Health & Social Services Branch – Lee County Recovery Task Force

Meeting Minutes

3:00 PM | APRIL 11, 2023 | COLLABORATORY | 2031 JACKSON STREET, SUITE 100, FORT MYERS, FL 33901| PUBLIC MEETING

Call to Order

At 3:00 PM on April 11th, 2023, the Health & Social Services Branch meeting convened with the following members present:

- Troy Churchill, Lead
- Julie Ferguson
- Therese Everly
- Karen Krieger (on behalf of Dana Begley)
- Jorge Quinonez
- Angela Katz
- Dawn Belamarich
- Nicole Calderone
- Greg Dewitt
- Stefanie Ink-Edwards

Facilitators and Branch Support:

- Jon Romine, Collaboratory
- Tessa LeSage, Collaboratory
- Harrison Newton, Hagerty Consulting
- Robbie Heere, Hagerty Consulting

Introductions

Branch members introduced themselves. Jon Romine, the Branch facilitator, began the presentation.

Recovery Task Force (RTF) Updates and Problem-Solving Process

Mr. Romine provided a review of the purpose of the RTF and Branches in the Recovery and Resilience (R&R) planning process and provided a description of the Unmet Needs Committee. Robert Heere provided a review of the work of the RTF since the last meeting, including the community engagement plan and information regarding the Community Development Block Grant – Disaster Recovery (CDBG-DR) program.

Mr. Romine outlined the work of this meeting and provided a review of the problem-solving process in identifying solutions and recommendations for the R&R planning process.

Research and Data Presentation and Discussion

Harrison Newton presented the key challenges and findings for the four Branch identified priorities regarding health and social services.

Priority 1 Key Challenges

Mr. Newton presented the key challenges of the first priority: Improved healthcare access for residents, including special needs supporting care, pharmacies, and mental health services.

Priority 1 Key Findings

Mr. Newton provided a review of findings related to key research from healthcare providers and systems related to mental health, sheltering needs, and departmental websites, including long-term challenges for mental health needs.

Mr. Romine asked for additional research components and the following was discussed:

- A current assessment of healthcare.
- Whether primary care or specialty care is represented in the statistics shown and further discussion on the difference in care.
- The Lee Health Community Needs Assessment might be able to provide deeper data on this topic.
- Gathering narratives of disaster-related stories in the community from individuals in the community.
- Gathering information on the mental health needs from the managing entities.
- Having the managing entity present on mental health at a workshop.
- Healthy Lee Mental Health is always identified as the biggest. Others should be represented at the Branch level, such as SalusCare.

- Crisis stabilization is still closed at SalusCare.
  - ***Emergent Issue:*** Identified that opening SalusCare is an emergent issue. Patients are in crisis due to it being closed since September 28th, 2022. Expediting funding is needed for SalusCare to be repaired and reopened. It is imperative for the community to be aware of this.
- Gathering information on how many healthcare facilities are running and reported, such as a list of open skilled nursing facilities, Agency for Persons of Disabilities (APD) facilities, or Agency for Health Care Administration (AHCA) facilities.
- Mobile Healthcare Units:
  - ***Priority***: Need to look at mobile health standards per capita population.
  - Family Health Centers (FHC) have two mobile healthcare units to provide care. It would be helpful to create a list of mobile units for use in emergency situations.
  - Mobile integrated health – fire departments are deploying social workers to prevent readmission to the hospital. This was recently approved, telemedicine for high deductible insureds and patients. Departments are using units funded through the hospital through readmission funds. They are sending smaller vehicles instead of firetrucks.
  - Three mobile medical units for a large county. Suggested funding 20 mobile health units, one for every fire district.
- Remove barriers such as dental services.
- Look at the grants and funding available for the county.
- Pharmacies:
  - People were missing medications for weeks at a time.
    - No power for pharmacies was the issue.
  - Suggestion for communicating the need for prescription obtainment while preparing for a hurricane.
  - National backorder of medications post-disaster, which causes issues with refilling prescriptions.
  - Walmart and Publix emergency response departments had issues with accessing their pharmacies post-disaster.
  - It is important to understand the network of pharmacies that would be available to the Emergency Operations Center (EOC). Emergency response programming is needed for medical needs and pharmacies to include expediting connectivity for the pharmacies.

Priority 2 Key Challenges

Mr. Newton presented the key challenges of the second priority: Coordination provided by a resilience hub with dependable and real time information and based on prior mapping of critical care infrastructure.

- Members suggested the Department of Children and Families (DCF) as Subject Matter Experts (SME).

Priority 2 Key Findings

The following was presented and discussed by Branch members:

- Sheltering:
  - There is a need to provide sheltering due to evacuation difficulties.
  - It would be helpful to hear from sheltering managers regarding the tiered plan for staying in the sheltering system (school district, Red Cross, and emergency management) to include lessons learned.
  - A list of hardened buildings for sheltering needs (if it does not already exist).
  - There is a need to take a deeper look into special needs sheltering, group home providers who may not have a hardened building, and policy issues regarding special needs sheltering and preparedness.
- A higher level of communication and coordination is needed among the non-profits to communicate and help with deployment and staff coordination, communicate which non-profits are closed, and to have a consensus of who will be involved.
- Gathering data from county for emergency center.
  - Providing direct services and surveying organization to have neighborhood level centers.
  - Faith-based centers as organizations.
- There is a need to survey and provide readiness planning efforts for social services.
- An additional topic to discuss is the stress on healthcare systems.
  - Pre-planning for facility and service side for infrastructure.

Priority 3 Key Challenges

Mr. Newton presented the key challenges of the third priority: Strengthen regulatory requirements for special services and supportive living centers. Branch member discussion included:

- The possibility of hardening the key nursing facilities due to skilled nursing facilities calling hospitals for help.

- There is a challenge with fuel and power. Some facilities need more planning and to not rely on shelters for emergencies.
- There is an issue with the liability of providers and passing that to other facilities.
- Need for hardening and overall policies and procedure of emergency management plans.
- The unpredictability of the shifting storm made it difficult for special needs listing.
- There is huge value of news and press and storm preparation in awareness of communication for special needs and annual registration.

Priority 3 Key Findings

Mr. Newton highlighted some best practices that should be looked at for lessons learned. Branch members went on to discuss the following:

- Understanding where redundancy exists and the need to harden facilities to prevent burden on the health system.
- The risk is on the facility. Transfers to other facilities happen often, which makes the risk and liability exist. There is a need to explore how to keep these facilities open.
  - A potential solution would be to increase staffing and supply regulatory requirements, so these facilities can evacuate and support other facilities.
- There is a need to map these facilities in flood maps and see sheltering needs and districts.

Priority 4 Key Challenges

Mr. Newton presented the key challenges of the fourth priority: Harden physical infrastructure of healthcare facilities. Healthcare facilities were able to stave off disaster from investments made. Mr. Newton discussed best practices and positive experiences to build on to include building standards that help in key facilities, staffing and personal impacts due to the storm, and who is going to be there to provide in the midst of disaster.

Priority 4 Key Findings

Mr. Newton expanded on some best practices that can be built upon, such as understanding critical infrastructure at the county and city level and capital improvement plans could be analyzed to provide resilience values for future projects and prioritization. Branch members went on to discuss the following:

- Suggestion of hardening urgent care centers to ensure they are up and running. Access and staffing needs are key.
  - The potential of tapping the resources of facilities that are not open and tapping the labor resource space for labor and emergency staffing needs was discussed.

- Need to understand how to manage what to do and best practices for non-profit sector in emergency management.
- The need for organizations to have access to generators and natural gas and facilities, power needs and providing ice to survivors, having a hardened facility with the ability to communicate that people do not have to travel far to get help post-disaster, and creating neighborhood facilities.
- Define critical infrastructure based on critical human needs and define what that means.
  - Where are these facilities?
  - Supply distribution and staffing needs.
  - Shelters.
  - Faith based and networks of opportunities.
  - Facilities that have resources that are built to a higher standard and are hardened to learn those best practices can be applied.
- Natural gas vs fuel was discussed:
  - Natural gas can be interrupted and cannot be included in emergency management plans.
  - Longer time to provide.
- Utilizing other counties and setting up coordination prior with other counties to provide assistance.
  - Mutual aid through the state emergency plan.
    - These connections and communications were able to get help and support.
- Discussed longer-term planning processes and integration.

Meeting Recap

Mr. Romine reviewed the challenges and priorities identified, SMEs identified, and the importance of utilizing best practices to not reinvent the wheel.

Next Steps

The schedule of meetings was shared with the Branch members.

Discussion and Questions

No further discussion.

Public Comment

Jeanine Joy of United Way commented that the United Way serves as a storm hotline and callouts to special needs outreach look at other models on how those people will receive emergency messages. Communication difficulties and people missing transportation outreach are challenges. Best practices should include the special needs population and their needs.

Manuela Martinez of FISH of Sanibel Captiva commented that resiliency hubs should be placed on non-profits and social services distributors for the non-profits sector since they have connections to the clients. They have been doing day-to-day disaster relief since the storm and know all the resources that FEMA and the state can bring. The process should include lessons learned after the storm.

Maria Espinoza commented on resiliency hubs and identifying future resources. There needs to be awareness of scams. People are scammed out of thousands of dollars.

Chief Tracy McMillion with the City of Fort Myers Fire thanked the Branch and the members.

Concluding Remarks and Adjournment

The Health & Social Services Branch meeting adjourned at 4:36 PM on April 11th, 2023.