



INDIAN RIVER COUNTY PDRP Planning Meeting 1 Health and Social Services

Work Group Discussion Guidance

Lead Work Group Member: _____

Agency or Department: _____

Additional Departments/Organizations Identified

Please list any contact information for the departments or organizations previously identified for stakeholder input.

Department/Organization	Name	Contact Information
Health Department		
School District		
Mental Health		
Child Protective Services		
Indian River Medical Center		
Sebastian Medical Center		
Sherriff		
Vero Beach Police		
EMS		
New Horizon		
Gifford Youth Activity		
TC Community Health		
Boys & Girls Club		
Library		
Parks Department		



INDIAN RIVER COUNTY PDRP Planning Meeting 1

Section 1: Background

Social vulnerability describes special needs populations that may require long-term assistance during recovery, such as low-income, elderly, and disabled. It can also encompass low-wage workers in highly vulnerable industries, such as tourism and agriculture. Availability of transportation can also be key in workforce and economic redevelopment.

Other health and human service related issues:

- Most hurricane-related deaths & injuries occur after the storm has passed.
- Unsafe drinking water, carbon monoxide poisoning, lack of access to medications, and contaminated food supplies are all public health issues.
- Increased incident of depression, domestic abuse, and drug and alcohol abuse are likely.
- Often overlooked, is counseling and support for first responders and relief workers.
- Long-term placement of displaced special needs persons living independently prior to the disaster with a destroyed home





INDIAN RIVER COUNTY PDRP Planning Meeting 1

Section 2: Discussion Questions

Issue	Discussion Questions	Comments	Additional Information & Data Needs
Health Facility Restoration	<p>What health care facilities are likely to sustain major physical damage during a disaster event? Why? (i.e. older construction, located in CHHA, proximity to a SARA EHS site, etc.)</p> <p>Does the healthcare community have any strategies in place to assist in minimizing the financial impacts of augmenting personnel and resources for long-term redevelopment?</p>		



INDIAN RIVER COUNTY PDRP Planning Meeting 1

Issue	Discussion Questions	Comments	Additional Information & Data Needs
	<p>What information exchange and/or communications networks could be employed long-term to exchange information maximize use of local resources among the healthcare community? Are there any resources gaps that would hinder information exchange and communication?</p>		
<p>Social Service Provision to Socioeconomic Vulnerable Populations</p>	<p>Identify priority local issues for special needs populations (i.e. low income, elderly, disabled) in Indian River County?</p> <p>This can include housing, transportation, medical, mental health, workforce employed in highly vulnerable industries such as tourism and agriculture, etc.</p>		





INDIAN RIVER COUNTY PDRP Planning Meeting 1

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<p>Public Safety Service Levels Re-established throughout the Community</p>	<p>Identify segments of the population which depend heavily on social services. This may include socially vulnerable populations, including the disabled, senior citizens, racial and ethnic minorities, language isolated, single parents, impoverished.</p> <p>Identify specific long-term recovery goals and objectives (i.e. transportation, ability to communicate, overcoming language barriers) that would aid them in the post-disaster environment?</p> <p>Where are these segments of the population located within Indian River County?</p> <p>What local health and social service agencies and organizations have resources to support long-term recovery post-disaster?</p>		



INDIAN RIVER COUNTY PDRP Planning Meeting 1

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<p>Coordination and Assistance for Non-governmental Organizations and Volunteers</p>	<p>How can public safety service levels be adjusted to meet basic community needs during long-term recovery?</p> <p>Does Indian River County have the capacity and procedures in place to continue to coordinate the influx of volunteers throughout long-term redevelopment?</p> <p>Have volunteer positions been identified to support long-term recovery operations? If so, what are they? If not, identify positions that may be able to support long-term recovery.</p>		
<p>Provide for special needs populations throughout long-term redevelopment</p>	<p>Disabled populations are going to need special accommodations and temporary housing during evacuation and recovery. Many communities have these residents registered on emergency management special needs lists to receive assistance. However, there may be many people, registered or not, that will need long-term assistance dealing with the traumatic</p>		



INDIAN RIVER COUNTY PDRP Planning Meeting 1

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	<p>changes and returning to normal circumstances in which they do not need special assistance.</p> <p>How can the special needs list be modified (i.e. what information should be captured) to ensure assistance to residents that may require it in the aftermath of a disaster. How often is it updated? Who is responsible for maintain the list and do health care facilities have access to the list?</p> <p>Attention should be given to nursing home and assisted-living facility residents during long-term redevelopment as evacuated residents return to their home facilities.</p> <p>There is likely to be a shortage of qualified staff and suitable facilities. The return of these residents must be closely coordinated with emergency management personnel, and financial assistance or mutual aid agreements may be needed.</p> <p>Facilities should take into consideration the length of time it takes to improve the</p>		





INDIAN RIVER COUNTY PDRP Planning Meeting 1

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Public Transportation Restoration and Improvement	<p>health status of many returning nursing home evacuees who may be experiencing functional and mental decline. This will affect the number of staff and their required expertise that facilities need to have on hand throughout the redevelopment phase.</p>		
	<p>What additional staff and resources would you anticipate to meet the demand?</p>		
	<p>From where could these additional resources and personnel be drawn to support long-term operations?</p>		
	<p>Is there a possible role for volunteers? If so, what?</p>		
	<p>What public transportation resources are available to assist people to and from designated housing sites and major employment centers?</p> <p>How can the medical transport resources</p>		



INDIAN RIVER COUNTY PDRP Planning Meeting 1

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Schools, Higher Education Reopened	<p>be augmented during long-term recovery for displaced special needs populations, medical transports, etc?</p>		
	<p>How many school facilities are located in highly vulnerable areas?</p> <p>Has there been any consideration for the relocation of vulnerable educational institutions into less vulnerable areas?</p>		
	<p>Do the educational institutions have continuity of operations plans that are viable during long-term redevelopment and prevent gaps in essential functions, including payroll and student data?</p>		



INDIAN RIVER COUNTY PDRP Planning Meeting 1

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<p>Mental and behavioral health assistance</p>	<p>Are there plans that would allow schools to be augmented to accommodate additional students from destroyed schools?</p> <p>Disasters are emotionally traumatic for many survivors. Caring for the mental and behavioral health and well-being of residents could include providing special services through county and non-governmental programs as well as ensuring that mental health providers have the resources they need to deal with the influx of patients. Many people will be reluctant to seek counseling, so programs may need to be readily available in temporary housing locations and other long-term recovery assistance centers.</p> <p>Can you identify resources, programs, or actions needed that could establish long-term medical and mental health recovery centers?</p>		



INDIAN RIVER COUNTY PDRP Planning Meeting 1

Section 3: Plan and Vision Integration

The Indian River County CEMP addresses the needs of different segments of the population, establishing a strategy that pays particular attention to those with special medical needs. A committee was formed in 1989 by the Indian River County Department of Emergency Services to focus on those with special medical needs. Since then, the intent of the Special Needs Shelter Program is to provide a safe place for persons requiring medical assistance to temporarily shelter during an evacuation from either a man-made or natural disaster, rather than inundating local hospitals with a large number of people that a specially equi[[ed and staffed sheltwe could adequately handle.

Has the special needs assessment been reevaluated since 1989? If so, who is the responsible agency and has integration with the CEMP been considered? If the assessment has not been done recently, is there a need to reevaluate the medical needs of special needs population?

How can we bridge or connect the Special Needs Shelter Program to integrate into a more long-term recovery and with the PDRP?

What elements should be included in a visioning document for the healthcare sector, if one were created?

Can you identify a potential vision for the health and social services workgroup? Goals, objectives, action items necessary to aid residents in the post-disaster environment?