Functional Needs Planning Toolkit

for Emergency Planners

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Introduction and purpose

Emergency planners must have the ability to reach everyone in their communities to help them prepare for, respond to and recover from all types of emergencies. This includes community members with access and functional needs. All people in the community need to have accurate and trusted information in order to know what to do and when to do it.

Historically the emergency response system has not effectively served individuals with disabilities. As a result, individuals with sensory or mobility disabilities, for example, have not been able to fully access information or benefit from a community's emergency response system or protocol. Until recently, these groups have been referred to as "at risk" or "special" populations by emergency planners and responders. Since many of the areas that lack access impact the functional needs of the person with the disability, this toolkit will refer to the "access and functional needs" of people.

Defining "functional needs"

Many emergency planners adopt definitions for their plans provided in guidance from federal partners. For example, emergency managers may use the definition for "special needs populations" provided in FEMA's "National Response Framework" (NRF) for access and functional needs. Public health planners use definitions provided by the Centers for Disease Control (CDC).

The NRF defines "special needs populations" as:

> *Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.*

Definitions from CDC also include those who are socioeconomically disadvantaged, women who are pregnant, people who have substance abuse concerns and others.

To be successful at reaching everyone, emergency planners need to know the make-up of their community's population. Statistics from the census can reflect some numbers for a variety of subgroups. Community institutions like schools, United Way and community-based organizations can give further insight into where people live and work and how they access and participate in community activities. County public health and human services departments collect data about people with disabilities that they serve through their programs.

This toolkit is designed to assist emergency planners in Minnesota in accessing local, regional, statewide, and national resources for planning for people with access and functional needs. It also encourages involving people who have access and functional needs, as well as public health, human services and other agencies that provide services to them, in the local emergency planning process.

This toolkit will focus on individuals who primarily have access and functional needs in the functional areas that are most critical for responding to an emergency. Those areas are: **C**ommunications, **M**aintaining health, **I**ndependence, **S**upervision, safety and support, and **T**ransportation. A common acronym used in referring to

these 5 functional areas is **CMIST**. The toolkit also provides information on where local planners can look for help in engaging those with functional needs and agencies who provide services to them.

Functional Needs, Whole Community Planning and THIRA (Threat and Hazard Identification and Risk Assessment)

People with access and functional needs live in and work in all areas of our communities. Because of their specific needs, they may rely on a variety of means of communication, may need supportive services at work, and may need assistance in emergencies.

One of the best ways to understand the risks and build capabilities and resources for people with access and functional needs is to include them in the whole community planning process. Regional and locally based agencies provide a variety of services for people on a daily basis and know the populations they work with. These agencies also may have resources of specialized equipment, supplies and staff knowledge that may help build capacity in a community to respond appropriately to assist people with access and functional needs.

In looking at and assessing risk in emergencies, the individuals most impacted by an emergency have functional needs in the following areas:

- **Communications**—relates to the individual's ability to receive critical warnings and other emergency information, communicate effectively with emergency response personnel, and understand information being communicated so they can act to help themselves. Individuals may require auxiliary aids and services and may need to have information given to them in alternate formats.
- **Maintaining health**—many will require continued access to specialized medical equipment, medications, supplies or personal assistance to maintain their health and prevent the decline of medical conditions if they are removed from their daily environments due to a disaster.
- **Independence**—relates to support that people may need to remain independent and to take care of themselves like durable medical equipment, communication devices, service animals, and accessible facilities.
- **Safety, Support services and Supervision**—some individuals require the support of people (personal care assistants, family, or friends) to cope with the challenges of emergencies; some may lack the cognitive ability to assess emergency situations and react appropriately without support and/or supervision.
- **Transportation**—some individuals cannot drive, some need specialized vehicles for transport, and some do not have their own vehicles and rely solely on public transit.

These functional needs have definite impacts on how people will respond in an emergency. Whole community emergency planning committees need to include people with access and functional needs and representatives from organizations providing services for people with disabilities to truly plan for everyone in the community.

Collect population information and data

According to the U.S. Census Bureau, more than 54 million Americans, or about one-fifth of the United States population, have a disability. Historically, it has been difficult to quantify the numbers of people in a given community who may have functional needs because they are not always visible. Planners should assume there will be people with ALL types of disabilities and access and functional needs living in their communities.

Data on disability is rather limited. Local emergency planners should use the information from the following sources as a guideline for predicting access and functional needs.

- State Demographic Center - assists policymakers, state and local governments, businesses, organizations, and others locate and understand the demographic data they need to make smart decisions.

- SNAPS – CDC (Snap Shots of State Population Data)
  SNAPS uses U. S. Census and Centers for Disease Control data to provide local level community profiles. The database can be searched by county and by zip code.

- Disability Statistics website, compiled by Cornell University provides disability statistics from the latest American Community Survey and produces individual state status reports.

- MNCompass Minnesota Compass is a social indicators project led by Wilder Research that measures progress in the state of Minnesota. Data is shown by regions, 87 counties and larger cities. It tracks trends in a wide variety of topic areas including disability and age.

- Local school districts and charter schools: Schools collect data on students enrolled in all school programs including special education, preschools, early childhood education and adult community education programs.

- County/local public health and human services departments: Most facilities providing health care and/or programs using federal funds are licensed by public health and human services departments who then gather data on program participants and residents to satisfy funding requirements.

Additional data can be found through other community organizations:

- United Way
- Area Agencies on Aging (AAA)
- Centers for independent living (CIL)
- Regional business development commissions.

Community Engagement

People with access and functional needs and agencies who provide services for them may not be familiar with the community disaster plan and disaster preparedness activities. This section addresses steps and methods to use in engaging the access and functional needs community in disaster planning and preparedness.

Locate organizations and individuals

- Begin with known government agencies that provide funding and services for people with disabilities like county human services and county public health. Find out which agencies they work with and get contact information.

- Consult with United Way 2-1-1 to find community-based organizations working with seniors and people with disabilities.

- Use the information on regional and statewide organizations contained in this toolkit and contact the groups serving your jurisdiction.

Hold a meeting

- Contact identified organizations to let them know of the need for their participation in the planning and preparedness activities in the community.

- Set up an initial meeting with representatives from organizations serving people with functional and access needs along with county public health and human services.

- The purpose of holding a meeting is to acquaint agency representatives with the community emergency planning process and request their assistance in making sure that access and functional needs are addressed appropriately. From this initial meeting, the group can then help determine its role in disaster planning and preparedness, how often it will meet and if there are others who should be invited to join.

Engage with agencies

Emergency management and public health planners are looking for assistance from agencies that serve people with access and functional needs in producing more accessible emergency plans and services. Agencies are looking to understand emergency planning and need assistance in preparing for emergencies and providing information and guidance they can give to those they serve. Here are some suggestions for involvement:

- Plan review: Identify emergency plan annexes that may have the most impact on the five major functional needs areas (communication, maintaining health, independence, supervision, safety and support, transportation) and set a schedule for their review. Or, schedule meetings to discuss plan elements relating to each of the five major functional needs areas.

- Training: Representatives from functional needs organizations should be trained in basic emergency management and response elements such as NIMS, the emergency management cycle, emergency planning and others. Emergency managers and responders need to know more about current accessibility issues in emergencies and some of the methods and technology that could be used to assist those with access and functional needs.

- Partnership with public health: Many emergencies have public health implications. Public health staff may be working in areas throughout the community that have implications for individuals with functional needs. Involve both emergency management and public health in emergency planning efforts for people with access and functional needs.

- Personal preparedness: Organizations that serve community members with access and functional needs can provide emergency preparedness education and materials to their customers. They may need some training and access to preparedness materials from local emergency responders.

- Building resources: What are some emergency resources for people with access and functional needs that could be provided by community or regional organizations? How are they accessed? Can the expertise of staff in the organizations be used in an emergency? Organizations and emergency planners can build a database of resources through collaborative planning.

- Exercises: Invite representatives with access and functional needs to plan and participate in community emergency response drills and exercises. Organizations that provide services to people with access and functional needs may also need assistance in exercising their agency emergency and continuity of operations plans.

Involve all of the public entities that have responsibilities in planning and response (i.e. emergency management, public health, emergency responders) in these activities and the whole community planning effort. The public agencies are the ones that will be directing and providing the emergency services and will need to have first-hand knowledge of concerns and needs of people with access and functional needs in the community.

People with access and functional needs and agencies that provide services for them may not be familiar with what happens during a response and may not easily see how they can help unless they are involved together in planning, training and exercising. Conversely, contributions from agency representatives may shed new light on longstanding functional and access needs issues requiring resolution.

Community engagement is a two-way street. Traditional planning methods have changed somewhat over the years with positive results. An example of more current methods is represented in the following table:

Communication (old way)	Engagement (new way)
Talk to…	**Talk with…**
Public hearing	**Community Conversation**
Tell	**Share**
Protect Turf	**Find Common Ground**
Authority	**Responsibility**
Influencing the like-minded	**Understanding those not like-minded**
Top-down	**Bottom-up**
Establishing a Decision Making Hierarchy	**Establishing a Stakeholder Network**
Goals	**Values**
Products	**Process**
Public Relations	**Community Engagement/Public**

Planning with the functional needs community provides a sense of ownership and shared responsibility for creating inclusive and effective emergency plans.

Building an Accessible Plan

People with disabilities, access and functional needs, should be represented in the emergency planning effort when community emergency plans are being formulated and revised. In planning, the following emergency functions most often have the greatest impact on people with disabilities:

- Notification and Warning
- Evacuation
- Emergency transportation
- Sheltering
- Effective communication

The following sections provide information on each of these emergency functions relating to difficulties experienced by people with access and functional needs, then offer alternatives in providing services in a more accessible manner. By using population data and reaching out and involving people with disabilities in the planning process, communities can better determine the need for multiple means of notification and communication, the accessibility of known shelters, and the number and types of vehicles necessary to transport evacuees.

Notification & Warning

One of the most difficult tasks for emergency planners is to ensure the entire community can be warned of an emergency at any time of the day or night. People with specific functional needs may not receive such warnings because of their disabilities. Having just one or two types of notifications systems may not meet the needs of the whole community. Notification and warning systems should be as diverse as the community.

Emergency notification messages should use short sentences with simple, concrete words to be effective for everyone in the community.

Hearing Loss

Considerations

35 to 38 million Americans have a hearing loss.

Only 30-40% of spoken words are visible on the lips, as a result lip reading is challenging for most people with hearing loss.

Not all people who are deaf know sign language; many that do use American Sign Language which has a different grammatical structure than English.

Not all hearing aid users can hear and understand speech; some wear them to be alerted to environmental sounds.

Many people with a hearing loss cannot effectively receive information audibly from the TV, radio or telephone.

Some individuals have a combined hearing and vision loss, others may be DeafBlind.

Alternate methods of notification

People who are deaf or hard of hearing rely heavily on visual communication to obtain information in their daily lives. Effective notification methods for this group of individuals include:

- Flashing lights: Many people who are deaf or hard of hearing have their doorbells/buzzers connected to a light that flashes when someone is at the door. Flashing lights or strobe lights can also be used in conjunction with fire alarms in buildings such as schools, office buildings, shopping malls, and apartments.

- NOAA weather all hazard radio: Besides having a tone alert, NOAA weather all hazard radio has a lighted digital display giving the code for the watch or warning being issued. The radio can be hooked to a light that flashes to indicate that a watch or warning is being issued. During the night, pillow vibrators or bed shakers hooked up to the NOAA radio can rouse a person from sleep when a watch/warning is issued.

- Text messaging/paging: People can subscribe to many computerized alerting systems available through TV stations, The Weather Channel, and other news and weather sources. There are also local text paging systems that can be set up to allow 9-1-1 dispatch centers to send out text messages to those in the community who carry pagers compatible with their system. The new IPAWS alerting mechanisms provide a variety of accessible messaging systems.

- Door- to-door notification: Take along a note pad and pencil or pen to write short messages for communicating with a person who is deaf or hard of hearing. Appropriate facial expressions and gestures will also help to convey the meaning of your message.

- Local TV stations: Work with local TV stations to have open captioning of emergency broadcasts or captioned with an ASL interpreter visible on the screen. The trend now is to have the interpreter standing next to the presenter/commentator. When TV is augmented with crawls, captioning and interpreting, the information becomes accessible for people who are deaf or hard of hearing.

Vision Loss

People with low vision or who are blind depend on hearing emergency messages or reading them using assistive technologies.

Considerations

More than 10 million people have some type of vision loss

Some use service animals, some use white canes, some read Braille, and some can read documents with large print

Most people with vision loss cannot see a map on TV that shows an evacuation route

Methods of notification:

People who are blind or have low vision need clear verbal/audible information.

- Automated phone call notification: Some communities have systems that call resident and business phone numbers rapidly to notify them of an emergency situation and give short messages for protective actions.

- Door- to-door notification: For people with low vision, tell them verbally about the emergency. When writing notes, use a large black marker.
- Local TV stations: Work with local TV stations to ensure there is an audio transcription of information on TV screens that comes across as a silent crawl or map.

Cognitive Disabilities (e.g. autism)

People with cognitive disabilities may need more time to process what is being said before they respond. They may not make eye contact and may lack social skills. They also may be extremely fearful of loud noises, flashing lights, sirens and crowds of people.

When communicating emergency messages to people with cognitive disabilities, use short sentences with simple, concrete words. Speak calmly and clearly stating only one or two instructions or steps at a time. If they have a communication board, use it to help convey messages.

Reduce distractions (i.e. flashing lights, sirens, crowds) as much as possible. Reassure and encourage them as they respond. Explain any written material, including signs, in everyday words.

Other types of notification

Some other methods available include:

- Signage: pre-done posters and laminated cards for door- to-door notification; digital signs on highways to indicate evacuation routes
- Strobe lights on siren towers
- Alarms with varying frequencies or pitches. The pitch coming from a traditional fire alarm often does not wake up people with a hearing loss. There are some recently designed fire alarms with varying pitch patterns.

Additional help from community agencies

Through their programs and services, community and regional organizations and county social services offices have access to many of the individuals in the community who have disabilities. These agencies could assist local emergency planners and responders in setting up notification systems that would reach their clients. Depending on the organizations' capacities, some may also be willing to become part of the emergency notification system itself. They may also know of newer technologies and communication devices used by people with disabilities that could be incorporated into community notification systems.

References and resources

- **Autism 5-Point Scale EP App** is an emergency preparedness and response tool for people on the autism spectrum developed by the Autism Society of Minnesota and the Minnesota Governor's Council on Developmental Disabilities. Go to their "Emergency Preparedness" page for other materials including communications boards.
- **NOAA Weather Radio All Hazards for Deaf and Hard of Hearing**. The National Weather Service includes information on how deaf and hard of hearing individuals can use their 24 hour weather and all hazard alerting system through the use of auxiliary devices.

Evacuation

People may have to be evacuated from their homes and neighborhoods on very short notice because of fires, chemical spills, flooding and other disasters. Evacuating can be upsetting for people as they leave their homes but it can also be dangerous for people with access and functional needs. Emergency planners should involve people with disabilities in their discussions of evacuation procedures to better understand the difficulties they might experience in being uprooted from the safety of their familiar living environments.

Personal preparation

People with access and functional needs live in every part of the community. Some may live together in specialized care facilities, assisted living or senior apartments. Others live in their own homes. They may be the principal caretaker or parent being relied upon by other family members. They may also rely on family and community-based services to help meet their everyday needs. Here are some things to emphasize in personal preparedness planning:

- Make a personal emergency plan that includes their support system. Encourage them to share their plan with neighbors and ask that they check on them in an emergency.
- Make an emergency go-kit that is specific to their needs. It may include prescription medications or at least a listing of their current medications, adaptive equipment and critical supplies they need on a daily basis.
- Have medical information readily accessible to take with them. Also include phone numbers of people to be contacted in case of emergency in their kit and in a cell phone if they have one.
- Have a list of the assistive technology (AT) needed to support their independence, well-being, and ability to communicate. Label AT with contact information. Keep AT charged and have backup batteries or power source. Keep backup equipment in a different/separate location if feasible.
- Practice how they will evacuate from their home and work. Do they need a person to help them? How fast can they go? Can they understand simple directions given by emergency responders? If they need help, is there someone close by who can assist them?

Community-based organizations that provide services for people with disabilities may be willing to help their clients with emergency planning and preparedness activities. Emergency planners can help in training and supplying them with necessary materials.

Community planning and procedures

When planning for evacuating people from their homes and businesses consider the following in evacuating people with functional and access needs.

- Use multiple methods of letting people know they will need to evacuate. Going door- to-door will help ensure that everyone gets the message. Make use of communication boards and pre-done written message cards and include them in police and fire vehicles.
- Consider early evacuation for care facilities, assisted living facilities and other buildings with known concentrations of people with mobility impairments when there is time. Some communities have developed multi-stage evacuation plans.

- Notify transportation providers of the need for accessible vehicles to transport people with disabilities from the area being evacuated. Publicize contact information for requesting emergency transportation with the evacuation notification and coordinate the provision of transportation with emergency responders.

- Provide evacuation resources as needed. Have evacuation chairs, for example, positioned in response vehicles to assist those with mobility disabilities in getting down stairs.

- Take assistive devices and service animals with the people who use them.

- Train emergency responders on proper methods of moving people with a variety of disabilities.

Evacuation of licensed care facilities

Care facilities, licensed by Health or Human Services departments, are required to have emergency plans. Some facility plans may be extensive and detailed with frequent training of staff and regular drills while others may have only have a set of written procedures for evacuating in case of fire. Emergency planners should have knowledge of care facility locations, emergency plans and capabilities along with information on the types of populations housed to help them determine what needs they might have for assistance from the community, i.e. accessible transportation for evacuation.

The Minnesota Department of Health (MDH) works with county public health, hospitals, emergency medical services providers, emergency managers, and other healthcare providers to develop Healthcare Coalitions to support regional collaboration, coordination, communication and resource sharing for disaster preparedness and response for health care facilities. A regional map with contact information can be found at: http://www.health.state.mn.us/oep/contact/teamsregions.html

The Department of Health also provides preparedness and response tools specifically for long-term care (LTC) facilities and nursing Homes. This web link includes planning guides, job action sheets, and checklists to assist with emergency evacuation, relocation and sheltering of facility residents. Additionally, the Department of Health's Compliance Monitoring Division can develop waivers to ensure continued payment to long-term care facilities during evacuations.

The Minnesota Department of Human Services can assist local planners in locating facilities licensed by county human services in their Licensing Lookup. Licensed facilities include Home and Community-based services—Community Residential Services (formerly Adult Foster Care homes), Family Child Care, Child Care Centers and Child Foster Care.

Locating people with access and functional needs living in the community

Beyond knowledge of the community facilities licensed for the care of specific populations, emergency planners have other means to learn where people with access and functional needs live.

- Demographics: Census figures at the county level give information on types of disabilities and numbers of individuals grouped by age category. Schools also gather demographic data on students enrolled in each school including those in special education and early childhood, pre-kindergarten programs.

- Service providers: State, regional and community-based agencies that provide services to people with disabilities and seniors keep demographic data on their clientele. They may know where people live and

how to contact them. These providers may not be able to release client-specific information due to data privacy laws but can give aggregate data on the people they serve within the geographic boundaries of their service areas. They could agree to serve as a secondary notification and communication point in emergencies.

- Registries: Registries provide a means for people with access and functional needs to have their specific needs known to emergency responders in advance. Registries have not been popular with groups of people with disabilities for a variety of reasons. Here are some of the most common questions that need to be answered when contemplating starting a registry:
    - Purpose of the registry: Is participation voluntary? What is the benefit of being on a registry? Does it ensure a quicker response? Will emergency personnel be better prepared in their response?
    - Confidentiality: Who will use the information? How is it used and transmitted to emergency responders?
    - Data gathering and updating: What information is necessary for people to give? How is it gathered and updated? By whom?

Successful registries have buy-in from disability and senior groups, are voluntary, gather a minimum amount of information and ensure confidential processes for sharing information only with those emergency responders who need to know.

Resources and references:

- Emergency Evacuation Planning Guide for People with Disabilities, National Fire Protection Association, provides detailed evacuation planning for people with mobility disabilities, vision loss, hearing loss, speech impairments and cognitive disabilities. The NFPA also publishes an e-newsletter, "e-Access" with the latest information on fire safety for people with disabilities.
- FEMA's Ready.gov emergency preparedness publications include ones specifically for seniors and people with disabilities. Their emergency preparedness PSAs are captioned and interpreted in American Sign Language for accessibility to those who are deaf or hard of hearing.
- American Red Cross emergency preparedness publications for seniors and people with disabilities.
- "Tips for First Responders", a laminated set of tip sheets with quick easy- to-use procedures for assisting persons with disabilities is available for purchase from the Center for Development and Disability at the University of New Mexico . You can also view the sheets in pdf format.
- "Emergency Preparedness: A Guide for People with Disabilities" , an emergency preparedness publication from the Minnesota State Council on Disability (www.disability.state.mn.us)
- "Feeling Safe, Being Safe", a workbook and refrigerator magnet on personal safety in an emergency from the Minnesota Governor's Council on Developmental Disabilities

- "Personal Preparedness for Individuals with Disabilities: Sheltering in Place and Evacuation", U.S. DHHS, Office of the Assistant Secretary for Preparedness and Response, a checklist for necessary items to shelter in place or evacuate

- "Planning for Psychiatric Patient Movement During Emergencies and Disasters", U.S. DHHS, Office of the Assistant Secretary for Preparedness and Response, identifies basic considerations to assist public health and medical planners to prepare for the movement of psychiatric patients in psychiatric facilities or units in a disaster and guide responders and care providers during such movement.

- Disaster Assistance.gov web site: The web site page on access and functional needs contains a number of resources including printable communication cards.

Emergency Transportation

A community's public transportation system is a crucial resource in times of disaster. Emergency planners should involve local and regional transportation providers in pre-disaster planning to meet the emergency transportation needs of people with access and functional needs.

Individuals with disabilities should also be involved in the planning for re-establishment of transportation services during recovery.

ADA requirements for accessibility in transportation services

The U.S. Department of Transportation has issued guidance (Dec. 2011) on meeting transportation needs of people with disabilities in disaster situations. Listed below are some highlights for planning consideration.

- To the extent that it is practical, vehicles used to transport people to and from evacuation centers, shelters, and disaster recovery centers should be accessible to individuals with disabilities.
- Specialized services such as paratransit should not be viewed as the sole option for accessible transportation.
- Transportation providers are obligated to transport service animals with their owners.
- When temporary alternatives are necessary for ensuring accessibility (i.e. using ramps because of a damaged platform), a timeline should be established for resolving the issue.

Transportation considerations in recovery

After a disaster, people who normally use public transportation may have had to relocate temporarily or permanently from their homes. Grocery stores, doctor's offices and other services may have relocated. During a community's recovery, the provision of public transportation should be considered in the context of new geography and populations needing service. Some other considerations include:

- Public infrastructure damage that may necessitate re-routing
- Establishment of new routes to serve people displaced from their former neighborhoods
- Serving people who may have been living independently prior to the disaster but are now displaced from their community and need to establish networks in their new location which may involve the need for transportation

Housing, public transportation and support networks will enable people with disabilities to live more independently after a disaster.

Possible resources for lift equipped vehicles

In 2010, the Minnesota legislature created the Minnesota Council on Transportation Access (MCOTA) to serve as a clearinghouse in addressing transportation coordination on a statewide basis. Through their efforts, each area of the state now has a transportation coordination plan which involves most of the transportation providers in each area. Go to the MCOTA web site to view area plans and find lists of many of the public and private transportation providers in each area.

Also consider these as possible resources for lift equipped vehicles:

- County veterans services and other veterans services organizations
- Head Start programs
- Schools
- Senior centers
- Hospitals and other medical facilities
- Nursing homes
- Senior housing complexes
- Public transit authority
- Public health clinics

Make arrangements and agreements in advance with groups for the use of their lift equipped vehicles and drivers in emergencies.

Sheltering

Community residents may need to be housed in mass care shelters if their homes are not safe after a disaster or emergency. Displacement from familiar surroundings and services into a mass care shelter setting can increase the vulnerability of all residents, including people with disabilities, seniors and those with no prior known health, mental health or medical conditions. Community emergency planners including emergency managers, public health, human services, and others should plan to house people with a variety of disabilities in general population mass care shelters to comply with the ADA's integration requirement. This section of the toolkit will provide practical information for including people with access and functional needs in public shelters and give references for more detailed information.

Considerations

- Most people with disabilities are not medically fragile.
- According to the U.S. Census Bureau, 11.9% of the population 15 years of age and older has an ambulatory disability, roughly 35 million people.
- 52% of the population 65 years of age and older has a disability.

Housing people with disabilities in mass shelters

Most people with disabilities do not require the level of medical care provided in a healthcare setting. The ADA requires that people with disabilities be accommodated in the most integrated setting appropriate to their needs. Here are some practices that can help in accommodating people with disabilities in mass care shelters.

- House people with access and functional needs in shelters with their families, friends and neighbors. Then they will have their own support network to help them.

- Ensure that eligibility criteria for shelters do NOT unnecessarily screen out people with disabilities based on erroneous assumptions about the care and accommodations they may require.

- Respect the right of people with access and functional needs to make choices about where to shelter. They know their own strengths and limitations and can make an informed choice on where they should be sheltered.

Shelter Registration and Assessment of Needs

An initial assessment of shelter residents to determine access and functional needs should be done by health and mental health professionals as people enter and register in a shelter. The American Red Cross, in cooperation with FEMA and the Department of Health and Human Services, has produced an assessment instrument that is used by the Red Cross in registering shelter residents. Re-assessments or cot-to-cot assessments should be done after the first 24 hours and then periodically as long as the shelter remains open to identify additional needs that may surface as a result of longer term displacement.

The Minnesota Department of Health Behavioral Health Medical Reserve Corps can provide behavioral health assistance in conducting mental health assessments using a tool called PsySTART (Psychological Simple Triage and Rapid Treatment). For more information on accessing the services of the Behavioral Health Medical Reserve Corps from the Department of Health, go to http://www.health.state.mn.us/oep/responsesystems/bhmrc.html .

Physical access

Shelters are set up in facilities designed for uses other than sheltering, i.e. schools, churches and community buildings. When surveying buildings for shelter use, assess the following items to ensure physical access:

- Parking: Are there adequate numbers of disability parking spaces near the shelter entrance?
- Path of travel—exterior and interior: Are the walkways, sleeping areas, restrooms and other activity areas easily accessible by a wheelchair user?
- Entrance: Is the main entrance accessible with automatic doors openers?
- Rooms and activity areas: Are there quiet areas/rooms for people who need to be away from noise?
- Bathrooms: Are there enough bathrooms, including wheelchair accessible stalls for the shelter population?
- Emergency alert: Is there an alerting or public address system in the building? How can it be activated and who is responsible for this?
- Water fountains: Are they accessible from a wheelchair?

The ADA has a shelter checklist for emergency planners on its web site. The American Red Cross shelter survey checklist includes the items in the ADA shelter checklist.

Making accommodations

If a building lacks accessibility in some areas, consider possible accommodations to make it more accessible. For example, if there is a need to add more toilets for the projected shelter population bring in regular and accessible portable bathrooms. Similarly, provide a number of accessible cots for people transferring from wheelchairs (18+ inches or more in height, higher weight capacities and with adjustable head and foot sections).

Reasonable accommodations or modifications should be made unless they would impose an undue financial or administrative burden. Include local and regional representatives from organizations providing services for people with disabilities on shelter survey teams to assess the need for accommodations. They may also have or know of resources for such accommodations.

Program access: Communications

Program functions within a shelter also need to be accessible to people with access and functional needs. People in shelters must be able to get alerts, instructions and information from shelter staff and other groups providing services in the shelter. Consider the following to help make shelter communications more effective:

- Provide sign language interpreting—in person, by video remote or real-time captioning for shelter meetings
- Provide assistive listening devices
- Provide information by text message
- Post information in large print; have shelter instructions available in electronic format and large print

- Provide access to assistive technology such as augmentative communications devices and other equipment that fosters independent communication and access to information
- Provide print materials in simplified English, alternate format or other methods appropriate for persons with developmental or cognitive disabilities
- Provide access to telephone communications like an amplified telephone, TTY, videophone, Skype and WebCapTel

Program access: Policy and procedure modifications

Some shelter program policies or procedures may need to be modified to avoid discrimination. For example, shelters must generally modify the "no pets" policy to allow people with disabilities to be accompanied by their service animals.

Other examples of modifications in a shelter might include modifying kitchen access policies for people with medical conditions that require regular access to food, i.e. a person with diabetes. Space allowed for sleeping might have to be modified to accommodate a person with a mobility disability who needs to have a wheelchair or other mobility device with them.

Service animals

Service animals are defined as dogs that are individually trained to do work or perform tasks for people with disabilities, with an exception for miniature horses. Probably the most common activity performed by a service animal is guiding a person who is blind or has extremely low vision. However, service animals also can

- Alert people who are deaf or hard of hearing to sounds;
- Pull wheelchair users and open doors;
- Carry or retrieve items for people with mobility disabilities or limited use of arms or hands;
- Assist people with disabilities to maintain their balance;
- Alert people to low blood sugar; and
- Alert people to, and protect them during medical events such as seizures.

Service animals may be identified by things they have or wear like special ID cards, harnesses, capes, vests, scarves or patches, or they may have no visible identifier. At registration, registrars are allowed to ask two questions: 1. Is the animal needed because the registrant has a disability? 2. What tasks or work is the animal trained to do? Answers to these two questions will help determine if it is a service animal.

State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is normally allowed to go.

Service animals should be under the control of the handler at all times and be housebroken. If the service animal is acting inappropriately, it can be removed from the premises. It should be taken into consideration though that the service animal might be reacting to the disaster or emergency situation. Be sure to communicate any concerns you might have to the service animal's handler. For more information on service animals please go to http://www.ada.gov/service_animals_2010.htm

Shelter supplies

Additional items and supplies will be needed in a shelter to accommodate people with access and functional needs. Some examples are:

- Durable medical equipment and medications
- Refrigeration for medications
- Electricity for recharging battery-operated wheelchairs and other necessary equipment
- Food options
- Supplies for service animals
- Accessible cots and other equipment to enhance independence in the shelter

Local and regional organizations that serve people with disabilities can help in finding resources particularly for durable medical equipment and other assistive devices that may be needed by shelter residents.

References and resources

The Department of Justice ADA web site has a checklist for emergency shelters.

Contact the regional chapter office of the American Red Cross in Minnesota for your jurisdiction to find the most up-to-date Red Cross shelter survey checklist that includes the ADA checklist items.

Effective communications

People with access and functional needs must be given information comparable in content and detail to that given to the general public. Information must be accessible, understandable and timely. There are many communication aids and accommodations to enable effective communication. These may include the use of qualified interpreters, materials in alternative formats such as large print, audio tape, Braille and computer CD or flash drive and assistive listening devices.

When planning for the types of formats and venues to be used in conveying emergency information that is accessible to everyone, emergency planners should include communications staff and agencies that provide services to individuals with access and functional needs.

Readability and Plain language

Readability has two elements:

- Document design (white space, typography, line length, line spacing)
- Understandability (word choice, syntax, sentence length, order of ideas)

Plain language is language your audience can understand the first time they read or hear it. Written material is in plain language if your audience can:

- Find what they need
- Understand what they find and
- Use what they find to meet their needs.

Visit the plain language website to learn more.

Post-disaster community meetings

Community meetings provide a forum for emergency responders to give important information on immediate life safety and recovery issues after a disaster. These meetings also provide an opportunity for residents to ask questions and bring up issues to community leaders. The critical information shared needs to be accessible to everyone who attends. The process for asking questions and having discussion also needs to be accessible. Below are some considerations to address accessibility issues when holding a meeting:

- American Sign Language (ASL) interpreter: Professional interpreters can be hired to provide communication access for a meeting. The Division of Deaf and Hard of Hearing Services (DHHS) has a list of interpreter referral agencies on their web site. DHHS regional staff can also provide consultation on finding professional interpreters in their regional areas. Depending on the length of the meeting and discussion elements, multiple interpreters may be needed.

- When pre-planning for community meetings, consider purchasing some type of assistive listening device (ALD) for individuals who are hard of hearing. DHHS staff can offer suggestions and referrals to equipment vendors.

- CART services: Communications Access Realtime Translation (C.A.R.T.) transmits the spoken word into text that appears on a screen or monitor in realtime. Real-time translation not only benefits those with hearing loss but also those who may be at the back of the room where sound systems may not carry well. DHHS maintains a list of captioning providers, interpreter referral agencies, CART and independent

contract interpreters on their website. Click on the appropriate category. Captioning and CART are distinct services, which may or may not be delivered by the same service provider. Captioning involves people trained in working with video.

ASL interpreters and CART providers can be offered through remote connections when qualified interpreters/CART providers cannot travel to a meeting site. Work with regional DHHS offices to receive assistance and referral information to help arrange for these remote services. A statewide master contract is available too for onsite and remote interpreting and CART services. Check with regional Deaf and Hard of Hearing Services for details.

- Meeting etiquette: Here are some simple considerations that will help ensure effective communication and that the meeting will be as inclusive as possible. Inform meeting attendees of these considerations at the beginning of the meeting.
    - Use a microphone when speaking. Have a microphone available for questions from the audience.
    - Have audience members raise their hands and wait to be called on by the meeting facilitator before speaking.
    - Have only one person speak at a time.
    - Have the person speaking identify themselves by name.
    - Speak clearly and not too quickly.
    - When presenting slides, describe the key message by any images or other visuals. And if posting slides on a website, make sure they are accessible including alt text for the images.
    - Considerations for people with speech disabilities using augmentative and alternative communication (AAC):
        - Be aware that communicating with AAC takes longer than speech. Allow extra time for the person who uses AAC to communicate.
        - Providing an agenda ahead of time can help the person who uses AAC to prepare their thoughts and speed up communication.
        - Also, providing notes or handouts afterwards can help as taking notes can be difficult for someone who uses AAC.
        - Technology glitches happen. Be understanding.

References

Find more information on using augmentative and alternative communications on the Accessible Technology Coalition web site.

Go to Penn State University's augmentative and alternative communications page to get information on disaster preparedness, response and recovery for people with complex communication needs. There are also resource references for emergency responders.

Fact Sheets

When planning a fact sheet, consider how you want to distribute it. You may end up having a primary medium along with alternative sources. For example, a web page in simple HTML could be the default for computer and mobile view, with an optional downloadable PDF for print distribution. Making the PDF the default can limit access.

Fact sheets distributed at a community meeting provide a means for the information to be shared and kept by those attending. Individuals who are blind, deaf-blind, have low vision or have cognitive disabilities may need the information in large print (suggested: Arial 18-20 point font) or need people to read the fact sheets to them at the meeting. Accessible devices with an audio file could also be listened to before or during the meeting. Consider having the audio on an iPod or MP3 device. Also, when audio is the primary mode, provide a text transcript. A PDF or straight text audio could also be loaded on an iPad or Android tablet. Look for agencies in the community that provide services for people with vision loss, developmental disabilities and the elderly for technical assistance.

Information hotlines

Many communities staff telephone hotlines after a disaster to provide up- to-date information to community members on a variety of recovery topics. The vast majority of people who are deaf or hard of hearing use relay services to communicate by phone. Here are some items to consider for hotline accessibility:

- TTY: Many emergency services agencies had or may still have TTY machines and publicize the TTY number alongside the regular phone number. In the past few years, the number and type of relay services available for people who are deaf, hard of hearing or have speech impairments has grown exponentially as new technologies are invented. TTY usage has plummeted in favor of a multitude of relay service options more tailored to individual needs. If the hotline has a TTY and continues to publicize the number, there must be someone available that is trained in its use.

- Relay service calls: Receiving calls from a relay service provider does not require any specialized equipment for a hotline operation. However, operators should have some training or guidance available on recognizing and responding to calls made through relay services (for example, there are often longer pauses in the communication to allow for translation or transcribing by the relay service communication assistant).

When publicizing the hotline number, use language to indicate that relay users should use their preferred relay service to access the hotline.

References

Go to the Federal Communications Commission (FCC) web site for information on the different types of telecommunications relay services available for use by consumers.

Deaf and Hard of Hearing Services in the Minnesota Department of Human Services also has information on relay services and video relay service and video remote interpreting.

Websites

Web accessibility is about making the web usable by people of all abilities. For a website to be accessible, it must be fully operational without a mouse and compatible with a growing variety of assistive technologies designed to assist individuals with disabilities.

- Guidelines, policies, and laws provide measures of accessibility that can help in evaluating website accessibility and making improvements.
- Accessible websites benefit everyone, from emergency responders working in low light while wearing gloves to older citizens unfamiliar with the latest technology. It specifically impacts people with disabilities including those who fall into one or more of the following disability categories: Visual (blind, low vision, color-blindness), auditory (deaf, deafblind, hard of hearing), motor (people who have difficulty using a mouse or keyboard), cognitive or learning and those with photosensitive epilepsy.

References and Resources

- The Minnesota STAR program has gathered many resources related to website accessibility and usability including state and federal statutes and guidance documents.
- The State of Minnesota IT Services also has a website devoted to helping state agencies create accessible websites , applications, documents and multimedia. The site also provides links to key resources such as developer testing tools and training on accessible documents and video captioning.
- The World Wide Web Consortium (W3C) is an international community whose primary goal is to make the web available to all people whatever their hardware, software, network infrastructure, native language, culture, geographical location or physical or mental ability. For more information visit their Web Accessibility Initiative.
- "ATI Guide to Creating Accessible Electronic Materials", George Mason University, IT personnel from George Mason University created a comprehensive accessibility resource of "cheatsheets" to better help university personnel create their own accessible documents.

Agencies, organizations, and other resources for planning

The following pages contain information regarding a variety of state and non-governmental agencies that provide services for people with disabilities and access and functional needs in Minnesota. Some agencies have local or regional offices which are listed here.

Also included are free phone and internet services that provide information and referral resources across the state.

The beginning section on Apps gives some criteria that can be helpful for emergency planning teams in considering which ones might be useful for emergency responders.

Please use these resources in whole community planning groups to help address access and functional needs in the planning process.

There are two forms at the end of this section designed for you to add important contact information for your local community and faith-based organizations.

Is There An App For That?!

When you stop to consider that more and more devices are connected to the Internet, a trend often referred to as the Internet of things, you may wonder how to leverage these technological advances to provide assistance to individuals with functional needs. Unfortunately, there is no easy answer since technology is changing rapidly and because technology-based solutions do not come in a "one size fits all" package. Still there are resources and guidelines to help you develop community-responsive plans and search for options on a case-by-case basis.

Guidelines

Apps are a powerful way to reach out to both "connected" and the less connected populations. They need to be:

- lightweight (usable on cheap phones),
- accessible (leverage Apple and Android APIs) and
- focused (just an alert with link to information, for example).

Consider using the following framework to help pinpoint which apps and options to consider. [Note this framework is based upon the SETT Framework developed by Joy Zabala, Ed.D., which is a four-part model intended to promote collaborative decision-making in all phases of assistive technology services and delivery.]

1. Identify the **S**omeone or **S**ituation for whom/which the solution is meant to help. (e.g. residents, first responders) List all needs of the user, such as the ability to magnify the screen, hear text read out loud, problems holding or activating the device, etc.

2. Identify the **E**nvironment where the solution (app/mobile device) will be deployed. (e.g. outside in bright sunlight, cold or hot environment, maximum security facility) If the device needs an Internet connection, is WiFi available? List all potential barriers the environment may cause. Keep in mind the "virtual"

environment, too. Be sure you understand what operating system/platform is needed, as well as, version of Bluetooth, and other necessary requirements.

3. Identify the **T**ask, such as:
    - Notification/Alert System
    - Planning
    - Training
    - Support
4. Identify potential **T**echnology (apps/mobile devices) to consider based upon your answers to steps 1-3

Resources

Mobile App Stores – by platform/operating system

Use your Internet search engine to locate the following online resources.

- iTunes (Apple products such as the iPhone and iPad)
- Google Play (Devices using the Android operating system)
- Amazon (Apps for Amazon products plus Android apps)
- Microsoft App Store
- Blackberry

Use the online store's search box to locate apps. Here are a few keywords to get you started but don't limit your search to just these terms. Be creative and use current words/phrases for the best results.

- Emergency
- Weather
- Disaster
- First Aid

Other Resources

- Bridging Apps http://bridgingapps.org
- Disaster Apps and Mobile Optimized Web Pages http://sis.nlm.nih.gov/dimrc/disasterapps.html
- Packing Your Digital Go-Bag http://sis.nlm.nih.gov/dimrc/dismtg_appsrml_06262013_508.pptx
- Be Ready MN https://www.bereadymn.com/

Minnesota State Council on Disability

Mission:

The Minnesota State Council on Disability (MSCOD) is a state agency providing leadership to empower and strengthen the rights of Minnesotans with disabilities. The Council also collaborates with the public and private sectors as a policy and technical resource advisor. View their website for emergency preparedness materials produced by MSCOD.

MINNESOTA STATE COUNCIL ON DISABILITY
121 E. 7th Place, Suite 107
St. Paul, MN 55101

TELEPHONE:
1-800-945-8913 (V/TTY)
651-361-7800 (V/TTY)
FAX: 651-296-5935
http://www.disability.state.mn.us/

American Red Cross

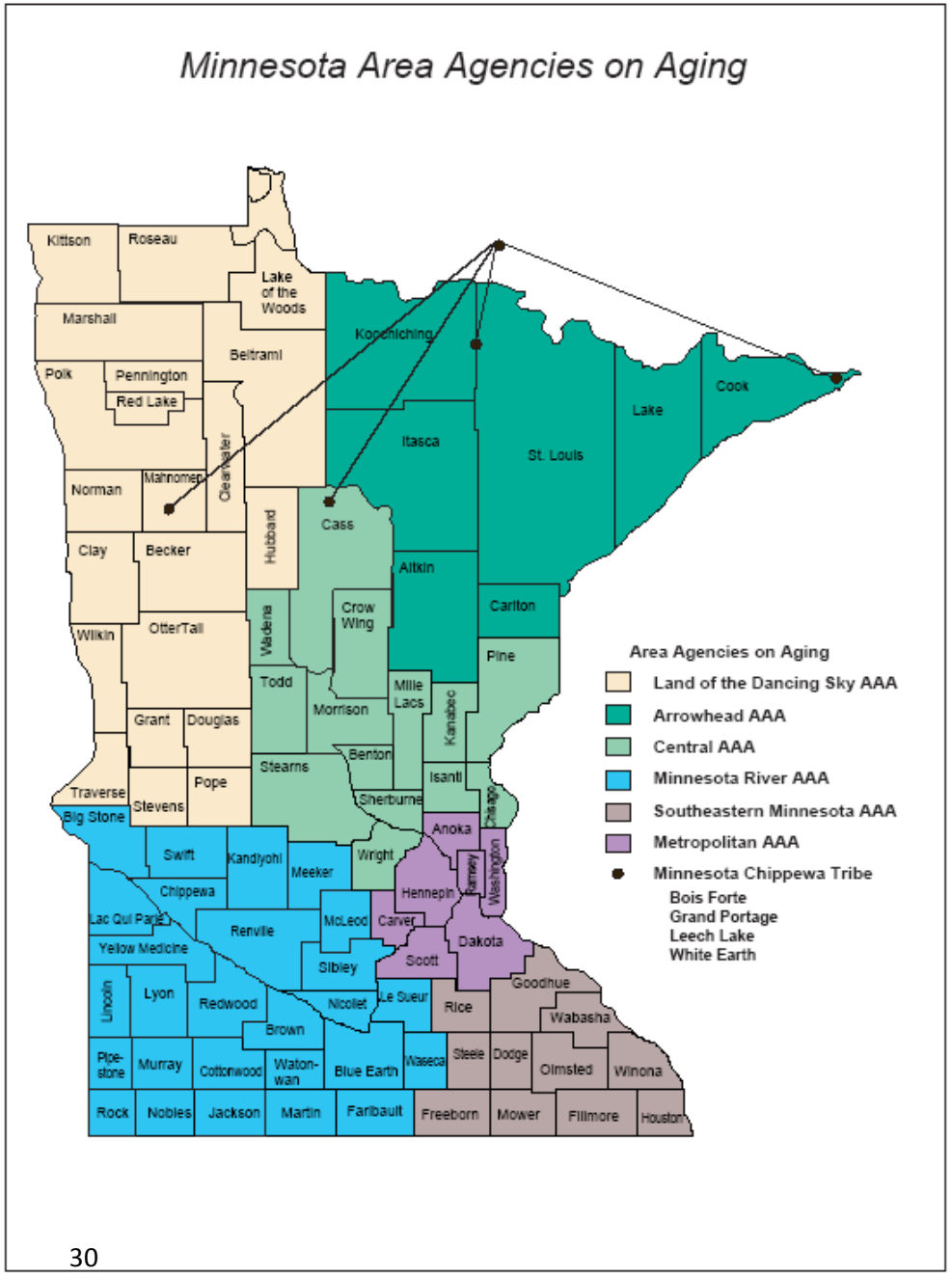
The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors. To find the Red Cross chapter for your jurisdiction, go to the Red Cross website and click the "Find your local Red Cross" link on the top right side of the page or contact one of the regional chapters listed below. For Red Cross preparedness materials for seniors and people with disabilities, go to the American Red Cross web page on preparing your home and family .

Minnesota Region
1201 W. River Parkway
Minneapolis, MN 55454
www.redcrossmn.org
612-871-7676

Minn-Kota Region
2602 12th Street North
Fargo, ND 58102
www.redcross.org/nd/fargo
701-364-1800

Area Agencies on Aging

Area Agencies on Aging were established under the Older Americans Act (OAA) to respond to the needs of Americans aged 60 and over in every local community. There are over 629 area agencies on aging in the United States and 7 in Minnesota, including the Minnesota Chippewa Tribe Area Agency on Aging. Minnesota Area Agencies on Aging are designated by the Minnesota Board on Aging to provide three critical functions: OAA funding administration, community planning and service development, and information and assistance.

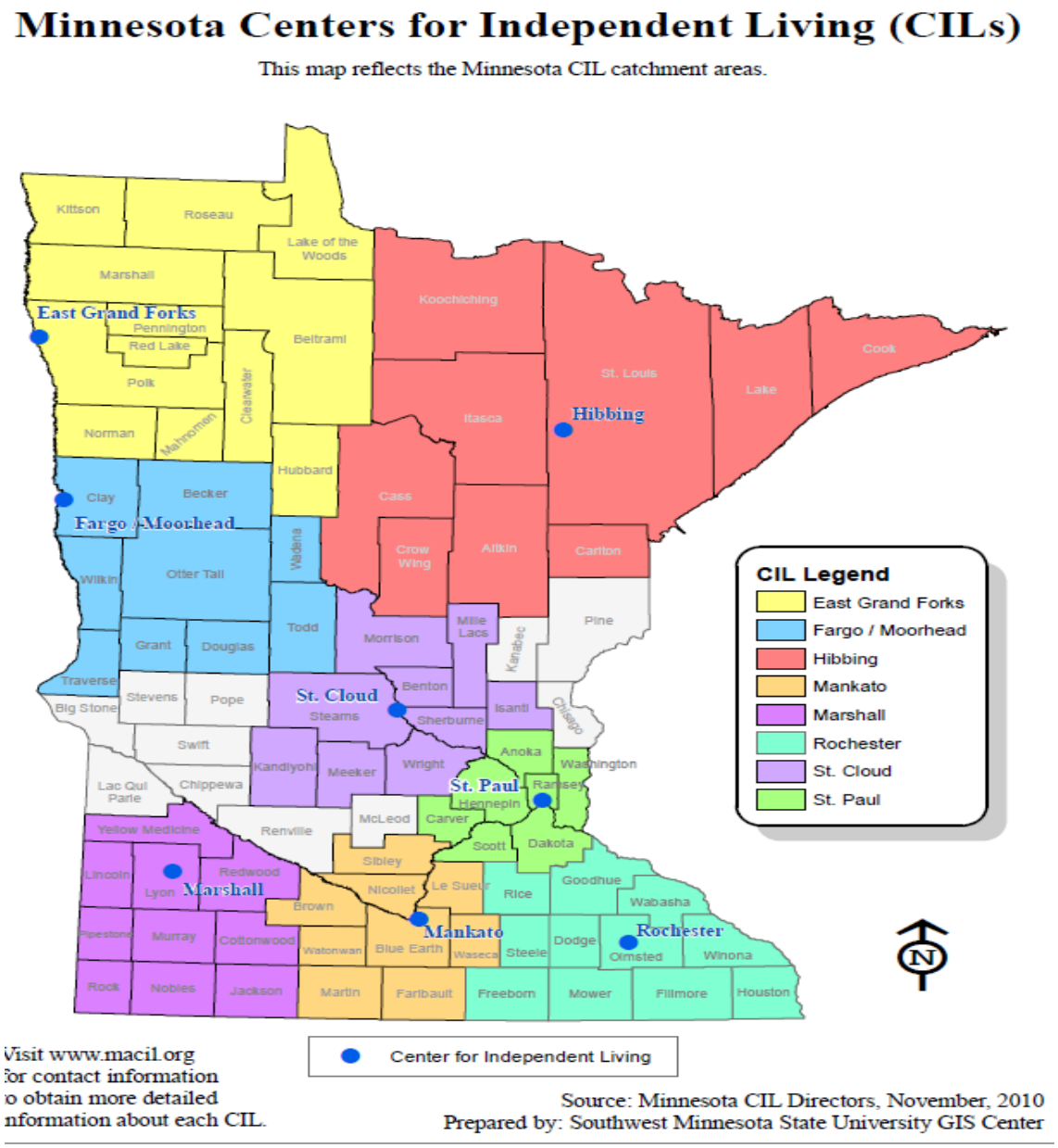


Organization	Phone	Address	Hyperlink	Counties Served
Arrowhead Area Agency on Aging	Main: 218-722-5545 Toll Free: 1-800-232-0707	221 W First Street Duluth MN 55802	Arrowhead Area Agency on AgingARDC	Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, St. Louis
Central Minnesota Council on Aging	Main: 320-253-9349	1301 W St. Germain Street SE St. Cloud MN 56301-3456	Central Minnesota Council on Aging	Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, Wright
Land of the Dancing Sky Area Agency on Aging	Main: 218-745-6733	115 South Main Avenue Warren MN 56762	Land of the Dancing Sky Area Agency on Aging	Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse, Wilkin
Metropolitan Area Agency on Aging	Main: 651-641-8612	2365 N McKnight Road Suite 3 N St. Paul MN 55109	Metropolitan Area Agency on Aging	Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington

Organization	Phone	Address	Hyperlink	Counties Served
Minnesota River Area Agency on Aging	Main: 507-389-8866 Toll Free: 1-800-450-5643 x866	410 Jackson Street PO Box 3367 Mankato MN 56002-3367	Minnesota River Area Agency on Aging	Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, Yellow Medicine
Southeastern Minnesota Area Agency on Aging	Main: 507-288-6944	421 SW First Avenue Room 201 Rochester MN 55902	Southeastern Minnesota Area Agency on Aging	Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona
Minnesota Chippewa Tribe Area Agency on Aging	Main: 218-335-8585 Toll Free: 1-888-231-7886	PO Box 217 Cass Lake MN 56633-0217	Minnesota Chippewa Tribe Area Agency on Aging	Reservations Served: Bois Forte, Grand Portage, Leech Lake, White Earth

Centers for Independent Living

The purpose of the independent living programs is to maximize the leadership, empowerment, independence and productivity of people with disabilities and promote the inclusion of these individuals into the mainstream of American society.



Organization	Phone	Address	Hyperlink	Counties Served
Access North CIL of Northeastern MN	(218) 262-6675 or (800) 390-3681	2104 Sixth Avenue East, Hibbing, MN 55746	Access North CIL	Aitkin, Cass, Carlton, Crow Wing, Cook, Itasca, Koochiching, Lake, Pine and St. Louis
Access North CIL of Northeastern MN (Branch)	(218) 625-1400 or (888) 625-1401 TTY: (218) 625-1400 FAX: (218) 625-1401	118 East Superior Street, Suite 100 Duluth, MN 55802	Access North CIL	Aitkin, Cass, Carlton, Crow Wing, Cook, Itasca, Koochiching, Lake, Pine and St. Louis
OPTIONS Interstate Center for Independent Living (Also serves parts of North Dakota)	(218) 773-6100 or (800) 773-6100	Interstate Center for Independent Living 318 Third Street NW East Grand Forks, MN 56721	Options Interstate CIL	Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake and Roseau
Freedom Resource Center For Independent Living, Inc.	(701) 478-0459 or (800) 450-0459	2701 9th Ave. SW Fargo, ND 58103	Freedom Resource CIL	Clay, Becker, Wilkin, Ottertail, Wadena, Todd, Douglas, Grant, Traverse
Southern Minnesota IL Enterprises and Services (SMILES)	(507) 345-7139 or (888) 676-6498 TTY: (507) 345-7139 or (888) 676-6498	709 South Front Street Mankato, MN 56001	Smiles	Blue Earth, Brown, Faribault, LeSueur, Martin, McLeod, Nicollet, Sibley, Waseca, and Watonwan

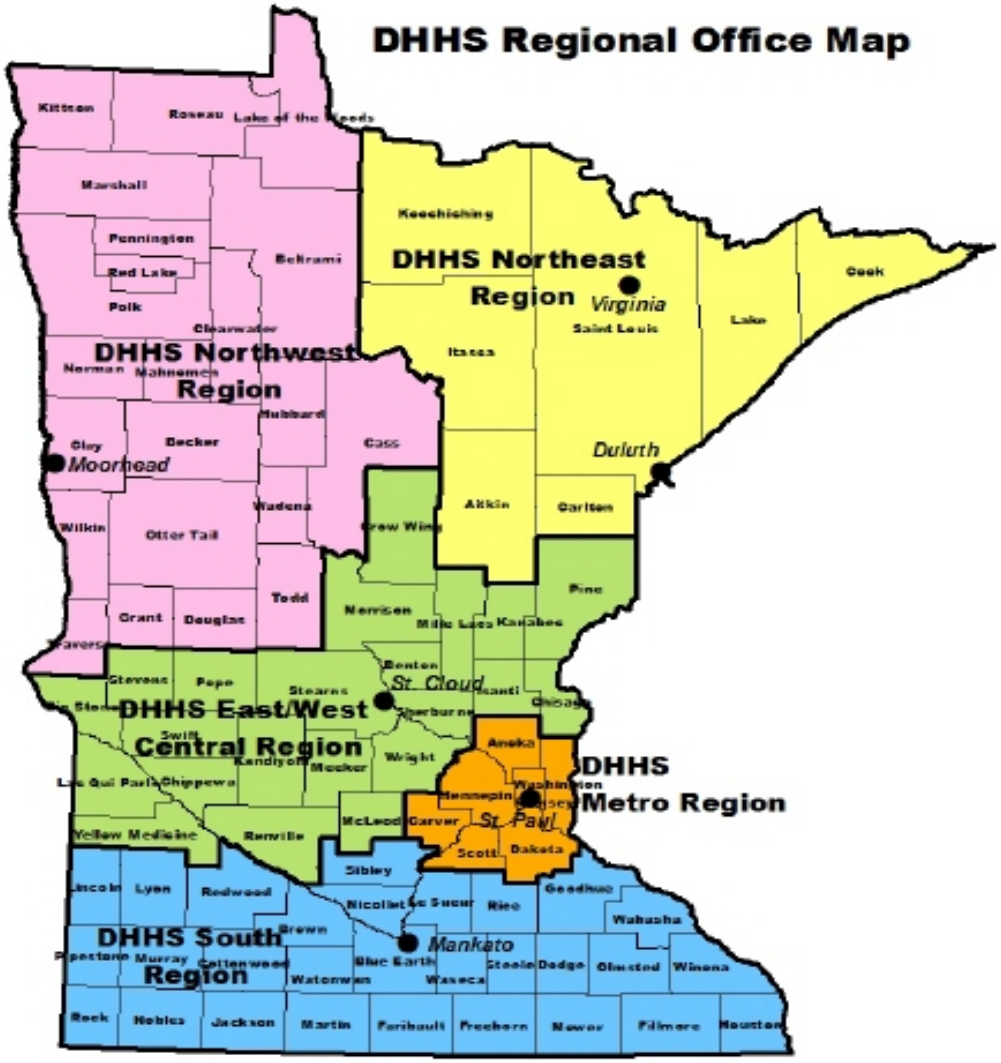
Organization	Phone	Address	Hyperlink	Counties Served
Southwestern Center for Independent Living (SWCIL)	(507) 532-2221 TTY: (507) 532-2221 FAX: (507) 532-2222	109 South Fifth, Suite 700 Marshall, MN 56258	Southwestern MN CIL	Cottonwood, Chippewa, Jackson, Lac Qui Parle, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Renville, Rock and Yellow Medicine
Southeastern Minnesota CIL	(507) 285-1815 TTY: none FAX: (507) 288-8070	2720 North Broadway Rochester, MN 55906	Southeastern MN CIL	Dodge, Goodhue, Fillmore, Freeborn, Houston, Mower, Olmsted, Rice, Steele, Winona and Wabasha
Independent Lifestyles CIL, Inc.	(320) 529-9000 TTY: (320) 529-9000 FAX: (320) 529-0747	519 Second Street, North St. Cloud, MN 56303	Independent Lifestyles CIL	Benton, Isanti, Kandiyohi, Kanabec, Meeker, Mille Lacs, Morrison, Sherburne, Stearns, Todd and Wright
Metropolitan Center for Independent Living	(651) 646-8342 TTY: (651) 603-2001 FAX: (651) 603-2006	1600 University Avenue West, Suite 16 St. Paul, MN 55104	Metropolitan CIL	Anoka, Carver, Dakota, Chisago, Hennepin, Ramsey, Scott and Washington

Mental Health/Mental Illness Resources

Organization	Mission/Purpose	Phone	Address	Hyperlink
National Alliance on Mental Illness (NAMI) Minnesota	NAMI Minnesota promotes the development of community mental health programs and services, improved access to services, increased opportunities for recovery, reduced stigma and discrimination, and increased public understanding of mental illness.	651-645-2948 (Toll free: 1-888-NAMI-Helps 1-888-626-4435) Fax: 651-645-7379	800 Transfer Road, #31 Saint Paul, MN 55114	**http://www.namihelps.org/**
Mental Health Association of Minnesota (MHAM)	Works to raise awareness of mental health issues, help people navigate the mental health system and access community resources.	651-493-6634 or 800-862-1799	475 Cleveland Avenue N Suite 222 St. Paul, MN 55104	**http://www.mentalhealthmn.org/**
SAMHSA (Substance Abuse and Mental Health Services Administration)	Provides Disaster Distress Helpline for citizens to get help and support for if they are struggling after a disaster; calls are answered by trained crisis counselors Provides the Disaster Technical Assistance Center (DTAC) to help prepare states, territories, tribes, and local entities to deliver effective mental health and substance abuse response to disasters.	1-877-726-4727 24 hour number: 1-800-985-5990 Text: TalkWithUs to 66746	U.S. Department of Health and Human Services	**www.samhsa.gov** **http://www.samhsa.gov/dtac**

State of Minnesota Deaf and Hard of Hearing Services

DHHS is a statewide program under the Minnesota Department of Human Services (DHS) with 6 regional offices in Duluth, Virginia, Moorhead, St. Cloud, St. Paul and Mankato. DHHS staff can provide information, referral and assistance and may have assistive technology that can be loaned out during emergency situations (such as amplified telephones, assistive listening devices, alerting devices, etc.) Staff can also identify where this technology may be purchased. Several of the regional offices provide training on Deaf Culture, the impact of hearing loss, working with a sign language interpreter, etc. Visit the website for a thorough description of services and numerous fact sheets related to hearing loss. Also visit this link to locate a Sign Language Interpreter Referral agency or independent sign language contract interpreter.



Organization	Phone	Address	Email/Hyperlink (if available)	Counties Served
State of Minnesota Deaf and Hard of Hearing Services (DHHS)			DHHS Information	State of Minnesota
DHHS Northeast Region Duluth	888-234-1322 (V) 218-206-8452 (VP) 866-488-3833 (TTY)	Duluth Technical Village 11 E Superior Street, Suite 220 Duluth, MN 55802	DHHS Information	Aitkin, Carlton, Cook, Lake, St. Louis, Koochiching, Itasca
DHHS Northwest region Moorhead	800-456-7589 (V) 218-227-5495 (VP) 866-488-3829 (TTY)	DHHS Northwest Family Service Center of Clay County 715 11th Street North, Suite 200 Moorhead, MN 56560	DHHS Information	Norman, Mahnomen, Clay, Becker, Wilkin, Ottertail, Wadena, Todd, Douglas, Grant, Traverse, Kittson, Roseau, Lake of the Woods, Beltrami, Pennington, Marshall, Red Lake, Polk, Clearwater, Hubbard, Cass

Organization	Phone	Address	Email/Hyperlink (if available)	Counties Served
DHHS East/West central region Saint Cloud	800-456-3690 (V) 320-227-2515 (VP) 866-488-3909 (TTY)	DHHS East/West Central 3400 1st St. North, Suite 302 Saint Cloud, MN 56303	DHHS Information	Benton, Big Stone, Chisago, Crow Wing, Isanti, Kanabec, Morrison, Pine, Sherburne, Stevens, Pope, Stearns, Wright, Meeker, Kandiyohi, McLeod, Mille Lacs, Renville, Chippewa, Yellow Medicine, La Qui Parle, Swift
DHHS Metro region Saint Paul	651-431-5940 (V) 651-964-1514 (VP) 888-206-6513 (TTY)	DHHS Metro (mailing address) 444 Lafayette Road Saint Paul, MN 55155-3814	DHHS Information	Anoka, Washington, Hennepin, Scott, Carver, Ramsey, Dakota
DHHS Southern region Mankato	800-311-1148 (V) 507-550-1262 (VP) 866-266-2461 (TTY)	DHHS Southwest 12 Civic Center Plaza, Suite 1670 Mankato, MN 56001	DHHS Information	Lincoln, Lyon, Redwood, Brown, Sibley, Nicollet, Blue Earth, Watonwan, Cottonwood, Murray, Pipestone, Rock, Nobles, Jackson, Martin, Faribault, Le Sueur, Rice, Goodhue, Wabasha, Winona, Olmsted, Dodge, Steele, Waseca, Freeborn, Mower, Fillmore, Houston

Minnesota Department of Health

Behavioral Health Preparedness, Response, and Recovery Resources

MN Behavioral Health Medical Reserve Corp

The Minnesota Behavioral Health Medical Reserve Corps is a statewide group of volunteer behavioral health specialists whose mission is to support resilience of individuals and communities during disasters by providing expert skills in the area of behavioral health. Emergency managers can request the assistance of the MN BH MRC through the State Emergency Operations Center (SEOC) if activated or through the State Duty Officer.

Psychological 1st Aid on-line training (University of Minnesota & the Minnesota Department of Health)

This 45 minute course is designed as an overview for Medical Reserve Corps volunteers, hospital personnel, and emergency responders to the concepts and applications of psychological first aid for assisting survivors and fellow responders impacted by a disaster or emergency event. This training may also be useful to individuals when dealing with a personal crisis situation in their family, community or work place (.75 CEUs from the University of MN are provided).

PsySTART (Psychological Simple Triage and Rapid Treatment)

PsySTART is an evidence-based rapid disaster mental health triage and incident management system that can be used to guide real-time disaster behavioral health response. PsySTART matches behavioral health resources to the needs of the disaster-impacted community assisting the community with their recovery process by providing data to measure their community trauma risk factors. PsySTART triage can be utilized at any disaster response site (shelters, Disaster Recovery Centers, Family Assistance Centers, hotlines, community outreach, schools, hospitals) and does not need to be completed by a mental health professional. Contact the Minnesota Department of Health, Emergency Preparedness and Response at 651-201-5700 for further information.

Developmental Disability Organizations

Organization	Mission/Purpose	Phone	Address	Hyperlink
Governor's Council on Developmental Disabilities	Provides information, education, and training to build knowledge, develop skills, and change attitudes that will lead to increased independence, productivity, self-determination, integration and inclusion for people with developmental disabilities and their families.	Phone: 651-296-4018 MN Relay Service: 800-627-3529 OR 711 Fax: 651-297-7200	370 Centennial Office Building 658 Cedar Street St. Paul, Minnesota 55155	Governor's Council on Developmental Disabilities
Autism Society of Minnesota	The Autism Society of MN exists to enhance the lives of individuals with autism spectrum disorders through education, support, collaboration, and advocacy	651-647-1083	2380 Wycliff St., Suite 102 St. Paul, MN 55114	http://www.ausm.org
The Institute on Community Integration	The Institute works with service providers, policymakers, educators, advocacy organizations, researchers, families, and individuals with disabilities around the world.	612-624-4512	University of Minnesota 102 Pattee Hall 150 Pillsbury Dr SE Minneapolis, MN 55455	Institute on Community Integration (U of MN)

The Minnesota STAR Program

STAR is a division of the Department of Administration and Minnesota's federally-funded Assistive Technology Act program. Assistive technology is any item, piece of equipment or product used by individuals with disabilities to improve their ability to function. Assistive technology can be used to help people communicate, see, hear, learn and move. Examples of assistive technology include handheld magnifiers, software or apps that read text aloud, wheelchairs, assistive listening devices and adapted eating utensils. STAR provides assistive technology (AT) services statewide including device demonstrations and device loans. Staff can provide assistive technology related information and assistance, including help finding assistive technology for temporary use during an emergency.

For more information about STAR, call 651-201-2640 or visit their web site at www.mn.gov/star.

State Services for the Blind

In the aftermath of a disaster, Minnesota State Services for the Blind can provide replacement white canes and other aids and devices such as magnifiers, talking or Braille clocks or watches and large print clocks or watches for people who are blind or have a vision loss.

Organization	Phone	Address	Hyperlink	Counties Served
State Services for the Blind Offices			State Services for the Blind	
Bemidji Office	218-333-8206 Toll Free: 1-888-234-1257	616 America Avenue NW., Suite 230, Bemidji, MN 56601-3866		

Organization	Phone	Address	Hyperlink	Counties Served
Brainerd Office	218-828-2490 Toll Free: 1-800-657-3779	204 Laurel Street., Suite 21 Brainerd, MN 56401-4526		
Duluth Office	218-302-8418 Toll Free: 1-800-657-3752	402 West First Street Duluth, MN 55802		
Hibbing Office	218-262-6754 Toll Free: 1-800-657-3824	3920 13th Avenue East Hibbing, MN 55746-4600		
Hutchinson Office	320-234-0384 Toll Free: 888-234-7832	Minnesota WorkForce Center - Hutchinson Ridgewater College 2 Century Avenue SE, #405 Hutchinson, MN 55350-0550		
Mankato Office	507-389-6070 Toll Free: 1-800-657-3821	Mankato Place 12 Civic Center Plaza, Suite 1600B Mankato, MN 56001-7797		

Organization	Phone	Address	Hyperlink	Counties Served
Marshall Office	507-537-7114 Toll Free: 1-800-366-4813	Lyon County Courthouse 607 West Main Street Marshall, MN 56258-3009		
Moorhead Office	218-236-2422 218-236-2206 (TTY) Toll Free: 1-800-657-3755	Family Service Center of Clay County 715 11th Street North, Suite 302A Moorhead, MN 56560-2083		
Rochester Office	507-923-2820 Toll Free: 1-800-366-2715	2070 College View Rd. E Rochester, MN 55904		
St. Cloud Office	320-308-4800 Toll Free: 1-800-366-5420	Minnesota WorkForce Center-St. Cloud 1542 Northway Drive, Door 2 St. Cloud, MN 56303		
St. Paul Headquarters	651-539-2300 Toll Free: 1-800-652-9000	2200 University Avenue West, Suite 240 St. Paul, MN 55114-1840		

Organization	Phone	Address	Hyperlink	Counties Served
West St. Paul Office	651-554-6246	Minnesota WorkForce Center - Dakota County 1 Mendota Road West, Suite 170 West St. Paul, MN 55118		

Other Agency Resources

Organization	Mission/Purpose	Phone	Email/Hyperlink (if available)
Courage Center	Courage Center specializes in rehabilitation services for people with brain injuries, spinal cord injuries, stroke, chronic pain, autism or disabilities experienced since birth.	763-588-0811 1-888-846-8253.	www.couragecenter.org/
Epilepsy Foundation of Minnesota	The Epilepsy Foundation of Minnesota leads the fight to overcome the challenges created by epilepsy.	800-779-0777	Epilepsy Foundation of MN
Down Syndrome Association of Minnesota	Provides information, resources and support to individuals with Down syndrome, their families and their communities.	651- 603-0720 800- 511-3696	Down Syndrome Assn of MN

Statewide Phone and Internet Resources Links

Organization	Mission/Purpose	Phone	Hyperlink (if available)
United Way 211	Connect to over 40,000 resources. 2-1-1 is United Way's information and referral line offering resources for food, housing, employment, childcare, transportation, health services, senior services and more.	1-800-543-7709 or 211	United Way 211
Disability Linkage Line	Provides a single, statewide information and referral resource for all disability-related questions.	1-866-333-2466	Disability Linkage Line Info
Senior Linkage Line	The Senior LinkAge Line® is the Minnesota Board on Aging's free statewide information and assistance service. The Senior LinkAge Line® service is provided by six Area Agencies on Aging covering all 87 counties in Minnesota.	1-800-333-2433	Senior Linkage Line
Veterans Linkage Line	Veterans Linkage Line (VLL) is a toll-free customer service line that provides information, assistance and referrals for veterans.	(888) 546 - 5838	MN Veteran
Minnesotahelp .info	An internet clearinghouse of information ranging from accessibility and aging to other functional needs and nonfunctional needs concerns.		Minnesotahelp.org
Disability Minnesota	This website provides a single entry point to more than 100 Minnesota state agency programs, products, and services devoted to a broad range of disability issues. It also provides access to laws, statutes, and regulations in pertinent disability-related areas.		http://www.mndisability.gov/public/

Other resources

- AppleVis (www.applevis.com) This site is a community powered website for blind and low vision users of Apple's range of Mac computers, iPhone, iPod touch, iPad and Apple TV.
- Apple Developer Page on Accessibility This site contains information for developers on how to make their apps accessible.
- Apple Accessibility Intuitive by design, iPhone, iPad, and iPod touch also come with assistive features that allow people with disabilities to experience the fun and function of iOS.

Local Community Based Organization Information

Organization	Mission/Purpose	Phone	Address	Email/Hyperlink (if available)	Counties Served

Local Faith Based Organizations Serving Functional Needs

Organization	Mission/Purpose	Phone	Address	Email/Hyperlink (if available)	Counties Served

Access and Functional Needs Committee

The Minnesota Governor's Executive Order Assigning Emergency Responsibilities to State Agencies provides for whole community planning through state agency representation on the Access and Functional Needs Committee at the request of the division of Homeland Security and Emergency Management. The purpose of the Committee is to enhance whole community planning statewide by "advocating for the needs of citizens with access and functional needs, providing planning guidance and training, identifying specialized resources, and assisting agencies providing services to people with disabilities in participating in whole community planning efforts."

Committee members in 2015:

***Barb Fonkert**, Homeland Security and Emergency Management, Minnesota Department of Public Safety*

***Kim Moccia**, Minnesota STAR Program, Minnesota Department of Administration*

***Laurie Kalland**, State Services for the Blind, Minnesota Department of Employment and Economic Development*

***Linda Lingen**, State Services for the Blind, Minnesota Department of Employment and Economic Development*

***Marie Koehler**, Deaf and Hard of Hearing Services, Minnesota Department of Human Services*

***Margot Imdieke-Cross**, Minnesota State Council on Disability*

***Nan Stubenvoll**, Disability Services, Minnesota Department of Human Services*

***Nancy Carlson,** Office of Emergency Preparedness, Minnesota Department of Health*

***William Lamson**, Minnesota Board on Aging, Minnesota Department of Human Services*