and Resiliency *Christina Brito- Tigerina*

May 17, 2018

Today's Objectives:

At the end of this session:

- **Participants will have an understanding of the challenges that the Texas PCA and health centers faced during Hurricane Harvey.**
- **Participants will learn how to address these challenges, hear lessons learned, have the ability to incorporate workflows and processes for collaboratively working with partners during a disaster/emergency.**
- **Participants will be presented take away ideas on leading, mediating, and following up with impacted health centers and their staff/communities.**



Texas Association of Community Health Centers, Inc.

- As the Primary Care Association (PCA) for the state of Texas, and is the link between federal, state and local entities providing health care for Texas's most vulnerable populations.



Quick Facts...

Texas Health Centers Quick Facts

1,328,406 million patients served annually
4,980,499 patient visits annually

73 FQHCs and 3 FQHC Look-Alikes in 2016 ¹

Over 460 service delivery sites Located
in 125 counties across Texas

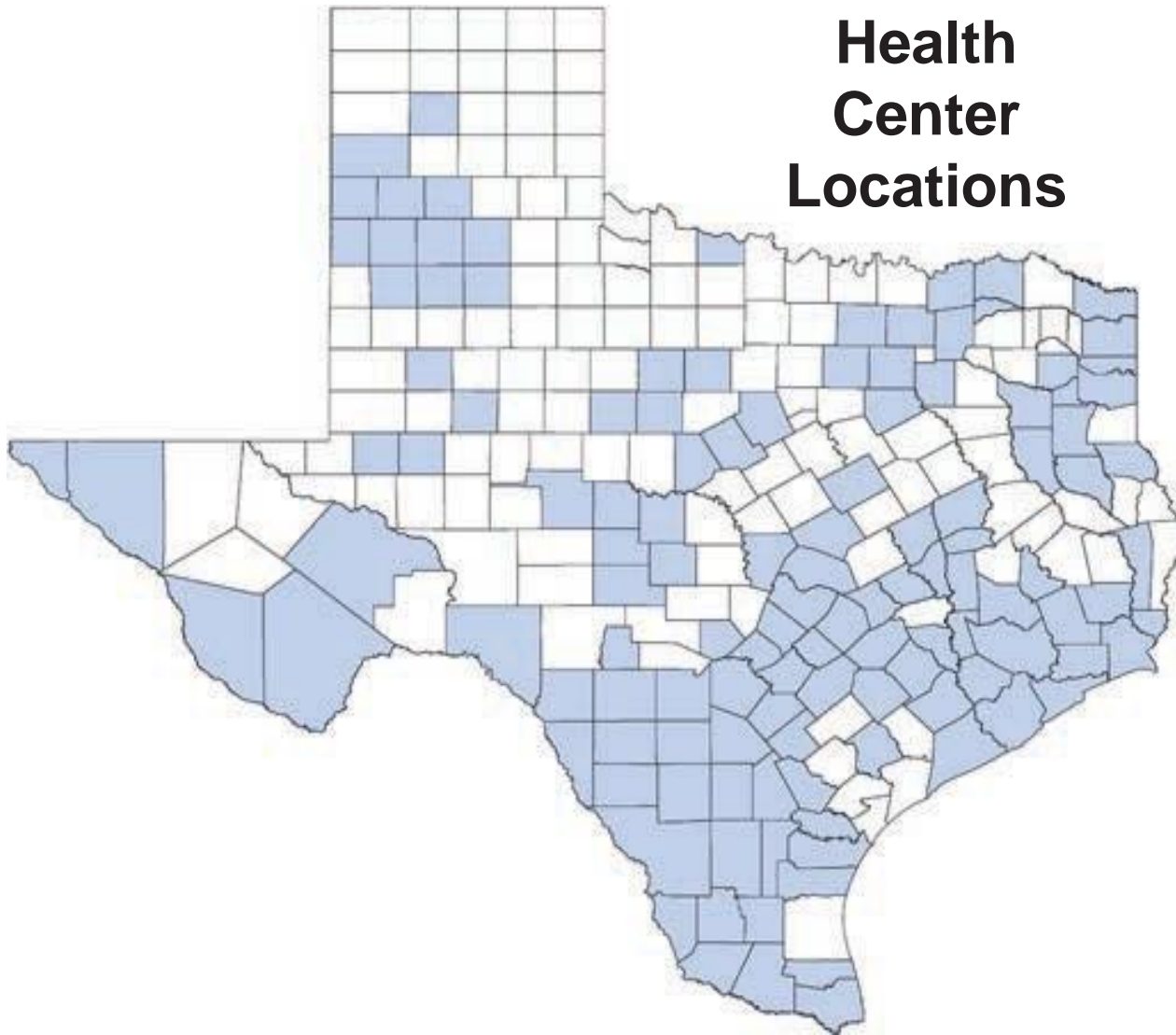
¹ FQHC Look-Alikes are centers that meet all the FQHC designation requirements but do not receive federal funding.



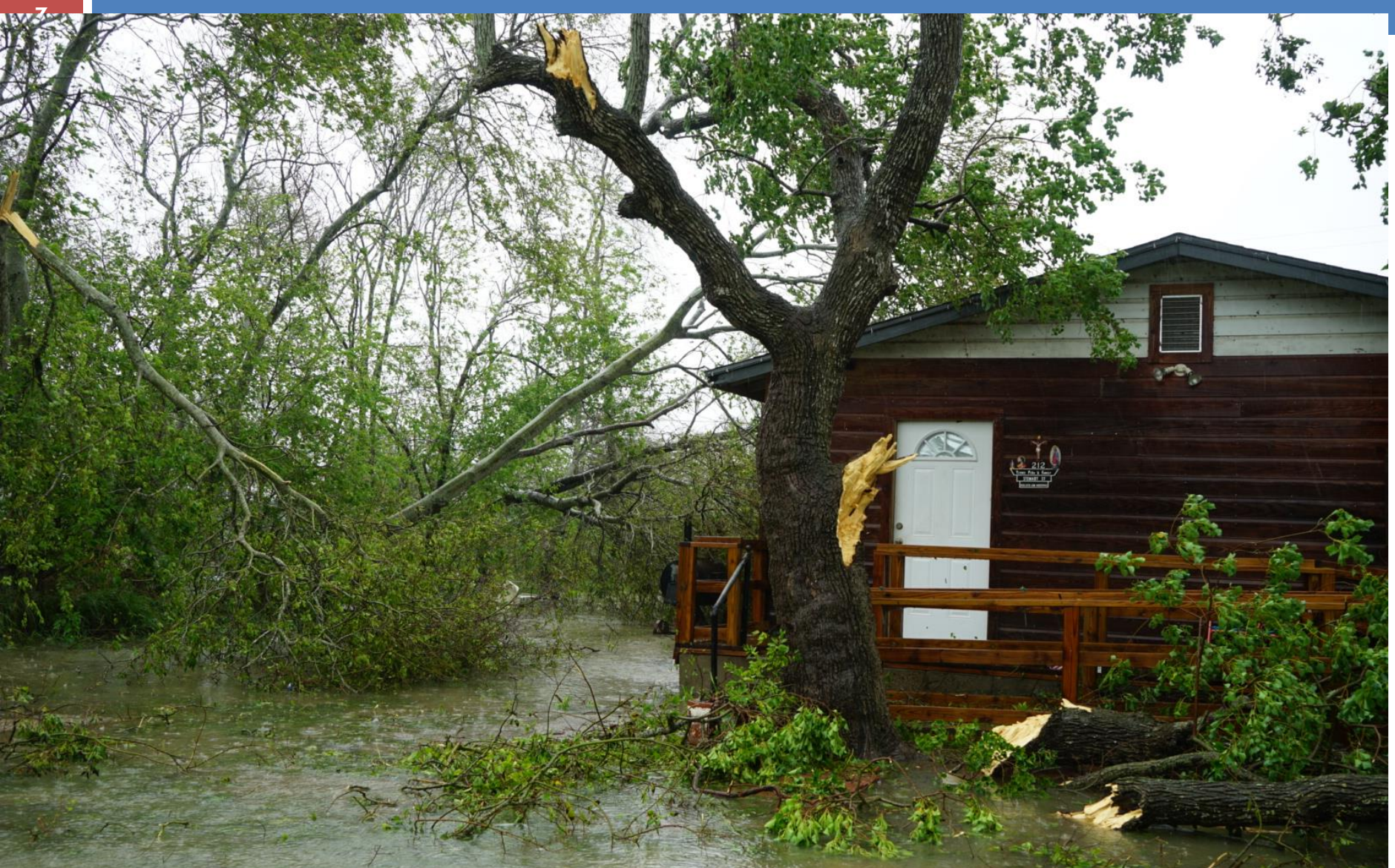
Texas Association of Community Health Centers, Inc.

- **Focus on Members.** TACHC is here to serve its members. TACHC provides services so centers can keep their focus on patients and communities.
- **Commitment to the Under- served.** TACHC works to maximize health care access for the medically underserved when and where it is needed.
- **High Quality Health Care.** TACHC promotes high quality, comprehensive health care by providing centers with the most current information, tools and models for improving patient health and access to care.
- **Efficient Business Practices.** TACHC helps health centers maximize direct health care resources and deliver affordable patient services. TACHC offers cost-saving services, trains health centers in efficient business practices and helps health centers protect and improve their payer mix.
- **Ethical Leadership.** TACHC provides guidance to health centers on compliance with state and federal regulations to enable health centers to serve as ethical leaders in their communities.
- **One Voice.** TACHC seeks to represent our members as one voice with one goal – to preserve and strengthen Texas’s health care safety net.

Texas Association of Community Health Centers, Inc.



Hurricane Harvey



Hurricane Harvey

8



Hurricane Harvey



Hurricane Harvey- Port Aransas, TX



Hurricane Harvey



Spring Branch CHC, Katy, TX

12



Hurricane Harvey- Houston, TX

13



Hurricane Harvey- Houston, TX

14



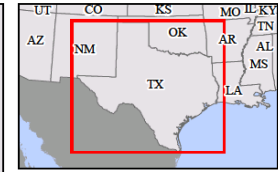
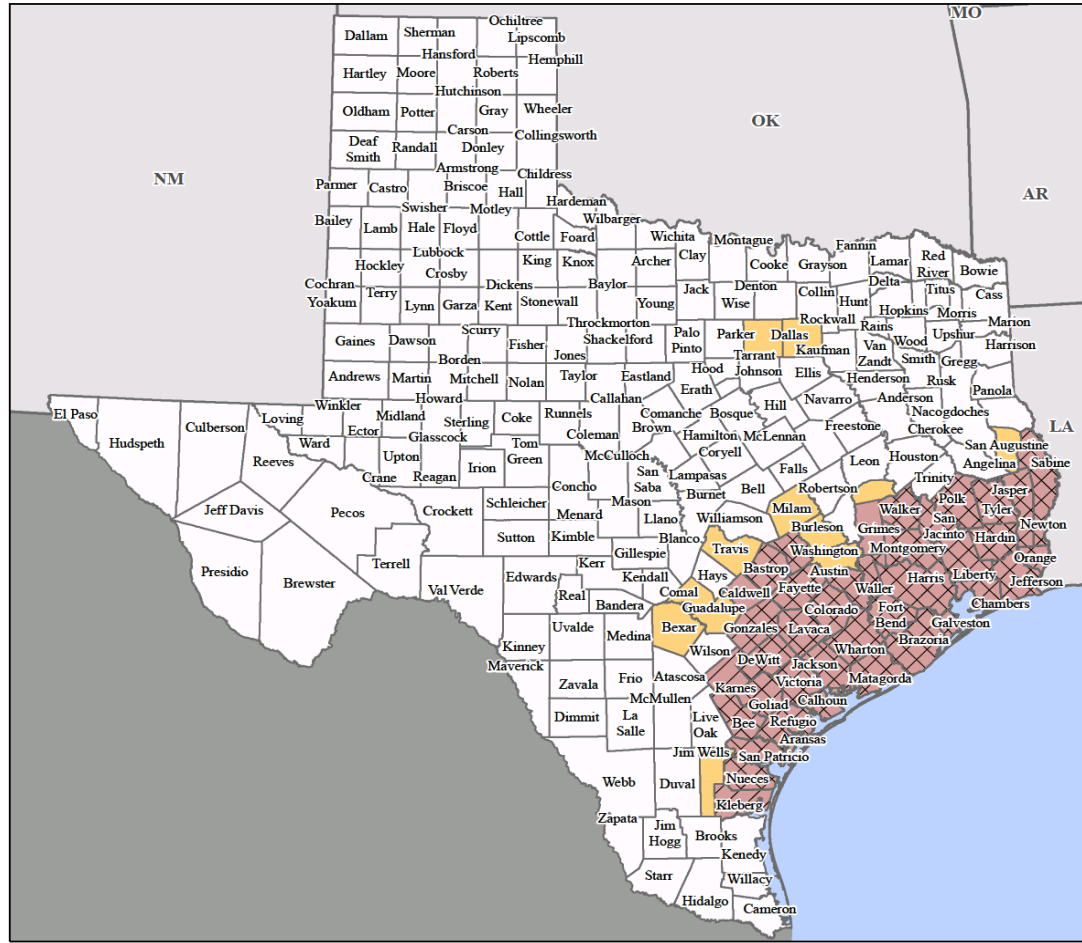
Before the Storm

15

- TACHC
 - Communicated
 - Multiple disaster declarations and weather notices
 - Reminders about plans, communications on closures to staff and pts, etc.
 - Sharing resources ahead that would be used after the storm (relief agency information, insurance claims information)
 - Coordinated
 - Direct Relief emergency kit placements across hundreds of miles
- Centers activated relevant parts of Emergency Preparedness Plan:
 - rapid refill and safety tips for patients evacuating or sheltering in place
 - extra hours and/or closure decisions – including any on call assignments – made and communicated to staff and patients
 - authorities and phone trees communicated to staff

FEMA Disaster Declaration 10/11/17

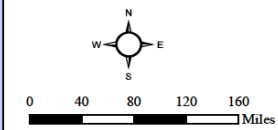
FEMA-4332-DR, Texas Disaster Declaration as of 10/11/2017



Data Layer/Map Description:
The types of assistance that have been designated for selected areas in the State of Texas.

All designated areas in the State of Texas are eligible to apply for assistance under the Hazard Mitigation Grant Program.

- Designated Counties**
- No Designation
 - Public Assistance
 - Individual Assistance and Public Assistance
 - Public Assistance (Category B)
 - Individual Assistance and Public Assistance (Categories A and B)
 - Individual Assistance and Public Assistance (Categories A - G)



Data Sources:
 FEMA, ESRI;
 Initial Declaration: 08/25/2017
 Disaster Federal Registry Notice:
 Amendment #10 - 10/11/2017
 Datum: North American 1983
 Projection: Lambert Conformal Conic

Response

17

- TACHC
 - Communicated
 - Directly with each executive in or from the affected area via phone, uniformly surveying for their and staff's safety, then center damage, and when open for patient needs
 - Continued sharing resources to group via daily group emails and on daily conference calls for more than a week after the storm, but also individually depending on response to survey and offers of assistance
 - Coordinated
 - Direct Relief emergency and hygiene kit placements, including tetanus shots, Mobile Units from Sierra Vista in California and PanCare in Florida, Americares and Henry Schein repellent and other supply offers, oral health kits from Texas Oral Health Coalition (MidwestDental), referrals to clean-up services, SAMSHA BH Distress line, individual volunteer offers, monetary donations, BH training for staff

Response

18

- Centers
 - Staff
 - Sheltered their evacuated staff or located them and offered resources
 - Worked under their leave policies to try to support affected staff
 - Behavioral health –
 - Peer buddy system to notice stress, burnout
 - Volunteers to support/relieve staff
 - Training to encourage self-care & no big decisions (like quitting) in first six weeks
 - Patients
 - Opened for walk-ins in many cases as soon as flood waters receded (triaging/re-scheduling existing appointments)
 - Staffed hospital ERs and shelters
 - Drove mobile clinics to where patients were as soon as the military would allow them into an affected area
 - Brought medicines and treatment (medical, dental, BH), but also supplies from water to diapers

Response- TOP QUESTIONS/NEEDS

- **Federal Tort Claims Act Manual Resources:**

- Alternative/Temporary clinic sites
- Guidance to FQHC clinicians interested in volunteering at shelters
Referring FQHCS to FTCA Manual starting at bottom of page 13 for guidance on provision of volunteer care services and setting up temporary location within the Federal section 330 scope of project.

- **Relief agency contact information and coordination for needed supplies:**

Direct Relief-

- Focus on disaster relief thru partnering with Health Centers
- Pharmaceuticals (including insulin), medical and hygiene supplies
- Deployed several Hurricane packs (medicines and supplies) to FQHCs early in the summer
- Had mobile pharmacy packs available for overnight distribution
 - Met with two DR staff in Austin to plan for deployment of supplies within a day of hurricane.

Americares-

- Tetanus vaccines, pharmaceuticals including insulin, medical supplies
- Physical assessments of clinic buildings
- If clinics have exhausted their own supplies they can replace them

Response- TOP QUESTIONS/NEEDS

- **Texas Board of Pharmacy**

http://www.pharmacy.texas.gov/hurricane_harvey.asp

- **Texas Board of Medical Examiners**

www.tmb.state.tx.us

- **Texas Board of Nursing Disaster Licensing**

<https://www.bon.texas.gov/hurricaneharvey.asp>

- **Property Insurance**

Response- TOP QUESTIONS/NEEDS

Some of the Resources Shared:

- Information for Waiver of Application deadline for Service Area Competition applications; waiver of application deadline for Budget Period Renewal (BPR) applications.
- PAL 2014-05 - Updated Process for Requesting a Change in Scope to Add Temporary Sites in Response to Emergency Events. Should any of your centers be displaced, you can temporarily change your scope with HRSA due to the emergency in order to add temporary site addresses (for an alternate location to provide services) or temporary services (if different from what is currently on your scope).

<https://bphc.hrsa.gov/programrequirements/policies/pal201405.html>

- NACHC: [Latest Hurricane Resources and Updates](#)
- National [Disaster Legal Aid](#) Resources Center
- BPHC: [Hurricane Harvey and Irma Updates](#)
- CDC Hurricane Preparedness and Response

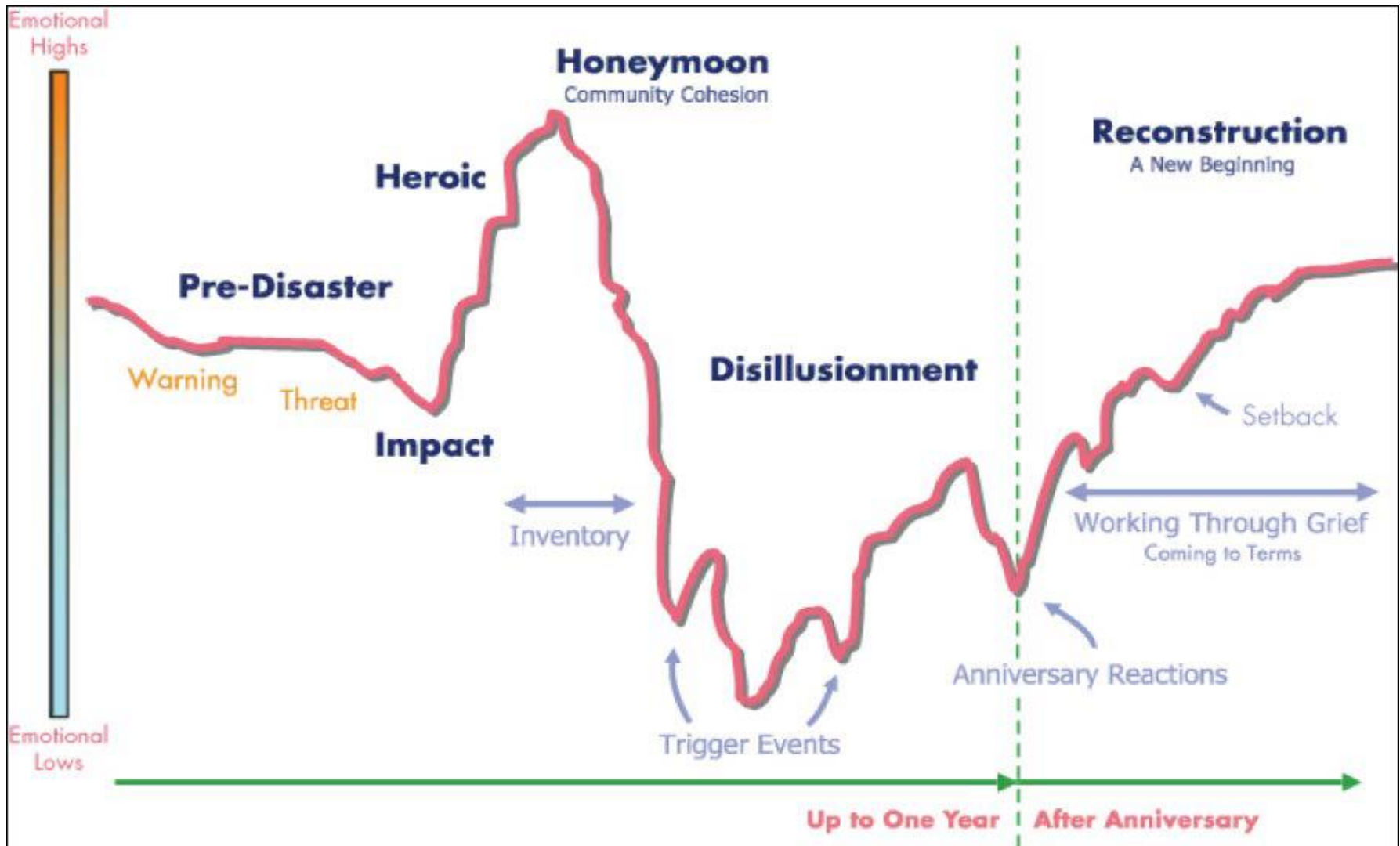
Recovery

22

- Clinic Damage
 - Survey of centers on capital needs
 - Initial insurance, FEMA and relief funding
 - Requesting longer term federal funding
- Employee Relief
 - Initial back to work supplies and funds for food, clothing, gasoline
 - Recovery funds for uncovered costs
 - Peer support meetings for staff
 - Extensions of various state licensing, HRSA application and other deadlines
- Care for patients
 - Skin and lesion care, rehydration and nutrition
 - Care coordination for those displaced, with extra stresses – to food, medical, dental, behavioral, housing, legal, insurance, FEMA and other resources, especially those with a disaster focus or discount for those affected (beware of short term offers for long term needs)
 - Disaster BH for patients – some trauma, lots of stress and anxiety

Behavioral Health Needs

23



Lessons for PCA

24

- CMS Final Rule, emergency plan, contacts, center staff, volunteers, supplies, equipment should be ready to go before disaster hits or else hard to engage under the duress of the disaster
 - 125 FEMA declared disasters in 2017
<https://www.fema.gov/disasters/year>
- Timing, repetition and sustaining of communication and coordination key
 - Put EP and resource inventory in front of affected centers repeatedly
 - Simplify all language and distill many newsletters and bulletins into what exactly centers or center staff or center patients can do to prepare
 - Keep Emergency Management at the FOREFRONT. It's not an afterthought...

Resiliency



<https://vimeo.com/241002382>

Thank YOU!

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