



**Joint Legislative Emergency Management Oversight Committee**  
**Jan. 12, 2017**

**Department of Health and Human Services**  
**Hurricane Matthew Management and Response**



# Agenda

- **Division of Social Services**
- **Division of Public Health**
- **Office of Emergency Medical Services**

# **North Carolina Department of Health and Human Services**

## **Division of Social Services**



# North Carolina Emergency Operation Center (EOC)



## DHHS / DSS State Emergency Response Team (SERT)

- Continuous onsite coverage at EOC Human Services Desk for Oct. 6 – Nov. 16, 2016
- Coordinated shelter activation and monitored shelter operations / census via NC SPARTA
- Worked closely with multiple state / county agencies and with service organizations, such as the American Red Cross, to ensure basic human needs of the general public were met
- Coordinated DHHS service activities for special population groups
- Division of Deaf and Hard of Hearing Services provided **sign language and assistive technology services** to residents in Robeson and Wayne County Shelters

# Shelter support

**4,100** people sought refuge

**109** shelters

**53** counties

**3,978** highest shelter  
population  
(Oct. 11, 2016)



Shared responsibility  
between DSS and  
American Red Cross

Last shelter closed at  
noon on Nov. 15, 2016  
(Robeson County)



# Presidential Declaration: Individual Assistance designation

**Stafford Act: All requests for a declaration by the U.S. President that a major disaster exists shall be made by the Governor of the affected State**

Type of assistance based on needs identified by the Governor, and needs identified during joint Preliminary Disaster Assessment conducted by FEMA:

- Public Assistance (PA)
- Individual Assistance (IA): Critical [pre-requisite](#) for Disaster-Supplemental Nutrition Assistance Program (D-SNAP) (known as D-FNS in NC)

## Critical Data Thresholds

- Power outage affecting 50% or more of households in county
- Flooding affecting 50% or more of county area

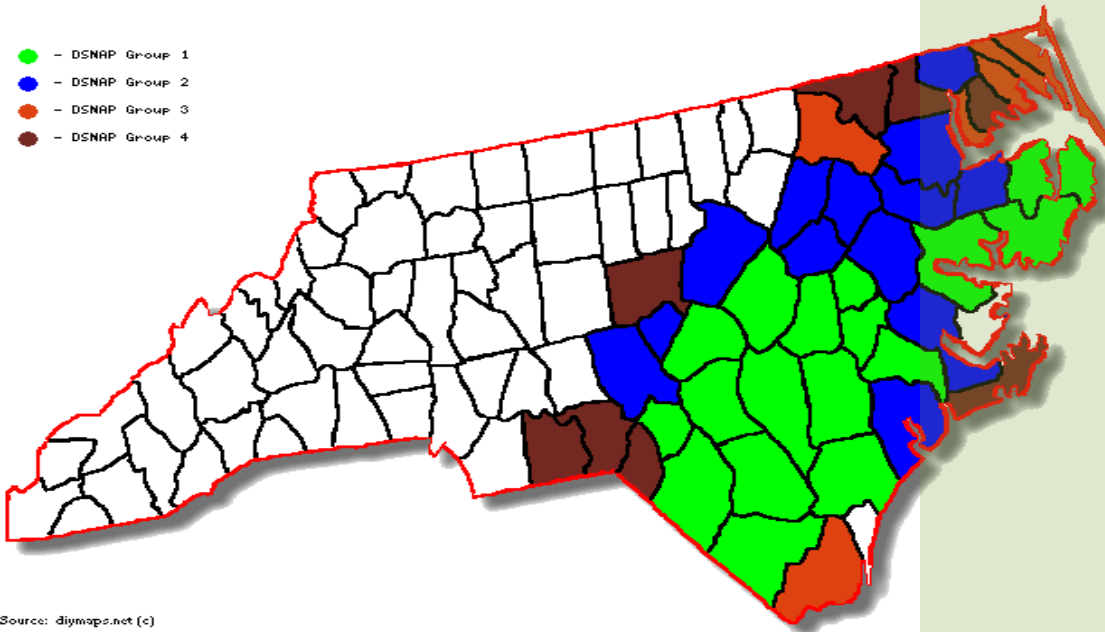


# Individual Assistance Counties: 4 Rounds



## 45 counties approved for Individual Assistance (IA)

Anson, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chatham, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lee, Lenoir, Martin, Moore, Nash, Northampton, Onslow, Pasquotank, Pender, Perquimans, Pitt, Richmond, Robeson, Sampson, Scotland, Tyrrell, Wake, Washington, Wayne and Wilson



Source: diymaps.net (c)

# Waiver requests to USDA:

## Suspend normal FNS program requirements

### **Hot Food Waiver** (required stores open/food supply chain operational)

Allows FNS recipients to purchase hot foods prepared for immediate consumption from an authorized Electronic Benefits Transfer retailer.

Statewide implementation in effect up to 11/14/16. Hot Food Waiver extended by waiver request through 11/30/16 to assist individuals who remain in shelters and/or who have been placed in temporary housing.

### **Timely Household Reporting of Food Loss**

This waiver allows the State agency to extend the time households have to report loss of food purchased with SNAP benefits, beyond the 10 days.

Manual replacements of benefits were completed based on signed affidavit by recipient.

### **Automatic Replacement Benefits** (for FNS)

USDA allowed for an automatic replacement benefit for FNS recipients in counties with at least 50% power outage and/or household flooding.

USDA approved automatic replacement of **50% of benefits for those impacted by flooding and 30% of benefits for those impacted by power outage.**



# 4 rounds of D-FNS implementation: 45 Individual Assistance (IA) designated counties

**1**

**Application Period  
Oct. 22-26 (18 counties)**

**Beaufort, Bladen, Columbus,  
Cumberland, Dare, Duplin, Greene,  
Harnett, Hoke, Hyde, Lenoir, Johnston,  
Jones, Pender, Sampson, Jones,  
Tyrrell, Wayne**

**2**

**Application Period  
Oct. 27-31 (13 counties)**

**Bertie, Craven, Edgecombe, Gates,  
Lee, Martin, Moore, Nash, Onslow,  
Pitt, Wake, Washington, Wilson**

**3**

**Application Period  
Nov. 3-7 (6 counties)**

**Brunswick, Camden, Chowan,  
Currituck, Halifax, Pasquotank**

**4**

**Application Period  
Nov. 9-10 & 14-16 (8 counties)**

**Anson, Carteret, Chatham, Hertford,  
Northampton, Perquimans, Richmond,  
Scotland**

# Food & Nutritional Services results

## D-FNS implemented in 45 IA designated counties

- 119,868 D-FNS applications taken  
(100,437 approved)
- Total benefit amount issued: \$39,532,996  
(federal funds)

## FNS Supplements

- 155,280 current FNS households approved
- Total benefit amount issued: \$30,314,557  
(federal funds)

## FNS Replacements

- 201,514 current FNS households approved
- Total benefit amount issued: \$18,546,135  
(federal funds)

**Total amount of D-FNS,  
FNS Replacements and  
FNS Supplements issued**

**\$88,393,688**  
**(federal funds)**

# Stakeholder team effort

- Power companies/cooperatives very responsive in providing power outage data
- Extensive communication and collaboration with NC Retail Grocers Association
- Non-profit organizations, including United Way of NC 2-1-1, Community Action Agencies, Faith-based Groups, Family Resource Centers, American Red Cross, The Salvation Army, Food Banks and others
- NC DSS and NC FAST established a combined “war room” to address:
  - Policy questions and issues from counties
  - Technical issues via NC FAST Help desk
- NC DSS conducted **daily webinars** from Oct. 11–Nov. 16 to ensure timely and accurate communication with county Departments of Social Services
- County Departments of Social Services leadership and staff provided **direct service** to support shelter operations, implement D-FNS program and administer benefit replacements for impacted households



# **North Carolina Department of Health and Human Services**

## **Division of Public Health**





# Loss of life and disinterment

**28 residents in 14 counties lost their lives**

- **23 (82%) drownings**
  - **19 (68%) motorists attempting to navigate flooded roadways**
  - **4 pedestrians**
- **2 motor vehicle accidents**
- **1 storm-related injury**
- **1 house fire due to storm**
- **1 medical event due to power failure**

**DPH assisted local agencies with 40 disinterred remains**

- **26 from one Goldsboro cemetery**
  - **18 unidentified and not re-interred**
  - **Working with local and federal agencies to secure resources**

**7 deaths during height of the storm; majority during days 1-5 after landfall in North Carolina**

Deaths were confirmed by a joint effort among local and state law enforcement, hospitals, Office of the Chief Medical Examiner and Public Health Preparedness & Response at State Emergency Operations Center

# Establishments in affected counties

## Most establishments are open

- Adulterated food was voluntarily disposed by each establishment's designated person
- 1 restaurant refused to dispose of temperature-abused food
  - Environmental Health Section assisted with obtaining order for disposal

## Establishments yet to open

- 19 food establishments
- 4 lodging establishments
- 1 school and school lunchroom
- 3 child care center
- 1 pool



# Private well water testing

## Private well water testing underway

- Performed by State Laboratory of Public Health
- No cost to individuals directly impacted by storm
- Mitigation efforts are ongoing with wells that tested positive; anticipate activities will continue well into 2017 as people return to homes after clean-up or reconstruction

## As of December 31:

- 246 wells tested from 18 counties
- 73% negative for total coliform and E.coli (usual rate ~75%)
- 10% positive for total coliform present and E.coli present (usual rate ~2%)



# Immunizations

## Immunization Program response to requesting counties affected by Hurricane Matthew

SHIPPED VACCINE DOSES	CHANGE IN SHIPPED DOSES SAME PERIOD IN 2015
570 doses of Tetanus Diphtheria and Pertussis (Tdap) vaccine	247% increase
210 doses of Tetanus Diphtheria (Td) vaccine	154% increase

Shipping was geographically restricted for several weeks per Centers for Disease Control (CDC) to minimize vaccine loss, and due to FedEx and UPS shipping and delivery constraints.

Therefore, vaccine was either transferred by immunization staff from a provider in a close location experiencing no storage-related issues, shipped directly to an alternate location and picked up by the requesting site or, when possible, shipped directly to the site.



# Shelter support and recovery activities

**Shelter support provided through a system of:**

- 5 North Carolina public health nurses
- 14 nurses from 6 Local Health Departments

**Plus:**

**20 Tennessee nurses through the Emergency Management Assistance Compact (EMAC) system**

## **Ongoing recovery activities**

**Working with local and federal agencies to:**

- Assess gaps in access to services
- Reduce mold health effects
- Continue assessing environmental health needs

# New approach added to management and recovery

- Requested data of Medicaid beneficiaries with power-dependent medical devices from Centers for Medicare & Medicaid Services
- Mapped data using geographic information system (GIS)
- 46 affected counties received unique data and maps for:
  - Targeted wellness checks
  - Restoration of services
  - Enhance local special needs registries
  - Determine potential shelter needs

North Carolina is only the second state to use this GIS-mapped dataset for this purpose

Florida used it during Hurricane Matthew, but only to add to its reverse 911 system

Because of our experience, Tennessee used it for its wildfires



**North Carolina Department of Health and Human Services**

**Office of Emergency Medical Services**



# Program overview

## North Carolina Healthcare Preparedness, Response and Recovery Program

### *Partnering for a Prepared and Resilient North Carolina*

#### Mission

*We are a partner to healthcare and emergency response organizations working to prepare for, mitigate, respond to, and recover from emergencies and disasters affecting the residents and guests of North Carolina.*

#### Vision

*A sustainable and resilient healthcare coalition of partners and volunteers.*

#### Values

*Advocacy   Innovation   Transparency   Integrity*

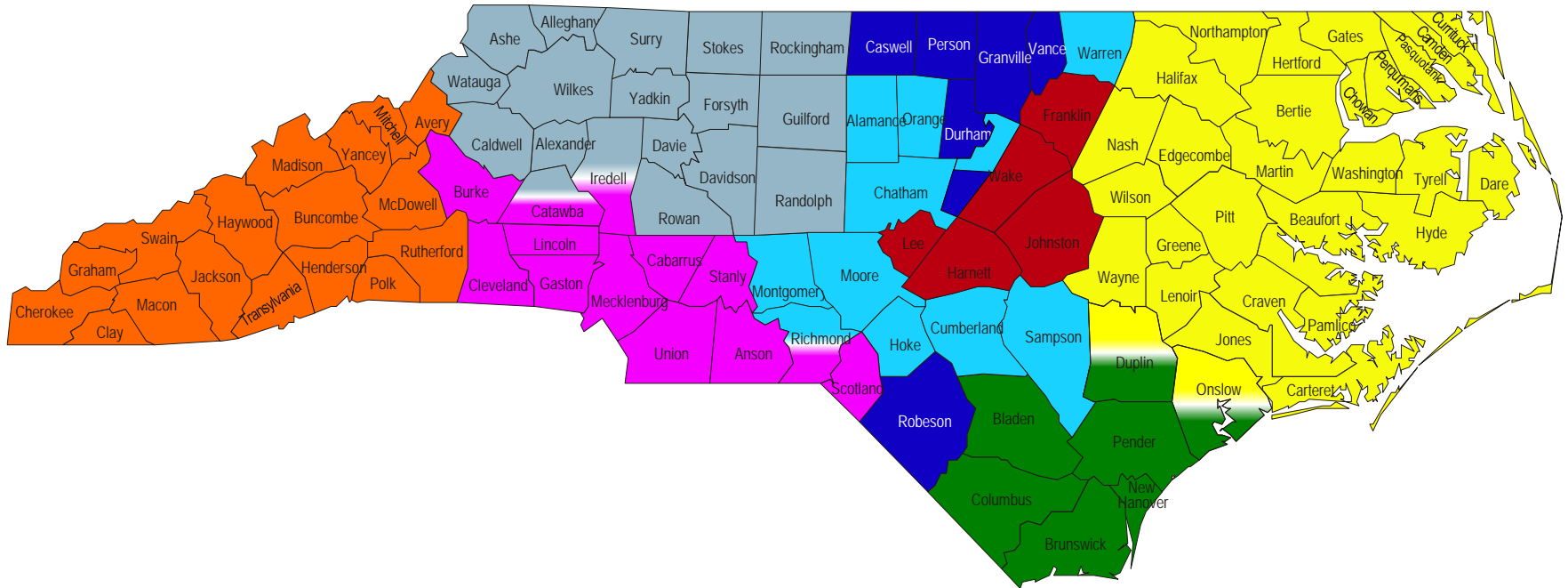
#### Goals

*Strengthen Healthcare Infrastructure Preparedness   Support Business Continuity   Enhance Situational Awareness  
Improve Incident Management   Augment Medical Surge Capability*





# North Carolina Healthcare Preparedness Regions



	Mountain Area Healthcare Preparedness Coalition		Mid Carolina Regional Healthcare Coalition
	Triad Healthcare Preparedness Coalition		CapRAC Healthcare Coalition
	Metrolina Healthcare Preparedness Coalition		Eastern Healthcare Preparedness Coalition
	Duke Healthcare Preparedness Coalition		Southeastern Healthcare Preparedness Region

# State Medical Response System Operational Missions

1. Medical sheltering
2. Field medical care
3. Alternate care facility
4. Logistical/resource support





# Mobile Disaster Hospital operational capabilities

- Two 5-bed Mobile Emergency Departments (hard structure)
- 21-bed Emergency Department (soft structure) with X-ray unit, clinical lab, pharmacy and medical supply (hard structures) and logistical support (soft structures)
- 12-bed ICU with medical supply and logistical support unit (hard structures)
- One Operating Room including C-Arm and Operating Microscope with surgical processing, medical supply and logistical support (hard structures)



# Hurricane Matthew missions

**Duration: Oct. 3-23, 2016**

**Personnel: 210**

- Sheltering support
- Transportation
- EMAC assistance
- Medical sheltering
- Field medical stations/mobile hospitals
- Medical support to healthcare and shelters
- Logistical support to shelters
- CISM assistance to responders

**Strength of response  
was the result of  
partnerships with  
health care  
organizations and local  
emergency medical  
services agencies**

# Lessons

- Importance of partnerships
- Flexibility of program and organizations to respond to evolving threats
- Modular and scalable response component
- Mission Ready Packages developed and tested pre-event
- Focus moving forward on training/education/exercise to inform planning
- Data resources during planning phases to inform response
- Evaluate current general statutes, specifically for waiver authority and process of healthcare facility regulations, to ensure patient or resident health and safety



# Discussion