



Communications With the Unhoused During Flood Events Within the Region 1 Health and Medical Coordinating Coalition & Mohawk Area Public Health Coalition District

June 20, 2024



**Bio-Defense
Network**

Report assembled by Bio-Defense Network

Introduction

In May 2024, the Mohawk Area Public Health Coalition (MAPHCO) partnered with the Franklin Regional Council of Governments and Bio-Defense Network to host a flooding impacts seminar. The goal of this seminar was to better understand the impacts of flooding events on the unhoused and other individuals disproportionately impacted by flooding and to determine how their member public health agencies can be better prepared to effectively communicate public health information to this population, during all phases of the emergency management cycle. The results of the seminar were to be used to identify recommendations that will improve equitable emergency planning for the unhoused and others disproportionately impacted during flooding events and identify recommendations that will improve equitable public health communications with this population

Roundtable Discussion

In coordination from the MAPHCO steering committee, a hybrid roundtable discussion was conducted on Monday June 10. Attendees were able to RSVP via Google form and select options to join either via Zoom or in-person at the Allen Meeting Room at the Franklin Regional Transit Authority's JWO facility located in Greenfield. A list of invitees is attached as an Appendix, with emails sent to them, and they were encouraged to forward the invitation to others.

Roundtable Attendees

Xander Sylvain	FRCOG	ASylvain@frcog.org
Michele LeFleur	Three County Continuum of Care Data & Evaluation Manager	mlafleur@communityaction.us
Shaundell Diaz	Three County Continuum of Care, Coordinated Entry Coordinator	sdiaz@communityaction.us
Garrett Simonsen	Shutesbury BoH	garrett.simonsen@gmail.com
Megan Turdyn	Greenfield Health Department	Megan.Tudryn@Greenfield-MA.gov
Michael Reinke	Lowell House Inc	mreinke@lowellhouseinc.org
Nancy Porter	City of Cambridge Public Health Department	Nrihanporter@cambridgepublichealth.org and nrihanporter@challiance.org
Jasmine Ward	Health Inspector - CPHS/FRCOG	Jward@frcog.org
Michael Archibald	Public Health Nurse - Foothills Health District, BoH - Town of Whately	phn@burgy.org
Jerry Lund	Leyden BoH; FRPB; OTF; CHCFC	jslundco@earthlink.net
Randy Cardonnell	MAPHCO Planner/Coordinator	rcardonell@r-s-i.us
Melissa Waller		mwaller@r-s-i.us
David Reddick	Bio-Defense Network	dreddick@bio-defensenetwork.com

In a presentation from Nancy Porter with the Public Health Department of Cambridge, MA, she discussed her experience with water and waterborne diseases, the value of clean water, and how it intersects with the hygiene and dignity of the unhoused. She stressed the importance of including people with lived experience in public health work and acknowledged that in Massachusetts, there is a decentralized public health system with disparities in capacity and resources, as it relies heavily on volunteers, particularly in rural locations.

Michael Reinke, of the Lowell House, has significant experience working with the unhoused and in public health, including in Western and Central MA. He explained that tent encampments exist and cannot be ignored. Having people on the ground, in-person is essential and discouraged assuming that all people own or have reliable access to cell phones. He also explained that having an accurate point in time count is important, but so can informal lists such as with people's first names only or aliases. He encouraged identifying the risks, communicating about the risks, and preparing for emergencies.

Michele LeFleur and Shaundell Diaz, both of Community Action and the Three County Continuum of Care, spoke to what the 3CCoC is already doing and encouraged MAPHCO to augment its work rather than duplicate it. There are regular meetings with service agencies, local government, and a board of people with lived experience with housing insecurity who could all offer input on strategies. They also discussed the regularly scheduled point-in-time count takes place in the winter, when people are living in different locations than in the warmer weather. Last year they attempted to complete a spring point-in-time count but did not feel it was very successful. They hope to try again in the future. There may be components of encampment maps in HMIS which can be shared.

Jerry Lund, representing many organizations, expressed that there is significant reluctance from the unhoused population to interact with law enforcement and any communication regarding emergencies should come from other sources. He also mentioned that the unhoused population in Franklin County is very mobile along the axes of Interstate 91 and Route 2. He also wanted to better understand the roles that state-mandated municipal emergency management groups play.

A significant portion of the discussion dealt with who else should offer input on this topic, who was not in attendance. This led to several recommendations outlined below, in which MAPHCO can more holistically integrate itself into the existing public health, housing services, and healthcare provider network for the region. This will keep the group from duplicating other efforts and better identify their place in the existing service ecosystem.

Other topics discussed:

- A need to include representatives from the agricultural sector,
- The role that the Department of Public Health can play in this, if there is one,
- Some agencies are offering direct services such as meals or providing tents/supplies and these relationships could also be leveraged to spread information if needed.

Recommendations

Below are recommendations offered to MAPCHO based on the roundtable discussion:

1. MAPHCO should better define its purpose and role. The steering committee should engage the broader coalition to better understand:
 - a. The overall needs of their constituent communities,
 - b. Where there are gaps in capacity and knowledge in Board of Health and Health Agent knowledge and experience,
 - c. Which municipalities have concentrations of high-needs people and few services or resources,
 - d. What the coalition's role is in the community as a vehicle for education, professional development, advocacy, emergency response, or otherwise. How does its work overlap or intersect with public health departments and shared public health agents?
2. MAPHCO should reach consensus on whether emergency communication is part of its charge and a responsibility it should take on
3. MAPHCO should explore the work already being done with the emergency communication and response fields within the housing and service provider community
4. MAPHCO should create a message map, outlining types of communications which need to be put out in various emergency situations before, during, and after the events including the audience for each type of messaging and whose role it is to assemble and distribute the messaging. The messaging should be sorted into preparedness, response, recovery, and mitigation categories.
5. MAPHCO should assemble and regularly update a contact list of local stakeholders

- a. A contact list with categories is attached. Individual local contacts will need to be sought out from coalition members
 - b. The Three County Continuum of Care has offered to distribute any announcements or invitations to its mailing list which will reach a broader audience and save duplication efforts
6. MAPHCO should determine which existing public health meetings and events in which it should have a presence in order to stay up to date with emergency response protocol and make recommendations. Examples of groups to engage with include the Opioid Task Force, Greenfield Mayor's office, Greenfield Crisis Intervention Team, Three County Continuum of Care.
7. MAPHCO should create or find an existing map of known encampments/unhoused populations and identify overlaps with flood risks via GIS. This work should incorporate Point-in-Time data, of multiple seasons if possible.
8. MAPHCO should connect with other rural communities and agencies to look at the work completed in other areas
9. MAPHCO should connect with Windham County VT and Hampden and Hampshire Counties MA on this work, as the unhoused population is transient and mobile
10. MAPHCO should identify existing boots-on-the-ground in-person communication systems, and learn how MAPHCO could augment that effort if needed
11. MAPHCO should include speaker stipends and translation/interpretation services at future events to ensure equity in who is able to attend. The Pioneer Valley Workers Center prioritizes engagements with these available, and it is able to offer experience from the agricultural sector.

Appendix

Potential Contacts

Organization	Title	Name	Email
North Quabbin Community Coalition			
Housing Greenfield			
FRCOG & CHIPS Network			
Berkshire Planning			mbryan@berkshireplanning.org
Franklin County Sheriff's Department	Deputy	Ray Zukowski	rzukowski@fcso-ma.us
Franklin County Fire Chiefs Association (FCFCA)	President/Fire Chief	Phil Wonkka	philip.wonkka@erving-ma.gov
Franklin County Police Chiefs Association? or other PD contacts			
REPC/FRCOG		Dan Nietsche	dnietsche@frcog.org
MA State Police			
Baystate Health	?	Anna Marie Golden	annamarie.golden@baystatehealth.org
Tapestry Health	Outreach Coordinator	Sara	outreach@tapestryhealth.org
Valley Medical Group			
Community Health Center of Franklin County - Greenfield & Orange			
Franklin County Resource Network			dkuttler@communityaction.us
CSO: Clinical & Support Options		Rachel Katz?	
Community Action	3 County CoC: Coordinated Entry Coordinator	Shaundell Diaz	sdiaz@communityaction.us

Community Action
Pioneer Valley Workers
Center
Opioid Task Force
Franklin Regional Dog
Shelter
Lifepath
Servicenet

3 County CoC: Data & Evaluation
Manager

Associate Director

Michele LaFleur

Ariana Keigan

Erin Forbush

mlafleur@communityaction.us

ariana@pvworkerscenter.org

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