

# Planning for the Whole Community

Integrating and Coordinating the Access and Functional Needs of Children and Adults with Disabilities in Preparedness, Response, Recovery and Mitigation.

April 2011



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**Benilda Caixeta**

**July 31, 1954 – August 29, 2005**

**Unable to evacuate before or during hurricane Katrina, Benilda told me the water was rushing into her home just before her phone went dead. Her body and her wheelchair were found floating inside her home several days later.**



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“My experience tells me if we wait and plan for people with disabilities after we write the basic plan, we fail.”

Craig Fugate, FEMA  
Administrator



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“We don’t plan for easy in FEMA ... we plan for real.”

Administrator Fugate  
March 2010



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## ■ A “Whole Community” Approach:

- Understanding and meeting the true needs of the entire affected community.
- Engaging all aspects of the community (public, private, and civic) in both defining those needs and devising ways to meet them.
- Strengthening the assets, institutions, and social processes that work well in communities on a daily basis to improve resilience and emergency management outcomes.



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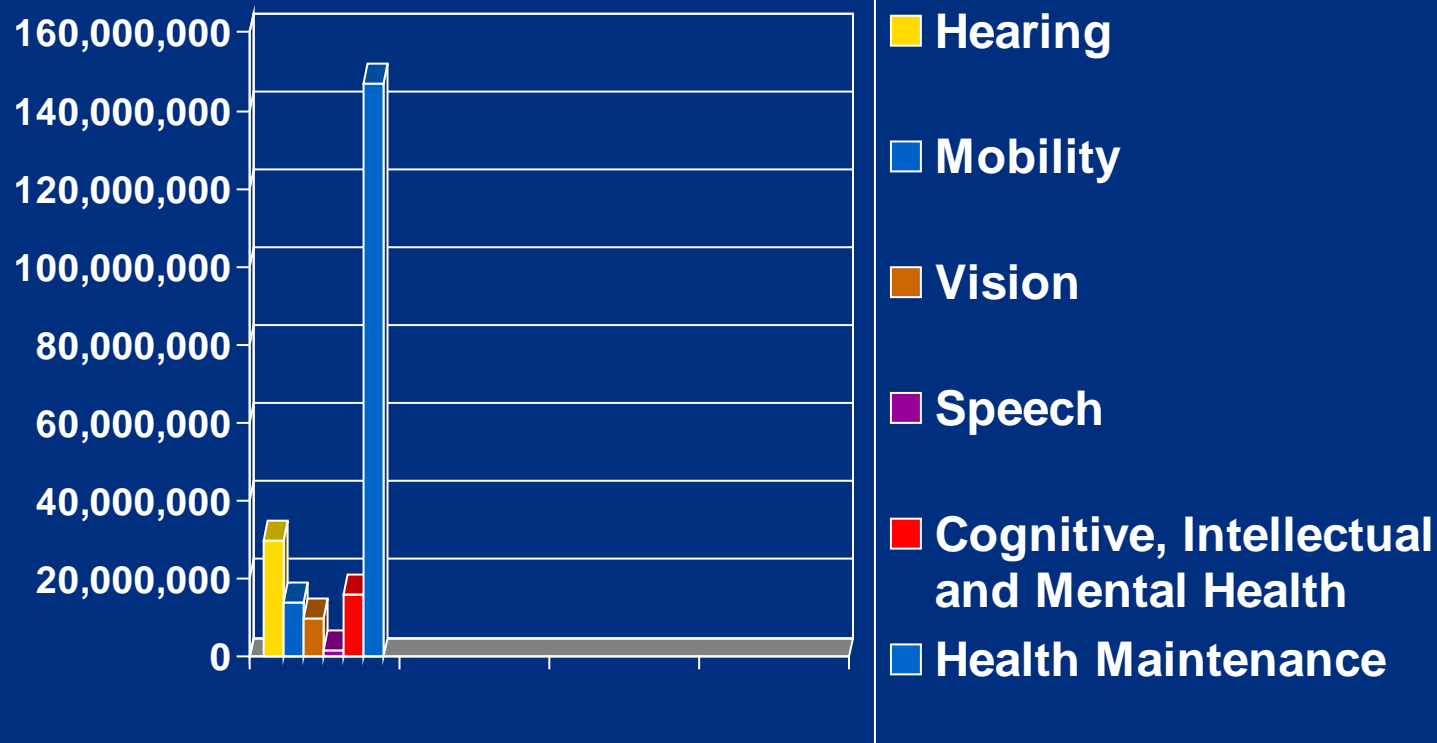
# Disability Facts

- 56.4 million Americans (20% of the population)
- 12% of all children birth - 18 years old
- 10% of all adults 18 – 64 years old
- 38% of all seniors over 65 years old
- 11 million people over age 6 need personal assistance with everyday activities
- Globally, there are 650 million people with disabilities



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# Types of Disabilities and Health Maintenance Needs



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# Hearing Disabilities

- Over 30 million people have a hearing disability – they may be deaf, hard of hearing, or deaf/blind. Some do not speak; some use American Sign Language or other sign language; some of them wear hearing aids; some don't.
- One tenth of the U.S. population does not receive information audibly from the television, does not receive information from a radio, and may not be able to engage in two-way communication in person or over the telephone without an interpreter or assistive communication device.



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# Vision Disabilities

- Over 10 million people have a vision disability – blind, low vision, deaf/blind.
- Some of these 10 million people use service animals; some use white canes; some read Braille; some with low vision can read a document with an 18- or 20-point, bold typeface.
- This means most of these 10 million people cannot see a map on television that shows them evacuation routes away from a fire, flood, or violence.
- Alerts and warnings must be received as audible or tactile information in multiple formats



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# Speech Disabilities

- Approximately 2 million people have a speech disability that interferes with two-way communication with another person.
- Some of these 2 million people do speak, but with hard to understand speech. Some do not or will not speak at all; some use communication boards; some use Speech-to-Speech relay services.
- Approximately 500,000 people do not have speech that is understood by others.



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# Mobility Disabilities

- Over 14 million people have mobility disabilities.
- 3.3 million people over the age of 14 use a wheelchair and another 10 million have used a cane, crutches, or a walker to get around for 6 months or longer.
- Mobility devices, other durable medical equipment, consumable medical supplies, personal assistance services and architectural access can make the difference between dependence and independence.



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# Cognitive, Intellectual and Mental Health Disabilities

- 16.1 million people have a cognitive, intellectual or mental health disability (over 7% of the population)
- They need early and timely, accurate and accessible information utilizing plain language.
- There are many strategies that planners, first responders and shelter operators can adopt to assist these individuals to maintain their usual level of functioning in an emergency.



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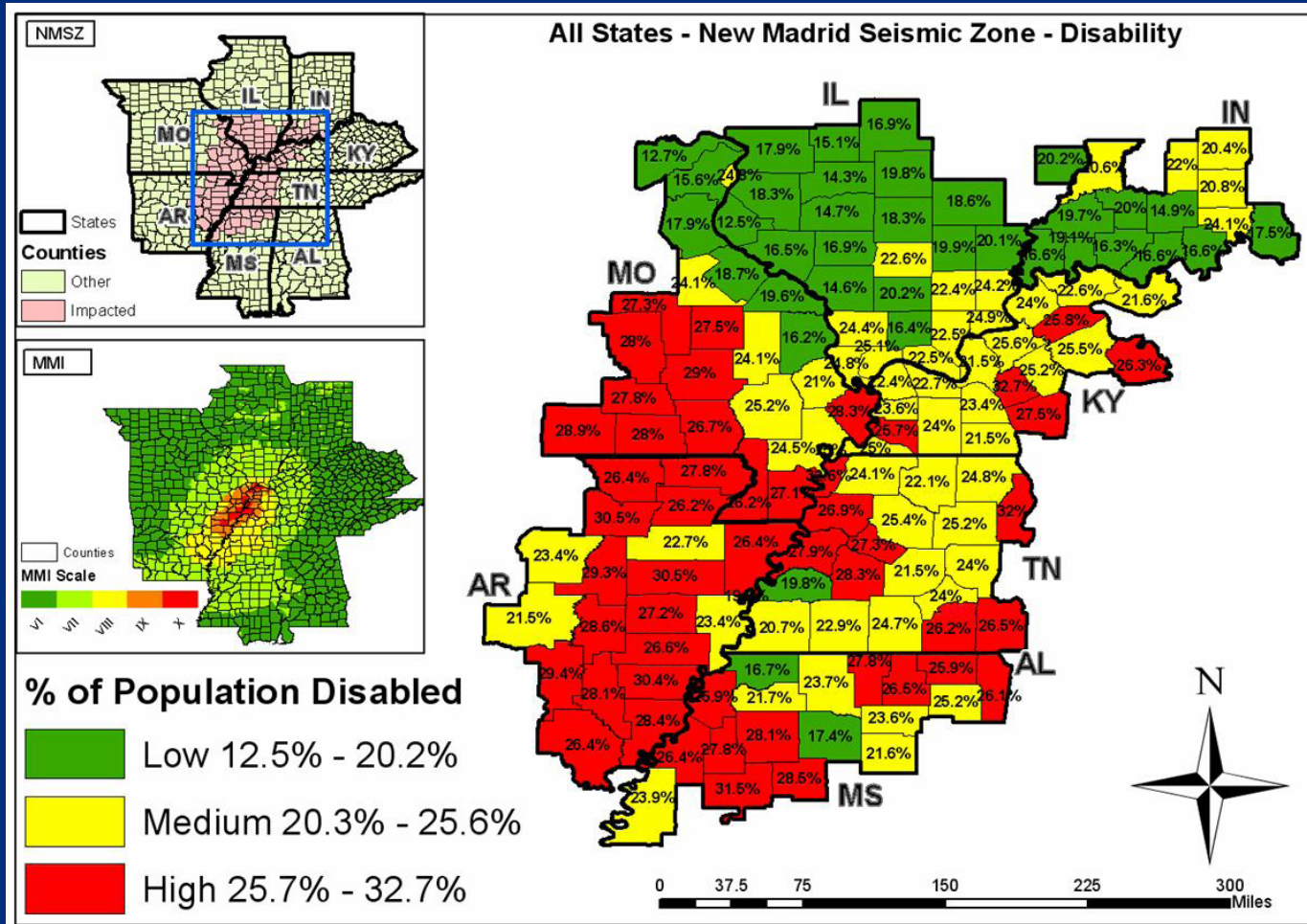
# Health Maintenance

- 48.3% of Americans say they are currently taking prescription medication
- One in three Americans (34%) take prescription drugs to treat a long-term illness or condition
- Among children younger than 12, 5.7 percent were on bronchodilators for asthma.
- For those 20 to 59, antidepressants were the most commonly prescribed drug, with 10.8 percent of this population taking them.



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# NMSZ Percentage of People With Disabilities



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“Disasters are always inclusive.  
Response and recovery are not,  
unless we plan for it.”

-June Isaacson Kailes

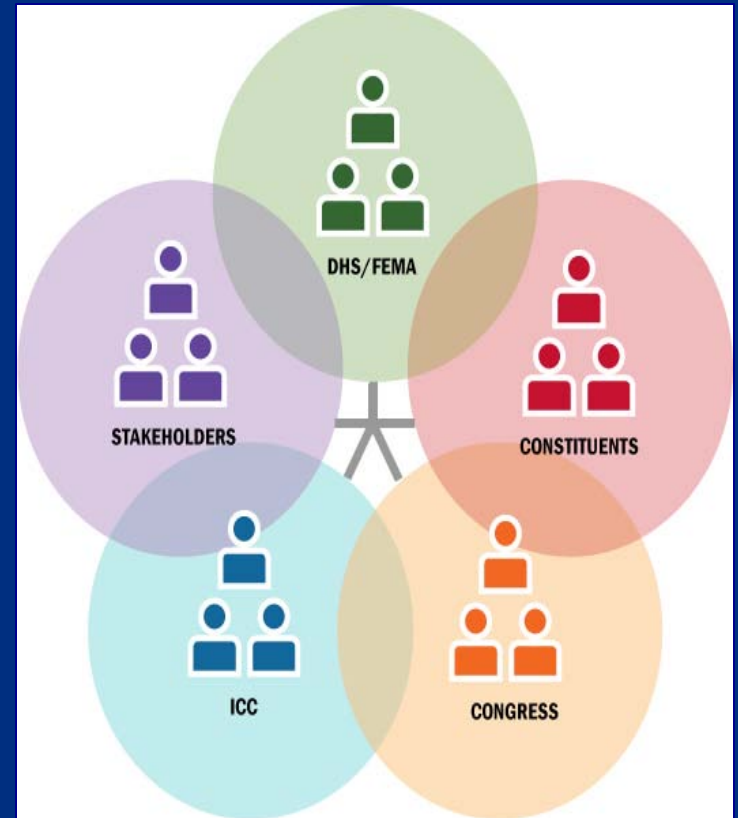


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# Office of Disability Integration and Coordination

## Mission Statement

In accordance with Federal civil rights laws and regulations, provide guidance, tools, methods and strategies to integrate and coordinate emergency management inclusive of individuals with access and functional needs.



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## Preparedness Resources

- [Interagency Coordinating Council on Emergency Preparedness](#) - The Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities was established to ensure that the federal government appropriately supports safety and security for individuals with disabilities in disaster Situations.
- [DisabilityPreparedness.gov](#) - This Federal government disability preparedness Web site sponsored by the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities provides practical information on how people with and without disabilities can prepare for an emergency. It also provides information for family members, service providers, emergency planners, and first responders.
- [Disability.Gov - Emergency Preparedness Resources](#) - This Federal government Web site contains information that people with disabilities, their families, employers, and first-responders need to know about actions that should be taken before, during, and after emergencies. Comprehensive information on emergency preparedness, response, and recovery plans that take into account the needs of people with disabilities, as well as practical tips on how individuals, schools, and places of business can prepare for emergencies
- [DisastersRU](#) - This Web site links visitors to essential information for people with disabilities, their family members, care providers, and emergency managers, planners, and responders. The Web site also lists NOD's Principles of disAbility Preparedness and Disaster Mitigation Tips for Persons with Disabilities. The main focus of this Web site is on disasters which affect Florida and the Southeast U.S.
- [Executive Order No. 13347](#) - This Executive Order, issued by President George W. Bush on July 22, 2004, ensures that the Federal Government appropriately supports safety and security for individuals with disabilities in situations involving disasters, including earthquakes, tornadoes, fires, floods, hurricanes, and acts of terrorism.
- [Preparing the Workplace for Everyone](#) - This publication, first published in 2005 by the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities, provides a framework of emergency preparedness guidelines for federal agencies.
- [Federal Relay Service](#) - The Federal Relay Service (FedRelay) is a federal government telecommunications service provided by the General Services Administration (GSA), which enables federal employees who are deaf, hard-of-hearing, deaf/blind, or have

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# The Office of Disability Integration and Coordination

Our motto:

“Baking it in, not layering it on”



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# Regional Disability Integration Specialists



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# Regional Disability Integration Specialists

Region	States	RDIS	Email
I	CT, ME, MA, NH, RI, VT	Kate McCarthy-Barnett	Kate.mccarthybarnett@dhs.gov
II	NY, NJ, Puerto Rico, USVI	James Flemming	James.flemming@dhs.gov
III	DE, MD, PA, VA WV, Washington, D.C.	Linda Landers	Linda.landerson@dhs.gov
IV	AL, FL, GA, KY, MS, NC, SC, TN		
V	IL, IN, MI, MN, OH, WI	Jessica Mitchell	Jessica.mitchell@dhs.gov
VI	AR, LA, NM, OK, TX	Patty Mancha (acting)	Patricia.mancha@dhs.gov
VII	IA, KS, MO, NE	Gay Jones	Gay.jones@dhs.gov
VIII	CO, MT, ND, SD, UT, WY	David Schaad	David.schaad@dhs.gov
IX	AZ, CA, HI, NV, American Samoa, Commonwealth of the Northern Mariana Islands, Republic of the Marshall Islands, Federated States of Micronesia, Guam	David Ball	David.ball@dhs.gov
X	AK, ID, OR, WA	Lesley Anne Ezelle	Lesleyanne.ezelle@dhs.gov



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# Federal Laws Prohibiting Discrimination in Emergency Programs on the Basis of Disability

- Americans with Disabilities Act of 1990
- Stafford Act of 1988
- Rehabilitation Act of 1973
- Fair Housing Act Amendments of 1988
- Architectural Barriers Act of 1968
- Individuals with Disabilities Education Act (EHA) of 1975
- Telecommunications Act of 1996

Each provides affirmative obligations and prohibitions of discrimination on the basis of disability.

No State or local government, or its contractors, in providing services may, by law, policy, or contract, provide services below those standards without violating federal law.



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# Department of Justice Guidance to State and Local Governments

The Americans with Disabilities Act and other laws apply in:

- Preparation
- Notification
- Evacuation and transportation
- Sheltering
- First aid and medical services
- Temporary lodging and housing
- Transition back to the community
- Clean up
- Other emergency- and disaster-related programs, services, and activities



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# Key Principles

- Equal Access – People with disabilities must be able to access the same programs and services as the general population. Access may include modifications to programs, policies, procedures, architecture, equipment, services, supplies, and communication methods.
- Physical Access – People with disabilities must be able to access locations where emergency programs and services are provided.
- Access to Effective Communication – People with disabilities must be given the same information provided to the general population using methods that are understandable and timely.



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# Key Principles Continued

- Inclusion – People with disabilities have the right to participate in and receive the benefits of emergency programs, services, and activities provided by governments, private businesses, and nonprofit organizations.
- Integration - Emergency programs, services, and activities typically must be provided in an integrated setting.
- Program Modifications - People with disabilities must have equal access to emergency programs and services, which may entail modifications to rules, policies, practices, and procedures.
- No Charge - People with disabilities may not be charged to cover the costs of measures necessary to ensure equal access and nondiscriminatory treatment.



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# “Complying with the Americans with Disabilities Act is not optional”

FEMA Administrator, Craig Fugate to the National Voluntary Agencies Active in Disasters Conference  
May 2010



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# The words we use:

We hear it all the time – “special needs” and “vulnerable”. Both terms do damage. When people with disabilities are thought of as “special”, they are often thought of as marginal individuals who have needs, not rights. The word “vulnerable” has a similarly unfortunate effect. Vulnerable people must have things done for them; they’re recipients, not participants.

Don’t think ‘special’ or ‘vulnerable;’ think ‘universal access.’ Integrate access into all aspects of emergency services: transportation, sheltering, education, evacuation, etc. And remember that access is a civil right, not a favor or an amenity.

-CT P&A



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The difference between the right word  
and the almost right word is the  
difference between lightning and a  
lightning bug.

Mark Twain



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“You can’t be special and equal at the same time”

- Becky Ogle



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# Access and Functional Needs

The term "access and functional needs" means those actions, services, accommodations, and programmatic, architectural, and communication modifications that a covered entity must undertake or provide to afford individuals with disabilities a full and equal opportunity to use and enjoy programs, services, activities, goods, facilities, privileges, advantages, and accommodations in the most integrated setting, in light of the exigent circumstances of the emergency and the legal obligation to undertake advance planning and prepare to meet the disability-related needs of individuals who have disabilities as defined by the ADA Amendments Act of 2008, P.L. 110-325, and those associated with them.

Department of Justice



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# Functional Needs vs. Acute Health Care Needs

- Access and functional needs, not special needs
- Maintaining health, safety and usual level of independence
- Most people with disabilities are not patients
- Universal design for accessibility



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# FEMA SUPPORT

- Regional and State Training
- Disability Integration Specialists in every Region
- Durable medical supply cache and a IDIQ contract
- Consumable Medical Supplies IDIQ contract
- Requirements for “universal” cots
- Personal Assistance Services mission support agreements and private industry contracts being reviewed, reimbursement factsheet being finalized.
- Shelter accessibility included in the National Shelter System
- MOAs with National Council on Independent Living and their 450 Centers for Independent Living and the National Disability Rights Network and their 57 statewide Protection and Advocacy agencies



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# Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters

- Provide planning guidance for meeting access and functional needs in general population shelters.
- Identify methods for achieving a lawful and equitable program through the delivery of Functional Needs Support Services for children and adults.



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# Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters

includes information about:

Planning

Finding subject matter experts

Selecting potential shelter sites

Accessible toilets and bathing facilities

Personal assistance service needs

Medical Care

Durable Medical Equipment and Consumable Medical

Supplies

Legal obligations

Service and assistance animals



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# Who benefits from FNSS?



- Children and adults requiring FNSS may have:
  - Mobility and other physical disabilities
  - Sensory disabilities
  - Mental health, cognitive and/or intellectual disabilities
- Others who may benefit from FNSS include:
  - Women in late stages of pregnancy
  - Elders
  - People needing bariatric equipment, transportation, health preservation or communication assistance.



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# Who also benefits from FNSS?

The whole community benefits when we plan to meet the access and functional needs of people with disabilities in emergencies and disasters. This is because families can stay together, natural support systems are preserved, acute medical conditions can be prevented or reduced and medical providers can focus limited emergency care resources on people with medical needs requiring skilled medical care inclusive of RN supervision.



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# Personal Responsibility- From Liabilities to Assets:

Personal responsibility before, during and after a disaster applies to people with disabilities just as it applies to people without disabilities. Although ability varies from person to person, educational and outreach efforts, information and tools must be made available and accessible to everyone.



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“It is time children, people with disabilities or any other segment of our communities who have traditionally been underserved, to be more fully and consistently integrated into preparedness and planning efforts at every level of government.”

Craig Fugate, FEMA Administrator



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# Assets Not Liabilities



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# Workforce Diversity



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# INTEGRATION AND COORDINATION

When communities integrate the access and functional needs of children and adults with and without disabilities in all phases of community-wide emergency management, they strengthen their ability to prepare for, protect against, respond to, recover from, and mitigate all hazards.



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