

Emergency Preparedness 101: Puerto Rico Ryan White HIV/AIDS Program Natural Disaster Preparation, Response, and Recovery

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Welcome to Emergency Preparedness Institute



Speaker Introductions



Emergency Preparedness Institute

Learning Objectives

- Examine ways for Ryan White HIV/AIDS Program (RWHAP) recipients across Parts A – D and Part F to maximize federal resources through coordination and community planning.
- Raise awareness of the need to incorporate disaster preparedness in RWHAP planning processes and continuity of operations.
- Ensure recipients and people living with HIV (PLWH) know how to access technical assistance (TA) resources related to disaster preparedness and emergency management.



Institute Format

- **Emergency Preparedness 101**

- Listen to and learn from the experiences of Puerto Rico RWHAP recipients who have worked through a natural disaster or local emergency, such as Hurricanes Harvey, Irma, and Maria.
- Identify strategies to prepare for, respond to, and recover from natural disasters and local emergencies.
- Discuss the important elements of an Emergency Plan and its impact on risk management, client retention in care, continuity of operations, and Federal communication.

- **Emergency Preparedness 201**

- Learn from the Houston RWHAP Part A and Texas and Louisiana RWHAP Part B recipients about their efforts related to the 2017 Atlantic hurricanes.
- Identify strategies to prepare for, respond to and recover from disasters and emergencies.
- Describe implications for RWHAP at the city, county and state levels.

- **Emergency Preparedness 301**

- Identify and describe the nine core mission areas of the HSS RSF within the National Disaster Recovery Framework (NDRF) and applicability to Puerto Rico recovery.
- Describe key components of the Puerto Rico Recovery Plan.
- Describe emergency preparedness plan implications for RWHAP.



Agency Overview

**Health Resources and Services Administration
HIV/AIDS Bureau (HAB)
Ryan White HIV/AIDS Program (RWHAP)**



Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 55%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)



Disclosures

Presenter(s) has no financial interest to disclose.

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Puerto Rico Ryan White HIV/AIDS Program Part B and ADAP: A Systems Level Approach to Hurricanes Irma and Maria

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Introduction

September 2017 left an indelible mark on our island with the unprecedented dual events of Hurricane Irma (Category 3) and Hurricane María (Category 5). Hurricane Maria is regarded as being the deadliest and worst storm on record that caused great devastation, catastrophic damages, uncertainty, and long-lasting effects for our people. The Puerto Rico Ryan White Part B / ADAP Program implemented its contingency plans for an emergency caused by an atmospheric event or natural disaster in order to assure proper access to treatment of PLWH.



In Puerto Rico

48,994

Reported cases of HIV infection
1981-2017

28,663

Number of deaths reported
by December 2017

18,200

Number of people residing in Puerto Rico with
HIV infection by December 2017

676

Children diagnosed with
HIV infection (<13 years)
1981 - 2017



12th place

HIV diagnosis rates among adults and adolescents
≥13 years in 2017
15.4 per 100,000 population

6th place

Adults and adolescents ≥13 years living
with diagnosed HIV infection in 2016
572.6 per 100,000 population

10th place

Highest number of cumulative AIDS cases in 2017

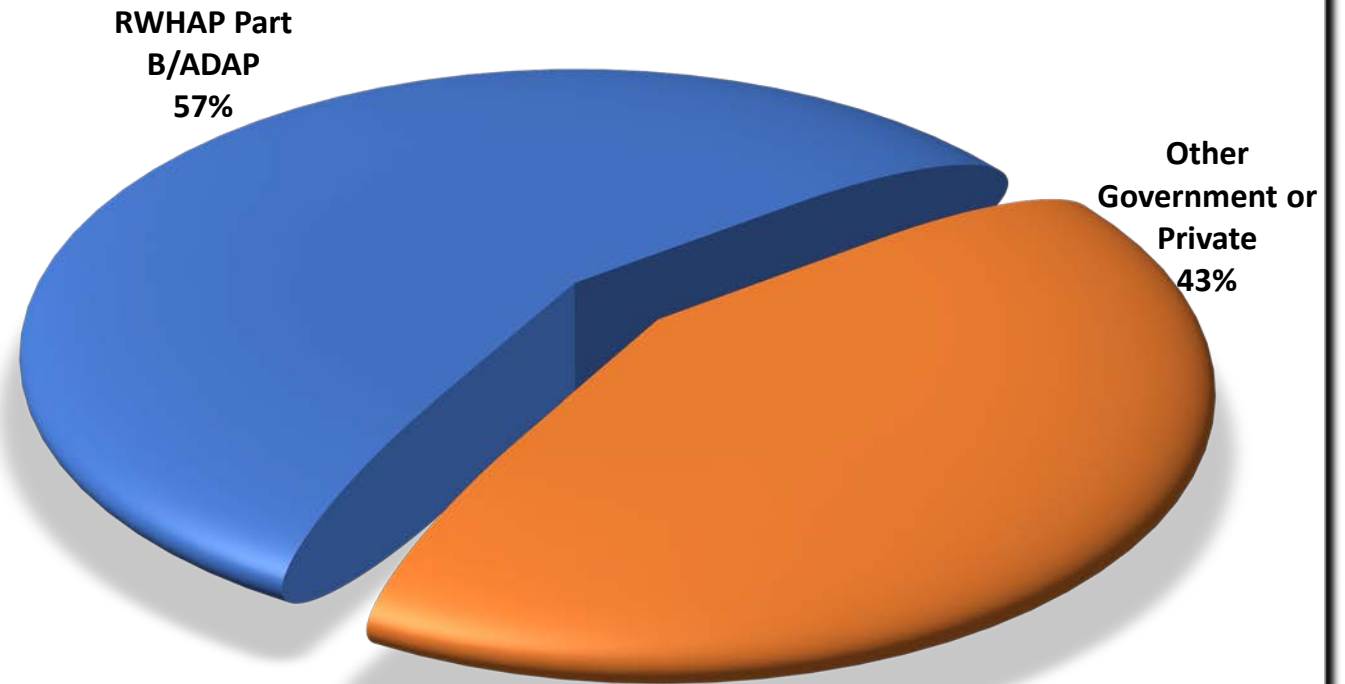
Clients Served by the RWHAP Part B ADAP in 2017

Percent of PLWH in Puerto Rico covered by RWHAP Part B ADAP, Government Programs, Private Plans & Other

18,200 PLWH in Puerto Rico.

- The RWHAP Part B/ADAP served a total of **10,293** clients (**57%**) of the PLWH.
- Remaining 43% covered by available government programs, private plans, or other.

People Living with HIV (PLWH) Served by the RWHAP Part B/ ADAP in Puerto Rico (2017)



Profile of Part B ADAP Clients in 2017: Gender

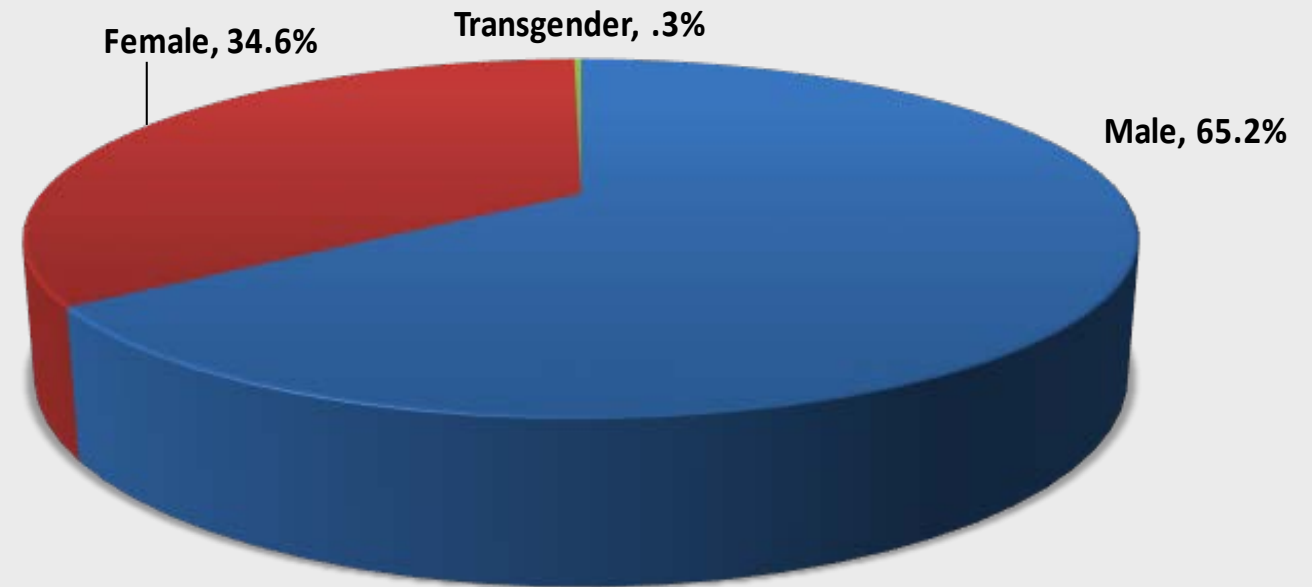
Gender of Puerto Rico RWHAP Part B/ADAP beneficiaries as of December 31, 2017:

10, 293 PLWH served by the RWHAP Part B/ADAP

Distribution by gender:

- 65.2 % men
- 34.6% women
- 0.3% transgender

Percentage distribution of the PLWH by gender receiving services at the RWHAP Part B/ADAP Program: 2017



N=10,293

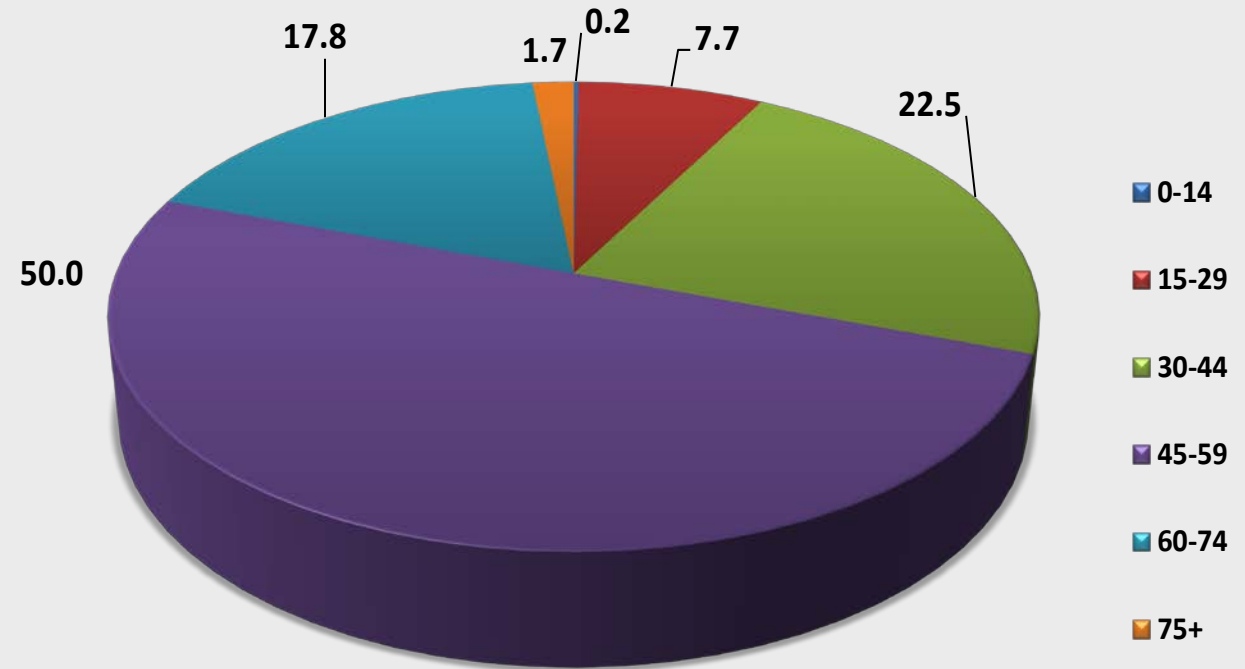
Source: CAREWare Database, Ryan White Part B/ADAP Program, September 2018

Profile of Part B ADAP Clients in 2017: Age groups

Distribution by Age Groups of Puerto Rico RWHAP Part B/ADAP beneficiaries in 2017

- 15-29 years old: 7.7%
- 30-44 years old: 22.5%
- 45-59 years old: 50%
- 60-74 years old: 17.8%
- 75+ years old: 1.7%

Percentage distribution of the PLWH by age groups receiving services at the RWHAP Part B/ADAP Program: 2017



Source: CAREWare Database, Ryan White Part B/ADAP Program, September 2018

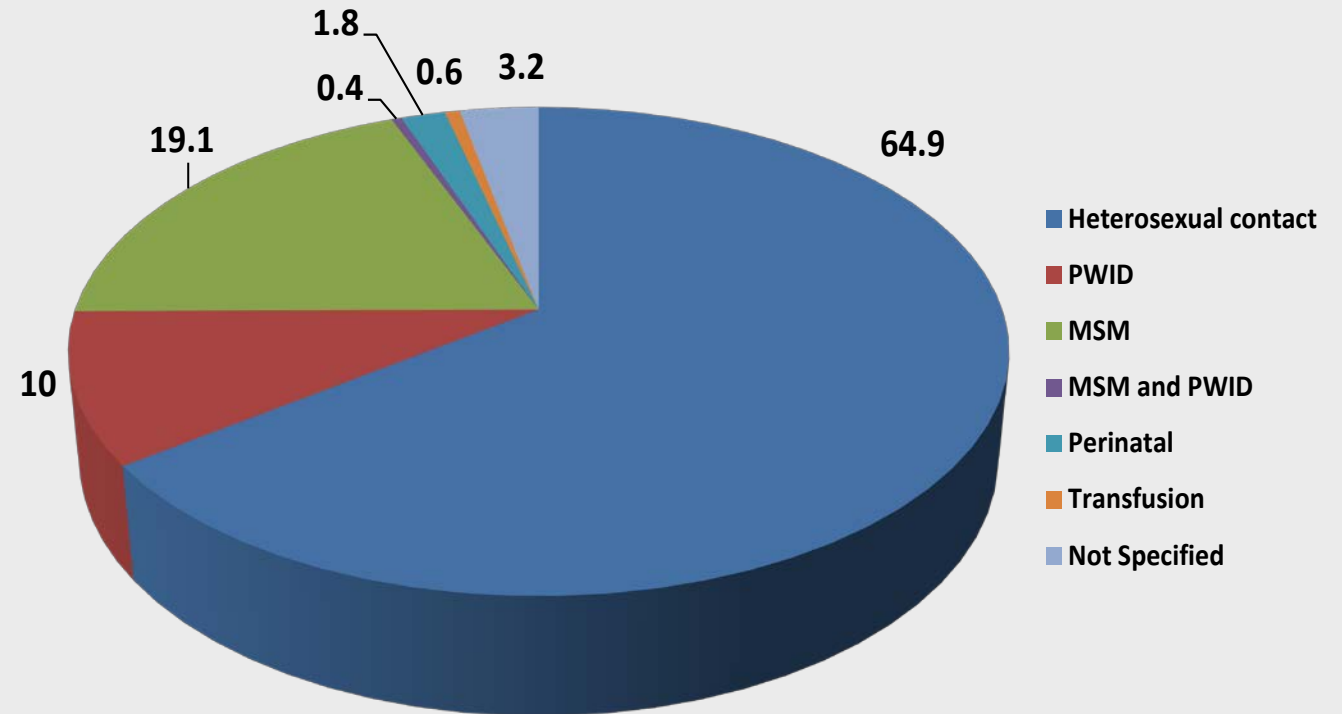
N= 10,293

Profile of Part B ADAP Clients in 2017: HIV Risk factor

HIV Risk Factors of Puerto Rico RWHAP Part B/ADAP beneficiaries in 2017

- **Heterosexual contact: 64.9%**
- **Men who have Sex with Men (MSM): 19.1%**
- **Intravenous Drug Use (PWID): 10%**

Percentage distribution of PLWH by risk factor receiving services at the RWHAP Part B/ADAP Program: 2017



Source: CAREWare Database, Ryan White Part B/ADAP Program, September 2018

N= 10,293

Ryan White Part B/ADAP Providers Network

The Puerto Rico Ryan White Part B/ADAP Providers Network consists of 55 centers:

- ***Puerto Rico Department of Health (PRDOH) Communicable Diseases Prevention and Treatment Centers (CPTET, acronym in Spanish):***
 - 8 regional HIV/STI/Hep/TB Clinics
- ***ADAP External Providers Network:***
 - 39 HIV clinical centers
- ***Community-based Coordinating Agencies (CBOs):***
 - 8 agencies, each designated to a specific DOH Health Region.

PUERTO RICO RYAN WHITE PART B / ADAP PROVIDERS NETWORK



 HIV clinical centers

 Community-based coordinating agencies for core and support HIV services

Systems Level Approach to Emergency Response

The Part B/ADAP adopted a systems-level approach to the emergency response that consisted of 4 phases:

- **Mitigation Phase:**
 - Activities and policies to prevent or lessen the effect of an emergency event and reduce the vulnerability of high-risk groups (PLWH).
- **Preparedness Phase:**
 - Planning how to respond in an emergency and the development of system-level capacities for emergency response.
- **Response Phase:**
 - Immediate reaction to an emergency to safeguard lives, minimize damage and improve the potential for better recovery.
- **Recovery Phase:**
 - Restoration of services, and systems after disaster, which was divided into short-term and long-term activities.

Mitigation Phase : RWHAP Part B ADAP

The RWHAP Part B ADAP activated its Emergency Preparedness and Contingency Plans:

Pharmacy Benefits Manager (PBM) MC-21 Corporation

- Expedite the approval of new prescriptions to eligible patients and for clients who had lost eligibility due to the storms;
- Remove the “refill too soon” restrictions, allowing all ADAP network pharmacies to refill medications for 30 days to all eligible clients;
- Approve the replacement of drugs to clients who had lost their medications due to the storms.

Medication Distribution Center

- Increase the ADAP Drugs stockpile inventory.
- Ensure power back-up at the MDC.
- Ensure alternate facility for ADAP medications.

Preparedness Phase: RWHAP Part B ADAP

ADAP Pharmacy Network

- Communication about drug processing and dispensing during emergency.
 - Recommended redundancy in information access methods
 - Printed utilization reports
 - Manual registering every drug dispensed when power outage
 - Electronically registering dispensed drugs when power is restored
- ADAP Pharmacies were urged to submit requisitions to the MDC in order to receive their supply prior in the anticipation of both hurricanes.

Preparedness Phase: RWHAP Part B ADAP (continued)

For assistance during and after the emergency, the RWHAP Part B ADAP Program distributed contact numbers for:

- PBM/MC-21
 - Pharmacy Help Desk
 - Patient Help Desk
 - Pre-Authorization Management Center
- RWHAP Part B ADAP designated personnel:
 - Program Director
 - ADAP Coordinator
 - ADAP Eligibility and Enrollment Coordinator
 - Inventory Management Officer

Preparedness Phase: PR DOH Clinics

The services provided at the PRDOH HIV Clinics before the storms included:

Medical Case Management & MAI Outreach and Linkage to Care

- Assessed patients' individual needs and made referrals as needed.
- Contacted patients with adherence problems, or out of refills for immediate medical appointments.
- Educated patients and their families on how to prepare for the storm(s) and the importance of their health care during and after the event.

Mental Health Services

- Psychologists provided treatment for symptoms of anxiety and depression
 - Adherence Counseling
 - Crisis Intervention
 - Anxiety and emotion management
 - Brief Short Therapy

Preparedness Phase: PR DOH Clinics (continued)

Clinical Services

Provided to patients with or without appointments to ensure they had their HIV prescriptions and medications at hand before the events.

Priority was established for:

- Patients with treatment adherence problems
- Patients with co-morbidities
- Patients with psychosocial special needs

Medical appointments were prioritized and moved earlier for:

- Patients HIV/HCV receiving treatment
- Patients receiving prophylaxis
- Patients with abnormal labs

A service delivery plan was prepared for visiting emergency shelters with psychologists and MCM, in case of need.

Preparedness Phase: Community-based Agencies

In advance of both Hurricanes Irma and Maria:

- Collection of emergency contingency plans from each agency.
- Personal cell phone numbers shared to establish communication with our staff during and after the storms.
- Clients and providers notified to confirm that coordinated services are moved up in advance of the storms.
- Clients living alone or with special needs contacted to confirm to make proper arrangements and satisfy any unmet needs before the storms.
- PR DOH Clinics informed and aware of the agencies' emergency plans.

Response Phase: RWHAP Part B ADAP

Reestablishing Communications, Operations, and Services: Relocation of the RW Part B/ADAP

- Followed the Central Office's Continuity of Operations and Services, the Part B/ADAP Program reached out to key staff and evaluated the conditions of their facilities, which had sustained severe structural and water damage.
- On September 25th the program moved into temporary locations within the DOH to reestablished communications with key essential staff to assess the situation.
- Reached out to the network of Clinical Centers, ADAP Pharmacies and Providers to notify the new office location and how to reach program staff (telephone, personal cellphone, fax, text, and both official and personal emails).

Response Phase: RWHAP Part B ADAP (continued)

New Contingency Plan for the Requisition of ADAP Medications

Due to the lack of power and internet after the storms, the following measures were taken:

- Developed a flexible process for the requisition of ADAP medications including HCV drugs for patients who had already started the treatment protocol.
- If the pharmacy lost power, internet access, or was unable to access the ADAP Drug Requisition System (SSMCA), medication requisition orders could be placed:
 - If the pharmacy had access to a power generator, the MDC Drug Requisition Form could be completed and sent by fax or email, or delivered in person.
 - Alternatively, the Program allowed for telephone orders by calling designated ADAP personnel to complete the requisition process.
 - Requisition orders could also be done manually in person at the program's facilities.

Recovery Phase: RWHAP Part B ADAP

Communication with Service Providers and Clients:

A communications operation center was established with the entire network of Clinical Centers, Pharmacies and Providers to obtain essential information on:

- Facility conditions and personnel status
- Facility operation capabilities and/or changes in location
- Available staff and contact numbers
- Service Schedules (days and hours of operation).
- Challenges with continuing services

Most of the communication with the providers was established through personal cell phones.

Recovery Phase: RWHAP Part B ADAP (continued)

Communication with Service Providers and Clients:

Official Statements were published and distributed with all the information regarding the status of the continuity of operations at the RWHAP Part B ADAP's Central Offices, ADAP Network Clinical Centers, Participating Pharmacies and all Service Providers.

In order to keep both patients and providers informed of any changes in the status of available services, the information was continuously updated and shared with all stakeholders.

Recovery Phase: ADAP Continuity of Operations Plan

PBM

- The ADAP authorization to the PBM for drug processing approval described on the ADAP Contingency Plan was kept in place until 03/2018 for all ADAP clients.
- ADAP eligibility was extended until 03/2018 for clients co-eligible to the PR Government Health Insurance Plan (PRGHIP).

ADAP Clients utilization data

- ADAP Data Analyst produced monthly utilization reports to identify patients who failed to pick up their ADAP medications after the hurricanes.
- The process was to match the PBM utilization data from 09/2017 with the previous month's utilization data to identify the patients who were not picking up their medications.

Recovery Phase: PR DOH Clinics

Medical Case Management & MAI Outreach and Linkage to Care

- Assess patients' individual needs after the events and coordinated and referred them to the corresponding service as needed.
- Contact patients with adherence problems and who were out of refills for immediate medical appointment.
- On a daily basis, MCM as well MAI linkage to care staff began to call patients who failed to pick up medication, tried to visit the homes of patients who could not be reached by phone, and also visited the emergency shelters to provide essential services with physicians and other clinical staff.
- MCM staff served as a liaison for home delivery of medications to patients struggling with their damaged homes and inaccessible roads in their communities.

Recovery Phase: PR DOH (continued)

Mental Health Services

After the events, psychologists at each clinic worked with patients struggling with adjustments and feelings of loss and grief because of the devastation experienced after the storms.

- Short Brief Therapy

- Anxiety and emotion management

- Crisis Interventions

- Adherence Counseling

- Dual interventions with other clinical staff

- Emotional support to health care staff to prevent burnout

Interventions were provided at the clinics and in emergency shelters.

Recovery Phase: PR DOH Clinical Services

Clinical Services

Provided health care services to any patient who came into the clinics (walk-in). Priority was established for patients who had not come to the clinic before the events and were referred by MCM and MAI linkage to care staff:

- Patients with adherence problems
- Patients with co-morbidities
- Patients with psychosocial special needs
- Patients co-infected with HCV
- Patients in prophylaxis
- Patients with abnormal labs

Clinical services were provided also in emergency shelters with psychologists and MCM (Arecibo, Mayaguez and Ponce).

Recovery Phase: Community-based Coordinating Agencies

After Hurricane Maria passed:

- Constant communication was maintained through personal cellular phones.
- When conditions were favorable, the agencies were visited by Part B staff to document changes in their operation and explore immediate needs.
- Clients were contacted by the agencies by phone. Home visits were coordinated by non-medical case managers if clients were unreachable.
- Partnerships or alliances were established by the agencies with external entities that could offer services that were needed, but the agencies could not provide.
- If needed, new providers were identified to avoid any interruption of services.

Key Partners, Collaborators & Stakeholders

ADAP PBM

PRGHIA

PR Medical Services Administration (MSA)

Island Wide

Pharmacies

NASTAD

Ryan White Programs

PRDOH

Part B/ADAP Service Providers

PR Housing Department

PR Family Services Agency

PLWH/Advocacy groups

Program Challenges

- Re-allocation of funds/re-budgeting
- Alternate locations for ADAP Drug Inventory
- Alternate locations for Part B ADAP Central Offices
- Power back-ups and diesel fuel
- Drinking water supplies
- Alternate communication system
- Constant communication with providers and clients
- Stand-alone data system (CareWare)
- Data and information back-up system
- Implement manual systems for drug requisition, inventory and delivery of meds
- Identification of patients who didn't pick up their medications
- Assess staff individual needs and address them

Measures of Success

In spite of the devastating storms, our clients' outcomes at the end of 2017 remained consistently high in the following three indicators: medical care retention, antiretroviral treatment, and viral load suppression.

As of August 2017

Viral Load Suppression: 82.3% ADAP Providers network

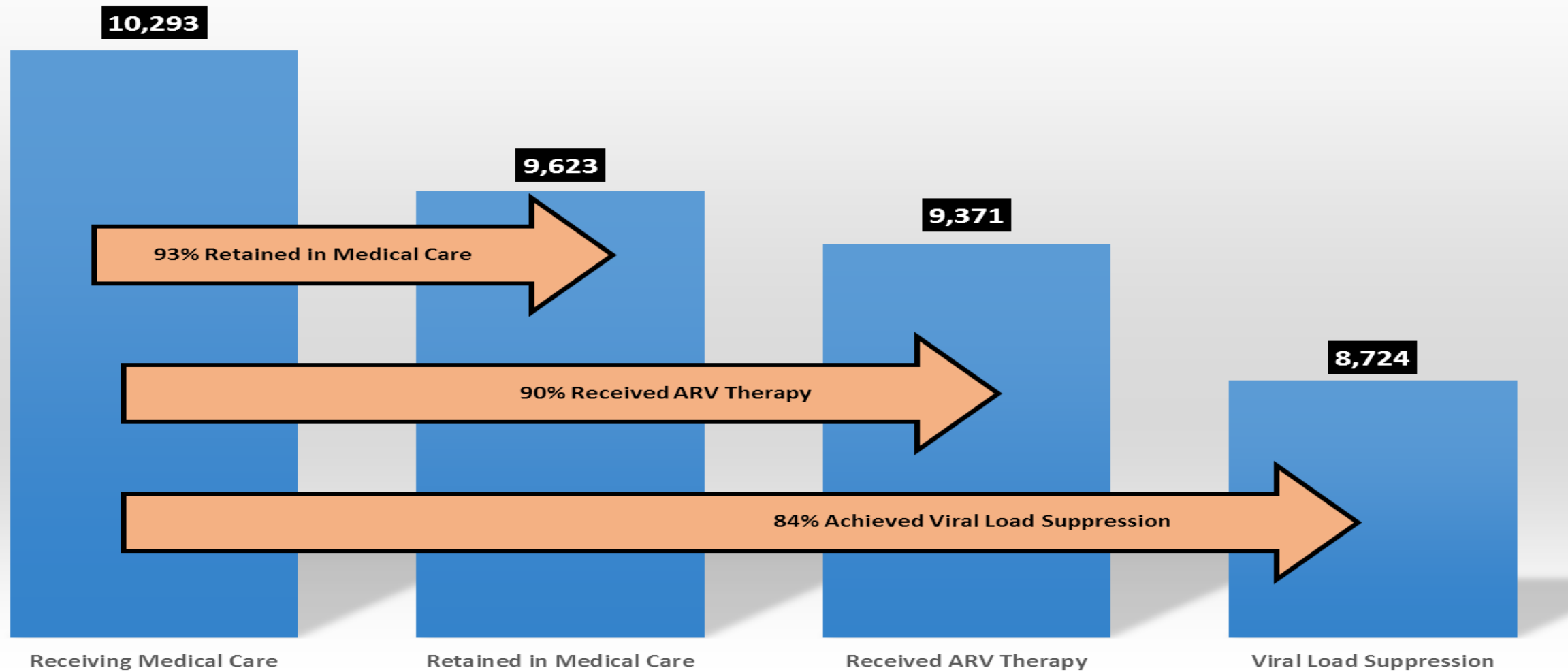
Viral Load Suppression: 85% PRDOH HIV Clinics

As of December 2017

Viral Load Suppression: 83.8% ADAP Providers network

Viral Load Suppression: 84% PRDOH HIV Clinics

2017 Puerto Rico Ryan White Part B/ADAP HIV CARE CONTINUUM



Lessons Learned and Recommendations

- Conduct an Emergency Risk Assessment
- Identify and coordinate key community partnerships and stakeholders
- Create and update a Continuity of Operations Plan
- Develop an emergency plan for staff (individuals and families)
- Prioritize essential functions and services during a disaster
- Establish a chain of command
- Assure formal MOUs for alternate work location for continued program operations and safeguard ADAP Drug Inventory
- Establish an internal and external communication strategy
- Empower clients with knowledge of individual preparedness plan, education, and guidelines for preparing during hurricane season

Lessons Learned & Recommendations (continued)

- Activate emergency policies allowing for early refills when emergencies are anticipated
- Ensure access to client data on medications prescribed
- Include a plan to deliver medications to emergency shelters, while ensuring confidentiality and privacy of the patient
- Develop a plan to ensure continuity of drug acquisition
- Establish a continuity care plan & policies to extend program eligibility in emergencies
- Secure additional medication inventory during an emergency (stockpile)
- Develop a plan to make payments to providers and vendors during an emergency
- Engage all HIV service providers and Ryan White Programs in planning and coordination
- Coordinate Preparedness and Continuity of Operations Plan for HIV Services/Ryan White Programs (A, B, C, D & F) Island wide.

Contact Information

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Ryan White HIV/AIDS Program Part A San Juan Eligible Metropolitan Area

Denise Figueroa

Consultant

San Juan EMA- Ryan White Part A

RWHAP Part A

Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 provides assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely impacted by the HIV epidemic.

Recipients

Grants are awarded to the city/county chief elected official (CEO) who designates a lead agency to administer the funds.

Carmen Yulin-Cruz is Mayor of the Municipality of San Juan, Capitol of Puerto Rico, and the AIDS Task Force, within the Office of Management and Budget, is the only RWHAP Part A recipient for Puerto Rico.

San Juan Eligible Metropolitan Area (EMA)

- Comprises 30 north-eastern municipalities : 78 total for the Island
- Has a 2017 population estimated at 1,757,602 with 11,890 Persons Living with HIV (PLWH)
- Has the highest incidence and prevalence of HIV/AIDS with 64% of all reported cases in Puerto Rico
- Has over 45% of the population living under the federal poverty level



Sources: U.S. Census Bureau, Puerto Rico Community Survey. Puerto Rico Department of Health, HIV Surveillance Division.

San Juan EMA Subrecipients

- Ten (10) clinical subrecipients
- 4 Ryan White Part C
- 1 Ryan White Part C and D
- 2 FQHCs - 330 funded (1 also a Part C)
- Fourteen (14) support services subrecipients

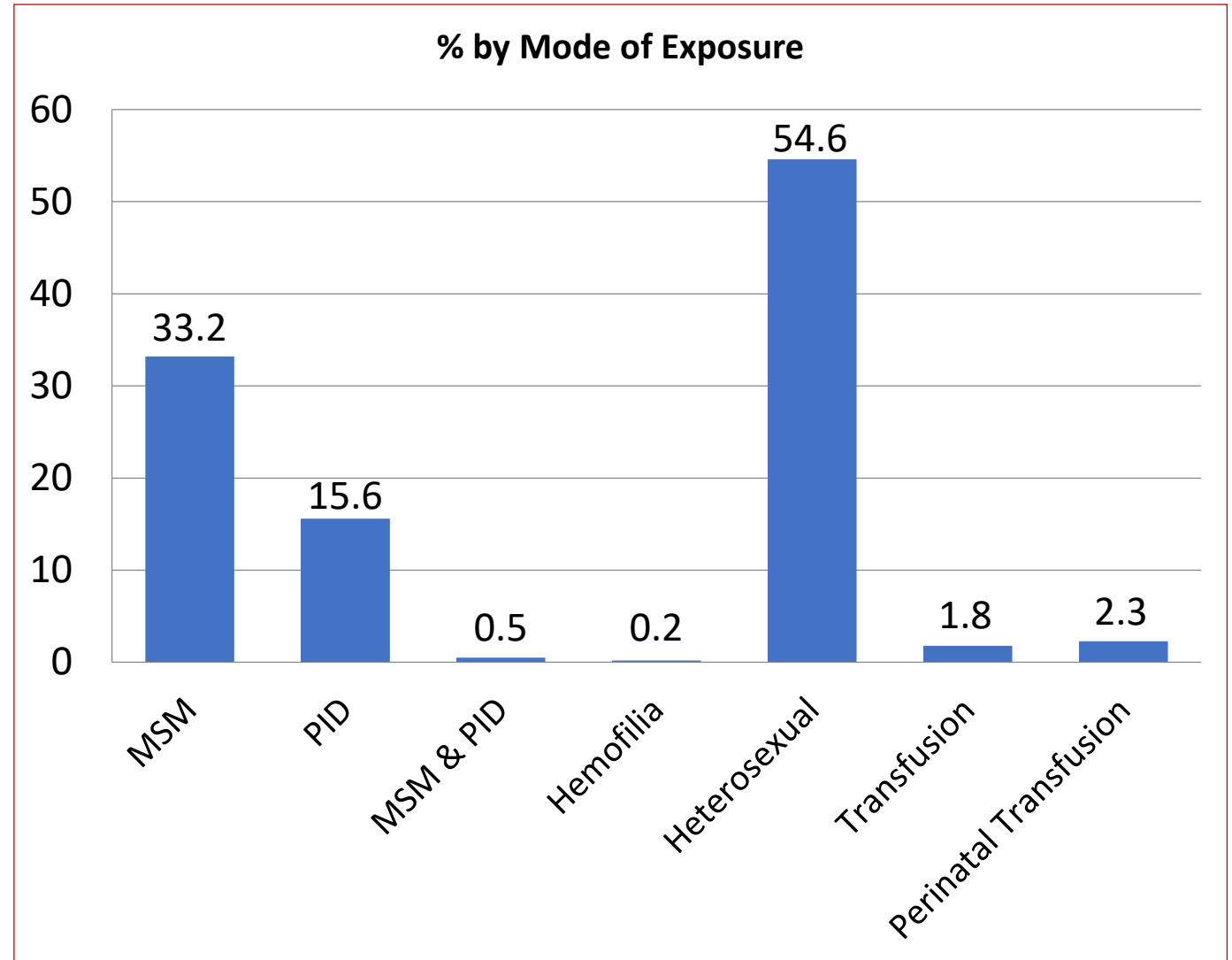


- ★ clinical subrecipients
- ▲ support services subrecipients

2017-18 Client Profile

- 4,300 PLWH (169 less than the prior year) received at least 1 service between March 1, 2017 to February 28, 2018
- 64.7% male, 35.1% female, .2% transgender
- 60% ages 45-64; 11% age 65 or older; 2% ages 13-24; 27% ages 25-44

Source: SJEMA Ryan White CAREWare RDR Report



Geographical Risk Factors

- 57% of the municipalities are coastal
- At least 40% of the municipalities are in more elevated mountainous rural areas that may be more difficult to access
- In the event of a natural disaster or extreme weather:
 - 42.74% of the population will most likely be affected by floods;
 - 14.52% of the population will most likely be affected by landslides;
 - 5.92% of the population are at risk in the event of a Tsunami

Source: Operational Plan of Public Health and Medical Services Emergency Management 2018-19, Puerto Rico Department of Health. Data for the EMA is an estimation of aggregated data presented in the Tables of the Geographical Regions Profile, pages 4-26 .

2017 Hurricanes Irma and Maria

- September 6th, Irma passed 50 miles off the northeastern region, affecting most of the EMA.
- Maria entered through the southeastern region on Sept. 20th, as a Category 4 Hurricane.
 - For 8-12 hours
 - Winds of up to 155 miles per hour and heavy rain bands, dropping over 2 feet of water
 - All utilities and communications infrastructure collapsed in the 78 municipalities
 - For the first time in recorded history, the Island was isolated from the world and from within



Source: www.cbs58.com

Agenda



Preparedness

Subrecipients were advised to:

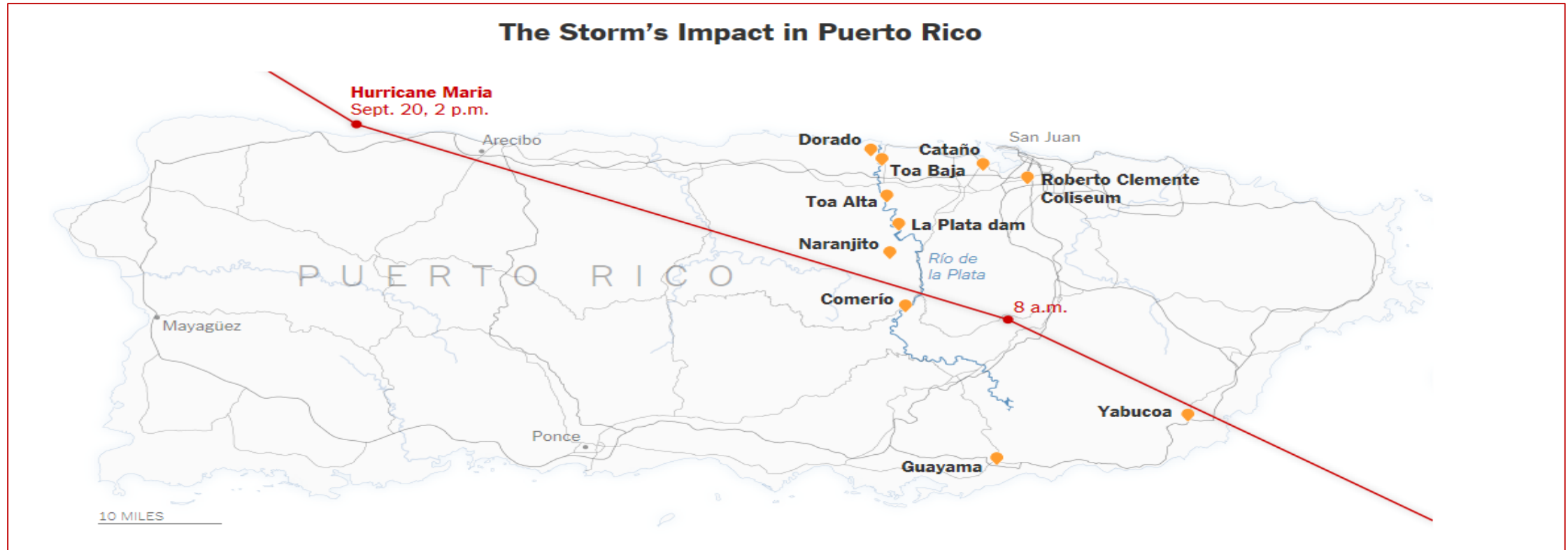
- Review and update their emergency plans
- Analyze the vulnerabilities of facilities to address and minimize impact
- Secure confidential documents, equipment, supplies, vehicles and all other property
- Assess clients' needs for medical supplies and medications for at least 30 days

Preparedness

Subrecipients were advised to:

- Submit all pending invoices and supporting documents
- Verify that the power generators were operating efficiently and ensure the safe storage of enough gasoline or diesel
- For residential programs:
 - Ensure the safety of staff and clients remaining on-site and make provisions to have enough food, water and supplies
 - Plan for and coordinate with the appropriate authorities a timely transfer to shelters, family homes or hospitals

Hurricane Maria's Path



Source: National Weather Service

Short-Term Effects – PLWH

- Loss of property and life
- Safety, especially at night
- Unstable housing and/or inefficient to adequately shelter; similarly very limited transportation options; worst cases no access or support
- Problems accessing all services compounded at 3 levels – infrastructure, communications, increased financial burden
- Possible drug/alcohol relapse



Source: ABC News Go.com- A street in the Municipality of Humacao

Short-Term Effects – Subrecipients

- Break in all operating (“back office”) supports including
 - Banking services
 - Utilities affecting all servers
 - Communications
 - Safety
- \$5 million in estimated losses
- Interruption and/or reduced services and operational hours (due to operating on generator(s) and curfew)
- Curfew and military takeover



Oasis de Amor Project, SJEMA residential substance abuse treatment provider in Bayamon, Puerto Rico.

Short-Term Effects of Hurricane Maria



Source: La Perla de Gran Precio, Inc.



Source: Casa Joven del Caribe, Inc.

Response

- EMA Leadership and Staff
 - Reported to designated areas as soon as conditions permitted
 - Contacted subrecipients to assess their status and immediate needs
 - Advised subrecipients on allowable costs
 - Granted more flexibility in the billing process and expedited payments
 - Established a communications network for information sharing, updates and follow up
 - Provided subrecipients access to office space, internet, computers, and/or charging spots

Response

- EMA Leadership and Staff
 - Provided access to off-line CAREWare data collection and entry
 - Encouraged subrecipients to establish policies allowing administrative leave to pay employees in full during the emergency
 - Encouraged subrecipients to adopt flexible client eligibility processes
 - Postponed and rescheduled the submission of reports and monitoring visits
 - Shared information on funding opportunities, FEMA timelines and application processes, and community kitchens
 - Facilitated access to the AmeriCares psychoeducational and post-disaster program for healthcare and psychosocial providers
 - Reevaluated priorities and funding allocation accordingly

Response

- Subrecipients
 - Employees, management, stakeholders and even clients reported to the sites to assist in the cleaning, sanitizing, removal of debris and wreckage, despite their personal loss and needs
 - Contacted clients to assess their status and immediate needs and share information
 - Performed outreach efforts to search for clients not reached through their contact information
 - Ensured clients access to medical care in safe spaces, as soon as the next day in some cases
 - Ensured the continuity of treatment

Response

- Subrecipients
 - Reached out to partner organizations, funders, the community, other private and public organizations to obtain food and water for staff working in harsh conditions, and clients coming in for services.
 - Collected monetary donations, clothing, personal hygiene products, groceries, furniture, food vouchers; and in some cases, used their program income or ordinary funds to provide for staff and client needs
 - Assisted clients in the coordination of services including accessing emergency assistance, shelters, filing claims, access to housing vouchers, food banks, among other

Long-Term Effects / Impact – EMA

- Staff temporarily assigned to Municipality's response efforts
- Application for fiscal year 2018-19
 - Received waiver to submit late and
 - Abbreviated version
- Late submission of reports to HRSA for 2017
- Changes in the priority setting and funding allocation in 2018
- Core Medical Services Waiver requested in 2018
- Carryover requested in 2018

Long-Term Effects / Impact – Subrecipients

- Services relocated
- Emotional distress and trauma
- Reduction of personnel and clients due to migration
- Delays in the recovery process because of the ineffective and inefficient response of Government, insurance companies and FEMA
- Economic burden and budget constraints
- Challenges to search, rescue and reengage clients with previous adherence and retention problems

Long-Term Effects / Impact – PLWH

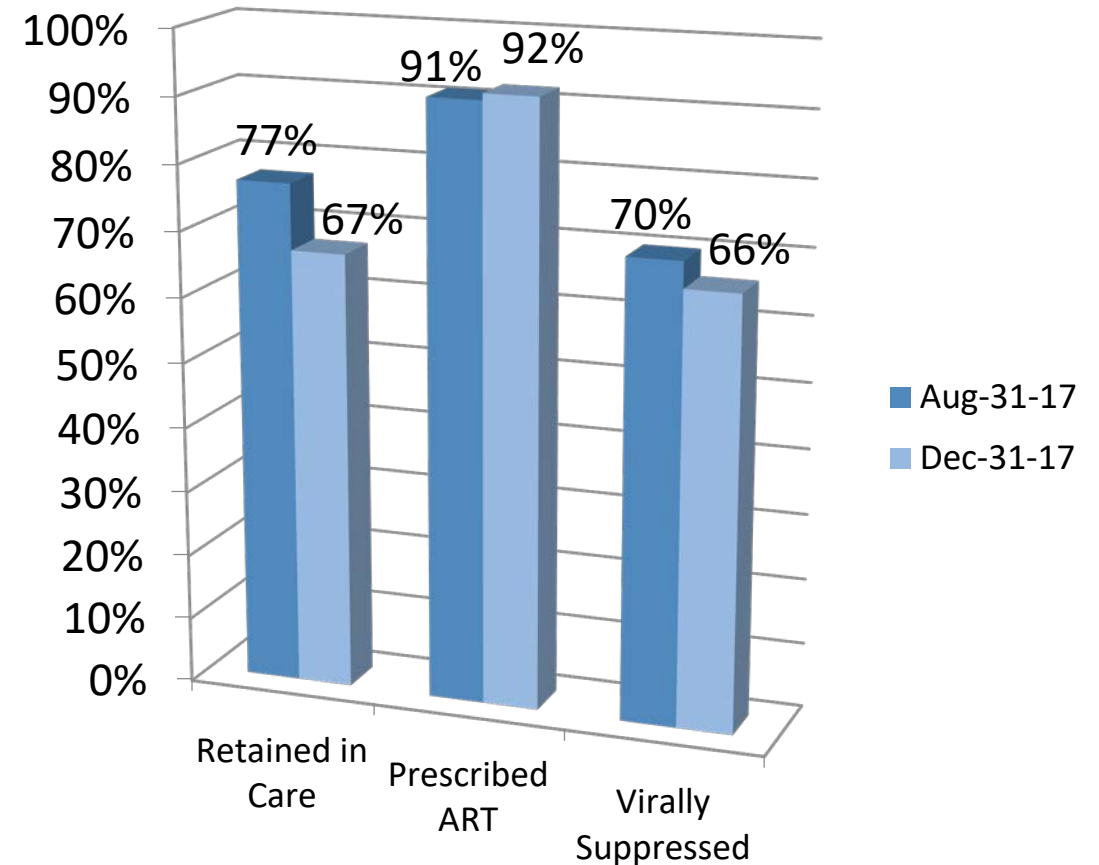
- Missed appointments because of lack of money, transportation, safe passage, other
- Migration to the USA or within the 78 municipalities because of the loss of their homes, family/friends or safety issues, loss of power, water, food, among other
- Loss of jobs, therefore, income
- Emotional distress and trauma
- In some cases, hunger and homelessness

Retention in Care and Viral Load Suppression

Off all people diagnosed with HIV in the EMA

- Retained in Care
 - Before 2,998 After 2,616
- Prescribed ART
 - Before 3,553 After 3,582
- Virally Suppressed
 - Before 2,738 After 2,586

Ryan White Part A Clients have higher rates (86%, 93% and 85%)

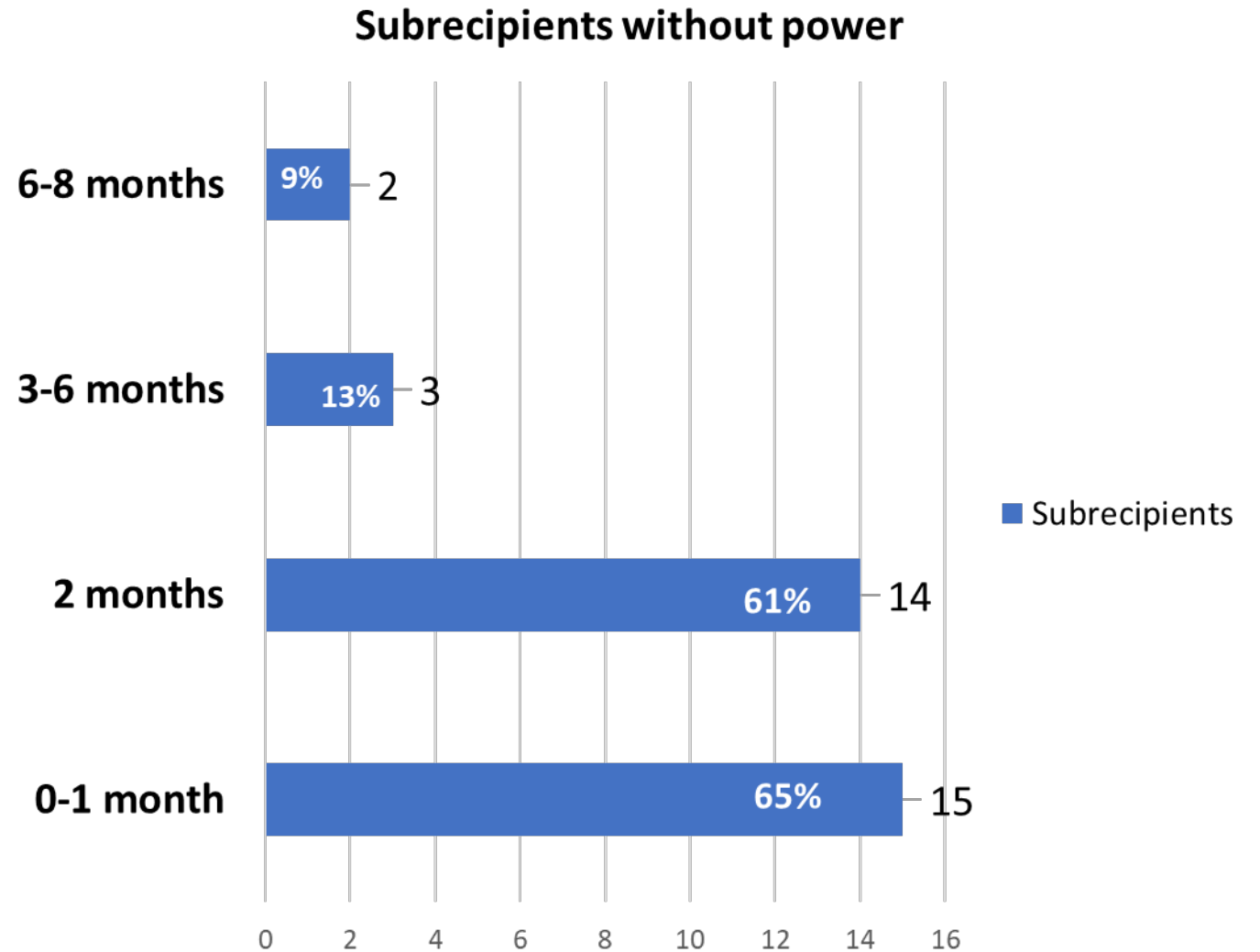


Recovery

- 100% of subrecipients were providing services (1 relocated), thirty (30) days after of the emergency
- 14% of subrecipients still had no water service; and 59% depended on personal cellular phones to communicate and to access the internet two months after of the emergency
- Power generators and water tanks became scarce and those available were inaccessible to most because of the high costs
- After one year of the emergency, telephone and internet services continues to be limited in some more remote areas; and inexistent in the mountain region.
- Blackouts and water supply interruption are still common but much less frequent.

Power Restoration

- 35% subrecipients with power after 30 days (unstable)
- Constant blackouts for at least 3 months after the emergency
- 91% subrecipients in remote locations with power after 8 months
- 100% restored after 9 months



Source: SJEMA Ryan White CAREWare RDR Report

Recovery

- Recruitment of qualified health professionals has been challenging because of the increase in migration after the emergency.
- Rebuilding and repairing the damaged infrastructure has been slower than expected because of
 - Delays in payments of insurance companies or non eligibility for federal emergency assistance that does not involve loans
 - Availability of materials and/or high costs
 - Ineffective response from the Government of Puerto Rico
- The community continues to play an essential role in the recovery of the EMA
- Funds received for the recovery are mostly from local, national and international organizations, foundations, faith based and other non affiliated groups

Recovery

- Some subrecipients such as COSSMA have organized community volunteer initiatives and continue providing assistance to the community at-large
- The EMA continues to follow up on subrecipients progress towards full recovery; in some cases, the only follow up and support received
- The purchase and billing processes continue to be more flexible and payments are made timely
- New allowable costs and service categories were added, as part of the priority setting and funding allocation process for fiscal year 2019-20, to continue supporting clients and subrecipients during the recovery process

We are Still Recovering



Source: La Perla de Gran Precio



Source: La Fondita de Jesús, Inc.

Lessons Learned – EMA

- One is never fully prepared for this magnitude of a disaster
- An Emergency Plan of our own, fully discussed and tested
 - Need to plan for the long term during the preparedness stage, to ensure a better response and recovery
 - At least once a year, review, update, and discuss the Emergency Plan with staff, clients and stakeholders
 - Integration of the EMA leadership with the Municipality's Office of Preparedness & Response
- It is important to coordinate and provide for ongoing training in:
 - Emergency preparedness and response
 - Management and response to trauma
- Importance of social media and other communications technology
- Importance of having a strong network of collaborators

Lessons Learned – Subrecipients

- Be as self-sufficient as possible and do not rely on government only
- Never underestimate the possibility of a natural disaster
- Take time to think and act upon mitigation
- Need of a Rapid Response Ryan White Emergency Team
- Increase coordination with other Ryan White programs to share resources and strengthen services in an emergency situation, especially
 - Create and refine an Emergency Referral System so that the clients receive service in any Ryan White location during an emergency
- Have make available an updated directory of Ryan White programs closest to PLWH place of residence

Lessons Learned – Subrecipients

- Offer patients medication for more than 30 days
- Improve coordination with
 - suppliers
 - external agencies and
 - Municipalities including Police
- Establish a more solid and secure communication system (long-distance radios and satellite telephones)
- Establish agreements with fuel and gas providers to ensure the availability in case of an emergency
- Make provisions for extended periods of time for food, water, batteries, generators, gas and other essentials

Lessons Learned – Subrecipients

- The importance of Teamwork
- Have enough cash on-hand to handle promptly emergency situations
- Education for staff and clients on Emergency and Contingency Plans, to prepare for a prolonged interruption of basic services
- Review/revise all insurance policies
- Relationships – It was through the solidarity and quick mobilization of non-governmental groups in the Island and out of the island, that the subrecipients survived the devastation, when insurance companies, FEMA and other government entities did not respond effectively in an emergency of this magnitude
- Not to depend on governmental agencies

Suggested Elements for An Emergency Plan

- Create an Emergency Committee and clearly define roles and responsibilities.
- Designate Emergency Command center and make provisions for scenarios and domino effects
- Develop an action plan with short-, medium- and long- term objectives and activities for each one of the stages of emergency management
- Make sure to include a **Communications Strategy** to be able to grow into the recovery with all stakeholders including clients, planning bodies and subrecipients.

Source: Emergency Management and Operational Safety, AIDS Task Force, Office of Management and Budget, Municipality of San Juan.

EMA Contact Information

Administrative, Programmatic and Fiscal Management:

AIDS Task Force

Office of Management and Budget

Municipality of San Juan

Vanessa Flores, Director

Tel: (787) 977-0542

Email: vflores@SanJuanCiudadPatria.com

Fax: (787) 721-3646

Centro Ararat, Inc Part C Ponce, Puerto Rico

Ivan Melendez-Rivera MD, FAAFP, AAHIVS

Chief Medical and Operating Officer

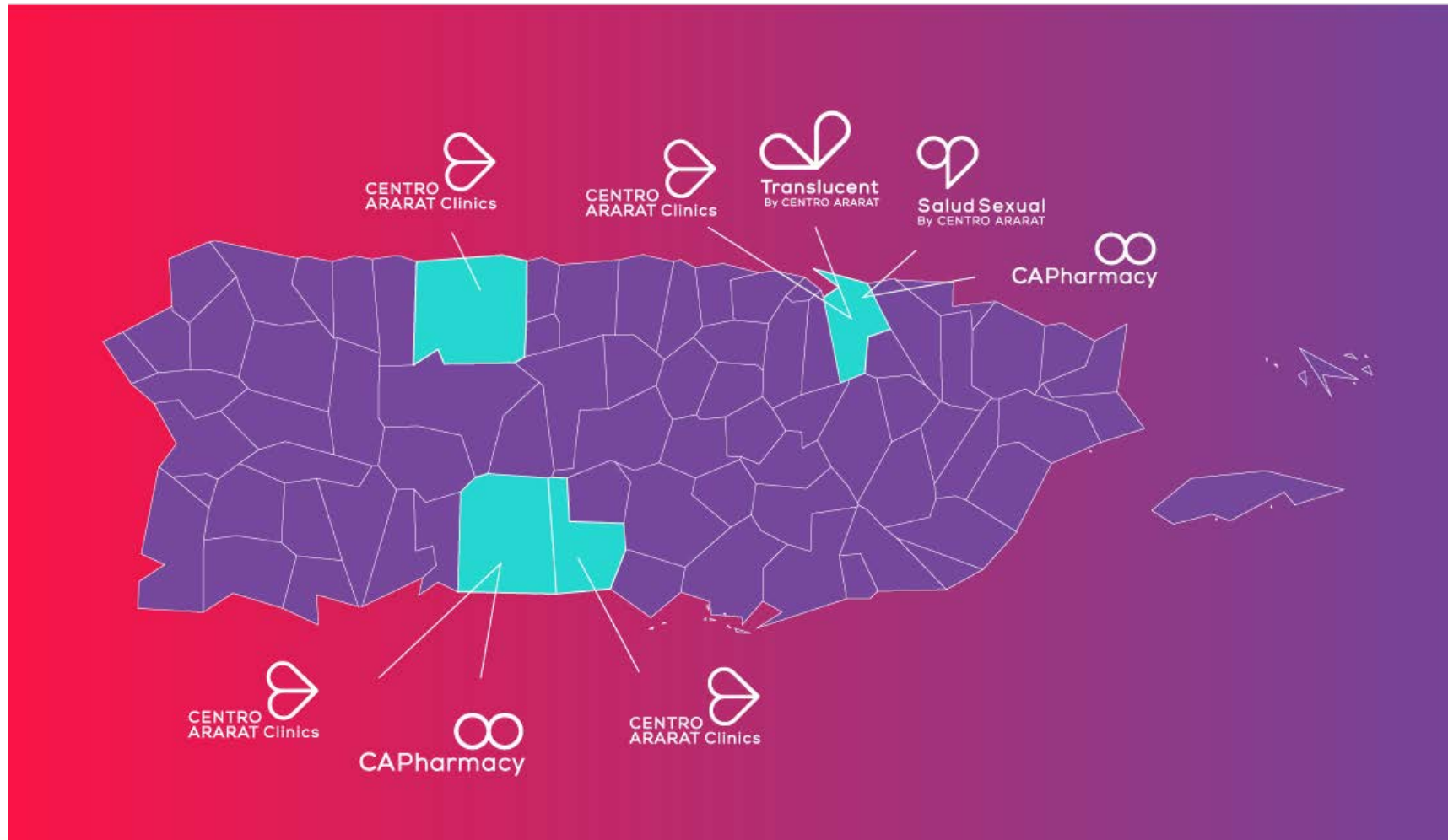
Wanda Curbelo, RD, LND

Institutional Quality Program Coordinator, Nutrition Supervisor

Centro Ararat, Inc

- **Centro Ararat, Inc.**, is a non-profit private, institution with a mission to provide access to comprehensive community-based primary care, mental health care, preventive healthcare and social services for diverse populations in underserved communities throughout Puerto Rico. Founded in Ponce, Puerto Rico in 2001. Centro Ararat currently services more than 2,500 patients Islandwide, of which, 855 are PLWH.
 - RWHAP Part A, B, C & F (SPNS) Provider
 - RWHAP Part C funded since 2014
 - 4 Primary Care Clinics, 2 Special Care Clinics, 2 Pharmacies (340B)

CENTRO ARARAT, INC.



Centro Ararat, Inc. - Introduction

- An emergency plan is a document found in each health institution, but on very few occasions does it prepare you for a catastrophe.
- Nothing can prepare you to manage the uncertainty of a catastrophe, but lessons can be learnt from those who already have overcome the adversity of a natural disaster.
- Current changes in natural disaster patterns make us aware of the needs to reevaluate our current Emergency Plans.

Centro Ararat, Inc. - Preparation

- Physical Facilities

- Confirm with IT the security plan for Data and Equipment
- Secure to minimize impact on physical facilities
- Power
- Communication
 - Long wave
 - Short wave
- Potable Water
- Secure vaccines and other possible perishable medications
- Have cash available in a secure area for possible future needs

Centro Ararat, Inc. - Preparation

- Employees
 - Update contact numbers
 - Assess access to the clinic for employees
 - Distribute instructions to staff on how to reach us after the natural disaster when no traditional methods are available
 - Review policies related to payments in case of an institutional shutdown due to natural disasters
 - Deposit payroll in advance
 - Keep the Board of Trustees on speed dial!!!

Centro Ararat, Inc. - Preparation

- Clients services
 - Clinic
 - Prepare list of patient appointment for following two weeks. Identify those who really need immediate attention and those who live outside of a 10 mile-radius from the Clinic.
 - Pharmacy
 - Use Pharmacy system to identify patients who need refills for up to 2 weeks after the disaster.
 - Use additional clinical personnel (nurses) to help in the process of dispensing prescriptions.
 - Review Pharmacy inventory and order additional supplies, as needed.
 - Call patients and aske them to pickup prescriptions in advance of real due date.
 - Labs
 - Identify patients who need to have imminent labs

Centro Ararat, Inc. - First Response

- Physical Facilities
 - Senior Management Team should assess:
 - Damage to Physical Facilities
 - Access to Power, Water, Communications
 - Activate battery-powered fans and lights installed in the Clinic and Pharmacy
 - A temporary station was prepared outside of the clinic buildings to receive walk-in patients requiring service
 - Old technology (e.g. walkie-talkie) makes a comeback, to enable communication among staff

Centro Ararat, Inc. - First Response

- Administrative (Part 1)
 - Assessed BOD for emergency fund disposition - Assign emergency budget to cover necessities based on the magnitude of the disaster
 - Physical Facilities
 - Immediate functional necessities (Emergency shopping)
 - Employee needs and security
 - Client needs
 - Food, housing status and vulnerabilities
 - Advertised on Local Radio Stations to inform the community our service was available.
 - Developed a MOA with gas station to fuel outreach in employee cars
 - Obtained Cloud Access to recover patient data on e2Centro
 - Provided weekly updates and instructions on paper (no emails available)

Centro Ararat, Inc. - First Response

- Administrative (Part 2)
 - Write to stakeholders for support and updates
 - Donations received from: AIDS UNITED, Elton John Foundation, and Osvaldo Ríos Foundation.

Centro Ararat, Inc. - First Response

- Administrative (Part 3)

Friends and Partners:

The Hurricane Maria was a Category 4 storm, who devastate our Island as most of you know by the news. Fifty-four municipalities have been declared as a Disaster Zone and the other twenty-four still under evaluation. Our Island is suffering, and the humanitarian crisis is just around the corner.

Our immediate needs are:

1. Three (3) Power generators and Diesel
2. Data connections, Phone.

This is the situation as today, Thursday, September 28, 2017, day number nine (9) after Maria.

General:

1. Power: 95 without service
2. Potable water: 65% without service and doesn't include areas with water, but w/o power to pump the water to the areas
3. Telephone: No lines available to the Island except for the North.
 - a. Landlines – only one company working at less than 30% capacity. Calls have to be done by operator
 - b. Cell phone – Communication is only in the metro area (San Juan) and with a difference on reception base on particular location.
4. Internet: No service around the Island with some exception on San Juan. Mayor internet companies are not able to provide services even those with fiber optic. Not possible to access HER or prescribing
5. Cash flow: Everything at must be paid with cash. Last Tuesday banks open some of their sites with restricted hours (10:00am to 2:00pm) and withdrawal limit of \$100 or \$200 dollars depending on the institution. ATM start to works, but only those who are located in the physical area of the financial system.
6. Gasoline, Diesel, and Gas: Are available, but distribution is the problem. Metro area has more facilities and South is the second. The most aggravated areas are the center of the Island where nothing is getting there.
7. Criminality: Increases as part to humanitarian crisis for gas, water, and cash for groceries

Centro Ararat as Institution

1. See attached document for event ledger.
2. Medical, Pharmacy, case management and psychological services provided from 9:00am to 1:00pm since September 25th at all facilities
3. No damage to networks and the data is back up w/o problem
4. No access to HER or e-prescribing. Everything is done on paper
5. To have communication by phone or internet, Ponce and Juana Diaz personnel have to move to San Juan.
 - a. Someone from Ponce travels daily to San Juan to link the communications between clinics
6. No delivery available from ADAP warehouse
7. No delivery available outside of Metro area from the major drug distribution company "Cardinal Health."

September 28	Power	Water	Telephone	Internet	Providing Service
Ararat Ponce	NO	NO	NO	NO	YES
CA Pharmacy Ponce	NO	NO	NO	NO	YES
Faith – Juana Diaz	NO	YES	NO	NO	YES
HOPE – San Juan	NO	YES	Some communication by cellphone	NO	YES
CA Pharmacy San Juan	NO	Yes	Some communication by cellphone	NO	YES

PLEASE let us know if you can help us in this disaster and continue to hold the patients we care for in your actions and hearts.

If you have any questions or need any additional information, please feel free to reach out our Chief Technology Officer at SMelendez@centroararat.org or

Please CC all communications because I will be traveling daily to San Juan to get the proper connection. Also, you can try to reach me on my cell phone Text is the best way of communication.

Sincere yours;

Ivan

Centro Ararat, Inc. - First Response

- Employees

- Assess immediate personal and family needs for your co-workers
- Present employees with cash for personal use as no ATM service was available
- Provide transportation to employees who required it
- MOA with gas station for outreach employee cars
- Provide payment for those even not able to get to work. (Institutional Policy

Centro Ararat, Inc. - First Response

- Clients Services (part 1)
 - Clinic
 - Developed a tool to assess patient needs during home or shelter visits
 - Review patient roster
 - Assess possible needs base on vulnerable geographic areas and poverty levels
 - Interviewed patients that reach the clinic or pharmacy
 - Create team of three staff members to reach patients at home or shelters
 - Provide an emergency pack with food and hygiene products
 - Medication delivery
 - Two daily meeting
 - 7 AM for updates
 - 3:00pm for assessment review
 - **IMPACT: 637 home visited, 1,065 prescriptions delivered**

Centro Ararat, Inc. - First Response

- Clients Services (part 2)
 - Pharmacy
 - Opened 48 hrs after the disaster
 - Provided services using “manual mode” due to lack of power
 - Beware: Emergency batteries and power packs only last 72 hrs
 - Used Short wave radio to maintain communication between front of the building and pharmacy on the fourth floor.
 - Donations
 - Local and outside coordination



DONATIONS PROVIDED BY OUR
KIND DONORS AND BELIEVERS



DONATION CARE PACKAGE FOR OUR TRANSGENDER
COMMUNITY

Centro Ararat, Inc. - Next Response

- Clients Services (part 1)
 - Until the assistance could be delivered, patients were given gift cards from Walmart, Econo Supermarkets and Marshalls.
 - When several patients identified that they lost part of their residence, they were offered help with rent payment for 3 to 6 months, depending on the need, and until FEMA helped them.
 - Air plane tickets were provided to relocate some patients to the mainland to continue their treatments.

Centro Ararat, Inc. - Next Response

- Clients Services (part 2)
 - When the communications were somewhat reestablished, patients could be given furnishings that included: Mattress, stove, washing machine, refrigerator, futons, dining sets or kitchen cabinets, etc.
 - A total of 436 HIV+ patients were affected.
 - Including 65 participants of the Translucent Clinic.
 - Impacted patient were from our 3 Clinics: Ponce, San Juan and Juana Díaz.
 - Obstacles
 - Although the resources to purchase were available, we were faced with the obstacle that the furniture could not be quickly delivered to the identified patients because:
 - the furniture stores did not have the requested merchandise,
 - the furniture delivery companies were busy in disaster relief.

Centro Ararat, Inc. - Recovery

- Institutional

- Emergency Plan Effectiveness Review
- Additional contingency savings in Finance Department

- Physical Facilities

- Satellite phones at each facility
- Power generators for each facility (one facility still pending due structural problems)
- “Portable CA Pharmacy” tool for accessing pharmacy software in the Cloud, with all printers connected to a laptop and a wireless hotspot.
- Emergency briefcase with all documents that can be needed in paper form

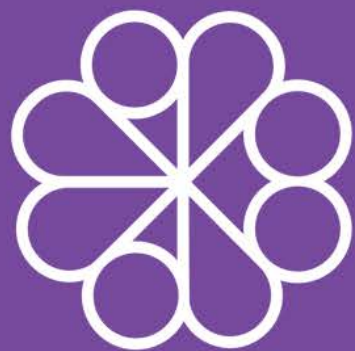
Centro Ararat, Inc. - Recovery

- Employee

- Assigned specific duties per department
 - Public Relations department is responsible for solicitation and distribution of donations, as well as keeping a Donations Bank.
- Review Human Resources data to assess personnel vulnerabilities in future disasters

- Clients

- Post disaster status assessment.
- Add a new field in EMR to identify patient environmental and housing security issues
- Maintain an inventory of donors and contributors
- Prepare educational material regarding emergency preparedness for the hurricane season



CENTRO
ARARAT

protege lo que amas

Quality Improvement Program



Centro Ararat, Inc. - Quality Improvement Program

- How effective were the actions taken to help patients stay in care?
 - Provide our clinics and pharmacies with power generators and water to extend working hours periods longer than 5 hours daily.
- How long can it take to continue the process of assessing the needs of our patients?
 - The needs assessment and community outreach to keep patients in care will continue for 6 months after the emergency.

Centro Ararat, Inc. - Quality Improvement Program

- What tools or training we needed to help patients relieve their stress and sorrow after the emergency?
 - Urgent recruitment of Psychologist at those clinics that did not have the services to assist patients and employees.
- How can we document patient housing and environmental security in the EMR for future emergencies?
 - Reviewed the patients' information items to include the identification of hazards like flooding and landslides and housing structural hazards

Centro Ararat, Inc.

Actions:

- Hurricane season starts in June and ends in November
 - Provide patient education about emergency preparedness in every season
 - Due to Puerto Rico's geography and topography, our Emergency Response Team is very active in providing Risk Assessment tools to all employees.
- Senior-level management employees, are responsible for leading the preparedness and first response.
 - Also to lead the "Stay calm" team.
- Very important and quick decisions are needed for at least 96 hrs after the disaster.
- Senior-level management participation in the emergency team is crucial.

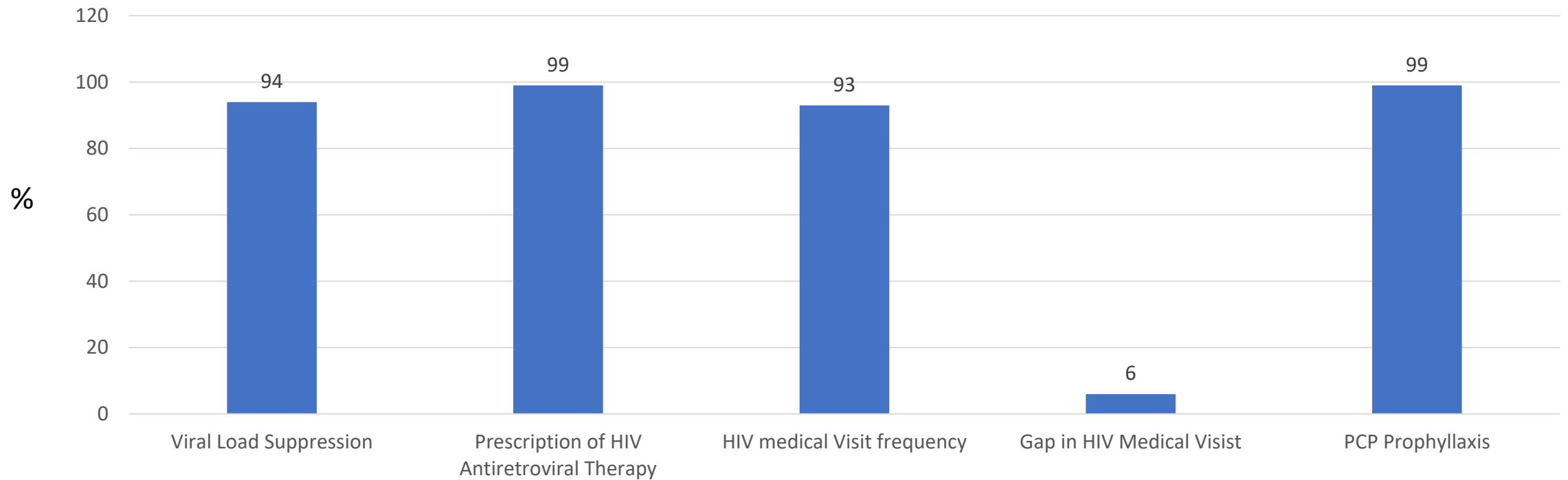
Assessment tool

Please answer the following Questions:

	YES	NO
1. Do you live in a flood-prone are, or in an área prone to landslides?		
1. Do you live in a Safe Housing Structure? a. Cement b. Wooden c. Cement and Wood Combined		
1. Is there a emergency shelter close to your home?		
1. Do you utilize the emergency shelter facilities in case of emergencies? If yes, please indicate the name and address of the emergency shelter or the name and address of a home or other facility you would use to as an emergency shelter during an emergency. _____ _____		
1. Do you have a Emergency Family Plan?		
1. ¿Do you have basic emergency supplies to last you for at least 3 days? a. Water b. Canned Foods c. Gas Stove d. lanterns or flashlights e. First aid / emergency equipment		
1. In case of an emergency, can our staff members visit you at your home or shelter to deliver prescription refills or any other service that may be necessary so that your therapy and medical treatment is not affected?		
1. How many people live with you or are dependent upon you for their care?		

Centro Ararat, Inc.

Core Performance Measures
6 month after Hurricane Maria
March 2018



Contact Information

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Wanda Curbelo WCurbelo@centroararat.org

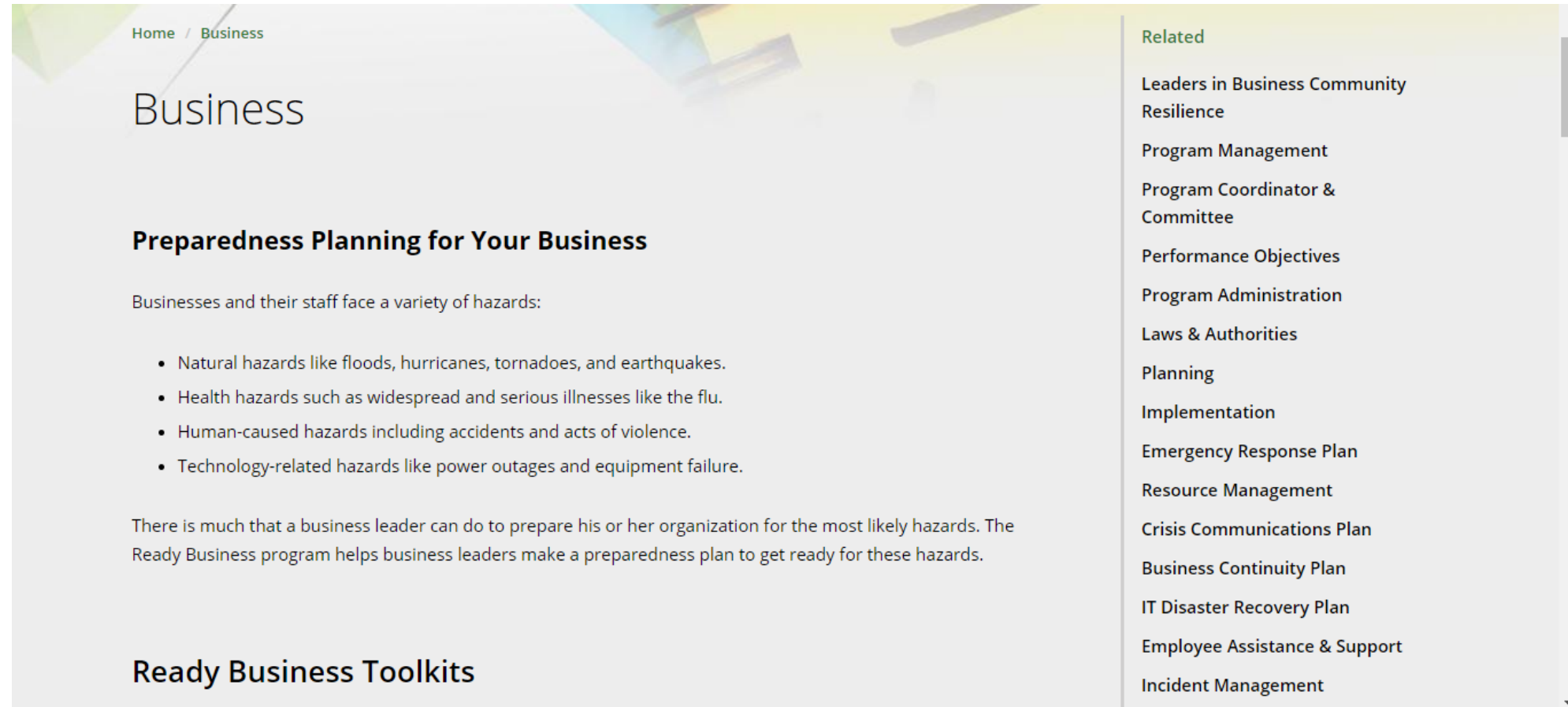
Centro Ararat, Inc

8169 Calle Concordia Ste 412 Ponce, PR 00717

787-284-5884

Creating an Emergency Plan

www.ready.gov Ready Business Toolkits

A screenshot of the 'Ready Business' webpage. The page has a light blue header with 'Home / Business' and a large 'Business' title. The main content area is titled 'Preparedness Planning for Your Business' and lists various hazards. A sidebar on the right titled 'Related' lists various planning and management topics. The footer includes the 'Ready Business Toolkits' text and a URL.

Home / Business

Business

Preparedness Planning for Your Business

Businesses and their staff face a variety of hazards:

- Natural hazards like floods, hurricanes, tornadoes, and earthquakes.
- Health hazards such as widespread and serious illnesses like the flu.
- Human-caused hazards including accidents and acts of violence.
- Technology-related hazards like power outages and equipment failure.

There is much that a business leader can do to prepare his or her organization for the most likely hazards. The Ready Business program helps business leaders make a preparedness plan to get ready for these hazards.

Ready Business Toolkits

Related

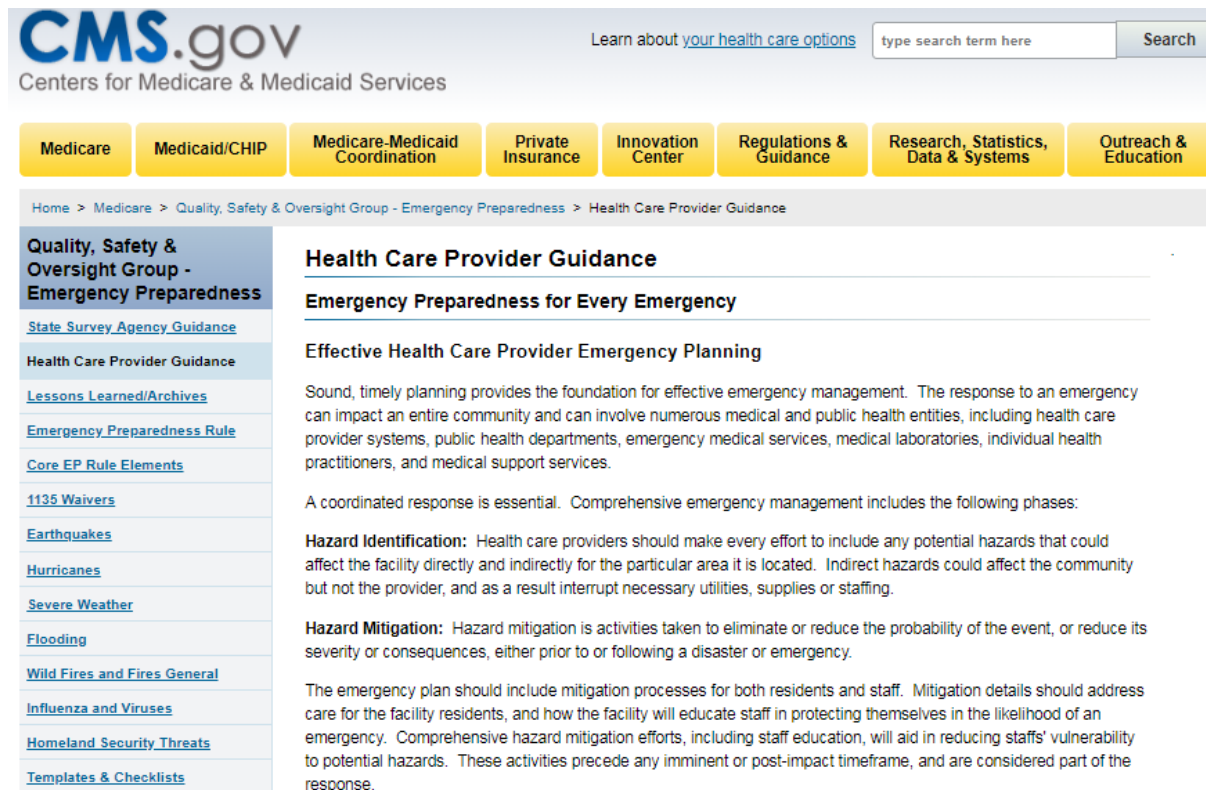
- Leaders in Business Community Resilience
- Program Management
- Program Coordinator & Committee
- Performance Objectives
- Program Administration
- Laws & Authorities
- Planning
- Implementation
- Emergency Response Plan
- Resource Management
- Crisis Communications Plan
- Business Continuity Plan
- IT Disaster Recovery Plan
- Employee Assistance & Support
- Incident Management

<https://www.ready.gov/business>



Creating an Emergency Plan

Centers for Medicare & Medicaid Services (CMS) Emergency Preparedness Health Care Provider Guidance



The screenshot shows the CMS.gov website. The header includes the CMS.gov logo, the text "Centers for Medicare & Medicaid Services", and a search bar. Below the header is a navigation bar with buttons for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area is titled "Health Care Provider Guidance" and "Emergency Preparedness for Every Emergency". It includes a sidebar with links to "State Survey Agency Guidance", "Lessons Learned/Archives", "Emergency Preparedness Rule", "Core EP Rule Elements", "1135 Waivers", "Earthquakes", "Hurricanes", "Severe Weather", "Flooding", "Wild Fires and Fires General", "Influenza and Viruses", "Homeland Security Threats", and "Templates & Checklists". The main text discusses the importance of sound, timely planning for emergency management and provides guidance on hazard identification, hazard mitigation, and preparedness.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertE mergPrep/HealthCareProviderGuidance.html>



Informational Resources

Office of the Assistant Secretary for Preparedness and Response (ASPR)



The screenshot shows the ASPR website homepage. At the top, it identifies the U.S. Department of Health & Human Services and the Office of the Assistant Secretary for Preparedness and Response. Navigation tabs for Preparedness, Emergency, and About ASPR are visible. The main header features the 'Public Health Emergency' logo and tagline. A search bar is located on the right. The left sidebar lists various service areas with expandable arrows. The central banner promotes 'BARDA INDUSTRY DAY LIGHTNING TALKS' with a 'MEDICAL' and 'SCIENCE' theme, urging users to 'APPLY NOW!'. The right sidebar highlights 'Most Popular' links like the ASPR Blog and PHE Newsroom, along with a section for 'Search for Open Business Opportunities' featuring FedBizOpps and Grants.gov. Social media icons for Facebook, Twitter, and YouTube are at the bottom right.

U.S. Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response

Preparedness **Emergency** About ASPR

 **Public Health Emergency**
Public Health and Medical Emergency Support for a Nation Prepared

Search

- Public Health & Medical Services Support
- Legal Authorities, Policies, Guidance & Committees
- Federal, State, & Local Planning
- Medical Countermeasures
- International Preparedness & Response
- Responders, Clinicians, & Practitioners
- Public Health Emergency Response

BARDA INDUSTRY DAY
LIGHTNING TALKS
APPLY NOW!

Most Popular

- ▶ ASPR Blog
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Search for Open Business Opportunities

- ▶ FedBizOpps
- ▶ Grants.gov

Watch, Listen, Subscribe

<https://www.phe.gov/preparedness/pages/default.aspx>

Informational Resources

Office of the Assistant Secretary for Preparedness and Response (ASPR)



Welcome to ASPR TRACIE

Brought to you by HHS ASPR, the Technical Resources, Assistance Center, and Information Exchange (TRACIE) was created to meet the information and technical assistance needs of

In The News

<https://asprtracie.hhs.gov/>



Informational Resources

Federal Emergency Management Agency (FEMA)




FEMA released its 2017 Hurricane Season FEMA After-Action Report


[The report identified 18 key findings across five focus areas and offered targeted](#) agency-wide recommendations for improvements as well as broader lessons for the whole emergency management community.

<https://www.fema.gov/>

Informational Resources

Centers for Disease Control and Prevention (CDC)-Natural Disasters and Severe Weather


 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

SEARCH 

[CDC A-Z INDEX](#) ▼

Natural Disasters and Severe Weather


[f](#) [t](#) [+](#) Language: [English \(US\)](#) ▼




Preparedness and Safety Messaging for Hurricanes, Flooding, and Similar Disasters

● ● ●


Health and Safety Concerns



Disaster Resources



Info for Specific Groups



Are you Prepared?

☒ PREPARED
☐ UNPREPARED

<https://www.cdc.gov/disasters/index.html>

Informational Resources

Substance Abuse and Mental Health Services Administration

Publications and Resources on Disaster Preparedness, Response, and Recovery



The screenshot shows the SAMHSA website with the following content:

- SAMHSA** Substance Abuse and Mental Health Services Administration
- Search bar: Search SAMHSA.gov
- Connect with SAMHSA: Facebook, Twitter, YouTube, Blog
- Navigation menu: Find Help & Treatment, Topics, Programs & Campaigns, Grants, Data, About Us, Publications
- Current page: Topics » Disaster Preparedness, Response, and Recovery » Publications and Resources on Disaster Preparedness
- Left sidebar:
 - Disaster Preparedness, Response, and Recovery
 - SAMHSA's Efforts
 - SAMHSA and Partner Agency Grants
 - Publications and Resources
- Main content area:
 - Publications and Resources on Disaster Preparedness, Response, and Recovery**
 - SAMHSA publications and related resources on disaster preparedness, response, and recovery.
 - Life After: Behavioral Health Resources for Hurricane Survivors in the U.S. Virgin Islands and Puerto Rico**
 - In September 2017, back-to-back hurricanes swept through the U.S. Virgin Islands and Puerto Rico. Hurricanes Irma and Maria impacted more than 100,000 Virgin Islanders and more than 3 million Puerto Ricans who call the islands home.
 - These hurricanes were devastating, both physically and emotionally. For individuals experiencing mental and substance use disorders, a natural disaster can worsen the effects or bring about new behavioral health issues due to stress and environmental changes.
 - Webinars: "Getting Ahead of the Storm: Ensuring Continued Care and Support for Seniors, Their Families, and Caregivers"**
- Right sidebar:
 - BEHAVIORAL HEALTH TREATMENT LOCATOR
 - Disaster Distress Helpline 1-800-985-5990
 - PREPARE RESPOND RECOVER
 - Be ready. Be prepared. Be confident. DISASTER Mobile App
 - Data and Statistics

<https://www.samhsa.gov/disaster-preparedness/publications-resources>

Informational Resources

Joint Commission Accreditation



The screenshot shows the homepage of The Joint Commission website. At the top, there is a navigation bar with links for Log In, Request Guest Access, Contact Us, Careers, JCR Web Store, and Press Room. Below this is a search bar and a secondary navigation bar with links for Accreditation, Certification, Standards, Measurement, Topics, About Us, and Daily Update. The main content area is titled "About The Joint Commission" and includes a sidebar with links to About Us, Contact Us Directory, Facts About The Joint Commission, Joint Commission Officers, Our History, Reprint Permission, Social Media, and Joint Commission Websites. The main content area features a description of the organization, its mission, and vision statement. There are also sections for Quicklinks, Annual Report, and Corporate Members.

The Joint Commission

Log In | Request Guest Access | Contact Us | Careers | JCR Web Store | Press Room

Forgot password? | Log In Help

Search [] Go

Accreditation Certification Standards Measurement Topics **About Us** Daily Update

Home > About Us

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Friday 2:58 CST, September 14, 2018

About The Joint Commission

About Us

- About The Joint Commission
- Contact Us Directory
- Facts About The Joint Commission
- Joint Commission Officers
- Our History
- Reprint Permission
- Social Media
- Joint Commission Websites

An independent, not-for-profit organization, The Joint Commission accredits and certifies nearly 21,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

Our Mission: To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

Vision Statement: All people always experience the safest, highest quality, best-value health care across all settings.

Quicklinks

- The Joint Commission - Inspiring Health Care Excellence
- Facts about The Joint Commission

Annual Report

- America's Hospitals: Improving Quality and Safety – The Joint Commission's Annual Report 2014
- Improving America's Hospitals: The Joint Commission's Annual Report on Quality and Safety 2013

Learn More About

- The Center for

Learn more about The Joint Commission

A World of Difference: Video Presentation

PLAY

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President and CEO Discusses Safety Cultures

President and CEO Discusses Safety Cultures

PLAY

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Corporate Members

- American Hospital Association
- American Medical Association
- American College of Physicians
- American College of Surgeons
- American Dental Association

Quick Reference

- Telephone Number (830) 792-5000
- Fax Number (830) 792-5005

www.jointcommission.org



Contact Information

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Web: hab.hrsa.gov





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If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

