

## **National Disaster Recovery Framework**

### **Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (ICC) Input**

**Important Background Information:** The ICC was established pursuant to Executive Order 13347 to support the safety and security of individuals with disabilities in all hazards situations. There are other populations that will have access and functional needs during disaster recovery. Within these recommendations, the phrase “individuals with disabilities and other functional needs” should be considered to include Special Needs Populations as defined in the National Response Framework. The needs encompassed within this definition are: communication; medical needs; maintaining functional independence; supervision; and transportation.

#### **1. How would you define a successful disaster recovery?**

- Fully integrates the needs of individuals with disabilities and other functional needs.
- Results from community engagement that includes the perspectives of individuals with disabilities and other functional needs during the entire span of the recovery process.
- Results in a community that utilizes Universal Design, resulting in an environment that is more supportive, inclusive, accessible, and resilient for everyone than it was pre-disaster.
- The recovered community complies with all legislation related to access and non-discrimination with regard to the built environment and all services and supports within the community.
- Results in a community that has opportunities for families to support their elderly members, provide advancement for children with special needs, foster independence of adults with disabilities, and celebrate the richness of cultural heritage.
- Results in the strengthening of key areas of community capacity. These areas include: advocacy and case management, housing, financial security/employment, public health and medical services, transportation, individual supports, child and family supports, education, and community access.
- Includes robust and accessible communication (both with regard to format and language) regarding recovery activities to reach all stakeholders.
- Results in an environment in which individuals with disabilities and other functional needs are able to achieve and maintain maximum independence towards full participation in their community.

#### **2. Are there clear phases in the disaster recovery process that are useful milestones?**

- Regardless of what recovery phase is underway, it is critically important to ensure that rebuilding/re-establishment of supports and services utilizes the C-MIST

concept: This refers to considering five essential function-based needs: communication, medical needs, maintaining functional independence, supervision, and transportation (C-MIST). Incorporating this concept addresses functional limitations of both people who identify as having a disability and the larger number of people who do not identify as having a disability but who have a functional limitation in hearing, seeing, walking, learning, language, and/or understanding.

- During the initial phase of disaster recovery (immediate actions taken to reduce life-safety hazards and make short term repairs to critical life lines), organizations that support individuals with disabilities and other functional needs should be provided with assistance to continue operating to the best of their capability – they should be considered essential services so that they are not closed down during the initial phase of recovery.
- Individuals with disabilities and other functional needs have historically had minimal involvement in the long term recovery process. However, their perspectives are an integral part of decisions about how to reconstitute the community. These populations must be engaged early and remain engaged throughout all phases of the recovery process.
- It is very important to recognize that the entire population of a community impacted by a disaster does not recover at the same rate. Examples of businesses that often require a longer time to fully recover from a disaster are: home health care agencies, day and elder care programs, personal assistance services, and sign language interpreter services. Individuals with disabilities and other functional needs often require the support of such businesses to maintain independence.
- Rebuilding of infrastructure includes the re-establishment of social services and medical services/public health facilities, which serve everyone but may be of particular importance for individuals with disabilities and other functional needs. The availability of these services is a significant milestone in the recovery process.

**3. What features of Federal disaster recovery assistance are most important to you?**

- It is important to recognize that recovery considerations for individuals with disabilities and other functional needs cut across all sectors.
- The long term recovery process needs to move forward with an eye towards how each of these sectors will be re-established to meet the needs of everyone in the impacted community, including individuals with disabilities and other functional needs. Particular attention must be paid to compliance with the Americans with Disabilities Act, As Amended and other federal and state building code accessibility standards that apply for new construction.
- Attainment of pre-disaster supports and services for individuals with disabilities and other functional needs will require long term coordination across multiple governmental and nongovernmental service providers to assure that all sectors are capable of supporting the community in an inclusive manner.

- The range of functional needs that will exist in the community during recovery is very broad and there needs to be a realization of the different types of supports required to address these needs. For example, supports/services for the deaf, the hard of hearing, and the deaf-blind are distinct and different from one another.
- Community outreach must be strong and effective throughout the recovery process so that all members of a community receive information that will enable them to contribute their input to the process. An awareness of what populations comprise the community is needed to assure that outreach is successful.
- There needs to be a timely transition from the provision of accessible emergency housing to accessible permanent housing.
- Accessible transportation needs to be re-established concurrently with the re-establishment of community-wide transportation systems.

**4. How would you measure progress and what specific metrics should be considered for a successful disaster recovery?**

- Utilize demographic statistics (Census) to determine to what degree the community's population has returned to its pre-disaster state. Has the diversity of the community been impacted in any way, for example - are there fewer individuals with disabilities living in the post-disaster community?
- Utilize surveys and other resident assessments that will provide a picture of how inclusive the post-disaster community is. The perspective of residents is needed to determine how the community is being restored and what gaps remain to be addressed.
- Determine if public health and medical services (e.g. hospitals, nursing homes, and dialysis centers) have been fully restored and have the capacity to meet the demand.
- Utilize electronic and social media to gather input on the recovery process. An example of an on-line interactive recovery opportunity, Louisiana Speaks, can be found at: <http://www.lpb.org/programs/laspeaks//> . Such electronic and social media must comply with Section 508 of the Rehabilitation Act to ensure accessibility for individuals with disabilities.
- Examine statistics re: jobs, housing, and other economic indicators as these apply to individuals with disabilities and other functional needs, i.e. how many applications for accessible housing have been processed vs. how many remain; how many residents are receiving vocational supports vs. how many are still in need of these supports.
- Make sure to accurately assess needs as well as responses to these needs, for example, ask questions like, "Do you *have access* to temporary housing? Do you *have access* to transportation?"
- Where state and local governments use voluntary registries to strengthen their emergency management planning and response, consideration should be given the utilizing these registries in locating evacuees during the recovery process
- Consider using an enhanced Social Vulnerability Index that fully integrates the concerns of individuals with access and functional needs as a potential metric.

- Examine areas such as access to schools, changes in rate of homelessness, rate of emergency room use, non-emergency medical capacity, availability and accessibility of related medical services like hospice care, physical therapy, substance abuse rehabilitation and durable goods distribution. If possible, when examining post-event access, availability, capacity, or rate, quantitative data should be examined against pre-event levels or against a location with similar pre-event characteristics.

## 5. What are best practices in managing recovery from disasters?

- Recognize that best practices must not be confused with legal obligations to engage in recovery activities that are fully inclusive of individuals with disabilities and other functional needs. There are statutory obligations involved as follows:
  - Rehabilitation Act of 1973, as amended
  - Americans with Disabilities Act, as amended 2008
  - Fair Housing Act of 1968, as amended
  - Architectural Barriers Act of 1968
  - Communications Act of 1934, as amended
  - Individuals with Disabilities Act (IDEA) of 1975, as amended
- Liaison with large scale employers and providers of vocational support to address the recovery of the employment sector.
- From among available long term recovery models, some key concepts for consideration include the concept of “growing smarter” as long term recovery unfolds. Among the principles embodied to do so are the development of “mixed-use, walkable communities coordinated with transportation and infrastructure” and the protection of unique cultures by sustaining places and activities associated with these unique cultures.
- Convene case managers funded by Katrina Aid Today who worked with individuals with disabilities and other functional needs to glean their best recommendations. Develop guidelines and materials for training case managers for future disasters; these individuals can range from professional social workers to new hires without experience. Offer these materials to social work programs across the nation.
- Strengthen the relationship between the FEMA VAL, disability organizations, and disability case managers. ESF #6 should seek out and involve disability providers and key advocates.
- Develop training for the local partners that FEMA expects to fulfill obligations under the National Disaster Housing Strategy and Plan. These partners (including emergency managers, social workers, organizations, and agencies) may lack the familiarity that is presumed necessary for working with people with disabilities and other functional needs and the organizations that support these populations.
- Incorporate disability organizations into all recovery planning efforts and all recovery committee types. Integrate disability and functional needs considerations into housing, economic and workplace issues, health care, and infrastructure.

- Monitor websites and blogs after a disaster to identify emerging issues and topics of concern.
- Recognize that there will be individuals who have disabilities and functional needs as a result of the disaster. These individuals may need added assistance to familiarize themselves with processes to access services and supports so that they can be as independent as possible and able to participate in the recovery process.
- Develop contingency plans for long-term health care of all kinds, particularly for low-income individuals and those with chronic medical needs. Monitor the continuing impact of a hazard, such as lingering smoke or the long-term effects of debris, on those with existing and new disabilities.
- Conduct disaster recovery awareness training for those likely to be tapped in such a context, including disability navigators; faculty and staff associated with schools for the deaf, blind, and visually impaired; advocacy organizations; senior centers and aging agencies; rehabilitation offices; and other relevant organizations.
- Encourage emergency managers to develop recovery plans before an event and to address issues relevant to individuals with disabilities and other functional needs in advance.

**6. What are the appropriate state, local, and tribal, roles in leading disaster recovery efforts?**

- State, local, and tribal governments should each have the direct involvement of one or more subject matter experts in areas related to disability & access and functional needs.
- Given that many/most services and supports for individuals with disabilities and other functional needs are administered by state and local governments – even if using federal funds – it is most important that state/local/tribal government officials active in recovery efforts include representatives of these service and support organizations in recovery efforts.
- Disaster case management has a “tiered” approach, moving from federal management to state management as response activities transition into recovery.
- There must be awareness that there is a wide array of case management models and consideration should be given to the best fit of a given model to the populations it supports. Subject matter experts in this area should be involved when case management programs for individuals with disabilities and other functional needs are being developed/expanded.
- Local governments should leverage the support of organizations that remain intact after a disaster – some of these are federally assisted programs that could be of assistance.
- In order to assist with disaster case management, state, local, and tribal governments should take the lead on putting together a post-event environmental scan of the social and medical services available within their jurisdictions. This scan will help identify both gaps and remaining community resources. This information will help disaster case management more effectively meet community needs.

### *State level*

- Establish state task forces on disaster housing consistent with the National Disaster Housing Strategy.
- Train case managers to work with Katrina Aid Today materials and to develop disability and functional needs expertise. Monitor disability and functional needs cases to ensure a high rate of closure.
- Consider disability issues in preliminary damage assessments. Identify disability-related needs when making requests for presidential disaster declarations.
- Establish outreach programs for seniors and people with disabilities to support applications for Individual Assistance and case management.
- Integrate disability navigators into recovery planning and case management.
- Develop and support recovery task forces and case management processes that aim to conduct outreach and resolve disability-related issues.

### *Local level*

- Become familiar with the limitations of federal and state assistance programs for people with disabilities.
- Establish outreach strategies to encourage seniors and people with disabilities to apply for available aid packages.
- Support the development of a local long-term recovery committee that includes people with disabilities and other functional needs and disability organizations.
- Develop case management strategies that are sensitized to disability issues.
- Advocate with state and federal officials for the needs of people with disabilities.
- Work with local housing providers to ensure that both accessible and affordable temporary and permanent housing is available after a disaster.
- Manage debris to reduce public health hazards to the local population, especially those with health concerns that could be exacerbated through exposure.
- Include disability organizations in grant applications.
- Remember to involve workplaces that hire people with disabilities and include such businesses in efforts to provide post disaster job and job loss assistance.
- Require that recovery planning involve people with disabilities and disability organizations.
- Build recovery on environmentally sensitive standards that reduce future exposures to hazardous materials.

### **7. How can the nonprofit and private sectors be better integrated into recovery?**

- Community Engagement is a primary and necessary tool for the long term recovery process. Non-profit and private sector organizations that support individuals with disabilities and other functional needs must be part of this engagement.
- Non-profit and private sector organizations can be of assistance in outreach to a variety of populations. It is particularly important that individuals with disabilities

- and other functional needs and their support organizations are provided opportunities for (1) receiving recovery information, (2) becoming involved in the recovery process, and (3) accessing available funding to achieve recovery.
- Non-profit and private sector organizations should take steps to make themselves known to the emergency managers in their communities and build relationships to have an active voice in the recovery process.
  - Many federally funded organizations – one good example is the Protection and Advocacy Agency that exists in each state – provide a good deal of support to individuals with disabilities following a disaster. Local communities need to be aware of this and be more receptive to involving them in the recovery process.
  - Recovery information needs to be shared with non-profit and private sector organizations that support individuals with disabilities and other functional needs. The first step to be taken is getting information to community members regarding planning activities. To assure that recovery-related information is disseminated in a manner that will reach all members of the community, the following points should be considered:
    - Assess and utilize outreach capacities already in place. Locate organizations within the community that have pre-established methods in place to reach their stakeholders and use these organizations to share information about planning activities and meetings. Some organizations to be considered:
  - ○ Centers for Independent Living (CILs)
  - ○ Senior Centers and related programs, i.e. Meals on Wheels
  - ○ Protection and Advocacy Agencies (P&A)
  - ○ Developmental Disability organizations
  - ○ Child Care Councils
  - ○ Local Mental Health Centers
  - ○ Organizations supporting culturally diverse populations,
  - ○ Faith-based organizations
    - Assure the availability of translators, alternate language materials, and captioning; assure that translation of public messaging is available for those who have limited English proficiency (LEP) or who cannot speak English.
    - Enlist the assistance of volunteers who are trusted messengers within diverse cultures in the community. Trusted messengers will be able to directly convey recovery information at neighborhood gatherings or other group functions.
  - A key element of community engagement is the identification and mobilization of community assets. Therefore, the development and implementation of an inclusive information sharing strategy is an essential component in assuring that a wide and diverse array of assets, represented by the individuals who comprise the community, are brought to the long term recovery process.
  - Invite leadership and other representatives from organizations representing individuals with disabilities and other functional needs to be part of the local long term community recovery committees (LTRCs)

- Consider surveying/interviewing non-profit organizations serving impacted community members to obtain first hand information regarding unmet needs and suggestions for meeting these needs.
- Enlist non-profits in co-hosting stakeholder workshops in various locations throughout the impacted areas to receive first hand input regarding priority issues for recovery from the neighborhoods that make up the community.
- Be creative in eliciting support from non-profits that support individuals with disabilities via exploring how available sources of loans, grants, and other funding streams might be used to financially strengthen these organizations thereby strengthening the services they can provide.
- The Small Business Administration (SBA) serves as the federal government's primary source of money for the long-term rebuilding of disaster-damaged private property. Among those that can receive SBA assistance are non-profit organizations, many of whom support individuals with disabilities, the elderly, and other members of the community in need of support to maintain independence.
- Consider encouraging local long term recovery committees to submit applications to obtain grants from national faith based relief organizations.
- It is important to reach out to the network of non-profits and faith-based organizations which often have access to donated resources such as volunteers and supplies for rebuilding. Additionally, these same organizations may be able to provide other donated supports such as case management and human services that aid individuals with functional needs during community recovery.

**8. What are best practices for community recovery planning that incorporates public input?**

- Assess and utilize outreach capacities already in place. Locate organizations within the community that have pre-established methods in place to reach their stakeholders and use these organizations to share information about planning activities and meetings. Many non-governmental organizations (NGOs) and faith-based organizations (FBOs) within the community have robust communication networks that can be used to assure that information is widely distributed.
- Ensure the availability of translators, American Sign Language (ASL) interpreters, and accessible and alternate language materials. When making public announcement videos or live public announcements, ensure that captioning accompanies such video announcements and consider also using ASL interpreters for videos and live announcements. Ensure that translation of public messaging is available for those who have limited English proficiency (LEP) or who cannot speak or understand English. Have printed materials available in alternate languages to assure receipt of information by the LEP population.
- Enlist the assistance of volunteers who are trusted messengers within diverse cultures in the community. In culturally diverse neighborhoods, custom may dictate the means of information sharing to be used such as making announcements at religious gatherings or at neighborhood centers. The enlistment of trusted and respected volunteers from within these communities who can go

door to door or who can otherwise be present at neighborhood cultural gatherings to directly share recovery related information will strengthen a community's overall information sharing strategy. Additionally, in low income neighborhoods, the likelihood that residents will have access to a wide array of public information typically broadcast via television or radio may be reduced. Trusted messengers will be able to directly convey recovery information at neighborhood gatherings or other group functions.

- Consider utilizing web-based opportunities for public input, i.e. Louisiana Speaks project. (Web based resources must be compliant with Section 508 of the Rehabilitation Act to ensure accessibility for individuals with disabilities.)

**9. How can federal, state, and local disaster planning and recovery processes and programs be best coordinated?**

- Utilize entities and positions that are working to institutionalize disability concerns. For example, Executive Order 13347 (Individuals with Disabilities in Emergency Preparedness), issued on July 22, 2004, established the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (ICC). The ICC, comprised of over 25 federal partner agencies/departments, works to ensure that the needs of people with disabilities are addressed in emergency management activities. There is a need for heightened awareness of the subject matter expertise that the ICC has to offer to federal, state, local and tribal entities. Utilization of this expertise during the recovery process would result in the availability of enhanced technical assistance on matters related to individuals with disabilities and other functional needs.
- Establish a Recovery Coordination entity and a Disability Coordination entity in the state and local field office; the collaboration between these entities would strengthen coordination in addressing disability-related and function based needs.
- Consider the development of a data base of federal, state, local, tribal, and county resources (structural, financial, and organizational) that can be activated, called upon, or coordinated during the planning and recovery process.

**10. As disaster recovery is primarily a state and local leadership issue, what are best practices for the timing (including start and end) and form of federal assistance and coordination?**

- It is important to realize that FEMA is first to respond during a declared disaster, with both operational support and funding to address disaster-related losses. It is typically later, anywhere from 2-6 months, that a supplemental Congressional appropriation may be issued to provide additional recovery funds.
- It is necessary for the long term recovery process to examine the most heavily impacted areas and assure that within these areas, individuals with disabilities and other functional needs and organizations that provide services and supports to these populations are included when funding is being allocated.

## **11. What are the greatest capacity challenges that local and state governments face in disaster recovery and what are the best practices for increasing that capacity?**

The greatest capacity challenges faced by individuals with disabilities and other functional needs are in the following areas:

- Advocacy and Case Management
- Housing
- Financial Security/Employment
- Public Health and Medical Services
- Transportation
- Individual Supports
- Child and Family Supports
- Education
- Community Access

### ***Advocacy and Case Management***

#### **Challenges:**

- Many individuals impacted by disasters will have a need for case management services over the course of several months or even years in order to address their most basic needs and restore their ability to live independently. Case management services that are made available through disaster specific funding have often been time bound in duration and clients have reported that the transition to establish local and NGO based services is often not smooth.
- Given the finite capacity and scope of publicly funded advocacy services, some individuals may look to legal services contracted or donated by private sector attorneys in order to address their situation.

#### **Points for Consideration Related to Long Term Capacity**

- Localities will need access to a larger pool of licensed social workers and case managers to work with individuals to identify their most pressing needs and to assist them in developing a long-term plan for self-sufficiency. In addition to increased client needs, professional advocates and case managers in the region may also be victims of the disaster.
- NGO advocacy and case management services that rely to some extent on local government support are significantly impacted by decisions to divert available funding to meet infrastructure, housing, and economic priorities. This leaves the organizations to seek funding from affiliates outside of the region, creating a rippling impact on service availability to many others not directly affected by the disaster.

- Improvement is needed in how case management systems document and use aggregated client-based information. There is a need for more consistent use of terminology regarding specific needs and how they are interrelated.
- There is typically minimal involvement of advocacy organizations in local long term community recovery committees. Local advocacy organizations should seek to play an ongoing role in voicing the concerns of individuals with disabilities and other functional needs during the recovery process.

## *Housing*

### **Challenges**

- Following a significant disaster, a disproportionate number of residents characterized as elderly, large lower income families, and homeless individuals, many of whom have extensive mental health needs, remain in shelters for a longer period. As a consequence, the communities may have difficulty locating their residents to let them know when living conditions are restored to enable their return.
- Some individuals with disabilities or other functional needs within evacuation areas may choose not to leave their homes and may end up living in unhealthy, damaged dwellings.
- Certain culturally diverse populations may choose to stay in their homes and places of worship in lieu of evacuating. These populations may be committed to staying put within their own neighborhoods, living close to or within the damaged structures while struggling to make repairs with very little means.
- Individuals who are unemployed or elderly may lack resources to meet critical housing needs on their own following a disaster.
- Many displaced individuals with disabilities may no longer have accessible housing to which they can return. In addition, many individuals with disabilities may be displaced to non-accessible homes of family or friends or to other non-accessible temporary living situations.
- Elderly individuals and individuals with disabilities, who originally lived in community residences with supports, may be displaced into congregate living settings such as nursing homes.

### **Points for Consideration Related to Long Term Capacity**

- The U.S. Department of Housing and Urban Development's National Housing Locator System (NHLS) works with federal and private housing databases to provide displaced families with referrals to longer term housing. All landlords listing their vacant properties on the National Housing Locator must comply with the Fair Housing Act.
- The FEMA/ HUD Disaster Housing Assistance Program assists families and individuals displaced by disasters. HUD manages and FEMA funds the program. It uses public housing agencies' existing capabilities to work with landlords, process payments, provide case-management and offer referrals to social services

- to help individuals and families displaced by disasters rebuild their lives and achieve self-sufficiency.
- Impacted individuals who receive HUD Section 8 housing rental assistance prior to a disaster can use their voucher in their new location by contacting the nearest local PHA to where they are currently residing and requesting portability of their voucher. Individuals in need of an accessible unit, ramp, or simple modification can expand the Section 8 housing options available to them by exploring opportunities for barrier removal offered by local housing agencies.
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### ***Financial Security/Employment***

#### **Challenges**

- The financial stress of coping with the aftermath of a disaster, coupled with the presence of any concurrent negative economic trends, may create significant financial hardships for many impacted individuals with disabilities and other functional needs and their families.
- Individuals who need homes repaired for accessibility or newly modified for accessibility may face very daunting financial challenges.

#### **Points for Consideration Related to Long Term Capacity**

- Reinsurance is a huge driver of cost, and it costs more to insure a home after catastrophic loss. Avoiding catastrophic loss is key even beyond the post-disaster boost in insurance premiums. This speaks to the importance of relocating housing away from hazard prone areas to begin with and employing mitigation techniques during reconstruction.
- Communities that have successfully recovered from disasters incorporate long term economic development considerations into the more immediate recovery planning and activities. It is important to promote economic growth that benefits everyone, including individuals with disabilities and other functional needs.
- In considering populations with disabilities and other functional needs during economic recovery, it will be important to make plans and job openings accessible to individuals with physical, sensory, intellectual, and psychiatric disabilities as well as utilizing organizations that have great reach into these communities. State and local vocational rehabilitation agencies and community based organizations can serve as a resource in locating qualified candidates with disabilities, as these individuals seek to become enthusiastic partners in re-establishing business functions.

## *Public Health and Medical Services*

### **Challenges**

- Individuals with disabilities and other functional needs often have health related needs that must be addressed during the recovery process, particularly within the underserved communities. In addition, the increased stress related to coping with the disaster takes a toll on an individual's health, with or without previous medical needs.
- Hospitals, nursing homes, and other emergency medical service providers in areas impacted by a disaster will likely experience an upswing in patient services, including a greater number of individuals seeking care in area emergency rooms.
- Access to medical care is impacted by the increased unemployment and the loss of insurance benefits or insufficient resources to pay both the overwhelming disaster-related losses and medical costs. Often, patients from culturally diverse backgrounds are uninsured and underinsured.
- The need for mental health and substance abuse services following a major disaster is common and widely acknowledged. This includes increased need for treatment related to depression and Post-traumatic Stress Disorder, including in children.

### **Points for Consideration Related to Long Term Capacity**

- Communities need to develop and implement strategies to retain Healthcare Providers. Until a long-term solution to the lack of a safety net and financing shortage is implemented, it may be possible to foster sustainability of providers currently serving severely impacted areas by providing temporary funding and labor-cost adjustments to those who commit to continue caring for the burgeoning volume of patients that are unable to pay and lack alternative options. Likewise, it may be important to expand the supply and build the capacity of health care professionals. Strategies may include providing immediate recruitment and retention incentives that make it worthwhile for nurses and physicians to serve in the most affected areas, and creating new training opportunities to expand the home-grown supply of providers.
- In supporting access to health care for individuals with disabilities and other functional needs, the HHS and its state partners work with local health and human service agencies to reconnect people with benefits programs - Cash, social security, medical, Medicare, Medicaid, veteran's benefits, death benefits, prescription, crisis counseling, and child care assistance.
- Prior disaster recovery experience shows that specialty services in health care, particularly important for individuals with disabilities and other functional needs living in the community, take longer to re-establish. Thus it may be advisable to promote strategies for business continuity and business recovery support for the smaller local agencies that provide home based care services. Strategies may include linking these enterprises with the SBA statistics and programs to make sure there's priority given to supporting those small providers who will be critical

- in returning individuals with disabilities and other functional needs displaced by the disaster.
- Given the communication challenges facing many individuals with disabilities and other functional needs, specific messaging and delivery methods regarding health care restoration and public health issues will be important during recovery.

## ***Transportation***

### **Challenges**

- Many individuals with disabilities and other functional needs are more reliant on the infrastructure – housing and transportation - in order to live independently in the community. Yet they are often displaced to the outskirts of a town. They are more likely to be displaced far away from a transportation route, farther away from the city center. So attention to where housing is created, where people can live most independently post disaster, is particularly critical.
- Following a disaster, some individuals with disabilities and other functional needs may be displaced to areas away from their home community while at the same time they have exhausted their financial resources. Such a situation leaves them without the means to obtain transportation to return to their communities.
- Individuals who were living independently prior to a disaster and were displaced from their community must get support networks re-established in their new location, including registering for accessible transport.

### **Points for Consideration Related to Long Term Capacity**

- During recovery, the provision of transportation needs to be taken up in the context of the new geography. Following the disaster, do pre-disaster routes make sense? During recovery, there is an opportunity to rethink new transportation routes and mechanisms that get people from new or repaired housing to important community features such as hospitals, grocery stores, shopping malls, etc.
- Replacing accessible buses can be challenging during the recovery. The funding mechanisms accessed for replacing damaged or destroyed vehicles have not, in the past, enabled expeditious replacement of accessible buses or retrofitting of existing buses.
- Recovery planners should encourage collaboration among businesses, diverse community groups, and transportation providers to improve or identify new public transit services for the community. This coordination needs to extend to the development of community emergency evacuation plans. The result will be a quality community-wide transportation system that will also serve to improve future responses to emergencies affecting the community.

## ***Individual Supports***

### **Challenges**

- Long term recovery will involve re-establishing the array of public, private, and nonprofit providers who deliver the supports needed by individuals with disabilities and other functional needs to retain or regain independence in the community.
- Communities may experience significantly increased demand for home delivered meals to support the many low income elderly individuals who remained in or returned to their homes. With this surge in demand comes the increased need for coordinators to manage the service and volunteer drivers to deliver the meals.
- The recovery will be challenging in terms of attracting and retaining personal care attendants that provide critical assistance with activities of daily life to many individuals who are elderly or have disabilities and live in the community.
- Sign language interpreters for the deaf may be self-employed or part of small contract businesses that are themselves displaced during the disaster. Thus, locating and attracting back qualified sign language interpreters will be a critical part of enabling the deaf members of the community to succeed during the recovery.

### **Points for Consideration Related to Long Term Capacity**

- Human service programs and services that are restored will need to comply with the provisions of Title II of the Americans with Disabilities Act. In so doing, providers will ensure that their services are using effective forms of communication, are accessible (physically, electronically, etc.), and are able to make reasonable modifications to their policies and processes.
- During recovery, there will be a need for strategies to encourage the return of and start up of small businesses that are key human service supports (i.e. home health care, day and elder care, dialysis centers, personal assistance, sign language interpreters, etc.). Governmental grants and loans, nongovernmental organization donations, and business sector discounted loans should all be explored as mechanisms for starting and growing small businesses that provide vital human and public health services.

## ***Child and Family Supports***

### **Challenges**

- Many families within severely impacted communities may not only incur losses in the form of damaged homes, but also lost basic household goods. During the recovery, there will likely remain long term needs for household donations from private sector and faith based organizations.
- Many families may take into their homes elders or other family members with disabilities or other functional needs who were living independently in the

community prior to the disaster. The new needs for providing support to these displaced members will create long term stress on already strained family resources. In many cases, modifications to the home environment will also be needed to provide basic accessibility for the displaced family members.

### **Points for Consideration Related to Long Term Capacity**

- Child care is a critical service in any community. The timely repair and recovery of the child care infrastructure is critical to the economic recovery of a community from a major disaster event. Viewing child care as a critical service, flexible financing, public/private partnerships and data management will facilitate the restoration of child care after a disaster and speed the community's economic recovery.
- Most members of the community who are parents or guardians of children count upon the reinstatement of supports in order to return to their pre-disaster life routines. After school supports and services need to be restored as soon as possible. With regard to children who have disabilities and/or chronic medical needs, efforts must focus on assuring that providers of specialized care are available so that parents can return to work or otherwise devote their energies to recovery.
- Foster care and child protective services will play key roles throughout the recovery process to assure that the children in these systems continue to be adequately cared for, supported, and supervised.
- Other supports such as adult day treatment programs for those caring for elderly family members with dementia and/or Alzheimer's will also be crucial so that families can return to the routine of their lives and move towards full recovery.
- A community that protects and supports children and families in need can be achieved if all relevant providers and related funding agencies are meaningfully engaged throughout the long term recovery process. Consideration should be given to inviting local child care council representatives to become members of the long term community recovery committee. A pediatric medicine professional can provide the recovery committee advice on issues faced by children with special medical needs. Involvement can also be sought from cultural community leaders to determine the greatest need for families and children within their population.

### ***Education***

#### **Challenges**

- The physical damage to schools and the displacement of families can lead to loss of key records, including a child's individualized education program (IEP) documents associated with special education services. The IEP is developed through a school and family consultation process, contains carefully crafted learning objectives for an individual student, and can serve as authorization for

supportive services that are critical for the student over several years. For students in need of an IEP, it is vital that these plans be re-established as soon as possible and without a loss in services following a disaster. This also presents an opportunity to set new IEP goals that include strengthening the emergency preparedness plans of the special education student and their family for the future.

### **Points for Consideration Related to Long Term Capacity**

- After a disaster, there may be a number of families who will seek to return to their communities but will have significant concerns about the status of special education services in the restored schools. These families will be concerned that the special education services may lag behind the general educational programs in being restored to full capacity. They will also be concerned about the availability of local paraprofessionals needed to provide the in-class supports to many of the special education students.
- During the recovery, there will be a need to provide school-based mental health programs for those students who were particularly impacted by the disaster. Guidance and training for schools is now available through national education and mental health associations, building off of the lessons learned during Hurricanes Katrina and Rita.
- Communities that strive for a quality inclusive education system will be able to attract the best teachers to the classroom, providing an added benefit to the local economy. Student learning will be maximized, parents will have the opportunity to become an integral part of their children's school career, and community life will be enhanced by the network that results.

### ***Community Access***

#### **Challenges**

- Disasters have a profound and negative impact on the infrastructure of a community. All residents of an impacted area will be affected by this in terms of unusable roads, damaged facilities, and the potential lack of potable water, utilities, and other necessary resources. Such damage has a compounded effect on individuals with disabilities and other functional needs, whose independence, health, and civic participation is often very closely tied to the availability of a robust infrastructure.

### **Points for Consideration Related to Long Term Capacity**

- During the recovery, communities will seek to create infrastructure that supports recovery by restoring confidence, enhancing quality of life, and withstanding future disasters. Thus, during reconstruction, consideration should be given to co-locating governmental facilities and integrating schools and medical facilities into neighborhoods. Schools, clinics, and other community and social-services facilities should be built (or rebuilt) outside of high risk areas and integrated into

the fabric of the community, easily accessible to the populations they serve by foot or public transit. When possible, such facilities should cluster so as to share space and parking capacity and to provide off-hour community centers. While these characteristics enhance livability for everyone, it is important to note that many individuals with functional needs, including individuals who are elderly or who have disabilities, rely on these physical design features to be mobile and achieve independence in the community.

- Building on the previous two points, accessible structures should ideally be located so as to promote accessibility throughout the community. Thus, newly constructed accessible housing units, for example, should be located in close proximity to key governmental and community facilities and be tied into the community via accessible forms of transportation.
- Long term recovery provides an opportunity to foster universal design of the community. "Universal Design" is a broad, comprehensive "design-for-all" approach to the development of products, architecture, and environments around human diversity. Universal design is part of sustainable community living. Focusing reconstruction on the widest range of people, in the widest range of situations, universal design incorporates the best of living in buildings, neighborhoods, parks, and our own backyards. It also fosters greater community resiliency, as all members of the community are better prepared to contribute to the restoration of key community functions following a future disaster.

## **12. What are best practices for marshaling Federal assistance -- both financial and professional support - to support state and local efforts to recover from a disaster, and how can we work together to better leverage existing Federal grant dollars?**

Using the nine areas identified above, the Points for Consideration Related to Long Term Capacity summarize many best practices. Some additional ways in which the federal government lends itself to supporting state and local efforts in disaster recovery are:

- Working with grantees that support individuals with disabilities and other functional needs such as Centers for Independent Living (CILs), Developmental Disability Councils (DDCs) and Protection and Advocacy Agencies (P&As) to assure that they are connected with their state and local recovery processes and that their stakeholders are visible throughout the recovery process.
- Federal Faith Based offices should reach out to their stakeholders to assure that FBOs and CBOs active in disaster recovery at the local level are connected with state and local activities in a meaningful way and in a manner that supports individuals with disabilities and other functional needs.
- HHS can work with states to issue waivers and otherwise resolve complexities arising from Medicaid issues when impacted residents with disabilities or other functional needs end up crossing state lines.

**13. What unmet needs are common to most disasters that do not seem to be adequately addressed under the current systems and programs?**

- NGO advocacy and case management services that support individuals with disabilities and other functional needs that rely to some extent on local government support are significantly impacted by decisions to divert available funding to meet infrastructure, housing, and economic priorities. This leaves the organizations to seek funding from affiliates outside of the region, creating a rippling impact on service availability to many others not directly affected by the disaster.
- While the majority of the sheltered populations will be successfully placed in transitional housing, a disproportionate number of residents characterized as elderly, large lower income families, and homeless individuals, many of whom have extensive mental health needs, remain in shelters for a longer period.
- Individuals who need homes repaired for accessibility or newly modified for accessibility may face very daunting financial challenges.
- The need for mental health and substance abuse services following a major disaster is common and widely acknowledged. This includes increased need for treatment related to depression and Post-traumatic Stress Disorder, including in children. Research shows the need for mental health service increases approximately six months following catastrophic disasters. Thus it is likely that communities impacted by a disaster will see an ongoing and significant increase in the need for mental health services during recovery.
- Providers of both public and private means of accessible transportation need to replace or build upon existing resources, coordinate with one another to determine adequate response to existing community needs, and be directly involved in community planning processes.
- There will be elderly individuals who rely on home delivered meals or who need a regular visit from a personal assistant to help them do housekeeping or pick up medicine from the pharmacy. There will be children, adults, and elderly individuals who will need local DME vendors to sell key replacement parts for their wheel chairs. There will be deaf individuals who rely on a pool of locally based sign language interpreters for communicating at their job and during civic functions. There will be blind individuals who rely on providers of assistive technology to read the computer and the local newspaper. There will be individuals with intellectual disabilities who need a person to stop by their apartment once a week to assist them with developing a grocery list, paying bills, and balancing their checkbooks. And there will be individuals with psychiatric disabilities who rely on their local counseling group sessions to support their independence in the community.
- For students in need of an IEP, it is vital that these plans be re-established as soon as possible and without a loss in services following a disaster. This also presents an opportunity to set new IEP goals that include strengthening the emergency preparedness plans of the special education student and their family for the future.

**14. What are best practices for integrating economic and environmental sustainability into recovery?**

**15. What are best practices for integrating mitigation and resilience into recovery?**

- Just as a community impacted by a disaster has the opportunity to rebuild and recover in an environmentally friendly or “green” manner, the opportunity to rebuild in an accessible manner also exists. Long term recovery provides an opportunity to foster universal design of the community. “Universal Design” is a broad, comprehensive "design-for-all" approach to the development of products, architecture, and environments around human diversity. Universal design is part of sustainable community living. Focusing reconstruction on the widest range of people, in the widest range of situations, universal design incorporates the best of living in buildings, neighborhoods, parks, and our own backyards. It also fosters greater community resiliency, as all members of the community are better prepared to contribute to the restoration of key community functions following a future disaster.
- The mobilization and engagement of community stakeholders needs to occur in a manner that fosters empowerment. This mobilization must therefore be inclusive of and accessible to all who have a stake in the community’s recovery. It is imperative that individuals with disabilities and other functional needs and organizations supporting these populations are among the stakeholders engaged in this process. It must be kept in mind that community self-determination is the responsibility and right of all living within a given community. Diversity must be respected and cultural awareness taken into account as outreach occurs to engage a population in rebuilding its community. It is particularly important that individuals with disabilities and other functional needs and their support organizations are provided opportunities for (1) receiving recovery information, (2) becoming involved in the recovery process, and (3) accessing available funding to achieve recovery.

**16. What else would you like us to know?**

The following recommendations focus on recovery-related areas that need strengthening in order to adequately address the needs of individuals with disabilities and other functional needs. In some instances, statutory/regulatory changes are needed to increase flexibility of funding and to incorporate broader recovery considerations to meet the needs of these populations.

1. It is vital that a mechanism be established to strengthen advocacy organizations that support individuals with disabilities and other functional needs so that they can experience a “surge” in their capacity to support these populations during recovery. NGO advocacy and case management services that rely to some extent on local government support are significantly impacted by decisions to divert available funding to meet infrastructure, housing, and economic priorities. This

- leaves the organizations to seek funding from affiliates outside of the region, creating a rippling impact on service availability to many others not directly affected by the disaster. An examination of how to obtain increased funding for these organizations is needed.
2. There must be a “decoupling” of overall FEMA reimbursement funds from funds needed to achieve accessibility. For example, if a porch with a ramp has been destroyed, the cost of replacing the porch should be separate from that of building the ramp – porch replacement would come out of FEMA reimbursement funds but the cost of ramp replacement should not be counted against the total cap of FEMA reimbursement funds for that particular household; another funding mechanism needs to be identified for such situations. On a related note, the Individual Assistance program needs to specify that assistive devices and durable medical equipment can be included as qualified items. Specific examples of items that qualify should be included.
  3. The establishment of a Recovery Coordination entity that works closely with a Disability Coordination entity would strengthen the connection between the recovery process and disability expertise. Additionally, it would bring continuity to the process as the transition from response to recovery takes place. Whatever person or team serves in these roles must have both authority and subject matter expertise to provide guidance and technical assistance throughout the recovery process.
  4. Consideration should be given to the development of an “access and functional needs training program” which can be used to train teams of recovery professionals who would be available for deployment to provide subject matter expertise to the recovery process. These teams should be closely linked to both the Recovery and Disability Coordination entities.
  5. When rebuilding, reconstruction of governmental facilities and places of public accommodation must comply with the accessibility design standards of the Americans with Disabilities Act. In addition, to ensure early design concepts are compliant, there will be a long term need for making available to communities architectural accessibility expertise to work with local contractors.
  6. All federal agencies should adopt a uniform standard for measuring progress during recovery, particularly regarding data on population displacement & return.
  7. The National Voluntary Organizations Active in Disaster (NVOADs) would be strengthened by including organizations that support individuals with disabilities among their ranks. This can be accomplished by conducting education and training for their national and state members and encouraging disability organizations to become NVOAD members. A subcommittee within NVOAD could be formed to provide expertise re: access and functional needs.
  8. Encourage further development of the HUD National Locator System for accessible rental units. Encourage the expediting of new vouchers in disaster areas for people with disabilities. A mechanism should be developed to pre-identify the location of accessible temporary and permanent housing stock to support recovery from any future disaster.
  9. Utilize entities and positions that are working to institutionalize disability concerns. For example, Executive Order 13347 (Individuals with Disabilities in

Emergency Preparedness), issued on July 22, 2004, established the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities (ICC). The ICC, comprised of over 25 federal partner agencies/departments, works to ensure that the needs of people with disabilities are addressed in emergency management activities. There is a need for heightened awareness of the subject matter expertise that the ICC has to offer to federal, state, local and tribal entities. Utilization of this expertise during the recovery process would result in the availability of enhanced technical assistance on matters related to individuals with disabilities and other functional needs.

10. Lower income families and individuals with functional needs and their families, many of whom lack insurance and live in unaffordable or substandard housing before a disaster, struggle to find a clear path to reestablishing home ownership during the recovery. Thus it is very possible for these individuals and families to remain in temporary housing for an extended period. Strategies are needed to make forms of short term assistance count as equity toward more permanent housing and financial security. FEMA funding should be allowed for use towards obtaining personally owned permanent housing.
11. SAFETEA-LU is the large surface transportation authorization legislation that authorizes U.S. surface transportation programs and funding. Only the Federal Highway Administration and Federal Aviation Administration have discretionary emergency relief funding, and at least for highways, those funds are only to be used for replacement in-kind, not betterments. As a general rule, most of the transportation funding has to be programmed and prioritized in accordance with the existing requirements of federal law. It should be noted, however, that the New Freedom Program (Section 5317) of the law, combined with the resources available under Sections 5310 and 5311, can be of increasing assistance to funding transportation provided to individuals with disabilities and other functional needs by rural and nongovernmental providers. The law does require, as part of funding, coordination among existing human service transportation providers in the community, which will be of particular importance in meeting transportation needs during long term recovery.
12. Rehabilitation agencies and other human service providers should be encouraged to identify strategies whereby the services can support disaster related needs while meeting the programmatic requirements that apply regardless of a disaster. For example, vocational rehabilitation services are tightly tied to obtaining employment. However, following a disaster there may be a more immediate need to first establish the individual's ability to live independently prior to seeking employment.