

Community Alliance of Sarasota County Community Disaster Preparedness Committee

Ringling Auditorium (Room 226)
Health and Human Services Business Center
2200 Ringling Boulevard

January 9, 2006, 3:00-5:00 PM

Meeting Summary

COMMITTEE MEMBERS PRESENT:

Alex Young	United Way of Sarasota, Committee Chair
Bill Little	Sarasota County Health Department
Bruce Wismer	Pine Shores Presbyterian
Bryan Pope	Salvation Army—Sarasota Corps
Cathy Emmett	Senior Friendship Centers
Chip Taylor	Sarasota County Health and Human Services
Cindy Lehman	Agency for Health Care Administration
David J. Stone	Pastor, First Brethren Church
Dennis Stover	Friendship Volunteer Center
Donna Dunio	Southwest Florida American Red Cross
Jamie Mahadeo	Sarasota County Health and Human Services
Joe McCormick	Coastal Behavioral Healthcare, Inc.
Kay Glasser	Human Services Advisory Council
Kim Kutch	DCF—Suncoast Region
Lee Johnson	YMCA of Sarasota
Lois Natiello	DCF—Suncoast Region
Mary Heath	TideWell Hospice and Palliative Care
Marion Sortore	FL Conference of the United Methodist Church
Michael Theall	Sarasota County Health and Human Services
Mike Bigner	Gulf Coast Community Foundation of Venice
Nancy Shoemaker	Catholic Charities
Pat Jaffe	Medical Reserve Corps (SCHHS)
Pauline Tracy	Sarasota County Health and Human Services
Sarah Gorman	Healthy Start Coalition of Sarasota County, Inc.

COMMITTEE MEMBERS NOT PRESENT:

Alberto Suarez	United Way 2-1-1 of Manasota
Aleda Kleckauskas	Hospice of Southwest Florida
Bob Berns	Voluntary Organizations Active in Disasters
Bob Carter	Senior Friendship Centers
Chris Stewart	First Step of Sarasota
Harold Williams	Agency for Health Care Admin. –Ft. Myers
James Schulz	Sarasota County Health and Human Services
Inaki Rezola	Southwest Florida American Red Cross
Miriam Lacher	Bayside Center – Sarasota Memorial Hospital
Phil Gorelick	Jewish Family and Children's Services
Stewart Stearns	Community Foundation of Sarasota County
Tom Pfaff	Goodwill Industries

OTHERS PRESENT:

Richard Berman
Ed McCrane
Robert Day

Sarasota County Emergency Management
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Sarasota County Emergency Management

STAFF PRESENT:

Cher McGuirk
Dianne Shipley
Nancy Deloach
Roger Scott
S. Boban Pesic

Sarasota County Health and Human Services
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The Sarasota Community Alliance's Community Disaster Preparedness Committee (**CDPC**) met on Monday, January 9, 2006 at the Health and Human Services Business Center (2200 Ringling Blvd.) at 3:00 p.m. Alex Young welcomed the members and introductions were made as several new individuals were present.

Pauline Tracy presented a summary of the Fall 2005 CDPC survey results. Nineteen CDPC members were mailed surveys, with 86% return rate, and three members were interviewed directly. The survey results stressed the following strengths in the work of CDPC in 2005:

- Relationships and networks were established
- Better communication and linkages were developed among agencies
- Better understanding and integration with the Sarasota County Emergency Operations Center (EOC) was achieved and established
- Increased use of volunteers, specifically the outreach to the faith-based community was developed
- The community better understands the assigned roles and responsibilities, and better understands and appreciates the disaster-related roles of other agencies
- The ICS (Incident Command System - provides a conceptual and operational context within which the planning and operations take place
- Support was received from the Community Alliance, the Community Foundation, the Gulf Coast Community Foundation of Venice, key health and human service agencies, Sarasota County Government, and the Sarasota County Health and Human Services Business Center

Recommendations to improve the process included:

- Document and publicize Sarasota County's plan to address health and human service needs in the event of a disaster
- Make routine reports to governing bodies to keep them current on the progress of the plan
- Use speaking engagements with community groups and engage the media to spread the message to the general public

- Meet with emergency management staff in surrounding counties to establish a similar health and human services response mechanism through mutual aid agreements
- Develop communication linkages and alternative recovery plans with other health and human service communities and organizations
 - This will provide a more regional approach which will provide participating counties with back-up support in the event they are directly affected by a disaster
- Incorporate planning for disasters other than those caused by hurricanes or tropical weather systems into the CDPC's plan, to ensure the plan is flexible enough to respond to any type of disaster—natural or man-made
- Continue the CDPC meetings throughout the year by using the lessons learned from the 2005 season to enhance the current plan
- Institute a standing meeting time and date so that members have the meetings scheduled in advance
 - Meetings can be cancelled easily if not needed
- Include human service partners who were not involved in the past such as those in the developmental disabilities field, and state agencies not currently involved
- Ensure the health and human service agencies in the southern part of the county are represented
- Overcome obstacles to share client information among agencies
- Pursue the feasibility of a common database
- Provide training and technical assistance to non-profit agencies on how to write and implement a disaster plan that builds upon Sarasota County's plan
- Invite the regional FEMA representative to become more active in the CDPC
 - FEMA is a critical partner to have at the table when responding to a disaster.
- Re-energize the Sarasota County VOAD and include the group in the Volunteer Subcommittee
 - Discussion should take place to possibly combine the two groups which will allow the subcommittee to become the official County VOAD
- Increase the base of volunteers by conducting outreach to more faith-based organizations, civic organizations, neighborhood associations and the business community
- Volunteers should be encouraged to register with an affiliated disaster relief agency such as the American Red Cross or Salvation Army or with Friendship Volunteer Center as an unaffiliated volunteer and receive disaster training
- Determine volunteer needs prior to a disaster
- Train and assign volunteers so they know exactly what is expected from them
 - This will keep the volunteers engaged and more readily available to help in the event of a disaster
- Continue offering local emergency management training to volunteers, to keep them informed and engaged in the process
- Consider providing additional resources to fund a volunteer coordinator dedicated to health and human services disaster preparedness and recovery activities
- Conduct drills and exercises which will increase the participant's knowledge, skills and abilities in the disaster response and recovery phases

- More exposure to the Incident Command Structure will allow for more familiarity with the terms and structure
- Continue to improve communication among CDPC members
- Identify County staff members who are not already assigned to a disaster recovery and response role, and can assist in the health and human services effort

Task Force and Strike Team Reports

Elder Care Strike Team

Cathy Emmett reported for the Elder Care Strike Team (Subcommittee). Senior Friendship Centers, Jewish Family and Children Services, and others, identified the clients and prepared them to move into a shelter. Less than twenty clients contacted the agency to find out what services were available. Information was provided. Red Cross handled evacuees, and put them in touch with other service providers.

Children, Youth, and Families Strike Team

Lee Johnson reported for the Children, Youth, and Families Strike Team (Subcommittee). Families with at-risk kids were few in number. One of the lessons learned in 2004 from Desoto County was that information for this Strike Team was needed earlier than in most agencies, and plans need to be triggered earlier. Multi-county providers need to reach out to find out what is going on in neighboring counties. Ed McCrane stated that information about leadership in neighboring counties will be included in the County Emergency Operations organizational chart.

Substance Abuse and Mental Health Strike Team

Sarah Gorman reported for the Substance Abuse and Mental Health Strike Team. The Team has made progress in developing a plan for responding and will use the months ahead to refine the plan to include more proactive content. Coastal, Bayside, First Step, and JFCS have individual agency plans to provide SA/MH services during/after a disaster, especially the services that can be anticipated. Team members are looking to learn more about how they can make provision for the unanticipated, including crisis counseling. The Team will review options for caring for the caretakers since there is evidence that professionals who stay the course during disaster situations often leave their professions after the storm is over because of the stress accumulated during their disaster response.

Volunteer Task Force

Dennis Stover reported on behalf of Volunteer and Donations Strike Force. Volunteer Committee members worked very well in Katrina. Local volunteer were deployed working in partnership with Salvation Army, Red Cross, United Way 211 and Catholic Charities to Mississippi and Louisiana. The Task Force received great help from faith-based communities and the Salvation Army for response to Wilma in neighboring communities. The Faith Based Group also assisted with EOC call outs to Special Needs Persons and bus monitors for Special Needs Evacuation. EOC/Neighborhood meeting

will be our road map to engaging groups of volunteers for this coming season and outreach will begin to service and civic groups.

Discussion:

Marion Sortore stated that FEMA, the Green Cross and the American Red Cross, have providers in the field of disaster relief but more are always needed. She suggested looking for help from these agencies including the University of South Florida.

Donna Dunio noted the American Red Cross acts as a bridge between disaster and long-term recovery that thanks to the work of the CDPC, the Red Cross has more than one thousand additional people trained. She also noted a lot of help from the faith-based community in 2005, and asked if a paid agency for long term recovery exists in Sarasota County.

Bill Little stressed one of the benefits of the committee is being able to take advantage of these opportunities. He also stated the community should develop additional resources for structures already established. He pointed out that the Committee members' work was not sufficiently publicized. Regarding collaboration with neighboring counties, Sarasota Health Department has already begun setting up meetings with other counties to share how we have coordinated health and human services. One meeting has already taken place concentrating on Special Needs Shelters. The next meeting of this workgroup is set for January 30, and Manatee County has been invited although they are not technically in the region. Bill Little agreed the issue of regional collaboration is a very important issue for the future. An example he shared was the difference in the way the State of Florida operates and how Mississippi operates. We are moving in the right direction.

Ed McCrane, the new County Emergency Operations Chief, informed the participants that every 3rd Friday in the month will be set aside for EOC trainings and meetings to improve communications and to continuously update those who are part of the County's emergency operations. The first meeting is scheduled for January 20th for the County emergency staff. However, others can attend if space in the EOC allows. Ed McCrane stressed a good job is done in responding across boundaries, but there is room for improvement with facilities. He also stated other hazards need to be addressed in planning—not just weather related disasters.

Several members stressed the need to develop a common database for client information sharing, assist non-profits in preparation of plans if plans are not already completed, engage regional FEMA representatives and VOAD, reach out to the business community, provide training to volunteers and identify needs for volunteers, and to address the transportation of SpNS patients. Also, several members stressed the need for a coordinator of volunteers during hurricanes. The Incident Command System learning curve was steep but the system proved to be useful.

Chip Taylor stressed that most recommendations from the 2005 CDPC Survey Report presented at the meeting, can be transformed into the CDPC 2006 action plan to provide direction for the Task Force and Strike Teams.

Pat Jaffe stated that Medical Reserve Corp (MRC) volunteers were ready to go.

Cher McGuirk indicated the Pandemic Flu internal group has conducted meetings of stakeholder representatives, and is expanding to include County, City, and other elected officials. The group is working to address public information issues. Cher also indicated the EMSystem, a web-based resource management and communication tool will be utilized for daily and emergency assessment of the Region 6 resources and communication. Cher also stressed that 30% of staff are likely to be victims of Pan Flu, and the Pan Flu plan will need to take this assumption into account.

Marion Sortore, CDPC Volunteer Task Force member, stated that in five stages of preparedness, long term recovery is not one of our strengths. It needs particular attention in comparison to other counties. She also indicated case management is needed for long-term recovery.

Lee Johnson stated no volunteers should be deployed except via national offices of volunteer organizations. People showed up in places like Louisiana and were not allowed in. Local authorities have the authority to deny access if they consider the conditions unsafe. National offices of volunteer organizations do not always receive the comprehensive assessment of local conditions, and may send people out before they can be useful. Mr. Johnson believes VOAD is essential, and needs to be recreated. Volunteers have separate skills, and they complement staff. The process can begin with the existing Volunteer Subcommittee (Task Force).

Boban Pesic agreed the CDPC survey results are instrumental for developing the CPDC agenda in 2006, and for designing projects that will address areas in need of improvement.

CDPC meetings will continue monthly. The next meeting is scheduled for February 13, 2006 at the Health and Human Services Business Center (2200 Ringling Blvd.), Room 226, at 3:00 p.m.