

Four Corners Conference
December 2, 2010

Serving People With Access and Functional Needs in Red Cross Shelters



Myths, Legends and Folk Beliefs Surrounding
FEMA FNSS Guidance



Myth #1

- Myth
 - This is just another unfunded government mandate

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- Fact
 - FEMA's Guidance does not establish new legal obligations
 - ADA has been in effect since 1990

Myth #2

- Myth
 - Sheltering is Red Cross' responsibility so providing functional needs support services in shelters is Red Cross' responsibility

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- Fact
 - Local government is responsible for protecting its citizens
 - Red Cross supports local emergency management's efforts
 - No one organization can do this alone – partnership is key

Myth #3

- Myth
 - Facilities that aren't ADA compliant can't be used as shelters.

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- Myth
 - Facilities that aren't ADA compliant can't be used as shelters
- Fact
 - A plan must be in place detailing the facility modifications necessary to achieve ADA compliance
 - The facility must be made ADA compliant prior to use as a disaster shelter
 - ADA compliance can be achieved through temporary measures such as use of portable ramps, toilets, and showers

Red Cross Vision for Accommodation



Vision for Accommodation

- ① Safely accommodate individuals with disabilities and those with access and functional needs in our congregate shelters by working with partners and increasing and sustaining capacity within the Red Cross.
- ① Provide appropriate referrals to partners when reasonable accommodation is not possible.

Exceptions to Accommodation

- Individuals who need:
 - Continuous medical supervision
 - Acute, life-sustaining medical care
- Individuals who are a danger to themselves or others

Americans with Disabilities Act (ADA)

Under the ADA, the Red Cross must:

- Make reasonable modifications to its policies, practices and procedures when necessary to deliver shelter services to clients with disabilities
- Provide auxiliary aids and services to ensure effective communication
- Welcome people with service animals
- Ensure that shelter facilities are physically accessible for people who use wheelchairs or other mobility devices.

Principles of the ADA

- 1. Inclusion**—Accommodate all forms of access and functional needs so that these individuals may have the same benefits as people without disabilities
- 2. Integration**—Emergency programs, services, and activities typically must be provided in an integrated setting. Red Cross must integrate people with access and functional needs into congregate shelters

Principles of the ADA

- 3. 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.
- 4. Self Determination**—People with disabilities are the most knowledgeable about their own needs.

Principles of the ADA

5. **Physical Access**—People with disabilities must be able to access locations where emergency programs and services are provided.
6. **Program Modifications**—People with disabilities must have equal access to emergency programs and services, which may entail reasonable modifications to rules, policies, practices, and procedures.

Principles of the ADA

- 7. 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.

Red Cross Recommendations for Chapters



Recommendations

- Shelter Inventory
- Community Planning
- Response

Shelter Inventory

- Over 56,000 Shelters
- Agreements updated annually
- Facilities physically surveyed every three years

Shelter Selection

- Use the Shelter Facility Survey Form when selecting shelter locations
 - Determine what physical access modifications will be needed for each facility
- When a shelter that has inaccessible features is selected, a community plan must be in place to make the shelter accessible before use.

Integrated Community Planning

- Review current plans
- Identify all stakeholders
- Conduct community gap analysis
- Identify resources
- Establish relationships

Current Plans

- Determine what FNSS planning is currently occurring in the community
- Join or convene FNSS planning activities
- Integrate existing special needs plan into general population sheltering plan

Identify All Stakeholders

- Local, state and tribal government
- Local Emergency Management, Public Health, Human/Social Services
- Centers for Independent Living
- Providers of:
 - Transportation
 - Personal Assistance Services
 - Consumable Medical Supplies
 - Durable Medical Equipment
 - Communication devices

Identify All Stakeholders

- Pharmacies and home health care agencies
- VOAD, COAD
- Local disability organizations
- Faith based organizations
- Community based organizations

Conduct Community Gap Analysis

- Work with local disability community and government partners to identify the types of access or functional assistance related needs people are likely to have
- Determine the types of resources and approximate quantities needed to serve the community

Identify Resources and Establish Relationships

- Determine which responsibilities will be met by each stakeholder
- Establish relationships with DME and CMS providers, pharmacies, home health care agencies, and public health
 - Identify how each can help meet client needs in sheltering operations

Response

- Ensure Health Services/Disaster Mental Health (HS/DMH) staff are present in shelters
- Identify and address individual client needs
 - Use Initial Intake and Assessment Tool during registration
 - Consult with HS/DMH to address needs
 - HS and DMH will work directly with client to determine resources and next steps

Response

- Shelter Layout
 - Accessible routes in dormitories
 - 20 sq. ft. per person in short-term or evacuation shelters
 - 40-60 sq. ft. per person for sheltering longer than 72 hours
 - Individuals who use wheelchairs, lift equipment, service animals, and other personal assistance services can require up to 100 sq. ft.

Response Examples

- Modify kitchen access policies
- Modify sleeping arrangements
- Assist with cutting food
- Provide way-finding assistance to visually-impaired
- Provide extra space for cots when necessary
- Provide communication tools for individuals with visual, hearing or speech needs, and those with language/cultural requirements

Response

- Embrace self-determination
 - People with access and functional needs are the most knowledgeable of their own needs and assistance requirements
- Assist individuals in maintaining their usual level of independence

Contact Information

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Questions

