

Special Needs Shelter Interagency Committee Meeting Minutes

Date: May 16, 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, Rhonda Fetzko, Valerie Beynon, Gail LaRosa, Lori Johnson, Mike DeLorenzo, Eve Rainey, Susan Redmon, Rebecca Ray, Carol Ann Christopherson, Kathi Chisolm, Tom Belcuore, Mike McHargue, Ray Spaulding, Kay Croy, Thom DeLilla, April Henkel, Elizabeth Ryon, Bryan Vaughan, Deborah Holmes

Present via Conference Call/WebEx: James Smith, Janelle Christensen, Karen Street, Anne Marie Haskins, Kathy Barnett, Vivienne Treharne, Tammi Ketcham, Dustin Hinkel, Terry Freeman, Jill Eades, Keith Hunter, Paul Morrison, Sonji Hawkins, Noemi for Keely Smith, Freda Vaughan, Mary Barnes, Jay Hudson, Laura D’Alisera, Pat Lange, Marshall Nelson, Theresa Clavier, Dianne Cox, Deborah Shull, Shad Haston, Denise Heady, Sabrina Laclair, Marjorie Kendall, Carol Waters, Carol Cummins

AGENDA ITEM/PRESENTER	DISCUSSION	ACTION/RECOMMENDATIONS/ FOLLOW-UP
<p>Welcome and Call to Order: Michele Sheffield RN, MSA, Interim Community Resilience Unit Manager, State Coordinator for Special Needs Shelters</p>	<ul style="list-style-type: none"> • Welcomed all partners in Special Needs Sheltering and Vulnerable Populations • Thank you to everyone for your dedication and commitment • 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. Our primary mission is to develop, initiate and regularly review any necessary Interagency Committee agreements and to serve as an advisory committee. • 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. • 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. 	<p>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.</p>
<p>Opening Remarks: Victor Johnson, Director/Interagency Committee Chair, Division of Emergency Preparedness and Community Support Florida Department of Health</p>	<ul style="list-style-type: none"> • Victor welcomed everyone and stated that “we are two weeks away from hurricane season and that we are lucky to have Kay Croy with us.” Kay has been with the department for a little over a year, and has a wealth of experience and is the new chief of the Bureau of Preparedness and Response. Victor is aware that local shelter practices are in full swing. Florida has been spared for over 7 years. Going back to 2004/2005, we had over 108 special needs shelters open across the state. It’s good to know that we have a team that is prepared. We will continue to request local CHD support as well as Emergency Mangers support. It is essential to make sure all of your plans are up to date so that we can be prepared for any type of hazard that comes our way. If we can be of any assistance, please let us know. 	

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<p>2013 Hurricane Preparedness and Special Needs Shelter Operations: Mike McHargue, ESF8 Emergency Coordinating Officer, Florida Department of Health</p>	<ul style="list-style-type: none"> Mike mentioned that this is a critical time and that we have two weeks until hurricane season. He recalled from last year, how Tropical Storm beryl gave us an early warning shot in late May which resulted in a ramp up in state emergency operations, ESF8 and the Special Needs Shelters. Mike further mentioned how we are working as closely as we can with the county health departments to ensure that the special needs shelter plans are vibrant and that we are asking the Emergency Managers to coordinate and although we are sure they are doing well, we are aware that certain gaps remain and we need to close them as soon as possible. One gap we are working on is our Special Needs Shelter Support Teams. We have conducted surveys to the CHD's asking for their status of staffing and if they can sustain staffing for a minimum of 72 hours. We are aware that counties have been subjected to staff cutbacks and may not be able to meet that standard. As a result, Mr. Mike DeLorenzo and our CERT partners will be monitoring the counties conditions and providing augmenting support from other counties if needed. That's why it is important that SpNS coordinators, CHDs administrators and directors help us understand what those needs might be. We will be asking specific questions of the counties relevant to Special Needs Shelters. We hope that we will be spared again but the clock is ticking. 	
<p>Vulnerable Population Preparedness: Bryan Vaughan, Statewide Disability Coordinator, Florida Division of Emergency Management</p>	<ul style="list-style-type: none"> Bryan Vaughan came to work in Tallahassee in 2007 and has worked in Emergency Management since the 1980's. From 2007 until now, Florida is the premier state that provides assistance to persons with disabilities and special needs. Bryan noted that we have improved significantly but we still have room for improvement. Our main issue is getting people to register. All counties register their clients differently. DEM Director Brian Koon and Bryan are in support of creating a Statewide Disability Electronic Registration. The first question asked is related to cost to make sure we are not going to be sending a burden to the counties. While working with the DOH and EM, we have sent out flyers and have been working on getting the word out to register. 	
<p>State Mass Care Shelter Taskforce Update: Mike Whitehead, State Mass Care Coordinator, Department of Business and Professional Regulation</p>	<p>Purpose and Scope of Plan 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.</p> <p>Multi-ESF Plan This shelter support plan operates in conformance with and in support of the</p>	

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	<p>following State Comprehensive Emergency Management Plan (CEMP) Appendices: Appendix 6 – Mass Care, Appendix 8 – Health & Medical, Appendix 17 – Animal & Agricultural Issues</p> <p>Participating Agencies Business & Professional Regulation, American Red Cross, Children & Families, Health, Elder Affairs, Agency for Persons with Disabilities, Veterans Affairs, Agriculture & Consumer Services, Division of Emergency Management, FEMA</p> <p>Shelter Task Force Shelter Support Plan:</p> <ul style="list-style-type: none"> - Specifies criteria for activation of the State Shelter Task Force - Identifies the organizations that will staff the Task Force - Specifies responsibilities and tasks for the Task Force <p>Role of Shelter 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 Operating Priorities of the state shelter support plan.</p> <p>Resources Available Local Resources → Evacuation Shelters State Resources → Short-Term Shelters Federal Resources → Long-Term Shelters</p> <p>Kinds of Shelters An evacuation shelter is a safe, congregate care, environmentally protected facility utilized for durations typically not to exceed 72 hours by populations displaced by an incident or event. It provides 20 square feet per person in the dormitory area while providing 100 square feet per person in dormitory area for individuals with access or functional needs using mobility devices for DME items. An evacuation shelter has 1 toilet per 40 persons, 1 shower per 72 persons, 1 hand washing station per 20 persons, and 1 - 30 gallon trash container per 10 persons. It has sufficient food supply and logistics support to support snacks, hydration and sanitation for the shelter population. A standard short-term shelter is a safe congregate care, environmentally protected utilized for durations typically not to exceed two weeks by populations displaced by an incident or event. It provides 40 square feet per person in the dormitory area. It provides 100 square feet per person in dormitory area for individuals with access and functional needs using mobility devices or larger DME items. The standard short-term shelter has 1 toilet per 40 persons, 1 shower per 48 persons, 1 hand wash station per 20 persons and 1-30 gallon trash container per 10 persons. It has sufficient</p>	

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	<p>supply and area to feed the population using two shifts (seating) per meal, serving two meals plus snacks/hydration to each person per day.</p> <p>A long-term mega shelter is a safe congregate care, environmentally protected facility utilized for durations typically longer than two weeks for populations displaced by an incident or event. The focus of this kind of shelter is not on the number of people sheltered but on the need for additional or supplemental services due to the extended period that individuals will be sheltered. It provides 60-80 square feet per person in a dormitory area and 100 square feet per person in a dormitory area for individuals with access and functional needs using mobility devices or larger DME items. The long-term mega shelter has 1 toilet per 20 persons, 1 shower per 25 persons, 1 hand washing station per 20 people, 5 pounds of dry waste disposal capability per person, laundry capability to meet the demands of 33% of the shelter population and 1.5 gallons of sewage disposal capacity per person. It also has sufficient supply and area to feed the population using two shifts (seating) per meal, serving two meals plus snacks/hydration to each person per day.</p> <p>Support Shelter Operations Outcome: All survivors with a stated need for shelter have access to a safe, secure and accessible environment with basic life-sustaining services. (Proposed) Target Date for Outcome: Short term shelters established and resourced by D+72 hours Metric: % of shelters confirmed to have safe, secure and accessible environment.</p> <p>Support Transition of Shelter Residents Outcome: Shelter residents have been placed in appropriate housing solutions (Proposed) Target Date for Outcome: All shelter residents transitioned by D+30 days Metric: % of shelter residents placed in appropriate housing solutions.</p> <p>Discharge Planning Teams Section 381.0303, F.S. addresses Discharge Planning for Special Needs Shelters The legislation authorizes the Secretary for the Department of Elder Affairs (DOEA) to convene a multiagency Special Needs Shelter Discharge Planning Team to assist local areas that are severely impacted by a natural or man-made disaster requiring the use of Special Needs Shelters. Discharge Planning Teams are created at the request of the counties</p> <p>Shelter Transition Teams The Shelter Support Plan introduces the concept of Shelter Transition Teams.</p>	

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	<p>Shelter Transition Teams are created to assist counties in the transition of general population shelter residents to temporary or permanent housing. Shelter Transition Teams would be activated at the request of the affected counties.</p> <p>Household Pets & Service Animals The shelter support plan addresses state support for household pets and service animals in shelters. The multi-agency support of household pets and service animals in shelters would be coordinated within the Shelter Task Force.</p> <p>Exercising the Plan and the TF The 2013 State Hurricane Exercise mass care objectives will include:</p> <ul style="list-style-type: none"> - Activating and utilizing the Shelter Support Plan - Activating and employing the State Shelter Task Force 	
<p>Discussion of Level of Care Workgroup: Gail LaRosa, Government Operations Consultant, Florida Department of Health</p>	<ul style="list-style-type: none"> • The purpose of the workgroup was to identify and assess issues and make recommendations related to persons who exceed the available level of care at special needs shelters. • The workgroup compiled and reviewed best practices and worked towards a long range strategy for meeting the needs of persons exceeding the special needs shelter level of care. • The workgroup discussed issues, shared ideas, developed goals, objectives and shared best practices. 	<p>We will continue to seek input, develop long-term contingencies and strategies, share best practices and become better prepared</p>

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<p>SpNS Best Practices: Kathy Barnett, Special Needs Shelter Coordinator for Duval County, Florida Department of Health</p>	<p>Special Needs Steering Committee The committee was established in 2004. It addresses gaps in Duval county for sheltering. The committee consists of members from within the community. It includes the alignment of the county Standard Operating Guideline for Shelter with the city's Interagency Coordinating Procedure (ICP) for sheltering. The committee has a registration process and a hospital workgroup. The workgroup consists of a shelter team, a standardized process for all shelter forms, and one location for entry of SpNS clients. It absorbs ventilators and people of 450+ and higher levels of care. Families are aware that their sheltering must continue their services as caregivers. There is also a triage unit that handles pediatric patients, has three colors affiliated with level of care (Red/Yellow/Green), and assists dialysis and hospice patients.</p> <p>The committee has the "Adopt a Shelter Program" which was established in 1999 and has 5 hospitals that have agreed to send support staff to the shelters in the area, has a Memorandum of Agreement (MOA) and the community partners share assets and equipment costs. There is also the Education and Outreach Program within the committee provides presentations to the community, posters for registration, conducts radio station interviews and coordinates with other organizations for training such as Red Cross, MRC, CERT and other community partners.</p> <p>The current challenges for the steering committee including being able to care for the developmentally and intellectually disabled clients, providing ongoing training to staff to maintain skills in meeting the potential needs in the shelters and having sufficient MOA's.</p>	

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<p>SpNS Best Practices: Karen Street, Assistant Community Health Nursing Director of Brevard County, Florida Department of Health</p>	<ul style="list-style-type: none"> • Karen mentioned that Brevard's processes are very similar to Kathy's in Duval County. Her focus was on complex clients and how Brevard county handles them. Karen's first experience in shelters was in 1991 during Hurricane Aaron. From what Karen saw in 1991, the schools were much older, there was flooding and we were trying to move patients from shelter to another and it was difficult for the complex clients. Several of Brevard's staff deployed during Hurricane Andrew in 1992 and after those two experiences, they knew it was time to sit down and think of a better strategy. It was not an overnight success. Bob Lay assisted Brevard County in the late 1990's as well as Jim Kendig. They sat down with Brevard hospitals, emergency managers, special needs shelter coordinators and the county health department administrators and together focused on not just the clients they couldn't serve well but also to find a better way to care for them instead of admitting them to a hospital or a long term health care facility. Brevard is fortunate to have a school health program with 120 nurses in addition the nurses that work in the clinic. The hospitals decided to send their staff to assist. Brevard opened our three enhanced care shelters which collocated with their special needs shelters and the enhanced care staff consisted of hospital individuals who care for people on hospice, who are bed bound or have bed sores. For Brevard's 24 ventilator patients, they were housed in the shelter as long as they had a caregiver with them. If they needed a caregiver, then they were admitted into the hospital. Kendrig hospital stepped up and decided to accept the ventilator clients. The hospitals saved financially by not having too many patients admitted there but instead in a shelter setting which helped. It was better financially for the hospitals and the clients. Brevard tries to get people out of the hospitals when a storm is approaching. Brevard County has also worked out to meet annually with its dialysis centers and two of them have their own generators and their building standards are good and can withstand a storm and they agreed to take dialysis clients. 	

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<p>Partner Updates and Next Steps: Bonnie Gaughan-Bailey, ASQ-CQIA, Interim Bureau Chief of Medical Oversight, Florida Department of Health</p>	<ul style="list-style-type: none"> Bonnie mentioned that the committee is focused on identifying the needs of the clients it serves and how it must work with its partners to determine their needs, what exists in their communities and what the committee needs at the state level so that we can fill gaps. Kathy and Karen provided great examples but we will need to further reach out and find out what else can work. Further, Bonnie mentioned that the presentation really focused on prevention in preparedness and how the IAC as a whole can prevent disease, identify risks and how it can determine them and plan for them. It's also important that the IAC committee re-iterate that we are all partners and that we must always remember to spread the preparedness message to people with special needs to make sure they know how to register and if they are sharing that information. 	<p>Please see Community Resilience Web Page located at: http://www.doh.state.fl.us/demo/BPR/community.htm</p>
<p>Closing: Michele Sheffield, RN MSA Interim Community Resilience Unit Manager, State Coordinator for Special Needs Shelters</p>	<p>Next Interagency Committee Meeting</p>	<p>November 21, 2013, 9 to 11:30, CCOC, Bldg 4052, Room 301</p>
<p>Adjournment</p>	<p>11:30 am</p>	