Access and Functional Needs Support Plan

Support Annex

State of Ohio Emergency Operations Plan

Ohio Emergency Management Agency
2855 West Dublin Granville Road
Columbus, Ohio 43235

Mission:
To coordinate activities to mitigate, prepare for, respond to, and recover from disasters.

Vision:
A safer future through effective partnerships committed to saving lives and reducing the impact of disasters.

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Agency Responsibilities

Coordinating Agency

Ohio Department of Job and Family Services (ODJFS)

Supporting Agencies

All state emergency operations center (EOC) partners and stakeholder agencies

Purpose, Scope, Situation Overview, and Assumptions

Purpose

A. The state of Ohio employs the federal government's Functional Needs Framework as an organizational model for addressing needs of people with disabilities, and other access / functional needs (AFN) during disasters.

B. Functional needs support services (FNSS) are services that are provided to enable individuals with access and functional needs to maintain their independence during emergency evacuation and sheltering operations, including:

    1. Reasonable modification to policies, practices, and procedures;
    2. Durable medical equipment (DME);
    3. Consumable medical supplies (CMS);
    4. Personal assistance services (PAS);
    5. Other goods and services as needed.

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

D. The Functional Needs Framework is intended to address accommodation needs of people who identify themselves as having access / functional needs and/or disabilities, and the larger portion of people who do not identify themselves as such, but may need an accommodation related to communication, physical access, and programmatic access to be able to effectively participate in emergency, evacuation, and/or shelter operations.

E. Incidents can instantly create many more persons with new disabilities and/or access / functional needs. Additionally, an incident may exacerbate a person's limitations due to separation from caregivers, aides, personal assistants, the loss of a controlled and accessible home environment, loss of mobility equipment, or due to disruptions or stress that may be brought on by an incident. Some persons may experience transfer trauma and significant confusion that may affect their ability to function independently in emergency, sheltering, and/or evacuation operations.

Scope

A. The functional needs framework can be effectively applied to the needs of a broad set of populations, persons with functional limitations, chronic or ongoing medical and/or supervision needs that will continue in an emergency, and persons who may not identify themselves as having a disability or other access / functional need.

B. Persons requiring FNSS may have physical, sensory, mental health, cognitive, and/or intellectual disabilities affecting their ability to function independently without assistance.

Situation Overview

A. Existing emergency operations plans generally assume that everyone in the population will be able to successfully and effectively participate in sheltering, evacuation, and other emergency response operations; but experience has shown that many people may have one-or-more functional needs that must be addressed before they are able to participate.
B. Existing disaster preparedness and emergency response systems are typically designed for persons who are capable of walking, running, driving, seeing, hearing, and quickly responding to directions to evacuate or be rescued from a dangerous situation.
C. Emergency management operational response systems that are oriented to serving non-disabled populations or individuals without access and functional needs may need to be adjusted and/or augmented to meet the needs of people with disabilities or other access / functional needs as required by code or statute.
D. Emergency medical services and social service delivery personnel may not be able to adequately address complex functional independence, physical, communication, supervision, sheltering, and transportation needs or issues for a variety of reasons including, but not limited to, a lack of awareness of available services for the access and functional needs population, and/or a lack of knowledge regarding the values and goals of independent living, self-determination, civil and human rights protections, or cultural and communication differences.
E. During an emergency, some persons with cognitive, behavioral, or mental illness may be able to function well, while others may require a more protected and supervised setting.
F. Persons with disabilities and/or other AFN considerations may be living either in home settings ("in the community") or institutional settings.

Assumptions

A. All jurisdictions, Emergency Support Functions (ESFs), support agencies, and key stakeholders have plans to address the needs of individuals with disabilities and/or other access / functional needs within their scope of responsibility.
B. It is possible that up to 70% of an impacted population may have one-or-more existing or newly acquired (from the incident) functional needs that may make them less able to effectively communicate, or fully participate in emergency response, sheltering, and evacuation operations.
C. Access to medications, caregivers, support networks, assistive technologies / devices, and/or durable medical equipment will be limited.
D. Responders understand that individuals with two or more access / functional needs challenges may be more common than not during a response

Planning and Response Principles

Whole Community Integration

Emergency assistance activities require addressing the needs of individuals with disabilities and other access / functional needs. To effectively address these needs, all ESF coordinating and support agencies and partners must build and maintain relationships with a wide array of stakeholder groups. ESF

agencies and partners need to conduct outreach to appropriate state-level organizations that can carry information and concerns to/from their stakeholder groups. Examples of this include, but are not limited to: working with the state's ethnic and minority advisory groups, commissions, and councils; participating in state level disability advisory groups; engaging with housing and homelessness stakeholders; working with Ohio voluntary organizations active in disaster (VOAD) partners, faith-based / community organizations, and other non-governmental organizations (NGOs); and other partners that can represent traditionally marginalized and underrepresented groups of Ohio residents.

Local-level Government

A. ESF #6 will support local government initiatives, as appropriate, through the normal mission request process, by providing technical guidance, and making connections with appropriate partner organizations for technical and/or material support.

State-level Government

A. ESF state-level support agencies' expertise and capabilities are applicable to the functional needs of the 'Access and Functional Needs communities' they represent.

Federal-level Government

A. Necessary coordination with relevant federal-level entities will occur through the state-level partners. This will include coordination with FEMA Region 5 and their mass care coordinator, disability integration specialist, and other relevant stakeholders. Support agencies will coordinate with their federal counterparts as required and in accordance with their various statutory / regulatory requirements.

Non-Governmental Organizations and Private Entities

A. The provision of MC/EA activities relies heavily on our NGO partners. NGO partners include a wide and diverse array of organizations including, but not limited to: congressionally chartered organizations, faith-based/community-organizations (FBCOs), ethnic and minority aligned organizations, various voluntary organizations active in disaster / community organizations active in disaster (VOADs / COADs), private sector, not-for-profit organizations, charitable organizations, human and animal service organizations, and disability / AFN organizations.

Core Capabilities

This plan directly supports a variety of core capabilities, as identified in the National Preparedness Goal. Core capabilities highlighted in gray are directly applicable to the focused efforts of this plan.

Core Capabilities	Prevention	Protection	Mitigation	Response	Recovery
	Planning				
	Public Information and Warning				
	Operational Coordination				
	Intelligence and Information Sharing		Community Resilience	Infrastructure Systems	
	Interdiction and Disruption		Long Term Vulnerability Reduction	Critical Transportation	Economic Recovery
	Screening, Search, and Detection		Risk and Disaster Resilience Assessment	Environmental Response/ Health and Safety	Health and Social Services
	Forensics and Attribution	Access Control and Identity Verification	Threats and Hazards Identification	Fatality Management Services	Housing
		Cybersecurity		Fire Management and Suppression	Natural and Cultural Resources
		Physical Protective Measures		Logistics and Supply Chain Management	
		Risk Management for Protection Programs and Activities		Mass Care Services	
		Supply Chain Integrity and Security		Mass Search and Rescue Operations	
				On-Scene Security, Protection, and Law Enforcement	
				Operational Communications	
				Public Health, Healthcare, and Emergency Medical Services	
				Situational Assessment	

Community Lifelines

The Access and Functional Needs Support Plan contributes to the stabilization of the Food, Hydration, Shelter lifeline to the community.

Concept of Operations

The Functional Needs Framework

Before, during, and after an incident, some individuals with disabilities and/or other access / functional needs may be assisted to maintain their health, safety and independence utilizing the "C-MIST" (Communication, Maintaining Health, Independence, Safety Support Services, and Self Determination and Transportation) framework to identify their needs.

Physical and programmatic access, auxiliary aids and services, integration, and effective communication are often enough to enable individuals to maintain their health, safety, and independence in an emergency or disaster situation.

Individuals may have additional requirements in one-or-more of the following functional areas:

A. Communication Needs
    1. This category includes people who have limited or no ability to speak, see, hear, or understand. During an emergency, people with communication needs may not be able to hear announcements, see signs, understand messages, or verbalize their concerns.
    2. Individuals in this category may require auxiliary aids and services or language access services to initiate effective communication and to receive and respond to information utilizing methods they can understand and use.
    3. Individuals in this category may not be able to communicate their needs or ask for information, hear verbal announcements or alerts, see directional signs, communicate their circumstances to emergency responders, or understand how to get assistance due to hearing, vision, speech, cognitive, behavioral or mental health or intellectual disabilities, and/or limited English proficiency.
    4. Ethnic media outlets should be used to ensure that information is communicated in alternate formats (ex.: foreign languages, American Sign Language, providing information in multiple mediums or multi-lingual formats).
    5. Communication messages and materials should be developmentally appropriate so as to effectively communicate the availability of emergency services.

B. Maintaining Health

1. People in this group may require assistance in managing activities of daily living such as eating, dressing, grooming, transferring, and attending to personal needs.
2. It includes managing chronic, terminal, or contagious health conditions such as ongoing treatment and administration of medications, IV therapy, catheters, tube feeding, dialysis, oxygen, and operating life-sustaining equipment.
3. During an emergency, people may be separated from family, friends, and/or caregivers.
4. Early identification of these needs and intervention can avoid deterioration of health, and potentially even death.
5. While most individuals with disabilities and/or other access / functional needs may not have acute medical needs requiring the support of trained medical professionals, many will require some form of assistance to maintain health and minimize preventable medical conditions.
6. Access to equipment, medication, service animals, supplies, bathroom facilities, nutrition, hydration, adequate rest, and personal assistance can make a difference for persons in this category in maintaining their health and in preventing the development of conditions that may require additional medical care.
7. For individuals with medical needs in mass care shelters, medical assistance should be requested by the general population shelter management manager.
    a. Local volunteer organizations such as the Medical Reserve Corps may be able to assist with medical staffing at shelters.
    b. In many instances, this medical assistance may be provided in a general population shelter.
8. Individuals with serious health conditions requiring community support that would normally require home health services or medical monitoring may need to receive inpatient care from an appropriate medical facility in consultation with a medical care provider.
9. Individuals, including those who are generally self-sufficient and those who have adequate support from personal assistants, family, or friends, may need assistance with managing unstable, terminal, and other conditions that require observation and ongoing treatment; managing intravenous therapy, tube feeding, and vital signs; receiving dialysis, oxygen, and suction administration; managing wounds; and operating power dependent equipment to sustain life.
    a. These individuals may require the support of trained medical professionals.
    b. Individuals whose conditions have increased in severity such that would normally require hospitalization or medical monitoring would need to receive inpatient care in a healthcare facility.

C. Independence

1. This category includes persons who are able to function independently if they have their assistive devices and/or equipment.
    a. Assistive items can include mobility aids (wheelchairs, walkers, canes, crutches), communication aids, medical equipment (catheters, oxygen, syringes, medications), and service animals.

2. Individuals may become separated from their assistive equipment and/or animals in an emergency.
    a. Typically, those at risk whose needs are recognized and managed early are able to maintain their independence and manage in mass sheltering environments.
    b. Effectively meeting independence needs can prevent secondary complications.
3. Providing physical/architectural, programmatic, or communications access may allow individuals to maintain independence in an environment outside their home.
4. For individuals requiring assistance to maintain independence in their daily activities, assistance may be unavailable during an emergency or a disaster.
    a. Such assistance may include durable medical equipment or other assistive devices, service animals, transfer equipment and/or personal assistance service providers or caregivers.
5. Shelters and other emergency services facilities need to be accessible.
    a. Services that might be provided at these facilities could include accessible entrances, toilets, sleeping, privacy areas, and eating facilities.
    b. Supplying necessary support may assist survivors in maintaining or quickly restoring their pre-incident level of independence.
6. Providing personal care assistance services to support people in maintaining their independence and in completing daily living activities.

D. Services and Support
1. Persons with supervision needs may include those who have mental health conditions (dementia, Alzheimer, Schizophrenia, depression, or severe mental illness), addiction problems, brain injuries, or those who may become anxious due to transfer trauma.
2. Individuals who need assistance should not be separated from their sources of support.
3. Before, during, and after an emergency, individuals who lose the support of personal assistant services, family, friends, or service animals may find it difficult to cope in a new environment, or they may have challenges accessing programs and services.
4. If separated from their caregivers, young children may be unable to identify themselves. When in danger, they may lack the cognitive ability to assess the situation and react appropriately.
5. All adults, except those individuals for whom a court has determined guardianship or custody, have the right to self-determine the amount, kind, and duration of assistance they require.
    a. This includes individuals with disabilities who cannot be required to accept an accommodation, aid, service, or benefit if the individual chooses not to accept them.

E. Transportation
1. Effective emergency response requires mobility, and persons in this category includes people who are unable to drive because of disability, age, temporary injury, poverty, addiction, legal restriction, or have no access to a vehicle.
2. Wheelchair accessible transportation may be necessary.
3. Individuals who cannot transport themselves, who do not have a vehicle, and those who may need assistance in evacuating when roads are blocked, when public transportation

is not operating, or those who are not familiar with mass transit options may require transportation assistance during evacuation operations.

4. Equal access to transportation assistance needs must be available to those who rely heavily on public transit.
5. This could include, but not be limited to, individuals with socio-economic challenges.
6. Transportation support can include accessible vehicles (lift-equipped vehicles suitable for transporting individuals who use oxygen) and information in alternate formats and other languages about how and where to access mass transportation during evacuation operations.

Assignments of Responsibility

Ohio Department of Job and Family Services (Coordinating Agency)

A. Provide overall coordination for emergency assistance activities including for individuals with disabilities and other access and functional needs.
B. Coordinate state-level response efforts among partners responsible for serving AFN communities.

All State EOC Partner and Stakeholder Agencies (Support Agencies)

A. Promote and sustain independence and self-determination during incidents.
B. Maintain and uphold human and civil rights policies and procedures, laws, and regulations.
C. Provide assistance to local service providers in the interpretation of federal guidance for meeting federal regulations that impact access and functional needs.
D. Provide access to resources to support people's independence and AFNs.
E. Ensure that programs and services are accessible, accommodate, and are inclusive of people with AFNs.
F. Document, disseminate, promote, and support the use of proven materials, methods, and best practices.
G. Monitor incident activity and other response and recovery operations.
H. Assess all communications, public information, forms, and questions that identify, triage, and track needs for their applicability and efficacy in addressing the access or functional needs of their target population so that functional independence can be maintained in short-term and long-term emergency service provision.
I. Assist in the training of partner agencies and personnel to effectively address and respond to AFN populations.
J. Assist as needed with alerting and notifying, in an accessible manner, the whole community, including those with access and functional needs of their need to respond to emergencies, including evacuation and sheltering.
K. Recognize jurisdictional disparities and provide resources and subject matter expertise / technical assistance to overcome inequities of marginalized groups.

Plan Development and Maintenance

This plan will be reviewed subsequent to incident or exercise use, at the request of coordinating or support agencies, but no less often than every four years. Such requests are to be directed to the

planner as assigned by the Ohio EMA. Reviews will be conducted by partner representatives with reference to after action reports, exercise data, federal doctrine, and other appropriate laws or regulations. Revisions will be sent through the chain of command for approval and documented in the record of changes table located within this plan. The Ohio EMA planning supervisor and Ohio EMA EOC manager are authorized to approve and notify partners of changes.

Record of Changes				
#	**Date**	**Section**	**Author**	**Description**
001	2022 – 2024	all	Christen Swayer-Cunningham	Reformat and revision of all plan elements of the Ohio EOP