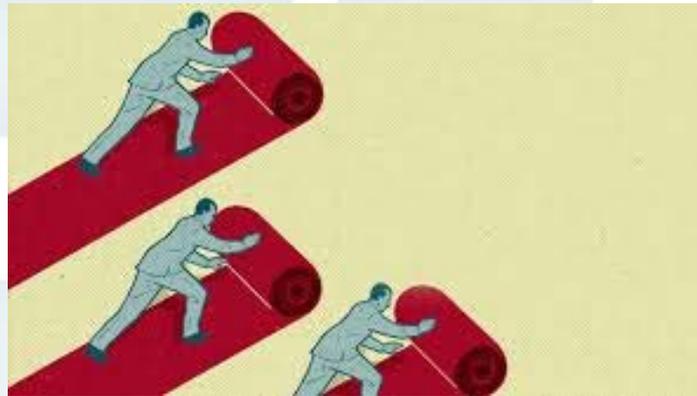




## Welcome to the 2014 Ohio Functional Needs Summit



Please pick up a participant's folder  
at the registration table in the hallway.

As you're getting settled, talk to others about your role and/or your  
agency's role in the disaster-based functional needs service network.



# Functional Needs Summit

May 29, 2014

Doubletree by Hilton Hotel

Worthington, Ohio



# Welcome!

John Born, Director, Department of  
Public Safety

Nancy J. Dragani, Executive Director,  
Ohio Emergency Management Agency



# Logistics

- Exits
- Smoking areas
- Breaks
- Lunch
- Packet
- Agenda





# Why We're Here

- A lot has changed
- Increased level of demand/need/expectations
- Many agencies/organizations are providing Disaster-Based Functional Needs Services
- Need for more communication and cooperation between agencies



# The Foci for Today

- Learn more about responding to disaster-based functional needs during disasters
- Assess and improve Ohio's Functional Needs Response Network



# Who Are We?

- Advocating particular interests
- Members of functional needs populations
- Functional needs direct service providers
- Government agencies – local, county, state, federal
- Emergency management
- Health care sector
- Law enforcement
- Fire service
- Other?





# Making Today's Summit Work

- Focus on the end goal --> How do we improve Ohio's disaster-based FN response service network?
- Participate
- Stay on topic
- Stay on target
- Commit to action
- Reading Slides





# History of the Development of the Functional Needs Framework

- 9/11/2001 – Effects on people with disabilities and others with access and functional needs  
Executive Order 13347- Individuals with Disabilities in Emergency Preparedness
- 2005- Hurricane Katrina  
Post Katrina Emergency Management Reform Act (PKEMRA)
- May 2006 – Post-Katrina – *Moving Beyond “Special Needs”*: A *Function-Based Framework for Emergency Management and Planning* by June Isaacson Kailes and Alexandra Enders  
([http://www.jik.com/HHS%20Special%20Needs%20 2 .pdf](http://www.jik.com/HHS%20Special%20Needs%202.pdf) )



# History of the Development of the Functional Needs Framework

- July 2006 - Federal-level planning group at the “Working Conference on Emergency Management and Individuals with Disabilities and the Elderly” establishes the use of the Functional Needs Framework for federal-level planning
- December 2006 – Publication of Ohio’s Emergency Management Be-Prepared Kit
- December 2006 – Orientation Seminar – Emergency Response Planning for the Functional Needs Population
- May 2007 – Publication of the Ohio Functional Needs Plan – Tab A to Emergency Support Function #6 (Mass Care) of the Ohio Emergency Operations Plan



# History of the Development of the Functional Needs Framework

- 2010- FEMA Office of Disability Integration and Coordination
- 2010- FEMA publishes *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*
- 2010- FEMA Disability Integration Specialists
- 2010- FEMA's First "Getting Real" Inclusive Emergency Management Conference
- 2011 – Update of the Ohio Functional Needs Plan



# History of the Development of the Functional Needs Framework

- 2011 – A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways to Action
- 2012/2013 – Hiring Cadre of On-Call Reservists to serve as Disability Integration Advisors
- 2014 – L197 Course: Integrating Access and Functional Needs into Emergency Planning
- 2014- IS-368 Course: Including People with Disabilities and Others with Access and Functional Needs in Disaster Operations



# The Present

2014 – Functional Needs Support Agency Survey

2014 – Functional Needs Summit

## Objectives:

- Assess the Existing Functional Needs Support Network
- Identify Strengths and Gaps
- Determine how Support Agencies can Better Work Together to Improve Awareness and Service Provision
- Provide input for the 2015 update of Ohio's Functional Needs Plan



# Introduction to the Functional Needs Concept and the Functional Needs Framework

- Proposed by **June Kailes and Alexandra Enders** in a 2006 journal article, ***Moving Beyond Special Needs***, as a framework for the Federal-level planning response to Katrina-based issues.
- A functional need is a personal situational/operational need that would have to be addressed for someone to **be able to effectively participate** in sheltering, evacuation and other emergency response operations.
- Persons with functional limitation needs are those who may need assistance to be able to **maintain their health and independence**, or to be able to manage the stresses of disaster/emergency response-related operations.
- The Functional Needs Framework is a **better planning platform for resource management**, organization and assignment/allocation.



# What is a Disability?

- A physical or mental impairment that substantially limits one or more of the major life activities of the individual
- A person who has a record of such an impairment
- Someone who is regarded as having such an impairment

Major life activities include (but are not limited to):

- Caring for oneself, talking, seeing, hearing, speaking, breathing, learning and working





# What is a Protected Class?

- A characteristic of a person which cannot be targeted for discrimination (from The Civil Rights Act, 1964)
- Civil Rights Act, 1964
  - Race, color, religion, national origin, sex, familial status
- Rehabilitation Act, 1973 and Americans' with Disabilities Act (ADA), 1990
  - Disability





# The scope of disaster/emergency response-related functional needs

The **Functional Needs Framework** is structured around **five functional needs categories**:

- Communication Needs
- Medical Needs
- Independence Needs
- Supervision (Safety and Support) Needs
- Transportation Needs





# Key FN Response Considerations

- Could be up to **70% of the population**
- Response – Specialized operations and providing access for persons to specialized equipment, resources and services during emergency response operations
- People who have functional needs on a “normal” day still have them during a disaster, and they might have additional levels of functional needs in a disaster situation





# The Functional Needs Framework can be effectively applied to the needs of varied and broad populations

## Persons:

- With physical disabilities
- With mental illnesses
- Who need supervision for safety and support
- Who may have difficulty with the stresses of emergency response operations
- From diverse cultures
- Who are non-English speakers
- Who older adults or children
- Who do not have access to vehicles – transportation disadvantaged
- With special dietary needs
- Who are homeless
- Who live in institutionalized settings
- Who have chronic, ongoing medical or supervision needs



- A person's functional needs may or may not change in a disaster response setting.
- A person's level of need for assistance with their functional needs might increase because of added stress and physical and behavioral demands due to the incident.
- A person might acquire additional functional needs due to the incident.



# Functional Needs Planning and Response Development Resources

- We put together a list of links to planning and response resource development resources for emergency responders and emergency management planners.

<http://www.ema.ohio.gov/Documents/Plans/Functional%20Needs%20Planning%20and%20Program%20Development%20Links.pdf>

- Expand this list with additions from the Service Network – including best practices.



# Most Important Disaster-Based Functional Needs Considerations

- Communication (alert, warning, notifications)
- Evacuation transportation
- Sheltering
- Recovery





- Most emergency response operations are structured to assist those who do not have functional needs.
- We need to do a better job of including service providers and service recipients in the planning process.



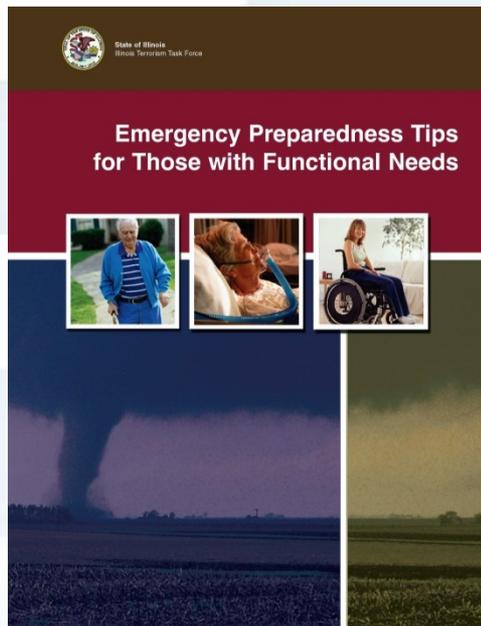


# More Considerations

- If our response plans integrate the needs of people with access and functional needs, **response and recovery will be more effective.**
- **Include members of the functional needs population and existing local service providers in planning and response.**



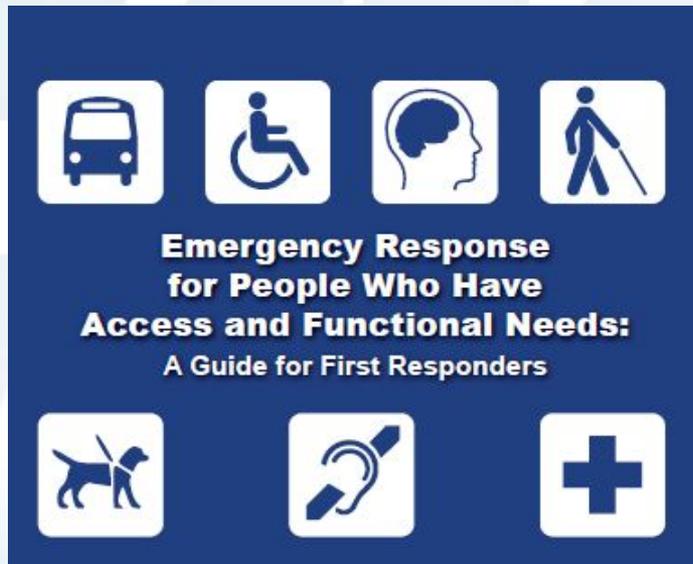
# Specific considerations for the five functional needs categories



**FEMA's Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters**



# (Access and) Functional Independence Needs



**Emergency Response  
for People Who Have  
Access and Functional Needs:  
A Guide for First Responders**

The central graphic is a dark blue rectangle containing several white icons and text. The top row has four icons: a bus, a person in a wheelchair, a profile of a head with a brain, and a person with a cane. The bottom row has three icons: a dog, an ear with a hearing aid, and a medical cross. The text is centered between the two rows of icons.



## Functional limitations exist along a continuum of severity and duration – partial-to-total and temporary-to-permanent

People with **Functional Independence** needs may include those who have:

- Conditions which interfere with walking or using stairs
- Reduced stamina, or easily fatigued
- Respiratory conditions
- Emotional, cognitive or learning difficulties
- Vision loss
- Hearing loss
- Temporary limitations



# Maintaining Functional Independence

Taking actions to maintain **Functional Independence** may include:

- Medical stabilization – replacing essential medications
- Functional mobility restoration
- Replacing essential consumable supplies
- Orientation assistance for those with sensory limitations



# Sheltering and Functional Independence

The decisions that are made in the planning process might determine whether integration or segregation will occur during response.

- People with access and functional needs have the right to access services in general population shelters just as any other individual.
- Emergency managers and shelter planners have the responsibility to plan accordingly to ensure that sheltering services and facilities are accessible.
- People with access and functional needs live independently in the community, with some individuals needing support services. The support services they receive to assist with their access and functional needs are generally not provided by medical professionals, but individuals from the community.
- Plans should integrate the resources necessary to allow for people with access and functional needs to maintain their independence and dignity.
- The areas that plans need to address are:

Facilities

Assessments/Services

Equipment/Resources



# Shelter Assignment and Services

- Determining the best location for sheltering people with access and functional needs must be done on an individual basis.
- No two people's needs are the same.
- With some assistance, most people with functional needs can function in a general population shelter.
- In the assessment/intake process, dialogue must occur with individuals and preference of assistance must be given priority whenever possible.
- The existence of the need for different levels of sheltering does not always indicate the need for separate sheltering locations.



# Meeting Sheltering Needs to Promote Functional Independence

## General Population Sheltering

General population shelters are a sufficient option for Individuals who are able to meet their own needs, and for individuals whose needs can be met with assistance from friends and/or family, or from paid and/or volunteer personal assistance service providers.

### Examples:

- Mobility impairments/self-ambulating, with or without durable medical equipment
- Wheelchair user
- Blind/low vision, with or without service animal
- Deaf/hard of hearing
- Developmentally disabled
- Medically stable requiring minimal monitoring
- Oxygen-dependent
- Feeding occurs through a tube
- Chronic condition
- Has own supply of medications/supplies.
- Alzheimer's/Dementia, or other cognitive disorders
- Incontinent; requires regular catheterization or bowel care





# Communication Functional Needs





# Communication Functional Needs

- **Most people** who have Communication Needs **are self-sufficient** – but they may need information to be provided in ways that they can better understand and/or use.
- Some people may not be able to hear verbal announcements, see directional signage to assistance services, or understand how to get food, water and other assistance.



# Communication Needs

People with communication needs may include those who:

- Are **ethnically and culturally diverse**
- Have limitations or are **unable to read or understand English**
- Have reduced or no ability to **speak, or see or hear**
- Have **limitations in learning and understanding**



# Communications

Adjustments should be made to the following response operations to account for possible communication challenges:

Early Warning Notification Systems

Evacuations

Websites

Emergency Alert Systems

Press Conferences

Press Releases

To be able to effectively make these adjustments, jurisdictions should:

- Involve individuals with diverse disabilities, older adults, and those with expertise and advocacy backgrounds in emergency communication planning.
- Efforts to enhance communication for people with access and functional needs will be far from successful unless you involve these groups.
- Communication redundancy can be improved by having community-based organizations and local service providers provide emergency and evacuation information to their client populations.



# Supervision (Safety and Support) Needs





# Supervision (Safety and Support) Needs

Support for individuals who have Supervision  
Needs (Safety and Support)

- those who do not have or who have lost  
adequate support from family or friends –
- must be determined on a case-by-case basis.



# Supervision (Safety and Support)

## People with supervision needs can include:

- People who decompensate because of transfer trauma, trauma stressors that exceed their ability to cope, or lack of ability to function in a foreign environment
- People with conditions such as dementia, Alzheimer's and psychiatric conditions such as depression, schizophrenia, and intense anxiety
- People who function adequately in a familiar environment, but become disoriented and lack the ability to function in an unfamiliar environment
- Relocated inmates
- Unaccompanied children



# Medical Functional Needs





# Medical Functional Needs

People with visible disabilities tend to be automatically, but sometimes mistakenly, placed in this category.

Persons with Medical Functional Needs may include those who require durable medical equipment, and those who may have lost adequate support from family or friends and need assistance with:

- **Daily living activities**
- **Management of unstable, chronic, terminal or contagious health conditions**
- **Medication management**, intravenous (IV) therapy, tube feeding, monitoring regular vital signs and medical readings
- **Dialysis, oxygen and suction administration**
- **Managing wounds, catheters or ostomies**
- Operating life-sustaining, power-dependent **equipment**



# Medical Sheltering

Individuals who are placed in medical shelters may have no acute medical conditions, but they may require medical monitoring, treatment or personal care beyond what is available in general population sheltering.

## Examples

- Non-ambulatory, requiring personal assistance services.
- Chronic medical patients unable to self monitor/medicate.
- Require complete assistance with tube feedings (no caretaker).
- Require complete assistance with frequent sterile dressing changes
- Oxygen dependent requiring respiratory therapy.
- Incontinence
- Terminally ill



# Medical Sheltering – Support Services

- General population shelters should include a Support Services Branch to provide support to individuals who are medically stable.
- With additional support, individuals may be able to remain in a general population shelter.
- Support may include limited medical and mental health services, along with the provision of durable medical equipment, medications or consumable medical supplies to ensure management of current conditions.



# Addressing Functional Needs in General Population Shelters

Support for essential functional needs will be provided to individuals who have been assessed and determined to be safely accommodated within a shelter.

Such accommodations include, but are not limited to, providing assistance in:

- Replacing essential prescribed medications.
- Obtaining essential durable medical equipment (DME) and essential consumable medical supplies (CMS).
- Maintaining independence.
- Providing support to individuals with cognitive limitations.
- Providing interpreters and other communication support.



# Addressing Functional Needs in General Population Shelters

- Providing assistance to individuals who have conditions that affect mobility.
- Providing assistance to individuals with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.).
- Providing assistance to individuals with temporary limitations (post surgery, accident injuries, pregnancy, etc.).
- Management and coordination of processes to address the requirements to maintain functional/medical support operations.



# Transportation Needs





# Transportation Needs

Transportation is a well-established component of emergency response plans, however, the lack of details regarding transportation-dependent people may cause some to be put in potentially dangerous situations.

- People who cannot operate a motor vehicle due to disabilities and those who do not have access to a motor vehicle.
- People who are seniors, people who lack financial resources and people who need wheelchair accessible transportation.
- Most non-drivers and people from zero vehicle households can function independently once evacuated to safety.



# Transportation

People with access and functional needs might need transportation services while in shelters and for re-entry into the community.

There might be a need for wheelchair accessible vehicles and drivers to be available at shelters.

Determine how transit systems:

- will be used
- how they will support the transportation needs of shelter residents
- how they will be used for facility re-entry
- how they will be reimbursed for their services



# Evacuation/Transportation

- The need to move people with mobility challenges in a disaster can be complex – there might be a need for training.
- Complications can be caused by a variety of factors.
- Evacuation planning and ensuring response is accessible for people with access and functional needs are inseparable.
- An evacuation plan that does not address functional needs is an incomplete plan.



# Recovery Considerations for Functional Needs Populations





# Recovery Considerations for Functional Needs Populations

Navigating the recovery process and accessing services is a challenge for anyone impacted by a disaster.

Organizations providing direct services to people with access and functional needs should be integrated into Local Assistance Centers and Disaster Recovery Centers.

These organizations should develop mechanisms to coordinate with each other to maximize resources and to eliminate duplication of effort.



# Recovery Considerations

People with access and functional needs may have diverse needs in recovery, depending on the nature and impact of the disaster.

Following are possible recovery needs:

- Short & Long-Term Housing (Accessible)
- Communication
- Replacement of Durable Medical Equipment & Assistive Technology
- Personal Assistance Services
- Transportation
- Financial Assistance



# Recovery Considerations

- Not all individuals go to Local Assistance Centers and Disaster Recovery Centers.
- Descriptions of recovery services should be disseminated using multiple communication methods.
- All materials and forms should be available in alternate formats:
- Considerations should be made to making recovery services mobile.
- When applications need to be completed on-site, procedures should be in place to provide assistance to individuals with access and functional needs, including assisting with reading materials and filling out forms.



# Future Goals

EMA



# Future Goals

- Refine the Functional Needs Framework
- Increase awareness of disaster-based functional needs
- Build a better functional needs service/response network in Ohio
- Improve communication and cooperation between service recipients, service providers, and responders and jurisdictions
- Update the Ohio Functional Needs Plan - 2015



# Personal Preparedness

## 3 Steps to Preparedness

- ✓ Get a Kit
- ✓ Make a Plan
- ✓ Be Informed





# Personal Preparedness

Addressing the needs of functional needs populations in disasters is made easier when the members of these populations take measures to account for their own personal preparedness.

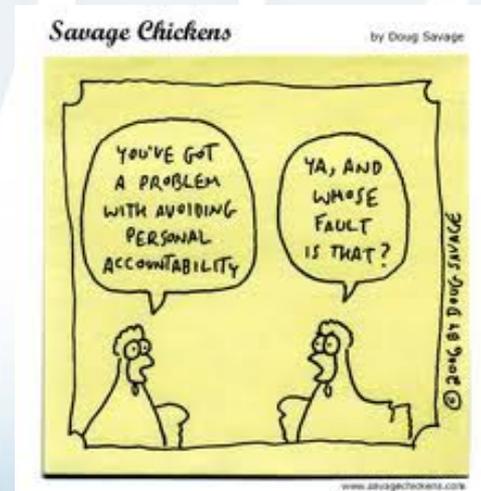
Personal preparedness actions could include:

- Maintaining functional independence by identifying primary and secondary support persons to offer assistance during a disaster
- Proactively identifying the need for communication assistance (interpreters, facilitators, etc.) Identifying and employing the assistance of an individual(s) to address supervision needs
- Being prepared to address medical needs by assembling necessary medicines and other medical goods to be used in case they need to be rescued or evacuated
- Identifying persons who can assist with transportation away from harm or to medical appointments, etc.



# Personal Preparedness

- Personal Responsibility
- The Right Tools
- Future Directions – ReadyOhio Mobile App
- Continue Advocacy





# Summary Thoughts

- Involve the right people and organizations in your planning.
- Look into and be aware of the legal aspects and providing services to functional needs populations.
- Determine how/where you will access specialized equipment/resources/services.
- Focus on helping people to maintain their functional independence.



Things to keep in mind as we go into the rest of the day's presentations.



# Assessing the Existing Disaster-Based Functional Needs Service Network

- Strengths
- Weaknesses
- Need for Change – Communication, Cooperation, Training, etc.





# The Disaster-Based Functional Needs Service Network

- What does the **existing** disaster-based FN response service network look like?
- What would the **ideal** FN disaster-based response service network would look like?
- What **gaps** exist in the current disaster-based FN response service network?
- What **systems/networks** currently exist to address disaster-related functional needs?





# Service Gaps

- What gaps in meeting disaster-related functional needs exist, and how they can best be filled?
- What services, co-operations, networks must be created to assure that disaster-related functional needs are being met?





# Improving Cooperation and Communication

- How we can build and improve cooperation and communication to strengthen the network of agencies that address functional needs?
- What connections need to be made between agencies and providers to better meet disaster-related functional needs?





# Meet and Share

- Take the next ten minutes to make a connection with someone.
- Talk about your/your agency's role in the functional needs service network
- Find out how you can work together.





# Break Time – Be Ready to Start Again in 10 Minutes





# Survey Results - The Functional Needs Service/Response Network

- Earlier this year, a survey was sent out to approximately 275 persons from a wide spectrum.
- We received about 80 responses



# Responding Agency Breakdown

- 26 - City/County Health Departments
- 11 - State Agencies
- 6 - Service Providers
- 5 - County/City EMAs
- 4 - Regional Health
- 3 - City Government
- 3 - Hospitals
- 3 - American Red Cross
- 3 - Federal Agencies
- 2 - Police/Fire
- 13 - Other





# Target Populations

The target populations of the responding agencies closely reflected their missions – no surprises





# Addressing Functional Needs

- As suspected, the responding agencies are addressing functional needs in a variety of ways.
- LHDs probably had the widest variety of FN assistance programming because they work/partner with the widest variety of agencies.



# Addressing Functional Needs

- Sheltering - FNSS
- Advocacy
- Public Information
- Communication
- Transportation
- Provision of Supplies
- Volunteer Support
- Points of Distribution
- Durable Medical Equipment
- Dialysis
- LEMA operations – planning
- FN Registries
- Education



# Addressing Functional Needs

- ADAMH
- Prevention
- Partnering
- Hospital Support
- MRC Support
- Mass Care
- Training
- Planning
- Job Placement Assistance
- Nursing
- Development al Disabilities
- Speech and Hearing
- Legal Issues
- Translation – Braille, etc.



# Cooperation

- Most intra-agency cooperation was within the same/local jurisdiction.
- Some agencies are acting independently.
- Monthly/quarterly meetings with planning committees.
- Health Care Coalitions
- FN planning groups





# Gaps Identification

- IDing number and location of FN population
- List of groups offering FN assistance
- Engaging local health departments
- Evacuation/Sheltering planning/resources
- Connectivity to FN assistance resources
- Collaboration between state and local level agencies
- Mental/behavioral health resources
- Training and education
- Transportation assistance
- Communication
- Guidance and data from state to locals



# Gaps Identification

- DME support
- First responder education
- Target Capability Planning
- Material Resources – Sheltering
- Interpreters/Translation
- State-level agency coalitions
- Participation of non-traditional healthcare orgs.
- Matching resources to needs
- Safe housing
- Funding
- Info on liability limitations
- Participation
- Planning
- Info on FN scope



# Suggestions

- Collaboration
- Education
- Communication systems
- Working with other agencies
- Multi-level cooperation
- General population education
- Planning
- Awareness
- State-wide FN Agency Network/Coalition
- Exercises
- Incident-based briefings
- More time and money
- Training/Regional Summits
- Best Practice Forum
- FN Advisory Board
- Local Planning Teams





Thank you to the Sign  
Language Interpreters  
who are assisting us  
today

thank you





# Panel Discussions

## Ten-Minute Presentations

## Questions and Discussion





# Functional Needs Response Gaps Panel

- **John L. Moore**, CEO/Executive Director, Deaf Services Center, Inc.
- **Ray Herbst**, RS, REHS, Director, Division of Public Health Emergency Preparedness, Ashland County-City Health Department
- **Vince Gildone**, Northwest Ambulance District, Ashtabula County



# Lunch

- Eat a lunch you brought with you.
- Eat at an area restaurant.
- Partake in the hotel's \$10.00 buffet.

**Be ready to start again in an hour.**





# Best Practices Panel

- **Gregory Myer**, Ohio Department of Developmental Disabilities
- **Jillian Ober**, MA, CRC, Program Manager, The Ohio State University Nisonger Center
- **Karen Seidman**, Special Needs Planner, Contractor, Cuyahoga County Board of Health
- **Jessica Mitchell**, Region V Disability Integration Specialist, Federal Emergency Management Agency
- **Kathy Silvestri**, Hospital Council of Northwest Ohio



# Meet and Share

- Take the next ten minutes to make a connection with someone.
- Talk about your/your agency's role in the functional needs service network
- Find out how you can work together.





# Break Time – Be Ready to Start Again in 10 Minutes





# Making Connections Panel

- **Marcus J. Molea**, AICP, Chief, Strategic Partnerships Division, Ohio Department of Aging; and **Susan Sigmon**, Vice President of Managed Long-Term Care, Akron Canton Area Agency on Aging
- **Pam Williams**, American Red Cross Liaison to the Summit County EMA
- **Ken Johnson**, Deputy Director/Planner, Clark County Emergency Management
- **Leslie DiDonato**, Director, Office of Emergency Preparedness, Columbus Public Health
- **Dave Nutini**, M.S., R.S. CRI Coordinator/Regional Public Health Coordinator, Hamilton County Public Health



# Taking Action





# Assessing the Existing Disaster-Based Functional Needs Service Network

- Strengths
- Weaknesses
- Need for Change – Communication, Cooperation, Training, etc.





# Improving the Disaster-Based Functional Needs Service Network

- What does the existing disaster-based FN response service network look like – what services are being provided by whom?
- What would the ideal FN disaster-based response service network would look like?
- What gaps exist in the current disaster-based FN response service network? How are disaster-related functional needs being met at the present?
- What systems/networks currently exist to address disaster-related functional needs? What gaps in meeting disaster-related functional needs exist, and how can they best be addressed?
- What services, co-operations, networks must be created to assure that disaster-related functional needs are being met?
- How we can build and improve cooperation and communication to strengthen the network of agencies that address functional needs?
- What can you do to help strengthen the disaster-based functional needs support network?
- What can you do to improve the delivery of disaster-based functional needs support services?
- What connections can you make to improve the network?



Thank you for attending, for your participation, and for your ongoing work in addressing disaster-based functional needs.





# As you exit ...

- Please complete your Evaluation Form and your Taking Action Form place them in one of the boxes at the back of the room.
- Make a final contact with someone you haven't talked to yet.

**TAKE  
ACTION**