Red Cross Disaster Cycle Services and Functional Needs Support Services in Shelters

An Overview and Dialogue
Presentation Objectives

• Disaster Cycle Services structure and guiding principles

• Red Cross philosophy around Functional Needs Support Services

• Functional Needs Support Services in a shelter environment
Disaster Cycle Services

American Red Cross

Humanitarian Services

Disaster Cycle Services

Client-facing Mission Areas

Core Processes

Prepare

Respond

Mission Enabling Areas

Engage Volunteers and Employees

Mobilize Community

Align with Government

Information Management and Situational Awareness

Deploy Material Resources and Technology

Pillar Processes
Disaster Cycle Services Principles

• Predictable and repeatable
• Needs and expectations of clients and community consistent with the mission
• Facilitative leader
• A single integrated approach across the entire enterprise.
• Continuous innovation
• Decision making at the lowest possible operational level.
Functional Needs Support Services
FEMA Definition

Individuals requiring Functional Needs Support Services may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently without assistance.
CMIST

- Communication
- Maintaining Health
- Independence
- Safety, Security and Self-Determination
- Transportation

June Isaacson Kailes
FEMA FNSS Guidance

Difference between medical needs and persons with disabilities and other access and functional needs

- FNSS not a “medical” condition
- Does not require a medical needs shelter
- Placement in medical shelters can result in separation from family, friends, neighbors and caregivers
- Can jeopardize the health and safety of the entire community by creating unnecessary surges on emergency medical resources
Red Cross Policy

The American Red Cross will not discriminate on the basis of disability.

ARC Resolution on the Mission of Disaster Services, Sept. 2008
American Red Cross
Sheltering Philosophy

- Shelters must be, first and foremost, places of comfort and safety that accommodate the broadest range of needs in our shelters

- Shelters must be readily accessible to those affected

- Shelter workers and managers must be strong advocates for their clients

- Clients must remain proactive participants in recovery
Community Planning

• Current Plans

• Identify Stakeholders

• Community Gap Analysis

• Identify Resources & Establish Relationships
Shelter Planning

• Think broadly when planning for shelter accessibility

• Include community members with disabilities and other access and functional needs in planning

• Accessibility gaps may need to be identified during planning and addressed at time of disaster
Shelter Layout

Place cots so that routes are accessible to people who use mobility devices

Allow extra space for people who use mobility devices, lift equipment, service animals – up to 100 square feet
Needs Identification

- Identify and address individual client needs
- Use Registration Intake form during registration
- Refer to Health Services (HS) and Disaster Mental Health (DMH) to address next steps in meeting individual client needs
- Assist people in maintaining their usual level of independence – self determination

Registration Intake Observations
1. Does the client or a family member appear to be in need of immediate medical attention, appear too overwhelmed or agitated to complete registration, or is a threat to themselves or others? Yes No
2. If the client has a service animal, uses a wheelchair/walker or demonstrates any other circumstance where it appears they may need help in the shelter, acknowledge their need and offer assistance this may include contacting a health services worker.

Questions:
1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? Yes No If NO, is there anything you will need in the next 6-8 hours? Yes No
2. Do you/family member have a health, mental health, disability, or other condition about which you are concerned? Yes No
Disaster leads to a population collecting in a congregate shelter. Population displaced may include seniors, persons with disabilities, English as second language, children and other unknown or unanticipated needs.

Real time population assessment for urgent needs on arrival to shelter.
2 observation + 2 questions by licensed or non-licensed registration staff

Urgent medical needs referred to EMS or Health services personnel on site

Urgent needs for health supplies or care attendant referred to Health Services. Urgent non-health to shelter manager. Non-urgent needs (if identified) logged for later RN review. (6-8 hr goal)

Cot-to-Cot assessment of entire population in 1st 24 hours

Relationship-based nursing as best practice guide.

Activities of Daily living support for bathing, eating, and/or moving about the shelter. May include additional durable medical equipment and supplies, or personal assistance services.

Psychological first aid, referrals for mental health support as needed

Health care needs for individuals, acute care, medication refills, referrals, support for chronic care. Population public health to include surveillance, education, counseling, collaboration with external resources, and advocacy. RN led model of care.

Recommend CMIST as access and functional support guide and daily cot-to-cot population surveillance.
Examples of Functional Needs Support Services (FNSS)

• Identify durable medical equipment suppliers to rent mobility equipment
• Locate source for interpreters
• Partner with a free loan source: hospital beds, bedside commodes
• Purchase transfer boards for shelter trailer
• Use written notices, large print
More Examples of FNSS

• Modify kitchen access for people with medical conditions requiring access to food outside normal meal times; provide for special diets

• Provide way-finding assistance to those with low vision

• Provide communication tools to those with language/cultural differences
Most Common Needs – Hurricane Sandy

- Prescription refills
- Consumable Medical Supplies
- Access to health & dental care
- Special diets
- Mobility issues
- Personal care assistance
- Assistance with visual & hearing needs
Most Common Needs - Hurricane Sandy

• Language interpreters
  • American Sign Language
  • Spanish
  • Russian
• Getting to appointments
• Getting to needed daily treatments
Most Common Needs – Hurricane Sandy

- Assistive equipment
- Dining, sleeping and shower assistance
- Access to community partners
- Childcare
- Keeping families together
- Shelter spacing needs
Key Considerations

• Planning and responding with partners is key

• Functional Needs Support Services Guidance does not require stockpiling supplies, but the ability to secure resources when needed

• Include Functional Needs Support Services at all phases of the disaster cycle
Key Considerations

• Health Services kits for each shelter should be stocked with appropriate supplies

• Exercise and evaluate your integrated community plan with real people

• Anticipate client needs in your community – focus on accessibility and planning
Response Key Considerations

• Ask what assistance the client needs

• Be flexible and creative

• Make safety a priority
Best Practices

- Alabama Interagency Coordinating Committee
  - Response committee established to support 2011 tornadoes

- Baton Rouge Louisiana Interagency Coordinating Committee
  - Integrated planning and response committee that acted in response to Hurricane Isaac
QUESTIONS??
Contact

Mary Casey-Lockyer

Mary.caseylockyer@redcross.org
American Red Cross
People with Disabilities and Other Functional and Access Needs Services, Development Strategy

February 2015 - Update

Ray Jablonka, Raymond.Jablonka@redcross.org
Defining the Strategy

How does Red Cross – Disaster Cycle Services (DCS) coalesce and synchronize existing/ongoing efforts and needed innovation, involving Access and Functional Needs – into a single, unified DCS strategy that:

1. Improves service delivery and inclusiveness for all clients;

2. Strengthens and Sustains Red Cross - DCS leadership, influence, relevance (considering legal considerations), and collaboration with partners (PPD-8); and

3. Exemplifies Red Cross Fundamental Principles and Values (all apply, but specifically Impartiality – increasing our social IQ and understanding at all levels).
A multi-year* / time-phased approach to infusing Access and Functional Needs considerations and planning into all DCS Process Services and Programs.

The intent is not to create separate Access and Functional Needs Service plans – rather infuse these concepts and its culture into existing, revisions/maintenance, developing and future initiatives in the DCS portfolio (and beyond).

2. Establish a comprehensive Access and Functional Needs program to implement, revise, and maintain - programmatically - across DCS processes, services and programs.

3. Increase Access and Functional Needs expertise within our staff and volunteer force throughout the entire disaster cycle structure (ie be more consistent – predictable and repeatable)…
4. Strengthens and Sustains Red Cross - DCS relevance, influence, leadership and collaboration with partners (according to PPD-8).

5. Red Cross will serve as an industry leader and trusted counsel involving Access and Functional Needs – by way of leading strategic and comprehensive improvements across our organization.
Current Initiatives and Quick Wins (1 of 2)

- Garner collective (internal) support and approval to move forward; with Senior Leader Advocate/Champion

- Establish Internal and External Strategic Advisory (Work) Groups

- Assess and prioritize the Strategy and its nested Sub-Projects:

  1. **Priority Sub-Projects:**
     - Sheltering Survey Tool
     - Sheltering Prototyping, standards and procedures
2. **Opportunity (infuse on-going efforts):**
   - Stage-Gate Doctrinal Review
   - Data and information in the National Sheltering System (NSS)
   - Corporate Diversity Initiative

3. **Quick Wins:**
   - Partner Broadening Initiatives
     - Autism Speaks
     - National Council on Aging (NCOA) – nesting with HFP
Red Cross Shelter Facility Survey Tool – Access and FNSS (ESF-6 Mass Care)

Sub-Project Lead: Ray Jablonka, Raymond.Jablonka@redcross.org
Shelter Survey Tool

- Pre-Disaster Survey to access a facilities suitability for sheltering use – including accessibility and functional needs requirements.

- A Pre-Disaster Tool to access Readiness of the facility and to identify gaps and shortfalls – enabling Emergency Managers to plan / modify.

- Goal: Update the current Red Cross Sheltering Survey tool to include all essential Access and Functional Needs standards – ensuring its relevance as a universal tool.
Shelter Survey Tool
Getting to 100% Accessibility

2014
Accessibility Uncertainty
(data integrity issues, non-RC Facility, lack of standards (or practiced), slow culture change)

2015
Develop a Tool
(improve data integrity, Can apply to all Facilities, with upgraded standards, begin new culture shift)

2015-16
Grade facilities and provide Information
(Quality Data, ID Gaps on standards, culture changing, etc.)

100% Accessible Shelter Facilities (with resources):
Graded facilities and Information Available in NSS
(Quality Data, Known Gaps on standards, culture changing, etc.)
People with Disabilities and Other Functional and Access Needs – Corporate Diversity Team Resource Group

February 2015

Member: Ray Jablonka, Raymond.Jablonka@redcross.org
Group Mission (pending): Promote a culture of inclusivity by maximizing the contributions of employees and volunteers with disabilities and other access and functional needs to improve Red Cross service delivery and business practices.
Corporate Diversity
Resource Group Objectives (Pending)

- Increase and improve staff and volunteer opportunities for People with Disabilities and Access Functional Needs

- Communicate internally to increase the cultural competency of colleagues and the organization regarding PwD; by sharing knowledge and information on ADA, access and other topics related to the PwD community
Communicate externally to promote this culture change; leading to a means to recruit and retain talent that will result in an improved inclusive workforce and improved service delivery.

- Learn, adopt and share industry best practices
- Be a voice and advocate for people with disabilities.
Developing Partners
National Council on Aging (NCOA)

February 2015

Ray Jablonka, Raymond.Jablonka@redcross.org
NCOA Partner Opportunity
(provisional)

- Exploring Programmatic Linkages:
  - Home Fire Campaign Outreach and Falls Prevention Campaign

- Mutual interests and shared networks/partners:
  - Emergency Preparedness Education
  - Access and Functional Needs Preparedness

- Volunteer recruitment opportunities
  - Peer led disaster preparedness initiatives
  - Improve access and functional needs culture
Questions?