

Special Needs Shelter Interagency Committee Meeting Minutes

Date: January 18, 2013

9:30 AM – 12:00 PM

PURPOSE: Receive Reports from Two Subcommittees and Identify Next Steps

Present in Person: Bonnie Gaughan-Bailey, Michele Sheffield, Mike Whitehead, Danny Kilcollins, Victor Johnson, Carol Waters, Ron Burger, Heather Lake-Burger, Valerie Beynon, Gail LaRosa, Rob Casavant, Lori Johnson, Denise Heady, Pam Damitz, Andrea Slapion, Shad Haston, Robert Kosiba, Mike DeLorenzo, Patricia Frank, Martha Hicks, Eve Rainey, Katrina Ward, Howell Batts, Valerie Risher, Marjorie Kendall, Susan Redmon, Rebecca Ray, Carol Ann Christopherson, Kathi Chisolm, Chuck Hagan, Katie Sherk

Present via Conference Call/WebEx: Joyce Durham, Pat White, Carol Dryburgh, Jennifer Nagy, Manuel Soto, Kathy Barnett, Kelly Collins, Tammi Ketcham, Daniel Hahn, Gina Lambert, Scott Fryberger, Keith Kotch, April Henkel, Sherry Capers, Theresa Clavier, Walter Thomas, Amber Boulding, Doug Meyer, Freda Vaughn, Elaine Bieber, Amy Bartels, Keith Lavery-Barclay, Cory Richter, Keely Smith, Andrea Mason, Karen Street, John Scott, Ginny Hazen, Steve Spradley, Diane Surratt

AGENDA ITEM/PRESENTER	DISCUSSION	ACTION/RECOMMENDATIONS/ FOLLOW-UP
Welcome and Call to Order: Bonnie Gaughan-Bailey, ASQ-CQIA, CEM, Community Resilience Unit Manager, Florida Department of Health	<ul style="list-style-type: none"> • Welcome all partners in Special Needs Sheltering and Vulnerable Populations • Thank you to everyone for your dedication and commitment 	Please send Susan_Johnson3@doh.state.fl.us an email with your name and contact information if you did not register for this meeting so that you receive the meeting minutes.
Opening Remarks: Victor Johnson, Director, Division of Emergency Preparedness and Community Support Florida Department of Health	<ul style="list-style-type: none"> • The Florida Department of Health is committed to Special Needs Shelter Operations as the department dedicates staff and resources as required by 381.0303 (5), Florida Statutes. The IAC committee discusses and makes recommendations that reshape the state's comprehensive plan. • Outcomes of the IAC include the Discharge Planning Guide, which provides county level resources and information for referrals and resources for shelter clients. • Introduction of New State Disability Coordinator: Bryan Vaughan, Agency for Persons with Disabilities • Introduction of New State Special Needs Shelter Coordinator: Michele Sheffield, Florida Department of Health 	
History of Florida Special Needs Shelter and the Interagency Committee: Bonnie Gaughan-Bailey, ASQ-CQIA, CEM, Community Resilience Unit Manager, Florida Department of Health	<ul style="list-style-type: none"> • Purpose of Committee: Address issues related to Special Needs Shelters (SpNS) not addressed in the State Comprehensive Plan and to serve in a consultative role to support best practices for sheltering throughout the state. • Primary Outcome of Committee Meetings: Inform members of new resources that increase foster sheltering plans and support Special Needs clients, and create a forum for discussion on issues related to sheltering. 	
Functional Needs Support Services - Florida Update: Danny Kilcollins, Division of Emergency Management, Co-Chair of Subcommittee and	Policy Subcommittee <ul style="list-style-type: none"> • The FNSS planning guidance document (White Paper) will not be finalized published • DOJ determined that ADA is law and FNSS Guidance is guidance. Resource Assessment Subcommittee	The Policy Subcommittee met and determined that the White Paper would not be finalized for statewide use. Department of Justice recommendations stand as policy.

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<p>Planning Manager</p>	<ul style="list-style-type: none"> • This subcommittee developed and distributed county FNSS Demographic and Resource Toolkit (October 2011 – January, 2012) • This toolkit allowed counties to estimate FNSS resource needs which allowed local determination of key tool assumptions: Demographics, Evacuation Profiles and Locality Unique Requirements • FEMA, FDEM and partners can provide supplemental FNSS resources during a disaster • Demographics & Resource Toolkit included a resource gap-analysis • The results of county responses presented at the May 31, 2012 IAC meeting included 38 counties (57%) representing 38% of the State's total population. • The highlights of this subcommittee report describes Florida's mass care shelter planning and operation process as local government and partners with state and federal support as requested • The ADA requirements apply to all public shelter types • Persons with functional or access needs must be accommodated in the most integrated setting appropriate to their needs • Persons with disabilities, functional or access needs have the right of self-determination to the type of shelter • The majority of persons with functional or access needs will present themselves at shelters with their own resources, or can be accommodated within current public shelter resourcing • Local EM and shelter partner agencies (both traditional and non-traditional) should plan to meet FNSS resource requirements locally by obtaining locally resources • If a local resource gap is identified during an emergency or disaster event, request assistance through Mutual Aid or SEOC (EMC Mission) • FNSS Resource Planning and requesting process consistent with State CEMP • State Resources may not be deployed in advance of a large-scale evacuation event such as a hurricane landfall because of distance/transportation considerations, potential exposure of resource to hurricane conditions (damage) and post-landfall resource deployment priorities • State and Federal (if applicable) resources will be pushed to disaster impacted areas when safe to do so • We have purchased and Stockpiled FNSS CMS and DME resources including 4 caches that are loaded on trailers, 10 caches packaged and stored at the State Logistics Response Center (SLRC) in Orlando. The Caches are based on a deployment for a 300-person public shelter (10% FNSS) • FNSS Caches 	<p>The function of the Policy Subcommittee is complete.</p> <p>The work of the Resource Subcommittee resulted in the following:</p> <ul style="list-style-type: none"> • Gap analysis was complete and was used for planning • Prepackaged 14 FNSS Shelter Support Caches are ready when requested • Action Request Form (ARF) templates were developed to expedite the request process for resources and Personal Assistance Services (PASs) <p>The function of the Resource Subcommittee is complete.</p> <p>Special thanks to members of both committees for your work and diligence.</p>

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	<ul style="list-style-type: none"> ○ Consumable assets may be used by the shelter including: water, meals, medical supplies, bedding kits, hygiene kits, personal care kits, cleaning supplies, baby supplies and senior care supplies ○ Accountable assets must be returned: cots with disposable slip covers (required), generator, fuel cans, HVAC systems, fans, dehumidifiers and all durable medical goods and equipment. **All accountable assets are tagged with bar-coded property stickers** ● Resource requests that aren't met via the caches will be directed to ESF-6 Mass Care, Mutual Aid (SMAA or EMAC) or SERT Logistics-Support Branch. The requesting agency may be responsible for bearing all or a cost-shared portion of the resource acquisition and deployment cost ● State Mass Care FNSS Shelter Resources- Prepared templates for pre-landfall Federal Action Request Forms (ARF) are available for FNSS resource requests and are scaled for small (10k), medium (25k) and large (50K) events. ARF Resource Requests are consistent with FEMA Commonly Used Shelter Items and Service Listing (CUSI-SL) Personal assistance services (PAS) ARF templates are also available. 	
<p>Sheltering System Discussion – Systems in Place when a Client exceeds the Level of Care in a Shelter: Bonnie Gaughan-Bailey, ASQ-CQIA, CEM, Community Resilience Unit Manager, Florida Department of Health</p>	<ul style="list-style-type: none"> ● Special Needs Shelters are intended to provide, to the extent possible, under emergency conditions, an environment that can sustain an individual's level of health. SpNS eligible clients have physical or mental conditions that require limited medical/nursing oversight that cannot be accommodated or provided in a general shelter. The pre-registration process for a SpNS helps assure that the client's health needs can be sustained. This is a joint effort between local CHDs and EM. Clients are accepted or provided additional referral information. Triage occurs when clients arrive at SpNS to once again assure that the client's health needs can be sustained. <p>Changes in Level of Care</p> <ul style="list-style-type: none"> ● The safety of shelterees and staff must be assured that: the client can be transported, what local medical facility can harbor the shelteree, which the shelteree meets the criteria for hospital admission and whether there is a declared emergency so that the facilities will be reimbursed. <p>So What can be Done</p> <ul style="list-style-type: none"> ● We will utilize our existing systems of stakeholders to increase awareness of preplanning ● Seek out best practice examples that can serve as state models ● Work with local healthcare coalitions ● Determine state level support 	<p>A workgroup will be established to identify resources through the IAC membership that support planning considerations for clients in Special Needs Shelters whose care needs exceed capabilities.</p>

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<p>Sheltering System Discussion – Discussion on Planning Considerations for Shelter Clients with Cognitive, Memory and Behavioral Issues: Carol Waters, Senior Management Analyst, Florida Department of Elder Affairs</p>	<ul style="list-style-type: none"> • The Florida Legislature commissioned a Purple Ribbon Task Force to investigate the current status and future plans for dealing with Alzheimer's Disease and related Dementias. One workgroup is dedicated to Disaster Preparedness. Among the workgroups is one for Special Needs Shelters. <p>Characteristics</p> <ul style="list-style-type: none"> • Memory Loss – Recent and Long Term • Loss of reasoning and intuition • Personality changes • Inability to learn new things • Loss of ability to use knowledge • Disturbance of sleep cycle • Inability to perform activities of daily living • Inability to recognize objects or people • Confusion • Frustration, withdrawal, suspiciousness or restlessness • Poor judgment • Emotional instability • Loss of ability to carry out motor tasks or follow directions • Inability to recognize friends and family • Dementia is not just for the elderly <p>Shelter Planning Considerations</p> <ul style="list-style-type: none"> • Shelters with dementia clients need structure • Shelters need to provide a calm and predictable environment • Familiar smells provide comfort in a shelter • Clean fresh smells boost spirits of dementia patients • Unpleasant odors may cause the person with Dementia to be unhappy about the whole environment • Designate an area just for AD patients and caregivers • Put them alongside a wall if possible • Obstruct their view of the rest of the shelter 	<p>A focus area of the workgroup will be cognitive, memory, and behavioral issues.</p> <p>For questions and comments, please contact Carol Waters, Senior Management Analyst II, Subject Matter Expert on Dementia, Florida Department of Elder Affairs (850) 414-2390</p>

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<p>Establishing a State Mass Care Shelter Taskforce: Mike Whitehead, State Mass Care Coordinator, Department of Business and Professional Regulation</p>	<ul style="list-style-type: none"> • The State of Florida Multi-Agency Shelter Support Plan provides an-all hazards framework for the coordination of state shelter support during major and catastrophic disaster operations • The plan describes the coordination steps and implementation procedures necessary to meet the shelter support requirements within the state of Florida in order to respond to the needs of the population affected by a disaster • This shelter support plan operates in the conformance with and in the support of the following State Comprehensive Emergency Management Plan (CEMP) Appendices: Appendix 6 – Mass Care, Appendix 8 – Health and Medical, Appendix 17 – Animal and Agricultural Issues <p>Shelter Taskforce</p> <ul style="list-style-type: none"> • Shelter Support Plan: Specifies criteria for activation of the State Shelter Task Force, Identifies the organizations that will staff the Task Force and specifies responsibilities and tasks for the Task Force • The Shelter Task Force operates under the direction of a Task Force Leader to ensure coordinated SERT support of shelter operations in the affected area and in host communities • The Shelter Task Force assists the SERT in planning and coordinating one or more of the goals and objectives of the State Shelter Support Plan • The 2013 State Hurricane mass care objectives will include: Activating and utilizing the State Shelter Support Plan, Activating and employing the State Shelter Task Force 	
<p>Lessons Learned from Hurricane Sandy, NYC – Sheltering and Response: Mike Whitehead, State Mass Care Coordinator, Department of Business and Professional Regulation/Ron Burger, BioWatch Jurisdictional Coordinator, Florida and Georgia, Florida Department of Health</p>	<ul style="list-style-type: none"> • Issues with Federal Transition Sheltering Assistance (TSA) • Vulnerable Populations in High-Rise Residential Buildings • ESF 6 Common Operating Picture (COP) • Assure adequate medical supplies with burn out rates and reload system • Best to have relocated facility staff accompany its patients • Some patients may need to be moved to an inpatient hospital facility by local EMS/FEMA Ambulance contract • May have to be mixed with general population shelterees • May have patients coming for services from general population • Expect to care for patients with cognitive, memory and behavioral disorders • Need to develop a plan for shelterees who use tobacco • May need to plan in a short period of time to receive more patients: space and staffing • Encourage discharge planning early on • Plan for replacement staffing • AmeriCorps and local Medical Reserve Corps can be of great assistance 	

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<p>Final Discussion – Next Steps and Updates to Discharge Planning Guide: Bonnie Gaughan-Bailey, ASQ-CQIA, Community Resilience Unit Manager, Florida Department of Health</p>	<ul style="list-style-type: none"> • The Community Resilience webpage has been updated with new resources • Special Needs Shelter Online Toolkit has also had its resources updated 	<p>Please see Community Resilience Web Page located at: http://www.doh.state.fl.us/demo/BPR/community.htm</p> <p>If you have changes to the Discharge Planning Guide, contact Gail LaRosa at (850) 245-4040.</p> <p>If you were contacted regarding updating vulnerable population fact sheets, they are due 1/31. Contact Gail LaRosa with questions.</p>
<p>Adjournment</p>	<p>11:30 am</p>	
<p>Bonnie Gaughan-Bailey, ASQ-CQIA, Community Resilience Unit Manager, Florida Department of Health</p>	<p>Next Interagency Committee Meeting</p>	<p>May 16, 2013 from 9:30-11:30, Building 4042, Conference Room 301</p> <p>November 21, 2013, 9 to 11:30, CCOC, Bldg 4052, Room 301</p>