

STATE OF FLORIDA

Functional Needs Support

Services Resource

Assessment

Subcommittee Report

PREPARED BY:

FNSS Resource Assessment
Sub-Committee of the Florida Department of Health
Special Needs Shelter Interagency Committee

November 1, 2012

<u>Table of Contents</u>	Page
Purpose	1
Background	1
Assumptions	6
Methodology	7
Results	10
Resources	14
Conclusions	16

List of Appendices

Appendix A:	Gap Analysis based upon regional Data
Appendix B:	Acronyms
Appendix C:	Glossary
Appendix D:	Additional Planning Resources
Appendix E:	List of subcommittee Participants

List of Figures

Figure 1:	Shelter resource availability and shelter type compared to time cycle of an emergency event.	5
Figure 2:	Population Measures selected for each Functional Need	9
Figure 3:	Cumulative Statewide Results of FNSS Resource Gap Analysis	12
Figure 4:	Emergency Management Regions	13

Purpose

This report is prepared to fulfill the assignment given the Florida Department of Health's Special Needs Shelter Interagency Committee (IAC), Functional Needs Support Services (FNSS) Resource Assessment Subcommittee (Resource Subcommittee). The IAC is an active committee that makes recommendations on special needs sheltering issues. Thus, it is consistent with the role of the IAC to make recommendations on FNSS planning considerations. The assignment was to determine current FNSS resource status/capabilities; perform gap-analysis to determine resource delta; and determine federal, state, local and community partner resources available to eliminate the delta.

Background

In Florida, during emergencies, persons subject to evacuation orders are asked to seek shelter in homes of family, friends, caregivers, co-workers or other accommodations located outside of the evacuation area. For those that do not have other options, public shelter is provided as an alternative. Public shelters during an evacuation are often crowded, uncomfortable and austere environments. Persons that seek public shelter are asked to bring enough supplies and non-perishable food to be self-sufficient for at least three days, including special dietary needs, potable water, eating utensils, plates and cups, medications, baby and pet supplies (if applicable), flashlight and batteries, toiletries/hygiene products, changes of clothing, seating/bedding needs, and personal functional or access-related equipment and supplies.

Public sheltering during emergency evacuation has been planned, resourced and managed by local emergency management in collaboration with local agencies and community partners. Public shelters are often designated as either general population or special needs, though some shelters may be designated for both populations. Special Needs Shelters (SpNS) are established by statute and rule and have been staffed and resourced to meet the needs of persons that may need assistance due to physical, mental, cognitive or sensory disabilities. Special needs services are utilized to minimize deterioration and maintain health status. General population shelters have been staffed and resourced to meet the needs of persons who generally require limited or no assistance in a shelter environment to maintain pre-event levels of health. If persons present at a general population shelter with a condition that could be served better in a SpNS, the persons were often encouraged to use the SpNS. The person's family and caregivers were also given access to the SpNS.

The two types of shelters are necessary as SpNS require significant quantities of specially trained staff, consumable and durable medical supplies and other equipment. Staff must also be scheduled for at least two shifts per day for 24-hour a day coverage. These resources are in very limited supply.

Local emergency managers maintain a registry of persons that voluntarily register for special needs sheltering. Persons that may (or will) need transportation assistance can also register for assistance. The registries assist emergency managers in planning for SpNS operations, but there is no requirement to register to access the services provided in SpNS. In November, 2010 the Federal Emergency Management Agency (FEMA) published *Guidance on Planning for integration of Functional Needs Support Services in General Population Shelters* (FNSS Guidance). The purpose of this publication was to provide FNSS planning guidance that can be incorporated into existing shelter plans of state and local emergency managers and shelter planners to meet access and functional needs in general population shelters.

The FNSS Guidance publication can be found at the following web address:

http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

Persons with disabilities, functional or access needs must be able access the same programs, services and information as the general population. In addition, persons with disabilities, functional or access needs must be provided the right of self-determination. If the person chooses to shelter in a general population shelter, they have the right to do so.

The focus of the FNSS Guidance is to encourage integration of persons with functional and access needs into general population shelters, which in previous community shelter planning may have been encouraged to use services provided in SpNS. The apparent effect of the FNSS Guidance was to require all public shelters to provide services similar to an SpNS, but without a requisite increase in resources (human and materiel) to support the increased demand. SpNS planning and resourcing has often been a challenge in the past for many communities. The existing very limited resources may need to be spread thinly over many shelter sites. Also, emergency managers and their shelter program partners struggled to define and quantify the population that may need FNSS resources, as well as identify, quantify and acquire the types of resources needed for their respective jurisdiction.

In March, 2011 the Florida Department of Health's IAC created the FNSS Resource Subcommittee. The sub-committee is composed members from state and local

emergency management; state, local and private-sector health care agencies; mass care provider agencies; disability advocacy agencies, groups and councils; and volunteer organizations. The charge to the Resource Subcommittee was to support local public shelter planning through identification of FNSS resource needs (or demand); assess current local and community capability to meet public shelter FNSS resource needs; perform a gap-analysis of the assessment results; and identify federal, state, local, community and private-sector resources to reduce or eliminate the gap.

The Resource Subcommittee is a temporary ad hoc group intended to assess FNSS resource capabilities and prepare this report.

For public shelter planning in Florida, typically the most resource intensive events are evacuations for large major hurricanes. The forecast swath (or error cone) of a large hurricane can simultaneously affect multiple regions of the state, and possibly require counties (or regions) outside of the hurricane's forecast swath to host evacuees in local public shelters. Individual counties often activate multiple facilities spread across the jurisdiction to meet this surge in demand for public shelter space. Each of these shelters must be adequately staffed and resourced. These shelters are described as "evacuation" shelters, and are generally opened about 24 to 36 hours before forecast onset of tropical storm force winds, and remain open for about 72 hours after the end of storm conditions.

During the evacuation phase of an emergency, county emergency management and their shelter partners must rely on locally available resources. Due to a combination of distance from available resources to local delivery points (causing long lead time for delivery), potential for exposing resources to hazardous conditions and damage, and post-landfall priority considerations, state resources are not deployed pre-landfall to individual counties. Instead, state (and possibly federal and interstate mutual aid) resources may be sourced, acquired and staged for expedited post-landfall deployment to regions and counties with greatest need.

When storm conditions have subsided and it's safe to deploy, state resources are surged to the areas of greatest impact. The state resources are supplemental to local and mutual aid resources. The state resources may begin to arrive as early as 24-hours (if not earlier) after exiting of storm conditions. Federal and interstate mutual aid resources may also be available to support the resource surge. By about 72 hours, state and other outside resources are expected to be deployed into all impacted counties where there is a need.

After evacuation orders are lifted and utilities (electric, water, communications, etc), transportation and emergency services restored the demand for public shelter space rapidly dwindles. Individuals and families that can return home will do so. Therefore, during the post-evacuation phase of an emergency there are fewer public shelter facilities in operation. Subsequently the demand for public shelter resources will also diminish.

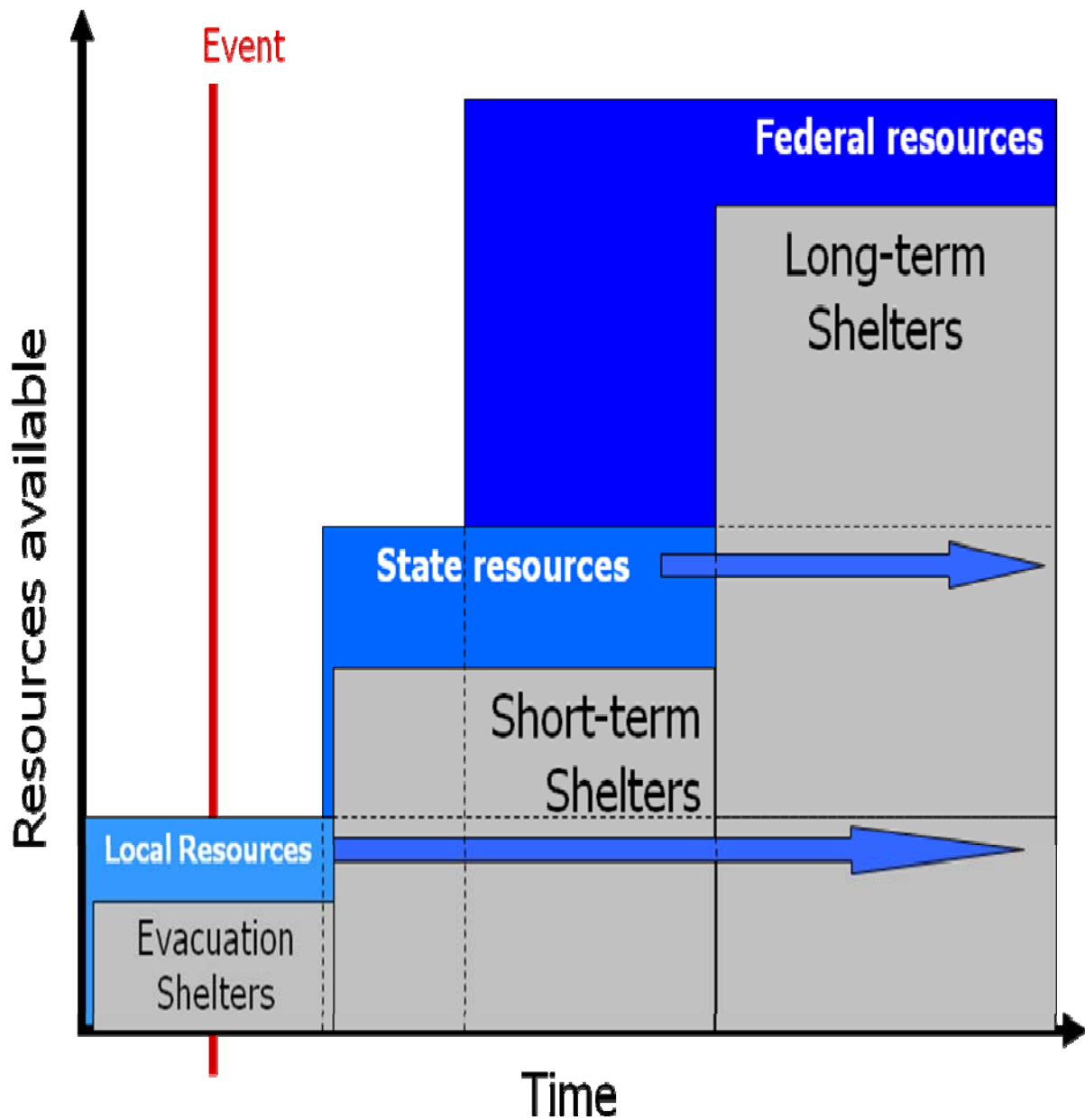
Generally about 72 hours to a week after a major emergency or disaster event the population needing public shelter stabilizes into those persons that cannot return home (due to storm damage) and have no family or other housing alternatives. Public evacuation shelters, which have been historically located in K-12 public education facilities will be demobilized, and other non-school facilities transitioned into “short-term” (or standard) shelters. Short-term shelters are fewer in number than evacuation shelters with fewer occupants needing assistance to survive. Resources can be consolidated into fewer facilities. Also, given the additional deployment time, state, mutual aid and (in some cases) federal resources can be brought to bear.

Utilities and local services are generally restored and community “normalcy” (or “new normal”) is underway within about two weeks after a major emergency or disaster. Again, the number of persons needing public shelter to survive diminishes to those that may need long-term assistance. Therefore, resource needs continue to diminish as long-term public shelters are established. State and other outside resources will continue to be provided to supplement local capabilities.

Short-term and long-term shelters have also been known collectively as “recovery” shelters in the past.

Figure 1 below shows shelter resource availability and shelter type during the life cycle of a major or catastrophic event.

Figure 1 – Shelter resource availability and shelter type compared to life cycle of an emergency event.



Assumptions

1. By Florida Statute, safeguarding the life and property of its citizens (and visitors) is an innate responsibility of the governing body of each political subdivision of the state;
2. Public sheltering is a local government responsibility in collaboration with community partners; responsibilities include designating, planning, resourcing, operating and closing of public shelters;
3. Persons with functional and access needs and their caregivers will be encouraged through community outreach to bring needed personal consumable supplies, durable equipment and personal assistance services, if needed, with them to the shelter;
4. Local government will plan to meet the functional or access needs of those who present themselves at public shelters without the needed resources; however, individuals and their caregivers may be encouraged to transfer to shelters where resources to meet their functional or access need already exist;
5. FNSS capabilities apply to both general population and special needs public shelters during all phases of an emergency (evacuation, both risk and host facilities, short term and long term);
6. Federal, state, regional or mutual aid resources will not likely be deployable for local evacuation shelters during a large-scale major emergency event;
7. Local government will develop plans to meet FNSS requirements with local agency and community resources;
8. FNSS resource planning does not necessarily require stockpiling of materiel and equipment, but plans to timely acquire, deliver or provide access to needed resources is required;
9. In the event that local government identifies emergency resource(s) that can't be met locally, they will request assistance through mutual aid or state resources; federal resources may be made available through a state request for assistance;
10. The majority of persons with functional and access needs that present at a public shelter will be capable of independently meeting their resource needs; as a planning assumption, five (5) percent will require resource assistance.
11. The spreadsheet toolkit assumes that the total county population is the basis of calculation (i.e., entire county population evacuates); and that the percent seeking shelter in regional evacuation studies for a Category 5 hurricane is applicable to the entire population (not just the Cat 5 hurricane vulnerable population).

Methodology

In order to estimate a “gap,” a requirement must be defined and compared against the resources available to meet that requirement. To be effective for use by local emergency managers, the gap must be quantified as some combination of quantities of equipment, supplies and personnel. To this end, a spreadsheet was prepared for use as a tool to estimate FNSS resource requirements using local demographic data.

The determination of this gap was further divided into categories, as established in the FEMA FNSS Guidance. The five categories listed below were not included in the estimation process for a variety of reasons, because the categories could not be evaluated using quantitative data. However, local EM should work with community organizations to determine the needs and gaps..

1. Assistance locating, securing, and moving to post-disaster alternative housing, which includes housing that is accommodating to the individual’s functional support needs
2. Access to an air-conditioned and/or heated environment (e.g. for those who cannot regulate body temperature)
3. Available sleeping accommodations (e.g., the provision of universal/accessible cots or beds and cribs; the placement, modification, or stabilization of cots or beds and cribs; the provision and installation of privacy curtains)
4. Providing food and supplies for service animals (e.g., dishes for food and water, arrangements for the hygienic disposal of waste; and, if requested, portable kennels for containment)
5. Personal Assistance Services (PAS) that assist with activities of daily living

For the remaining categories a population measure was selected to determine the number of persons within the county with that functional need. The criterion for the selection of the population measure was to find county (as opposed to state or national) data that was publicly available. Not all categories of functional need were clearly represented in the demographic data available so approximations were utilized. The population measures selected are shown in Figure 2.

The next step in the process was to determine, of the estimated population in the county with a functional need, how many would present at a shelter during a disaster? The Florida Regional Evacuation Studies included behavioral surveys that provide estimates, by county, of the percentage of the population that would present at a shelter during a hurricane evacuation. While shelters are opened for other disasters in Florida,

a hurricane evacuation is the most resource intensive for local communities, and thus most representative for the purposes of this tool.

Not all persons with functional needs who present at a shelter will require resource assistance. No research or operational experience was available as a guide to estimate the percentage of individuals that would require assistance. Five percent was used in the tool and adopted as an assumption.

At this stage of the process the tool has derived a number a people with a functional need that presents at a shelter and require a resource related to their functional need. Assistance for each functional need category can be met with a variety of different resources. To the extent possible resources (primarily equipment) was identified and segregated according to percentages derived from available information.

The output of the tool was the identification of specific quantities of resources required to meet a majority, but not all, of the functional needs categories identified in the FEMA FNSS Guidance. An estimated result of the tool, for example, was that the specific demographics of Alachua County necessitated the identification of 44 wheelchairs for possible use in evacuation shelters within the county.

The spreadsheet tool is designed so that if counties have better data than that provided by the state then they can substitute their own data and create their own estimates of FNSS resource requirements.

An objective of the community assessment tool was to encourage local emergency management and their shelter program partners to discuss FNSS resource needs and availability, as well as to encourage communication and coordination with the disability and functional needs community. This will allow local shelter capabilities and partners to expand.

Figure 2 – Population Measures selected for each Functional Need

Functional Need Category	Population Measure	Source
Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities	Estimated number of county population functionally deaf	U.S. Census Bureau Survey of Income and Program Participation (SIPP)
	Estimated number of county population hard of hearing	
DME that assist with activities of daily living	Estimated number of county population with physical activity limiting disability	U. S. Census Bureau
Access to orientation and way-finding for people who are blind or have low vision	Estimated number of county population with low vision or blind	American Foundation for the Blind
Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)	Estimated number of the county that may have special dietary requirements including those with diabetes, renal, or cardiovascular disease or severe food allergies	U. S. Census Bureau
Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability	% of households having someone with a disability or medical condition requiring evacuation assistance	Florida Division of Emergency Management Regional Evacuation Surveys
Access to medications to maintain health, mental health, and function	Estimated % of adult population with diabetes, asthma/lower resp. disease, diagnosed hypertension	U. S. Census Bureau
	Estimated number of county population oxygen dependent (8.6% x 65+population)	Florida Department of Health Vulnerable Population Profiles
	Estimated number of county population (adults & children) with serious mental illness	
	Number of dialysis clients	
Assistance for individuals with cognitive and intellectual disabilities	Number of developmentally disabled in county	
	Number of elders with dementia	
	Cognitive disabilities (strokes, brain injury, etc)	No data available, County must estimate.

Results

The State of Florida Division of Emergency Management (Division), on behalf of the Resource Subcommittee, distributed the demographic and resource analysis spreadsheet toolkit to local emergency managers on October 5, 2011. County emergency managers were encouraged to coordinate with both traditional shelter planning partners and other community agencies, organizations and associations to assist them in identifying populations that may need FNSS in general population shelters, define FNSS resource needs, and identify resources to meet the needs. The County emergency managers were asked to submit their County's demographic data, resource needs and gap analysis spreadsheets by January 27, 2012. A total of 38 counties submitted their spreadsheet, which represents 57 percent of counties but only 38 percent of the State's population. Twelve of the 38 counties that submitted a spreadsheet used state supplied demographic and resource data, and 26 provided at least some locally supplied demographic or resource data.

The State and county supplied resource data was consolidated into regional summaries. Figure 3 presents the results of the statewide sum of regional resource needs, regional resource availability and regional resource gaps. The figure shows both State and county supplied estimate of resource need, local estimates if provided were used to calculate gaps. The State provided estimated demand is shown for comparison purposes, and was used if no county specific data was provided.

The regions are defined by the regional boundaries used by the Division, Department of Health and Department of Law Enforcement (Regional Domestic Security Task Force). Figure 4 identifies the regional boundaries.

Nearly all regions report significant gaps in needed resources. Appendix A provides region specific resource gap-analysis results. The Appendix A regional results show the approximate percentage of available resources compared to needed resources: Region 1=58%; Region 2=3%; Region 3=13%; Region 4=28%; Region 5=40%; Region 6=14%; and Region 7=0.1%. The "Access to medications to maintain health..." and "Number of developmentally disabled..." data were excluded from percentage calculation as they didn't necessarily represent a specific resource need (e.g., demographic data only). Also, the majority of the responding counties indicated access to medication resources was available from local sources i.e. drug stores and pharmacies that had emergency standby generators.

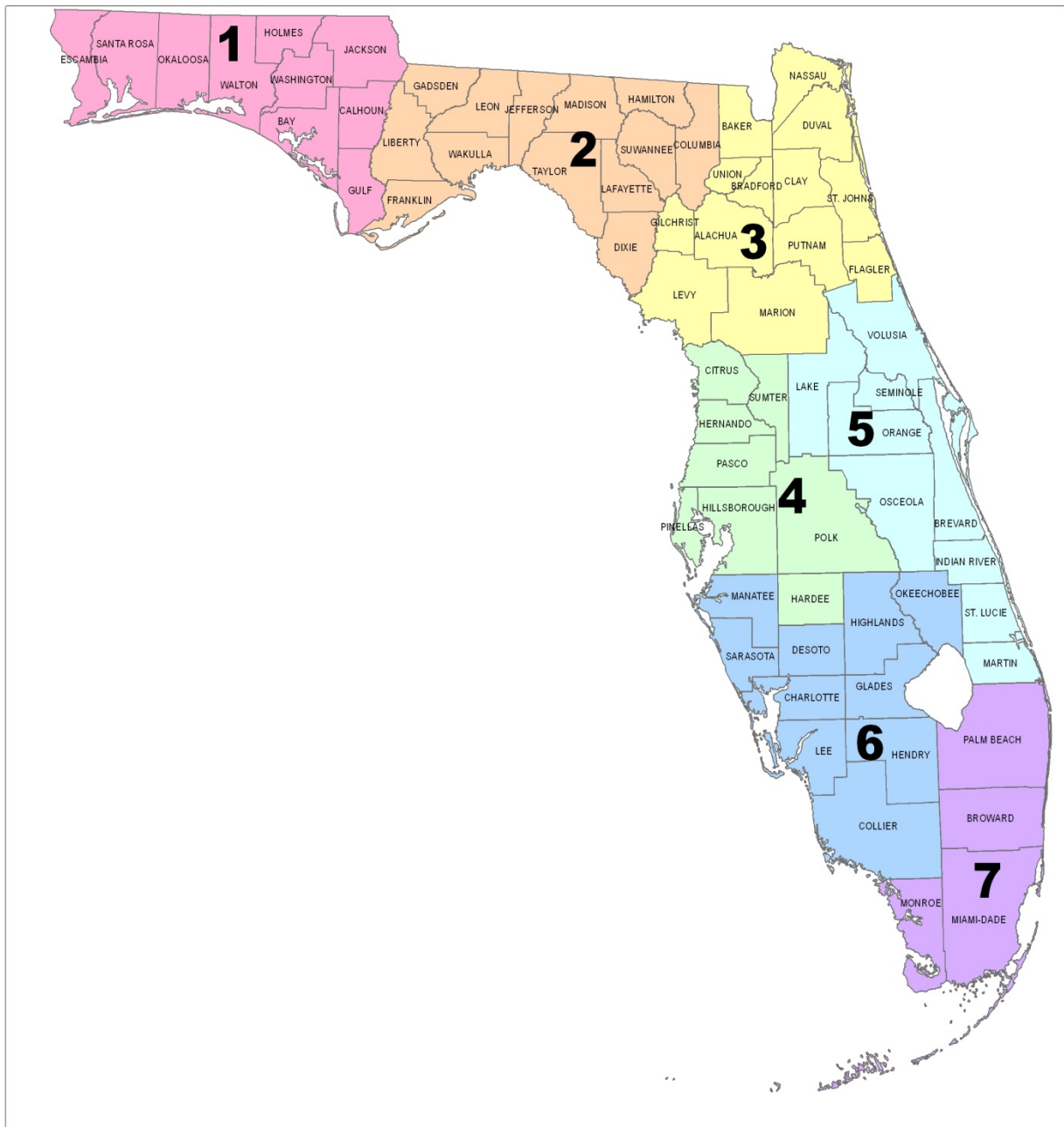
The sum total of the regional demand and available resource data is used to calculate the statewide percentage of estimated demand in relation to available resources. The statewide regional cumulative shows that there are sufficient resources to meet 21% of demand.

Some counties indicated that they were in the early stages of planning for the additional FNSS related resources. Their respective resource deficits are expected to diminish as county emergency managers and their partners continue to quantify demand and identify additional resources. Also, several high population counties did not respond which may have resulted in loss of potential resources on both the regional and statewide cumulative results.

Figure 3 – Cumulative Statewide Results of FNSS Resource Gap Analysis

Figure: 3 Functional Needs Support Services Gap Analysis					
Statewide					
Functional Need Category	Type of FNSS resource for functional need	Demand		Local Resource	Resource Gap
		State Estimated Demand	Local Estimated Demand	Available Resource Totals	
Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities	Resources for functionally Deaf	94	94	23	71
	Hearing Aid	2688	2661	631	2,030
	Amplified phone	471	467	58	409
DME that assist with activities of daily living	Crutch	540	536	137	399
	Cane	4077	4039	402	3,637
	Walker	1551	1535	191	1,344
	Wheelchair	1362	1350	230	1,120
Access to orientation and way-finding for people who are blind or have low vision	Telescopic lenses	563	557	40	517
	Braille	236	236	13	223
	Readers	266	264	15	249
	White cane	470	466	40	426
	Computer equipment	147	146	53	93
	Other vision technology	973	963	71	892
Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)	Persons requiring a special diet	13138	12999	2045	10,954
Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability	Persons requiring special transportation assistance	4657	4425	2572	1,853
Access to medications to maintain health, mental health, and function	Estimated % of adult population with diabetes, asthma/lower resp. disease, diagnosed hypertension ¹	832,805	790,106		
	Estimated number of county population oxygen dependent	24,146	20,859		
	Estimated number of county population (adults & children) with serious mental illness ³	91,842	84,483		
	Number of dialysis clients ³	1,602	1,509		
Number of developmentally disabled in county	Number of developmentally disabled in county	4,463	4,748		
	Number of elders with dementia	50,153	40,817		
	Cognitive disabilities (strokes, brain injury, etc)	County must estimate	4,995		

Figure 4 – Emergency Management Regions



Resources

The evidence presented in this report indicates that the demand for FNSS resources is a function of the size, intensity and location of the disaster event. The demand for FNSS resources is not fixed, however, and varies according to the anticipated size of the shelter population in the affected risk and host counties. The greatest demand for resources occurs in a pre-landfall evacuation, when the size of the shelter population in the state is largest. The shelter population falls by a significant amount post-landfall when the evacuees return to their homes and standard or short term shelters are established for those unable to return. As the short term shelter population is shifted to other housing options, the ultimate long term shelter population will be even smaller.

The ability of the state to provide resources during a pre-landfall evacuation is limited. The size of the evacuation shelter population starts small with the onset of the evacuation and increases until the onset of tropical storm force winds or after. Although some evacuees are moved by government transport to shelters within the county, the great majority of the evacuees are moving in their own vehicles toward destinations of their own choosing. By the time FNSS resource shortfalls are identified, quantified and requested from the state the onset of tropical storm force winds precludes meeting most requests until the storm has passed.

Based on reports from the counties that responded to the survey, some portion of the estimated FNSS resource demand for evacuation shelters can be met locally. With additional planning, community outreach and the assistance of the spreadsheet toolkit the counties can work toward building capability in providing FNSS resources for evacuation shelters. Appendix D provides some additional planning resources.

The state, and if necessary, the federal government can begin to meet county requests for FNSS resources within a matter of hours post-landfall if access is available to the affected area. With proper planning and coordination between the county, state and federal governments a substantial portion of the county FNSS resource requests can be met within a few days after the disaster.

For large disasters that overwhelm the available local and state FNSS resources a rapid response post-landfall will require a federal pre-landfall declaration. The state, in coordination with FEMA, can use the information in this report to estimate post-landfall demand for FNSS resources and submit an Action Request Form prior to the impact of the storm. This will allow FEMA to procure the requested resources and deliver them to the state as soon as possible after landfall, for ultimate delivery to the requesting counties.

Conclusion

In Florida, county emergency management and their community partners designate, plan for and manage public shelters. Due to the range of hazards and the potential for a large swath of the state's area being impacted in a very short period of time, there are multiple shelter types recognized (e.g., general population and SpNS evacuation shelters, short term shelters and long term shelters). The typing of shelters is a recognition that in large scale emergency events that limited resources must be organized to maximize capability. In some circumstances, this may limit the number of public shelters that provide some types of capability or specialized care. Persons needing these services may be encouraged to utilize public shelters with the capability in-lieu of those that don't.

Since the Americans with Disabilities Act (ADA) was enacted, public shelters were included so all those requiring sheltering could have the same access. The ADA requirements apply to all public shelters. The ADA requires: sheltering of persons with disabilities (including functional or access needs) in the most integrated setting appropriate to the needs of the person, which in most cases is the same setting persons without disabilities enjoy; and reasonable modifications of policies, practices, and procedures to ensure nondiscrimination. As such, county emergency management and their state and local partners need to evaluate public shelter plans and operations to ensure integration of persons with functional or access needs into all shelter types, including general population shelters. The FEMA FNSS Guidance provides a toolkit that can be considered by public shelter planners when assessing functional and access needs capabilities of local shelters.

To assist local emergency management and their shelter partners with the functional and access planning and resource process, the IAC FNSS Resource Subcommittee developed a demographic and resource analysis spreadsheet toolkit. The spreadsheet toolkit provided demographic and resource data from state and national source materials. The counties could use the spreadsheet toolkit data, or change the data based on locally recognized sources. The spreadsheet toolkit was intended to serve as a starting point for the resource gap-analysis process and a means of encouraging communication with both traditional and non-traditional community partners (i.e., whole community concept). The Resource Subcommittee requested that county emergency managers provide the results of the spreadsheet toolkit assist with state partner planning.

The results show that all regions have substantial deficits of FNSS related resources for large-scale major or catastrophic disaster events. The statewide cumulative of the regional results shows that county emergency management and their local partners could only identify sufficient resources to meet 21 percent of demand.

State emergency management and shelter partners have also planned to assist county emergency managers. State agencies have enhanced their logistical capabilities to expedite the distribution of FNSS related resources to supplement local capabilities. Federal resources may also be available to supplement state, mutual aid and county resources. State and county emergency managers and their shelter partner agencies will continue to identify and address needs for additional resources.

Appendices

Appendix A:	Gap Analysis based upon regional Data
Appendix B:	Acronyms
Appendix C:	Glossary
Appendix D:	Additional Planning Resources
Appendix E:	List of Participants

Appendix A:
Gap Analysis based upon regional data

Figure: 1 Functional Needs Support Services Gap Analysis					
DEM Region 1					
Functional Need Category	Type of FNSS resource for functional need	Demand		Local Resource	Resource Gap
		State Estimated Demand	Local Estimated Demand	Available Resource Totals	
Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities	Resources for functionally Deaf	10	10	9	1
	Hearing Aid	121	116	46	70
	Amplified phone	23	23	8	15
	Crutch	27	26	12	14
DME that assist with activities of daily living	Cane	183	176	64	112
	Walker	72	69	29	40
	Wheelchair	64	62	24	38
	Telescopic lenses	28	27	8	19
Access to orientation and way-finding for people who are blind or have low vision	Braille	15	15	2	13
	Readers	16	16	3	13
	White cane	23	23	9	14
	Computer equipment	11	11	2	9
	Other vision technology	45	44	14	30
Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)	Persons requiring a special diet	582	558	457	101
Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability	Persons requiring special transportation assistance	182	184	101	83
Access to medications to maintain health, mental health, and function	Estimated % of adult population with diabetes, asthma/lower resp. disease, diagnosed hypertension ¹	38,093	35,012		
	Estimated number of county population oxygen dependent	871	1,057		
	Estimated number of county population (adults & children) with serious mental illness ³	4,008	4,667		
	Number of dialysis clients ³	77	76		
Number of developmentally disabled in county	Number of developmentally disabled in county	333	350		
	Number of elders with dementia	1,650	2,064		
	Cognitive disabilities (strokes, brain injury, etc)	County must estimate	5		

Figure: 2 Functional Needs Support Services Gap Analysis					
DEM Region 2					
Functional Need Category	Type of FNSS resource for functional need	Demand		Local Resource	Resource Gap
		State Estimated Demand	Local Estimated Demand	Available Resource Totals	
Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities	Resources for functionally Deaf	13	13	1	12
	Hearing Aid	98	95	16	79
	Amplified phone	22	22	4	18
	Crutch	23	23	2	21
DME that assist with activities of daily living	Cane	144	140	2	138
	Walker	58	56	1	55
	Wheelchair	52	50	2	48
	Telescopic lenses	23	23	0	23
Access to orientation and way-finding for people who are blind or have low vision	Braille	17	17	0	17
	Readers	17	17	0	17
	White cane	22	22	0	22
	Computer equipment	14	14	0	14
	Other vision technology	38	38	0	38
Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)	Persons requiring a special diet	454	439	8	431
Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability	Persons requiring special transportation assistance	202	196	3	193
Access to medications to maintain health, mental health, and function	Estimated % of adult population with diabetes, asthma/lower resp. disease, diagnosed hypertension ¹	29,549	28,283		
	Estimated number of county population oxygen dependent	598	625		
	Estimated number of county population (adults & children) with serious mental illness ³	3,058	3,137		
	Number of dialysis clients ³	55	56		
Number of developmentally disabled in county	Number of developmentally disabled in county	228	231		
	Number of elders with dementia	1,135	1,186		
	Cognitive disabilities (strokes, brain injury, etc)	County must estimate	800		

Figure: 3 Functional Needs Support Services Gap Analysis					
DEM Region 3					
Functional Need Category	Type of FNSS resource for functional need	Demand		Local Resource	Resource Gap
		State Estimated Demand	Local Estimated Demand	Available Resource Totals	
Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities	Resources for functionally Deaf	16	16	2	14
	Hearing Aid	394	394	15	379
	Amplified phone	70	70	2	68
DME that assist with activities of daily living	Crutch	81	81	1	80
	Cane	597	599	6	593
	Walker	227	227	3	224
	Wheelchair	201	202	10	192
Access to orientation and way-finding for people who are blind or have low vision	Telescopic lenses	84	84	0	84
	Braille	37	37	0	37
	Readers	39	39	0	39
	White cane	70	70	2	68
	Computer equipment	23	23	0	23
	Other vision technology	144	144	1	143
Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)	Persons requiring a special diet	1919	1923	358	1,565
Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability	Persons requiring special transportation assistance	659	633	173	460
Access to medications to maintain health, mental health, and function	Estimated % of adult population with diabetes, asthma/lower resp. disease, diagnosed hypertension ¹	118,538	124,545		
	Estimated number of county population oxygen dependent	2,949	3,057		
	Estimated number of county population (adults & children) with serious mental illness ³	13,357	14,649		
	Number of dialysis clients ³	263	304		
Number of developmentally disabled in county	Number of developmentally disabled in county	760	980		
	Number of elders with dementia	5,572	5,798		
	Cognitive disabilities (strokes, brain injury, etc)	County must estimate	272		

Figure: 4 Functional Needs Support Services Gap Analysis					
DEM Region 4					
Functional Need Category	Type of FNSS resource for functional need	Demand		Local Resource	Resource Gap
		State Estimated Demand	Local Estimated Demand	Available Resource Totals	
Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities	Resources for functionally Deaf	22	22	0	22
	Hearing Aid	616	621	12	609
	Amplified phone	112	112	3	109
	Crutch	121	122	11	111
DME that assist with activities of daily living	Cane	935	943	94	849
	Walker	355	358	26	332
	Wheelchair	310	313	33	280
	Telescopic lenses	125	126	0	126
Access to orientation and way-finding for people who are blind or have low vision	Braille	49	50	0	50
	Readers	56	56	0	56
	White cane	105	106	0	106
	Computer equipment	29	29	0	29
	Other vision technology	221	221	0	221
Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)	Persons requiring a special diet	3022	3047	305	2,742
Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability	Persons requiring special transportation assistance	1218	1228	1607	0
Access to medications to maintain health, mental health, and function	Estimated % of adult population with diabetes, asthma/lower resp. disease, diagnosed hypertension ¹	202,510	188,069		
	Estimated number of county population oxygen dependent	6,113	4,822		
	Estimated number of county population (adults & children) with serious mental illness ³	21,113	16,173		
	Number of dialysis clients ³	324	232		
Number of developmentally disabled in county	Number of developmentally disabled in county	1,034	918		
	Number of elders with dementia	12,822	9,766		
	Cognitive disabilities (strokes, brain injury, etc)	County must estimate	10		

Figure: 5 Functional Needs Support Services Gap Analysis					
DEM Region 5					
Functional Need Category	Type of FNSS resource for functional need	Demand		Local Resource	Resource Gap
		State Estimated Demand	Local Estimated Demand	Available Resource Totals	
Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities	Resources for functionally Deaf	13	13	10	3
	Hearing Aid	561	539	500	39
	Amplified phone	94	90	37	53
DME that assist with activities of daily living	Crutch	110	106	104	2
	Cane	854	819	178	641
	Walker	323	310	114	196
	Wheelchair	282	271	118	153
Access to orientation and way-finding for people who are blind or have low vision	Telescopic lenses	116	111	24	87
	Braille	46	45	11	34
	Readers	52	50	12	38
	White cane	95	91	28	63
	Computer equipment	27	26	51	0
	Other vision technology	202	194	56	138
Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)	Persons requiring a special diet	2752	2631	730	1,901
Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability	Persons requiring special transportation assistance	1209	1152	588	564
Access to medications to maintain health, mental health, and function	Estimated % of adult population with diabetes, asthma/lower resp. disease, diagnosed hypertension ¹	186,361	171,890		
	Estimated number of county population oxygen dependent	4,802	3,627		
	Estimated number of county population (adults & children) with serious mental illness ³	19,318	16,036		
	Number of dialysis clients ³	337	294		
Number of developmentally disabled in county	Number of developmentally disabled in county	803	782		
	Number of elders with dementia	9,602	5,882		
	Cognitive disabilities (strokes, brain injury, etc)	County must estimate	3750		

Functional Needs Support Services Gap Analysis					
DEM Region 6					
Functional Need Category	Type of FNSS resource for functional need	Demand		Local Resource	Resource Gap
		State Estimated Demand	Local Estimated Demand	Available Resource Totals	
Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities	Resources for functionally Deaf	10	10	1	9
	Hearing Aid	304	302	38	264
	Amplified phone	53	53	0	53
DME that assist with activities of daily living	Crutch	62	62	7	55
	Cane	458	456	58	398
	Walker	174	173	18	155
	Wheelchair	155	154	43	111
Access to orientation and way-finding for people who are blind or have low vision	Telescopic lenses	66	65	8	57
	Braille	26	26	0	26
	Readers	32	32	0	32
	White cane	54	53	1	52
	Computer equipment	17	17	0	17
	Other vision technology	111	110	0	110
Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)	Persons requiring a special diet	1479	1471	187	1,284
Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability	Persons requiring special transportation assistance	496	338	100	238
Access to medications to maintain health, mental health, and function	Estimated % of adult population with diabetes, asthma/lower resp. disease, diagnosed hypertension ¹	94,270	78,823		
	Estimated number of county population oxygen dependent	3,944	2,801		
	Estimated number of county population (adults & children) with serious mental illness ³	10,280	9,112		
	Number of dialysis clients ³	152	153		
Number of developmentally disabled in county	Number of developmentally disabled in county	376	556		
	Number of elders with dementia	8,376	5,124		
	Cognitive disabilities (strokes, brain injury, etc)	County must estimate	97		

Figure: 7 Functional Needs Support Services Gap Analysis					
DEM Region 7					
Functional Need Category	Type of FNSS resource for functional need	Demand		Local Resource	Resource Gap
		State Estimated Demand	Local Estimated Demand	Available Resource Totals	
Auxiliary aids and services necessary to ensure effective communication for persons with communication disabilities	Resources for functionally Deaf	10	10	0	10
	Hearing Aid	594	594	4	590
	Amplified phone	97	97	4	93
	Crutch	116	116	0	116
DME that assist with activities of daily living	Cane	906	906	0	906
	Walker	342	342	0	342
	Wheelchair	298	298	0	298
	Telescopic lenses	121	121	0	121
Access to orientation and way-finding for people who are blind or have low vision	Braille	46	46	0	46
	Readers	54	54	0	54
	White cane	101	101	0	101
	Computer equipment	26	26	0	26
	Other vision technology	212	212	0	212
Availability of food and beverages appropriate for individuals with dietary restrictions (e.g., persons with diabetes or severe allergies to foods such as peanuts, dairy products and gluten)	Persons requiring a special diet	2930	2930	0	2,930
Access to transportation for individuals who may require a wheelchair-accessible vehicle, individualized assistance, and the transportation of equipment required in a shelter because of a disability	Persons requiring special transportation assistance	691	694	0	694
Access to medications to maintain health, mental health, and function	Estimated % of adult population with diabetes, asthma/lower resp. disease, diagnosed hypertension ¹	163,484	163,484		
	Estimated number of county population oxygen dependent	4,870	4,870		
	Estimated number of county population (adults & children) with serious mental illness ³	20,708	20,708		
	Number of dialysis clients ³	394	394		
Number of developmentally disabled in county	Number of developmentally disabled in county	930	930		
	Number of elders with dementia	10,997	10,997		
	Cognitive disabilities (strokes, brain injury, etc)	County must estimate	61		

Appendix B:

Acronyms

ADA – American Disabilities Act

ARC – American Red Cross

CMS – Consumable Medical Supplies

DME – Durable Medical Equipment

FEMA – Federal Emergency Management Agency

Fla. Stat. – Florida Statutes

FNSS – Functional Needs Support Services

IAC – (Special Needs Shelter) Interagency Committee

K-12 (school) – Kindergarten to High School Grade 12

PAS – Personal Assistance Services

PSN – Persons with Special Needs

RES – (Statewide) Regional Evacuation Study

SIPP – Survey of Income and Program Participation (U.S. Census Bureau)

SpNS – Special Needs Shelter

Appendix C:

Glossary

Accessibility: A site, building, facility, or portion thereof that complies with the *ADA Accessibility Guidelines for Building and Facilities (Code of Federal Regulations 28 CFR Part 36)* and the *Florida Accessibility Code for Building Construction (Florida Building Code—Building, Chapter 11)*.

Educational Facilities: Means the buildings and equipment, structures, and special educational use areas that are built, installed, or established to serve primarily the educational purposes and secondarily the social and recreational purposes of the community and which may lawfully be used as authorized by Florida Statutes and approved by boards.

Evacuation Shelter: A safe congregate care facility that provides essential support services and is utilized for populations displaced by an emergency or disaster event. Evacuation shelters are typically used for durations of less than 72 hours during and immediately following the emergency or disaster event causing their need. An evacuation shelter may be located either inside or outside of the disaster impact area. See Risk Evacuation Shelter and Host Evacuation Shelter.

Functional and Access Needs Population(s): Groups whose needs are not fully addressed by the traditional service providers. This includes groups that may feel they cannot comfortably or safely access and use the standard resources offered in disaster preparedness, response, and recovery. This includes, but is not limited to: those who have a physical and/or mental disability (blind, cognitive disorders, mobility limitations, deaf and/or hard of hearing, etc); limited or non-English speaking; medically or chemically dependent; geographically and/or culturally isolated; frail elderly, and children.

Functional Needs Support Services: Services that enable children and adults to maintain their usual level of independence in a general population shelter. FNSS includes reasonable modifications to policies, practices and procedures, durable medical equipment, consumable medical supplies, personal assistance services and other goods and services as needed. Children and adults requiring FNSS may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently without assistance.

Host Evacuation Shelter: A facility that is relatively safe and provides essential support services. Facilities are designated as Host Shelters when they are located outside the projected path of an approaching hurricane or severe storm. As local conditions are not expected to present hazards such as storm surge inundation, rainfall flooding, high winds, or hazardous materials release which exceed the building codes of the facilities, shelter selection guidelines in ARC 4496 do not have to be considered. For planning purposes, the operational period of a Host Shelter is from 24 hours prior to landfall until 72 hours after landfall of a hurricane or severe storm.

Glossary (Cont'd)

Long-Term Shelter: A safe congregate care facility that provides essential support services and is utilized for durations typically longer than two (2) weeks for populations displaced by an emergency or disaster event. The focus is on the need for additional or supplemental services due to the extended period individuals and families will be sheltered.

Person with Special Needs: Someone who, during periods of evacuation or emergency, requires sheltering assistance, due to physical impairment, mental impairment, cognitive impairment, or sensory disabilities. See Rule 64-3.010(1), Florida Administrative Code.

Remodeling: Means the alteration of existing facilities by rearrangement or conversion of spaces and includes, but is not limited to, interior or exterior demolition and construction; air-conditioning, heating, or ventilating equipment; fire alarm systems; emergency lighting; electrical systems to a new use or occupancy. The original existing use or occupancy of the facility or space is altered or changed.

Renovation: Means the rejuvenating, renewal or upgrading of existing facilities by repair, installation or replacement of materials and equipment and includes, but is not limited to, interior or exterior reconditioning of facilities and spaces; air-conditioning, heating, or ventilating equipment; fire alarm systems; emergency lighting; electrical systems; and complete roofing or roof replacement, including replacement of membrane or structure. The original existing use or occupancy of the facility or space does not change.

Retrofit: The voluntary process of strengthening or improving buildings or structures, or individual components of buildings or structures, for the purpose of making existing conditions better serve the purpose for which they were originally intended or the purpose that current building codes intend. Modifications performed upon an existing structure or infrastructure with the goal of significantly reducing or eliminating potential damage due to a specific hazard.

Risk Evacuation Shelter: A facility that is relatively safe and provides essential support services. Facilities designated as Risk Evacuation Shelters lie within or near the forecast path and associated error cone of an approaching hurricane or severe storm. As local conditions may present hazards such as storm surge inundation, rainfall flooding, high winds, or hazardous materials which may exceed the building codes of the facility, shelter selection guidelines in ARC 4496 do need to be considered. The designation does not imply that a facility is capable of affording complete protection or is free from hazards but only that it meets established minimum safety criteria.

Short-Term Shelter: A safe congregate care facility that provides essential support services and is utilized for durations of less than two (2) weeks for populations displaced by an emergency or disaster event. Also referred to as Standard Shelter.

Glossary (Cont'd)

Special Needs Clients: See Person with Special Needs.

Special Needs Shelters (SpNS): Locations that are, in whole or in part, designated under Chapter 381.0303(2)(d), Fla.Stat., to provide shelter and services to persons with special needs who have no other option for sheltering. These shelters are designated to have back-up generator power. Special needs shelter services are to minimize deterioration of pre-event levels of health. See Rule 64-3.010(10), Florida Administrative Code.

Standard Shelter: See Short-Term Shelter.

Appendix D:
Additional Planning Resources

Resources for Sheltering Persons with Functional Needs

Persons unable to safely remain in their homes during emergencies or disasters, are asked to seek shelter in homes of family, friends, caregivers, co-workers, or other accommodations. For those who do not have other options, public shelter is provided as an alternative. In Florida, public shelters are often designated as either general population or special needs, though some shelters may be designated for both populations. The following resources are provided to support Florida's efforts to integrate persons who have access and functional needs into all aspects of emergency shelter planning and response. Information provided may assist state and local emergency planners in integrating functional needs support services (FNSS) into general population shelters.

Sheltering Planning Resources

Checklist for Integrating People with Disabilities and Others with Access and Functional Needs into Emergency Planning, Response & Recovery – Checklist for emergency planners and managers who have responsibility for developing, maintaining, testing, and revising emergency plans. Kailes, J.I Edition 1, November 11, 2011. Published and distributed by the Harris Family Center for Disability and Health Policy, www.hfcdhp.org. Link to <http://www.jik.com/plancklst.pdf> or file titled *Checklist_for_integrating_people_with_disabilities*

Department of Justice ADA Best Practices Tool Kit for State and Local Governments – The Tool Kit is designed to teach state and local government officials how to identify and fix problems that prevent people with disabilities from gaining equal access to state and local government programs, services, and activities. Chapter 7 relates to *Emergency Management* and the Addendums to Chapter 7 includes *Addendum 2: The ADA and Emergency Shelters: Access for All in Emergencies and Disasters* and *Addendum 3: ADA Checklist for Emergency Shelters*. Because of its importance the checklist is also included on this resource list. Hyperlink to: <http://www.ada.gov/pcatoolkit/toolkitmain.htm>

Department of Justice ADA Checklist for Emergency Shelters – A quick check survey and detailed checklist to assist state and local officials and operators of emergency shelters determine whether a facility being considered for use as an emergency shelter is accessible. The quick survey will provide guidance on whether the facility has certain basic accessible features and the detailed checklist will provide specific information on barriers. Hyperlink to: <http://www.ada.gov/shleterck.htm>

Public Health Emergency Discussion Series – A series of webcasts presented by the HHS Office of the Assistant Secretary for Preparedness and Response to focus on topics related to public health emergency preparedness and response. The site includes a July 2010 webcast on Functional Needs for At-Risk Individuals in Public Health Emergencies and Disasters.

Hyperlink to: <http://www.phe.gov/Preparedness/planning/abc/Pages/phediscussion.aspx>

Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters – November 2010 FEMA – Guidance to assist emergency managers and shelter planners plan for and understand requirements related to sheltering persons with functional support needs in general population shelters. This guidance supports integration of persons with access and functional needs into every aspect of emergency shelter planning and response.

Hyperlink to: http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf

FEMA Functional Needs Support Service Guidance – Fact Sheet

Hyperlink to: <http://www.phe.gov/Preparedness/planning/abc/Pages/functional-needs.aspx>

FEMA Functional Needs Support Services Briefing – Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters.

Link to document titled *FEMA_FNSS_Brief*

Florida's 2012 Statewide Emergency Shelter Plan - The Plan, submitted for approval to the Governor and Cabinet by January 31 of each even-numbered year, identifies the general location and square footage of both general population and special needs shelters (SpNS), by Regional Planning Council (RPC) region, during the next five (5) years.

Hyperlink to:

<http://www.floridadisaster.org/Response/engineers/SESPlans/2012SESPlan/index.html>

National Commission on Children and Disasters 2010 Report to the President and Congress – The Commission examined and assessed the needs of children in relation to the preparation from response to, and recovery from all hazards. See Chapter 9 for findings and recommendations related to Sheltering Standards, Services, and Supplies. Also see Appendix E: Standards and Indicators for Disaster Shelter Care for Children, and Appendix F: Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities. October 2010.

Hyperlink to:

<http://cybercemetery.unt.edu/archive/nccd/20110426214356/http://www.acf.hhs.gov/ohsepr/nccdrreport/index.html>

Other Resources for Sheltering Planning

Florida Special Needs Shelter and Vulnerable Population Resources

Special Needs Shelter (SpNS) Program – Department of Health webpage containing links to a variety of tools, resources, documents, and forms for special needs sheltering. Resources include Eligibility Guidelines and a Level of Care Matrix, Supply and Equipment List, Technical Assistance Guidelines, Standard Operating Guide, Isolation Precautions, Facility Guidelines, SpNS Training and Education resources and more.
Hyperlink to: <http://www.doh.state.fl.us/demo/BPR/SpecialNeedsShelter.html>

Discharge Planning – Department of Health Discharge Planning webpage and Discharge Planning Resources Toolkit. The toolkit provides a link to the 2012 Discharge Planning Resource Guide as well as information on multiagency discharge planning teams, partner agencies, community resources, and other useful discharge planning links and resources.

Hyperlink to: <http://www.doh.state.fl.us/demo/BPR/dischargeplanning.html>

Emergency Preparedness Publications for People with Disabilities – Floridadisaster.org webpage with a variety of publications to assist persons with disabilities prepare for a disaster.

Hyperlink to: <http://www.floridadisaster.org/disability/publications.html>

Local Health Councils – Department of Health webpage with information and links to local health councils established by Section 408.033 F.S as a network of non-profit agencies that conduct regional health planning and implementation activities. Local health councils develop district health plans containing data, analysis and recommendations that relate to health care status and needs in the community.

Hyperlink to: http://www.doh.state.fl.us/Workforce/HealthCouncils/LHC_Index.html

Vulnerable Populations – Department of Health webpage that serves as a toolkit for community planners who seek to better understand the needs of vulnerable populations before, during and after a disaster or incident. Tools are designed to enhance awareness and assessment of, and communications to those most at-risk in the community. The page includes vulnerable population profile data.

Hyperlink to: <http://www.doh.state.fl.us/demo/BPR/VulnerablePopulations.html>

Data Resources

CHARTS (Community Health Assessment Resource Tool Set) – Department of Health webpage that provides a public health statistics and reports for community health assessment and improvement planning. The page includes links to county health profiles, health resources and much more.

Hyperlink to: <http://www.floridacharts.com/charts/chart.aspx>

COMPASS (Comprehensive Assessment, Strategic Success) – Department of Health webpage that provides information and resources for improving Community Health Plans and Outcomes. The page includes links to resources for community health assessment and improvement planning, county community health assessment survey reports and more.

Hyperlink to: http://www.doh.state.fl.us/planning_eval/CHAI/index.htm

FNSS Analysis Florida Counties – Version 4, October 5, 2011 – Tool to allow Florida counties to estimate select functional needs of support services requirements based on county demographics.

Link to Excel file titled

FNSS_Demographic_Resource_Analysis_Toolkit_for_Florida_Counties_V4a

Hyperlink to: <http://www.floridadisaster.org/search.asp> ; type “FNSS demographic” and click on Search.

Vulnerable Population Profiles – Part of the Department of Health Vulnerable Populations webpage containing state, regional, and county-specific data for those vulnerable populations for which data sources are available. Data is available for 2009 and 2011 so trends can be observed.

Hyperlink to: <http://www.doh.state.fl.us/demo/BPR/VulnerablePopulations.html>

Training

Public Health Nursing Refresher Skills Course – Course developed by nurses for nurses to provide a refresher tool for providing medical care to people in special needs shelters. The course provides information to enhance skills and confidence by providing an opportunity for didactic and hands on skills practice. The course is offered on-line through Saint Petersburg College. When you get to the webpage, select course #706. Continuing education credit is provided free of charge by the Florida Department of Health for Florida nurses or others in an included discipline who create a free Online CE account.

Hyperlink to: <http://www.onlinece.net/CourseScholarships.aspx>

Serving People with Functional and Access Needs in Shelters – Training was developed from a grant from the Florida Department of Health and hosted on the American Red Cross website. Training is designed to give participants an overview of functional and access needs, techniques for assisting people with functional and access needs in a sheltering environment, and introduce related laws and guidelines.

Link to document titled

ARC_Training_Serving_People_with_Functional_and_Access_Needs_in_Shelters

Training Videos for Volunteers in Disaster Shelters – The Medical Reserve Corps of Greater Kansas City developed a series of award-winning training videos for volunteers in disaster shelters. Videos and written protocols are available for 15 topics including Universal Precautions, Body Mechanics, Assisting in Feeding; Patient Lift and more.

Hyperlink to <http://www.mrckc.org/trainingvideos.asp>

At-Risk Populations Resources

CDC Emergency Preparedness for Older Adults Planning Guides, Strategies & Recommendations – Webpage with considerations, information, resources for planning for vulnerable older adults during public health emergencies. Resources include a guide for Identifying Vulnerable Adults and legal options for increasing their protection during all-hazards emergencies.

Hyperlink to: http://www.cdc.gov/aging/emergency/planning_tools/planning_guides.htm

CDC Planning for the Whole Community: Addressing Access and Functional Needs Before, During and After Disasters – February 14, 2012 Clinician Outreach and Communication Webcast slides, audio and transcript. Subject matter experts discuss how clinicians can work in their communities to integrate and coordinate emergency preparedness, response and recovery efforts for children and adults with disabilities and others with access and functional needs before, during and after a disaster.

Hyperlink to: http://emergency.cdc.gov/coca/calls/2012/callinfo_021412.asp

FEMA Office of Disability Integration and Coordination (ODIC) – Webpage with tools, resources, and information for integrating and coordinating emergency preparedness, response and recovery for children and adults with disabilities and others with access and functional needs before, during and after a disaster. The page includes a comprehensive preparedness guide and much more.

Hyperlink to: <http://www.fema.gov/about/odic>

FEMA Personal Assistance Services Contracts Q & A – Questions and Answers from the Office of Disability Integration and Coordination on the FEMA contracts to provide personal assistance services to individuals with access and functional needs in

congregate facilities during disasters, when this assistance is requested by the affected state.

Link to file titled FEMA_Personal_Assistance_Services_ContractsQandA

Medicare Resource Locator and Supplier Directory – Website that provides the names, addresses, and contact information for suppliers that provide services or products under the Medicare program. This list may help counties locate local Durable Medical Equipment suppliers. Use the link “Medical Equipment Suppliers” on the side bar.

Hyperlink to: <http://www.medicare.gov/navigation/resource-locator/resource-locator-overview.aspx>

FNSS Resources from Other States

Fort Bend County Texas Functional Needs Support Services - On-line or printable survey for persons who anticipate needing assistance during an emergency. The survey is to assist county departments plan how to assist people with special needs in the county during an emergency or disaster.

Hyperlink to: <http://www.co.fort-bend.tx.us/getSitePage.asp?sitePage=13047>

New Hampshire Functional Needs Guidance – State Emergency Operations Plan Support Annex – March 2010 – The purpose of the annex is to assure access to emergency preparedness, response, recovery, and mitigation services for individuals with functional needs.

Hyperlink to:

http://www.nh.gov/safety/divisions/hsem/documents/nh_functional_needs_guidance.pdf or document titled *New Hampshire_functional_needs_guidance*

Texas Department Of Public Safety Functional Needs Support Services Toolkit – Toolkit created by the State of Texas FNSS integration Committee that provides guidance to assist planners in understanding the requirements related to sheltering children and adults with and without disabilities who have access and functional needs. Guidance can be incorporated into existing shelter plans to meet access and functional needs in general population shelters. While relevant to Texas, the toolkit offers information on operational planning, suggested staffing, intake assessment form, triage process, planning tools, etc.

Hyperlink to: <https://www.preparingtexas.org/preparedness.aspx?page=32137bc8-eed7-42bb-ad7e-2765fd8abdb9>

Appendix E:
List of subcommittee Participants

CHAIRS:**Danny Kilcollins**

State of Florida Emergency Management
2555 Shumard Oak Boulevard
Tallahassee, FL 32399-2100
850 413-9859 office
Danny.Kilcollins@em.myflorida.com

Mike Whitehead

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399
850 410-2496 office
Michael.Whitehead@dbpr.state.fl.us

MEMBERS:**Susan Bulecza-Preparedness Director**

Bureau of Preparedness and Response
Florida Department of Health
4052 Bald Cypress Way, BIN A-23
Tallahassee, FL 32399-1748
850 245-4444, ext 3872 office
Susan_Bulecza@doh.state.fl.us

Patricia Frank-Region 3 Special Needs Consultant

Regional Special Needs Consultant
Department of Health
St Johns CHD
1955 US 1 South Suite 100
St. Augustine, FL 32086
352 258-4930 mobile
Patricia_Frank@doh.state.fl.us

Bonnie Gaughan-Bailey-Manager

Community Resiliency Unit
Florida Department of Health
4052 Bald Cypress Way, BIN A-23
Tallahassee, FL 32399-1748
850 245-4444, ext 3383 office
850 519-2574 mobile
Bonnie_Gaughan-Bailey@doh.state.fl.us

Jesus Garcia-Representing the blind community

Logisticare
8600 NW 36th Street
Miami, FL 33413
305 582-7254
Jesug@logisticare.com

Ian Campbell-Florida State Disaster Chair

American Red Cross
Tampa Bay Chapter ARC
3310 West Main Street
Tampa, FL 33607
813 613-5777 office
campbelli@usa.redcross.org

Jon Hamrick-Florida Dept. of Education

Office of Educational Facilities
325 West Gaines St. Room 1032
Tallahassee, FL 32399-1950
850-245-9230 OFFICE
Jon.Hamrick@fldoe.org

MEMBERS (cont.):

Maria Haney-Emergency Management Coordinator Clay County Emergency Management 1 Doctors Drive Green Cove Springs, FL 32043 904 284-8735 office Maria.Haney@co.clay.fl.us	Maureen Long-CEM Project Manager 1 Seminole County Emergency Management 150 Bush Blvd. Sanford, FL 32773 407 665-5121 office mlong02@seminolecountyfl.gov
Amy Kelly-Operations and Management Consultant II Department of Children and Families Agency for Persons with Disabilities 4030 Esplande Way, Suite 170 Tallahassee, FL 32399 850 414-7597 office	Vicki McCrary-Operations and Management Consultant Manager Department of Children and Families Agency for Persons with Disabilities 4030 Esplande Way, Suite 170 Tallahassee, FL 32399 850 921-3061 office Vicki_McCrary@dcf.state.fl.us
Rich LaBelle-Representing Developmental Disability community Family Network on Disability 2196 Main St, Suite K Dunedin, FL 34698 727 523-1130 office richlabelle@fndusa.org	Matt Motko-Executive Director Independent Living Resource Center of NE Florida 2709 Art Museum Drive Jacksonville, FL 32207 904 399-8484 office mattm@cilj.com
Tom Linley-Director of Emergency Management Volunteer Florida 401 S. Monroe St Tallahassee, FL 32301 850-528-3641 mobile tom@volunteerflorida.org	Darrell Phillips- FL. Dept. of Education Office of Educational Facilities 325 West Gaines St. Room 1032 Tallahassee, FL 32399-1950 850-245-9230 OFFICE darrell.phillips@fldoe.org
Keely Smith-Special Needs Shelter Coordinator Public Health Preparedness Hillsborough County Health Department 813-307-8015 x 4406 office 813-276-8689 fax Keely_Smith@doh.state.fl.us	John Trifiletti, Ph.D.-Associate Director Independent Living Resource Center of NE Florida 2709 Art Museum Drive Jacksonville, FL 32207 904 399-8484 office johtnt@cilj.com
Valerie Stafford-Mallis- Outreach Coordinator Florida Coordinating Council for the Deaf and Hard of Hearing Department of Health Children's Medical Services 11319 Pine Lilly Place Bradenton, Florida 334202 941-758-7640 office Valerie_Stafford-Mallis@doh.state.fl.us	Merilee White-Emergency Management Consultant Volunteer Florida 401 S. Monroe St Tallahassee, FL 32301 850-488-0384 office merrilee@volunteerflorida.org

MEMBERS (cont.):

<p>Greg Strader-Executive Director Be Ready Alliance Coordinating for Emergency (BRACE) 1301 W. Government Street Pensacola FL 32302 850 444-7136 office Gstrader@BeReadyAlliance.org</p>	<p>John Wilgis-Director Emergency Management Services Florida Hospital Association 307 Park Lake Circle Orlando, FL 32803 407 841-6230 office john@fha.org</p>
<p>Walter Thomas-PHP Planner; Training Development Specialist Sumter County Health Department 415 East Noble Ave Bushnell, FL 33513 352 793-2701, ext 301 office Walter_Thomas@doh.state.fl.us</p>	<p>Chip Wilson-Statewide Disability Coordinator Division of Emergency Management 2555 Shumard Oak Boulevard Tallahassee, FL 32399-2100 850 413-9892 office Chip.Wilson@em.myflorida.com</p>
<p>Connie Wolfe-Communicable Disease/Epi Coordinator Clay County Health Department P.O.Box 578 Green Cove Springs, FL 32043 904 529-2852 office Connie_Wolfe@doh.state.fl.us</p>	<p>Loubert "Lou" Alexis-Emergency Management Coordinator Office of Emergency Management Miami-Dade Fire Rescue Department 9300 NW 41st Street Miami, Florida 33178 305-468-5427 office Loubert.Alexis@miamidade.gov</p>