



# **Client Transition & Recovery**

## Disaster Shelter Workshop

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August 20, 2024

# Agenda

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- Introduction
- Expectations
- Process
- Resources



# Overview

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## Shelter Transition

- Part of initial response
- Temporary/short-term (days/weeks)
- Other Terms:
  - Shelter Resident Transition (SRT)
  - Discharge Planning

## Recovery

- Long-term (weeks/years)

# Disaster Services Network

*Capacity building & collaboration across the whole community*

Sub-groups  
focused on  
functional  
areas

Sub-group  
make-up  
informed by  
scope and  
nature of  
disaster

Sub-group  
make-up  
informed by  
nature of  
community  
recovery

**Disaster Resilience Coalition**  
*Building pre-disaster community  
resilience*

**Community Orgs Active in  
Disaster (COAD)**  
*Short-term community response  
and support*

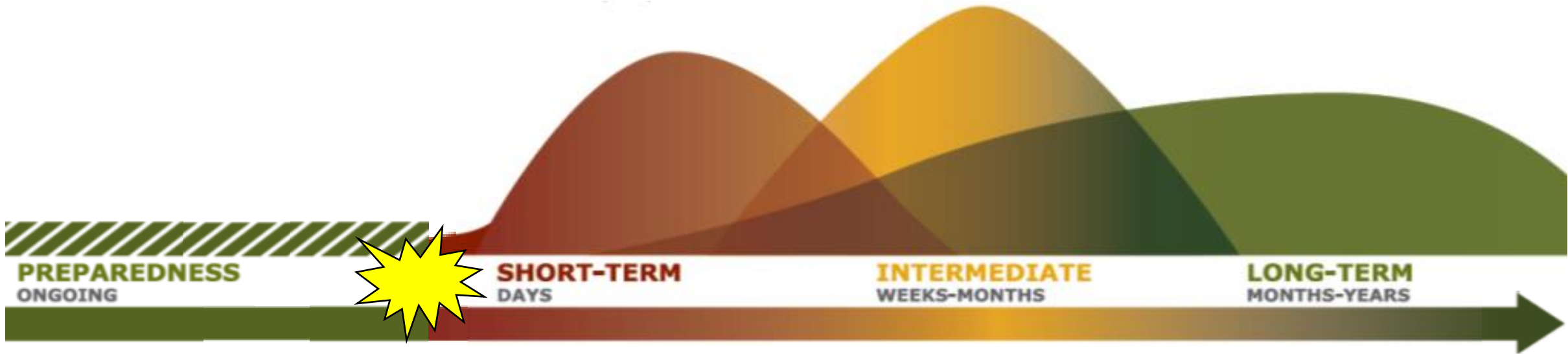
**Long Term Recovery  
Group (LTRG)**  
*Identification and prioritization of  
unmet needs*

**PREPAREDNESS**  
ONGOING

**SHORT-TERM**  
DAYS

**INTERMEDIATE**  
WEEKS-MONTHS

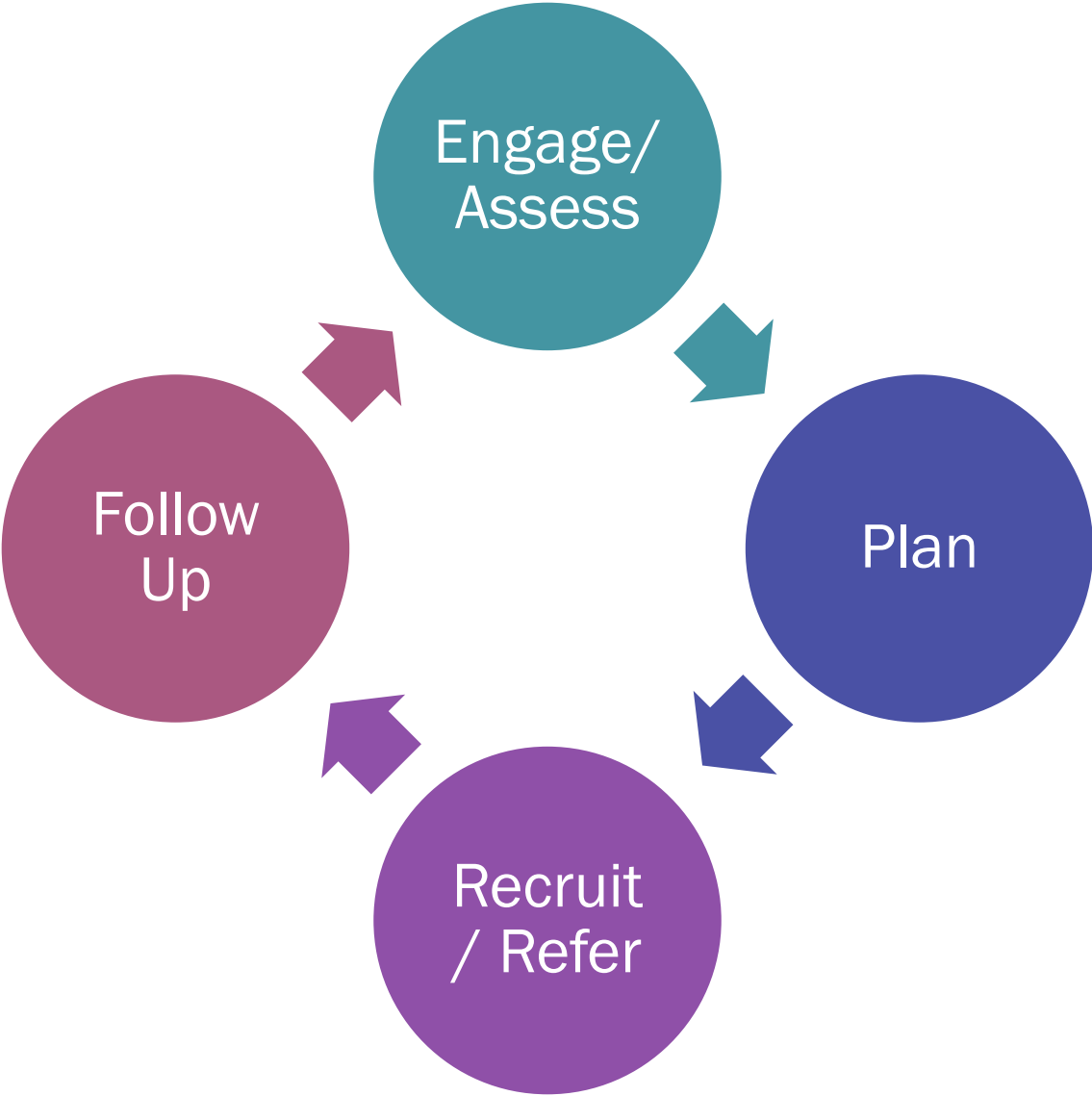
**LONG-TERM**  
MONTHS-YEARS



# **Review**

- When does transition/recovery planning begin?

# Process



<https://ahaslides.com/N1NT6>

## **Question**

- What are some key considerations when initiating difficult conversations?

# Expectations

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- Kind, compassionate care
- Difficult conversations
- Create, maintain and respect boundaries
- Do not overpromise.
- Follow through. Document.
- Importance of “Cot-to-cots”





# Engage/Assess

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## Intake

- ARC: Dormitory Registration Form

## Needs Assessment


- Address immediate needs/concerns first
- Identify needs and priorities (for the individual/household)

## Triage

- Identify priorities (for the population)

# SRT Triage

- Is there anything urgent that you or your family need right now, or in the next 6-8 hours?



**American Red Cross**  
**Shelter Dormitory Registration**

\_\_\_ Date Entered into SCIA

Family Name \_\_\_\_\_ SRT Triage Color (completed by SRT): circle ( G Y R P )

Incident/DR#: \_\_\_\_\_ Shelter Name/Location: \_\_\_\_\_

**\*\* This form is only used when the Shelter Client Information App is not accessible \*\***  
<https://redcross.org/scia>  
 When the app is accessible, all client information must be entered and the paper record is destroyed.

**Question to ask each client:**

Is there anything urgent that you or your family need right now, or in the next 6-8 hours? This may include medications, diapers or baby formula, health/cultural/religious dietary meals, or other support for a health, mental health, disability, or other condition.

If the client has identified needs make an appropriate referral and record in the shelter log. **If a client discloses that they must register with a government agency, please notify the Shelter Manager or Shift Supervisor immediately.**

Does anyone in the household have environmental or other high-risk allergies? (circle): Yes No  
 If yes, ask "How would they normally remain safe in a new environment?" \_\_\_\_\_

Does anyone in the household have dietary needs for health, religious, or cultural reasons? (circle): Yes No  
 If yes, record details for each family member \_\_\_\_\_

Does anyone in the household have food allergies? (circle): Yes No  
 If yes, record details for each family member \_\_\_\_\_

Is anyone in the household accompanied by service animal(s)? (circle): Yes No

<b>Primary Phone, Relay Service, and/or Email:</b>					
<b>Primary Language</b> (circle)	English	Spanish	German	Tagalog (Filipino)	Chinese (Mandarin, Cantonese, Hokkien)
American Sign Language	Arabic	Korean	Russian	Vietnamese	French/French Creole Other:
<b>If Not English, Is A Family Member Present Who Speaks English?</b> (circle): Yes No					
Name (Last, First)	Arrival Date	Room/Cot	Actual Departure Date		

**Number of Animals by Type:** Dog \_\_\_ Cat \_\_\_ Small Animal \_\_\_ Reptile \_\_\_ Bird \_\_\_ Other: \_\_\_ **Total Pets:** \_\_\_

**Pet Location:**  Co-Located  Off Site Partner Location  Other:

**Demographics** County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender Identity: (circle) Woman Man Non-binary/Gender-queer Two-Spirit Other \_\_\_\_\_ Prefer not to answer

Age breakdown of household (record # of each) \_\_\_ 0-4 \_\_\_ 5-19 \_\_\_ 20-34 \_\_\_ 35-49 \_\_\_ 50-64 \_\_\_ 65+ \_\_\_ Prefer not to answer

Race: (Circle) Native American Asian African American Other Pacific Islander White Other Prefer not to answer

Hispanic or Latino: (circle) Yes No Prefer not to answer

# SRT Triage

- **Pre-disaster housing situation**

- Rented/owned
- Damaged/destroyed

- **Personal recovery resources**

- Pre-disaster financial assistance
- Insurance
- Income
- Transportation

Shelter Resident Transition Triage - SRT Workers circle the applicable answer(s) and record points					
Question	Points	Total	Question	Points	Total
Pre-disaster housing situation?	Facility/Group Home – 0 Owned – 1 Renter – 3 Friend/Family, Motel, Couchsurfing, etc. – 4 Homeless – 24		Type of insurance(s)?	Homeowner's – 0 Renter's – 0 Hazard Specific – 0 Auto – 0 No insurance – 1	
Have you experienced homelessness in the last year?	N – 0 Y – 4		Functioning mobile phone?	Y – 0 N – 1	
Pre-disaster residence majorly damaged or destroyed?	Y – 3 N or Unknown – 0		Reliable transportation?	Y – 0 N – 2	
Pre-disaster residence accessible and safe to occupy?	Y or Unknown – 0 N – 1		A source of income?	Y – 0 N – 1	
A solution to transition from the shelter in the next 5 days?	Y – 0 N – 1		More than 4 individuals in the household?	Y – 1 N – 0	
Currently receiving financial assistance to support daily living? (ex. SNAP, SSI)	Y – 1 N – 0		Cognitive, physical, emotional, or spiritual needs that may impact recovery?	Y – 2 (Make a Referral) N – 0	
Green = 0 – 4		Yellow = 5 – 12		Red = 13 – 22	
		Purple = 23+		Total pts	
RC Care Case Number(s) (if applicable):					
<b>CMIST - To be Completed by DHS Workers</b>					
<b>Communication</b>			<b>Maintaining Health</b>		
<input type="checkbox"/> Access to auxiliary communication service <input type="checkbox"/> Access to auxiliary communication device <input type="checkbox"/> Replacement of auxiliary communication equipment <input type="checkbox"/> Identify accompanying communication support person who will help with:  (Describe support to be provided, i.e., interpretation, translation, and include language/communication need supported – ASL, Spanish, non-verbal communication, etc.)			<input type="checkbox"/> Medical supplies and/or equipment for everyday care (including medications) <i>not</i> related to mobility <input type="checkbox"/> Assistance with daily living activities/medical normally provided in the home <input type="checkbox"/> Support for pregnant women <input type="checkbox"/> Support for nursing mothers <input type="checkbox"/> Infant care availability <input type="checkbox"/> Access to a quiet area <input type="checkbox"/> Access to a temperature-controlled area <input type="checkbox"/> Mental health care (e.g., anxiety and stress management)		
<b>Independence</b>			<b>Services Support and Self Determination</b>		
<input type="checkbox"/> Durable medical equipment for individuals with conditions that affect mobility <input type="checkbox"/> Power source to charge battery-powered assistive devices <input type="checkbox"/> Bariatric accommodations			<input type="checkbox"/> Adult personal assistance services <input type="checkbox"/> Child personal assistance services <i>*Includes general observation and/or assistance with non-medical activities of daily living, such as grooming, eating, bathing, toileting, dressing and undressing, walking, etc.</i>		
<b>Transportation</b>			<b>Actions:</b>		
<input type="checkbox"/> Transportation for medical care / treatment <input type="checkbox"/> Transportation for non-medical appointment			<input type="checkbox"/> No needs identified <input type="checkbox"/> Contact Shelter Manager <input type="checkbox"/> Contact Disaster Mental Health Services <input type="checkbox"/> Agency, <i>please provide agency name</i>		
Actions Taken / Other Notes: (add additional sheet if necessary)					

# SRT Triage

## Shelter Resident Transition Triage - SRT Workers circle the applicable answer(s) and record points

Question	Points	Total	Question	Points	Total
Pre-disaster housing situation?	Facility/Group Home – 0 Owned – 1 Renter – 3 Friend/Family, Motel, Couchsurfing, etc. – 4 Homeless – 24		Type of insurance(s)?	Homeowner's – 0 Renter's – 0 Hazard Specific – 0 Auto – 0 No insurance – 1	
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RC Care Case Number(s) (if applicable):					

## CMIST - To be Completed by DHS Workers

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<input type="checkbox"/> Durable medical equipment for individuals with conditions that affect mobility <input type="checkbox"/> Power source to charge battery-powered assistive devices <input type="checkbox"/> Bariatric accommodations	<input type="checkbox"/> Adult personal assistance services <input type="checkbox"/> Child personal assistance services <i>*Includes general observation and/or assistance with non-medical activities of daily living, such as grooming, eating, bathing, toileting, dressing and undressing, walking, etc.</i>
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Actions Taken / Other Notes: (add additional sheet if necessary)	

# CMIST

- Communication
- Maintain Health
- Independence
- Services and Self-Determination
- Transportation

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Actions Taken / Other Notes: (add additional sheet if necessary)	

# **Review**

- When do we initiate intake?

# Question

- What might a person/household need to support their transition out of a shelter?

# Action Planning

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- Identify practical next steps
- Facilitate connection
- Provide information
- Recruit / Refer



# Action Planning

- Client action items
- Staff action items
- Referral log
- Updates/notes

## Action Plan

Action Identified Client	Date Completed	Follow-up/ Next Steps

Action Identified Shelter Worker	Date Completed	Follow-up/ Next Steps

Referral	Status

## Updates

Date	Comments

# Returning Home

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- **Structure**

- Residence is safe?

- **Services:**

- Residence, area is habitable? Power, water, sewer, roads, EMS/fire

- **Support:**

- Client has continuity of care and has what they need for daily living? Medical care, transportation, access to food, child care



# Activity: David

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- David (59), obese and came in with a cane.
- Evacuated due to wildfire
- Fixed income, veteran status
- Has a lap dog, Trinket (<25 lbs)

**What are our first steps?**

## Shelter Resident Transition Triage - SRT Workers circle the applicable answer(s) and record points

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## Shelter Resident Transition Triage - SRT Workers circle the applicable answer(s) and record points

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Have you experienced homelessness in the last year?	N – 0 Y – 4	<b>0</b>	Functioning mobile phone?	Y – 0 N – 1	<b>0</b>
Pre-disaster residence majorly damaged or destroyed?	Y – 3 N or Unknown – 0	<b>3</b>	Reliable transportation?	Y – 0 N – 2	<b>0</b>
Pre-disaster residence accessible and safe to occupy?	Y or Unknown – 0 N – 1	<b>1</b>	A source of income?	Y – 0 N – 1	<b>1</b>
A solution to transition from the shelter in the next 5 days?	Y – 0 N – 1	<b>0</b>	More than 4 individuals in the household?	Y – 1 N – 0	<b>0</b>
Currently receiving financial assistance to support daily living? (ex. SNAP, SSI)	Y – 1 N – 0	<b>1</b>	Cognitive, physical, emotional, or spiritual needs that may impact recovery?	Y – 2 (Make a Referral) N – 0	<b>0</b>
<i>Green = 0 – 4</i>	<i>Yellow = 5 – 12</i>	<i>Red = 13 – 22</i>	<i>Purple = 23+</i>	<b>Total pts</b>	<b>7</b>

# Activity: David

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- David (59), obese and came in with a cane.
- Evacuated due to wildfire
- Fixed income, veteran status
- Has a lap dog, Trinket (<25 lbs)

**What other questions for David?**

**What are some key action items - for David, for staff?**

# Common Resources

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## Alternative Housing

- Shelter
- Motels, Hotels, Holiday Inns
- Apartment, House, Affordable Housing
- Assisted Living Facility, Adult Foster Care, Group Home
- Nursing Home, Retirement Community, Independent Living Community
- Hospital
- Other?

## Other Support

- Rental assistance
- Food stamps
- Home repair, replacement
- SBA disaster loans
- Insurance
- Benefits – unemployment, veterans
- Medicare/Medicaid
- Other?



# Getting Support

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1. Staff inform Shelter Manager
2. Shelter Manager informs County EOC
3. County EOC facilitates resources/coordinates with:
  - State agencies (ODHS, DF&R, etc)
  - County agencies (WIC, DAVS, etc)
  - Community-based organizations (COAD/LTRG)
4. Staff follow up with client

**What are some key local  
orgs/resources/programs?**

# Recovery

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## Resource and Referral Lists

- PDF - [Washington County Resource and Referral List \(2020\)](#)
- PDF - [Tigard-Tualatin Family Resource Center Community Resource Guide \(2024\)](#)
- Website - <https://www.hillsboro-oregon.gov/community/community-resources>

## Local Networks

- Washington County Disaster Services Network (COAD/LTRG)
- Oregon VOAD

# Activity: Susan

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- Susan (76) is in good health, uses a walker
- She is on oxygen but her portable oxygenator won't hold a charge. She has an oxygen concentrator with 10 feet of tubing as backup
- Was staying with her daughter's family (home damaged by wildfire, insured)

- **What are our first steps?**
- **What are some key questions for Susan?**
- **Action items?**

# Reminders

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- Kind, compassionate care
- Difficult conversations
- Create, maintain and respect boundaries
- Do not overpromise.
- Follow through. Document.
- Importance of “Cot-to-cots”



# Expectations

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- **Onsite staff are:**

- Empowered to determine what makes the most sense for their shelter
- Expected to have a service-oriented, problem-solving mindset
- Not expected to be subject matter experts

**Thank you**

Courtney Yan

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