



Pierce County FAST Teams  
**Monthly Team Meeting**



Pierce County Emergency Operations Center  
April 9, 2013

## **Agenda**

1. Introductions
2. People who are experiencing homelessness - Jim Anderson, Catholic Community Services
3. Scenario-based exercise
4. Future meeting dates/times
  - a. Second Tuesday every month.
  - b. FAST Training May 22 & 23 (for new members)
  - c. Next monthly meeting June 11
5. Adjourn

**Next meeting:**

***People who are blind/low vision***

**June 11 1:30-3:30 pm**

Pierce County DEM

2501 South 35<sup>th</sup> Street, Suite D

Tacoma, WA 98409

Department of Emergency Management Presentation  
4-9-2013

Hi Jim;

I was wondering if you could do me one last favor before you retired (or suggest someone who might be able to)? As you may know, we have created a Functional Assessment Service Team (FAST) in Pierce County to assess people in disaster shelters for accommodation needs. We have monthly sustainment trainings, and at each training, we bring in a subject matter expert to talk about one of the social service disciplines. For April, our topic is 'People Experiencing Homelessness'. Our typical two-hour meeting starts with a one-hour overview of the population (and who/what we might see in a disaster shelter), and then a scenario-based discussion on how the team would assess and identify needs.

The April training is on Tuesday, April 9 from 1:30 to 3:30 p.m. at the Pierce County Emergency Operations Center.

Thank you!

**Sheri Badger**

Public Information Officer/

Public Education, Training and High Risk Populations Supervisor

Pierce County Emergency Management

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### **How many people are there?**

- Tonight: 2,000 homeless people in Pierce County
- Annually: HAS serves 5,500 each year – estimate at least 5,500 homeless each year. Shelter about 750, Nativity House 5,000
- 1,200 Meals a day. Homelessness means hunger. The hunger is a symptom of a set of complex issues. Shelter is full most nights year around, waiting list of 25 people common, which means each night we turn away 25 people.

### **Who will show up in a disaster?**

#### **2011 Hospitality Kitchen Demographics:**

##### **General**

- 72% Men
- 28% Women
- 25% children
- 53% Disabled

- For 60% need restricted access housing with on-site case management. Prevent people from moving in on vulnerable residents
- Social service programs that supported families and supported chronically mentally ill have been cut
- Psychiatric facilities run out of funding and discharge people to poorly prepared families or directly to shelters or the street

### **Who Is Homeless and what resources do they have in a disaster?**

Divide Class: Just experienced a major earthquake. Stores are closed, shelters are unsafe, day programs are feeding in parking lots out of rapidly thawing freezers. Gas stoves are not working because of gas leaks. Emergency services are maxed out. Think about all you have done to prepare for this day: supplies at home, work and car, first aid training, community support.

Take out your keys and put them on the desk. They will be collected at the end of the class.

What is on your key chain?

Housing

Work

School

Car

Mail Box

Imagine that we are collecting your keys for the next month.

Also imagine that we are collecting your driver's license, ID, debit card, gym cards, bus passes and credit cards.

Interestingly, you can keep your cell phone, however, as you leave it will automatically be converted to one with 100 minutes. You will need to pay a monthly charge to get more minutes. And, service will not be available for local calls.

- No car, bus goes to every two hours after 7 PM
- No place to sleep
- Food: HK, Nativity House, Tacoma Rescue Mission – seriously compromised
- Your friends are afraid of you
- Your parents, brothers and sisters are disgusted with you
- You have 32 cents in your pocket

### **Mental Health – about 33% - 1/3 the class**

- Schizophrenia
- Bi Polar

### Categories of People in a Disaster:

Out of parking lot full of 100 people experiencing homelessness:

20-30%	Actively Psychotic- Delusional – not trusting
20-30%	Actively chemically addicted – needing heroin, meth, crack, alcohol soon
10%	People with limited cognitive and problem solving ability who will need direction
5%	Elderly/Disabled people in wheel chairs, oxygen, incontinence, dementia, poor mobility.
10%	People who want to help but may not have the interpersonal skills and ability to take direction
40%	People who want to help and have good skills and work well as a team and will actively try to help out others

### Facing Homelessness Stereotypes in a disaster:

People with mental illnesses are generally deemed to have little or no production value. Their unemployment rate is the highest among the disabled population at 80 percent, and disproportionately high within the incarcerated population. Perhaps the term "**social junk,**" as coined by criminologist Steven Spitzer, best describes how society views this cast-off segment of the population.

People labeled "mentally ill" experience harsh discrimination in many arenas, among them housing, employment, and health insurance. Increasingly they have become a part of what Christian Parenti calls "a growing stratum of '**surplus people**' [who, because they are not] being efficiently used by the economy must instead be controlled and contained and, in a very limited way, rendered economically useful as raw material for a growing corrections complex." Thus the old "snake pit" mental institution is being replaced with yet another institution, the prison, where incarcerated "social wreckage" contributes to the GDP by supporting thousands of persons associated with expanding and maintaining the prison industry.

### **Discussion:**

What do people experiencing homelessness need in a disaster?

Food

Shelter

Medical Care

Access to drugs and alcohol

Access to psychiatric drugs

Access to the usual medical drugs, insulin, BP medication etc

Structure – clear, fair, effective procedures, policies and plans

Non-anxious staff who are comfortable with bizarre and unconventional situations

Staff who can be non-judgmental and manage their stereotypes.

- The client defines treatment goals
- Let people experiment
- Let the client know you care, and that their life is up to them.
- Interpret resistance as fear and ambivalence
- Have undying faith in their ability to live a meaningful life

Stability and Safety: Research is that you need stability and safety to change: Better medication compliance, better work performance and school completion. You need food, shelter, safety, medical care, transportation and a phone. And you need respect.

Housing - No one type fits all:

- Low cost mainstream housing
- Housing first housing with limited access and case management
- Low barrier long term shelters – Shelter First
- Dormitories
- Assisted Living
- Psychiatric Halfway House
- Drug/Alcohol Halfway House
- Structured camps
- Wooded areas, abandoned houses, bridges, cars

Employment and Training Programs that meet the homeless person where they are:

Day labor

Jobs with supportive job coaches

Training programs with minimal barriers – what would they be?

Funding Streams

Assistance getting on social security

No Sleeping on the Street Laws:

Need to manage the balance between needs of business and neighborhoods and needs of homeless

Need to provide a viable and accessible location where people can go

Panhandling Laws:

Most homeless people do not panhandle

Programs that provide Case Management – Mentoring – long term caring supportive relationship, Harm Reduction Strategies and Motivational Interviewing.

- Harm Reduction – 25%-35% success rate for CD, 70% are going to be addicted all of their life. How do you reduce the harm to them and society?

#### SCENARIO: Homelessness

1. During registration at the shelter a middle aged man was unable to provide an address on his intake form. When questioned about it by a shelter worker the man mentions that he is experiencing homelessness. From there he was referred to the FAST team.
2. A family of four, the two children being elementary school age have been at the shelter for three days. They are reluctant to leave the shelter. One of the children mentions that they have been sleeping in their car for two weeks. Shelter workers learn that the father lost his job a few months ago due to budget cuts.
3. Three days after the event shelter staff are preparing to close in a few hours. Most clients have transitioned to other permanent locations. A woman in her late twenties remains in the shelter. She mentioned that she was experiencing homelessness prior to entering the shelter. She is not currently receiving services.

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