



Integrating Access and Functional Needs within the Emergency Planning Process

Best Practices for Stakeholder Inclusion

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Cal OES
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INTRODUCTION

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Emergency managers strive to protect lives and property, build capabilities, and support communities towards the development of resilient postures. These achievements come through effectively collaborating with the public to prepare for, respond to, and recover from incidents and events. Essential to this process is the inclusion of internal and external stakeholders throughout each phase of the emergency planning process.

The California Governor's Office of Emergency Services (Cal OES) recognizes that, nationwide, individuals with access and functional needs have historically been excluded from the emergency management planning process. That marginalization led to planning gaps measurable in lives lost. For instance, in Hurricane Katrina nearly 3 of every 4 people who perished in that disaster had an access or functional need.¹ This history has, at times, engendered mistrust within the access and functional needs communities towards local, state, and federal emergency managers.



Because emergency managers may lack a lived access and functional needs experience, unintended gaps can exist in the degree to which access and functional needs-related considerations are captured within emergency plans. To avoid these gaps, emergency managers should integrate access and functional needs-related stakeholders throughout the planning process.

PURPOSE

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The purpose of this paper is to ensure emergency managers recognize the need, and understand the process, of integrating whole community partners as they develop their emergency plans; to underscore the value of identifying access and functional needs-related considerations before, during, and after disasters; and to provide a blueprint for engaging Community-based Organizations (CBOs) throughout the planning cycle.

Integrating individuals with access and functional needs throughout the planning process generates multiple benefits including:

Creating Better Products

Integrated plans are more inclusive, relevant, far-reaching, and effective. They encompass a variety of perspectives.

Gaining Community Buy-In

Older adults, individuals with disabilities, and people with access and functional needs have historically been marginalized in the emergency planning process. Inclusion and integration of community stakeholders builds trust, partnership, and buy-in.

Meeting Legal Requirements

The Americans with Disabilities Act (ADA) requires equal access.

This paper supports three outcomes:

Outlining best practices to help emergency managers integrate access and functional needs throughout their planning processes.

Changing the emergency management culture from one of planning *for*, to one of planning *with*, access and functional needs stakeholders.²

Raising awareness of the legal requirements of the ADA and California state law (Government Code 8593.3).



UNDERSTANDING ACCESS AND FUNCTIONAL NEEDS

As defined in California state law, the term “Access and Functional Needs” refers to people who are, or have:^{3 4 5}

- Physical, developmental, or intellectual disabilities.
- Chronic conditions or injuries.
- Limited English proficiency.
- Older adults.
- Children.
- Low income, homeless, or transportation-disadvantaged (i.e., dependent on public transportation).
- In late stages of pregnancy.

The Centers for Disease Control (CDC) reports that roughly one in four (26 percent or 61 million) people living in the United States had a disability in 2018.⁶ This number is increasing as the population grows older.⁷

UNDERSTANDING ACCESS AND FUNCTIONAL NEEDS

Table 1 shows the types of access and functional needs by percentage of the U.S. population. ^{8 9}

Table 1

TYPES OF ACCESS AND FUNCTIONAL NEEDS	U.S. (%)
Mobility Serious difficulty walking or climbing stairs	13.7
Cognition Serious difficulty concentrating, remembering, or making decisions	10.8
Independent Living Difficulty doing errands alone such as visiting a doctor's office or shopping	6.8
Hearing Deafness or serious difficulty hearing	5.9
Vision Blind or serious difficulty seeing, even while wearing glasses	4.6
Self-care Difficulty dressing or bathing	3.7

UNDERSTANDING ACCESS AND FUNCTIONAL NEEDS

When considering access and functional needs, emergency managers should focus on the needs an individual has rather than a specific impairment or underlying diagnosis. The C-MIST framework provides consistency in planning and identifies actual needs during an emergency instead of “special needs.”

C-MIST organizes “needs” into 5 categories – Communication, Maintaining Health, Independence, Support, Safety, & Self-determination, and Transportation.¹⁰

Emergency managers should use C-MIST as a way to identify planning needs:

Communication

Individuals who may have needs that interfere with the receipt of, and response to, information require information be provided in an appropriate and accessible format. This can include individuals who:

- Are deaf or hard of hearing;
 - Use American Sign Language;
 - Have limited or no English proficiency;
 - Are blind or have low vision;
 - Have intellectual or developmental disabilities.
-

Maintaining Health

Individuals who may require personal care assistance to maintain their activities of daily living (e.g. eating, dressing, grooming, transferring, and toileting).

Independence

Includes individuals who function independently if they have their assistive devices, such as consumable medical supplies (diapers, bandages, ostomy supplies, etc.), durable medical equipment (wheelchairs, walkers, scooters, etc.), and service animals.

Support, Safety, & Self-determination

Recognizes an individual's right to self-determination. Self-determination means the individual maintains agency in their life, they continue to have the ability and opportunity to make choices and decisions, take risks, self-direct, and exercise control over services and supports that are offered to them. Independent living does not mean doing everything without assistance; it means being in control of how, when, and which services and assistance are provided.

Transportation

Includes people with transportation needs because of age, disability, temporary injury, financial hardship, legal restriction, or those who do not have access to a vehicle. This requires coordination to ensure access to mass transit and accessible vehicles such as paratransit.



LEGAL BACKGROUND

California state law (Government Code 8593.3) mandates jurisdictions to integrate access and functional needs into each of the following areas of their emergency operations plans:¹¹

- Communication, including the integration of interpreters, translators, and assistive technology.¹²
- Evacuation, including the identification of transportation assets and resources that are compliant with the ADA for individuals who rely on public transportation.
- Sheltering, including ensuring that designated shelters are compliant with the ADA or can be made compliant through modification and that showers and bathrooms are accessible for all occupants.

The ADA requires public agencies to provide equal access for individuals with disabilities to physical and programmatic services. Titles II and III of the ADA have specific implications for emergency managers:¹³

- Title II: “No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity...”
- Title III: prohibits discrimination on the basis of disability in the activities of places of public accommodations (businesses that are generally open to the public and that fall into one of 12 categories listed in the ADA) and requires newly constructed or altered places of public accommodation – as well as commercial facilities – to comply with the ADA standards.



PARTNERING WITH ACCESS AND FUNCTIONAL NEEDS STAKEHOLDERS

Some jurisdictions have strong relationships with their whole community partners, while others may face barriers, including an apprehension to engage or even a lack of trust. Overcoming these challenges, particularly when there is a history of marginalization or when legal actions have been taken to enforce specific federal, state, or local laws, can be difficult, but is always worthwhile.

The Office of Access and Functional Needs (OAFN), within Cal OES, is available to help facilitate those efforts. The purpose of OAFN is to identify the needs of individuals with disabilities and others with access and functional needs before, during, and after disasters and to integrate them throughout the State’s emergency management systems. OAFN responds to major disasters in support of the whole community and assists local efforts to ensure effective communication, evacuation, sheltering, and recovery planning and operations.

The most efficient and effective way to integrate emergency planning is to reach out and partner with leaders, advocates, and community-based organizations (CBOs) from within the whole community.¹⁴ These leaders and advocates can serve or recommend individuals to participate in the planning process. OAFN can also assist in identifying leaders, advocates, and organizations that may be able to help.

Examples of CBOs include:

Area Agencies on Aging¹⁵

The California Department of Aging contracts with and provides leadership and direction to 16 Area Agencies on Aging that coordinate a wide array of services to seniors and adults with disabilities at the community level and serve as a focal point for local aging concerns.

The California Foundation for Independent Living Centers (CFILC)¹⁶

The mission of the CFILC is to increase access and equal opportunity for people with disabilities by building the capacity of Independent Living Centers throughout California.

Coalition of Agencies Serving the Deaf and Hard of Hearing (CASDHH)¹⁷

CASDHH is a coordinating agency that addresses the human service needs of individuals who are deaf and hard of hearing through direct service provision, advocacy, research, and dissemination of information to parents, professionals, and consumers.

Family Resource Centers¹⁸

Family Resource Centers support families of children with disabilities, special healthcare needs, and those at risk by ensuring the continuance, expansion, promotion, and quality of family-centered, parent-directed, family resource centers.

Paratransit

Paratransit providers play a critical role in the evacuation and movement of individuals requiring accessible transportation service. Before, during, and after emergencies, paratransit agencies provide invaluable transportation capabilities for the whole community.

Regional Centers¹⁹

The California Department of Developmental Services has 21 regional centers with more than 40 offices located throughout the state to serve individuals with developmental disabilities and their families.

Senior Centers

A type of community center where older adults can congregate to fulfill many of their social, physical, emotional, and intellectual needs. ²⁰

State Council on Developmental Disability (SCDD)²¹

SCDD ensures that individuals with developmental disabilities and their families participate in the planning, design, and receipt of the services and supports they need, which promote increased independence, productivity, inclusion, and self-determination.

Partnering with whole community stakeholders results in more inclusive and integrated emergency planning. In short, working with community agencies and organizations leads to the creation of better plans. Integrating access and functional needs-related partners throughout the planning process facilitates community buy-in and changes stakeholder perspective from “*your plan*” to “*our plan*.”

When partnering with whole community stakeholders, emergency managers must consider the needs of all participants. Considerations should include accessible parking, wheelchair access, and whether interpreting services may be needed at meetings.

The California Department of Rehabilitation (<https://www.dor.ca.gov>) offers various resources to address the following questions:

How do I plan accessible meetings?²²

How do I plan accessible presentations and webinars?²³

What training opportunities are available?

How do I make accessible Microsoft Office documents?²⁴

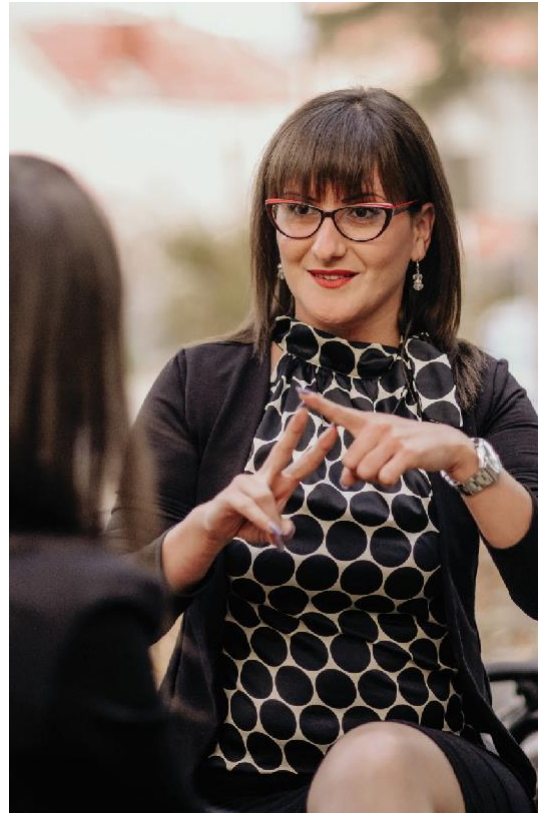
How do I make accessible PDF documents?²⁵

LANGUAGE GUIDELINES

Language influences behavior. Emergency managers should model inclusive language as a powerful means of being respectful and thoughtful of all people.

Note the following inclusive language guidelines and best practices throughout the planning process:

- People-first language should be used
- Use terms consistent with the integration mandate in the ADA
- Always be respectful and straightforward
- Refer to a person's disability only if relevant
- Avoid terms that lead to exclusion



The CDC offers the following examples of people-first language:²⁶

- Person with a disability
- Person without a disability
- Person with an intellectual, cognitive, developmental disability
- Person with a mental health or a psychiatric disability
- Person who is hard of hearing
- Person who is deaf
- Person who is blind/visually impaired
- Person who has a communication disability
- Person who uses a wheelchair
- Person with a physical disability
- Person with epilepsy or seizure disorder
- Person with multiple sclerosis
- Person with cerebral palsy
- Accessible parking or bathrooms

CONCLUSION

Emergency managers strive to create secure and resilient communities.

Emergency plans that are not integrated marginalize individuals with access and functional needs and can lead to higher rates of hardship, death or injury before, during, and after emergencies.^{27 28}

Emergency managers must be prepared to lead proactive, collaborative, and cooperative planning efforts with access and functional needs stakeholders to create, revise, and evaluate their emergency plans.

Titles II and III of the ADA prohibit discrimination on the basis of disability.²⁹ State law (Government Code 8593.3) requires emergency managers to communicate effectively with individuals with access and functional needs.³⁰

This paper supported three outcomes:

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Changing the emergency management culture from one of planning *for*, to one of planning *with*, access and functional needs stakeholders.

Raising awareness of the legal requirements of the ADA and California state law (Government Code 8593.3).

FOR MORE ASSISTANCE

In 2008, California established the Office of Access and Functional Needs (OAFN) within the Governor’s Office of Emergency Services (Cal OES).

The purpose of OAFN is to identify the needs of individuals with disabilities and people with access and functional needs before, during, and after disasters and to integrate them throughout the State’s emergency management systems.

OAFN utilizes a whole community approach by offering training and guidance to emergency managers and planners, disability advocates, and other service providers responsible for planning for, responding to, and helping communities recover from disasters. OAFN plans for the realities of disasters by integrating access and functional needs into everything Cal OES does – including partnership development, outreach, training, issuing guidance, and providing technical assistance.

If you have questions or need assistance integrating your emergency management systems, please contact OAFN at: OAFN@caloes.ca.gov

NOTE

This paper is published by Cal OES to address how emergency managers can integrate their planning processes. This paper is not intended to provide, nor is it a substitute for legal services. If you require such professional advice or services, please seek the advice of a qualified professional in your area.



ENDNOTES

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