2023

Hurricane Idalia After Action Report

EMERGENCY PATIENT LOOK-UP SYSTEM

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Contents

Introduction

Hurricane Idalia, a category 3 hurricane with windspeeds of 125 miles per hour, made landfall in Taylor County of the Big Bend region of Florida, on August 31, 2023. In response, the state opened 44 Special Needs Shelters (SpNSs) across 38 different counties. E-PLUS was activated on Monday, August 28th in response to the Governor's August 26 emergency declaration. The total number of counties under emergency was 49. Of the 49 counties listed in the state of emergency declaration, 28 or 57% of those counties had access to either Patient Search, Missing Persons, or both applications.[1]

This document summarizes the utilization of E-PLUS during Hurricane Idalia, by detailing the use and lessons learned of each application and concluding with a comparison to previous E-PLUS activations.

E-PLUS Utilization During Hurricane Idalia

Patient Search

The Patient Search application allows authorized users to query for medication fill histories and clinical records. The targeted end users for this application are county health department medical personnel which staff the county Special Needs Shelter(s). Out of the 38 counties that opened a SpNS, 39.5% of those counties had access to the Patient Search application while 60.5% did not (see Appendix A for calculation of these figures). While close to 40% of the SpNSs could query clinical records and medication fill histories, the system was not used by them. At the conclusion of the activation, the E-PLUS team followed up with many of these end users to inquire as to why the application was not utilized. Follow up with these end users consisted of survey responses and individual emails.[2]

Respondents reported being ready to use E-PLUS, but that due to the small number of clients sheltered and the short period of time that many SpNSs were open, the system was not needed. Respondents further stated that E-PLUS is a valuable tool and knowing that it is available if needed gives their staff a sense of calm. Columbia and Dixie-Levy-Gilchrist Counties also reported that internet connectivity issues played a role in their ability to use E-PLUS. Due to internet connectivity issues, nurses from Columbia County reported having to use pen and paper for intake, rather than the Special Needs Registry's (SNR) intake module. They also reported having to move to an open field to get cell service to report the daily census count to the State Emergency Operations Center (SEOC). In recounting this experience, a nurse stated that there was one individual who was mute and that E-PLUS would have helped staff get a better picture of this individual's health history, but at the time, given all the issues they were having with connectivity, they did not think about using E-PLUS.

Because of the problems at the Columbia County SpNS, Westside Elementary School, the county will shelter in a different location during the next activation, one with better broadband connection. The

[1] We do not include access to Emergency Census in determining if a county has access to E-PLUS because we receive shelter intake data directly from the Florida Department of Health's special needs registry (SNR). We have no control over which counties adopt the SNR for intake, nor do we have firm numbers ahead of time of which counties will use the SNR for intake and therefore we cannot plan nor calculate ahead of an activation which counties will provide Emergency Census with intake data. This occurs in real-time during an activation.

[2] A DOH staff member responded to the survey by stating that DOH is not allowed to respond to a survey without leadership approval.

same was reported in Dixie-Levy-Gilchrist Counties - the county will move their SpNS location for the next event.

Lessons Learned

One takeaway from this activation is that internet connectivity could potentially be an issue if a storm were to hit the panhandle (or other rural counties), where it is assumed, broadband connections are weaker. A second takeaway is that usage of E-PLUS can be impacted by other system failures. If internet connectivity is slow, and if it proves cumbersome to use the SNR, then this might add to the likelihood that E-PLUS is pushed to the side and not utilized.

Emergency Census

The Emergency Census application allows users to check individuals into and out of alternative care facilities, which in Florida are our Special Needs Shelters (SpNSs). The Agency executed a data use agreement (DUA) with the Florida Department of Health (DOH) and Division of Emergency Management (DEM) in September of 2022, at the start of Hurricane Ian. The DUA allows DOH to transfer to the Agency shelter intake data (check ins and check outs) that is collected through the Special Needs Registry (SNR) intake module. The Agency subsequently reformats this data and uploads the encounters into Emergency Census for check in/out via E-PLUS. Encounters at E-PLUS enabled SpNSs are then sent to the Agency's Encounter Notification Service (ENS). ENS is a care coordination network that notifies providers when their patients have encounters at connected health care facilities (currently over 800 facilities contribute encounter data). The contribution of SpNS encounters to the ENS network enables improved care coordination during times of disaster as ENS participants can be notified that their patients have been evacuated to a SpNS. The bulk of E-PLUS utilization during the Idalia activation came from this application.

Out of the 44 opened shelters, we received intake data from 18 of those shelters, or 41%. The number of special needs shelter clients that were checked into SpNSs via E-PLUS totaled roughly 285 individuals. On August 30, the peak day of sheltering, the SEOC reported 792 clients were sheltered in SpNSs. Thus, E-PLUS was able to alert ENS subscribers to approximately 36% of the actual Special Needs Shelter encounters that occurred during Idalia. By September 3, all Special Needs Shelters for Hurricane Idalia were closed.

Lessons Learned

The utilization of Emergency Census during Idalia has led to some lessons learned. The first lesson is the need for a global report which shows census information for each shelter linked to the active event within E-PLUS. The current way to retrieve this data is very inefficient, requiring users to make many administrative changes to their account in order to move in and out of the different shelters and download individual shelter, census reports.

The second lesson we identified was a formatting issue with the DOH intake data. Intake data that DOH transferred to E-PLUS was not in the format we requested. We requested the daily check-ins & check-outs in each SpNS that uses the SNR intake module. However, what was being transferred to us was the daily census from each shelter. This led to the need to deduplicate the data, as a person who was checked in the day before would also be on the current day's census.[3]

[3] This also led to some duplicate encounters, roughly 20-30 in total.

We notified DOH at the conclusion of Idalia about this issue and requested a change to the data provided to only include the active check-ins/outs over a given period. DOH confirmed that this change would be incorporated into the next event. As a long-term solution, the vendor is exploring the potential of an application program interface (API) call, removing the need for human intervention and improving the timeliness of SpNS alerting.

The third lesson involved the notification of open SpNSs. The E-PLUS team was not looped into the SEOC SpNS morning email update and was therefore not privy to which shelters were opened and how many clients were in each. Inclusion in this morning email update was a lesson learned from the Ian activation and was corrected for Nicole yet slipped through the cracks during Idalia. Inclusion in this email has been requested. There were discrepancies between the SEOC list of open SpNSs as compared to the SNR intake data.

For example, a shelter might be reported closed in the SEOC list yet show 1 person checked in within the DOH intake data. This could be due to the timing of data transfer and it most likely noise that we may just have to deal with. But the question remains - do we check people out when the SEOC shelter shows it is closed even though the DOH intake data conflicts with this? Additionally, what matters more: the timeliness of the ENS SpNS notification or the accuracy of the information sent within the notification (discharge to location may not be accurate as we will select home if we do not have any other information to go on)? It is important to stay mindful of this data issue.

The final lesson learned from utilization of the Emergency Census application during Hurricane Idalia involved metrics reporting. In particular, the E-PLUS team was trying to determine if the number of alerts originating from an E-PLUS enabled shelter is a relevant metric. Upon speaking with the Encounter Notification Service (ENS) technical team, it was determined that this number is almost meaningless due to the fact that each subscriber might have multiple end points, meaning more than one individual will receive the same alert within the organization and can therefore inflate the number of alerts. In addition, one person's encounter at a Special Needs Shelter will generate at least two alerts (registration and discharge). Therefore, if one encounter is sent to ten endpoints, that would be a total of twenty alerts generated from one person's SpNS encounter, adding yet more inflationary pressure to this number. Therefore, it was determined that for the purposes of reporting system utility, the best metric would be the number of individuals checked into E-PLUS enabled shelters (utilization of Emergency Census) and the number of ENS subscribers that are alerted of these encounters (breadth of care coordination during disaster).

Missing Persons

The Missing Persons application allows authorized users to search for missing persons by leveraging the Encounter Notification Service. Authorized users load files of missing persons into E-PLUS, which are then compared to recent encounters on the ENS network. E-PLUS then produces a report which details whether a missing person was found and if found provides information on that encounter, such as the name of the facility where the person was last located. During the Hurricane Idalia activation, the Missing Persons application was used to aid a Humana, a health plan, with its disaster response activities. During times of disaster, health plans engage with their high-risk members, both pre- and post-storm, to ensure those members have a plan in place and can maintain their current level of care. Many times, however, members cannot follow their plan and it is important for the health plan to

reconnect with these members to ensure they are safe and have the care they need. Otherwise, these vulnerable members may find themselves back in an emergency department.

For the health plan use case, a smart alert is deployed to ensure care managers at the plan will receive the SpNS notification. Smart alerts are triggered based on certain criteria that the subscriber requests. For example, smart alerts can be triggered based on diagnosis, such that a subscriber only receives encounters that include that diagnosis. Smart alerts can be generated from differing criteria, such as diagnosis code to cohort status to originating facility. For the health plan use case, a smart alert was developed to trigger an alert only when the encounter originated from an E-PLUS enabled SpNS. This design ensures that SpNS encounters are segregated to an individual endpoint that care managers responsible for disaster management have access to.

While the smart alert approach to supporting health plan disaster response was a step in the right direction, it didn't fully fulfill the needs of the health plan. The SpNS alerts, themselves, were lacking key pieces of information about the member's encounter. In particular, the name and location of the Special Needs Shelter was missing. Instead, SpNS alerts notify subscribers that their patients/members have had encounters at Ai_Emergency_Facilities, a generic name that encompasses all alerts originating from an E-PLUS enabled alternative care site. Thus, the subscriber would not actually know the location of their patient/member, only that they are at a Special Needs Shelter somewhere in the state of Florida.

To work around this issue, the E-PLUS team proposed the use of Missing Persons to identify the exact location of health plans' members as the name of the shelter as well as the event type (admit versus discharge) is reported in the Missing Persons Report.

On August 31, Humana was alerted to the fact that four of their members were evacuated to an Ai_Emergency_Facility and reached out to the E-PLUS team for help in locating these four members. Within minutes, the E-PLUS team generated a Missing Persons Report which showed that 2 of the 4 members were located at an E-PLUS enabled SpNS, however, the other two individuals were not found. We immediately knew this to be false, given that Humana received SpNS alerts on all four members. To supplement the Missing Persons Report, the E-PLUS team used the raw SpNS intake data to locate the two members not pulled into the Missing Persons application.

Lessons Learned

The utilization of Missing Persons for the health plan use case during Hurricane Idalia led to several lessons learned. The first lesson learned involves communication with the vendor. During the Idalia activation, the E-PLUS team was made aware that the content of the E-PLUS originating, ENS alerts should have included the shelter name within them. A solution to include the shelter name in the alert was developed prior to Idalia yet had not been communicated to the E-PLUS team. Additionally, the E-PLUS team was not aware that Sunshine Health Plan had also had a smart alert developed for their disaster response protocols. Ongoing discussions will occur with the vendor to improve the flow of information to the E-PLUS team.

In addition to communication issues, there were also technical issues with the Missing Persons application. While the vendor developed the solution to add additional content (shelter name) to the SpNS alerts, it did not work. The alerts that Humana received did not show the members' exact locations. Instead, they continued to show Ai_Emergency_Facilities as the originating facility. Upon discovery of this issue, the vendor resolved the issue expeditiously. In total, Humana reported receiving

25 SpNS alerts of which 17 were from the Medicaid population (the remaining SpNS alerts that Humana received included shelter name and therefore Humana did not need to use Missing Persons).

While Humana and Sunshine had their ENS subscription configured to include the shelter name when alerts originate from an E-PLUS enabled alternative care site, this experience has taught us that not all subscribers have this configuration. To enable all ENS subscribers to receive this information would require each subscriber's configuration to be updated individually. This is a time-consuming endeavor and thus, the work has been scheduled to be completed along with the migration work if the ENS network moves to the national PCC network.

While the work to include shelter name in each subscriber's alert is cumbersome, this is not the case for adding the shelter name to the PROMPT (Proactive Management of Patient Transitions) user interface. Because of the ease of adding the shelter name to the PROMPT user interface, the vendor is actively working on making this configuration update.

A separate technical issue surrounding the Missing Persons application was that the Missing Persons Report did not populate as anticipated. This occurred because (1) there was a bug in the production MPI and (2) there was a flaw in the design of Missing Persons. The bug in the MPI impacted the system as follows: once a Missing Persons File is successfully loaded and those demographics are sent to the ENS MPI, a two-step process is used to find matches using the demographics. First, the MPI asks ENS to return a complete list of all possible matches, regardless of their "match" score. The list is then ranked according to match scores, with the highest potential match on top. Second, there is a configuration setting in the MPI that then says, "return the top X number of matches" and evaluate those based on additional filters/logic. At this point, when there is confidence that the demographic information of an encounter matches the demographic information of the missing person, the match is returned in the report.

The bug in the MPI caused all people to show up on the initial list with the same match score, making it impossible to sort by score. In addition, the MPI was configured to return only the top ten potential matches. Because of the inability to sort based on match score and because Humana's missing members were not in the top ten potential matches, they were not found by Missing Persons. This issue was quickly addressed by expanding the top number of matches to evaluate from 10 to all possible matches. , The match scoring bug is still outstanding, and will require significant time to remove. While this did enable the individuals to be found, a new problem was discovered on subsequent iterations of the Missing Persons Report.

On the second iteration of the health plan Missing Persons Report (missing persons searched are performed twice daily and an updated Missing Persons Report is generated after those scheduled searches), it was discovered that one of the health plan's missing members, whom we knew to be located in a Special Needs shelter, was found at a hospital. The event type associated with this event was an update. Thus, an update message from a previous encounter overrode the current event, which was a registration at a Special Needs Shelter, and made it look like the member's location was at a hospital. This was essentially a flaw built into the system, where an irrelevant update skews the information provided in the report to suggest the missing person is located at a facility where they are not.

On the next iteration of the Missing Persons Report, the other individual who was initially not found in the shelter also had an updated location. She moved from the Special Needs Shelter to a hospital. Yet the admit date was September 1, 2023, and the discharge date was September 27, 2022. Finally, one final issue with the Missing Persons Report was that it continued to run on its regular cadence of twice daily reporting, yet the most recent report showed the number of searches equal to 3, rather than the anticipated 8 scheduled searches.

At the time of writing this report, the issues with the Missing Persons reporting are ongoing and the vendor is looking into this potentially complex issue as well as the bug issue with the production MPI. An audit log of the two individual's encounters will be pulled and examined.

Comparison to Previous Activations

Given that this is the second year that E-PLUS has been activated, a comparison to previous activations can provide us with some insight. During the 2022 hurricane season, E-PLUS was activated for two events: Hurricane Ian which made landfall in late September and Hurricane Nicole which made landfall in early November. If we compare the strength and path of the 2022 storms to the strength and path of Idalia, we may gain some insight into the potential utilization of E-PLUS for future activations and be better prepared. For example, the length of use and breadth (number of applications in use) of utilization could be estimated and lead to better staffing and communication during an activation.

Storm Characteristics

Hurricane Ian Characteristics

Hurricane Ian made landfall on September 28, 2022, near Ft. Myers, Florida as a category 5 storm with 150 mph wind speeds. Hurricane Ian was the fifth strongest storm to hit the mainland United States and stands as the costliest storm to ever hit Florida. Charlotte County has a population density of 274.3 people per square mile (for perspective, Pinellas County has the highest population density in Florida at 3,425 people per square mile. Broward County ranks second with 1,470 people per square mile). During Hurricane Ian, every county in the state of Florida was under a state of emergency. It is unclear how many Special Needs Shelters were opened in response.[4] However, sheltering occurred well into week two of the hurricane landfall. All three applications of E-PLUS were utilized. Patient Search was utilized by county health department medical personnel and Publix pharmacies with the bulk of queries coming from the Publix pharmacist.

E-PLUS received intake data from only eight Special Needs Shelters during the Ian activation. This relatively small number (assuming many more SpNSs were opened) is attributed to the fact that the special needs registry (SNR) was still in its infancy (first utilization of the SNR was 2021) and there was not widespread county adoption. Missing Persons was utilized by Charlotte and Lee County ESF8, the American Red Cross, and End Stage Renal Disease (ESRD) Network 7. Florida Digital Services attempted to use Missing Persons but did not collect the appropriate demographic information on the missing persons and therefore could not use the application. The Hurricane Ian activation lasted 25 days.

[4] E-PLUS staff were not privy to this information during the Ian activation.

Hurricane Nicole Characteristics

Hurricane Nicole made landfall near Vero Beach, Florida on November 10, 2022, as a category 1 hurricane. 28 Special Needs Shelters were opened in response. Indian River County has a population density of 224 people per square mile. E-PLUS received no intake data to load into Emergency Census during this activation. The E-PLUS team was advised by DOH that only one of the Special Needs Shelters that was opened used the special needs registry and that it was not using the intake portion of the system. This activation lasted for one week and no applications were used during the event.

Hurricane Idalia Characteristics

Hurricane Idalia, a category 3 hurricane, made landfall near Keaton Beach, Florida in the big Bend region of Florida on August 31, 2023. In response, the state opened 44 Special Needs Shelters spanning 38 counties. On the morning of August 30, 792 individuals were sheltered at these Special Needs Shelters. By September 3rd, all Special Needs Shelters were closed. The Patient Search application was not used by any organization; the Missing Persons application was used by one organization, while the Emergency Census application had the most utilization ever. When comparing the Idalia activation to the Ian and Nicole activations, the Idalia activation was more similar to the Nicole activation than the Ian activation. Idalia and Nicole activations lasted one week and neither saw use of Patient Search. However, during Idalia, missing persons was utilized as was Emergency Census. The use of Emergency Census can be attributed to the increase in county adoption of the intake portion of the SNR. In addition, Idalia made landfall in Taylor County, a more rural county with a population density of 18 people per square mile. Rural counties have relatively less resources and therefore might be more willing to adopt the SNR which is provided to them at no cost, than more wealthy counties, which have developed their own custom special needs registry.

The use of Missing Persons during Idalia was minimal, much closer to the use during Nicole than Ian. The only reason Missing Persons was utilized was because of the health plan use case that was discovered during after action calls from Ian and the subsequent engagement efforts of the E-PLUS team. Based on this analysis the team concludes that when a storm of category 3 or lower hits an area with medium to low relative population density, the use of E-PLUS could be minimal. Conversely, a category 3 storm, in a relatively populated county will produce more widespread utilization of E-PLUS and use more statewide resources such that the Missing Persons application will be used by more actors. A category 4 or 5 storm in any portion of Florida regardless of population density could lead to more utilization of E-PLUS.

Changes Since 2022

Improvements

Since the 2022 hurricane season, there have been several improvements to our processes and end user engagement. Process and end user engagement improvements were influenced by our experience with Hurricane Ian. In addition to improvements since 2022, there have also been some challenges that have made the administration of E-PLUS more challenging from the perspective of the E-PLUS team.

One of the main improvements during the Idalia activation as compared to the 2022 activations was with off-season end user engagement. At the start of Hurricane Ian, we had only 9 counties with access to E-PLUS. This is compared to the 38 counties that had access to E-PLUS at the start of Idalia. That is a 76% increase in counties with access to E-PLUS over the course of one year.

A second major improvement during Idalia was with communication. Pre-storm communication did not occur in 2022 but was utilized during Hurricane Idalia. The E-PLUS team reached out to regional planners in the storm's path to let them know we would activate and to give them a heads up of which counties in their region had access to E-PLUS. Additionally, we contacted the home health association, which we had provided with a presentation of E-PLUS just weeks prior to Idalia's landfall. The per-storm engagement with the home health association led to 3 home health agency inquiries into the use of Missing Persons (not necessarily for the Idalia activation, but for future activations). This was a huge improvement since 2022, where we emailed all home health agencies and sent out training webinars but received little to no response.[5]

The E-PLUS team also used different mediums for end user communication, another lesson learned from Hurricane Ian. We made use of the Welcome and Support boxes located on the E-PLUS login page and noted this in the activation email as well as a "what to expect during an activation" document that we pass out to end users as part of our normal steps of engagement. Another lesson learned from Ian that we incorporated into the Idalia activation, was the need for an emergency phone number dedicated solely for E-PLUS, one that end users could call that would contact the entire E-PLUS team rather than pass out all our individual cellphone numbers. The E-PLUS emergency phone number was messaged to end users via the Welcome Box and the activation email. The emergency number was used by only one end user who continued to have trouble logging in. Finally, we reached out specifically to two health plans, Sunshine, and Humana, to let them know that we had activated (since they were not included in the activation email) and were ready to assist them in locating sheltered members.[6]

A major improvement since 2022 was the sharing of Publix prescription data on the Surescripts network. At the start of Idalia, Publix requested access to E-PLUS to prepare for the possibility of their need to assist with medication reconciliations like they did during Hurricane Ian. We responded by asking if Publix had signed the Surescripts addendum to share data with E-PLUS and within 24 hours we were informed that Publix had signed the addendum. Interestingly, we learned that Publix was not only preparing for a shelter use case, but also a separate use case. The second use case revolved around getting their stores back up and running as soon as possible to be able to assist folks in retrieving their prescriptions. This use case is currently under review as it might not fit the definition of treatment, but rather continuity of operations, which is not an authorized use of E-PLUS by Surescripts.

Challenges

In late October 2022, PROMPT was moved onto the same platform as E-PLUS. This resulted in some inefficiencies within E-PLUS. 1. The login history report is no longer meaningful as we cannot filter out PROMPT user access and because there are 100s of PROMPT users that login daily and because we cannot distinguish PROMPT users from E-PLUS users, using the login history report to review E-PLUS utilization was impossible. We requested the report be updated to include organization so that we can

[5] We learned during the Home Health Agency presentation that one of the biggest misconceptions among home health agencies was that there was a cost to use E-PLUS. This most likely had an influence on the individual agency's response.

[6] We had several requests to help reset passwords/retrieve login credentials. This occurred after activation, but still in preparation before landfall. During this time frame is when we saw the most activity within E-PLUS. After that, as mentioned above, there wasn't much need for the system.

filter out PROMPT users. As a workaround for Hurricane Idalia, the vendor recommended we download a list of end users and sort by date last logged in.

In addition to this issue, another issue involves end users who already have a PROMPT account established. For these potential end users, they cannot have an E-PLUS account that is linked to the same email address and username that the PROMPT account is associated with. This has become problematic for the few users it has affected because these users do not want to use their personal email to create an account in E-PLUS. Rather than find a way to get these users access, they have opted to not gain access.

Conclusion

Although the Hurricane Idalia activation was small in terms of E-PLUS utilization, it was still a successful activation for several reasons. First, we gained some lessons learned from this activation and have already implemented changes with respect to the intake data transfer from DOH and the ENS alerts originating from E-PLUS enabled shelters. Second, we gained more experience with emergency response, and this will help us better gauge the likely utilization of E-PLUS based on the size of the hurricane and the area of impact. Third, our processes and the improvements we incorporated since Hurricane Ian proved well planned and efficient. Finally, our engagement with end users has paid off, not only in terms of broader county adoption, but also in terms of relationship building. The E-PLUS team has made strong connections with county health departments and regional personnel. These connections are fostering more trust in the system and belief in its efficacy to provide vital information.

Appendix A: Counties in Executive Order or with Open SpNSs and their Corresponding Access to E-PLUS Applications

Counties in Executive Order/Opened a SpNS	Special Needs Shelter (If applicable)	Patient Search Access	Emergency Census Enabled
Alachua	Gainesville Senior Center	Yes	No
Baker	Ed Frazer Memorial Hospital	Yes	Yes
Bay	NA	Yes	NA
Bradford	Bradford County Fairgrounds	No	No
Brevard	NA	Yes	NA
Calhoun	NA	Yes	NA
Charlotte	Centennial Park Recreation Center	Yes	No
Citrus	Forest Ridge Elementary	No	Yes
Clay	Lake Asbury Jr High	No	Yes
Collier	NA	Yes	NA
Columbia	Westside Elementary School	Yes	Yes
Columbia	Pinemount Elementary School	Yes	NA
Columbia	Richardson Community Center	Yes	NA
DeSoto	South Florida State College	No	Yes
Dixie	Bell Middle/High School	Yes	No
Duval	Atlantic Coast High School	Yes	Yes
Duval	The Legends Center of City of Jacksonville	Yes	Yes
Flagler	Rymfire Elementary School	No	Yes
Franklin	NA	Yes	No
Gadsden	Gadsden County High School	Yes	Yes
Gilchrist	Bell Middle/High School	Yes	No

Glades*	Hope Connection Nobles Senior Center	No	No
Gulf	NA	Yes	No
Hamilton	Hamilton County High School	No	Yes
Hardee	South Florida State College	Yes	Yes
Hendry*	Hope Connection Nobles Senior Center	No	No
Hernando	West Hernando Middle School	No	No
Hillsborough	D.G. Erwin Technical College	Yes	No
Jefferson	NA	Yes	NA
Lafayette	NA	No	No
Lake	Lost Lake Elementary School	No	Yes
Lake	Villages Elementary School	No	Yes
Lee	NA	Yes	no
Leon	Florida State University School	No	Yes
Levy	Bronson Elementary School	Yes	No
Liberty	Hosford Elementary and Jr High School	Yes	No
Madison	Madison Central School	Yes	Yes
Manatee	Nolan Middle School	No	No
Marion	West Port High School	No	No
Nassau	Wildlight Elementary School	No	No
Orange	Silver Star Recreation Center	No	No
Orange	Goldenrod Recreation Center	No	No
Osceola	NA	No	NA
Pasco	Fasano Shelter	No	No
Pasco	Wiregrass Ranch High School	No	No
Pinellas	John Hopkins Middle School	Yes	No

Pinellas	Dunedin Highland Middle School	Yes	No
Pinellas	Palm Harbor University	Yes	No
Pinellas	Lealman Exchange	Yes	No
Polk	Polk County Health Department	No	No
Putnam	2801 Kennedy Street	Yes	No
Sarasota	Tatum Ridge Elementary	No	Yes
Sarasota	Lamarque Elementary School	No	Yes
Seminole	NA	No	NA
St. Johns	St. Johns County Health Department	No	No
Sumter	Wildwood Community Center	No	No
Suwannee	Suwannee Intermediate School	No	Yes
Taylor	NA	Yes	NA
Union	Union County High School	No	No
Volusia	Florida Department of Health	No	Yes
Wakulla	NA	Yes	NA