

## 4. Health and Social Services

This section of the plan discusses aspects of long-term redevelopment specific to health and social services. The Health and Social Services Technical Advisory Committee (TAC) is the lead implementing body for this section and it is responsible for working in coordination with relevant local and regional organizations and agencies. The Health and Social Services TAC is working to ensure that Hillsborough County will be able to meet the increased health, social service, and public safety needs of its population after a major disaster with a smooth transition from short-term recovery services to long-term redevelopment assistance.

### 4.1 OVERVIEW

It is the socially and economically vulnerable who are affected most severely during a disaster event. A key determinant of successful community recovery is the level of social vulnerability that exists and the extent to which health and social services are effectively provided. New Orleans' continuing struggles with recovery from Hurricane Katrina offer an example of what can happen as a result of high social vulnerability and few preparations for dealing with social and health needs in a post-disaster environment. The Hillsborough County PDRP will seek to address the long-term recovery health and social needs that will be exacerbated by a disaster and prepare for providing the best possible services in such a situation. An important component is ensuring the smooth transition of health and social services from short-term recovery operations to long-term redevelopment assistance. The strategies in this chapter focus on identifying avenues for enhancing services and lowering social vulnerability, thereby increasing community resiliency to future disasters.

The Health and Social Services TAC identified and prioritized the following list of issues that are discussed in detail in **Section 4.4**:

#### Health and Medical

1. Hospital, clinic, and medical office restoration;
2. Medical personnel retention and recruitment;
3. Mental health assistance;
4. Assisted living and nursing home safety;
5. Long-term assistance for special needs population;
6. Health-related pollution and environmental justice; and
7. Community redevelopment from a "Healthy Communities" perspective.

#### Safety and Security

1. Public safety service levels reestablished throughout county.

#### Education

1. Schools, higher education reopened;
2. Daycare, after-school, and teen programs restored; and
3. Recreation, cultural activities restored.

#### Social Services

1. Public transportation restoration and improvement;
2. Children and family services;

3. Low-income assistance;
4. Homeless programs; and
5. Coordination and assistance for nongovernmental organizations and volunteers.

## 4.2 VULNERABILITY

### Introduction

Researchers have found that while disasters do not create or fundamentally change the existing social and economic trends in communities, they do magnify them (Kates, 1977). Understanding the current demographic and socioeconomic characteristics of a population enables a community to understand potential future problems that it may be confronted with during post-disaster redevelopment. This knowledge can increase the ability of a population to remain safe during an event and better plan for rehabilitation in the aftermath. According to hazard researchers Susan Cutter and Christopher Erich, “Social vulnerability is the product of social inequalities. It is defined as the susceptibility of social groups to the impacts of hazards, as well as their resiliency, or ability to adequately recover from them. This susceptibility is not only a function of the demographic characteristics of the population (age, gender, wealth, etc.), but also more complex constructs such as health care provision, social capital, and access to lifelines (e.g., emergency response personnel, goods, services)” (Cutter and Erich, 2006). This section splits social vulnerability into two segments and examines the health-related and socioeconomic vulnerabilities of Hillsborough County residents.

### Health-Related Vulnerability

#### *Elderly and Youth*

According to **Table 4.1**, 12% of the Hillsborough County population is over the age of 65. These people may be more vulnerable in post-disaster situations due to financial or health reasons. Many retirees live on fixed incomes and may not have resources for home rebuilding or preparatory measures. Also, according to the American Medical Association, there is an increased likelihood that seniors may be more susceptible to fraud and exploitation than other populations during times of crisis (American Medical Association and Baylor College of Medicine, No Date). They may need additional assistance due to a variety of chronic health problems including cognitive impairments and diminished mobility. Healthcare facilities could experience extended periods of disruption after a disaster. Some retirees may decide to move where a full range of services are available rather than wait for recovery.

**Table 4.1 Hillsborough County Population Age**

Population (years of age)	Estimate	Percent
<b>Total</b>	<b>1,169,860</b>	<b>100</b>
Under 5	83,237	7
5 to 19	237,221	20
20 to 34	237,113	20
35 to 64	474,677	41
65 and over	137,612	12

Source: U.S. Census Bureau, 2008.

Youth under the age of 19 make up 27% of the overall County population. Children are often considered to be especially vulnerable during disasters due to their susceptibility to disease and air and water contaminants. This is especially true for infants who are often more at risk in situations where there is no air conditioning and poor sanitation. According to the Federal Emergency Management Agency (FEMA), children are particularly vulnerable to the stress and anxiety that follows a natural disaster and their symptoms may linger much longer than those of adults (FEMA, 2003).

*Disabled*

County residents with disabilities are particularly vulnerable because of physical and/or communication barriers that prevent them from utilizing the facilities and assistance made available to people who are not disabled. Services and programs that the disabled are dependent upon may not be restored immediately after a disaster which may affect their quality of life. Also, access to health and medical care may be a more immediate necessity to people with disabilities than to the general public. It is estimated that 15% of the Hillsborough County population (over the age of 5) have a disability (U.S. Census Bureau, 2007).

**Socioeconomic Vulnerability**

*Poverty Level and Homelessness*

Approximately 10% of families and 13% of individual residents in Hillsborough County are living below the poverty line (as shown on **Table 4.2**). According to the Florida Agency for Workforce Innovation (2009), the unemployment rate for Hillsborough County was 11.6% in October 2009. These segments of the population, due to their unstable economic situations, are likely to seek assistance, may not have adequate health or homeowners insurance, or may end up homeless after an event.

**Table 4.2 Percent Living Below the Poverty Line**

Population below poverty	Percent of Total County Population
Families	10
Individuals	13
Under 18 years	18
18 to 64 years	11
65 years and over	10

Source: U.S. Census Bureau, 2008.

After the 2004 and 2005 hurricane seasons, thousands of Floridians found themselves homeless after their low-cost housing was either destroyed or substantially damaged by the eight hurricanes that hit or brushed by the state. Many of those people were just making ends meet before the storms hit and the devastation left the newly homeless poor with few options and rising real estate prices. The jump in homelessness was relatively consistent in the heavily damaged counties and some people were without homes for years after the events (Skoloff, 2006). The current high unemployment rate and housing crisis has left many Florida households in worse economic situations than they were in a few years ago. A disaster event striking the County before the economic situation improves will likely lead to a sharp spike in homelessness which is already high in Hillsborough County. The 2009 Hillsborough County Homeless Coalition Homeless Count conducted in February 2009 found that Hillsborough County has the largest homeless population in the State of Florida. There are over 9,500 homeless men, women, and children in Hillsborough County which is nearly 20% of homeless people in the State of Florida (Homeless Coalition of Hillsborough County, 2009).

#### *Access to Automobiles*

Access to automobiles is significant in disaster events as it affects a population's ability to evacuate and also determines the level of service of public transportation that will be needed after an event while the population is displaced and in temporary housing. Of the occupied housing units in Hillsborough County, 6.4% have no vehicles available (U.S. Census Bureau, 2008).

#### *Racial and Ethnic Minority Populations*

While racial and ethnic minority concentration alone is not an indicator of social vulnerability, racial and ethnic minority populations are likely to be more vulnerable to disasters due to factors such as economic situation, housing patterns, building construction, community isolation, and cultural insensitivities (Fothergill, Maestas, Darlington, 1999). Research has found evidence of inequity during recovery and reconstruction from natural disasters in the United States. For example, after Hurricane Andrew, researchers Walter Gillis Peacock and Chris Girard found that blacks and Hispanics were less likely than whites to receive sufficient insurance settlement amounts due to the fact that they were less likely to have insurance policies with major companies (Fothergill et al., 1999). Studies have also found that black and Hispanic populations were more likely to be left out of formal aid networks (Fothergill et al., 1999). **Table 4.3** shows the racial breakdown of the Hillsborough County population as determined by the United States Census Bureau.

**Table 4.3 Race in Hillsborough County**

Population	Estimate	Percent
<b>Total</b>	<b>1,169,860</b>	<b>100.0</b>
One Race	1,146,906	98.0
White	882,870	75.5
Black or African American	184,881	15.8
American Indian and Alaska Native	2,430	0.2
Asian	34,980	3.0
Native Hawaiian and Other Pacific Islander	272	0.0
Some other race	41,473	3.5
Two or more races	22,954	2.0
Hispanic or Latino (of any race)	260,591	22.3

Source: U.S. Census Bureau, 2008.

Language can be a barrier impeding some ethnic minority concentrations from adequately navigating the available relief system. Public outreach initiatives will need to be translated into other languages for those who do not speak English as a first language (discussed further in **Section 9**).

### **Special Needs Population Vulnerability to Storm Surge and Flooding**

The segments of the population presented in **Table 4.4** live in areas vulnerable to flooding. These populations’ homes are likely to sustain damage in a disaster event, but these people may not have the means or resources to prepare or mitigate their structures or to make repairs in a post-disaster scenario. These people are the most likely to be underinsured or uninsured.

**Table 4.4 Potential Special Needs Populations Vulnerable to Flooding**

Special Needs Populations	Flood	Storm Surge**
<b>Total</b>	<b>254,862</b>	<b>56,498</b>
Minority*	48,109	9,507
Over 65	30,902	6,469
With Disabilities	81,290	16,709
Poverty	24,854	4,145
Language Isolated	2,606	1,305
Single Parent	14,961	2,984

\* Non-white population as determined by the U.S. Census Bureau.

\*\*Storm surge estimates are a subset of the flood category.

Source: Florida Department of Community Affairs, 2006.

### **Health Facilities**

Many Hillsborough County service providers are located in areas that could experience potentially catastrophic damage. Four hospitals (including the county's only Level 1 Trauma Center) are vulnerable to flooding. Major damage to these structures could lead to a disruption of health services post-disaster and a scarcity of services during redevelopment. Health facilities may need to be relocated long-term or even permanently.

### 4.3 INSTITUTIONAL CAPACITY

An institutional capacity assessment was undertaken for each topic area of the PDRP by surveying the members of each technical advisory committee. The purpose of conducting these assessments was to document what was already in place to contribute to disaster recovery, determine the ability of Hillsborough County to implement this plan, and to identify potential opportunities for establishing or enhancing specific redevelopment policies, programs, or projects. The following capacity discussion is specific to health and social services in Hillsborough County.

#### Existing Capacity

Due to the broad and comprehensive nature of post-disaster redevelopment, there are often many disparate resources which may provide a portion of the capacity needed for pre or post-disaster implementation of the PDRP. In an effort to provide a list of resources that can be considered for use after a disaster, resources are divided into primary and secondary levels with secondary resources being less useful or likely to be available.

#### *Organizations*

The organizations listed in **Table 4.5** are those that would be important to have represented on the Health and Social Services TAC after a disaster as they are either critical for rapid post-disaster decision-making or may play a role in implementation. This list however is neither exhaustive nor is the participation of these organizations in the planning/implementation process mandatory. Additional stakeholders not listed in the table below attended TAC meetings during the PDRP planning process and, at the discretion of the TAC Chairs, these and other organizations can be invited to participate in the future.

**Table 4.5 Health and Social Services Agencies and Organizations**

Organization	Role or Expertise
Agency for Persons Living with Disabilities	Assist with outreach to disabled populations
American Red Cross	Provide emergency services and healthcare
Children's Board of Hillsborough County	Provide care and advocacy of children and families
County and Municipal Fire Rescue Departments	Maintain public safety levels throughout redevelopment process
County and Municipal Sherriff's Offices/Police Departments	Maintain public safety levels throughout redevelopment process
Hillsborough Area Regional Transit (HART)	Meet transportation needs of county
Hillsborough County Aging Services	Provide care and advocacy for senior citizens
Hillsborough County Emergency Management Department	Coordinate response and recovery
Hillsborough County Health and Social Services	Coordinate all health and social services
Hillsborough County Health Department	Provide mental and physical health services
Hillsborough County Planning and Growth Management Department	Coordinate use of hazard mitigation funds
Hillsborough County School District	Meet educational needs of the population
Hillsborough Emergency Long-term Recovery Program (HELP)	Assist county residents during long-term recovery efforts
Homeless Coalition of Hillsborough County	Attend to wellbeing of homeless population
Relevant inpatient and outpatient facilities	Provide health and medical services

Organization	Role or Expertise
Self Reliance, Inc. Center for Independent Living	Advocate for residents living with disabilities
United Way Tampa Bay Disaster Services	Coordinate volunteers and public education

*Coordination Capacity*

In addition to identifying the relevant organizations, identifying existing networks and means of communication between these organizations is an important component of understanding the capacity for implementing the PDRP. The following are existing networks between the organizations that could prove useful.

Hillsborough Emergency Long-term Recovery Program

Hillsborough Emergency Long-term Recovery Program (HELP) is a long-term disaster recovery committee comprising representatives from government, health and human service agencies, nonprofit and faith-based organizations in Hillsborough County. HELP was created after the 2004 Hurricane Season to strengthen county-wide recovery efforts in the wake of a disaster by serving those who have disaster-caused unmet needs and assisting residents in securing resources to meet those needs. HELP’s mission includes rebuilding and repairing disaster-damaged homes by coordinating volunteers to help residents secure funding. The United Way serves as the fiscal agent for HELP. HELP collaborates with a number of private nonprofit organizations, examples of which include:

- Adventist Community Services
- American Red Cross
- America’s Second Harvest
- Catholic Charities
- Christian Contractor’s Association
- Christian Reformed World Relief Committee
- Church of Jesus Christ Latter Day Saints
- Church of the Brethren
- Church of Scientology
- Church World Service
- Episcopal Diocese of Florida
- Florida Disaster Baptist Relief
- Florida Interfaith Network for Disasters (FIND)
- Florida Voluntary Organizations Active in Disaster
- Lutheran Disaster Services
- Mennonite Disaster Service
- Metropolitan Ministries
- Presbytery Disaster Assistance
- REACT
- Southern Baptist Convention
- Society of St. Vincent DePaul
- Salvation Army
- United Methodist Committee on Relief
- United Way

Other sources that are likely to participate in meeting unmet needs include businesses, trade unions, trade organizations, civic associations, and other organizations playing a role in disaster recovery. The State Comprehensive Emergency Management Plan

(CEMP) also includes a list of support agencies that are active in response and recovery.

#### Pinellas, Hillsborough, Pasco Community Organizations Active in Disaster (PHPCOAD)

PHPCOAD was created in 2007 as a way to foster communication, cooperation, collaboration, and coordination that would augment and support governments in recovery efforts as well as eliminate duplication of effort and resource among response and recovery groups. The organization is tasked with coordinating affiliated groups of volunteers during recovery and its members will fold into HELP during the long-term phase of redevelopment.

#### Emergency Support Functions

Hillsborough County has an Emergency Support Function (ESF) structure to align County response and recovery activities with those of the State. The following ESFs are relevant to the Health and Social Services TAC during short-term recovery:

**ESF 6: Mass Care and Human Services** – ESF 6 coordinates efforts to provide sheltering, feeding, and emergency first aid. The County Social Services Division is designated as the primary coordinator in the Emergency Operations Center (EOC) for ESF 6. However, the provision of the entire scope of human services is a multifaceted function and involves numerous public and private agencies. The American Red Cross, in its traditional role under its national charter, is the primary agency for conducting mass care operations throughout the county during disasters. In the EOC, the Social Services Division and Red Cross representatives will coordinate the provision of services between the Red Cross, county agencies, state and federal agencies, municipalities and private nonprofit agencies to avoid duplication of services (Hillsborough County Comprehensive Emergency Management Plan, 2006).

**ESF 8: Health and Medical Services** – ESF 8 provides a coordinated response to public health and medical needs following a disaster. The primary coordinator for health and medical activities during disasters is the Hillsborough County Health Department. Agencies supporting this function includes the Medical Director for Mass Casualty Planning, American Red Cross, Aging Services, Health and Social Services, County Fire Rescue, Medical Examiner, Water Resource Services, Public Works Department, Solid Waste Management Department, Municipal Fire/Fire Rescue Departments, and commercial ambulance companies (Hillsborough County Comprehensive Emergency Management Plan, 2006).

**ESF 15: Volunteers and Donations** – ESF 15 coordinates the effective utilization of unaffiliated disaster volunteers and donated goods during response and recovery operations and manages the county's relief supplies reception and distribution system. ESF15 is responsible for the Regional/Tampa Bay Area/County Volunteers and Donations Center (VDC) lead by the Facilities Management Division and the Volunteer Reception Center (VRC) lead by United Way of Tampa Bay. Agencies that have a direct support role in this function include the American Red Cross, Human Resources Department; Parks, Recreation and Conservation Department; Purchasing Department, and the Salvation Army (Hillsborough County Comprehensive Emergency Management Plan, 2006).



Disaster Recovery Committee and Subcommittees

All of the ESFs are represented on the Disaster Recovery Committee that acts as a coordinating body for emergency management activities in the county. Subcommittees of the Disaster Recovery Committee that are active in issues relevant to health and social services include the Hospital Disaster Planning Committee, the Nursing Home/ALF Committee, the Special Needs/Home Health Care Committee, and other various ad hoc committees and working groups (Hillsborough County Comprehensive Emergency Management Plan, 2006).

*Plans, Programs, and Procedures*

**Tables 4.6** and **4.7** provide a listing of local plans/ordinances, programs, and/or procedures that are relevant to long-term recovery of health and social services. These tables serve as an inventory of the relevant plans, programs, and procedures for staff and TAC members to reference post-disaster as potential methods of implementation. Staff and financial capacity may be tied to plans and programs, so these can also be viewed as potential local fiscal resources.<sup>1</sup>

**Table 4.6 Health and Social Services Primary Plans, Programs, and Procedures**

Plan/Program/Procedure	Purpose	Lead Entity
2-1-1 Tampa Bay	A free 24-hour information and referral hotline for nonemergency social services	Children’s Board of Hillsborough County
Assisted Living Program	Services are provided to eligible disabled homeless residents in need of licensed assisted living facilities	Hillsborough County Health and Social Services
Community Action Program	Analyzes low income community needs and administers the Community Services Block Grant, HUD Emergency Shelter Grant, Low Income Home Energy Assistance program (LIHEAP) and Home Energy Assistance for the Elderly (EHEAP)	Hillsborough County Health and Social Services
Employment Opportunity Program	Helps residents regain economic self-sufficiency through employment	Hillsborough County Health and Social Services
Environmental Health Services	Education and regulation of bio-waste and sanitation	Hillsborough County Health Department
Financial Assistance Support Program	Assistance with basic needs for residents who fall below an income range of 125% of Federal Poverty Guidelines	Hillsborough County Health and Social Services
Florida Department of Children and Families Pilot Program	County staff determines local eligibility for the state’s temporary cash assistance programs and determines eligibility for Food Stamp and Medicaid Programs	Hillsborough County Health and Social Services
HARTplus	Transportation for people with physical, cognitive, emotional, visual or other disabilities	Hillsborough Area Regional Transit
Hillsborough HealthCare Program	Deliver quality health care for uninsured County’s residents	Hillsborough County Health and Social Services
Homeless Recovery Program and Homeless Adult Living Facility Program	Financial assistance and case management services are provided to the homeless population of Hillsborough County	Hillsborough County Health and Social Services
Neighborhood Service Centers	Providing health and social services to low-income residents in a community-based environment	Hillsborough County Health and Social Services

<sup>1</sup> The programs listed were functional at the time that this plan was drafted. Future PDRP updates will include revising these tables to adjust for programmatic changes.

Plan/Program/Procedure	Purpose	Lead Entity
Prosperity Campaign of Hillsborough	Financial education and tax assistance	Hillsborough County Health and Social Services
Section 8 Housing Voucher Program	Provide safe, decent and sanitary housing for low income citizens	Hillsborough County Health and Social Services
Sunshine Line	Provides door-to-door transportation and bus passes for elderly, low income, and disabled persons who do not have or cannot afford their own transportation	Hillsborough County Health and Social Services
Trauma Agency	Reduce the incidence of death, disability, and complications from injuries by planning, coordinating and evaluating the County's trauma care system	Hillsborough County Health and Social Services

**Table 4.7 Health and Social Services Secondary Plans, Programs, and Procedures**

Plan/Program/Procedure	Purpose	Lead Entity
Child and Family Counseling Program and Safe Place Program	Provides a continuum of nonresidential and residential services to children and families experiencing runaway, ungovernable and chronic truancy problems	Hillsborough County Health and Social Services
Community Health	Encourage healthy habits in Hillsborough County	Hillsborough County Health Department
Emergency Ride Home	Free taxi rides in cases of personal illness, family emergency, or unexpected overtime	Hillsborough Area Regional Transit
Family Development and Project Opportunity Program	Provide an array of services for families in need of long-term intervention case management services	Hillsborough County Health and Social Services
Family Enrichment Center	Provide family need assessments, service information and referral, support groups for grandparents and children, neighborhood-based access to services, parent education, permanency planning and adoption assistance, and legal referral	Children's Board of Hillsborough county
Family Support and Resource Centers	Offer classes, trainings, and programs for children and parents	Children's Board of Hillsborough county
Hunger Task Force Coordination	The Hunger Task Force coordinates food resources in Hillsborough County to assure hunger needs are met	Hillsborough County Health and Social Services
My Family's Future	Helps individuals and families gain valuable information to improve their ability to manage money	United Way Tampa Bay
Palm River POINT	A broad-based, democratic process for solving problems, especially as they relate to the needs of children and families	Children's Board of Hillsborough county
Success 4 Kids and Families	Comprehensive case management program for children with emotional, behavioral, and/or mental health needs and at-risk youth	Children's Board of Hillsborough county
Summer Care Initiative	Provide funding to area nonprofits to provide summer enrichment programs for youth in low to moderately low income families	United Way Tampa Bay
Summer Food Program	Needy youngsters 18 years and younger receive free lunches and/or snacks outside of school	Hillsborough County Health and Social Services
Veterans Affairs	Assists all veterans, their dependents and survivors in accessing federal, state, and local benefits	Hillsborough County Health and Social Services
Woman Infant Children (WIC) Care	Program that provides healthy food for women and infants	Hillsborough County Health Department

## Recommendations for Expanding Capacity

The County currently has a large number of health and social service agencies and organizations that provide a diverse spectrum of programs to different segments of the Hillsborough County population. After a disaster, the amount of people in need of assistance and health services will increase making it important to expand capacity to reach a greater number of people. Implementing recruitment and staff training programs are ways to ensure that agencies and organizations have adequate employees to meet an increased need. The County should target recruitment efforts on medical professionals including those that specialize in homebound patients and the elderly and social service providers.

After a disaster, the mental health needs of a community change and meeting these needs requires providing a wide variety of services to the community during redevelopment. These mental health needs vary throughout the population and may be specific to Hillsborough County. The creation of a mental health coalition would foster collaboration amongst a variety of professionals and allow the County to address specific issues concerning mental health as they arise in the community.

Post-disaster, environmental health will be a major concern of the County and residents. A coalition that specializes in environmental health would expand the County's capacity to address these issues and could focus on concerns about health-related pollution and contamination. The coalition could lead public outreach and education programs and establish long-term monitoring procedures.

## 4.4 ISSUES

The prioritized issues listed below are the most significant post-disaster redevelopment issues relevant to health and social services in Hillsborough County as determined by the Health and Social Services TAC. Following each issue is a summary of the recommended strategy for implementation. Specific actions that correspond with each issue strategy are listed in **Appendices D** and **E**, with pertinent information such as timeframe and responsibilities for implementation. Full details on the actions are found on the Infrastructure Action Forms, which can be obtained through the Hillsborough County PDRP website ([www.hillsboroughcounty.org/pgm/pdrp](http://www.hillsboroughcounty.org/pgm/pdrp)).

Because of the amount, diversity, and complexity of Hillsborough County's health and social services issues, the TAC divided into four subcommittees: Health and Medical; Safety and Security; Education; and Social Services. During the planning process each subcommittee developed a goal and then prioritized the issues specific to each subtopic. For more information about the planning process see **Appendix B**.

Many of the health and social services issues included in this section have not yet been comprehensively examined in the context of long-term redevelopment. Many of the strategies include conducting necessary preliminary research as a first step to developing more specific strategies to address these issues.

## **Health and Medical**

The goal of the Health and Medical Subcommittee is to establish a viable and responsive health and medical system within Hillsborough County after a disaster. Additionally, Hillsborough County is a coastal community with many health care facilities and related services located in flood zones. Many primary providers of health services and medical supply and equipment providers are housed in older structures that could be destroyed by high winds or flooding. Considering structural vulnerabilities and opportunities for improvement after a disaster will allow the community an opportunity to design and develop a more resilient health care system.

### **Issue #1: Hospital, clinic, and medical office restoration**

After disasters, healthcare providers often require special assistance as medical services are in high demand but providers often have trouble meeting payroll and keeping up with demand while also dealing with staffing, repairs, and rebuilding issues.

#### *Strategy*

In the event of a major disaster, the County has the opportunity to fix and upgrade existing health and medical systems during reconstruction. However, doing this requires thorough pre-disaster planning so that the County is prepared to make improvements and alterations efficiently during redevelopment. The Health and Social Services TAC devised a comprehensive strategy that focuses on assessment, facility restoration, and systems restoration. While this strategy is overtly relevant to hospital, clinic, and medical restoration, it is also applicable to other health and social services issues such as assisted living and nursing home safety, mental health assistance, and long-term assistance for the special needs population.

#### Assessment

Before any decisions can be made about redevelopment, there should be a comprehensive understanding of the current healthcare system, population, chronic health issues, and the behaviors that influence medical care. The Department of Health maintains county profiles which can be developed into a comprehensive Health and Medical Community Dashboard. This can include a service and facility inventory; physician census; population analysis; and vulnerability assessment as well as an inventory of current gatekeeper providers, ancillary service providers, mental health providers and services, and support providers/systems. Understanding and using this data will be critical for any future decision making.

Once developed, the Health and Medical Community Dashboard can be used to identify any current gaps in medical services and anticipate any gaps that will develop as a result of a major disaster event based on the location of vulnerable populations and critical medical facilities. The County can focus pre-storm efforts to reduce existing gaps and use existing networks and infrastructure to develop partnerships to address health and medical care issues.

### Facility Restoration

In recent years, the primary focus of disaster planning has been to restore existing facilities to their pre-event levels. Unfortunately, in Hillsborough County many service providers are located in areas that could experience potentially catastrophic damage. During recovery, continuation of services is the primary goal and is critical to the health and safety of the community, however long-term planning should encompass a broader scope. One way to do this is to incorporate existing plans identifying site specific short- and medium-term primary care locations into long-term community planning. In the case of a major disaster, careful planning and consideration by all stakeholders will be critical to ensure facilities are rebuilt to provide the greatest service to the community as well as being fiscally viable. Close coordination should be maintained to assess and incorporate needs into the planning process when rebuilding medical system critical infrastructure. The County can also pre-identify what facilities would ideally be relocated or where temporary sites for health care could be set up that would work long term or even continue permanently.

### Systems Restoration

The objective of systems restoration is to return primary health care services to a state that provides the greatest responsiveness and effectiveness to the community. Primary care is defined as the level of services provided by the primary care provider for acute and episodic health care needs, with integrated mental health services. This includes, but is not limited to such services as medication refills, ambulatory care management of noncomplex chronic medical problems, and management of stable complex medical problems. For systems restoration to be complete and successful, the County should ensure:

- a viable system of gatekeeper Primary Care Physicians (PCPs) to include internal medicine, family practice, obstetric, and pediatric providers;
- that emergency medical services are at appropriate levels to respond to a changing health care system;
- continuity of operations planning and adequate support of ancillary services; and
- the ability of customers to obtain necessary information from benefit providers databases.

In addition to providing the necessary primary health care, an efficient plan for systems restoration should help revitalize the local economy by restoring and sustaining employment in the local area's healthcare industry. It should also mitigate the impact that a lack of or diminished health care system would have on an area's workforce and attractiveness for future development.

### Funneling Resources to Existing Facilities

During recovery, it is typical that responders assemble portable clinics and emergency tents to meet the increased medical needs of a community. While it is beneficial that there are more sites to accommodate the influx of people, this model of setting up new independent locations can lead to gaps in service when the temporary facilities are eventually removed. To prevent this from happening, Hillsborough County can integrate short-term service increases into the existing facilities' Continuity of Operation Plans (COOPs). The additional resources, labor, and funding that will be coming into the County after a disaster can be funneled through indigenous providers, giving them

opportunities to enhance their capabilities during recovery. This strategy will hopefully lead to permanent improvements in addition to temporary service increases or satellite locations. This method of recovery will be less disruptive to the community when the additional resources are eventually terminated and facilities return to meeting a standard level of demand. Residents will not become dependant on services that are discontinued without being first assimilated into the existing permanent infrastructure.

After Hurricane Katrina, faith-based clinics offered needed services to Gulf Coast community members; however, they typically functioned autonomously from the local health and medical system. Such clinics can be an asset to the Hillsborough County community but the County can pair them with local providers as a way of incorporating them into the existing structure. The faith-based and local clinics can coordinate their service delivery.

## **Issue #2: Medical personnel retention and recruitment**

Even during normal times, retaining quality healthcare professionals can be difficult. After Hurricane Katrina many communities, most notably New Orleans, had an extremely difficult time reopening neighborhood doctor offices, clinics, and maintaining hospital emergency room and daily operations with reduced staff, physical damages, and inadequate financial assistance in the early recovery period.

### *Strategy*

For the County to be able to build a viable and responsive health and medical system, it will need a solid and permanent base of providers which may not be overtly available immediately after a disaster. The Health and Social Services TAC recommends developing an active recruitment program that can be used post-disaster for medical professionals including, but not limited to, providers, nursing, mental health, laboratory, radiology, pharmacy, administrative, financial, facility, as well as any other specialized or general occupations.

Hillsborough County is host to the University of South Florida (USF) Colleges of Medicine, Public Health, and Nursing and the University of Tampa College of Nursing. These institutions provide capacity for the region and play a critical role in the provision of care and sustainment of a health and medical system. Loss of residency, internship, and practical programs could result in a decrease in the amount of future local medical professionals as well as affecting the economy. The Health and Social Services TAC recommends reviewing the COOPs of these institutions to ensure that they are prepared to sustain not only a recovery period but also the interim and long-term phases of redevelopment. The COOPs can include strategies to recruit alternate teaching staff and substitute facilities. The TAC also recommends developing an approved process for affiliation with national health and medical organizations such as the Medical Reserve Corps who can provide assistance, volunteers, and resources to help prevent lapses in education programs after a disaster.

## **Issue #3: Mental health assistance**

A disaster is a very traumatic event to live through, particularly a major hurricane. These events can have long-term effects on the mental health of a community that cut across age and cultural groups and impede both the individual and community recovery

(Schoenbaum et al., 2009). Not only will residents with existing mental health problems need additional care and assistance to cope with the stress of redevelopment, but a community can expect an increase in the number of people needing mental health assistance. According to the Centers for Disease Control and Prevention (CDC), after Hurricane Katrina 26% of New Orleans residents felt at least one person in their family needed psychiatric counseling while police data indicated that the number of emergency calls for mental health reasons were 15% higher than before Hurricane Katrina (Eisler, 2007).

Looking out for the mental health and well being of residents could include providing special services through County and nongovernmental programs as well as making sure that mental health providers have the resources they need to deal with the influx of patients. Many people are not going to seek counseling, so programs may need to be readily available in temporary housing communities and other long-term recovery assistance centers.

A 2008 study funded by the National Institute of Mental Health found that making comprehensive mental health services accessible to everyone in a disaster-stricken area would have substantial public health benefits and significantly reduce the total number of episodes of mental illness associated with the disaster. Most communities, however, have nowhere near the sufficient local provider capacity to implement a mental health program at the population-level. In fact, in most communities the need for mental health services exceeds the available supply even without the increase in demand post-disaster (Schoenbaum, 2009).

### *Strategy*

To meet the increased mental health care needs of a post-disaster community, the Health and Social Services TAC recommends forming a coalition of active and qualified community members from the mental health sector and local public and nonprofit social services organizations to specialize in providing the entire community with mental health assistance. This assistance should include traditional forms of care like clinical programs in health facilities as well as alternative options like outreach programs easily accessible to the community in locations like schools and temporary housing sites. This mental health coalition should also look into providing a wide variety of delivery options like telehealth and exploring feasible ways to expand existing social service and health programs to include mental health care. As part of the plan, the coalition can develop a procedure to quickly verify the credentials and license qualified out-of-state providers that may be interested in working in Hillsborough County after a disaster.

### **Issue #4: Assisted living and nursing home safety**

Hurricane Katrina brought to center stage the extreme vulnerability of the elderly during emergency situations and the dire importance of pre-disaster evacuation planning. In addition, special attention should be given to nursing home residents during long-term redevelopment as evacuated residents return to their home facilities. There is likely to be a shortage of qualified staffing 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.

According to Global Action on Aging, medical clinicians in Louisiana reported after Hurricane Katrina that the health status of patients returning to their care had declined

significantly. Facilities should take into consideration the length of time it takes to improve the health status of many returning nursing home evacuees who may be experiencing functional and mental decline. This will affect the amount and expertise level of staff that facilities need to have on hand throughout redevelopment.

### *Strategy*

The Health and Social Services TAC recommends the establishment of a community-based working group of representatives from local nursing homes, senior advocacy groups, the Health Department, and the Health and Social Services Department to assess the level of preparedness of facilities to meet the needs of their residents in a disaster event and ensure that they can provide appropriate services. The coalition can also look into expanding medical recruitment and retention programs to include qualified staff for nursing homes that will be in high demand throughout redevelopment. Training programs can be developed to quickly train staff for issues and circumstances unique to evacuation and reentry situations.

## **Issue #5: Long-term assistance for special needs population**

In Hillsborough County there is a large population segment that may require special accommodations following a disaster. Many of these residents are registered on the Department of Health's special needs shelter list to receive assistance during recovery. There may be many, registered or not, that will need long-term assistance dealing with traumatic changes, loss of residences, and getting back to normal daily activities in their lives.

### *Strategy*

Special needs populations are those who are particularly vulnerable to health problems due to age, disability status, race/ethnicity, socioeconomic status, geography, or gender. These populations may need additional assistance during redevelopment; however the recommended strategy for aiding special needs populations begins pre-disaster by identifying and increasing outreach to targeted populations to assess the level of personal planning. The first step in addressing this issue is doing preliminary research to identify existing barriers that may be preventing special needs populations from accessing healthcare. These barriers may include transportation, education, information, economic factors, language, or cultural barriers amongst others. Once these barriers have been determined, the County can work with state and local government organizations as well as nongovernmental organizations (NGOs) to develop specific programs to alleviate some of the barriers.

While it is imperative that the County is constantly taking measures to reduce health disparities for underinsured, uninsured, and low income populations at all times, after a disaster these disparities may become more prominent if access to health care is scarce. Recommendations to reduce disparities include building partnerships and alliances among organizations representing these sects of the population to address common challenges and identifying barriers, gaps, assets and opportunities that will assist in achieving goals and objectives related to health inequities. At the time this plan was drafted, the United States Senate was debating a healthcare reform bill that would drastically change the nation's health insurance system. This issue should be readdressed in light of any new legislation that is passed.



## **Issue #6: Health-related pollution and environmental justice**

A major contributor to post-disaster health issues is mold, which can quickly grow to unhealthy levels in a home, business, or public building that has had flood damage and may not yet be obvious or thought to be a health hazard immediately. Other post-disaster health-related issues can occur from handling debris or coming into contact with contaminated water or soil. It is often low-income housing and neighborhoods that are impacted the worst by health-related problems but these areas sometimes do not receive immediate attention.

### *Strategy*

In the case of a major disaster, health-related pollution will most likely need to be addressed on two levels: at the household level and on a regional level. Every community that experiences a flood or wind event is going to have similar general household environmental health concerns such as dealing with disaster debris, disposing of household hazardous waste, keeping mold under control, and addressing problems with private water wells. These issues can be addressed through public outreach and the distribution of educational materials. The County can utilize existing materials such as those prepared by the Environmental Protection Agency (EPA) and CDC to teach residents safe and practical ways to keep themselves and their homes safe during redevelopment.

Damage to the Port of Tampa or Port of Manatee could cause major pollution and contamination that would affect large portions of Hillsborough and the surrounding counties. This issue and specific strategies to address it are discussed in further detail in **Section 8**.

The central recommendation for addressing all levels of environmental health concerns, both household and regional, is for the County to develop a collaborative body to deal with environmental health issues that surface within city jurisdictions, throughout the county, as well as among relevant state and federal entities. This body can serve as a single, comprehensive source of information related to environmental health issues and facilitate repopulation efforts by providing up-to-date information on any health issues associated with contamination, debris, or other storm-related risks. In collaboration with the Public Outreach TAC and the Environmental Restoration TAC, the organization can launch an environmental health risk communication program to provide information to the public and to local responsible government offices while establishing a long-term monitoring process to assess the impact of environmental factors on health.

## **Issue #7: Community redevelopment from a “Healthy Communities” perspective**

An unhealthy community infrastructure, such as one that limits opportunities for daily exercise, creates inefficiencies and challenges to maximizing the health of its residents. Therefore, communities being redeveloped after disasters should take the opportunity to redesign the community based upon healthy communities principles rather than rebuilding the unhealthy infrastructure that was present before the disaster. The United States Department of Health and Human Services defines a healthy community as one that embraces the belief that health is more than merely an absence of disease; a healthy community includes those elements that enable people to maintain a high quality

of life and productivity. For example, a healthy community offers access to health care services that focus on both treatment and prevention for all members of the community; a healthy community is safe; a healthy community has infrastructure including roads, schools, playgrounds, and other services to meet the needs of the people in that community; and a healthy community has a healthy and safe environment (Department of Health and Human Services, 2001).

### *Strategy*

The Health and Social Services TAC recommends that the County adopt a broader definition of the word “health” that includes more than a medical/clinical approach to well-being. According to the World Health Organization, health is a state of complete physical, mental, and social well-being and not merely the absence of infirmity. A healthy community as described by the U.S. Department of Health and Human Services Healthy People 2010 report is one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and develop individually to their fullest potential. Healthy places are those designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders -- where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options (Centers for Disease Control, 2009). New Orleans is currently incorporating these principles into neighborhood reconstruction and hoping to make communities more walk-able and bike-able with increased access to fresh fruits and vegetables, community space, and neighborhood clinics.

One way to implement healthy community objectives into plans for reconstruction is to work with the Land Use, Infrastructure, and Economic Redevelopment TACs to develop incentives. **Section 7** details recommended strategies for identifying Priority Redevelopment Areas (PRAs). These strategies include conducting a pre-disaster gaps analysis for each PRA during which the County would identify the mechanisms that need to be in place before a disaster for the PRA to function to its full capability, i.e., policies, Transfer of Development Rights (TDR) designation, incentives, specialized permitting procedures, plans for recovery assistance hub services to be located there, and temporary housing/business location, etc. During this analysis, the County could also clarify which healthy community characteristics are most relevant and valuable to each community and develop a method to incentivize plans that incorporate these characteristics. For instance, plans with a certain percentage of walk-able streets may get first preference during the permitting process.

The County can also promote healthy communities with healthy and safe environments by incentivizing green building techniques. According to the United States Environmental Protection Agency, “green building is the practice of creating structures and using processes that are environmentally responsible and resource-efficient throughout a building's life-cycle from siting to design, construction, operation, maintenance, renovation and deconstruction. This practice expands and complements the classical building design concerns of economy, utility, durability, and comfort (2009).” Major redevelopment projects after a disaster could be fast tracked for permitting if they include green and healthy design components.

## **Safety and Security**

The objective of the safety and security actions is to form a strategy that will enable Hillsborough County to ensure a constant level of public safety in the County and local municipalities throughout the entire redevelopment process. The County has strong systems in place in the form of procedures, policies, and plans implemented through the CEMP and COOPs that will ensure safe and orderly evacuation and recovery phases. The strategies and actions in the PDRP focus particularly on the interim and long-term redevelopment phases while ensuring a constant level of security without any gaps during the transition periods.

### **Issue #1: Public safety service levels reestablished throughout county**

It is imperative that public safety service levels are quickly reestablished after a disaster and sustained despite the fact that revenue losses may strain the availability of resources and funding for public safety during long-term recovery.

#### *Strategy*

There will be an influx of qualified responders entering the county immediately following a major disaster event who will assist local responders in initially reinstating a sense of security and order throughout the county. However, as responsibilities shift back to solely county and municipal personnel, there is a possibility that security levels could drop again without proper preparation and coordination with recovery programs and procedures. The Health and Social Services TAC recommends a three-part strategy to simplify transition and cultivate coordination in order to keep security levels constant. This strategy includes coordinating response plans and processes, reconsidering facility locations, and extending the presence of responders into the long-term redevelopment phase.

#### Coordinate Plans and Procedures

Hillsborough County, the City of Tampa, Temple Terrace, and Plant City all have COOPs that will be activated during an emergency and remain in effect throughout recovery. These plans as well as the County and municipal police and fire departments communication plans can be reviewed comprehensively to ensure that there are no conflicting policies or procedures amongst jurisdictions or departments. These plans should complement each other and include simplified processes to quickly procure equipment and supplies such as vehicles, ammunition, pharmaceuticals, radio equipment, and personal protective equipment. These plans should also transition smoothly into long-term recovery plans.

It is important that county and municipal emergency medical, fire, and police departments have long-term redevelopment plans. These plans should account for a potential decrease in available trained staff after nonlocal emergency responders finish their initial contracts and begin to leave town. The plans can also address certification renewal and continuing education for safety and security personnel which will help ensure that the County has an adequate amount of personnel that are appropriately trained to staff all necessary positions.

### Reconsider facility locations

**Section 3** discusses strategies that include assessing the feasibility of relocating infrastructure and facilities. Critical security infrastructure such as the jails and sheriff's operations centers should be included in these assessments. Before a disaster, the County can assess the vulnerability of some of its critical security infrastructure and determine the need and feasibility of permanently relocating security facilities in the event that they suffer severe damage. The County can identify suitable, long-term temporary sites to serve as the jail while the facility is being rebuilt or relocated. The County can also assess the locations of Emergency Communication Centers (ECCs) and consider options to relocate the ECCs that are in highly vulnerable areas. It is important that ECC COOPs are reviewed to ensure that temporary locations are suitable during long-term redevelopment and in accordance with the County Comprehensive plan in the case that ECCs need to stay there longer than originally anticipated while they are being rebuilt.

### Extending the presence of responders during transition

After Hurricane Katrina, the City of New Orleans had a difficult time keeping responders interested in remaining in the area throughout the redevelopment process. Many left after the short-term recovery period for work in other regions. Hillsborough County can plan to offer incentives to entice safety and security personnel to remain in the area after their original contracts are over. These incentives will improve the chances of a smooth transition into long-term redevelopment.

## **Education**

The goal of the education actions is to enable Hillsborough County to get the school system operational in a timely and efficient manner while meeting the changing needs of the students and families. The school system should be prepared to accommodate shifts in population and aim to quickly restore a sense of normalcy and order in students' lives throughout the redevelopment process.

### **Issue #1: Schools, higher education reopened**

It is important to get schools reopened after a disaster to establish consistency in students' lives and allow parents to get back to work. During recovery, public schools are often used as community shelters. In order to reopen schools, the county needs to assist in relocating all residents to long-term temporary housing as soon as possible. Higher education and private facilities may also need assistance in reopening whether through permitting repairs or convincing faculty and students to return to the area.

#### *Strategy*

The Health and Social Services TAC recommends looking for opportunities to reduce the vulnerability of the County school system. This can be done by assessing the vulnerability of physical assets including school sites and support services such as transportation, maintenance, and student records. These assessments can be done before a disaster and based on these threat assessments, the school district can identify structures that will most likely sustain major damage during a disaster event. Plans can be made to relocate those assets that can be moved or to reinforce those that must stay

where they are. The school district should also evaluate COOPs to ensure that they are viable during the interim and long-term planning stages to prevent a gap in essential functions including payroll and student data.

### Mental Health and Special Needs Populations

Disruptions and chaos in children's lives can result in issues such as depression, sense of loss, anxiety, and grief. The County can increase and integrate mental health services and general counseling through the school system in coordination with mental health services available to the general public. It is also imperative that the County assures the continuity of educational services for special populations including part time Exceptional Student Education (ESE) students, full time ESE, and home or hospital bound students. This can be done by assessing resources such as staff and materials that are available for this population.

### **Issue #2: Daycare, after-school, and teen programs restored**

The availability of childcare will be a major factor in allowing parents to return to work and enabling business to resume. Parents can also focus on reestablishing their homes and pre-disaster conditions if they also have safe places for their children to be during working and nonworking hours.

#### *Strategy*

The Health and Social Services TAC recommends that the County allocates resources to the school district to increase daycare, after-school, and teen programs after a disaster. These programs will be invaluable to parents who will need safe places for their children to go. Mental health and counseling services can also be integrated into these programs.

### **Issue #3: Recreation, cultural activities restored**

An important part of the long-term recovery process is restoring the quality of life to which Hillsborough County residents have become accustomed and which has attracted large numbers of tourists annually. This recovery includes resuming recreational activities through public access to parks and facilities and supporting cultural activities. These are activities that will have to be suspended during early recovery efforts. These are also activities that can be easily overlooked as redevelopment progresses, but they are necessary to reviving community involvement, tourism, and a sense of normalcy within the community.

#### *Strategy*

Hillsborough County residents are fortunate to benefit from the abundance of educational resources such as museums and historical sites that are available locally. These recreation and cultural activities draw residents to the County and contribute to the intellectual stimulation and growth of local youth and contribute to their comprehensive education. While these amenities may not be restored immediately, it is important that the County take measures to reinstate them during long-term redevelopment in order to reestablish the pre-disaster standard of living. If these recreation and cultural activities are neglected in long-term recovery efforts, then the

repopulation of the area and resumption of tourism can also suffer. There may be opportunities to secure disaster recovery grants for these amenities' repair, however, the grant window may be short lived and therefore these amenities should not be handled last.

## **Social Services**

The goal of the Social Services subcommittee is to create a plan to ensure that the Hillsborough County social service system will be able to provide a comprehensive system of services to a possibly larger segment of the population that will be in need after a disaster. These increased service needs are likely to last for years after the event.

### **Issue #1: Public transportation restoration and improvement**

After a disaster, changes in the locations of housing and employment centers (temporary or permanent) may alter a community's public transit needs, or the population dependent on public transit may increase. Post-disaster redevelopment projects may present unique opportunities to expand existing transit capabilities.

#### *Strategy*

The Health and Social Services TAC recommends that existing public transportation infrastructure be assessed immediately after a disaster event and restructured to meet shifts in need. Availability of transportation can be periodically reassessed throughout the redevelopment process to ensure that the needs of the public are being met.

As construction is taking place throughout the County, the Health and Social Services TAC recommends coordinating with the Land Use and Infrastructure TACs to look for opportunities to increase public transportation options and availability.

### **Issue #2: Children and family services**

Disasters may cause an increase of families seeking assistance while service providers may have fewer personnel and resources available. Unfortunately, studies of recent disasters have shown that domestic abuse often increases during the stressful recovery period from a disaster. Also, children have been found to do poorly in school many years after a disaster due to changed living circumstances and other issues deriving from the event.

#### *Strategy*

The quicker that the County social service organizations are up and running after a disaster, the sooner the needs of County families will be met. As a strategy to determine the potential for Hillsborough County social service providers to reopen after a disaster, the County can create and conduct a pre-disaster survey to identify which providers have continuity plans and which do not. This will give the County an idea of which providers are prepared to start working immediately and which may need assistance. The County can identify where there will be gaps in service and plan accordingly. It can also develop training workshops for representatives from social service organizations to

learn how to create continuity plans that include both recovery and long-term redevelopment as well as updating existing plans.

The surveys can also be used as a tool to assess the existing continuity plans of social service providers to ensure that the organizations are prepared and equipped with suitable locations, staff, and resources to transition from short term to long-term recovery phases.

### **Issue #3: Low-income assistance**

Low income residents are often hit the hardest by disasters and will require more government assistance than normal. This may require an increase in social service personnel or identification of additional funding for assistance programs.

#### *Strategy*

As a strategy to increase social service organization personnel, the County can establish a coalition of social service organizations to focus on recruitment efforts. This coalition can be established pre-disaster but meet minimally before an event. After a disaster event, the coalition can work with Hillsborough County Health and Social Service TACs to determine where the gaps are for social service professionals, para-professionals, and volunteers. It can develop an active recruitment program so that social service organizations are properly staffed. The recruitment plan should also include a method to retain existing human resources through incentives, recognition, promotional opportunities, and other means.

After a disaster, the Health and Social Services TAC can work with the Finance TAC to identify post-disaster grant funds and philanthropy that are available for assisting low-income populations or social service providers. The County can apply for and distribute this aid to households in need. Special attention should be paid to low-income populations during long-term development as there may still be many people in need but not as much assistance as immediately following a disaster. The coalition could also be responsible for preparing a marketing campaign to promote donations to be used for low-income disaster victims. Funding assistance is also discussed in detail in **Section 5** in reference to housing and **Section 6** in reference to businesses.

### **Issue #4: Homeless programs**

There is often an increase of the homeless population after a major disaster due to the destruction of a significant amount of affordable and older housing stock. The already existing homeless population which has increased in recent years due to the declining state of the local economy should not be overlooked during post-disaster recovery.

#### *Strategy*

According to the Homeless Coalition of Hillsborough County, the biggest contributing factor to the rising number of homeless is the shortage of affordable housing for people with limited incomes (2009). This shortage is likely to be amplified after a disaster. To prevent a substantial increase in the homeless population after a disaster, the Health and Social Services TAC recommends collaborating with the Housing Recovery TAC to incorporate the development of affordable housing into reconstruction plans and to develop counseling to help residents transition from temporary into permanent housing

focusing particularly on residents who are having trouble securing permanent situations. These issues are discussed in **Section 5**.

The Health and Social Services TAC also recommends looking into state and federal funding sources to increase funding to the County for housing subsidies which will be needed after a disaster. The County can also promote career training programs for the unemployed and/or homeless as there is likely to be a local need for trained construction workers during reconstruction.

### **Issue #5: Coordination and assistance for nongovernmental organizations and volunteers**

Immediately following a disaster there could be an influx of volunteers to aid in short-term recovery efforts, which with coordination and organization, can be a substantial asset to the recovery process. If a volunteer effort is particularly organized and well-promoted, it could be extended into the long-term recovery period operations as well.

#### *Strategy*

There tends to be an influx of volunteers immediately following an event when the media is still covering a community's recovery progress. However, as the coverage dissipates so does the help despite the fact that there is still a long road to recovery. To prevent this from happening, the Health and Social Services TAC recommends conducting a comprehensive review of any mutual aid agreements and make any updates that are necessary. The County and municipalities can draft any needed additional mutual aid agreements or Memorandums of Understanding (MOUs) with volunteer organizations like Christian Reformed World Relief Committee, Christian Contractors Association, United Methodist Committee on Relief, Southern Baptist, the Mennonites, Operation Giving Back, Operation Hope, Convoy of Hope, and Disaster Relief International for relief staffers to fill any projected service gaps within County Departments. Local NGOs that predict staff or volunteer scarcities post-disaster should also consider putting MOUs in place pre-disaster with nonlocal NGOs to prevent any delays in the aftermath. The MOUs can specify that volunteer contracts are desired to extend past short-term recovery. There also may be the need for a long-term redevelopment volunteer marketing campaign to increase recruitment, which can be organized by HELP, Volunteer Coordination Center, and Volunteer Florida.