Integrating Access and Functional Needs into Emergency Management

Montana G197

Version 1 | August 2025 | Student Manual

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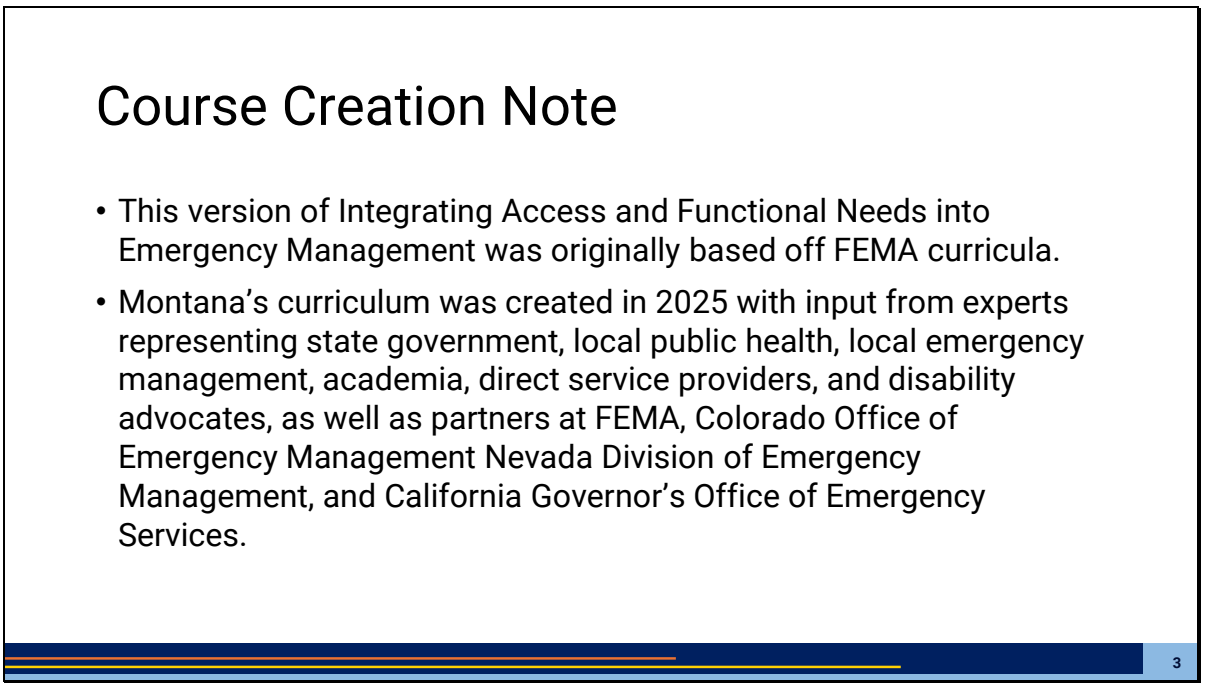
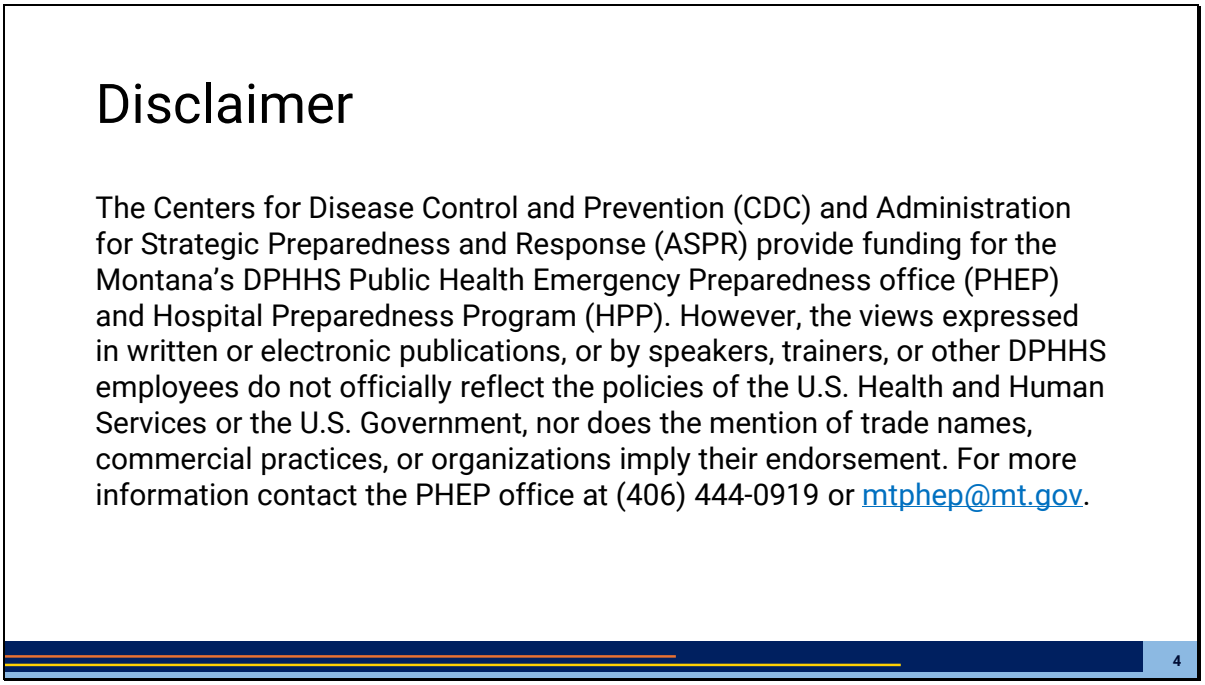


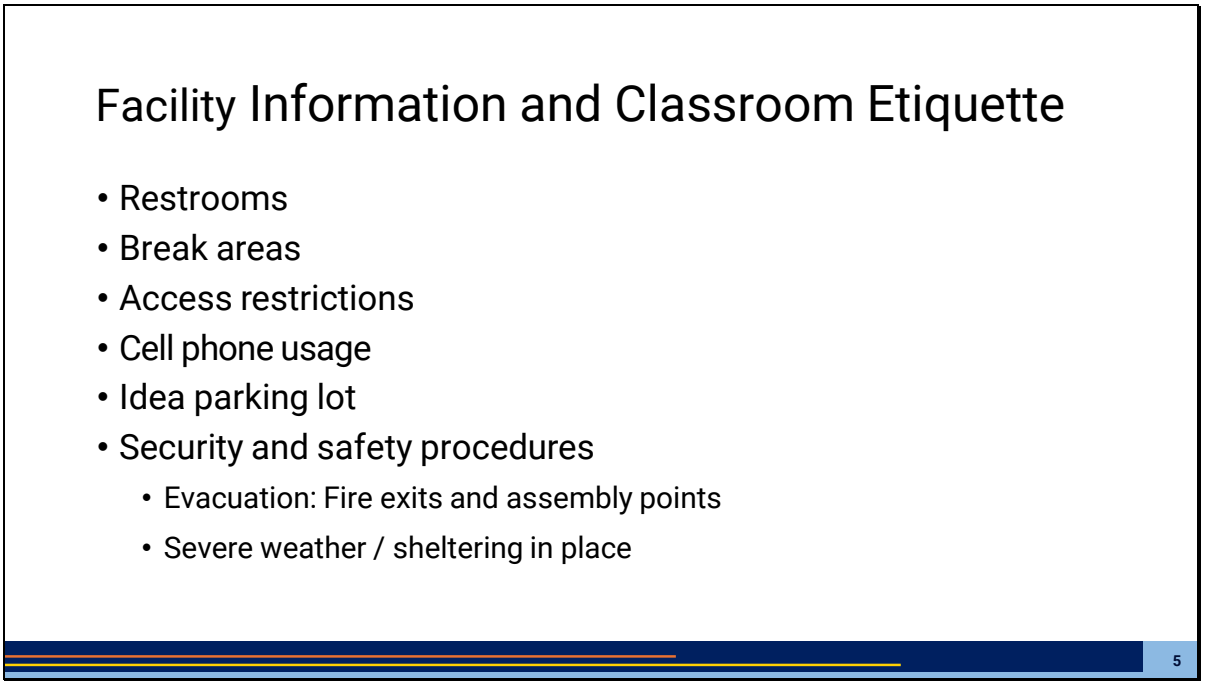
COURSE CREATION NOTE

- This version of Integrating Access and Functional Needs into Emergency Management was originally based off FEMA curricula.
- Montana's curriculum was created in 2025 with input from subject matter experts representing state government, local public health, local emergency management, academia, direct service providers, and disability advocates, as well as partners at FEMA, Colorado Office of Emergency Management Nevada Division of Emergency Management, and California Governor's Office of Emergency Services.



PHEP DISCLAIMER

The Centers for Disease Control and Prevention (CDC) and Administration for Strategic Preparedness and Response (ASPR) provide funding for the Montana's DPHHS Public Health Emergency Preparedness office (PHEP) and Hospital Preparedness Program (HPP). However, the views expressed in written or electronic publications, or by speakers, trainers, or other DPHHS employees do not officially reflect the policies of the U.S. Health and Human Services or the U.S. Government, nor does the mention of trade names, commercial practices, or organizations imply their endorsement. You may obtain information on the cost of printed publications by contacting the PHEP office at (406) 444-0919 or mtphep@mt.gov.



FACILITY INFORMATION AND CLASSROOM ETIQUETTE

- Restrooms
- Break areas
- Access restrictions
- Cell phone usage
- Idea parking lot
- Security and safety procedures
    - Evacuation: Fire exits and assembly points
    - Severe weather / sheltering in place

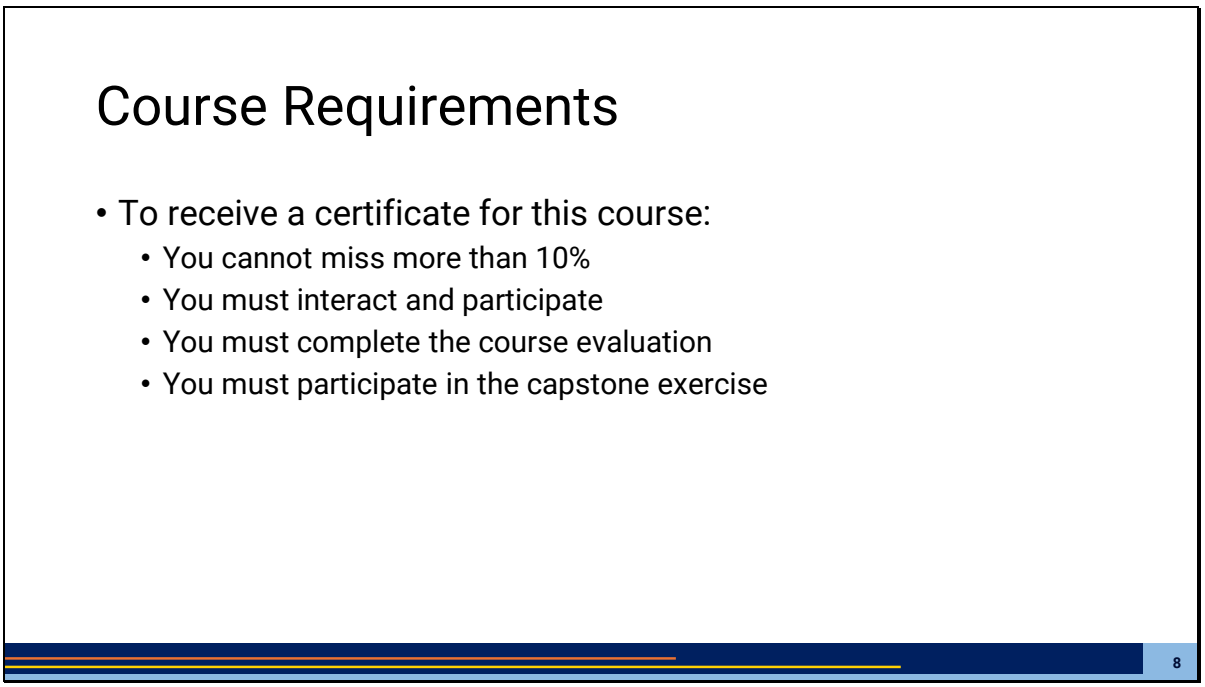
Schedule may vary slightly with breaks inserted throughout the day.

Day 1:

8:30am – 9:30am	Welcome
9:30am – 10:30am	Unit 1: Introduction and Legal Overview
10:45am – 12:15pm	Unit 2: Planning
12:15pm – 1:15pm	Lunch
1:15pm – 3:45pm	Unit 3: Communications
3:45pm – 4:00pm	Wrap Up

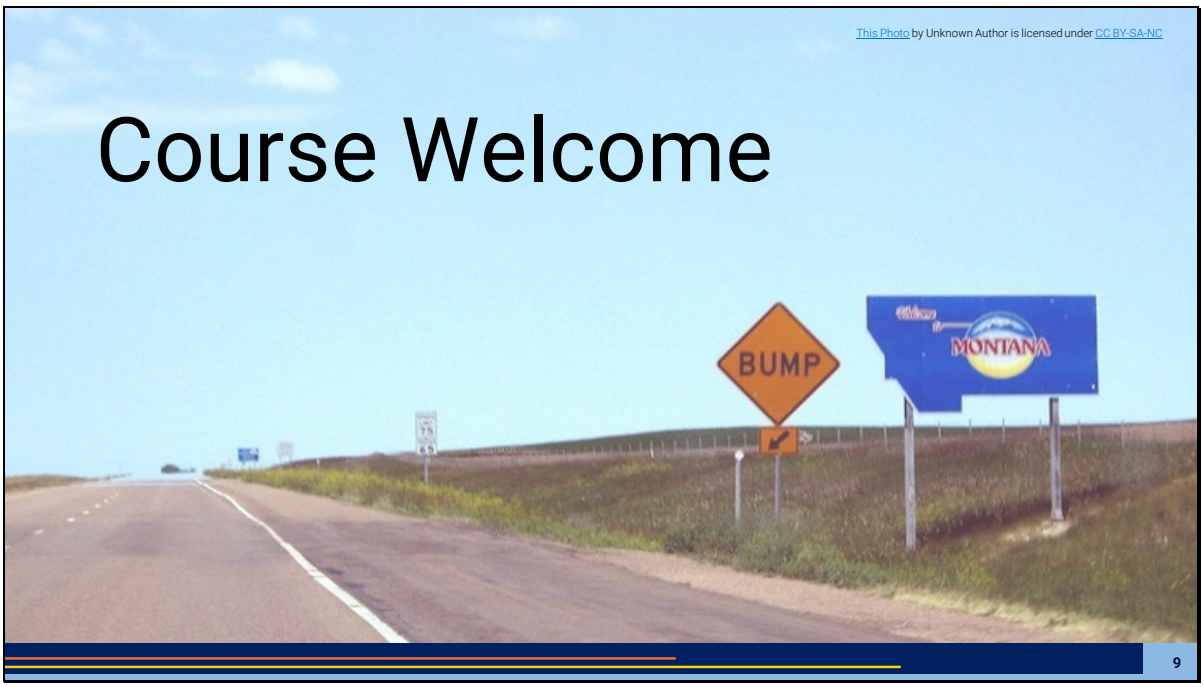
Day 2:

8:30am – 9:30am	Unit 4: Transportation and Evacuation
9:45am – 12:00pm	Unit 5: Sheltering
12:10pm – 1:00pm	Lunch
1:00pm – 1:45pm	Unit 6: Recovery
2:00pm– 3:30pm	Unit 7: Training, Exercises, and Preparedness
3:34pm – 4:00pm	Wrap Up



COURSE REQUIREMENTS

To receive a certificate for this course:
- Students cannot miss more than 10%
- Students must interact and participate
- Student must complete the course evaluation
- Students must complete the capstone exercise in Unit 7



COURSE WELCOME

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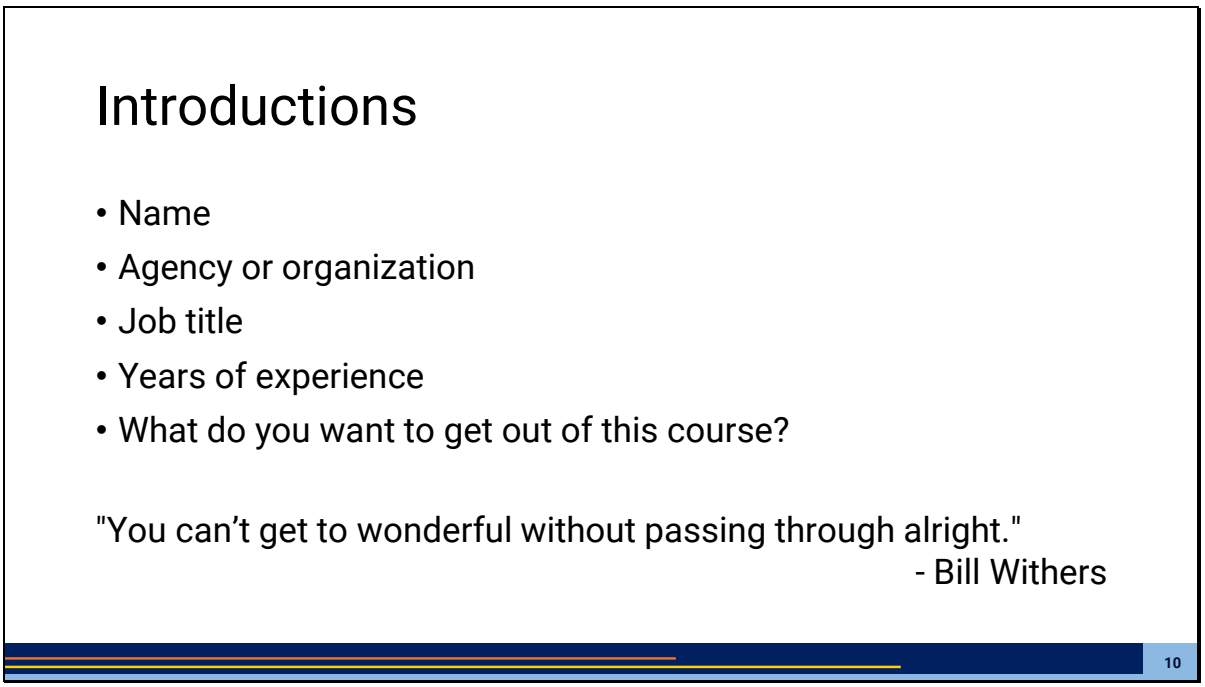
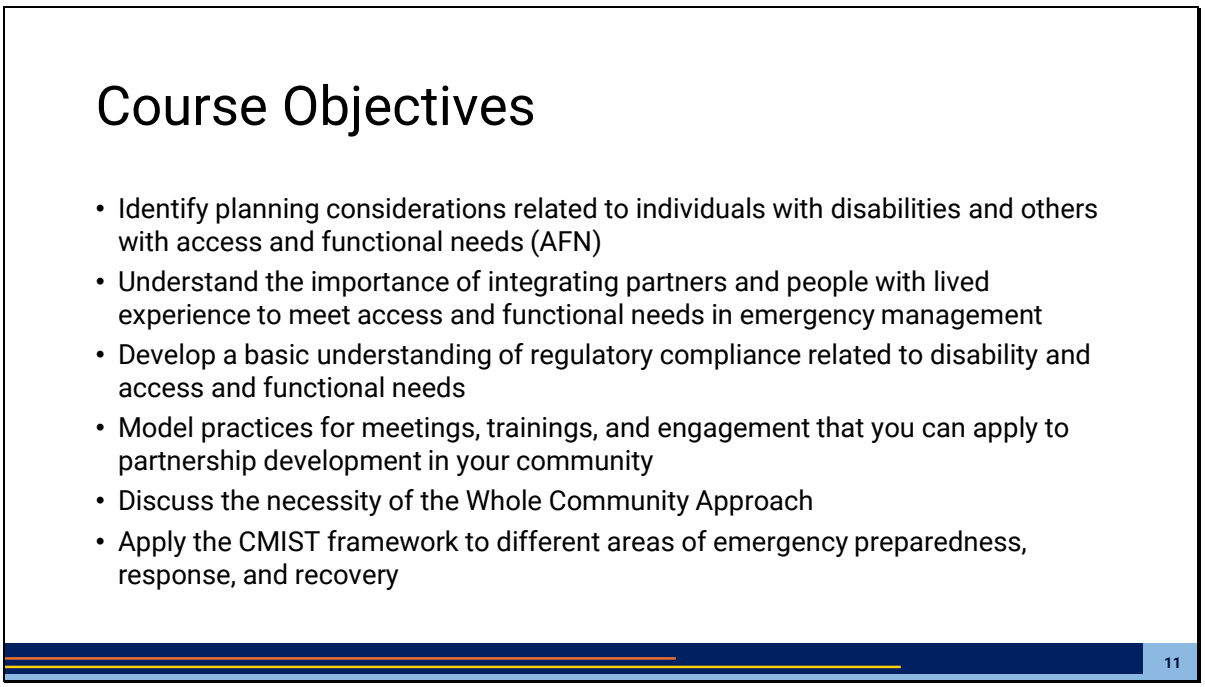


INTRODUCTIONS

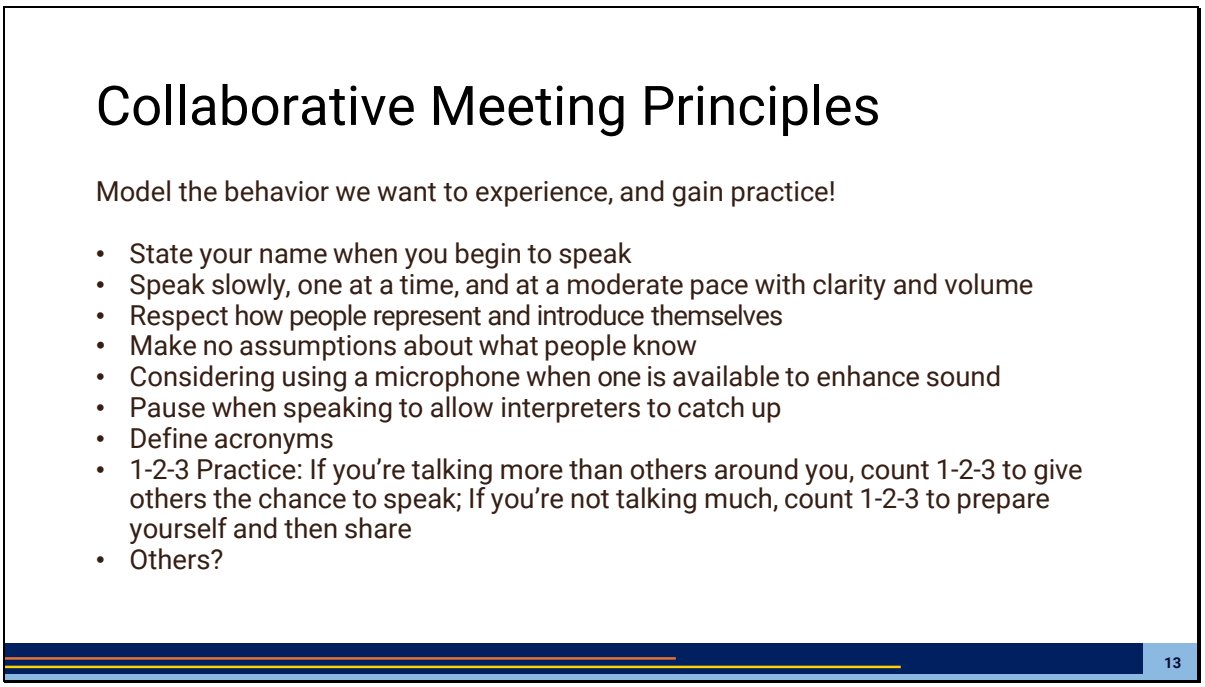
Participants should introduce themselves:
- Name
- Agenda / organization
- Years of experience
- Goals for the course



COURSE OBJECTIVES

This course will give emergency mangers and planners the tools to integrate people with disabilities and others with access and functional needs into emergency planning, response, and recovery. Specific course objectives are:

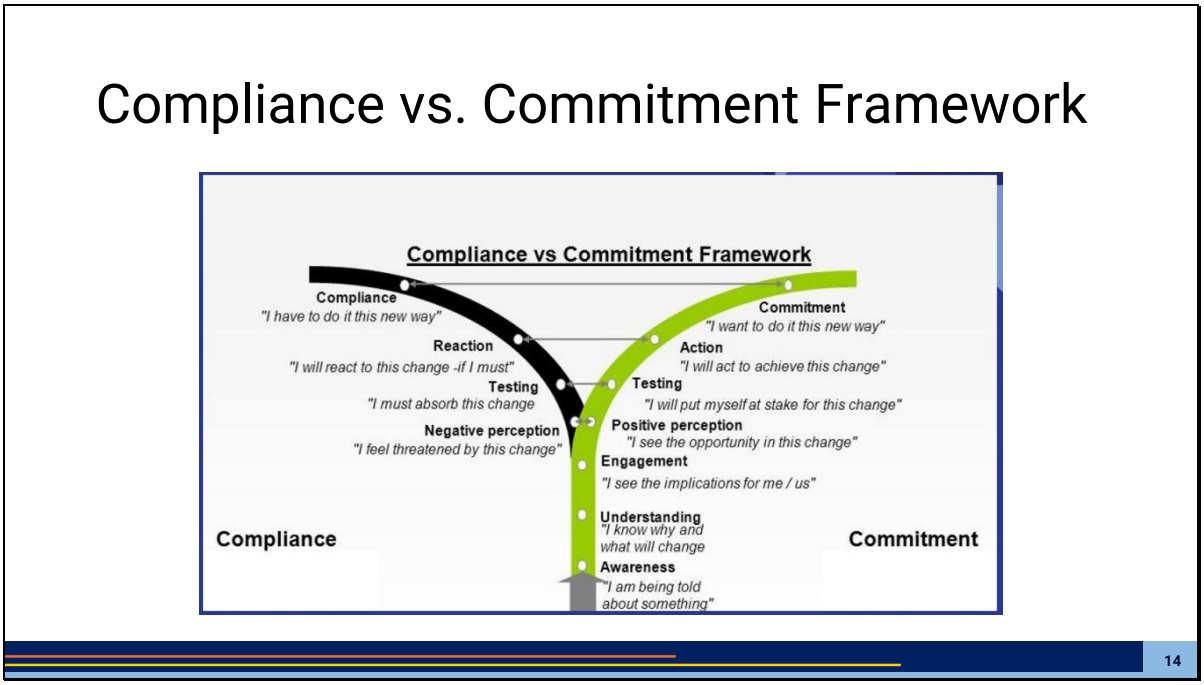
- Discuss planning considerations related to individuals with disabilities and others with access and functional needs (AFN)
- Understand the importance of integrating partners and people with lived experience to meet access and functional needs in emergency management
- Develop a basic understanding of regulatory compliance related to disability and access and functional needs
- Model practices for meetings, trainings, and engagement that you can apply to partnership development in your community
- Discuss the necessity of the Whole Community Approach
- Apply the CMIST framework to different areas of emergency preparedness, response, and recovery



COLLABORATIVE MEETING PRINCIPLES

Model the behavior we want to experience, and gain practice!

- State your name when you begin to speak
- Speak slowly, one at a time, and at a moderate pace with clarity and volume
- Respect how people represent and introduce themselves
- Make no assumptions about what people know
- Consider using a microphone when one is available to enhance sound
- Pause when speaking to allow interpreters to catch up
- Define acronyms
- 1-2-3 Practice: If you're talking more than others around you, count 1-2-3 to give others the chance to speak; If you're not talking much, count 1-2-3 to prepare yourself and then share
- Others?

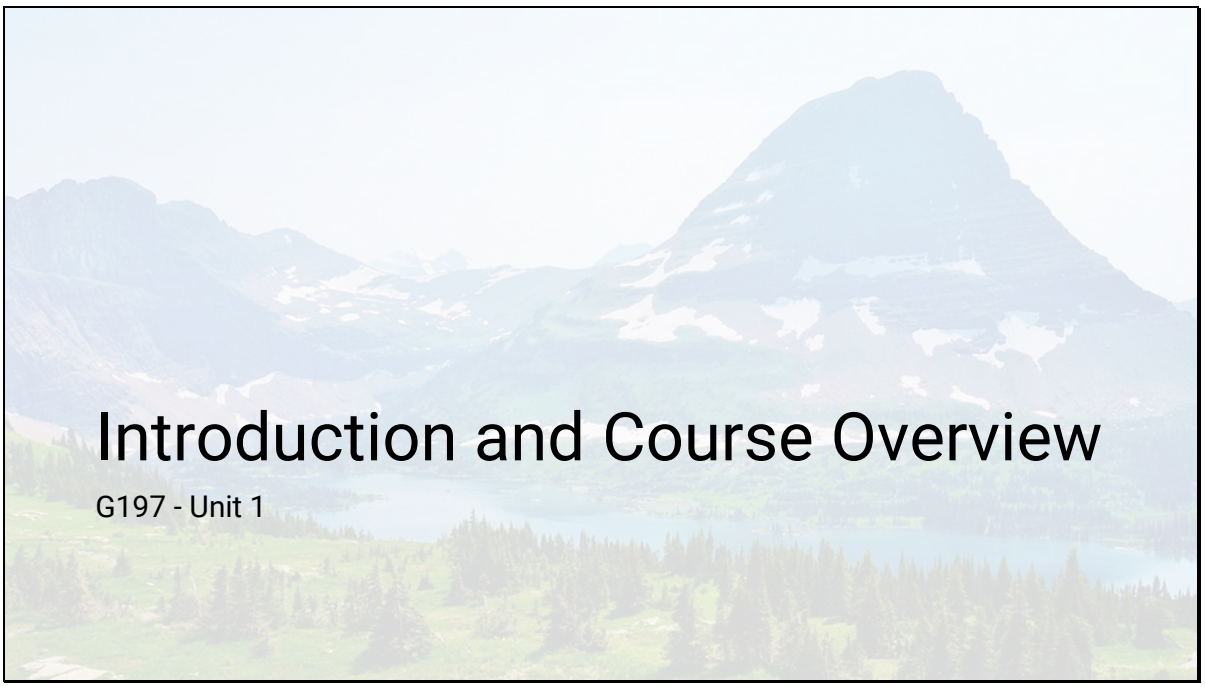


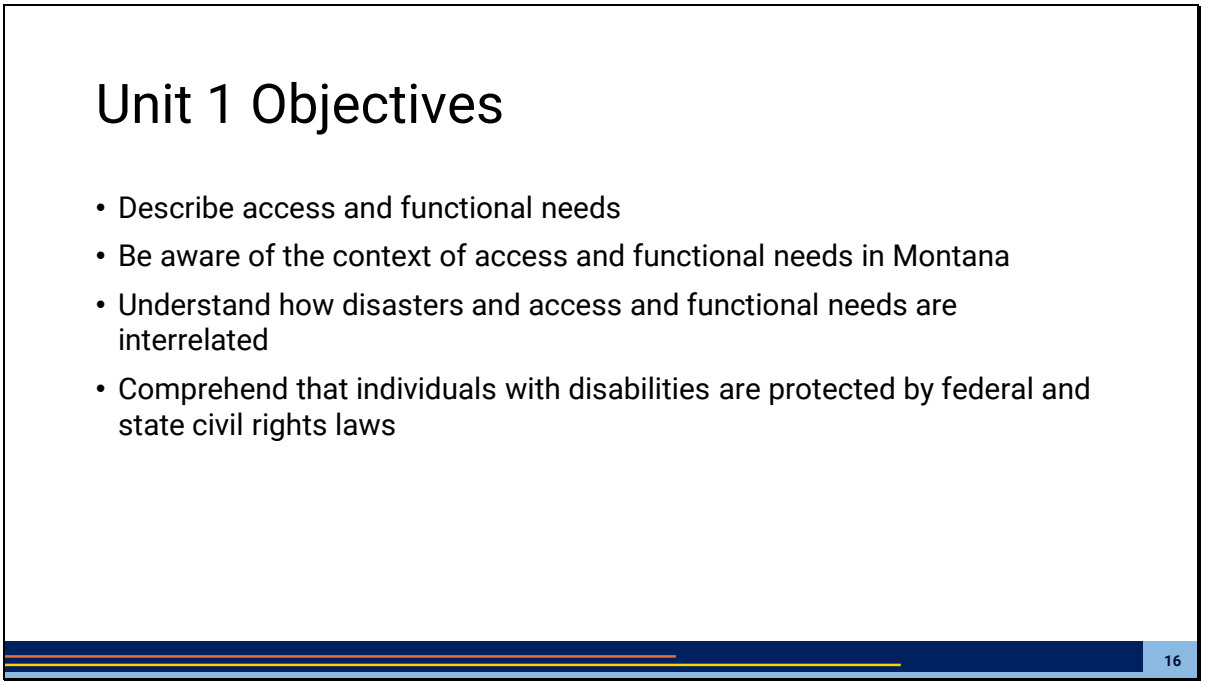
COMPLIANCE VS COMMITMENT FRAMEWORK

There is a difference between compliance and commitment.

Compliance refers to adhering to established guidelines and regulations to ensure that services and content are accessible to individuals with disabilities. It often involves meeting specific technical requirements outlined in standards like the Public Right-of-Way Accessibility Guidelines (PROWAG); for example, sidewalk curb ramps must have a grade of 8.33 and a cross slope of 2%. This course will provide basic information about compliance as it relates to emergency management. It is important to know where to find the compliance standards and how to communicate them with stakeholders.

However, we do not want compliance to turn into a checklist of rules to follow. This course hopes that students lean towards commitment. A commitment to accessibility goes beyond compliance. It signifies a dedication to creating an inclusive environment where accessibility is considered not just as a legal obligation but as a fundamental principle guiding design and content creation. A commitment to accessibility involves fostering a culture of awareness, proactively seeking ways to improve accessibility, and going above and beyond minimum requirements to enhance the overall user experience for people of all abilities. While compliance is a necessary baseline, a genuine commitment to accessibility reflects a deeper understanding of the importance of inclusivity and a proactive approach to making digital content truly accessible for everyone.


Introduction and Course Overview
G197 - Unit 1



UNIT 1 OBJECTIVES

This unit explains the meaning of access and functional needs and how these needs relate to emergency management. Upon completion of this unit, participants will:

- Describe access and functional needs
- Be aware of the context of access and functional needs in Montana
- Understand how disasters and access and functional needs are interrelated
- Comprehend that individuals with disabilities are protected by federal and state civil rights laws

The "Why"

Fleeing the LA fires alone on a wheelchair: 'I had to take my chances'

An evacuation order when the Eaton fire threatened Galen Buckwalter's Sierra Madre home triggered a nightmare odyssey through chaotic streets

Galen Buckwalter at his hotel room in downtown Los Angeles on Thursday evening after his harrowing evacuation from the Eaton fire. Photograph: Sam Levin for The Guardian

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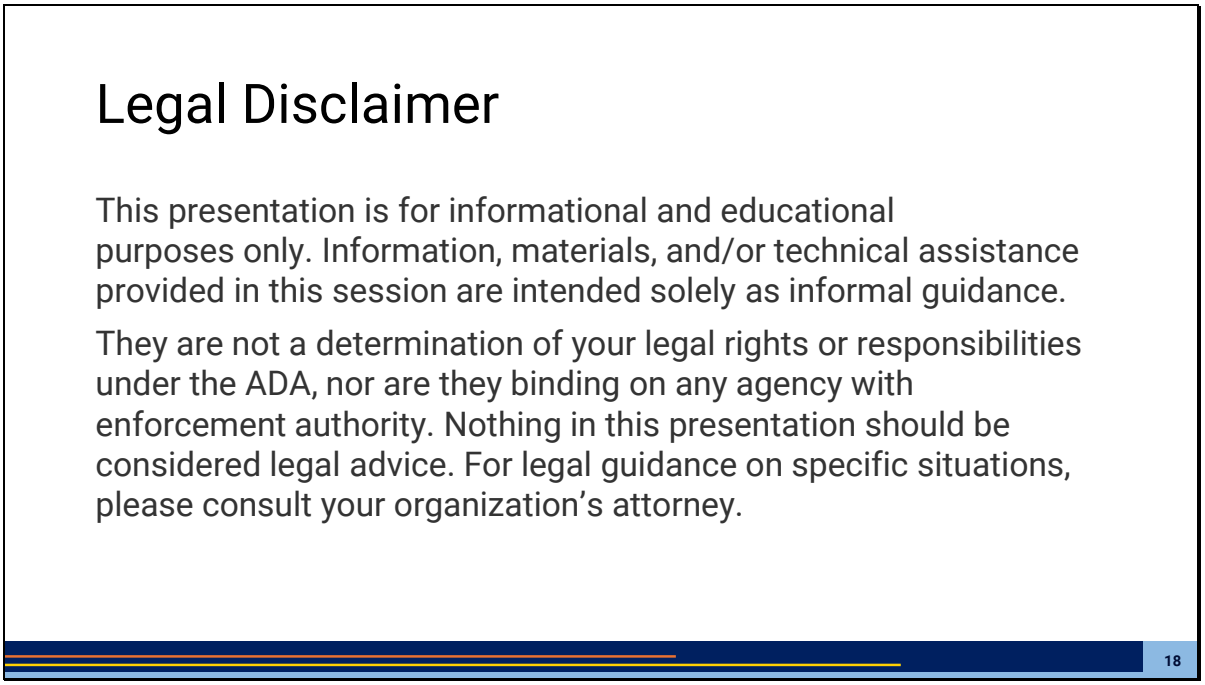
THE "WHY"

- Comply with laws
- Prevent loss of life
- Prevent mass disability
- It's the right thing to do

Most disaster response systems are designed for people who can walk, run, see drive, read, hear, speak English, and quickly respond to alerts and instructions. As a result, these systems leave people behind and create a disproportionate impact on individuals with access or functional needs before, during, and after disasters. The margin of resiliency in emergencies is smaller and vulnerability is higher.

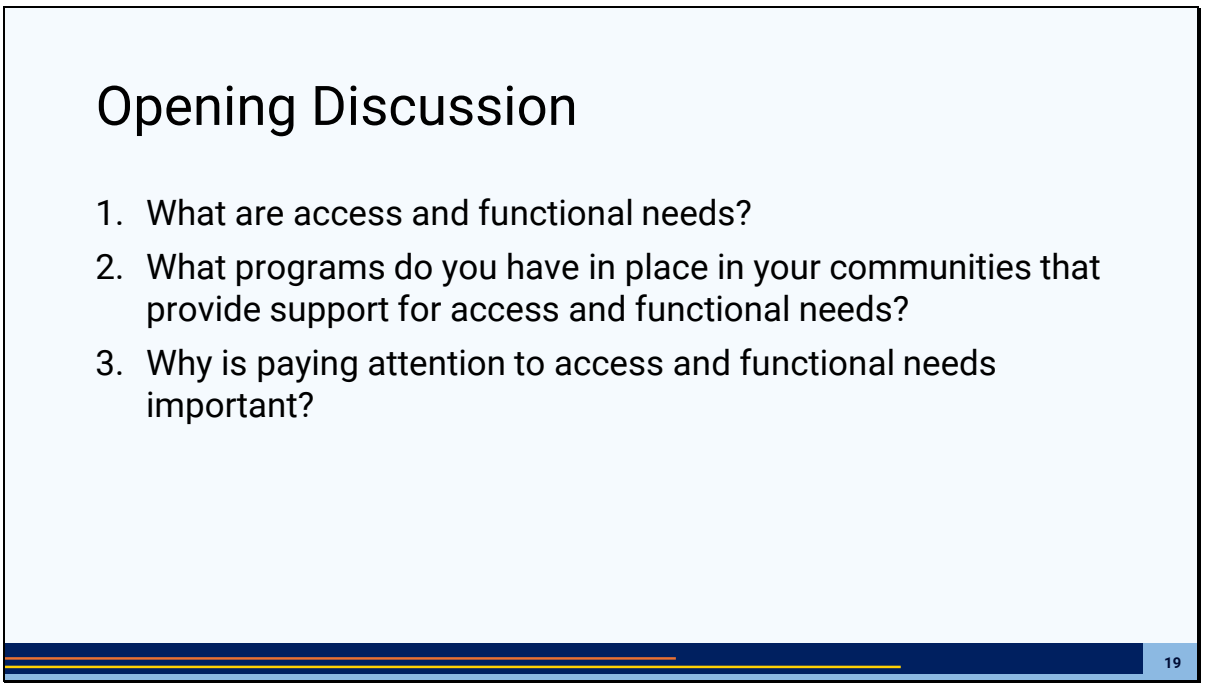


LEGAL DISCLAIMER

This presentation is for informational and educational purposes only. Information, materials, and/or technical assistance provided in this session are intended solely as informal guidance.

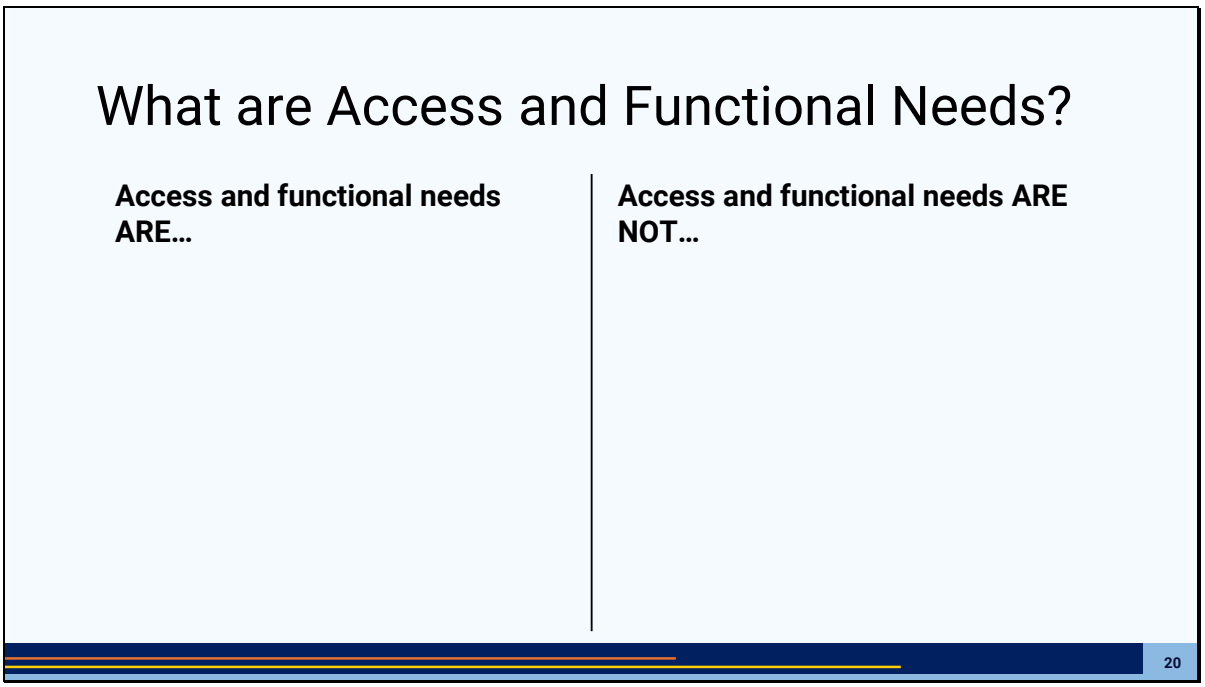
They are not a determination of your legal rights or responsibilities under the ADA, nor are they binding on any agency with enforcement authority. Nothing in this presentation should be considered legal advice. For legal guidance on specific situations, please consult your organization's attorney.

This presentation reflects the law as it currently stands but know that laws may change in the future. Consult your ADA Coordinator and/or jurisdictional attorney for updates.

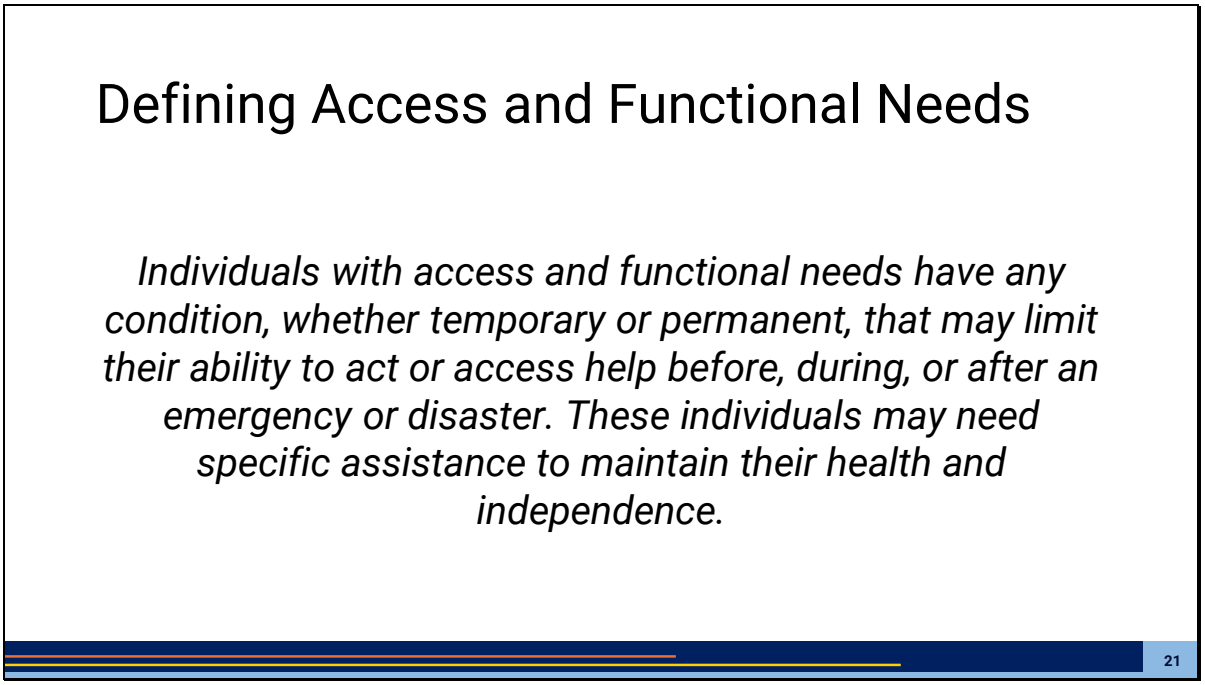


WHAT ARE ACCESS AND FUNCTIONAL NEEDS?

- What are access and functional needs?
- What programs do you have in place in your communities that provide support for access and functional needs?
- Why is paying attention to access and functional needs important?



WHAT ARE ACCESS AND FUNCTIONAL NEEDS?



DEFINING ACCESS AND FUNCTIONAL NEEDS

Access and functional needs is an umbrella term that refers to the needs that people have in maintaining their health and independence. It is not a synonym for 'special needs' and is a key term in the paradigm shift in emergency management from planning for 'special needs population' to planning for the 'Whole Community.'

Access-based needs require ensuring that resources are accessible to all individuals. Function-based needs refer to restrictions or limitations an individual may have that require additional assistance before, during, and/or after an emergency. These needs may be temporary or permanent and may or may not be disability-related.

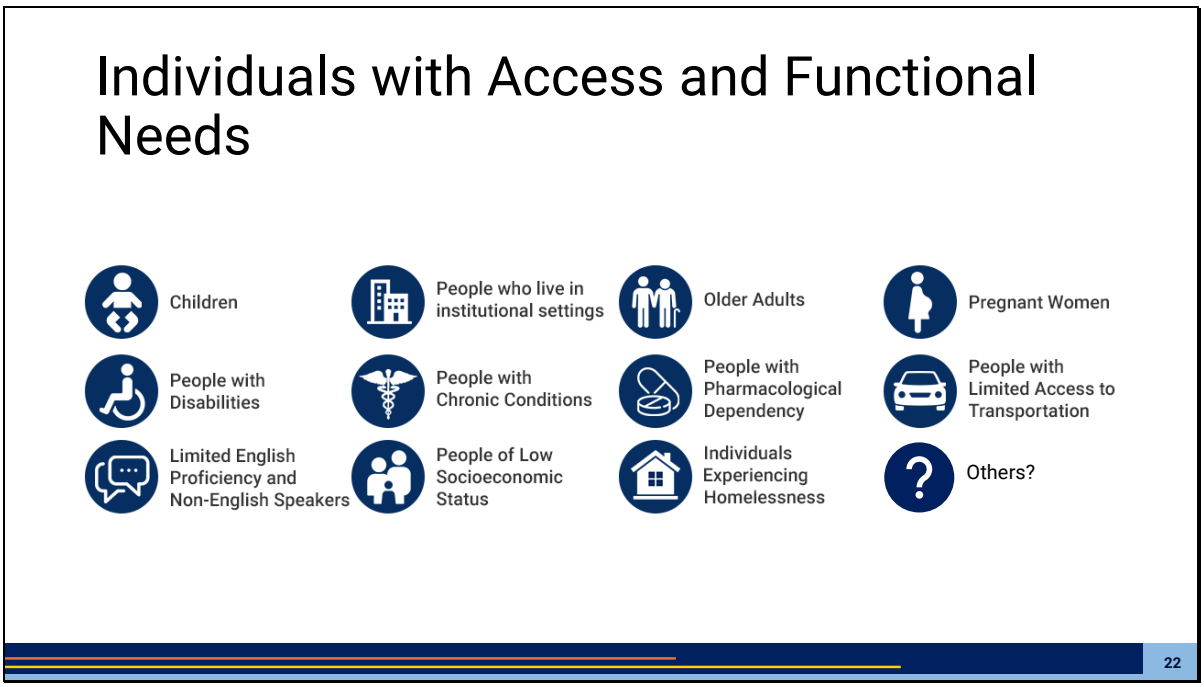
The Access and Functional Needs Framework was proposed by June Isaacson Kailes and Alexander Enders as a better way for emergency managers to operationalize community needs during emergencies. It is very challenging for emergency managers to estimate people's needs based on a diagnosis. For example, what does someone with multiple sclerosis need during an evacuation? Using a diagnosis-based approach leads to assumptions, generalizations, and unnecessary requests for sensitive personal information, without telling us what services and/or accommodations are needed. It also doesn't recognize that people without a diagnosis have needs.

People with access or functional needs often require additional time, resources, or assistance to maintain their health, safety, and independence throughout the disaster cycle. The Access and Functional Needs Framework suggests there are resources that

EVERYONE needs during emergencies, regardless of who they are. Using access and functional needs helps emergency managers plan for common needs and allows for recognition of people's strengths and capabilities. In the Whole Community Approach, emergency management plans *with* AFN partners who have expertise in this area and work every day to meet disability-related, access, and functional needs every day.

Disasters and emergencies complicate and disrupt blue-sky arrangements that support individuals and organizations with access and functional needs. Incidents may also increase the number of access and functional needs in a community. This makes it critical for emergency management to coordinate with AFN partners to integrate strategies into emergency management planning.

June Isaacson Kailes and Alexander Enders, "Moving Beyond 'Special Needs': A Function Based Framework for Emergency Management and Planning", 2007: https://www.jik.com/KailesEndersbeyond.pdf

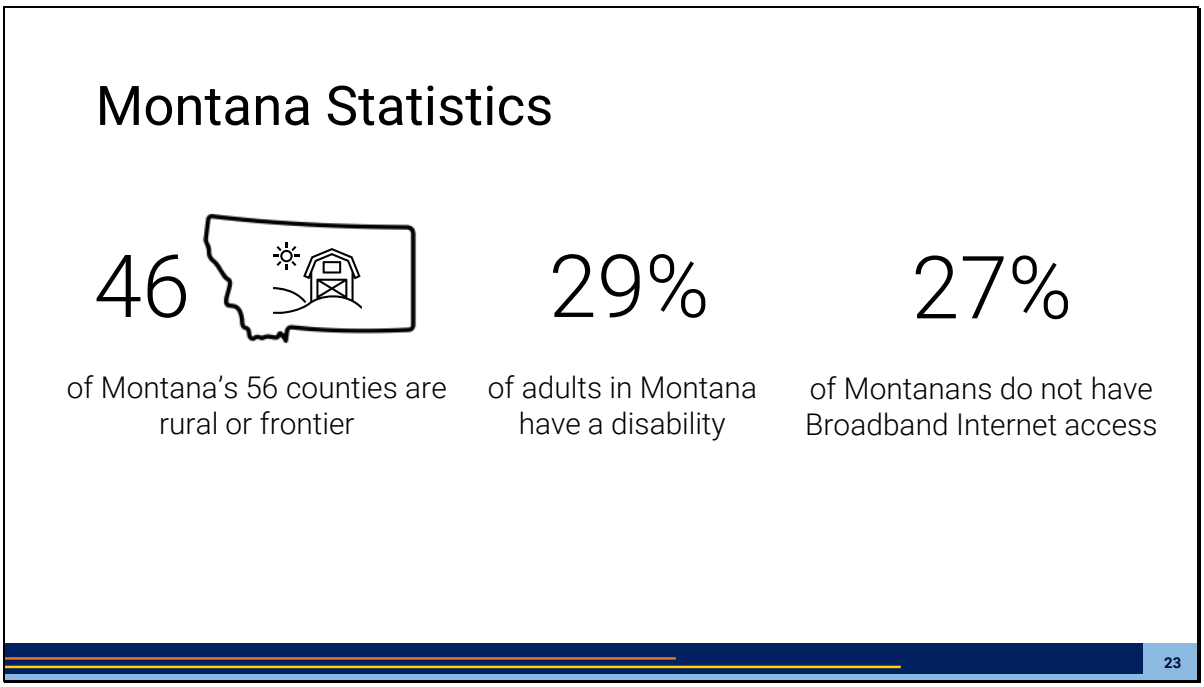


INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS

Access and functional needs (AFN) refers to individuals who are or have:

- Physical, developmental or intellectual disabilities
- Deaf or hard of hearing, blind, or have low vision
- Mobility disability
- Chronic conditions or injuries
- Pharmacological dependency
- Limited English proficiency
- Older adults
- Children
- Low income, individuals experiencing homelessness and/or transportation disadvantaged (i.e., dependent on public transit)
- Pregnancy

Simply put, people with access or functional needs are everywhere, in every community.



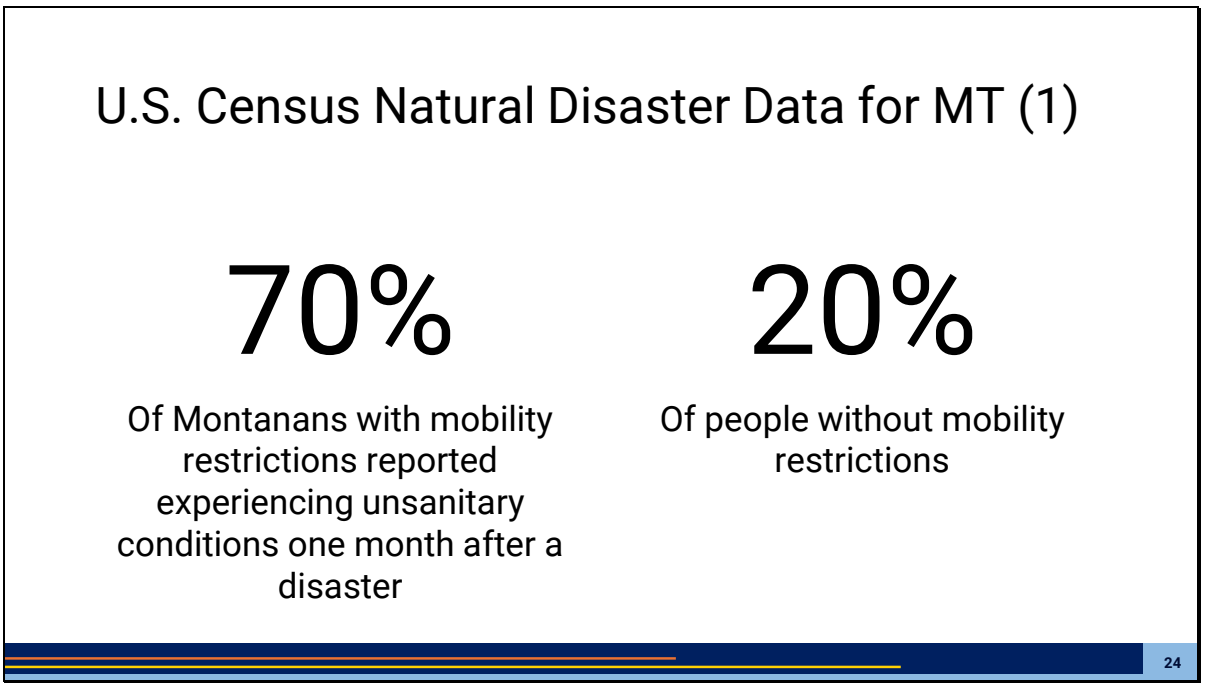
MONTANA STATISTICS

In Montana, there are 56 counties, with 46 being designated as rural or frontier.

- 46 of 56 counties in Montana are designated as rural or frontier
- 29% of adults in Montana have a disability
- 27% of Montanans do not have Broadband Internet access

CDC Disability Statistics:
https://www.cdc.gov/dhds/about/index.html

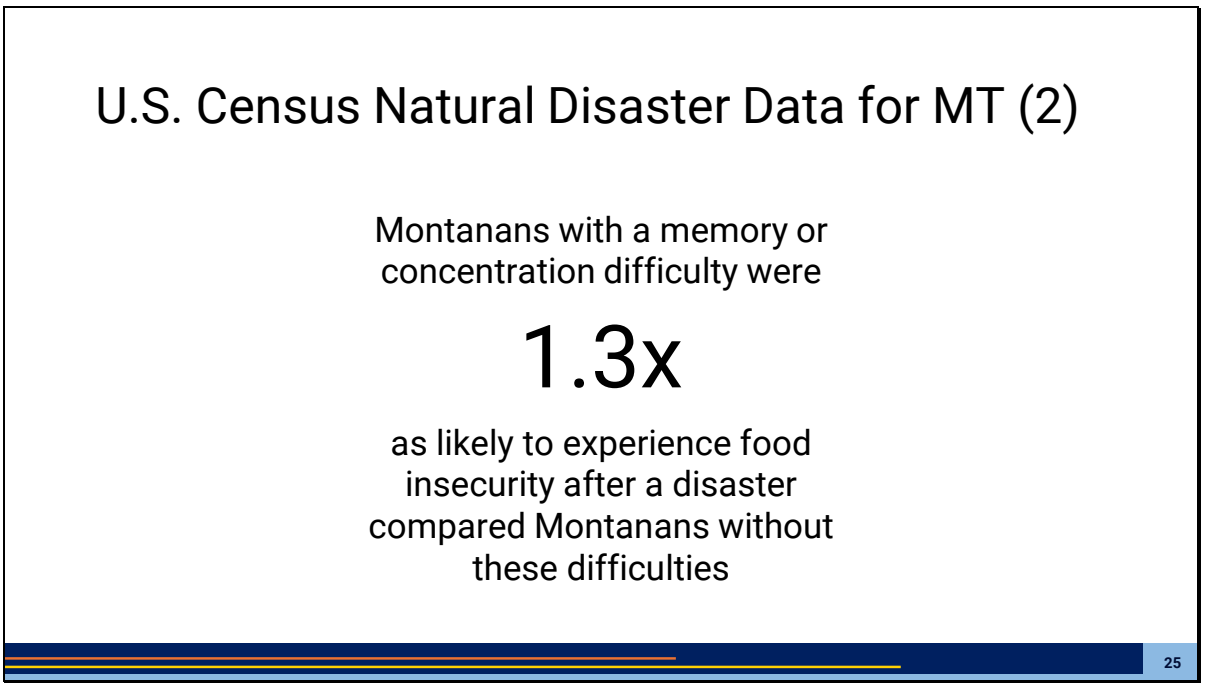
Broadband Now:
https://broadbandnow.com/Montana



U.S. CENSUS NATURAL DISASTER DATA FOR MT (1)

Types of disasters reported in Montana: Fire, flood, and other.

Source: US Census Natural Disaster Tables (2023)
https://www.census.gov/data/tables/2023/demo/hhp/hhp52.html



U.S. CENSUS NATURAL DISASTER DATA FOR MT (2)

Of Montanans with difficulty remembering or concentrating, 77% experienced some amount of food shortage one month after a disaster compared to 59% of Montanans with no difficulty remembering or concentrating. This translates to 1.3x as many.

Source: US Census Natural Disaster Tables (2023)
https://www.census.gov/data/tables/2023/demo/hhp/hhp52.html

Accessibility Cartoon

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ACCESSIBILITY CARTOON

Person-First Language

The most appropriate label is usually the one a person's parents gave them.

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PERSON-FIRST LANGUAGE

"People-first" language places personhood before any mention of a disability, condition, or diagnosis. It means using appropriate and respectful terms and refraining from stigmatizing language. Using person-first language is a best practice. Examples of person-first language are:

- "A person who is deaf or hard of hearing"
- "A person who is blind or has low vision"
- "Person with a disability" instead of "handicapped" or "disabled person"
- "Person with a mental health condition" instead of "mentally ill"

However, always respect people's choice of language in terms of how they prefer to be referred or addressed. Some individuals may prefer identity-first language. Identity-first language places a person's diagnosis or disability before the word "person," emphasizing that the characteristic is integral to their identity. For example, many autistic people view autism as an inherent and essential part of their identity and prefer to be referred to as an "autistic person." The best approach is to ask people for their preferred language and to follow it, and to apologize for any misuse.

Other best practices are:

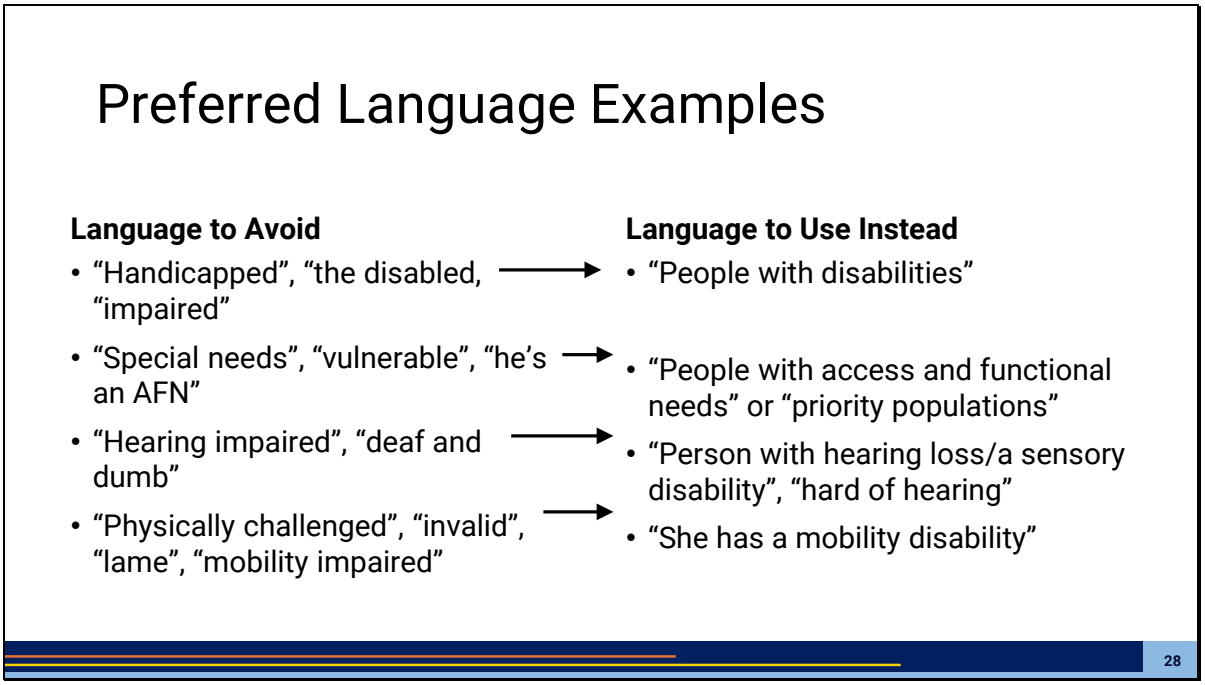
- Use terms consistent with the Americans with Disabilities Act (ADA), which requires public agencies to provide services "in the most integrated setting appropriate to the needs of individuals with disabilities."

- Use language that is respectful and straightforward. Refer to a person's disability only if it is relevant.
- Avoid terms that lead to exclusion (e.g., "special" is associated with "separate" and "segregated" services).
- Avoid terms that are judgmental, negative, or sensational (e.g., special, brave, courageous, dumb, super-human).
- Avoid making assumptions or generalizations about the level of functioning of an individual based on their diagnosis or disability.
- Recognize that individuals are unique and have diverse abilities and characteristics.

"If thought corrupts language, language can also corrupt thought." – George Orwell

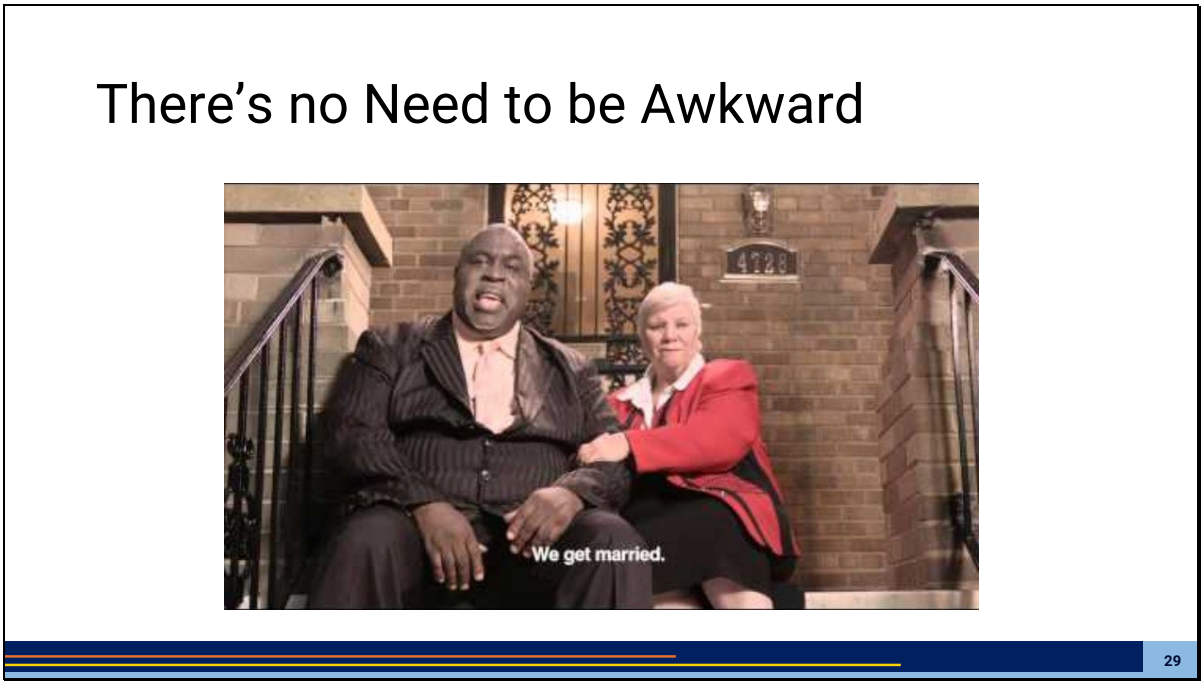
- Language influences behavior. Accepting language is a powerful ingredient for achieving successful outcomes that are beneficial to the whole community.

Note: Legislation and terminology may require several decades to align with the preferred language of affected groups. Unfortunately, it takes time to change specific verbiage, and state and federal laws will vary in the language that they use.



PREFERRED LANGUAGE EXAMPLES

- Instead of "handicapped", "disabled", or "impaired", use "people with disabilities."
- Instead of "special needs", "vulnerable", "he's an AFN", "the AFNs", use "she has access and functional needs", "the access and functional needs of people with disabilities", "others who also have access and functional needs", or "priority populations."
- Instead of "deaf and dumb", "mute", or "hearing impaired", use "hard of hearing", "person with hearing loss", or "person with a sensory disability."
- Instead of "physically challenged", "crippled", "an invalid", "lame", or "mobility impaired", use "she has a mobility disability."



THERE’S NO NEED TO BE AWKWARD

Video - There’s No Need to Be Awkward
YouTube Link: https://www.youtube.com/watch?v=Gv1aDEFlXq8

INDIVIDUALS WITH DISABILITIES

61 million adults in the United States live with a disability.

- 27 percent (one in 4) of adults in the United States have some type of disability.

Percentage of adults with functional disability types:

- 12.1 percent of U.S. adults have a mobility disability with serious difficulty walking or climbing stairs.
- 12.8 percent of U.S. adults have a cognition disability with serious difficulty concentrating, remembering, or making decisions.
- 7.2 percent of U.S. adults have an independent living disability with difficulty doing errands alone.
- 6.1 percent of U.S. adults are deaf or have serious difficulty hearing.
- 4.8 percent of U.S. adults have a vision disability with blindness or serious difficulty seeing even when wearing glasses.
- 3.6 percent of U.S. adults have a self-care disability with difficulty dressing or bathing.

Disability is especially common in older adults, women and minorities.

- 2 in 5 adults age 65 years and older have a disability.
- 1 in 4 women have a disability.
- 2 in 5 non-Hispanic American Indians/ Alaska Natives have a disability.

Americans with Disabilities Act Definition

The term “disability” means with respect to an individual:

- A physical or mental impairment that substantially limits one or more major life activates of such individual;
- A record of such impairment; or
- Being regarded as having such an impairment

Physical impairment: Includes disorders of the sense organs (talking, hearing, etc.), motor functions, and body systems such as respiratory, cardiovascular, musculoskeletal, reproductive, digestive, genitourinary, hemic, lymphatic, skin, neurological, and endocrine systems.

Mental impairment: Includes most psychological disorders and disorders such as organic brain syndrome, learning disabilities, and emotional or mental illness. It specifically excludes various sexual behavior disorders, compulsive gambling, pyromania, and disorders due to current use of illegal drugs.

Major life activities: Include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include the operation of major bodily functions, such as the immune system and normal cell growth, which covers persons with HIV or cancer.

Substantially limits: The severity and duration of an impairment determines whether it substantially limits a major life activity. Impairment must last for several months and significantly restrict a major life activity, but an impairment that is episodic or in remission is still a disability if it would substantially limit a major life activity when active. Similarly, an impairment is still regarded as a disability even if the individual uses medication, equipment, learned adaptive behaviors, or other mitigating measures to lessen the effects of the impairment.

Record of such impairment: This definition includes people who have a record of such an impairment, even if they do not currently have a disability. For example, cancer, facial disfigurement, burns, pregnancy, and broken bones are covered under the ADA.

DISABILITY MANDATES: CIVIL RIGHTS

As a country, we have changed the way we view and interact with people with disabilities and others with access and functional needs. We have also changed and made improvements in policies, programs, and services to assist all people to prepare for and recover from disasters. Improvements have been made in the areas of communication, evacuation, transportation and disaster operations policies and procedures. Laws have been enacted to protect the rights of people with disabilities and others with access and functional needs.

Disability is a protected class.
Federal civil rights laws require equal access for and prohibit discrimination against individuals with disabilities in all aspects of emergency planning, response, and recovery. Laws exist to protect individuals with disabilities and to ensure they have inclusion within society. This is true at all levels of government and in the community as policies, rules and operational concepts specifically mention and/or require inclusion.

Key inclusion principles
Integration - Emergency programs, services, and activities typically must be provided in an integrated setting. For example:
- Are emergency alert and warning systems accessible?
- Do press conferences incorporate American Sign Language?
- Does the county provide 24/7 emergency evacuation services?
- Are accessible resources and wrap-around services available at shelters?

- Are language services available at shelters?

Equal opportunity / Inclusion - People with disabilities have the right to participate in and receive the benefits of emergency programs, services and activities provided by governments, private businesses, and nonprofit organizations.

No cost - People with disabilities may not be charged to cover the costs of measures necessary to ensure equal access and nondiscrimination.

Physical access - Emergency programs, services and activities must be provided at locations that all people can access, including people with disabilities.

Equal access - People with disabilities must be able to access the same programs and services as the general population.

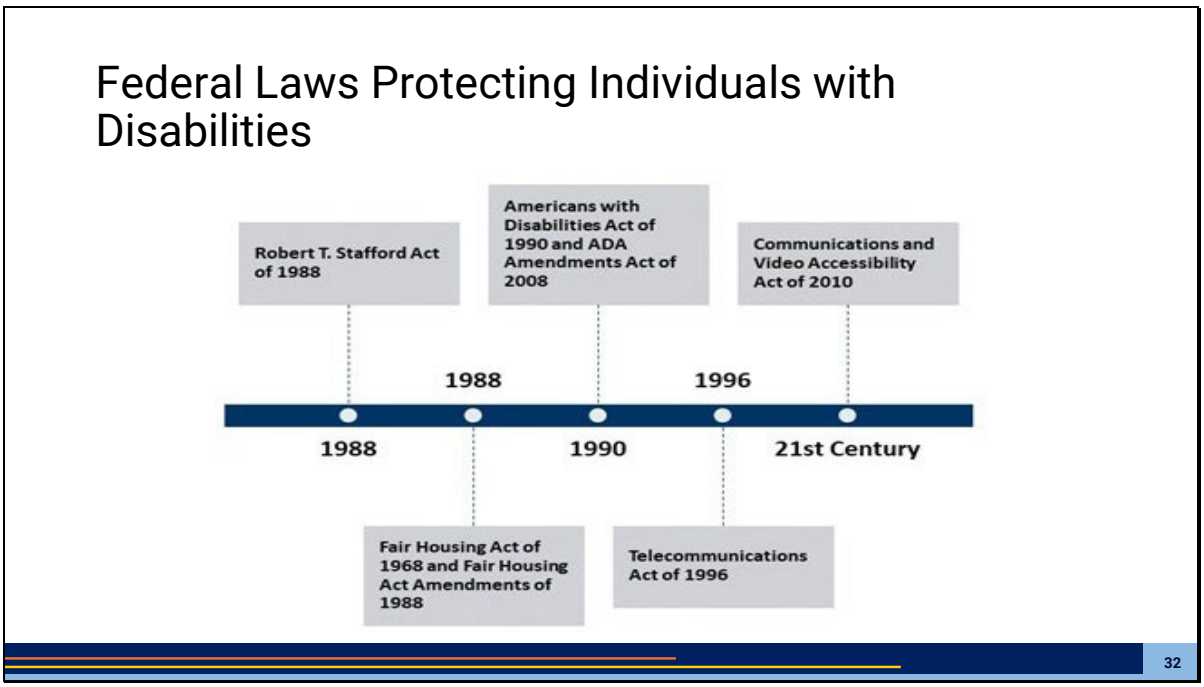
Effective communication - People with disabilities must be given the same information provided to the general population.

Program modifications - People with disabilities must have equal access to programs and services, which may entail modifications.

Public entities must "administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities." 28 C.F.R. § 35.130 (d) Segregation of individuals with disabilities is a form of discrimination. See 42 U.S.C. 12101(a)(2)

Application of ADA to Tribal Nations
Tribal sovereignty renders the Americans with Disabilities Act of 1990 ("ADA") largely inapplicable to Tribal Nations. However, other disability legislation and resources exist for tribal members, such as the Individuals with Educational Disabilities Act ("IDEA") and Every Student Succeeds Act ("ESSA"). Check with your jurisdiction's legal authority if you have questions about how federal civil rights legislation pertains to Tribal Nations (Rocky Mountain ADA Center, 2019).

Source: Rocky Mountain ADA Center, "How does the ADA apply to Tribal Nations and what resources are available within Region 8?", June 2019: https://rockymountainada.org/resources/research/how-does-ada-apply-tribal-nations-and-what-resources-are-available-within-region



FEDERAL LAWS PROTECTING INDIVIDUALS WITH DISABILITIES

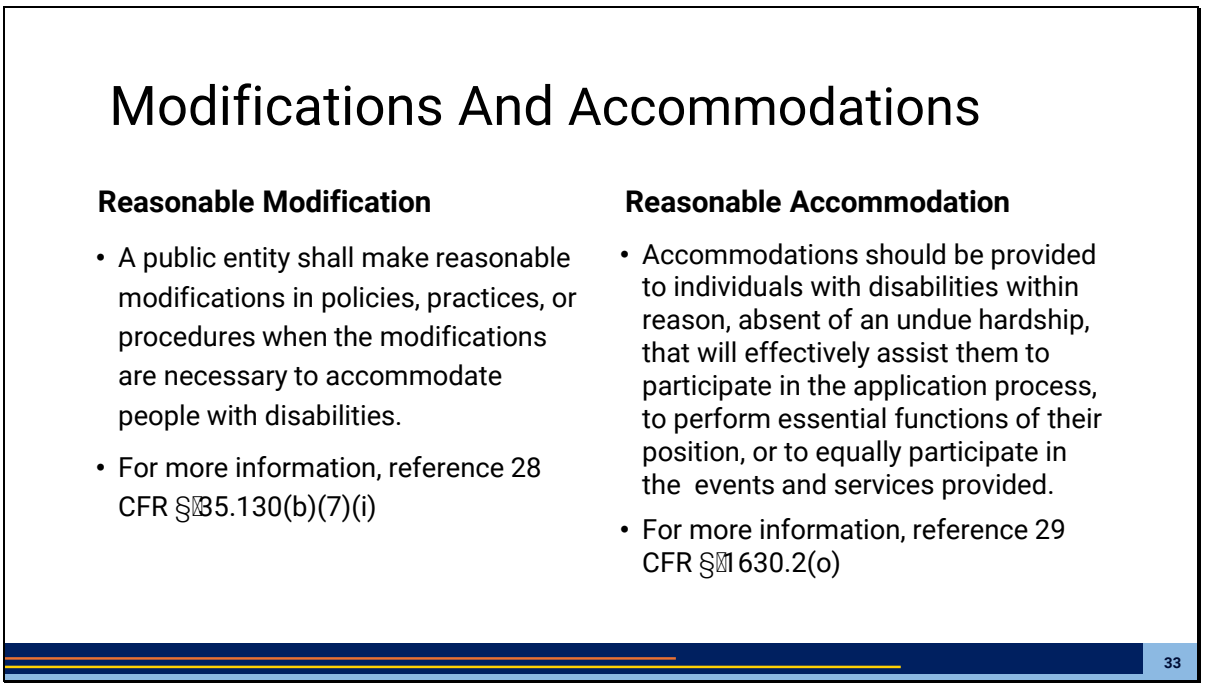
Providing services to all individuals is a legal mandate. No state, local government, or its contractors, in providing services may, by law, policy, or contract, provide services below those standards without violating federal laws. Several laws have been enacted to prevent discrimination and protect the rights of people with disabilities and others with access and functional needs, including:

- American with Disabilities Act of 1990 and ADA Amendments Act of 2008
- Robert T. Stafford Act of 1988
- Fair Housing Act of 1968 and Fair Housing Act Amendments 1988
- Telecommunications Act of 1996
- 21st Century Communications and Video Accessibility Act of 2010
- Rehabilitation Act of 1973
- Architectural Barriers Act of 1968
- Civil Rights Act of 1964
- Individuals with Disabilities Education Act of 1975
- Post- Katrina Emergency Management Reform Act of 2006
- Developmental Disabilities Assistance and Bill of Rights Act (DD Act) 2000

Overview of Legal Hierarchy

- Laws - The system of rules which a particular country or community recognizes as regulating the actions of its members and which it may enforce by the imposition of penalties.
- Regulations - Carry out the intent of enacted legislation or the law.

- Policies - A course or principle of action adopted or proposed by a government, party, business, or individual.
- Guidelines - A general rule, principle, or piece of advice.
- Procedures - An established or official way of doing something.



MODIFICATIONS AND ACCOMMODATIONS

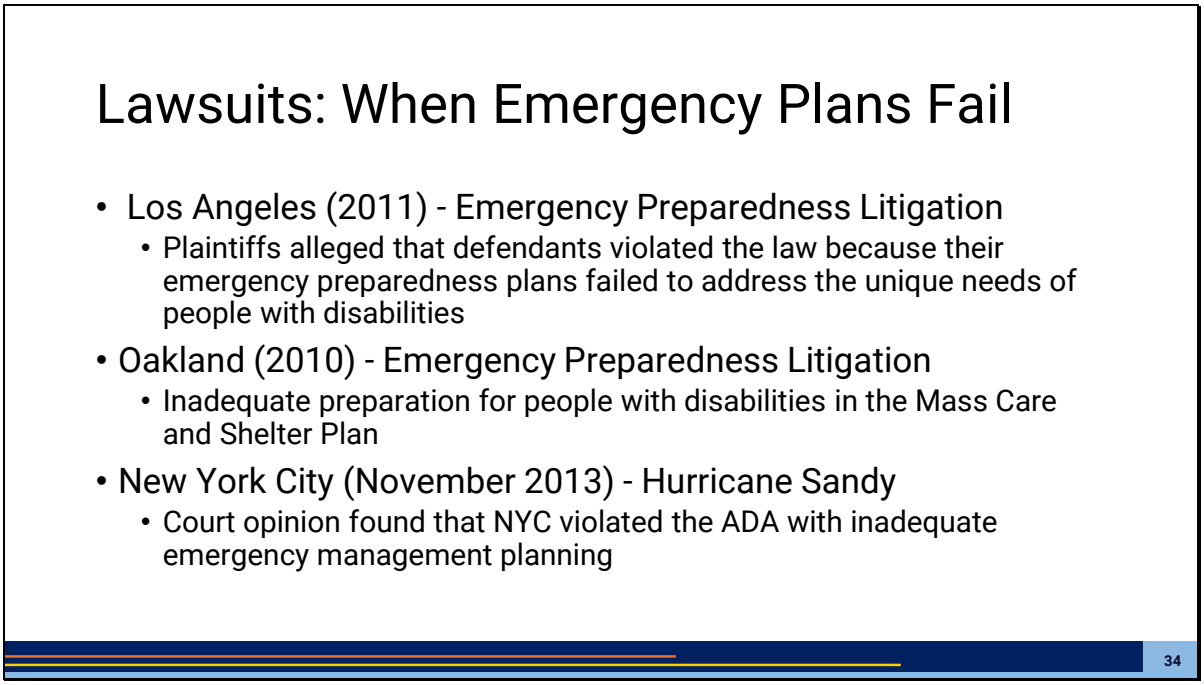
Reasonable Modification-28 CFR § 35.130(b)(7)(i)

A public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

Reasonable Accommodation-29 CFR § 1630.2(o)

The term *reasonable accommodation* means:

> (i) Modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; or
>
> (ii) Modifications or adjustments to the work environment, or to the manner or circumstances under which the position held or desired is customarily performed, that enable an individual with a disability who is qualified to perform the essential functions of that position; or
>
> (iii) Modifications or adjustments that enable a covered entity's employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities.



LAWSUITS: WHEN EMERGENCY PLANS FAIL

Lawsuits can result when emergency plans fail to include people with disabilities. The City and County of Los Angeles, the City of Oakland and New York City have dealt with legal issues resulting from lack of integrating access and functional needs into emergency planning.

Los Angeles (2011)
In Communities Actively Living Independent and Free (CALIF) v. City and County of Los Angeles, a federal court determined in February 2011 that Los Angeles violated the ADA by failing to plan for the unique needs of people with disabilities—including mobility, vision, hearing, mental, and cognitive impairments—during emergencies. The court ordered LA to revise its emergency plans and hire independent experts to ensure accessibility and equity.
Verdict Date: August 24, 2011
Verdict: LA's emergency plans were found to violate the ADA for not including provisions for individuals with disabilities.
https://dralegal.org/case/communities-actively-living-independent-and-free-calif-et-al-v-city-of-los-angeles/

Oakland (2010)
In a case filed in 2007 and settled in January 2010, Oakland reached an agreement with Disability Rights Advocates (DRA) to reform its Mass Care and Shelter Plan. The settlement created a "Functional Needs Annex" that ensures accessible shelters,

designated shelter coordinators, accessible communications, and a GIS registry for persons needing transportation assistance.
https://dralegal.org/press/sweeping-settlement-reached-by-the-city-of-oakland-to-include-people-with-disabilities-in-disaster-planning/

New York City (2013)
In Brooklyn Center for Independence of the Disabled (BCID) v. City of New York, a federal judge found in November 2013 that New York City violated the ADA, Rehabilitation Act, and NYC Human Rights Law. The city's emergency plans failed on several fronts: no accessible evacuation for high-rise residents, inaccessible shelters, lack of communication systems for people with disabilities, and inadequate recovery strategies. A comprehensive settlement in 2014 mandated sweeping changes to evacuation, sheltering, transportation, and outreach processes for hundreds of thousands of New Yorkers with disabilities.
https://dralegal.org/case/brooklyn-center-for-independence-of-the-disabled-bcid-et-al-v-mayor-bloomberg-et-al/

“Governments must proactively include people with disabilities in emergency planning.”

- California Foundation for Independent Living Centers v. City of Los Angeles, 2011

PREPTALK: WE SUCCEED OR FAIL TOGETHER

The Cal OES Office of Access and Functional Needs (OAFN) Chief Vance Taylor presented at George Washington University as part of the Federal Emergency Management Agency's (FEMA) PrepTalk Symposium. PrepTalks are given by subject-matter experts and thought leaders to spread new ideas, spark conversation, and promote innovative leadership for the issues confronting emergency managers now and over the next 20 years. In his PrepTalk, "We Succeed or Fail Together", Vance Taylor explains the importance of understanding the communities we serve and the need to integrate people with access and functional needs within each phase of the emergency management process.

Video link: PrepTalks: L. Vance Taylor "We Succeed or Fail Together"

Break

Unit 1

Image by Carina Chen from Pixabay

Image of Glacier National Park:
https://pixabay.com/photos/america-usa-montana-glacier-2191303/

Planning
G197 - Unit 2

Unit 2 Objectives

At the end of the unit, participants will:

- Understand principles of whole community planning
- Identify types of plans and how to include access and functional needs considerations in them
- Discuss options for community engagement and partnerships
- Apply the CMIST framework to emergency planning

Colt Fire near Seeley Lake, MT. Credit: InciWeb/July 20, 2023.

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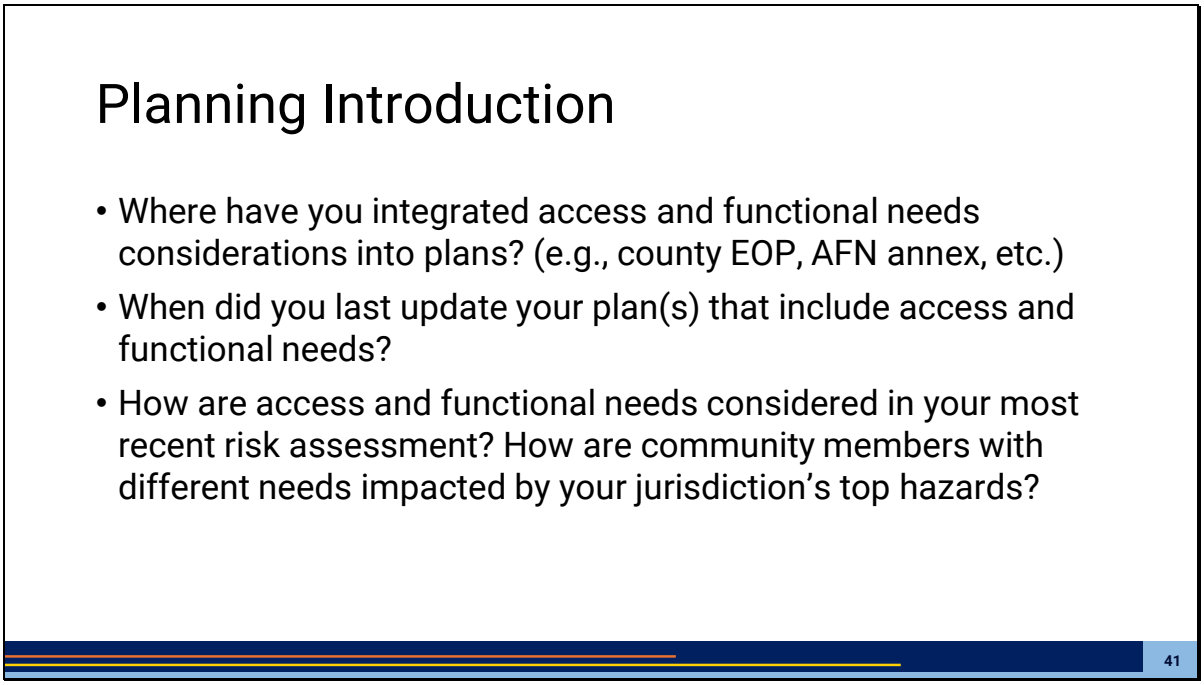
UNIT 2 OBJECTIVES

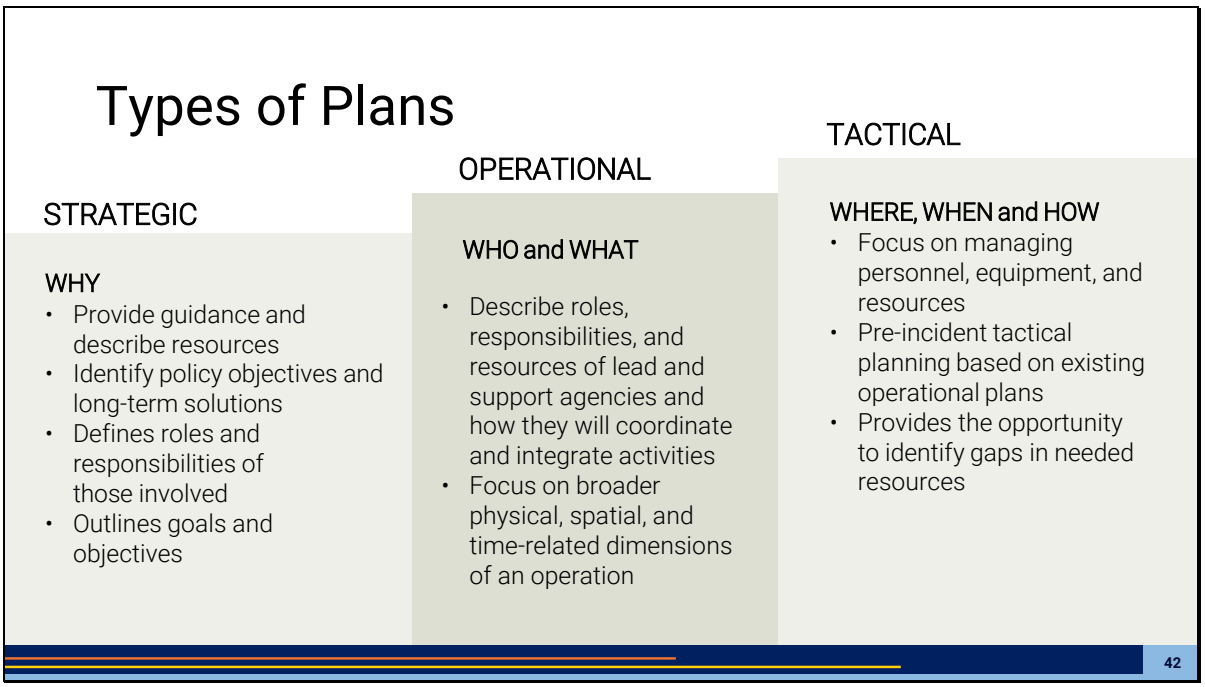
This unit provides students with a review of how to engage access and functional needs partners and considerations in the planning process. At the end of the unit, participants will:

- Understand principles of whole community planning
- Identify types of plans and how to include access and functional needs considerations in them
- Discuss options for community engagement and partnerships
- Apply the CMIST framework to emergency planning



PLANNING INTRODUCTION

- Where have you integrated access and functional needs considerations into plans? (e.g., county EOP, AFN annex, etc.)
- When did you last update your plan(s) that include access and functional needs?
- How are access and functional needs considered in your most recent risk assessment? How are community members with different needs impacted by your jurisdiction's top hazards?



TYPES OF PLANS

The following plans are outlined in FEMA's Comprehensive Preparedness Guide (CPG) 101:

Strategic Plans- WHY- Provide guidance and describe resources in a broad conceptual view. These plans identify policy objectives and long-term solutions. A strategic plan is similar to a local government's emergency plan. The Strategic Plan defines the roles and responsibilities of those involved in emergency management and outlines goals and objectives. Strategic Plans describe how a jurisdiction wants to meet its emergency management responsibilities over the long term.

Operations Plans- WHO and WHAT- Describe roles, responsibilities, task, integration, and actions required of a jurisdiction or its departments and agencies during emergencies.

They also identify how emergency operations will proceed and who has resources that can be contributed. Describes roles, responsibilities, task, integration, and actions required of a jurisdiction or its departments and agencies during emergencies. Focus on coordination and integrating the activities of the many response and support organizations within a jurisdiction. Focus more on the broader physical, spatial, and time-related dimensions of an operation. More complex and comprehensive, yet less defined, than tactical plans.

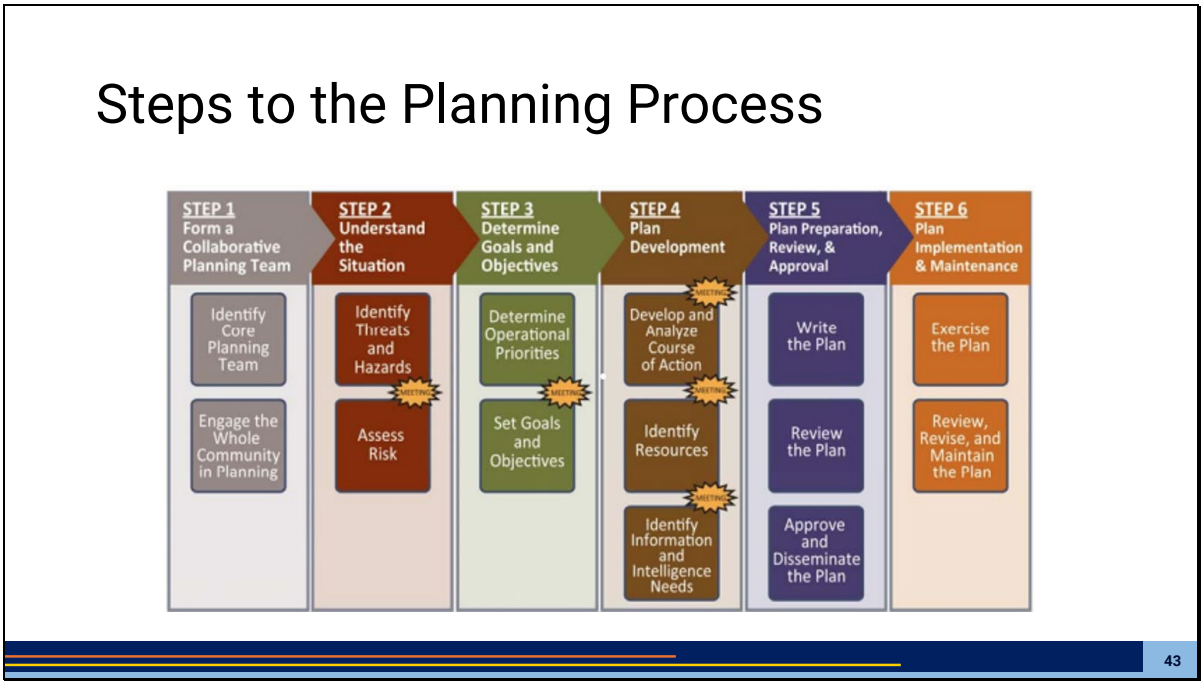
Example: AFN Annex to the EOP; Sheltering Annex that includes AFN considerations; POD Annex.

Tactical Plans- WHERE, WHEN AND HOW- Focus on managing and employing personnel, equipment, and resources. Pre-incident tactical planning. Provides the opportunity to identify gaps in needed resources.
Example: SOP for Access and Functional Needs Transportation during evacuations.

Taken together the “Strategic Plan” and “Operational Plans” make up an Emergency Operations Plan and are supported by Tactical Plans such as Standard Operating Procedures and Incident specific action plans.

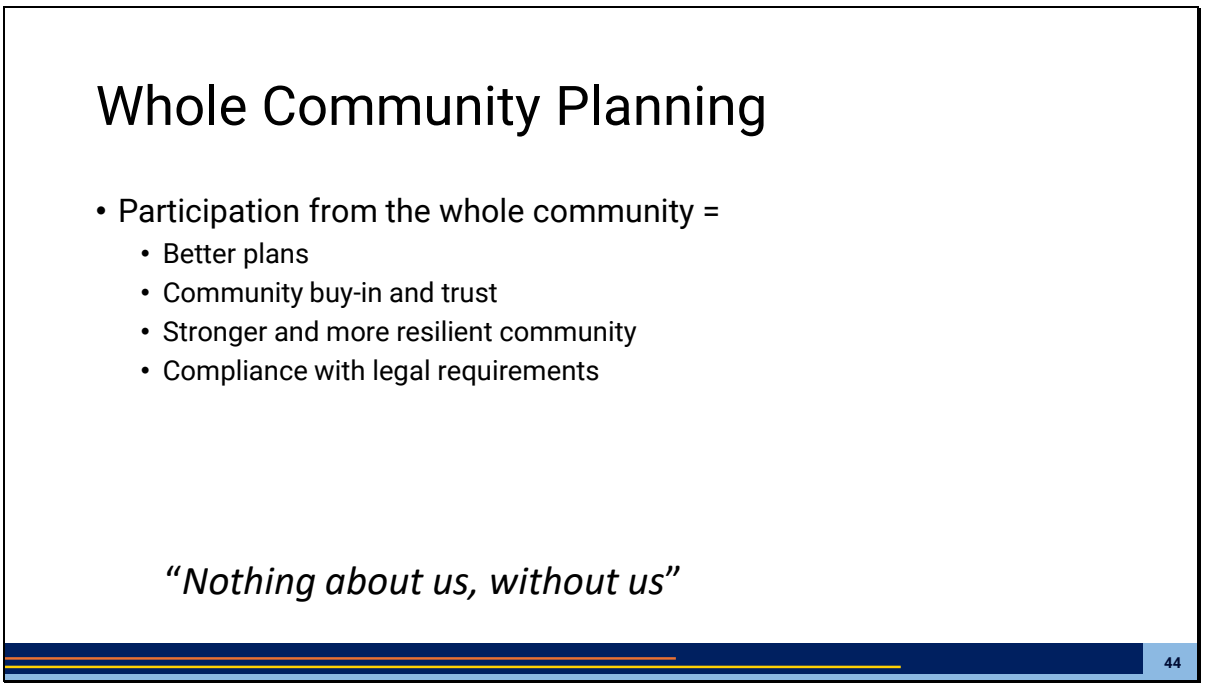
Emergency Operations Plans could include official policy statements indicating AFN-specific considerations, such as:

- All county emergency operations press conferences, town halls, community briefings, etc., will use American Sign Language interpreters.
- All county emergency content posted online, including social media, will be posted in accessible formats.



STEPS TO THE PLANNING PROCESS

- Form a collaborative planning team
  - Identify core planning team
  - Engage the Whole Community in planning
- Understand the situation
  - Identify threats and hazards
  - Assess risk
- Determine goals and objectives
  - Determine operational priorities
  - Set goals and objectives
- Plan development
  - Develop and analyze course of action
  - Identify resources
  - Identify information and intelligence needs
- Plan preparation, review, and approval
  - Write the plan
  - Review the plan
  - Approve and disseminate the plan
- Plan implementation and maintenance
  - Exercise the plan
  - Review, revise, and maintain the plan



WHOLE COMMUNITY PLANNING

The Whole Community planning approach to emergency management means to implement solutions that serve the entire community and leverage the resources that the entire community brings to the table. It is residents, emergency managers, planners, organizational community leaders, and government officials understanding and assessing their community needs and determining how best to organize and strengthen their assets, capacities, and interests.

The concept of Whole Community planning aims to look beyond the traditional government- centric approach to emergency planning. In small and medium-sized disasters, government can expand its reach to deliver services more efficiently and cost-effectively by collaborating with community partners. In large-scale disasters, survivors' needs can outweigh the collective resources and capabilities of government at all levels.

People with disabilities and others with access and functional needs are part of every community. Planning must not only be representative of the actual population within the community but also must involve and engage the whole community in the planning process. The planning process for people with disabilities and access and functional needs should not be "*A lot about us without us*." The perception should be "***Nothing about us without us***", where those community members are at the decision-making table and involved in the planning process from beginning to end. As mentioned in Unit 1, there are also laws protecting individuals with disabilities and access and functional needs from discrimination.

Proper planning for and with individuals with access and functional needs allows for greater independence and inclusion in every aspect of disaster response and recovery. The intent of Whole Community Planning to provide knowledge and experience, including resources and support, so individuals with disabilities and others with access and functional needs receive what they need to maintain their health, independence, and safety during disasters.

Some benefits of Whole Community Planning:

- Understanding the community's complexity and demographics
- Recognizing the community's capabilities and resources, and creating relationships with community leaders
- Fostering relationships and trust
- Obtaining input from stakeholders traditionally underrepresented or not represented
- Empowering community as partners including disability advocacy groups to be at the table for emergency management planning
- Building community resiliency to withstand and recover from emergencies and disasters

COMMUNITY ENGAGEMENT OPTIONS

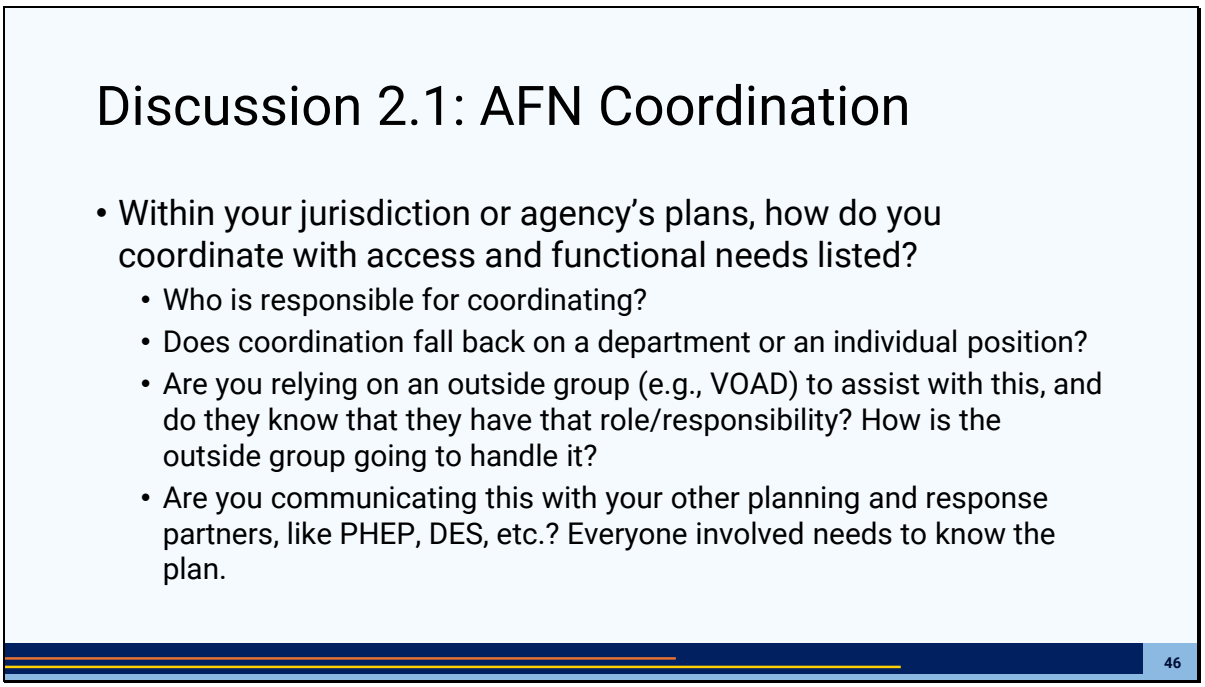
Community engagement can be conducted in many different forms. These strategies are great ways to capture information you do not know about the community and its needs:

- Community meetings
- Virtual meetings
- Public hearings
- Listening sessions
- Community advisory groups or disability advisory groups
- Focus groups

Examples from Montana:

Regional Hazard Mitigation Plan Outreach

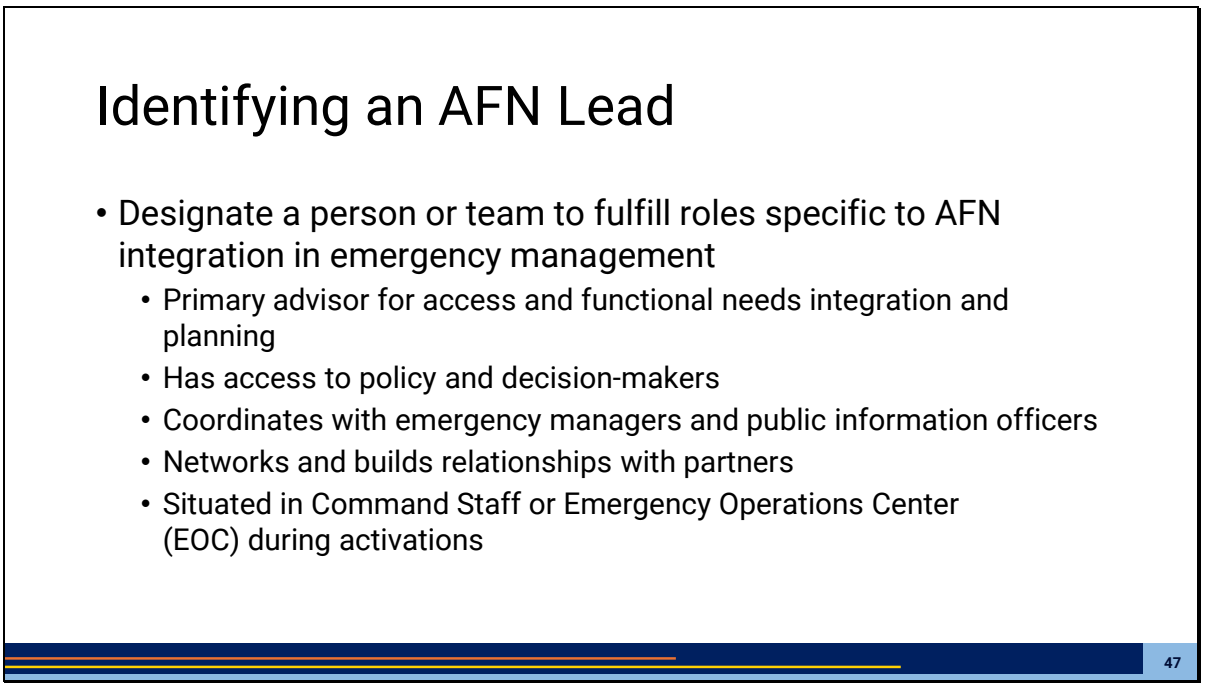
The Hazard Mitigation Planning Outreach completed by the MT Disaster and Emergency Services (DES) Mitigation team involved sending the Regional Base Plans to the following states, Wyoming, North Dakota, South Dakota, and Idaho. Additionally, the MT DES Mitigation team posted on the State of Montana DES website the draft plans, such as Base Plans, Appendices, Annexes and Addendums to solicit public input into the Regional Hazard Mitigation Plans. The two FEMA required Public Comment Period opportunities were also made possible by local jurisdictions via social media posts, newspaper ads, and online surveys during the Planning Period. Local jurisdictions put together the stakeholder list and invitees to the planned Mitigation Workshop series.



DISCUSSION 2.1: AFN COORDINATION

Do you have this as a separate annex? Within each functional area of the plan? Is the EOC coordinating? Is the Incident Commander in charge of this?

If you do not have something like this, make a note in your plan about how you will attempt to get it. Have sourcing spelled out in your plan.



IDENTIFYING AN AFN LEAD

It is a best practice for jurisdictions to have an Access and Functional Needs Lead. In other states, this position is sometimes referred to as the AFN Coordinator or AFN Advisor. Having a dedicated person to think about and liaise regarding access and functional needs considerations reduces the burden on an Incident Commander during an emergency. This allows the IC to focus on incident objective, knowing that access and functional needs are being addresses by someone with the appropriate partners/contacts and subject matter expertise.

In Montana, the specifics about your AFN Lead may be different depending on your emergency management structure and available resources. Expertise could come from an individual (e.g., local ADA Coordinator, a county-appointed AFN Coordinator, a service provider in your jurisdiction), an existing group (e.g., city committee on inclusion, county ADA Advisory Committee), or a new, emergency-management specific group (e.g., AFN committee, workgroup or subcommittee of the LEPC). Whatever route you decide to go, the important step is to have a person or group identified and for them to understand their role and responsibilities leading up to, during, and after emergencies.

The AFN Lead should have the authority, responsibility, and resources to integrate the needs of people with disabilities and others with access and functional needs into planning, response, recovery, and mitigation. They should work with partners to establish and maintain relationships. In the event of a disaster, everyone knows and understands the AFN Lead's role. The AFN Lead is at the planning table and acts as a liaison for

government, private, and non- profit organizations. They assist with plan development, revisions, and training.

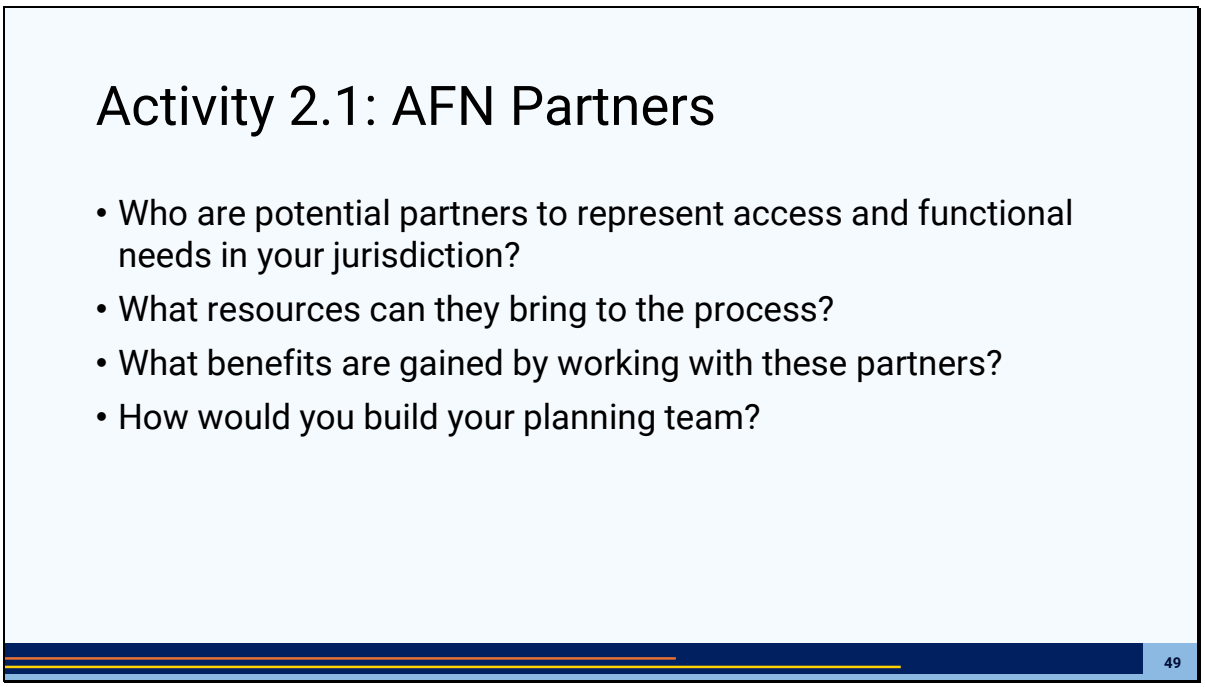
Another best practice is to ensure there is an AFN position within the Emergency Operation Center (EOC). The AFN role is far-reaching and can be used within a variety of operations to help ensure the better overall understanding of the whole community, support services systems, legal compliance issues, and state and federal laws.

AFN COMMITTEE

It is a best practice to develop an Access and Functional Needs (AFN) Committee, which includes representatives from, or who serve, the community. Consider who is often left behind or missing from the table when developing your committee.

The Committee should meet on a regular basis, maintain a current roster, and develop meeting agendas. Once formed, the AFN Committee can participate in the development of plans, training, and exercising - not just on the backend for final review and comment. Taking the time to explain, collaborate, and solicit critical feedback throughout the entire planning process will yield better products and outcomes for the whole community.

In rural or frontier communities, or others with limited capacity and resources, this committee could serve the entire region. This may be a more feasible approach for some Montana jurisdictions.



DISCUSSION: AFN PARTNERS

Service providers are invaluable support to individuals with disabilities.

Below is a list of potential partners in local communities:

- Advocacy groups
- Animal shelters and rescue groups
- Behavioral health
- Community leaders
- Churches and faith-based groups
- Community-based and non-profit organizations
- Government agencies, including county mental health
- Healthcare providers / facilities (including regional healthcare coalitions)
- Housing programs and facilities/associations
- In-home support services, home health, and personal assistance services: Offer personal care services for tasks as grooming, feeding, and other activities of daily living
- Tribal governments
- Local planning councils
- Local ADA coordinators
- Long-term care facilities
- Maternal and child health services
- Meals on Wheels: Provides daily/weekly meal delivery
- Private sector representatives

- Schools, early childhood `education providers, daycares, and camps for children
- Senior centers and programs for older adults
- Services and providers for people with disabilities
    - Centers for Independent Living: Non-profit 501 (c) (3) agencies that provide a range of services to people of all ages with disabilities so they can achieve their desired way of life.
- Transportation agencies (public and private, including ride-share programs and paratransit providers)
- Veteran's services
- Volunteer organizations

Who is missing from this list? Who can you partner with in your jurisdiction or region to fill these categories?

Resource Agreements

- Contracts should address:
  - Roles/Responsibilities
  - Activation
  - Assets
  - Response Time
  - Liability
- Agreements with vendors and surrounding jurisdictions to increase surge capacity
- Know the difference between MOUs and MOAs
- Have backups

Sand bagging at Twin Bridges, MT. Credit: MT DES/No Date.

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RESOURCE AGREEEMENTS

In each of the next units, we will talk about resources for response and recovery, and agreements needed to obtain them. Jurisdictions should establish agreements during the planning process to increase the guarantee of resource access and to develop the payment process, prior to an emergency. From a relationship-building perspective, agreements help to establish expectations between partners.

There is a difference between Memorandums of Understanding (MOUs) and Memorandums of Agreements (MOAs). MOUs are not legally binding, so if two jurisdictions have agreements with a transportation provider for example, that provider is not obligated to meet the MOU if unable. If using MOUs, it is important to have a backup plan for this reason. MOAs, on the other hand, are legally binding. They are less common and can take much more effort to accomplish but can ensure availability when needed.

Intra-Jurisdictional Contracts

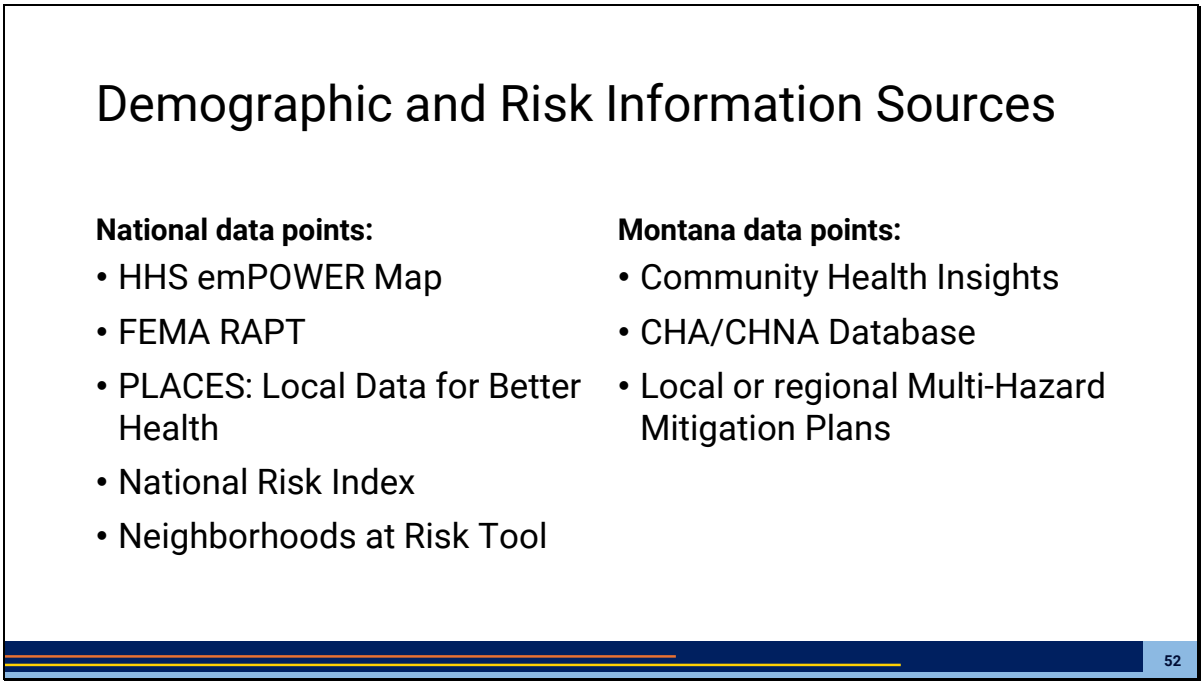
The importance of establishing contracts with transportation providers within a jurisdiction cannot be overstated. Contracts are crucial for successful evacuation and should address:

- Roles/Responsibilities – Clearly define roles (i.e., who provides evacuation assistance).
- Activation – Determine who is activated, when, and by whom.

- Assets – Determine how many, and what type, of assets are available.
- Response Time – Estimate the time needed to respond.
- Liability – Determine how liability coverage works.

This course is not going to go into depth about agreements. To learn more about written agreements, view the Resources document for Unit 2.

Tools for Planning



DEMOGRAPHIC AND RISK INFORMATION SOURCES

It is important to know and understand your community's demographic profile to determine what services and equipment will be needed in a disaster or emergency. The following data sources may be helpful in building your jurisdiction's demographic profile.

National data points:

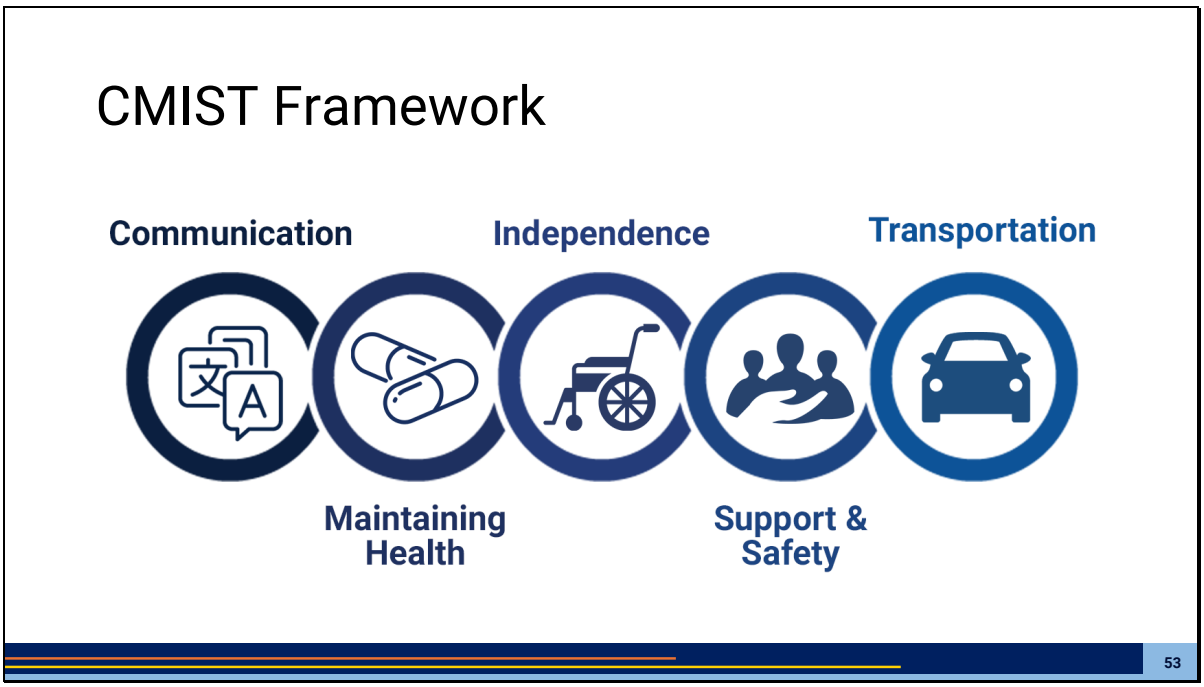
- HHS emPOWER Map: https://empowerprogram.hhs.gov/empowermap
    - Displays the number of Medicare beneficiaries who are electricity-dependent or receive certain health services (e.g., home health, home dialysis) by county and zip code. Data is updated monthly and can be imported into county GIS platforms.
- PLACES: Local Data for Better Health: https://www.cdc.gov/places/index.html
    - Provides information on health status and outcomes, prevention measures, health-related needs, disabilities, and social determinants of health. Displayed on a map at county, census tract, and zip code levels. Estimates are updated annually and are based on BRFSS and ACS data from 2018-2022. Data are only available for adults.
- Resilience Analysis and Planning Tol (RAPT): https://www.fema.gov/emergency-managers/practitioners/resilience-analysis-and-planning-tool
    - Allows users to map county and tribal-level indicators of vulnerability and wellbeing, such as households with Limited English Proficiency, the population percentage living below the poverty level, or the percentage of dwellings that are mobile homes. It also includes infrastructure and hazards indicators. Clicking on

a county or census tract will display the three indicators that most influence the area's vulnerability score.

- National Risk Index: https://hazards.fema.gov/nri/
    - Interactive map showing the estimated risk index for 18 different natural disasters for every county and census tract in the US. Risk index values are calculated from natural disaster expected annual loss values, social vulnerability, and community resilience metrics. Each of these metrics are also available on the map. Developed and supported by FEMA using data collected 2021-2022.
- Neighborhoods at Risk Tool: https://nar.headwaterseconomics.org/
    - Interactive dashboard that shows how communities might be vulnerable to wildfire, flooding, and heat. Population characteristics available to show social vulnerability include poverty, lack of health insurance, mobile homes and rentals, children and elders, households without a car. Data are shown at the census tract level. Socioeconomic variables are from the ACS 5-year estimates, wildfire risk is from US forest service data, flood data is from FEMA, and heat risk data are from the 2021 National Land Cover Dataset.

Montana data points:

- Community Health Insights Dashboard: https://dphhs.mt.gov/publichealth/epidemiology/CommunityHealthInsights
    - Data are available for each Montana county. Information includes a summary of county characteristics, demographics, social determinants of health, chronic conditions, maternal and child health, injury, violence, behavioral health and substance use, and communicable diseases. Data are from national sources including BRFSS and ACS, and Montana specific sources including Hospital Discharge Data, vital statistics, reportable infectious disease surveillance, and the Montana Central Tumor Registry. Data are summarized over a 5-year period from 2019-2023.
- CHA/CHNA Database: https://chronicdiseasedata.org/Dashboard
    - Provides information on all CHAs/CHIPs for hospitals and health departments in Montana. It is searchable and reports can be generated in a range of data formats.
- Local or regional Multi-Hazard Mitigation Plans may also have some information on access and functional needs for local jurisdictions.



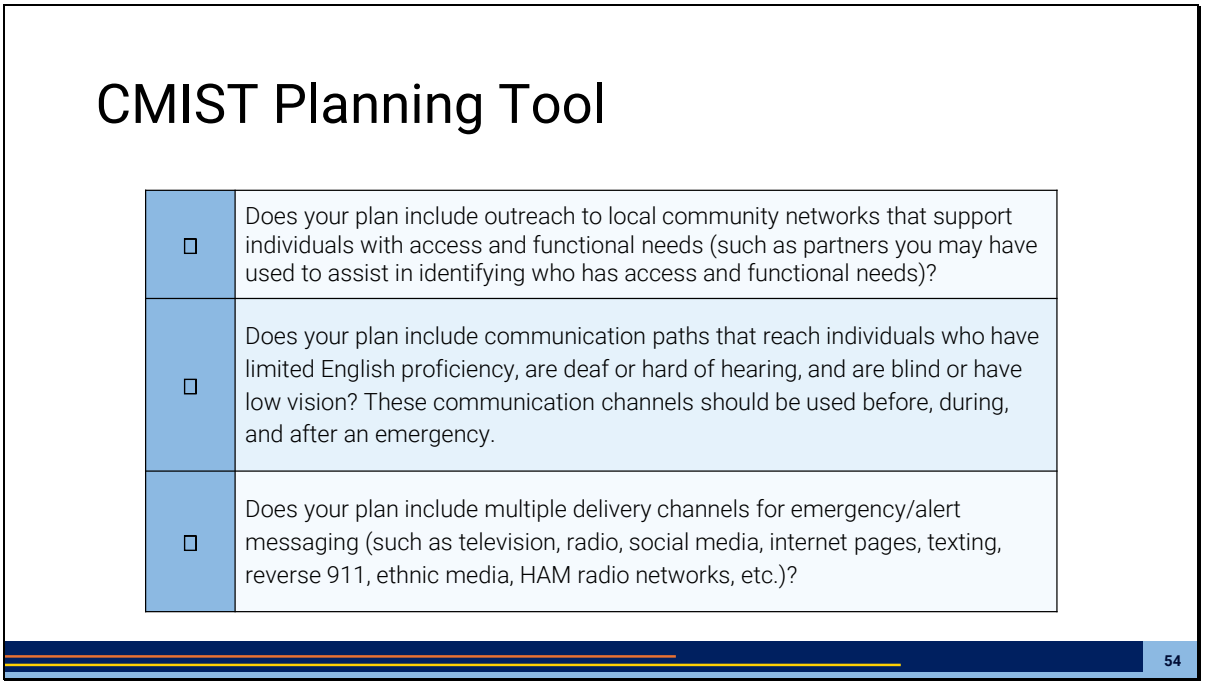
CMIST FRAMEWORK

The "C-MIST" framework is a tool for identifying resource gaps and the needs of people with disabilities and others with access and functional needs before, during, and after a disaster. C-MIST—originally developed by June Isaacson Kailes—is the acronym for:

- Communication
- Maintaining Health
- Independence
- Safety, Support Services, and Self-Determination
- Transportation and evacuation

Why C-MIST? Because the tool helps to identify resource needs that all people have, rather than labeling specific people as "special needs" or "vulnerable."

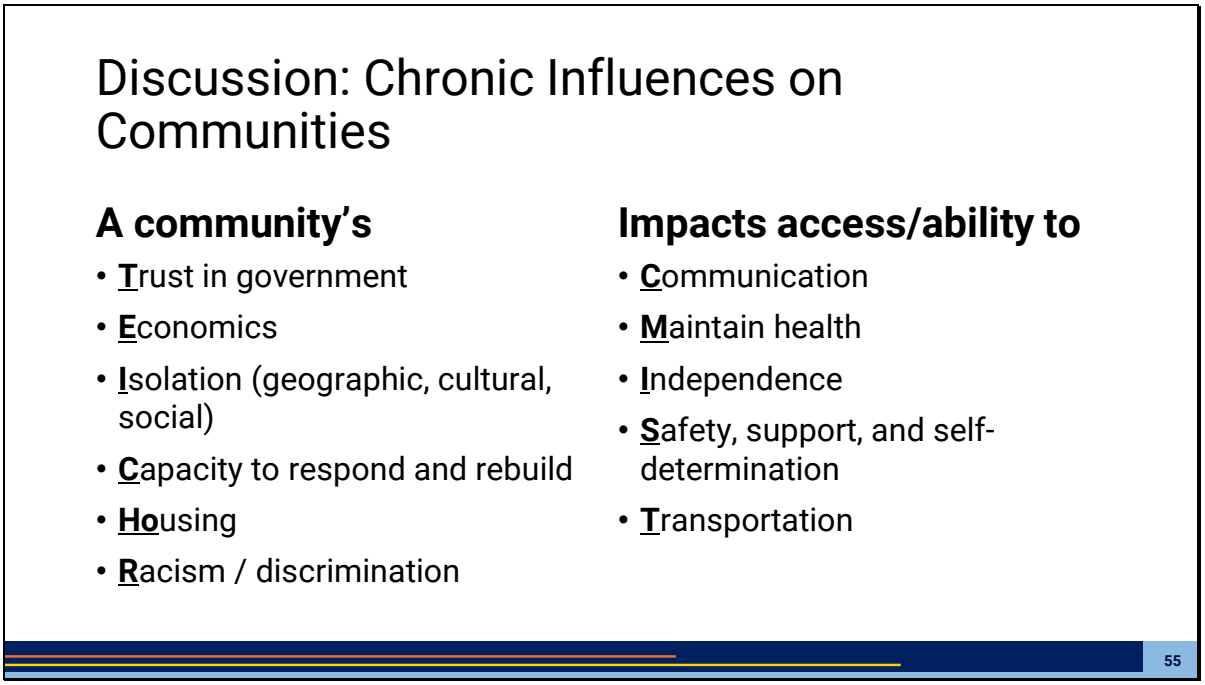
Emergencies increase vulnerabilities. Typically, about 20% of people self-identify as having a disability, but during emergencies, upwards of 50-70% of people in the community will have a resource need to maintain their level of functioning. Physical and programmatic access, auxiliary aids and services, and effective communication are often enough to enable individuals to maintain their health, safety, and independence in an emergency or disaster situation.



CMIST PLANNING TOOL

This is an example from the CMIST Planning Tool, a resource that can be found in your student packets.

A real-life example of how the CMIST Planning Tool is used in plans is from Wayne County Health Department. See page #63 for an example of how CMIST was used to collect risk information that informed planning. https://www.wayne-health.org/sites/default/files/2024-07/WCHD%20ERP_Basic%20Plan_v2022.docx



CHRONIC INFLUENCES IN COMMUNITIES

The acronym TEICHR stands for Trust, Economics, Isolation, Capacity, Housing, and Racism/discrimination. This memory tool helps us understand chronic issues and influences on communities and barriers to CMIST resources. These influences can be compared to social determinants of health.

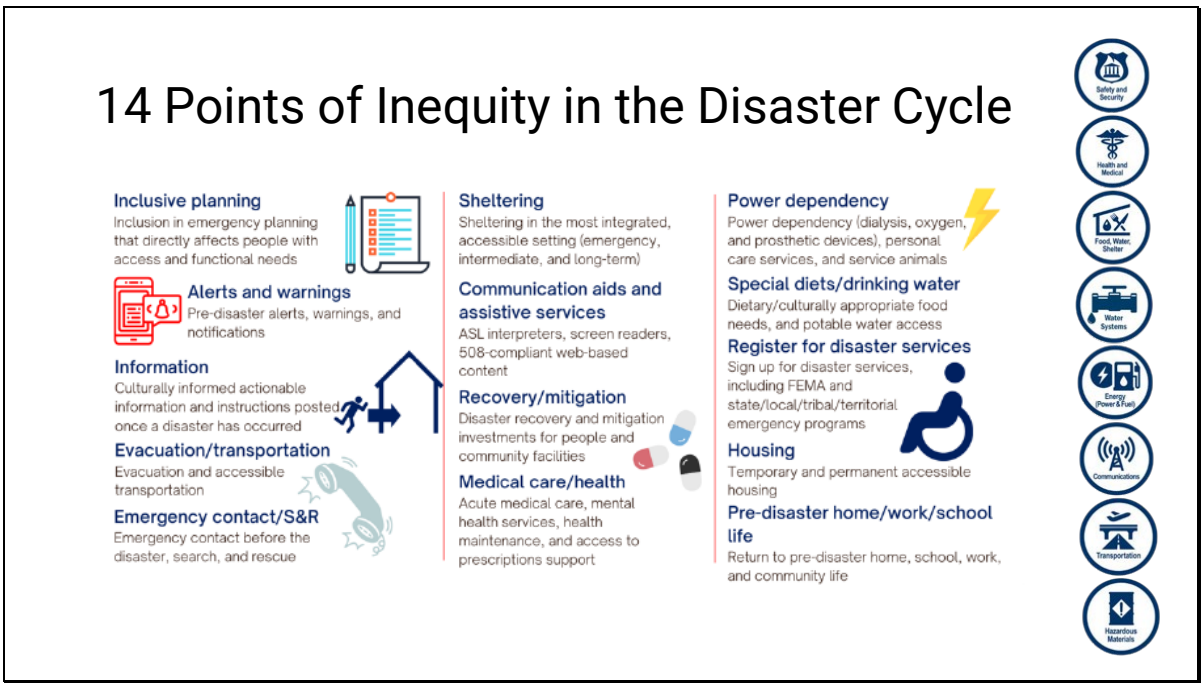
- Trust, the bedrock of any community, is indispensable for efficient disaster response. In some communities, trust between the public and government has declined.
- Economics impact resource accessibility and community resilience. Low-income communities are more susceptible to natural disasters impacts, and pre-existing economic challenges can exacerbate post-disaster recovery challenges. Lack of economic resources makes it harder for people to access CMIST resources during a disaster.
- Isolation can intensify vulnerability, particularly in geographically remote or socially isolated communities. Due to logistical obstacles, these communities may receive inadequate or delayed disaster services.
- A community's ability to prepare for, respond to, and recover from disasters is its capacity. Gaps in capability can result in differential or poor access to supports and resources during and after disasters.
- Housing conditions play a crucial role in disaster effects and recovery. Inadequate housing (including accessible housing) may disproportionately impact certain groups.

- Racism/discrimination (historical or current conditions) can impact disaster services through biases in resource allocation, unequal treatment of individuals and communities, and discriminatory practices.

These conditions are not our job to fix. Instead, it is our job to know they exist and to seek ways to mitigate their impact on community inclusion in planning and access to resources during and after an emergency. Awareness of these factors helps emergency managers better predict disaster impacts and leads to more effective planning. TEICHR helps you move from assuming there are vulnerabilities in your community to having a systematic framework to identify and prepare for them.

TEICHR does not become a section of a plan or need to appear as language in a plan, but it can a helpful guiding tool for understanding community context. Use the tool as part of your gap analysis. For example, you may ask questions like:

- What does trust look like in our community? How does it vary across different groups?
- How are people with access and functional needs spread out in the community? Are they connected to resources, and if so, which ones?



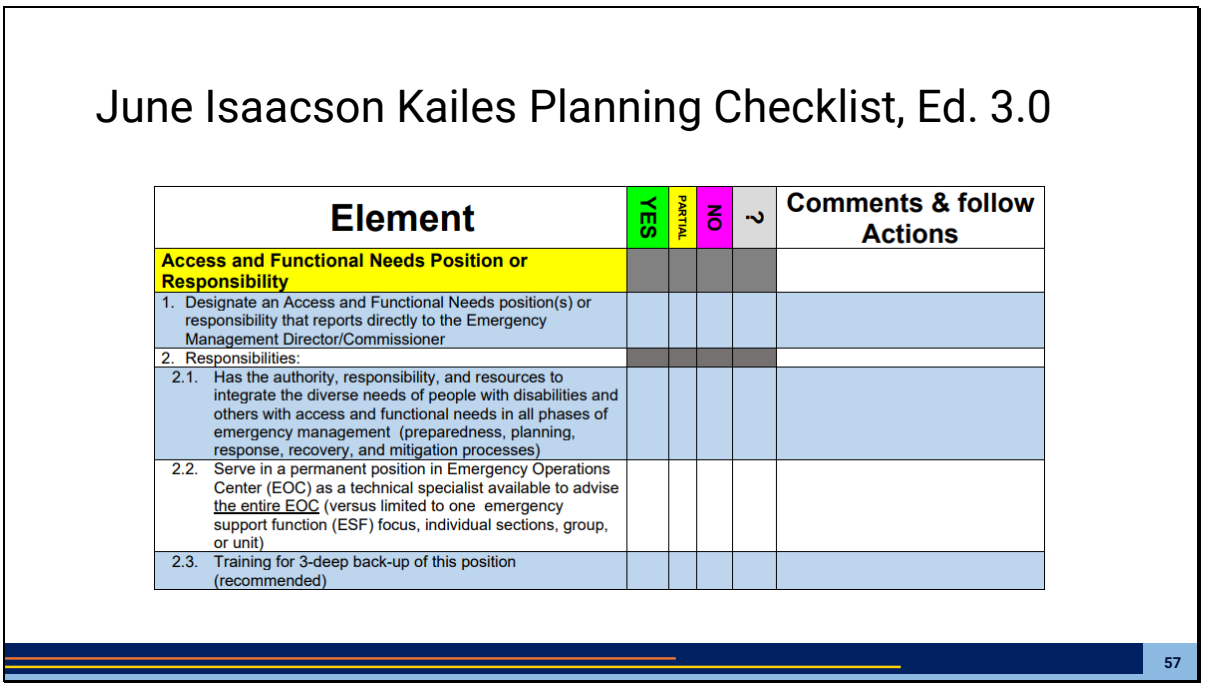
14 POINTS OF INEQUITY IN THE DISASTER CYCLE

The FEMA Office of Disability Integration has identified a total of 14 areas within the disaster cycle that require emergency management professionals to actively address gaps.

1. INCLUSIVE PLANNING – Inclusion in emergency planning that directly affects people with access and functional needs.
2. ALERTS AND WARNINGS – Pre-disaster alerts, warnings, and notifications.
3. INFORMATION – Culturally informed actionable information and instructions posted once a disaster has occurred.
4. EVACUATION/TRANSPORTATION – Evacuation and accessible transportation.
5. EMERGENCY CONTACT/SEARCH AND RESCUE – Emergency contact before the disaster, search, and rescue.
6. SHELTERING – Sheltering in the most integrated, accessible setting (emergency, intermediate, and long-term).
7. COMMUNICATION AIDS AND ASSISTIVE SERVICES – American Sign Language interpreters, screen readers, 508-compliant web-based content.
8. RECOVERY/MITIGATION – Disaster recovery and mitigation investments for people and community facilities.
9. MEDICAL CARE/HEALTH – Acute medical care, mental health services, health maintenance, and access to prescription support.
10. POWER DEPENDENCY – Power dependency (dialysis, oxygen, and prosthetic devices), personal care services, and service animals.

11. SPECIAL DIETS/DRINKING WATER – Dietary/culturally appropriate food needs, and potable water access.
12. REGISTER FOR DISASTER SERVICES – Sign up for disaster services, including FEMA and state/local/tribal/territorial emergency programs.
13. HOUSING – Temporary and permanent accessible housing.
14. PRE-DISASTER HOME/WORK/SCHOOL – Return to pre-disaster home, school, work, and community life.

On the right side of the slide are FEMA's Community Lifelines. Each of these represent key functions of a community and its infrastructure. Getting a picture of what these are during an incident can help capture the significance of an incident. All of these need to be in place for a community to fully recover. We want to make sure we evaluate how access and functional needs considerations in each of these lifelines might be affected and what it would take to fix those issues..

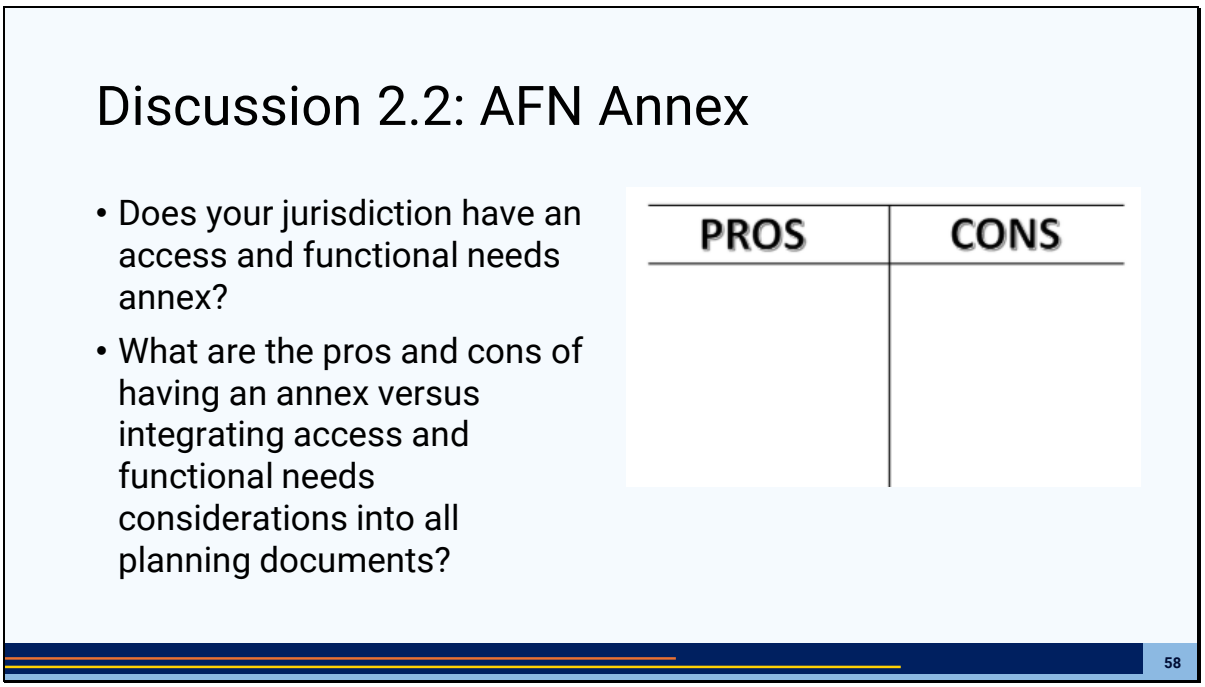


JUNE ISAACSON KAILES PLANNING CHECKLIST

A checklist for emergency planners, managers, response, and public information officers (PIOs) who have responsibility for developing, maintaining, testing, delivering, and revising emergency plans and associated annexes, plans, procedures and supporting material. Use it to help:

- Identify areas needing attention
- Set priorities
- Track progress
- Make assignments

Kailes, J.I. (2020) Checklist for Integrating People with Disabilities and Others with Access and Functional Needs into Emergency Planning, Response & Recovery, Edition 3.0, 2020, Published and distributed by, by June Isaacson Kailes, Disability Policy Consultant, http://www.jik.com/, Copyright ©: 2011, 2013, 2014, 2020.



DISCUSSION: AFN ANNEX

Who has an Access and Functional Needs Annex? What are the pros and cons of an annex versus integrating access and functional needs into all planning documents?

The state often gets asked, "How should we do this?" We want you to know you have options and there are benefits and challenges of each approach.

Annexes are operational plans that describe the Who and What. They may include ideas, communication strategies and resource lists but not tactical details. An annex may be necessary to develop key procedures. Annexes can also avoid duplication of services and resources because everything is in one specific place.

While annexes are part of standard emergency planning practices, many states advise that access and functional needs integration should occur throughout all plans instead of being addressed in a standalone annex at the end. This ensures that access and functional needs considerations are not separated into a different plan that may not be accessed or referenced with other plans. However, annexes can work if they are consistent with and integrated into operational plans and contain specific language about roles and responsibilities.

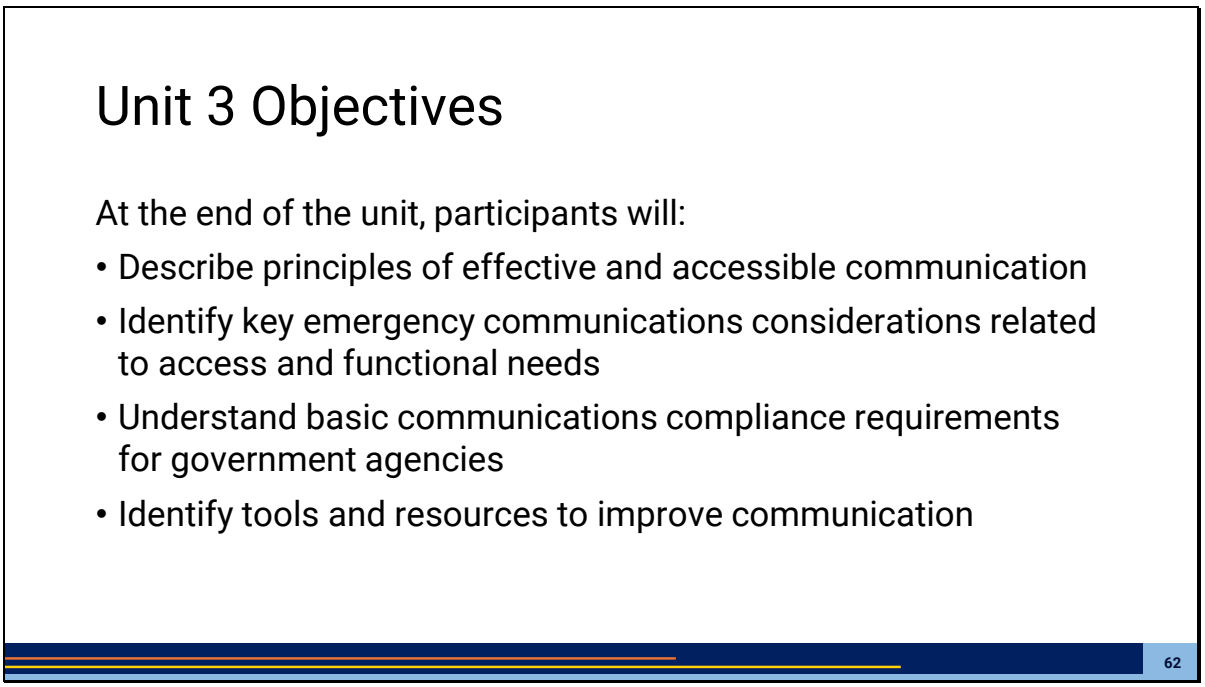
Break

Unit 2

Image by Paul McGowan from Pixabay

Photo of Bannack State Park:
https://pixabay.com/photos/bannack-town-site-bannack-state-3971920/

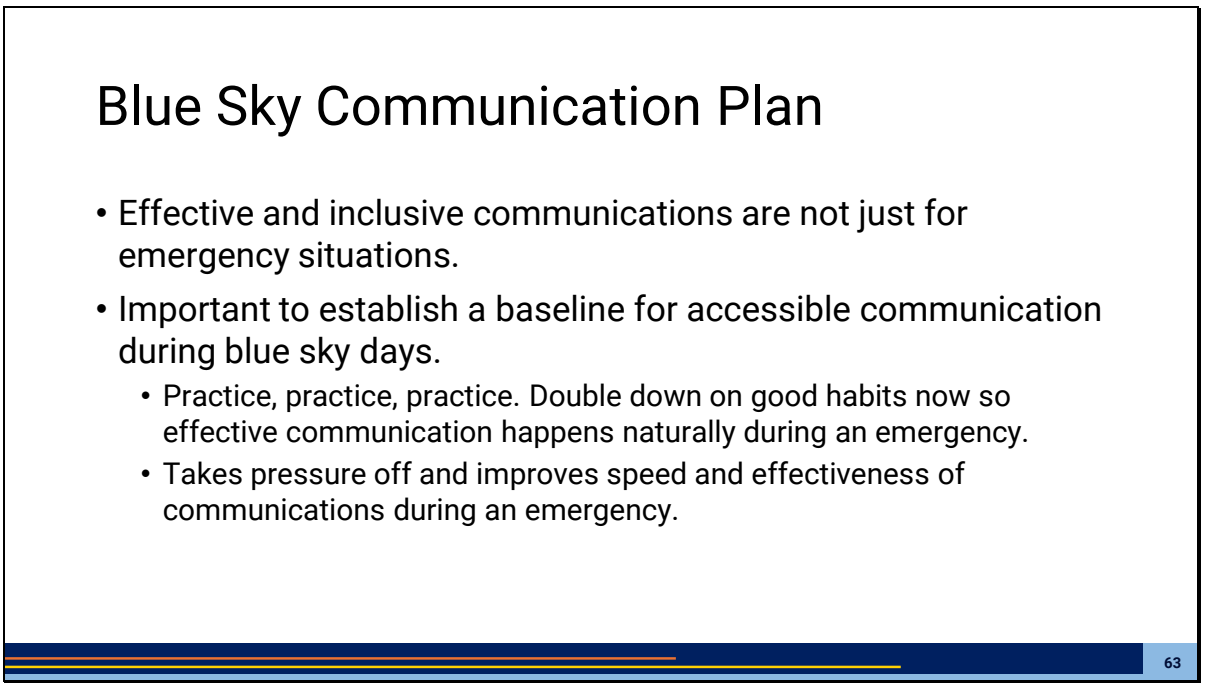
Effective Communication
G197 - Unit 3



UNIT 3 OBJECTIVES

At the end of the unit, participants will:

- Describe principles of effective and accessible communication
- Identify key emergency communications considerations related to access and functional needs
- Understand basic communications compliance requirements for government agencies
- Identify tools and resources to improve communication

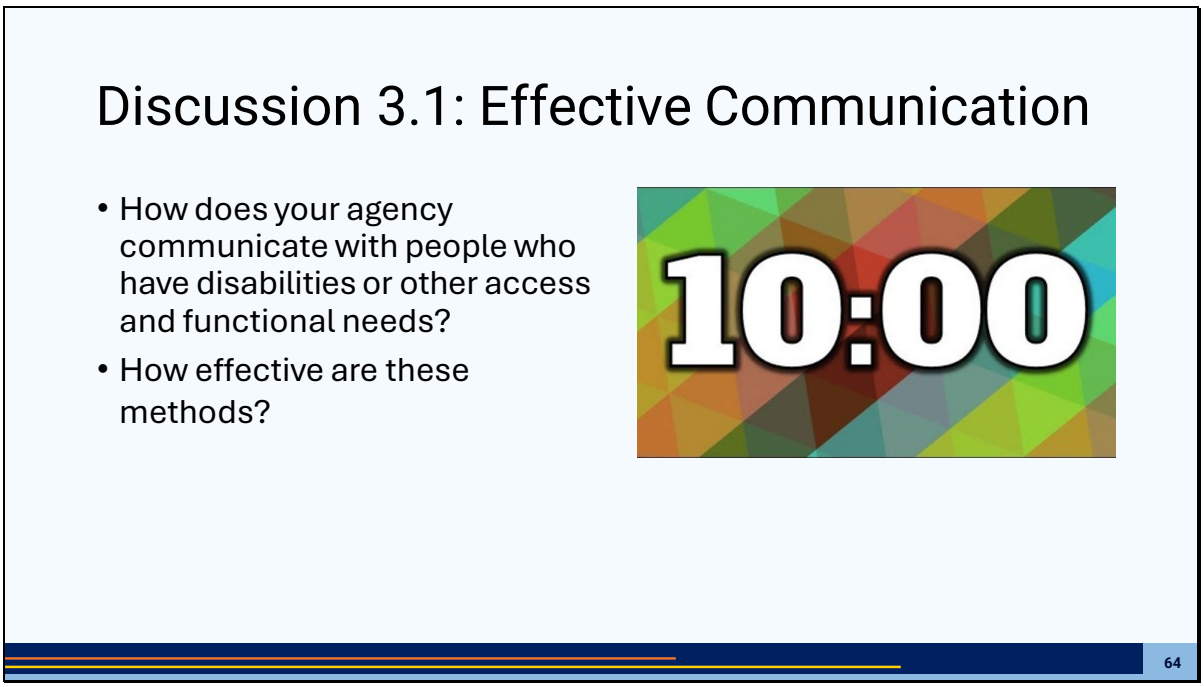


BLUE SKY COMMUNICATION PLAN

Effective and inclusive communications are not just for emergency situations.

It is important to establish a baseline for accessible communication during Blue Sky days. This takes the pressure off during emergency situations and improves the speed and effectiveness of communications during an emergency.

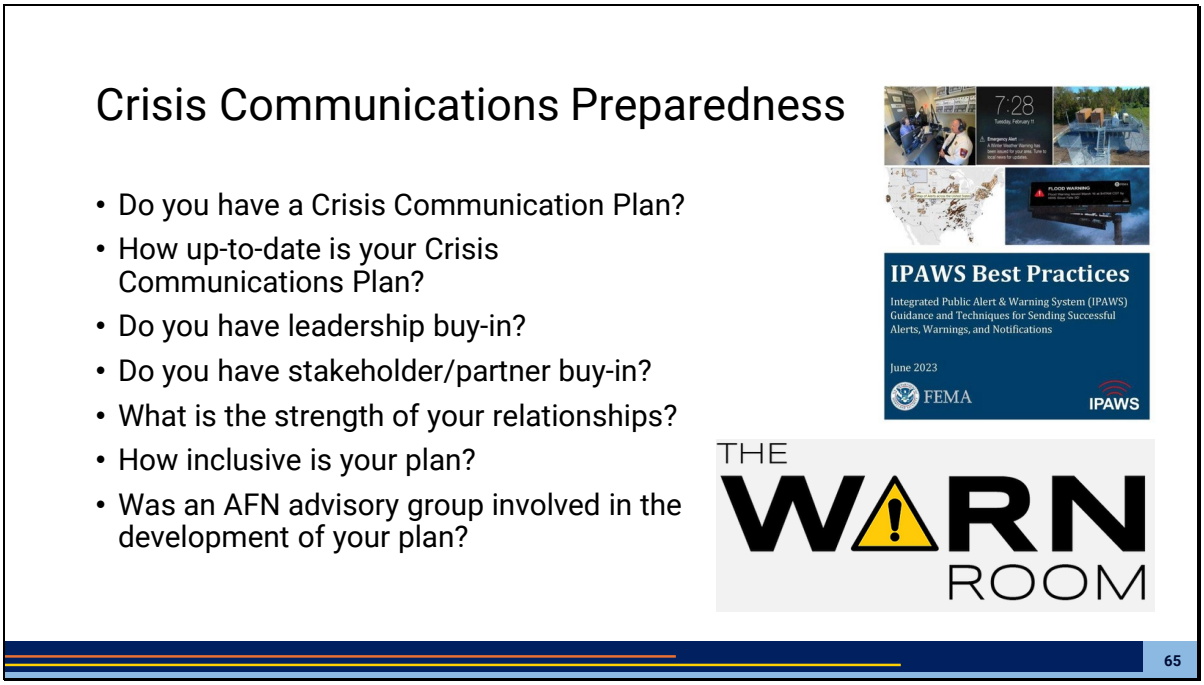
Practice your communications frequently. Double down on good habits now so effective communication happens naturally during an emergency. Being prepared and establishing good practices during Blue Sky days the first step to effectively communicating during emergencies.



ACTIVITY: EFFECTIVE COMMUNICATION

All people are more independent and able to effectively respond to information when they receive information in ways they can understand and use. Effective communication can save lives and allow the public to prepare as necessary for an emergency.

- How does your agency effectively communicate with individuals with access and functional needs?
- How effective are these methods?



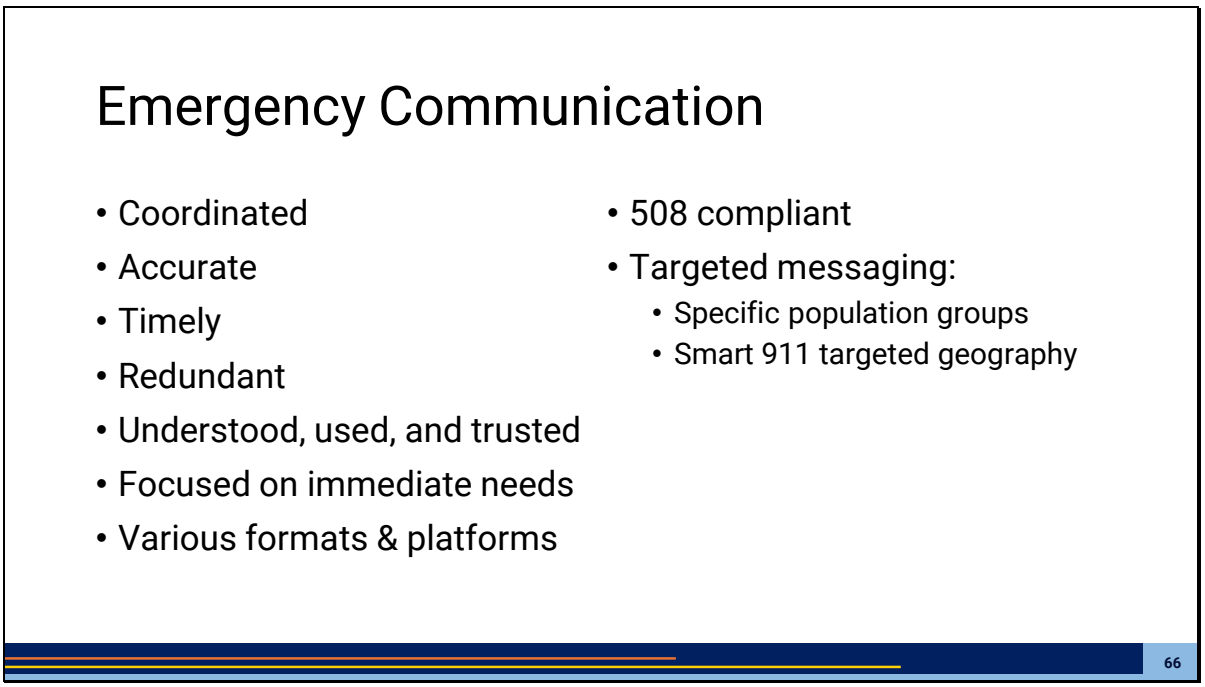
CRISIS COMMUNICATIONS PREPAREDNESS

Below are questions that you should consider related to crisis communications planning:

- Do you have a Crisis Communication Plan?
- How up-to-date is your Crisis Communications Plan?
- Do you have leadership buy-in?
- Do you have stakeholder/partner buy-in?
- What is the strength of your relationships?
- How inclusive is your plan?
- Was an AFN advisory group involved in the development of your plan?

Regardless of your organization's size or service, you should have a crisis communication plan that:

- Is accessible, understandable, and actionable by the whole community.
- Prevents you from wasting precious time getting your message out.
- Should be simple or elaborate depending on the size and specific needs.
- Should determine when the plan will be implemented/activated.
- Enables you to network, network, network…
- Outlines your community's culture and ethnicity; should also include partners that assisted in developing the plan.
- Reaches the whole community, including "hard to reach" populations.



EMERGENCY COMMUNICATION

- Coordinated – collaborate with partners to ensure everyone is on the same page.
- Accurate
- Timely
- Understood, used, and trusted
- Redundant: Over communicate! Needs to happen multiple ways, multiple formats
- Focused on immediate needs
- Various formats & platforms
- 508 compliant

To ensure redundancy in communication, partner with community-based organizations and other partners that can provide emergency and evacuation information to their clientele.

Montana Relay (part of Montana Accessible Communications) offers a variety of communications services for Montanans at no cost to the user.
https://dphhs.mt.gov/detd/mtac/index

TOOLS FOR COMMUNICATION

Accessible communication applies to various tools such as radio and television, newspapers, electronic news articles, video blogs and social media/websites. In addition, during an emergency or disaster shelters and local assistance centers serve as locations to obtain information and access to interpreters as needed.

Development and distribution of accessible print and video materials to the public through traditional and social media platforms. This includes the use of captioning, voice over, audio description, sign language interpretation and plain language for all videos being developed, produced and distributed for internal and external use.

Message content does not only need to be plain language but also the content, especially ASL presentation, needs to be conceptually understandable. For instance, "Shelter in Place" means what? There may need to be additional information provided to clarify.

Non-technological forms of communication include:
• Trap Lines
• Community Boards
• Door-to-Door Knocks
• Flyers
• Trusted Sources
• Face-to-Face
• Local Disability Organizations

Montana example:
The images on this slide are from Park County, MT's County Current Project. Park County does not have a local newspaper, radio station, or television station. In response to communication challenges in this rural county (including the 2022 Yellowstone River floods that washed out roads and the Covid-19 pandemic which limited access to information), Park County implemented the County Current Project. It enlisted all grocery stores in the county to receive a television monitor, on which county government broadcasts local news as well as urgent or emergency messages in real time. For more information about the County Current Project, contact the Park County Office of Emergency Management.

PUBLIC WARNING TOOLS

In times of emergencies, effective communication is paramount to ensure the safety and well-being of all community members, including those with access and functional needs. Local governments may employ a variety of public warning tools to disseminate critical information swiftly and efficiently including (but not limited to) loudspeakers, picture signs, simple sign language cards for emergency workers, video relay services, video phones, and incorporation of the federal Integrated Public Alert and Warning System (IPAWS).

In determining the most appropriate system or procedures for your jurisdiction, it is essential that you involve people with lived experience and advocacy backgrounds. Individuals who are deaf/hard of hearing/deaf-blind, older adults, people who are blind/low vision, and others with disabilities must be part of the process. Without the involvement of these groups of people, efforts to enhance communication for the Whole Community will fall short.

For each of these warning tools, there will be strengths and limitations. None of these are catchalls. No public warning tool is perfect or comprehensive. You need to use multiple methods, all planned and in-place during blue sky days, for deployment during emergencies.

Loudspeakers

Loudspeakers are traditional yet powerful tools for conveying urgent messages to a large audience in a specific geographic area. They are ideal for areas with dense populations and can be strategically placed to cover neighborhoods or public spaces. This includes sending out radio cars with loud sirens. Special consideration is given to volume control, clarity, and multilingual capabilities to ensure inclusivity. Keep in mind that people who are deaf or hard of hearing may not hear sirens, warnings, or evacuation announcements, and may not respond to knocking on doors. It is recommended to follow up with more comprehensive door-to-door notices.

Signs

- Text signs: Prepare written notes and instructions for disaster announcements, like evacuations. Be sure posted information is in plain view for the public to see. Information should be simple and clear.
- Picture signs: Visual communication is crucial for individuals with diverse needs, including those who may have difficulty understanding verbal instructions. Picture signs, featuring universally recognized symbols, can convey information about evacuation routes, emergency shelters, and safety procedures. The use of clear and concise graphics aids in overcoming language barriers and ensures accessibility for a broader audience.

Simple Sign Language Cards for Emergency Workers

Emergency responders may encounter individuals with hearing losses during door-to-door evacuations. Simple sign language cards provide basic communication tools for emergency workers, allowing them to convey essential information and understand the needs of individuals with hearing losses effectively.

Video Relay Service (VRS)

Enables anyone who uses American Sign Language (ASL) to communicate over the phone with the aid of a video-linked interpreter via webcam, smartphone, or tablet. The interpreter voices the VRS user's sign language for the standard telephone user and then translates the standard telephone user's responses back to the VRS user in sign language. Video Relay Services allow individuals with hearing loss or speech disability to receive emergency updates and request assistance.

Video Phones

Useful to individuals who are deaf or hard of hearing and are becoming increasingly popular for education instruction, telemedicine, and those with mobility issues.

Emergency Alert and Warning Systems

Modern technology facilitates the development of advanced emergency warning systems, capable of delivering alerts through various channels such as text messages, emails, and social media. These systems ensure timely dissemination of critical information to a diverse audience, taking into account different communication

preferences and needs. In Montana, emergency alert and warning systems vary by jurisdiction and agency, and each has its own capabilities.

Do not assume your alert and warning system works with TTY. Although systems should automatically convert messages to text when a TTY machine is detected, but some systems hang up and call back to deliver the text message. Some TTY machines take a few minutes to reset themselves and take three to four minutes before the text message comes through. This may jeopardize the recipient's safety. TTY access does not cover many deaf and hard of hearing individuals who rely on videophones, email, or SMS text. Check your system to see how it works with TTY. If your system has delayed delivery for TTY, you may need to develop a secondary notification approach for people in your community who use TTY.

Alert and warning systems must be accessible and capable of reaching the diverse population of people with disabilities. In determining the type of systems to obtain and policies to adopt, consider the following.

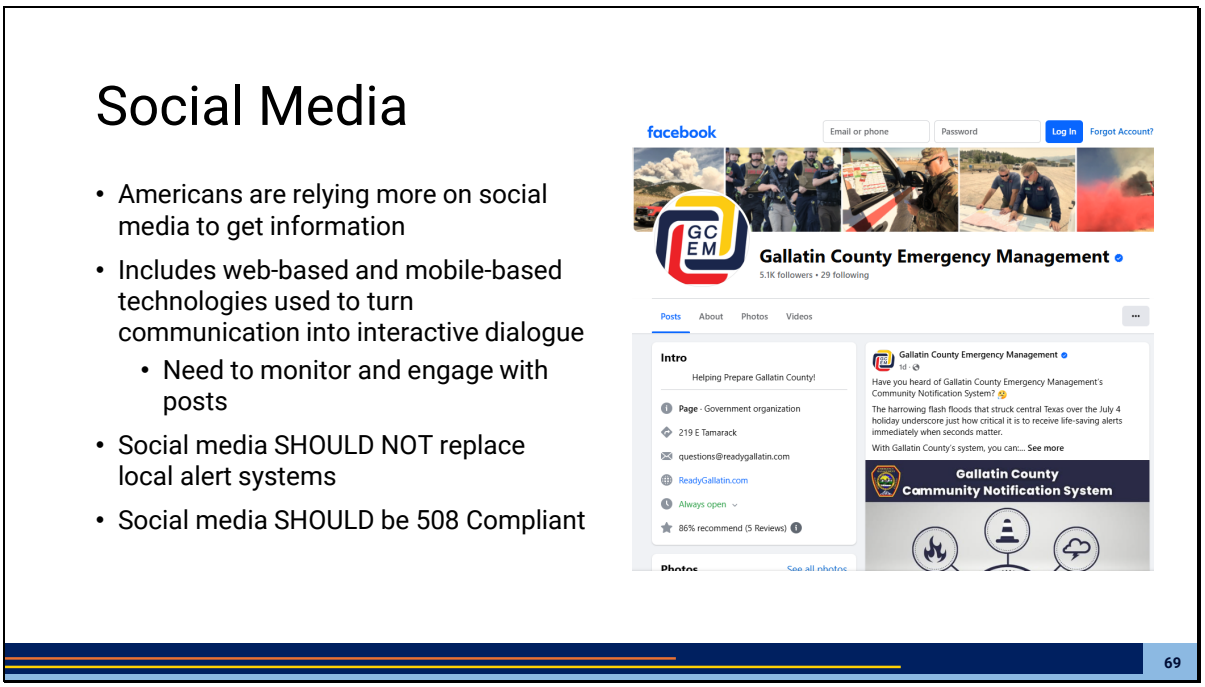
For Land-Line Numbers:
• Does the system directly connect with teletypewriters (TTYs)?
• Is a TTY user required to register their land-line telephone number to receive warning messages? (If so, this is not "functionally equivalent" and is not an acceptable practice.)
• Are all individuals, or only those who are deaf/hard of hearing/deaf-blind, required to apply/register their information?
• What is the process to register and how is it advertised?
• How often is the system tested and does it include participation and feedback of individuals who are deaf/hard of hearing and deaf-blind?

For Wireless Numbers/Systems:
• Can the system send text messages to wireless devices? What are the system's limitations of sending text messages?
• Does the system have the capability of sending e-mail messages to data devices?
• Does the system have the capability of sending video messages (using American Sign Language) to video- enabled wireless devices and/or e-mail?
• How often is the system tested and does it include participation and feedback of individuals who are deaf/hard of hearing or blind/low vision?

Integrated Public Alert Warning System (IPAWS)

The Integrated Public Alert & Warning System (IPAWS) is FEMA's national system for local alerting. IPAWS is designed to improve public safety through the rapid dissemination of emergency messages to as many people as possible over as many communications devices as possible. Currently it distributes messages through mobile phones using Wireless Emergency Alerts, to radio and television via the Emergency Alert System,

and on the National Oceanic and Atmospheric Administration's Weather Radio. IPAWS supports accessibility features, ensuring that alerts reach individuals with various needs, including those with disabilities or language barriers.



SOCIAL MEDIA

Social media provides another channel of broadcasting messages to the public. It has made information more available to people with disabilities and others with access and functional needs. Jurisdictions should include an official policy statement within the EOP indicating that all content posted online, including social media, will be posted in accessible formats.

Social media also allows for two-way communication between emergency managers and major stakeholder groups. Increasingly, the public is turning to social media to obtain current information during emergencies and to share information about the disaster in the form of geo data, text, pictures, video, or a combination of media types. Consequently, social media also allows emergency responders to gain greater situational awareness. It can help emergency managers understand how a disaster has impacted their community. It is important to have a presence on multiple social media platforms and to know how to mine these sites for information that can be shared back to decision-makers. During an emergency, this function may be part of Emergency Operations Center (EOC)/Joint Information Center (JIC) operations.

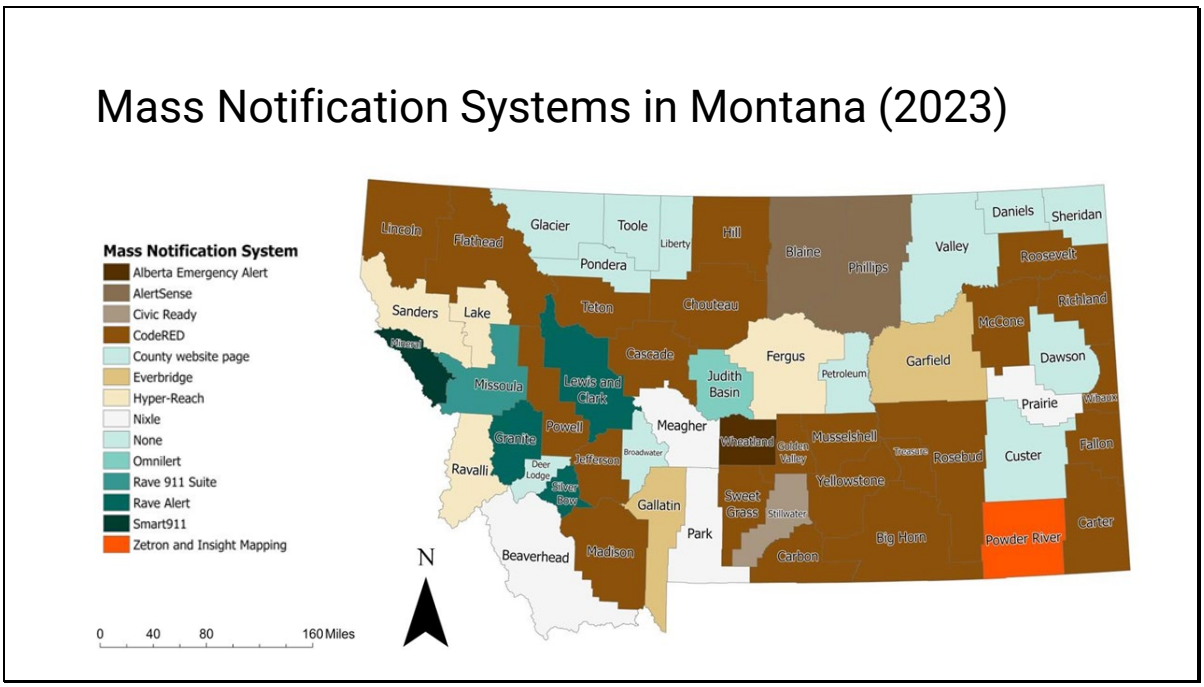
Social media includes the following platforms:

- X (previously Twitter)
- Pinterest
- Facebook
- Instagram

- LinkedIn
- TikTok
- Periscope
- YouTube
- Nextdoor

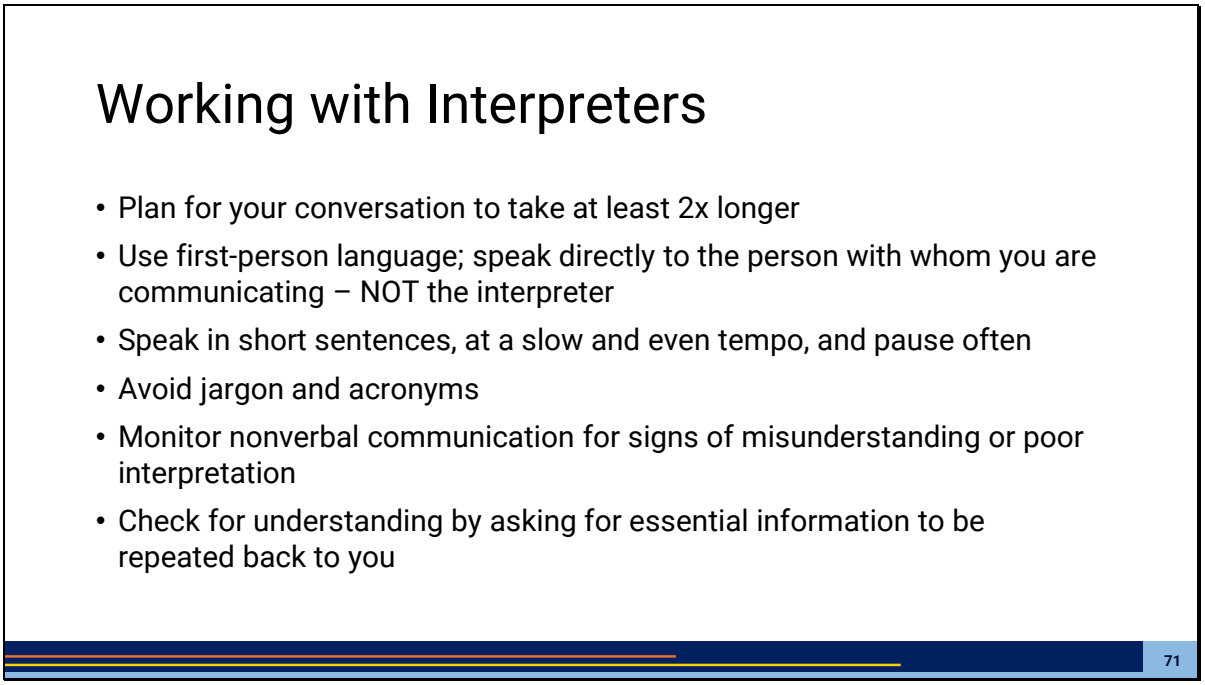
While social media allows for many opportunities, it also holds challenges for emergency managers.

For both social media and community media, if you begin to develop this program when an event occurs, you will be too late. Relationships, processes and procedures understood by all parties must be developed before the event. Communicating in multiple languages is a core principle of disaster communications.



MASS NOTIFICATION SYSTEMS IN MONTANA (2023)

Lily Hartman, a student at University of Montana, wrote her master's thesis on mass notification systems in Montana. This map is a product of her research and shows the 14 different notification systems used in Montana during 2023.



WORKING WITH INTERPRETERS

An interpreter is defined as a person who speaks English and another language fluently or signs English or another language fluently. Fluency includes an understanding of nonverbal and cultural patterns necessary to effectively communicate in that language.

There are some expectations to keep in mind when working with interpreters. Interpreters WILL transmit your message from one language to another. They will create the exact message in the target language and will retain the original intent. They will do this while speaking and listening for the next phrase. As a general rule, interpreters typically WILL NOT explain what you mean; provide explanation, guidance, or advice beyond what you have stated; tell you what cultural nuances are going unnoticed; or mediate to bring a conversation back on track. This is because interpreters are meant to be a conduit of information, without editing, summarizing, deleting, or adding content (INGCO International). However, the interpreter may need to restructure information to present it in a more culturally and linguistically appropriate manner, especially if the concepts or words you speak in English do not have a direct translation. When possible, discuss expectations and questions with your interpreter in advance.

Before the interpretation (DHHS):

- Identify the target language. Montana Department of Transportation's Language Identification and Assistance Guide (April 2023) is an example of an "I Speak" tool which can be used to help identify what language an individual is speaking to set up appropriate interpretation and/or translation services:

https://www.mdt.mt.gov/other/webdata/external/civilrights/Language-Assistance-Guide.pdf

- Whenever possible, use a qualified interpreter. The ADA defines a "qualified interpreter" as "an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively using any necessary specialized vocabulary."
- Introduce yourself to the interpreter in advance and describe the purpose of your conversation. If applicable, share notes, outlines, handouts, and other relevant materials with the interpreter to provide context.
- Document the interpreter's name and contact information.
- Allocate at least double the time of a regular interview.

During the interpretation (DHHS):

- Look at and speak directly in the first person to the LEP individual or person with a disability, not the interpreter. For example, "Hello, my name is Jane," not "Tell him my name is Jane."
- Speak in short sentences, pausing after each phrase, and at a slower rate.
- Avoid the use of idioms, acronyms, and double-negatives. For example, "The predicted floods will cause damage," not "the predicted floods will be a recipe for disaster."
- Use plain language. Be prepared to clarify information (i.e., a technical term) by describing it in a different or more detailed manner. For example, the term "response" has multiple meanings. In the context of a disaster, you may clarify the term "response" to mean, "actions taken before, during, or immediately after a disaster to ensure public safety and meet the needs of the affected community."
- Monitor the quality of the interpretation and proficiency of the interpreter. Red flags include extreme hesitation, repeated clarifications, excessive usage of English terms, and overly long or overly short interpretations compared to the statements being interpreted.
- Use the "teach back" method to rephrase and confirm that the person understands the information you have shared.
- Allow time for questions and clarifications.

Sources:

- INGCO International. "How to Work Effectively With An Interpreter?" Presentation for the Minnesota Department of Labor and Industry. https://www.bing.com/ck/a?!&&p=058cbea7a1b53fccbb0064c8669905c22264ef046b74e85e424354a2f5194e6aJmltdHM9MTc1MjEwNTYwMA&ptn=3&ver=2&hsh=4&fclid=3911a96d-e7d9-6303-0074-bd92e6f46265&psq=dli+minnesota+who+to+work+with+interpreter&u=a1aHR0cHM6Ly93d3cuZGxpLm1uLmdvdi9zaXRlcy9kZWZhdWx0L2ZpbGVzL3BkZi9vcmllbnRhdGlvbl9ob3dfdG9fd29ya193aXRoX2FuX2ludGVycHJldGVyLnBkZg&ntb=1
- Department of Health and Human Services. "Ensuring Language Access and Effective Communication During Response and Recovery: A Checklist for Emergency Responders." https://www.hhs.gov/sites/default/files/lang-access-and-effective-comm-checklist-for-emergency-responders.pdf

Sign Language Interpreters

- Use during press conferences, Facebook Live events, and in accessible videos
- Use a qualified interpreter
- MOUs/MOAs with sign language interpreters
- Include ASL policy statement within the EOP

ASL interpretation during one of Governor Gianforte's press conferences on COVID-19. Credit: KPAX / Missoula/*January 13, 2021.*

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SIGN LANGUAGE INTERPRETERS

Use sign language interpreters for media briefings, press conferences, videos, emergency shelters, and disaster resource locations.

Press conferences

Use of ASL interpreters during press conferences is critical to ensure dissemination of information during a disaster or emergency. Public Information Officers (PIOs) need to remind broadcasters and internet video providers about the need for captioning press conferences and television interviews. Remind broadcasters that the interpreter must remain in view. PIOs should have bullet points to give to the camera crew, as they may not understand the importance of the interpreter.

The positioning of the interpreter in the TV frame is crucial. The interpreter is always on the immediate left or right of the speaker and podium. Interpreters should be in the frame with the speaker so viewers can see the interpreter. The camera view of interpreter should be ***fixed*** on the area directly in front of the interpreter, from slightly below the waist to about one-half of an arm's length above the head and on each side. Allow the translation to be completed (interpreter's hands should be at rest rest) before removing the interpreter from the shot.

County EOPs should Include an official policy statement indicating all County OES press conferences, town halls, community briefings, etc. will use American Sign Language (ASL) interpreters.

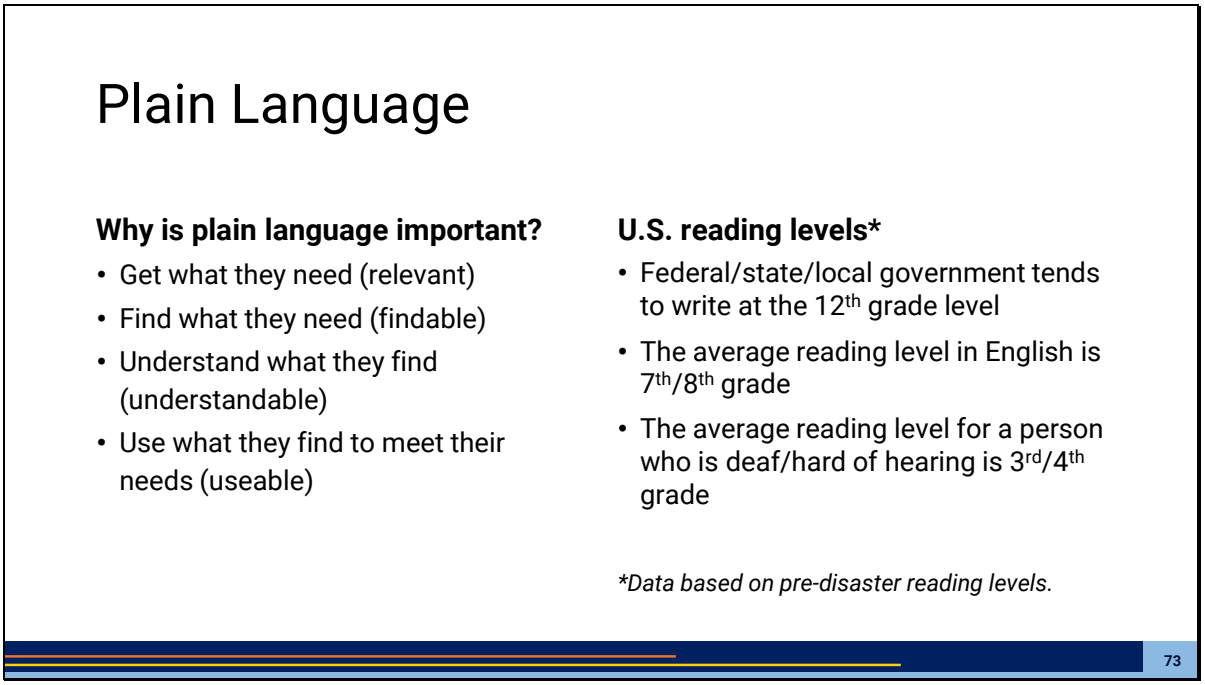
Live and taped videos
With the increased use of social media, interpreters should be used for Facebook live and videos appearing on other social media platforms to communicate with the public. Any videos or taped broadcasts should include the use of an interpreter.

t is important to establish agreements with sign language interpreters during Blue Sky days, and to have backup options in case Montanan interpreters are not available or overextended during emergencies. Montana Department of Health and Human Services maintains a list of qualified American Sign Language Interpreters: https://dphhs.mt.gov/assets/detd/QualifiedSignLanguageInterpreterList.pdf

If you have questions about the DPHHS list or credentials needed when it comes to hiring an interpreter, email the Montana Registry of Interpreters for the Deaf (MRID) at either: info@montanarid.org or president@montanarid.org

Although Montana does not have a required certification program, some nearby states offer training programs and certifications specific to disaster interpreting for qualified American Sign Language interpreters:

- California OES Office of Access and Functional Needs: Disaster Response Interpreter (DRI) Program
- Colorado Division of Homeland Security and Emergency Management: CMIST Response Team Emergency Responder Interpreter course



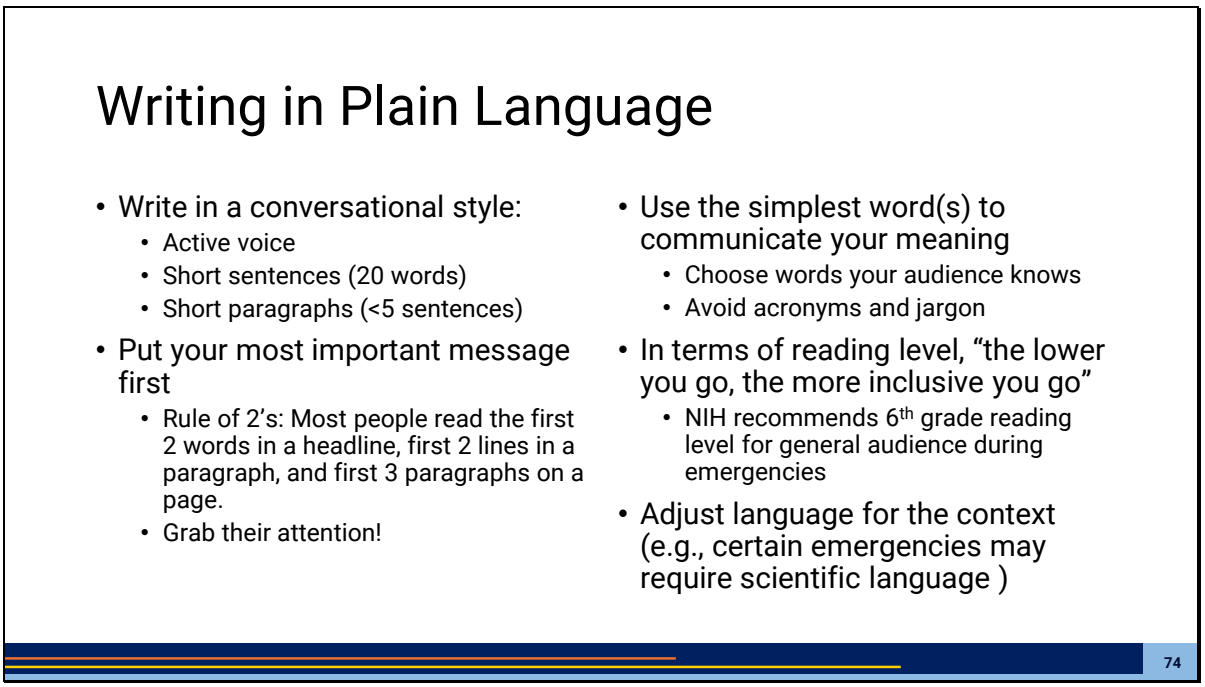
PLAIN LANGUAGE

Plain language is communication your audience can understand the first time they read or hear it.

Information is in plain language if your audience members can:
- Get what they need (relevant)
- Find what they need (findable)
- Understand what they find (understandable)
- Use what they find to meet their needs (useable)

According to the US Department of Education's 2003 National Assessment of Adult Literacy study, approximately 93 million Americans (roughly 43% of them are adults) have Basic or Below Basic literacy skills.

Language that is plain to one set of readers may not be plain to others.



WRITING IN PLAIN LANGUAGE

Drafting Plain Language:

When drafting a plain language text, there are 5 general areas to consider:
• Audience and purpose
• Structure
• Design
• Expression
• Evaluation

Audience and purpose

Start by considering what you want to achieve in writing a communication. If it succeeds, what will happen? How might you measure that?
Then you should think about:

- Who your audience is – their age, profession, education, and skills.
- What information they may already know and what they may need.
- What they will want to achieve by reading your communication.

Assessing your audience in this way will help you select the best mix of the following language and design elements to employ.

Structure

The structure works when readers can quickly and confidently find the information they are looking for. To select the right structure for a communication, ask yourself:
• What are the common structures used for this type of communication?

• What structures will readers be familiar with?
• What sequence will be logical and easy for readers to navigate? For example, a procedure may be best organized in a chronological order, while a longer report may have a series of topic-based chapters.

Principles to apply as you refine your structure include:
• Organizing the content so that it flows logically
• Using summaries to present key information before the details
• Break contenting into short sections that reflect natural stopping points
• Writing headings that help readers predict what is coming up

Design

Increasingly, the visual appearance of a communication is just as important as the structure and language. Here, there are 3 areas to consider:
• Layout
• Typography
• Information graphics

Make sure that the layout and margins include plenty of white space as that helps to separate different parts of the text. Use meaningful headings to help readers navigate.

Select a font and type size that will be easy to read. Make sure there is plenty of contrast between the text and the background, and the spacing between lines and paragraphs is at least the same as the size of the type. Also consider visual devices such as tables, diagrams, photos, charts, and bulleted lists to present information in an accessible and engaging form.

Expression

Finally, think about the wording. While some techniques will vary from language to language, key areas to consider include:
• Tone: use personal pronouns and write in a formal yet conversational style.
• Word choice: use the simplest word that conveys your meaning.
• Jargon: avoid jargon unless your reader is familiar with it, and if they are not, explain technical terms. This includes acronyms, which should be minimally used and always explained.
• Sentences: keep sentences between 15-20 words on average, with individual sentences no longer than 30-35 words.
• Verbs: in most cases, prefer the active voice rather than the passive. Write “I read this page” rather than “This page was read by me.”

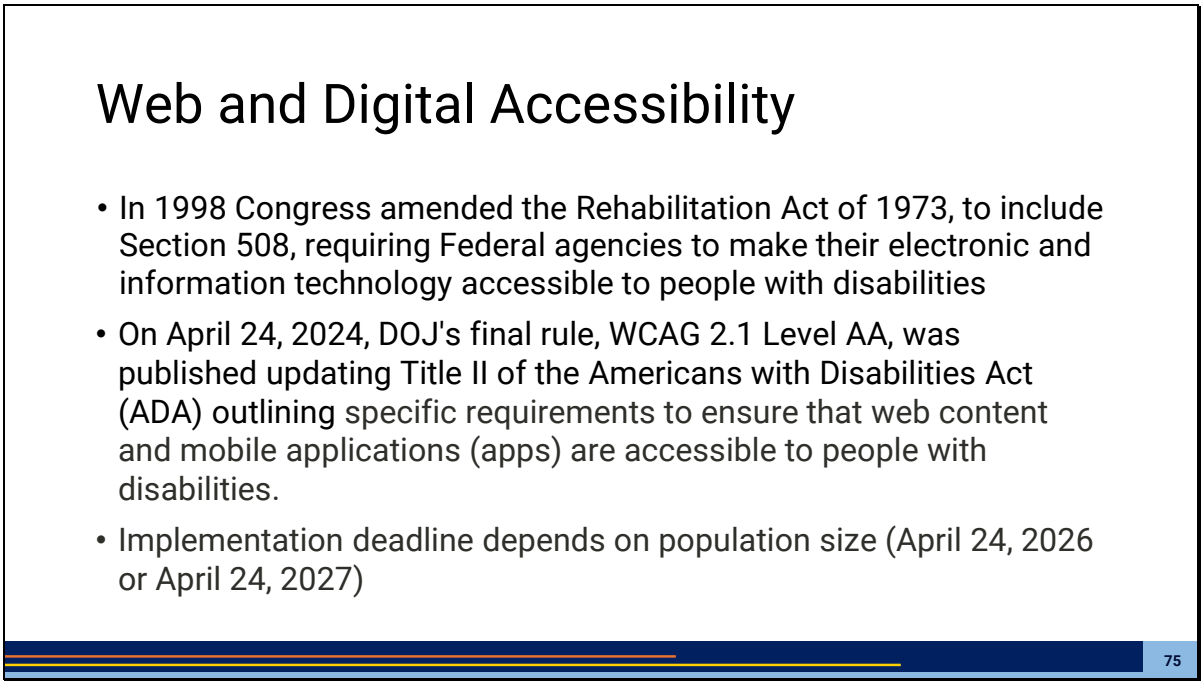
Evaluation

Once you’ve written your information in plain language, the final step is to review whether your audience can understand and use the information they find.

• Always evaluate whether your text is likely to succeed before you send it. At a simple level, this may involve editing the communication against a standard or checklist, or having another person review it.
• Wherever possible, carry out some user testing with your audience. This might be through surveys, interviews, or testing with people who are representative of your readers.
• User testing may not always be necessary or cost effective, such as with an internal email. But it becomes more important for a document that has a wider audience, like a user manual.
• Consider using readability checkers but understand their limitations. An example is the Robert Gunning Editor: https://readabilityformulas.com/robert-gunning-editor.php

For more guidance, visit:

- https://www.plainlanguage.gov/
- https://www.cms.gov/training-education/learn/find-tools-to-help-you-help-others/guidelines-for-effective-writing
- https://centerforplainlanguage.org/
- Department of Defense Plain Language Online Training: https://www.esd.whs.mil/Portals/54/Documents/DD/iss_training/PlainLanguageNONinteractive.mp4?ver=2020-02-03-145233-077



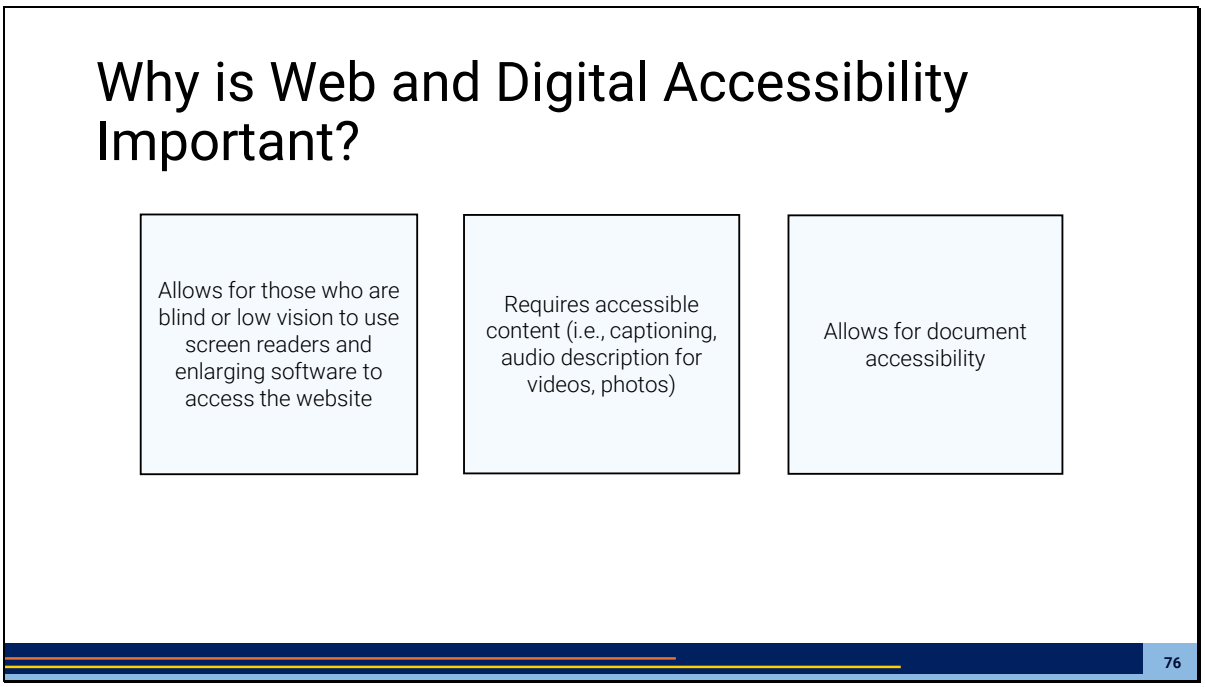
WEB AND DIGITAL ACCESSIBILITY – SECTION 508

- The Rehabilitation Act of 1973 requires Federal agencies to make their electronic and information technology accessible to people with disabilities. Section 50 compliance applies to all electronic communications, such as websites and social media posts.
- The deadline for meeting Section 508 compliance is either April 24, 2026 or April 24, 2027 depending on a jurisdiction's population size. For deadline requirements, reference: https://www.ada.gov/resources/2024-03-08-web-rule/#how-long-state-and-local-governments-have-to-comply-with-the-rule
- The Americans with Disabilities Act (ADA) also requires accessibility for state, local governments, and private entities.

Section 508 of the Rehabilitation Act was enacted to eliminate barriers in information technology, to make available new opportunities for individuals with disabilities, and to encourage development of technologies that will help achieve these goals. There are three major parts to section 508: 1) Procurement of accessible equipment; 2) Website accessibility; and 3) Document accessibility. For the purposes of this training, we will focus on website accessibility and document accessibility.

Section 508 of the Rehabilitation Act applies to all Federal agencies when they develop, procure, maintain, or use electronic and information technology. Under Section 508 (29 U.S.C. § 794d), agencies must give employees with disabilities and members of the public access to information that is comparable to the access available to others.

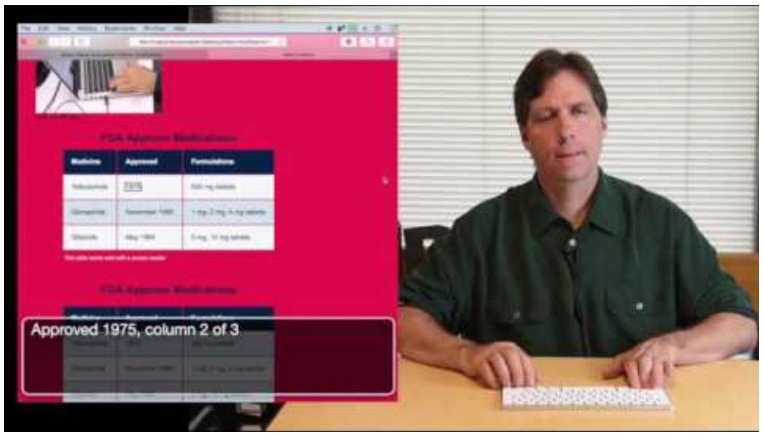
State compliance is required because:
• States receive federal funding.
• Making websites accessible allows for those who are Blind or low vision to use screen readers and enlarging software to have access.
• Making content accessible (i.e., captioning, audio description for videos, photos) allows for effective communication.



WHY IS WEB AND DIGITAL ACCESSIBILITY IMPORTANT?

- Allows for those who are blind or low vision to use screen readers and enlarging software to access the website.
- Requires accessible content (i.e., captioning, audio description for videos, photos).
- Allows for document accessibility.

Video: Screen Reader for Digital Accessibility



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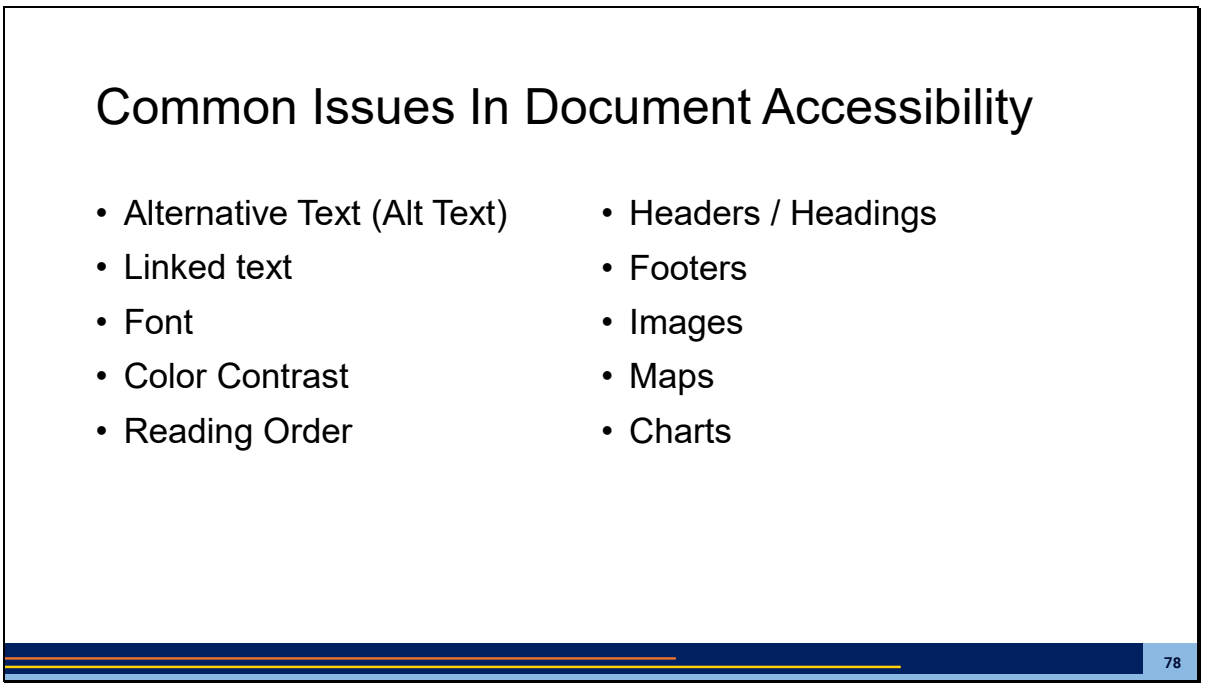
VIDEO: SCREEN READER FOR DIGITAL ACCESSIBILITY

Video link: Screen Reader for Digital Accessibility
https://www.youtube.com/watch?v=dEbl5jvLKGQ&t=13s



COMMON ISSUES IN DOCUMENT ACCESSIBILITY

A best practice is to have a communications checklist that you and your staff can reference to ensure accessibility compliance for all documents before publishing them. The following is a list of common issues in document accessibility that you may want to include on your checklist. This course will touch upon some, but not all, of these issues.

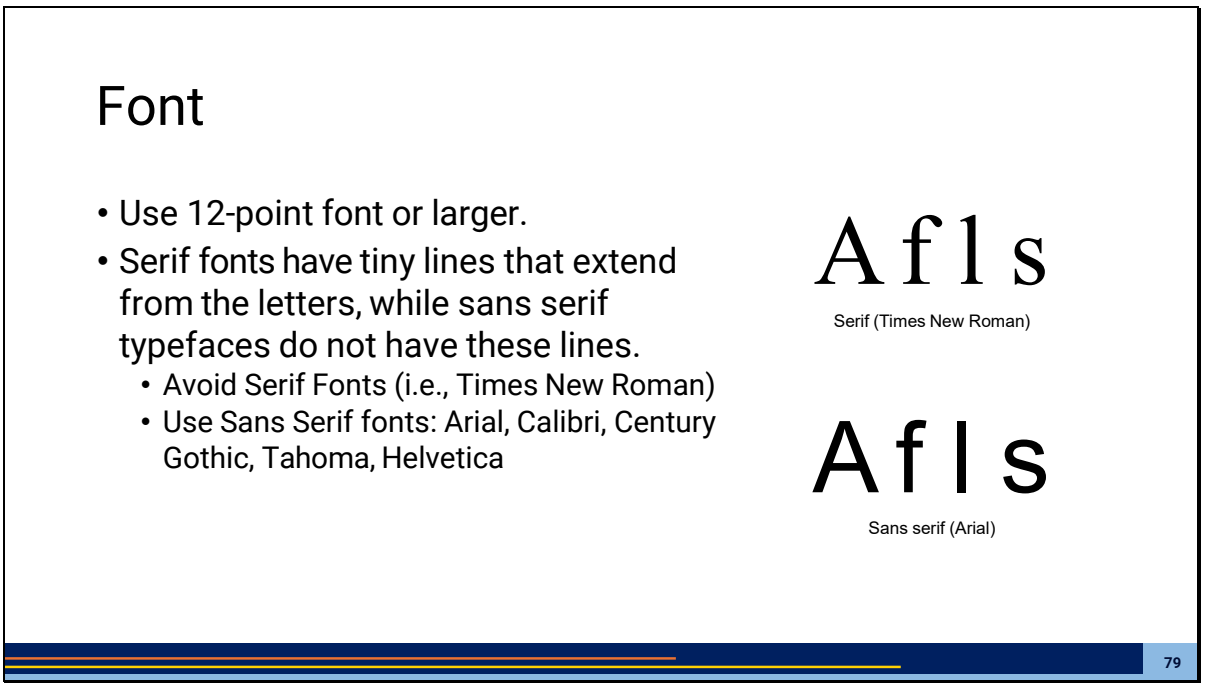
- Alternative Text (Alt Text)
- Color Contrast
- Reading Order
- Headers / Headings
- Footers
- Images
- Maps
- Charts
- Linked text
    - Links should be purposeful and descriptive, so screen reader users understand where the link takes the user if they click on it.
    - Links should stand out visually from the body of text. Do not use color alone. Links should have a non-color text attribute, such as an underline or bold face.
    - View this video from the ADA National Network to understand challenges and solutions with linked text: https://www.youtube.com/watch?v=Smy4OAmMEwE&t=16s
    - Another helpful resource the University of South Carolina's Digital Accessibility website, including guidance on writing alt text:

https://sc.edu/about/offices_and_divisions/digital-accessibility/toolbox/best_practices/link_text/index.php

If you would like guidance or more training on document accessibility, or if you would like to consult with a subject matter expert about specific products, you may find the following resources helpful:

- Rocky Mountain ADA Center (can provide technical assistance on content development): https://rockymountainada.org/
- MonTECH (offers trainings on accessible document creation): https://montech.ruralinstitute.umt.edu/
- WebAIM: https://webaim.org/
- SiteImprove: https://www.siteimprove.com/
- Your local ADA or compliance officer can help you understand if your products meet legal requirements.

It is a good idea to have a Memorandum of Understanding for assistance creating accessible communications and meeting communications compliance.



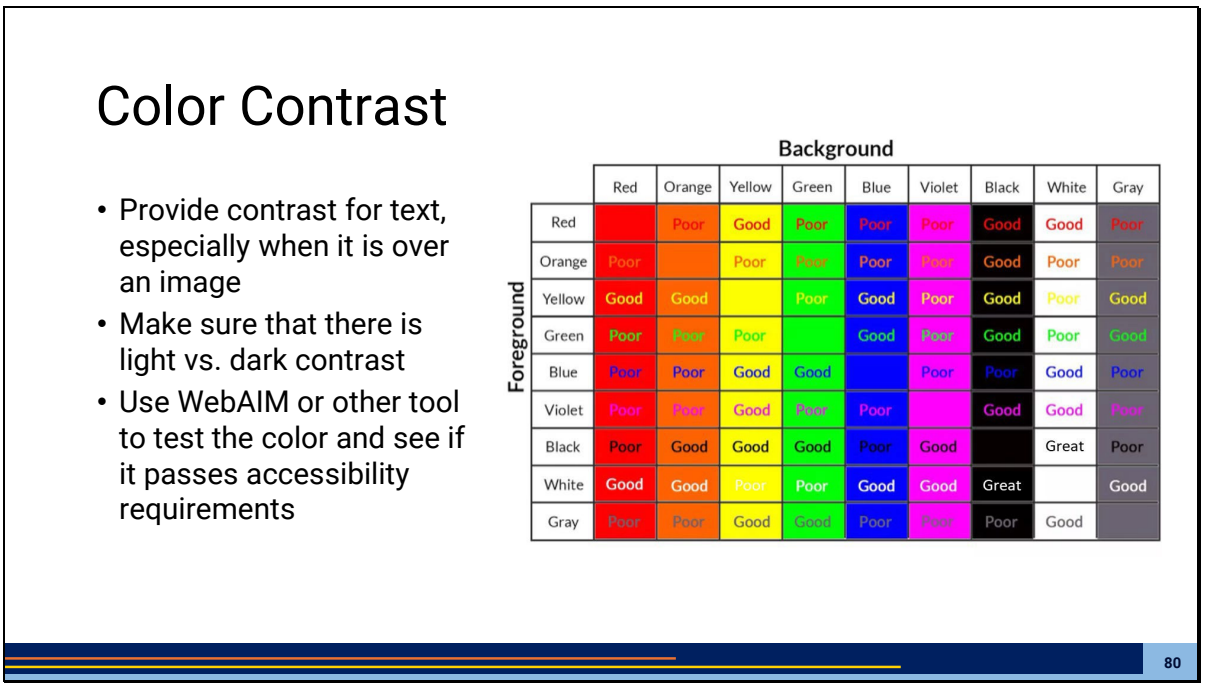
FONT

The following are considerations for accessible graphic design and layout:

- Is the amount of text limited to 50% of the space on each page?
- Use sans-serif font at least 12 to 14 points. (Typically for people with low vision, serif fonts (ones with the small flourishes at the tip of letters, such as Times New Roman) are harder to read.)
- Is the text in Upper- and Lower-case letters vs. ALL CAPITALS?
- Are you emphasizing key points with bolding, different typeface, and/or larger type? (Underlining and italics are NOT recommended.)
- Is the text "left justified"? (Left margin is straight, right margin is ragged).
- Is line length between 3-5 inches or 30-50 characters (and spaces)?
- Does the piece use headings, subheadings, and bullets to guide readers and "chunk" text?
- Are headings simple, clear, and near their text?

Facebook, "X", and Instagram use Sans Serif Fonts, such as Helvetica Neue or Windows Segoe UI, depending on the device used.

Source for using sans-serif font: https://www.section508.gov/develop/fonts-typography/



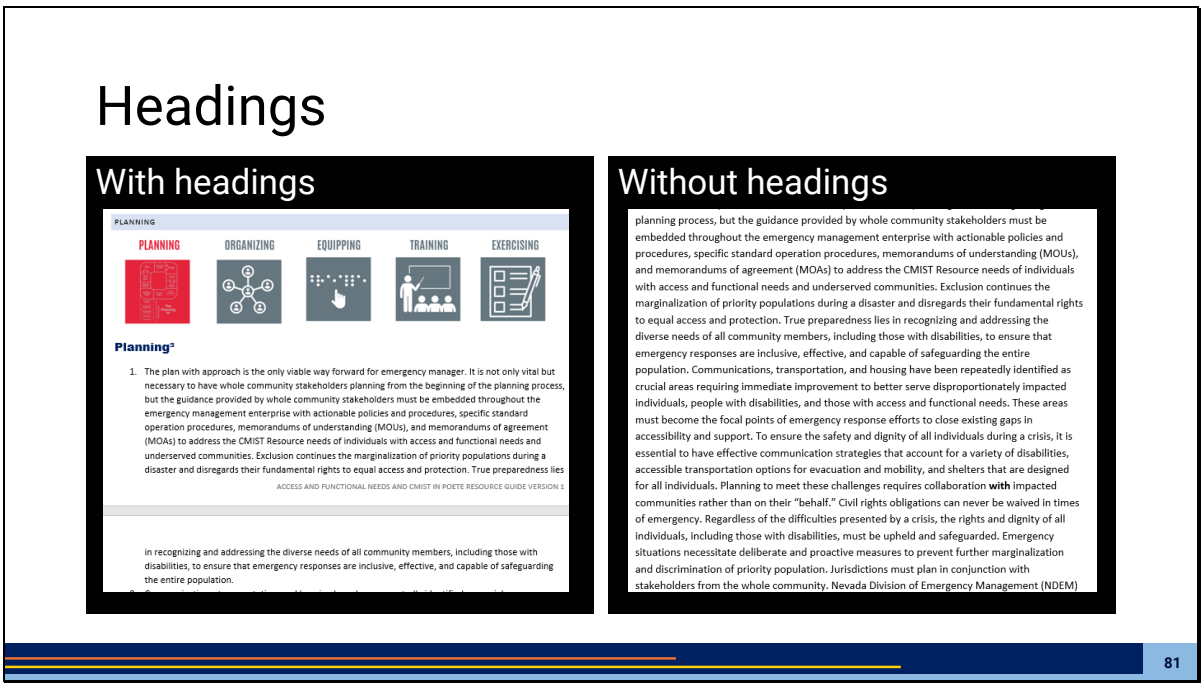
COLOR CONTRAST

Colors must have sufficient contrast between text and background, icons, buttons, and other elements.

- Is there a sharp contrast between ink color and paper?
- Is reverse text avoided? (Reverse text is when the background is printed and the text is not. For example, a black background with white font is considered reverse text).
    - Dark print on light background (white or yellow) is easiest to read. Black ink is best.
- Have you used color to create interest and draw attention?
    - Make sure there is sufficient contrast between light and dark colors.
- Print in black/white, NOT in Grey Scale.

The Web Content Accessibility Guidelines recommends color contrast ratios of at least 4.5:1 for normal text and 3:1 for large text (WCAG 2.1: 1.4.3 Contrast, Minimum).

WebAIM Contrast Checker: https://webaim.org/resources/contrastchecker/



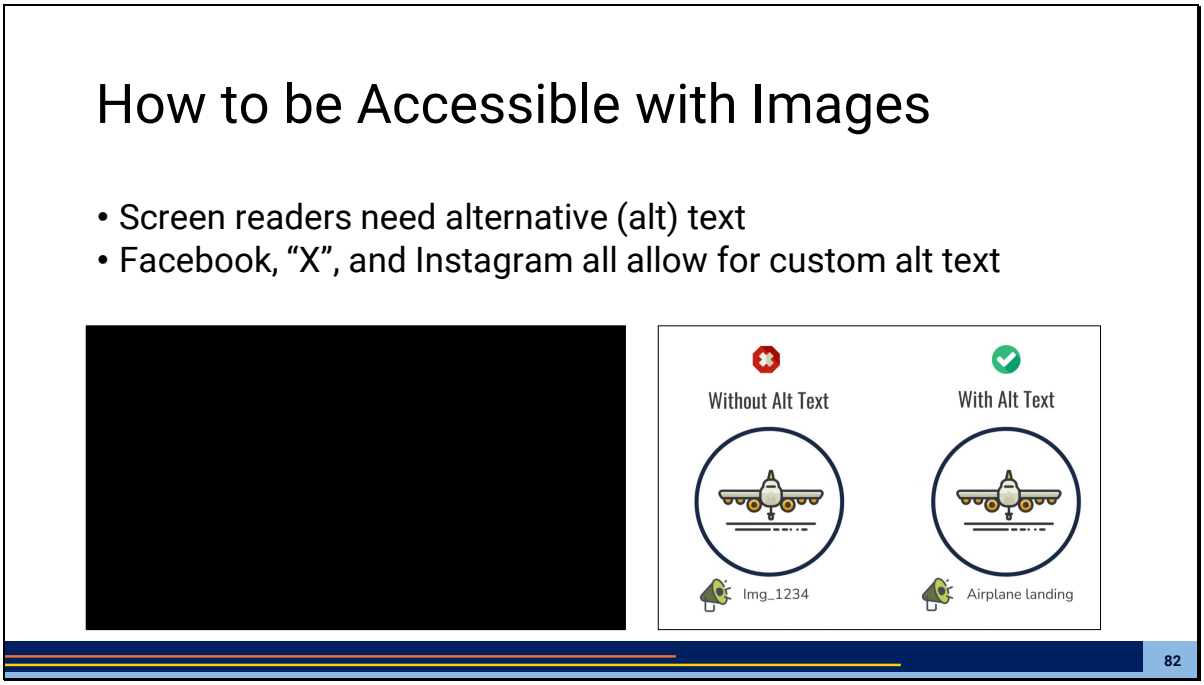
HEADINGS

A document's heading structure acts like an outline, organizing content into different levels of importance. The main title (Heading 1) introduces the overall topic, while subheadings break the content into sections and details. This hierarchy helps readers quickly scan and understand the relationships between sections. (Section508.gov)

We use headings because they impact the screen reader's experience.

- Navigation: Headings provide a structure to the document and an order to how content should be read.
- Content Organization: Headings visually organize the content, making it easier for screen reader users to understand the document's structure and flow.
- Meaning of Words: Headings provide context or a summary of what the text is about. This helps screen reader users understand the purpose and meaning of the words.
- Quick Information Retrieval: Users can use headings to quickly jump to relevant sections using screen reader shortcuts, saving time and effort.
- Understanding: Meaningful headings contribute to a better understanding of the document and help users grasp the main points, without having to read the entire text.
- Better Experience: Proper headings improve the user experience for individuals with visual impairments.
- Compliance: Using headings aligns documents with accessibility standards to make content accessible to a wider audience.

Source: Section508.gov, *Accessibility Bytes No. 6: Document Headings*, https://www.section508.gov/blog/accessibility-bytes/document-headings/



HOW TO BE ACCESSIBLE WITH IMAGES

Alternative text, also known as alt text, is descriptive text that conveys the meaning of an image in digital content. It’s designed to make visual content accessible to people with vision disabilities.

When a person uses assistive technology such as a screen reader, the screen reader will read the onscreen text aloud. When the screen reader reaches an image, it will read the alt text for that image so the user can know what the image is meant to convey. Properly written alt text ensures that important visual information is conveyed to all users, regardless of their visual abilities.

Adding alternative (alt) text is an easy method to create accessible documents, websites, and social media posts.

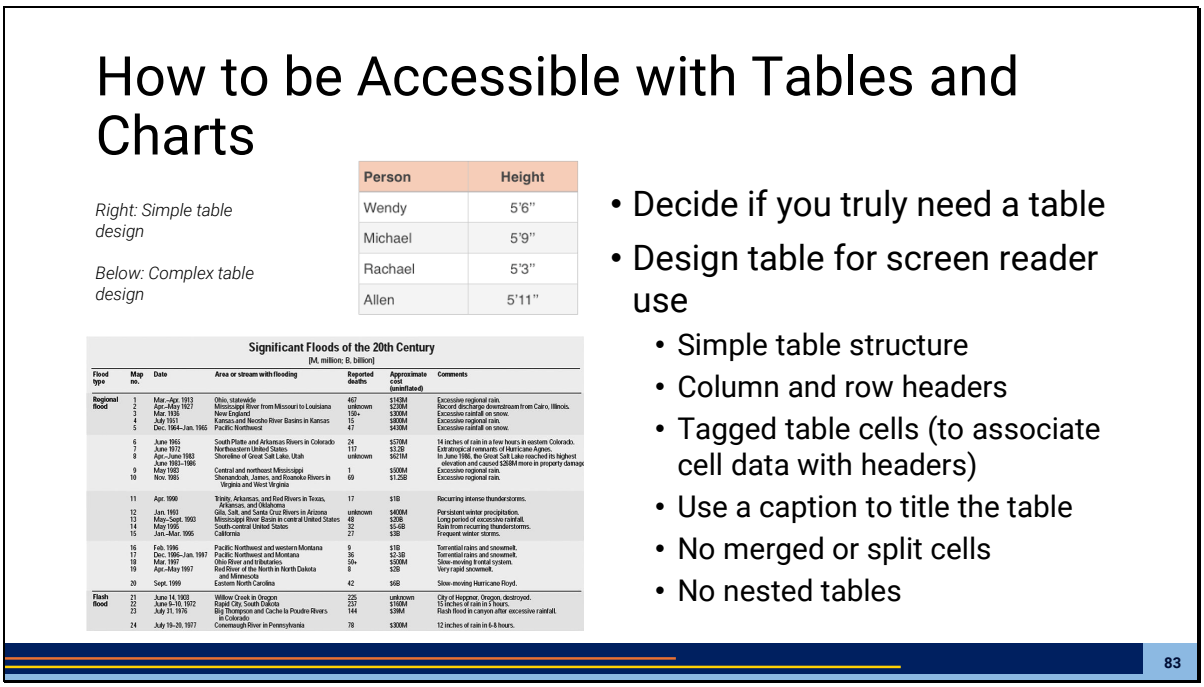
Resources on how to add alt text:

- Microsoft Word – Create Accessible Images and Other Objects: https://www.section508.gov/training/documents/aed-cop-docx09/
- Microsoft PowerPoint – Adding Alternative Text to Images and Other Objects: https://www.section508.gov/training/presentations/aed-cop-pptx07/
- Microsoft Excel – Adding Alternative Text to Images and Other Objects: https://www.section508.gov/training/spreadsheets/aed-cop-xlsx06/

Social media platforms are continually developing new accessibility features. Below are links to accessibility webpages for popular platforms to find their most recent news, updates, and technologies.

- Facebook: https://www.facebook.com/accessibility/
- LinkedIn: https://www.linkedin.com/accessibility

Slide content and video source: Section508.gov, “What is Alternative Text?”, January 2025, https://www.section508.gov/training/alt-text/what-is-alternative-text/



HOW TO BE ACCESSIBLE WITH TABLES AND CHARTS

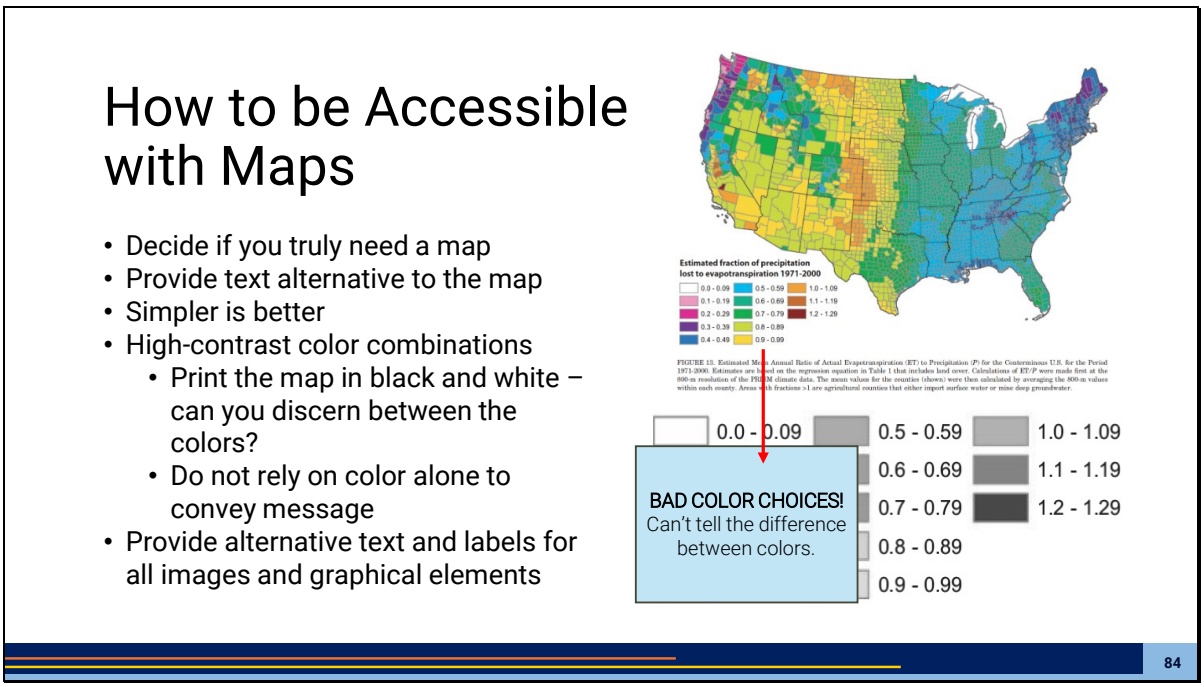
Tables can be very useful in presenting information, but they present challenges for screen readers. Consider if a table is truly necessary to convey your message or if there is another way to present the information. Never use tables as a default method for presenting information..

Table design and coding are important to developing an accessible table. Start by using the simplest table structure possible. This means using a simple table layout (one header row and one header column) and avoiding complex tables (which may contain a heading that spans multiple rows or columns). Do not use merged or split cells. Do not nest one table inside of another table.

Columns and row headers are essential for screen readers to correctly interpret the table data. Tag each data cell to associate it with the correct header, so the screen reader reads the header before the cell data for context. Add a caption for the table that describes the purpose and type of information contained in the table.

For more guidance, view:

- https://webaim.org/techniques/tables/data
- https://www.section508.gov/training/documents/aed-cop-docx05/ (focused on Microsoft Word documents)



HOW TO BE ACCESSIBLE WITH MAPS

- Decide if you truly need a map. Maps should be used when they add value and help communicate a message.
    - Always provide a text alternative to your map. A suggestion is to do this as a text introduction to your map, where all the necessary information is provided.
- Simpler maps are often better.
    - Clear, concise, consistent labels
    - Easy-to-understand symbols
    - Sufficient white space
- Make sure your chosen colors pass the accessibility standards.
    - Common problem combinations include red and green, blue and yellow, and certain shades of green, blue, and purple if used without sufficient contrast or with similar lightness
    - Print the map in black and white to check your color contrast. Is there sufficient contrast to differentiate the colors when in black and white?
    - 4.5:1 contrast ratio for text and images of text; 3:1 contrast ratio for text overlay and interface elements (e.g., buttons, tabs, etc.)
    - Websites for choosing color ramps for maps, figures, and charts include:
        - ESRI Color Ramp Generator: https://developers.arcgis.com/javascript/latest/visualization/symbols-color-ramps/esri-color-ramps/

        - MySidewalk Accessibility Color Palette Generator with WCAG AA compliance checker: https://tools.mysidewalk.com/palette-generator/index.html

• Maintain a contrast ratio of at least 4.5:1 for the visual presentation of text and images, except for the following:

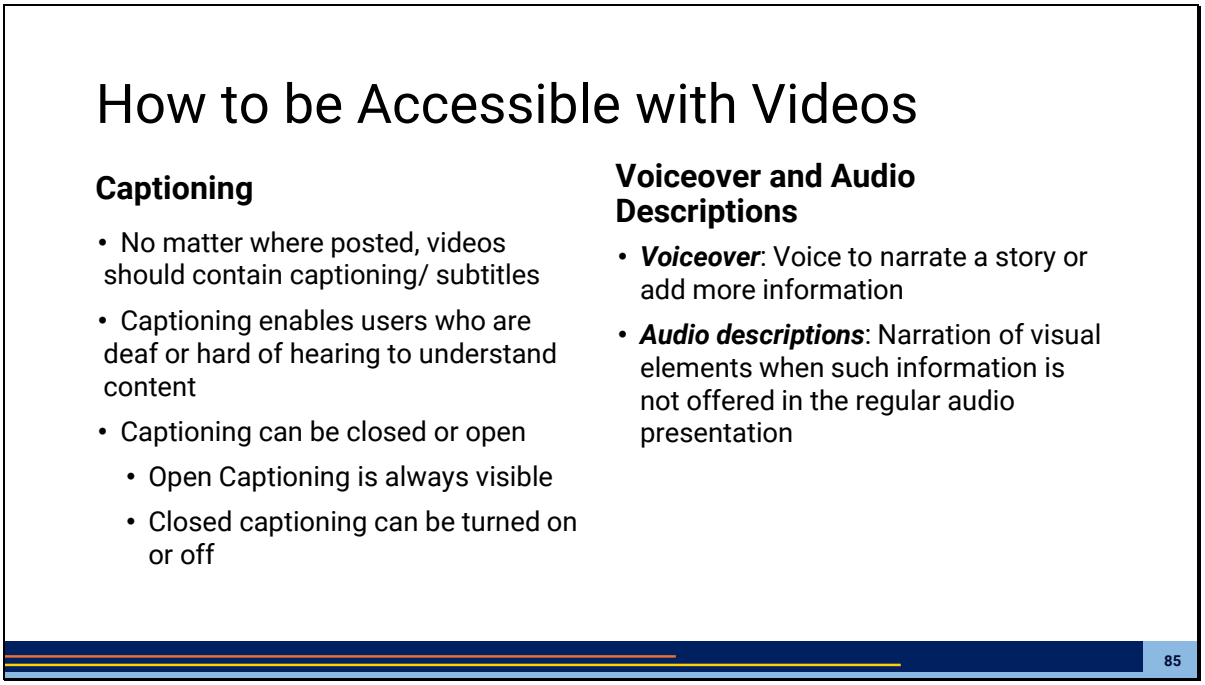
•Large Text: Large-scale text and images of large-scale text have a contrast ratio of at least 3:1;

•Incidental: Text or images of text that are part of an inactive user interface component, that are pure decoration, that are not visible to anyone, or that are part of a picture that contains significant other visual content, have no contrast requirement.

•Logotypes: Text that is part of a logo or brand name has no contrast requirement.

- For text overlay on the map, use Accessible Colors.Com with options to check for WCAG AA and AAA compliance for text over a color. https://accessible-colors.com/

- Label elements and viewing order for screen readers
- Provide alternative text for all images and graphical elements



HOW TO BE ACCESSIBLE WITH VIDEOS

Captioning

Think about what your stress and anxiety levels would be if you watched TV during an emergency to seek information, and there was no sound or text to describe what is happening. Subtitles and captions allow you to share your videos with a larger audience, including deaf or hard-of-hearing viewers and viewers who speak another language.

Captions are words displayed on the screen to describe the audio or sound portion of a video or to provide content and description to accompany visual content. They serve as the "voice" of images, videos, and graphics.

- *Closed captions* (CC): Transcribe everything you hear, including dialogue, music cues, and background noise. They are essential for viewers who are deaf or hard of hearing. Closed captions can be turned on and off by the viewer.
- *Open captions*: Always in view and cannot be turned off. Typically, translate dialogue but not music cues or background noise. They are used to help viewers understand shows in a language they don't speak.

Voiceover and Audio Descriptions

Voiceover: Voice of an unseen narrator speaking to add more information. Can be a person/actor speaking or an AI-generated voice.

Audio descriptions: Narration of visual elements for individuals who are blind or have low vision. Audio descriptions insert audio explanations and descriptions of the settings, characters, and action taking place in such media, when such information about these visual elements is not offered in the regular audio presentation.

Flashing news TV updates must include voiced reports. Emergency scrolling text information, including phone numbers, needs to be read also.

Instructions to add and create subtitles and captions:

- YouTube: https://support.google.com/youtube/answer/2734796?hl=en
- Microsoft Teams: https://support.microsoft.com/en-us/office/use-live-captions-in-microsoft-teams-meetings-4be2d304-f675-4b57-8347-cbd000a21260?culture=en-us&country=us
- Zoom (auto captions): https://support.zoom.com/hc/en/article?id=zm_kb&sysparm_article=KB0058810

Auto Captions vs Real-Time Captioning

- Both images are of Amanda Gorman, U.S. Youth Poet Laureate at the Biden-Harris Inauguration. Top image is from *CSPAN*, bottom image is from *PBS*.
- This is why auto captions are not substitutes for real-time captions

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AUTO CAPTIONS VS LIVE CAPTIONING

Real-time captioning, as opposed to auto captions, ensures accurate and inclusive communication for a diverse audience. While auto captions (generated by automatic speech recognition technology) have improved, they often fall short in accurately transcribing complex or specialized content, leading to misunderstandings and potential misinformation. Real-time captioning, which is crafted by human professionals, not only provides a higher level of accuracy but also allows for nuanced interpretation, capturing tone, context, and cultural references that automated systems may overlook. Importantly, real-time captioning enhances accessibility for individuals with hearing disabilities by offering a reliable and comprehensive textual representation of spoken words.

Typically, it is more appropriate to use auto captions when creating videos or sharing pre-recorded trainings and presentations. Auto captions capture the information if the speaker speaks slowly and clearly, and can save time on a first draft. If you do use auto captions, always check them to ensure accuracy. If there is any live discussion or presenting (for example, a public webinar on personal preparedness or a press briefing posted on Facebook Live), you should use live captioning. Also, if a participant requests a real-time captioner, a captioner should be coordinated as a reasonable accommodation.

In Montana, limited resources mean that you may need to plan your meetings and events around the availability of a real-time captioner.

Source: University of Baltimore Disabled Law Students Association. January 22, 2021. https://www.facebook.com/photo.php?fbid=202736404883036&id=105814264575251&set=a.129091052247572

How to be Accessible with Print Media

- Braille
- Large print
- Picture signs
- Visual language translators
- Simple sign language cards

Example of sign language cards

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HOW TO BE ACCESSIBLE WITH PRINT MEDIA

Emergency-related print materials need to be accessible and available in alternative formats such as:

- Braille
- Large print
- Picture signs
    - Visual communication for individuals who may have difficulty understanding verbal instructions.
    - Picture signs, featuring universally recognized symbols, can convey information about evacuation routes, emergency shelters, and safety procedures.
    - The use of clear and concise graphics aids in overcoming language barriers and ensures accessibility for a broader audience.
- Simple sign language cards for emergency workers
    - Emergency responders may encounter individuals with hearing losses during door-to-door evacuations.
    - Simple sign language cards provide basic communication tools for emergency workers, allowing them to convey essential information and understand the needs of individuals with hearing losses effectively.
- Translator boards / disaster assistance visual language translators

Example: Disaster Assistance Visual Language Translator – Kwikpoint

Image: *Visual Language Translator for Disaster Assistance* (Hawaii version) by Kwikpoint

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EXAMPLE: DISASTER ASSISTANCE VISUAL LANGUAGE TRANSLATOR – KWIKPOINT EXAMPLE

Translator Boards (also known as Emergency Communication Boards) are designed to assist disaster aid workers and others to bridge language barriers, quickly assess need and provide appropriate assistance. They can be beneficial for communicating with people with disabilities, young children, people under stress, and people with limited English proficiency.

Kwikpoint: https://www.kwikpoint.com/health-and-safety/

Example: Disaster Assistance Visual Language Translator – "Show Me" Booklet

Image: *Show Me: A Communication Tool for Emergency Shelters* from Massachusetts Department of Public Health

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EXAMPLE: DISASTER ASSISTANCE VISUAL LANGUAGE TRANSLATOR – "SHOW ME" BOOKLET

Show Me: https://www.mass.gov/info-details/show-me
Versions for shelters, family assistance centers, and mobile applications

The booklet is intended to be used by a shelter staff member and any shelter resident that may have difficulty communicating, including:
•People with cognitive disabilities
•People who are Deaf or hard of hearing
•People with limited English proficiency
•Anyone who may struggle to communicate verbally during an emergency

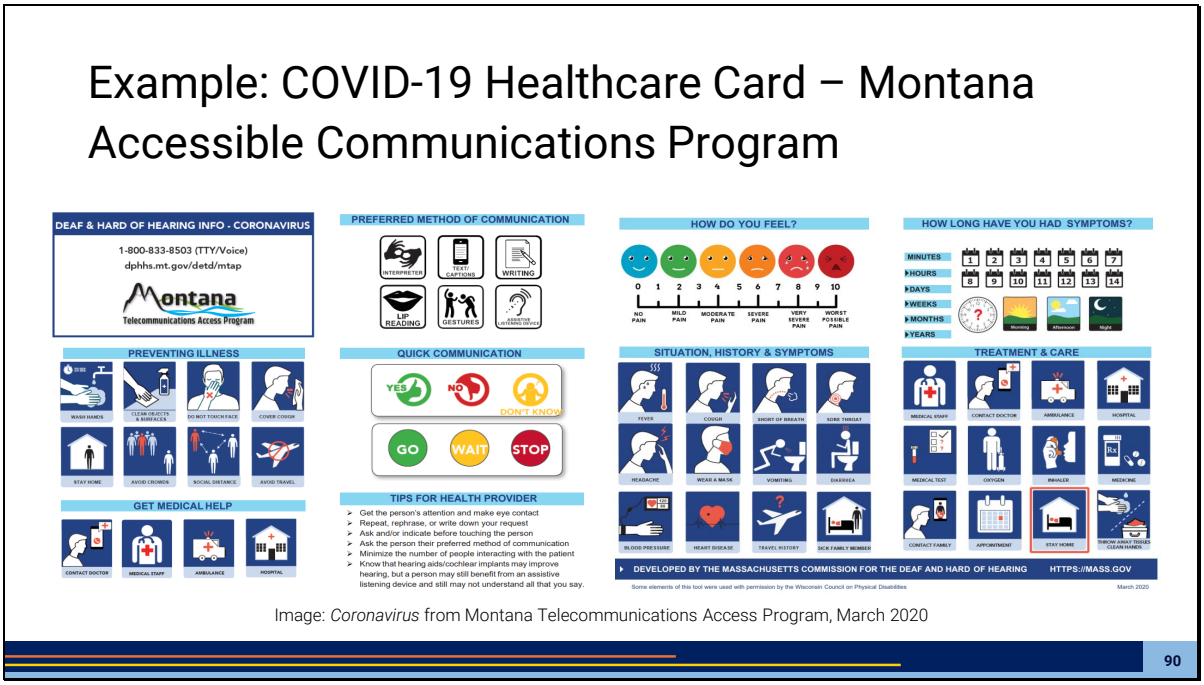
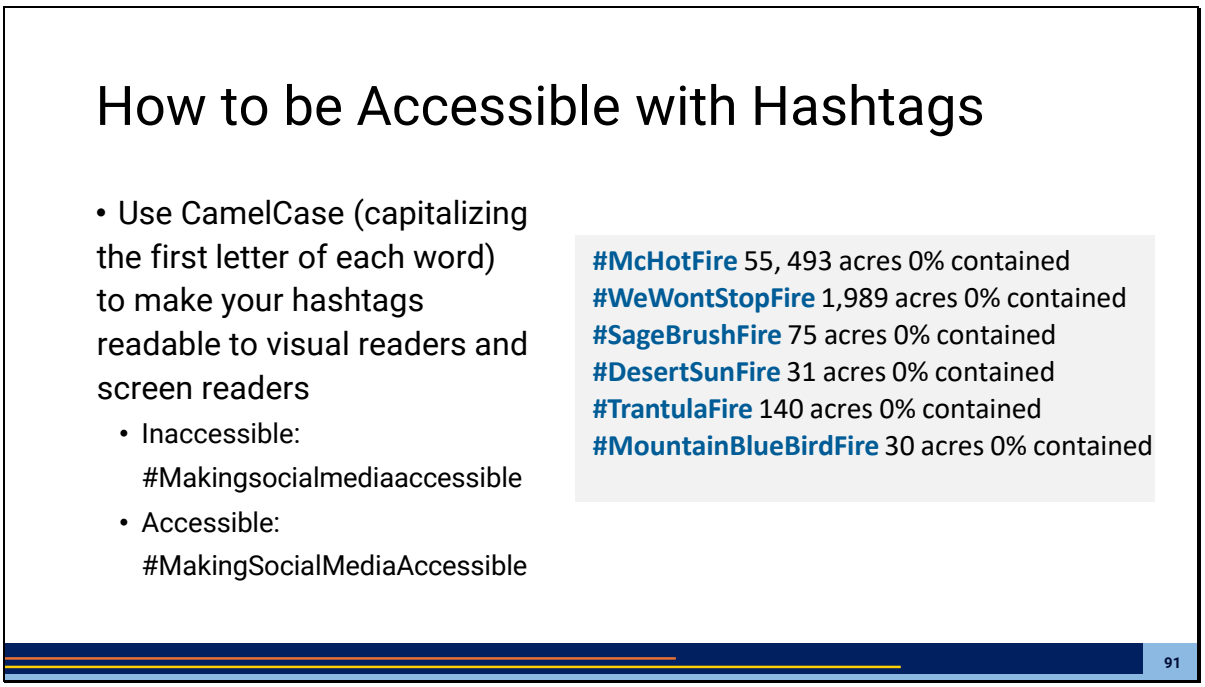


Image: *Coronavirus* from Montana Telecommunications Access Program, March 2020

EXAMPLE: COVID-19 HEALTHCARE CARD – MONTANA ACCESSIBLE COMMUNICATIONS PROGRAM

Montana Accessible Communications COVID-19 Healthcare Card: https://dphhs.mt.gov/assets/detd/MTAC/MontanaRelay.pdf



HOW TO BE ACCESSIBLE WITH HASHTAGS

Capitalize the first letter on each word. This technique is called CamelCase. CamelCase is easier for everyone to read, no matter their vision abilities. It allows screen readers to pronounce the hashtag words correctly and not as one mashed-up word.

Some platforms default hashtags into lower case, so double check that you put the hashtag in CamelCase before publishing your posts. Also, double check your spelling, as some devices autocorrect hashtags and remove CamelCase.

Instead of this… "#Makingsocialmediaaccessible,"
Write your hashtags like this "#MakingSocialMediaAccessible."

How to be Accessible with Emojis & Icons

- Use them in moderation
- Double-check their description before using them
- Place them at the end of posts and tweets to avoid clarity issues

Emoji above translates to:
- Abandoned
- House Old House
- Haunted House
- Derelict House

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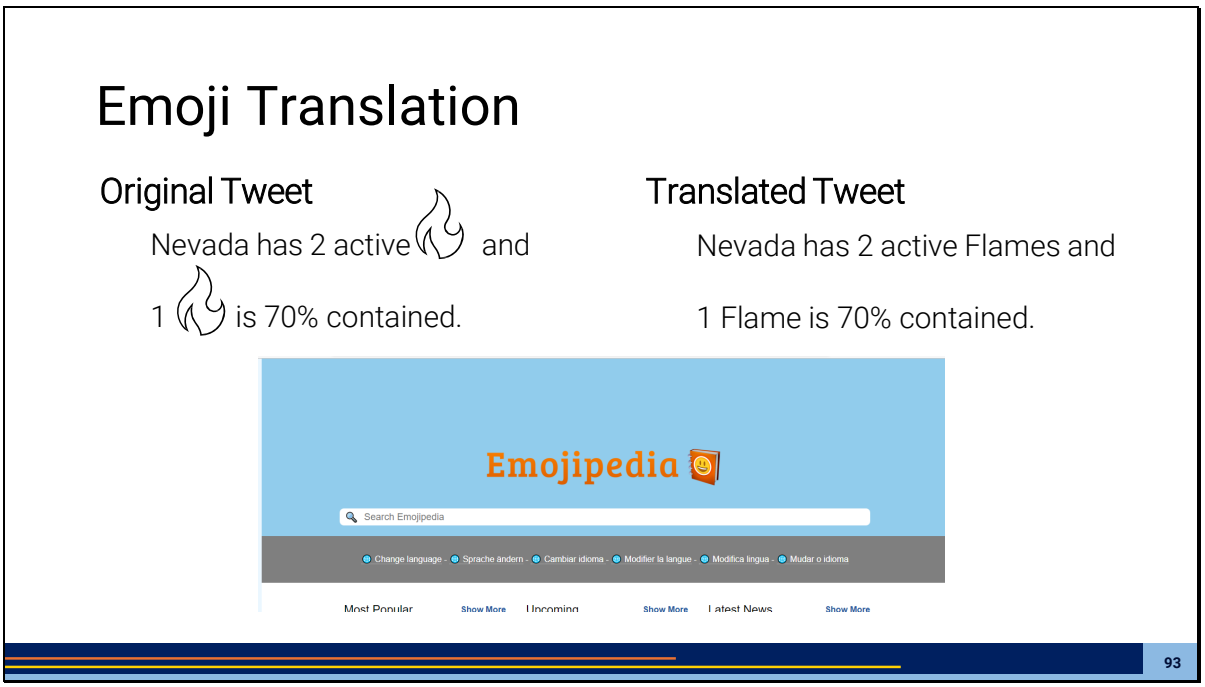
HOW TO BE ACCESSIBLE WITH EMOJIS & ICONS

Emojis appear in social media and text messaging and are sometimes used to communicate climate disasters (e.g., a tornado or a flame). Emojis can offer some advantages over the written word: they are a visual image that can help people who do not read or understand the target language to understand the message.

However, there are important accessibility considerations for using Emojis and icons.

- Use them in moderation. Overusing them can cause confusion or misinterpretation.
- Emojis have descriptions and appearances that differ across various platforms. For example, the emoji on this slide shows a rickety house in need of repairs. Depending on the source and device being used, the embedded alt text can be:
    - abandoned house
    - old house
    - haunted house
    - derelict house
- Place emojis and icons at the end of posts and tweets to avoid clarity issues. Emojis should not be part of the sentence but can convey a feeling, bring greater awareness, or instill a call-to-action.



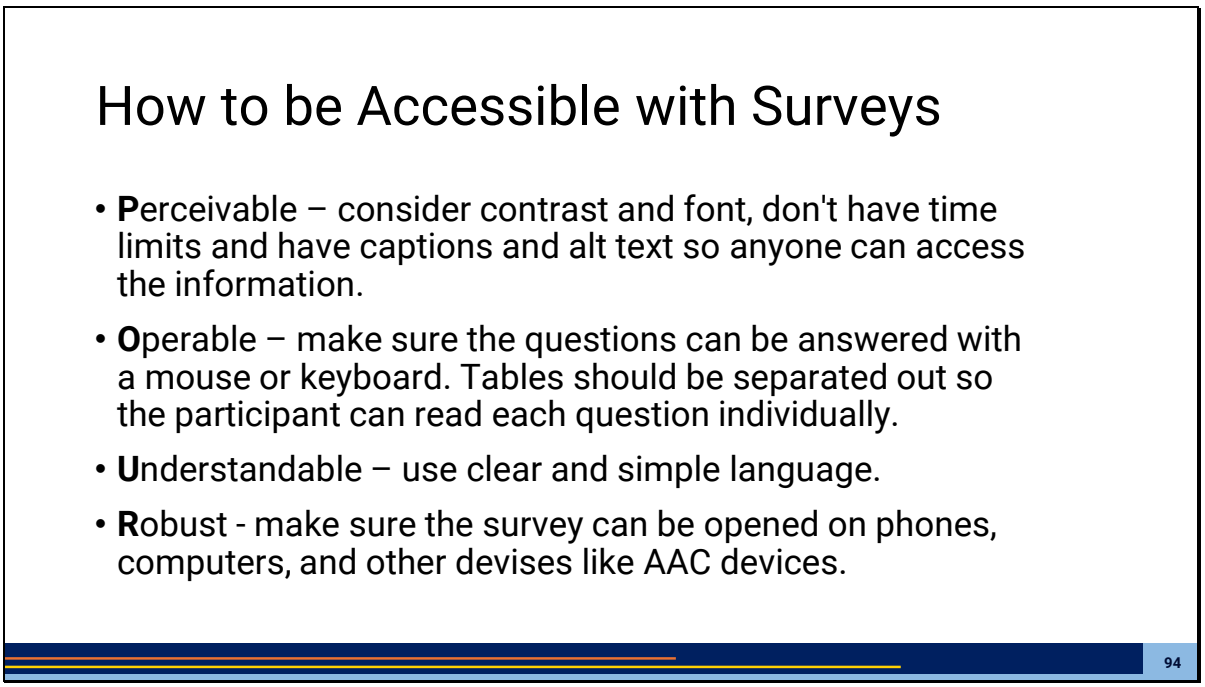
EMOJI TRANSLATION

Depending on the type of device and the imbedded properties of the emoji, the translation or audible description given could be something the content manager did not intend.

Take this example of a fire, intended to be “fire” in this Tweet. The icon used is also translated as:
• flame;
• hot;
• lit; and;
• in snapchat, it is used as a “snap streak.”

For the example in this slide, the translated post in a screen reader will read, “California has 2 active flame and 1 flame is 70% contained.”

Emojipedia is a cost-free source for emojis to identify the different descriptions of emojis, and how they are viewed based on the device. https://emojipedia.org/

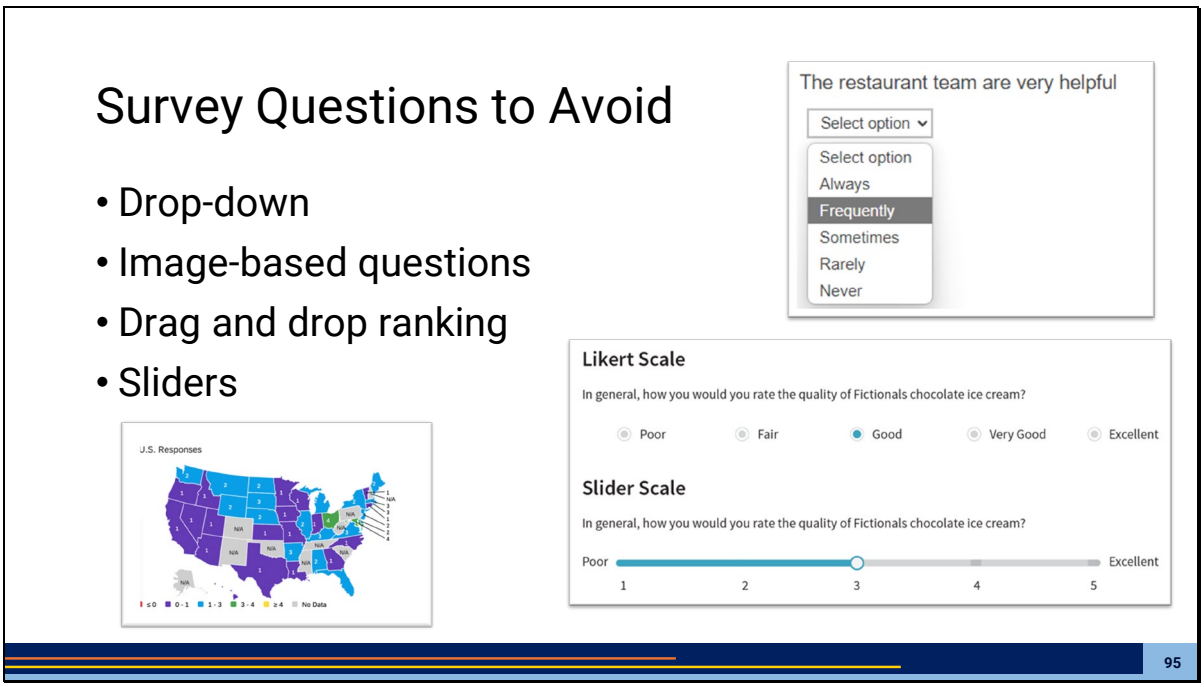


HOW TO BE ACCESSIBLE WITH SURVEYS

Health departments and emergency managers often use surveys to collect information from partners and community members, as well as for registration forms. Follow these tips to make your surveys more approachable to the Whole Community.

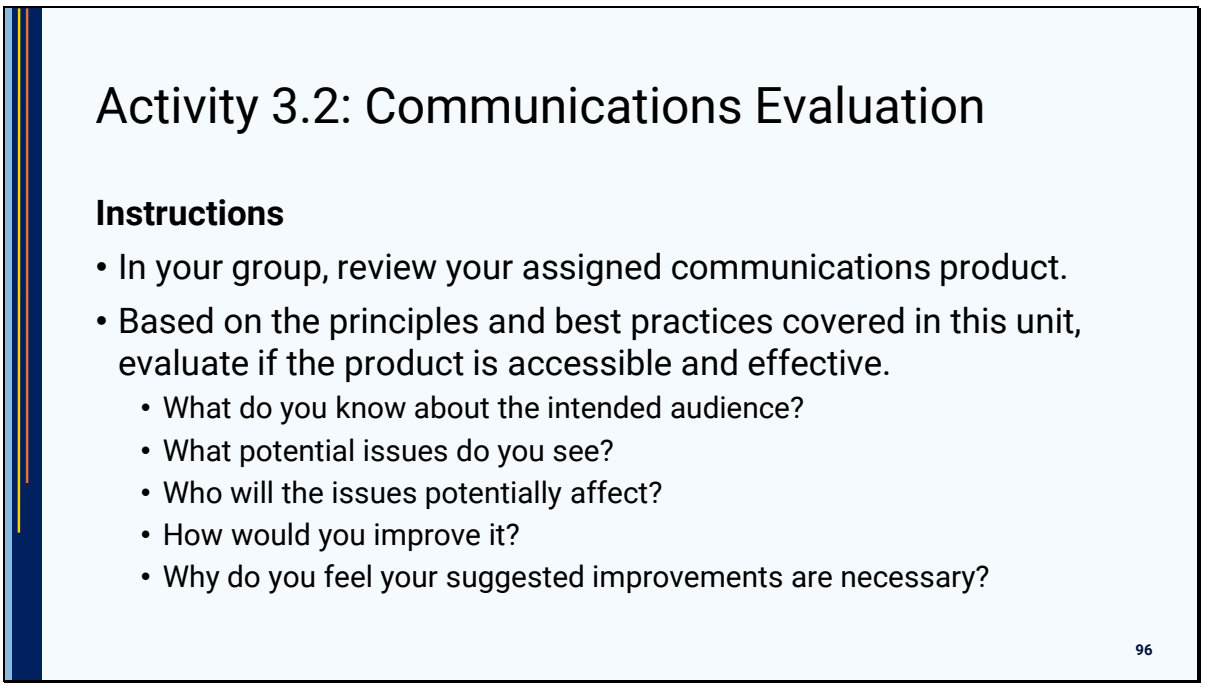
- Perceivable – consider contrast and font, don't have time limits and have captions and alt text so anyone can access the information.
- Operable – make sure the questions can be answered with a mouse or keyboard. Tables should be separated out so the participant can read each question individually.
- Understandable – use clear and simple language.
- Robust - make sure the survey can be opened on phones, computers, and other devises like AAC devices.

Source:
University of California, 2025, "Electronic Accessibility: Guidelines for Accessible Surveys and Forms": https://www.ucop.edu/electronic-accessibility/web-developers/tools-and-testing/guidelines-accessible-surveys-forms.html



SURVEY QUESTIONS TO AVOID

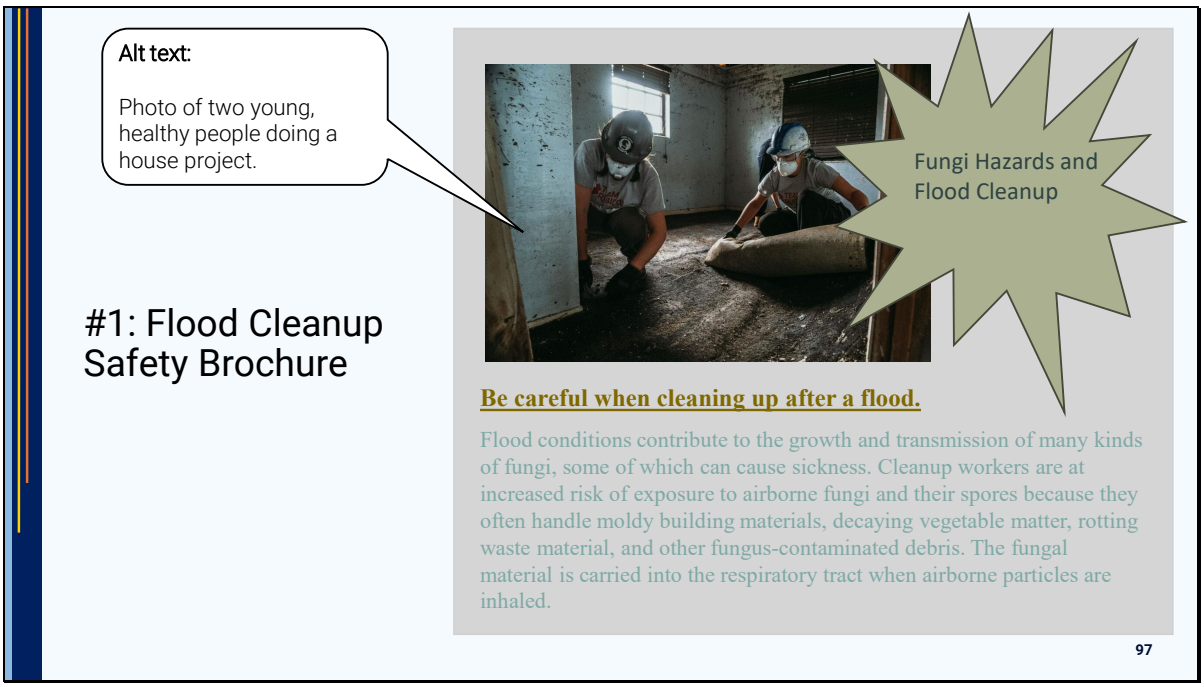
- Drop-down
- Image-based questions
- Drag and drop ranking
- Sliders



ACTIVITY 3.2: COMMUNICATIONS EVALUATION

Instructions

- In your group, review your assigned communications product.
- Based on the principles and best practices covered in this unit, evaluate if the product is accessible and effective.
    - What do you know about the intended audience?
    - What potential issues do you see?
    - Who will the issues potentially affect?
    - How would you improve it?
    - Why do you feel your suggested improvements are necessary?



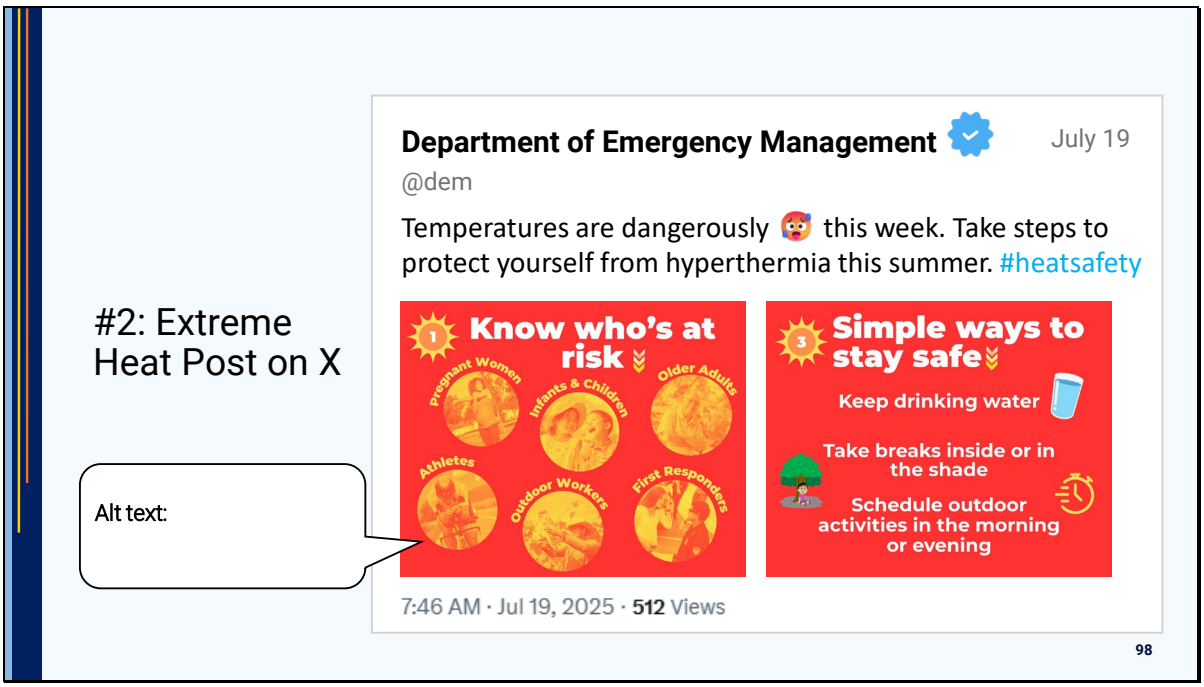
#1: FLOOD CLEANUP SAFETY BROCHURE

Instructions: Evaluate this health and safety education brochure for flood cleanup workers. Identify the possible accessibility issues and brainstorm how you would fix them to make the brochure more effective and accessible. (Hint: Consider re-writing the text in plain language).

Original text: Flood conditions contribute to the growth and transmission of many kinds of fungi, some of which can cause sickness. Cleanup workers are at increased risk of exposure to airborne fungi and their spores because they often handle moldy building materials, decaying vegetable matter, rotting waste material, and other fungus-contaminated debris. The fungal material is carried into the respiratory tract when airborne particles are inhaled.

Plain language example courtesy of PlainLanguage.Gov
Fungi Hazards and Flood Cleanup: https://www.plainlanguage.gov/examples/before-and-after/fungi-hazards/

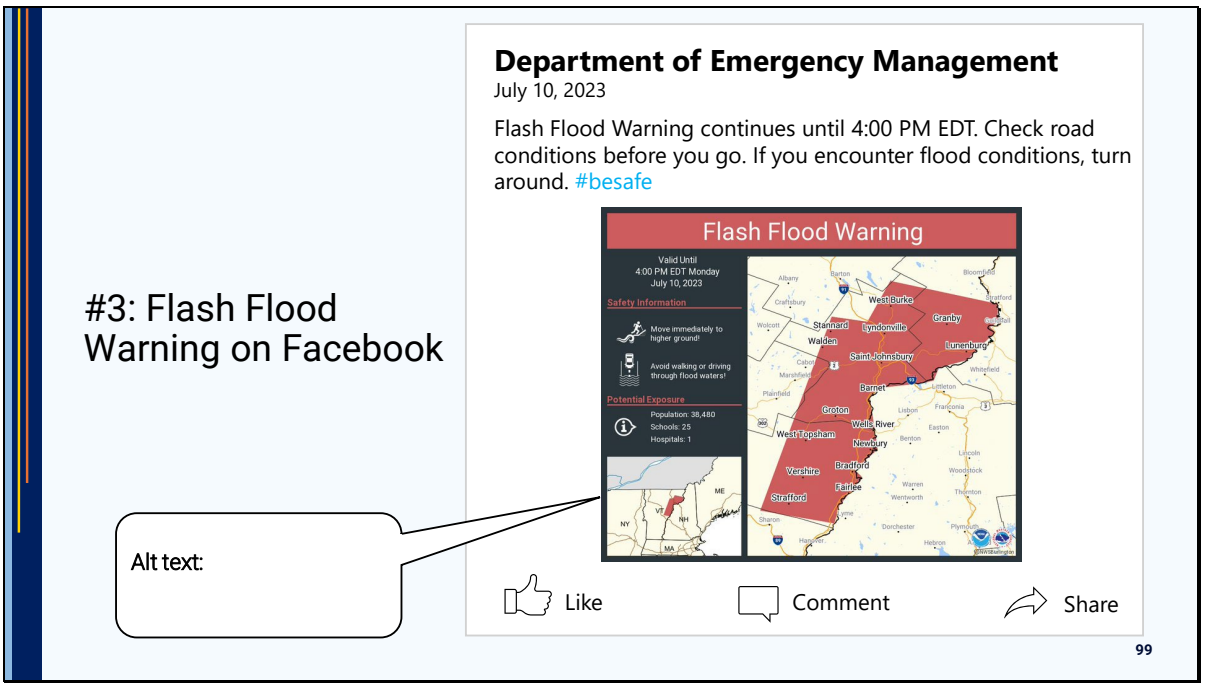
Photo credit: Team Rubicon/2022
Source: https://teamrubiconusa.org/news-and-stories/how-to-clean-up-after-a-flood/



#2: EXTREME HEAT POST ON X

Instructions: Evaluate the accessibility of this post on X (previously Twitter). Identify the accessibility issues and how you would fix them to make the post more effective and accessible.

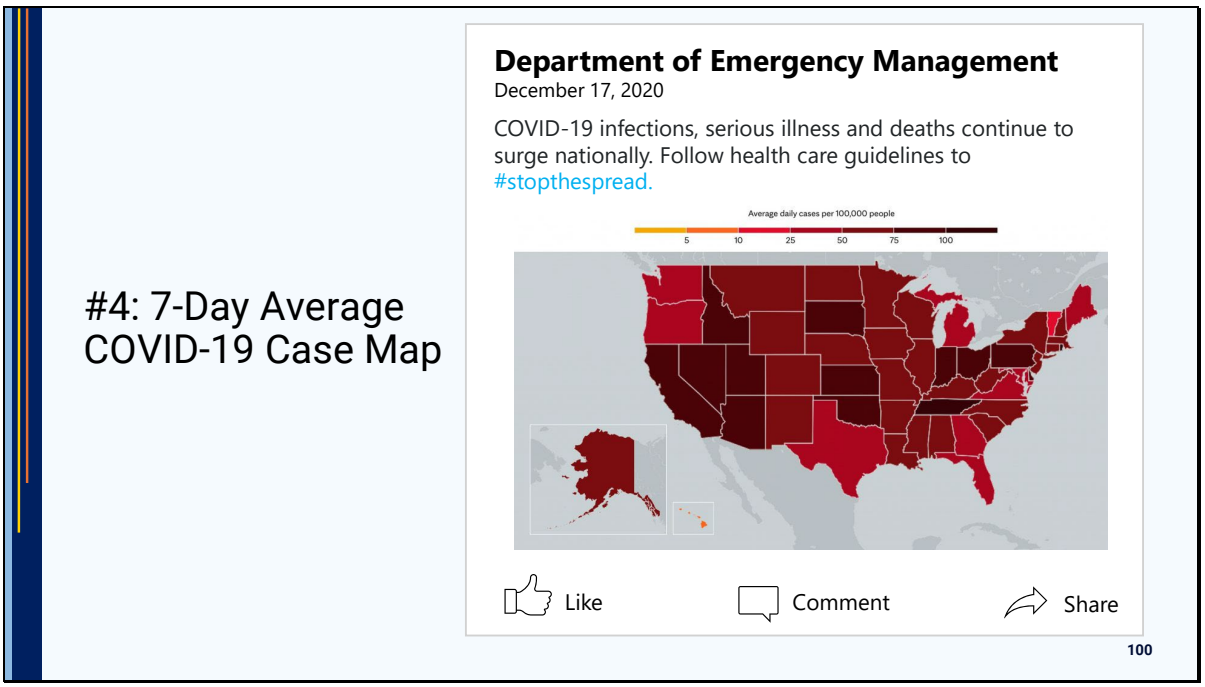
This slide is not ADA compliant for the purpose of an exercise.



#3: FLASH FOOD WARNING ON FACEBOOK

Instructions: Evaluate the accessibility of this Facebook post. Identify the possible accessibility issues and how you would fix them to make the post more effective and accessible.

This slide is not ADA compliant for the purpose of an exercise.

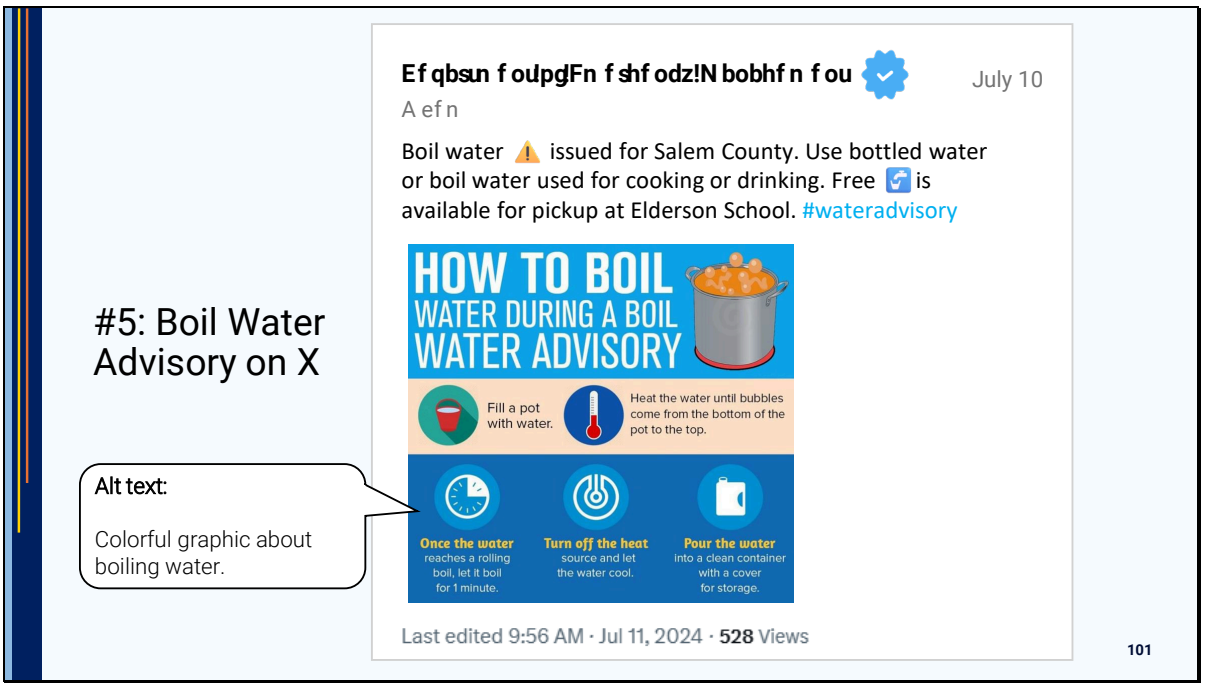


#4: 7-DAY AVERAGE COVID-19 CASE MAP

Instructions: Evaluate the accessibility of this Facebook post. Identify the possible accessibility issues and how you would fix them to make the post more effective and accessible.

This slide is not ADA compliant for the purpose of an exercise.

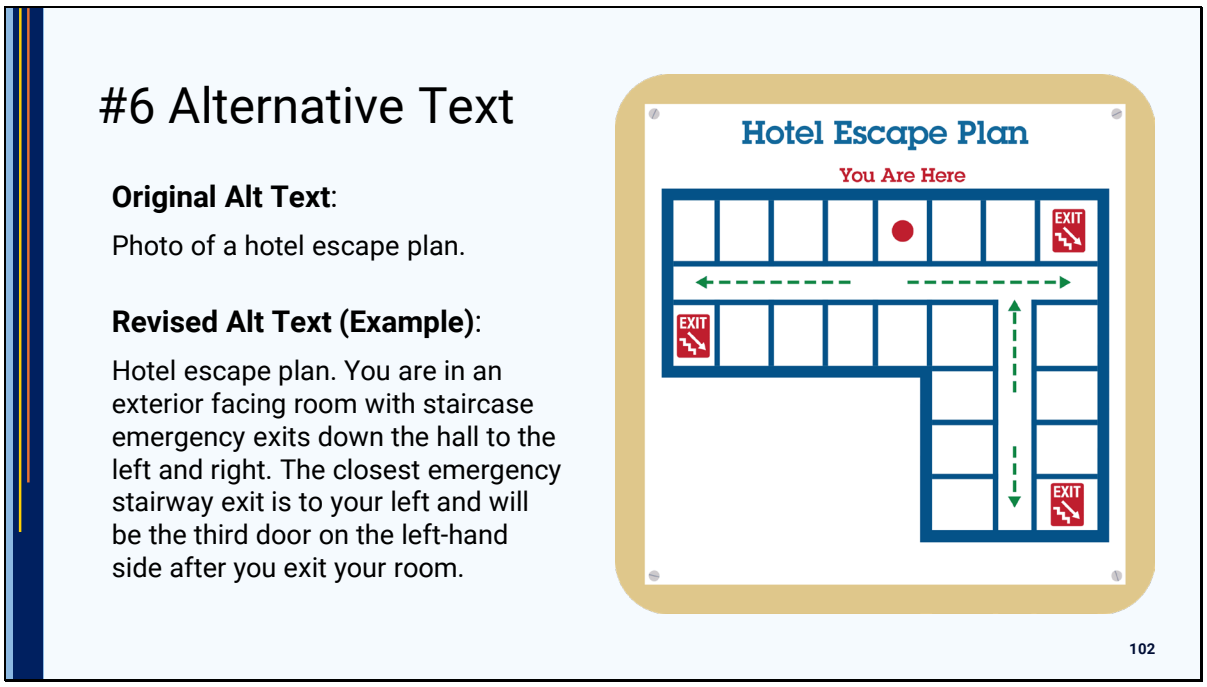
Image source: https://newsnetwork.mayoclinic.org/discussion/new-content-on-covid-19-hot-spots-and-other-features-added-to-mayo-clinics-coronavirus-map/



#5: BOIL WATER ADVISORY ON X

Instructions: Evaluate the accessibility of this post on X (previously Twitter). Identify the accessibility issues and how you would fix them to make the post more effective and accessible.

This slide is not ADA compliant for the purpose of an exercise.



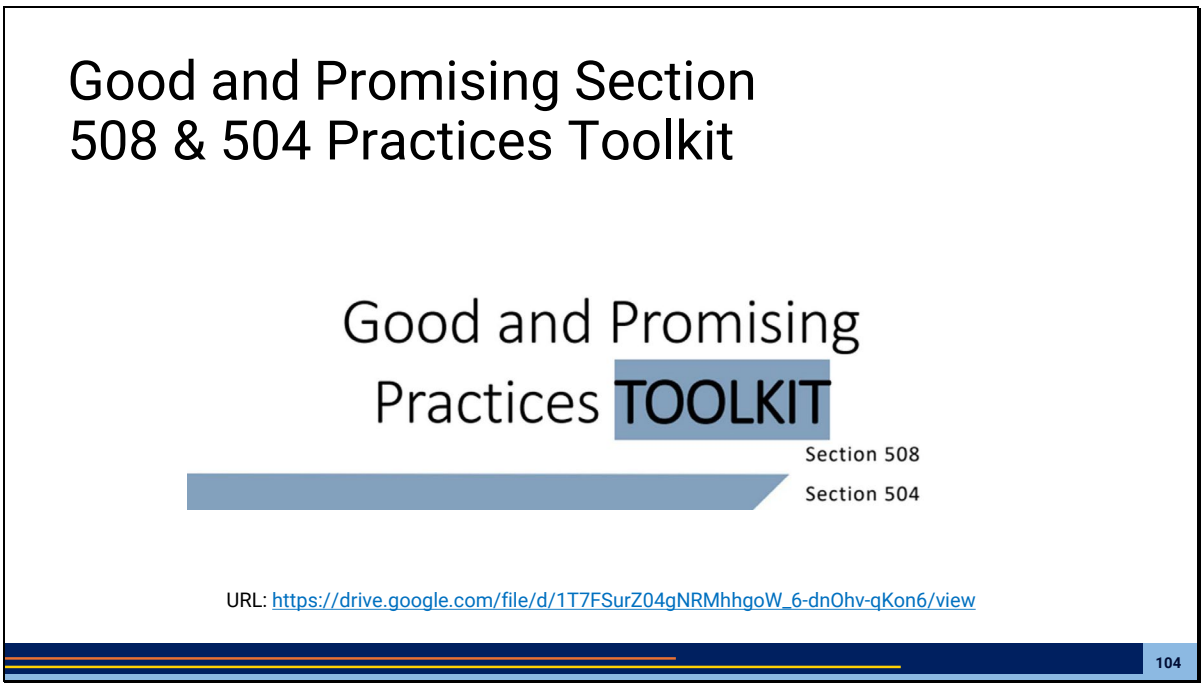
ALTERNATIVE TEXT #1

Instructions: Rewrite the alt text for this image to convey the necessary information to a person using it to make evacuation decisions.

This slide is not ADA compliant for the purpose of an exercise.

MT COMMUNICATION RESOURCES & SERVICES

- 24/7 Video Remote Interpreting (VRI) services for American Sign Language
  - Sorenson VRI
  - Purple VRI
- MonTECH
  - Adaptive equipment rentals and demonstrations
  - Technical assistance and training
- Montana Accessible Communications (MTAC)
  - Montana Relay
  - Text to 911
  - Qualified Sign Language Interpreter List (MT DPHHS)



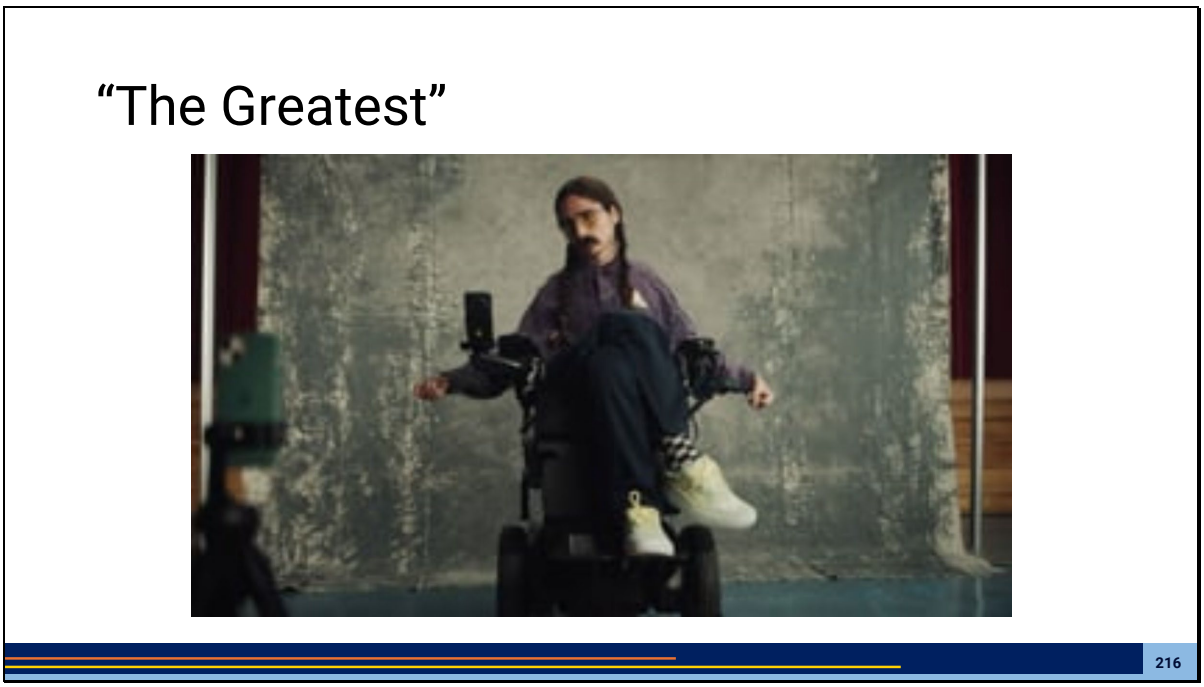
GOOD AND PROMISING SECTION 508 & 504 PRACTICES TOOLKIT

Resource from Colorado Division of Homeland Security and Emergency Management:
https://drive.google.com/file/d/1T7FSurZ04gNRMhhgoW_6-dnOhv-qKon6/view

If the link above does not work:

- Visit Access and Functional Needs Resources | Division of Homeland Security and Emergency Management or copy and paste the following URL into your browser: https://dhsem.colorado.gov/emergency-management/plans/access-and-functional-needs/access-and-functional-needs-resources

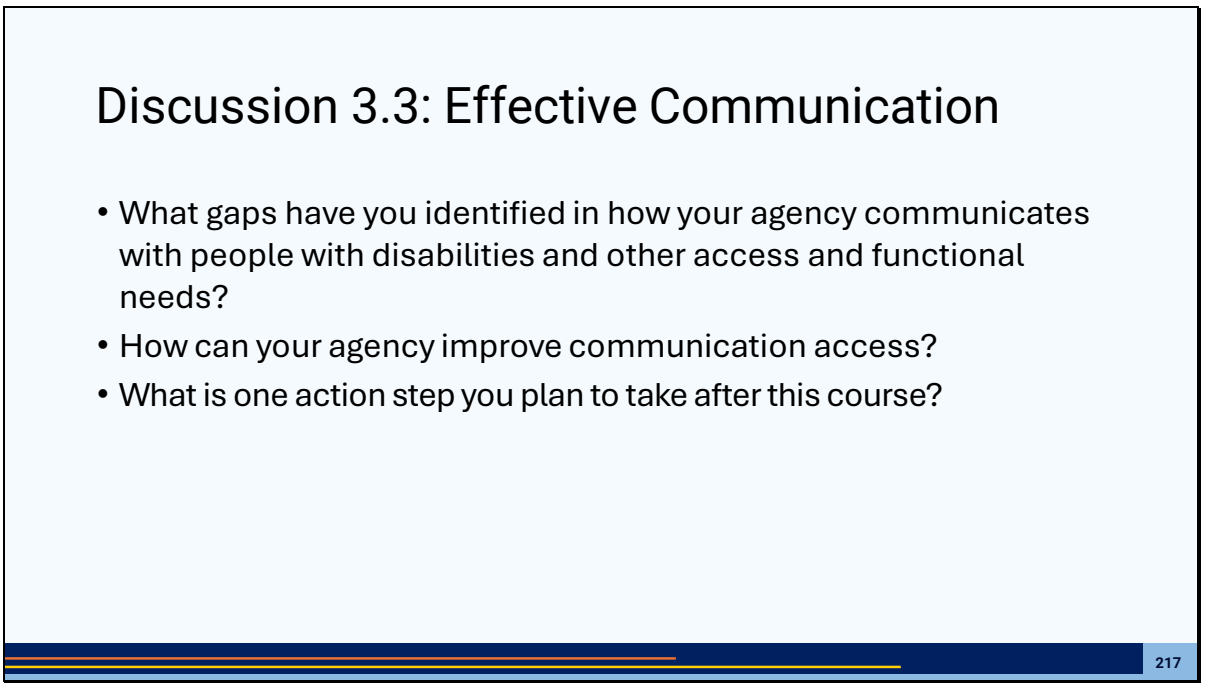
2) Scroll to "Access and Functional Needs Toolkits and Guides"
3) Select ”Colorado DHSEM Good and Promising Practices Toolkit”



“THE GREATEST”

Link to video on Vimeo: Apple - The Greatest on Vimeo
https://vimeo.com/776811579

Apple created this video in 2022 to showcase the life-changing accessibility of its products. It raises awareness about various accessibility innovations and shows that technology continues to innovate.



DISCUSSION 3.3: EFFECTIVE COMMUNICATION

- What gaps have you identified in how your agency communicates with people with disabilities and other access and functional needs?
- How can your agency improve communication access?
- What is one action step you plan to take after this course?

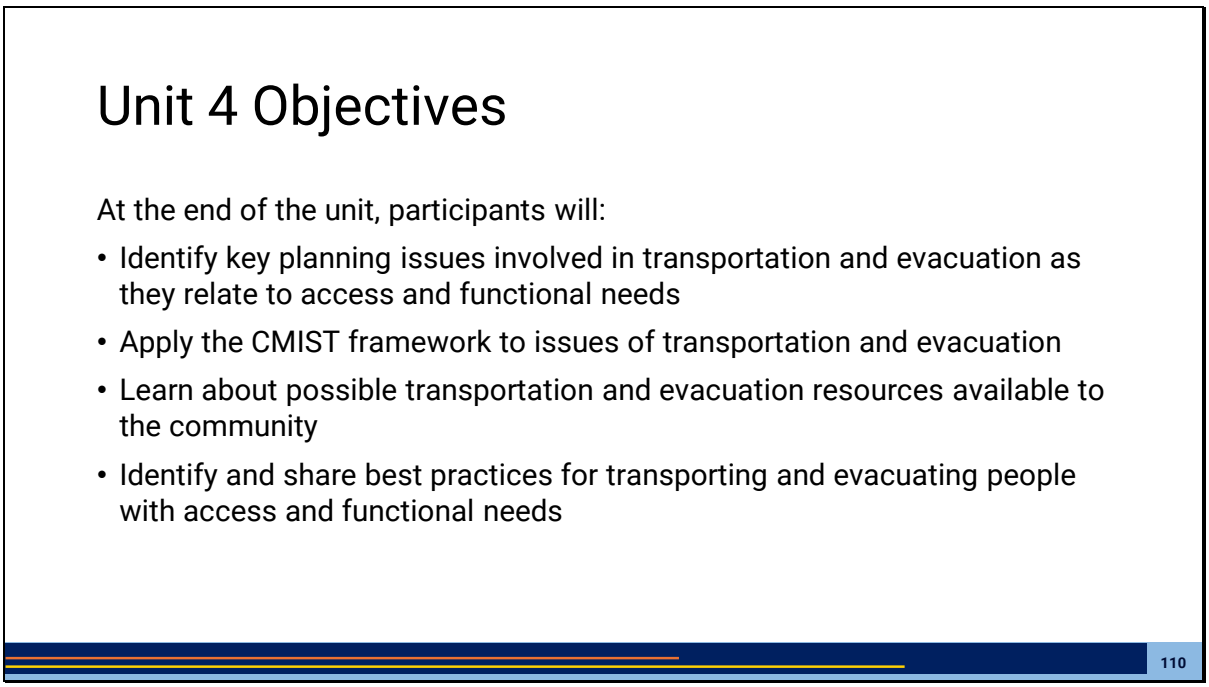
Break

Unit 3

Image by Paul McGowan from Pixabay

Photo source: https://pixabay.com/photos/wyoming-badlands-montana-landscape-834746/

Transportation and Evacuation
H2: 8!.!Voju5



UNIT 4 OBJECTIVES

This unit provides students with a review of transportation and evacuation planning elements for individuals with access and functional needs. Upon completion of this unit, students will have a foundation to develop effective plans that integrate accessible transportation and evacuation elements.

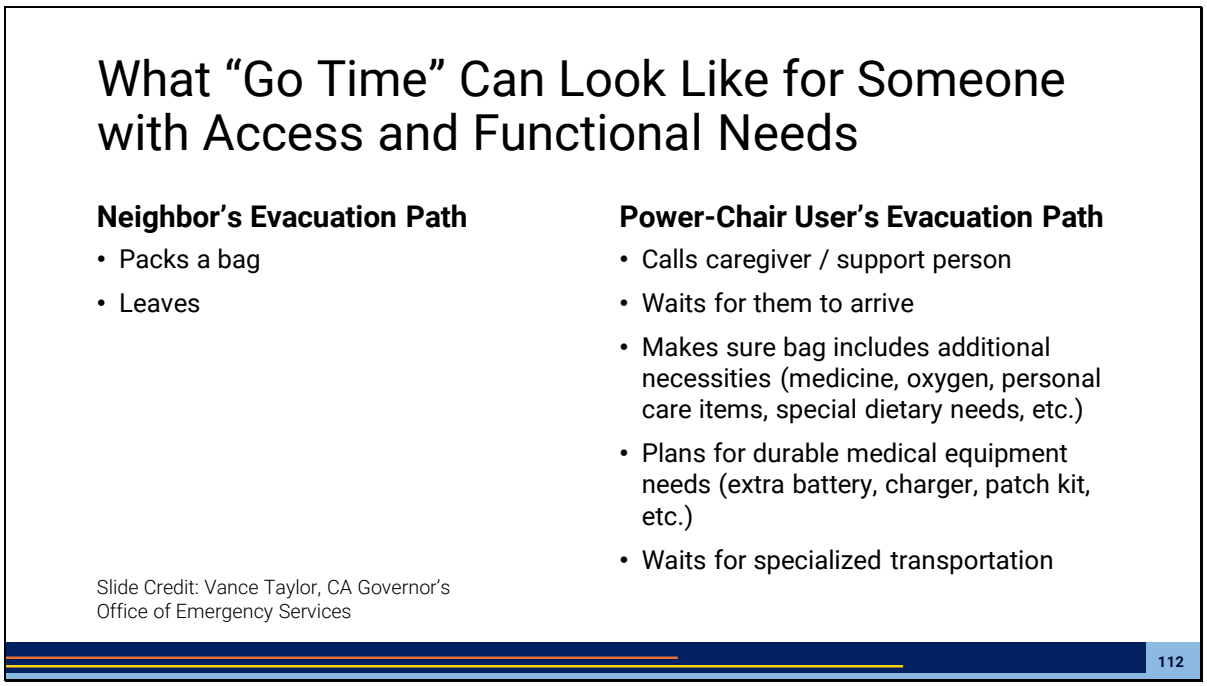
At the end of the unit, participants will:
- Identify key planning issues involved in transportation and evacuation as they relate to access and functional needs
- Apply the CMIST framework to issues of transportation and evacuation
- Learn about possible resources available to the community
- Identify and share best practices

TRANSPORTATION IS ALREADY A CHALLENGE

Historically, transportation has been a challenge for people with disabilities. 4 million people nationwide rely on public transport to get around. Of the nearly 2 million people with disabilities who never leave their homes, 560,000 never leave home because of transportation difficulties.

Source: final-transportation-equity-disability.pdf

Carson MacPherson-Krutsky. (February 18, 2025). Evacuation Obstacles: Why Some People Remain in Harm's Way During Disasters. National Hazards Center. https://hazards.colorado.edu/news/research-counts/evacuating-in-disasters-like-hurricane-milton-isnt-simple-there-are-reasons-people-stay-in-harms-way#:%7E:text=Gas%20shortages%20and%20traffic%20jams,staff%20to%20make%20difficult%20decisions.



WHAT “GO TIME” CAN LOOK LIKE FOR SOMEONE WITH ACCESS AND FUNCTIONAL NEEDS

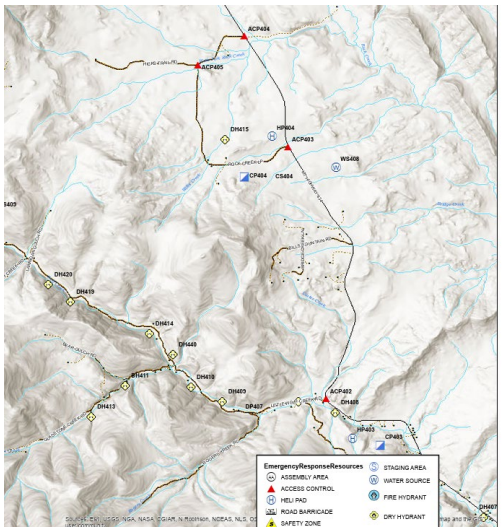
Power-Chair User’s Evacuation Path
- Calls caregiver / support person
- Waits for them to arrive
- Makes sure bag includes additional necessities (medicine, oxygen, personal care items, special dietary needs, etc.)
- Plans for durable medical equipment needs (extra battery, charger, patch kit, etc.)
- Waits for specialized transportation

Versus.

The neighbor’s evacuation path
- Packs a bag
- Leaves

Common Evacuation Objectives

- Expedite movement
- Access control
- Assure safe re-entry
- Practiced and exercised from start to finish



Map of the Little Wolf Creek evacuation route in Lewis and Clark County, dated 5-20-2019. Credit: Lewis and Clark County. https://www.lccountymt.gov/files/assets/county/v/1/emergency-management/documents/littlewolkcrkarea_2019.pdf

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TRADITIONAL EVACUATION OBJECTIVES

Traditionally, evacuation plans and systems have been designed and developed by, and for, individuals who can walk and run. The focus of these evacuation plans has been in three primary areas:

- Use transportation resources to Expedite the Movement of people, animals, and resources.
- Establish Access Control to prevent people from entering at-risk areas.
- Assure Safe Reentry of community members to areas previously evacuated when local government decides the areas are safe.

Local Emergency Operations Plans (EOPs) have not always integrated access and functional needs considerations. In conjunction with the fact that individuals with access and functional needs are disproportionately impacted by disasters, the lack of integrated planning created gaps, which lead to measurable loss of life and increased human suffering among the whole community.

Image: Little Wolf Creek evacuation route, Lewis and Clark County, 5-20-2019 https://www.lccountymt.gov/files/assets/county/v/1/emergency-management/documents/littlewolkcrkarea_2019.pdf

Transportation and Evacuation Strategies

- Notice vs. no-notice events
- Mobilization strategies
- Evacuation order
- Alert notification
- Spontaneous evacuation

Evacuation warning notices on mailboxes in front of a flooded area near the Clark Fork River, Missoula.
Credit: Kurt Wilson at *The Missoulian*/May 7, 2018.

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TRANSPORTATION AND EVACUATION STRATEGIES

As part of the evacuation plan, emergency managers, service providers, and individuals within the community need to understand the process that has been established to secure accessible transportation resources to evacuate during disasters. This process needs to be clear and consistent and should be circulated throughout the Emergency Operations Center (EOC) and the community, as well as amongst partners. Communication plans should ensure the prompt, consistent delivery of effective evacuation-related information. Jurisdictions should use their AFN Advisory Committee (or other partner[s]) to broaden, enhance, and validate communication, evacuation, and transportation strategies. As jurisdictions are socializing, operationalizing, and providing information about their evacuation plans before and during disasters, they need to use accessible messaging and communication.

Montana generally uses two stages for evacuation. The authority to issue evacuations in Montana typically comes from the Sheriff or principal executive officer, but may be recommended by an Incident Commander.

- Evacuation Watch – A warning that conditions exist that may require immediate evacuation
- Evacuation Warning – Conditions present an immediate threat to life safety of persons in the area, so immediate evacuation is ordered.

Notice versus No-Notice Disasters

Operational strategies vary based on response. Distinct differences exist between advance notice emergencies (wildfires, storms, tornadoes) and no-notice emergencies (earthquakes). These include:

- Mobilization Strategies – The immediate threat determines when and who is activated. The more time one has, the more methodical the evacuation process.

- Evacuation Orders – Driven by time available resources, and/or anticipated disaster impacts (i.e., evacuation recommendations, mandatory evacuation orders, shelter-in-place orders). Will evacuation occur in stages or all at once? With advance notice, encourage people to evacuate sooner if extra time and resources are needed. This presents a challenge in messaging and includes the risk of overreaction. Be clear with the message. If conditions exist that may require immediate evacuation, use Evacuation Watch. If conditions present an immediate threat to life safety of persons in the area and immediate evacuation is ordered, use Evacuation Warning. Coordinate these with IC.

- Alert Notification – When and how to notify transportation staff, clients, partner agencies and the public depends on the time available.

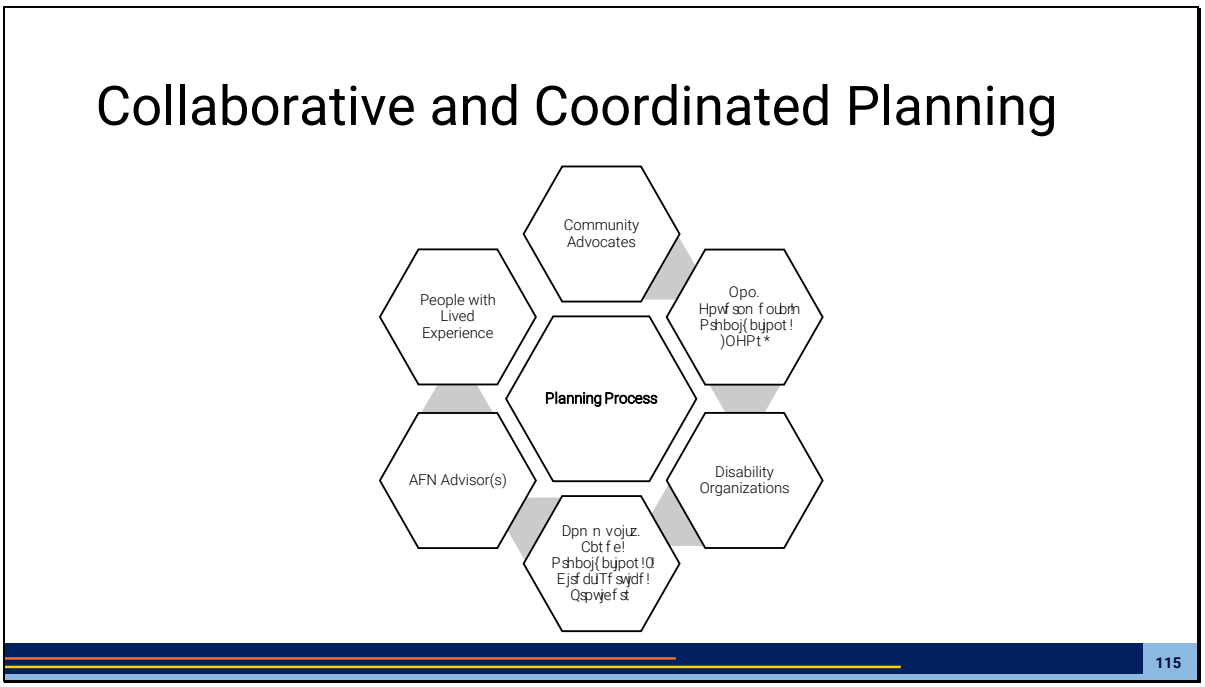
    - Client Notification Systems - Service suspension requires notification of scheduled trips for para-transit operations. Contact your local paratransit or transportation authority to see what their client notification system is in case service is interrupted or suspended. Some agencies have a phone bank or dispatch center to cancel scheduled rides. Callers may be routed to 2-1-1 or 9-1-1 call centers. Texting may be more reliable because less bandwidth is required. Some para-transit agencies are developing automated notification systems to notify customers in case of emergency. These systems typically provide emergency details and routing capability.
        - Some agencies have evacuation assistance registries to verify evacuation needs.

    - Internal notifications include contacting transportation staff, board members and partner agencies.

    - External notifications include notifying customers and the public. A few examples are radio and television broadcasts, public announcements, signs, and flyers.

    - All notifications, including those that are electronic, must be accessible.

- Spontaneous Evacuation – Spontaneous evacuation may strain limited transportation resources.



COLLABORATIVE AND COORDINATED PLANNING

Jurisdictions should develop their evacuation plans in close partnership with whole community stakeholders. Collaboration and coordination are key to planning with, not for, the community and to developing better products and stakeholder buy-in. Jurisdictions should engage their AFN advisors throughout the planning development cycle, not just on the back end for final review and comment. Taking the time to explain, collaborate, and solicit critical feedback throughout the entire planning process will yield better outcomes for the whole community.

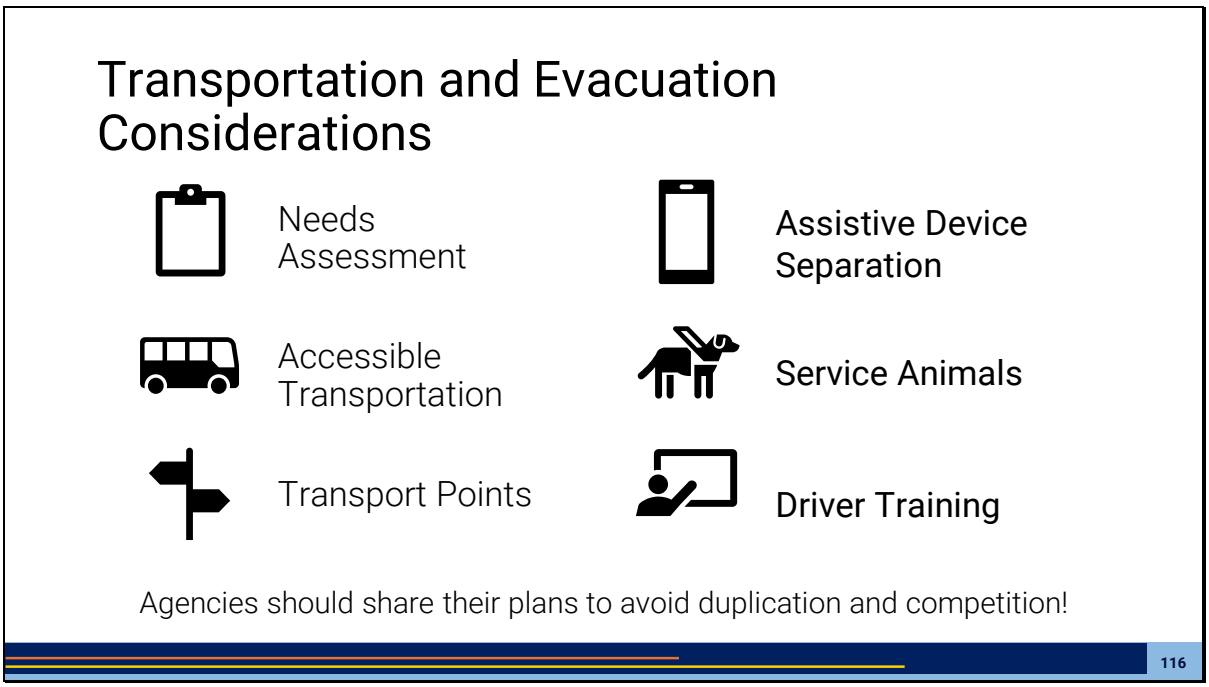
As part of the evacuation plan, emergency managers, service providers, and individuals within the community need to understand the established process for securing accessible transportation resources for evacuations. This process needs to be clear and consistent. It should be circulated throughout the Emergency Operations Center (EOC) and the community. Jurisdictions should also emphasize and promote greater personal preparedness for all community members.

Benefits of inclusive planning include:

- Reduced loss of life and suffering before, during, and after disasters
- Increased understanding of jurisdictional dynamics and demographics
- Empowering the community's capability to assist throughout the disaster cycle
- Building relationships of trust between emergency managers and the community
- Advancing and promoting greater personal preparedness

Jurisdictions should use their AFN advisor(s) to broaden, enhance, and validate communication, evacuation, and transportation strategies.

As jurisdictions are socializing, operationalizing, and providing information about their evacuation plans before and during disasters, they need to use accessible messaging and communication.



TRANSPORTATION AND EVACUATION CONSIDERATIONS

Meeting the transportation needs of individuals with access and functional needs during large-scale evacuations requires significant advanced planning. Not everyone in the community will have accessible and/or reliable transportation and many people will require transportation resources to get to safety. Part of advance evacuation planning needs to focus on transportation, with consideration to:

- Identifying Needs/Gaps - Having a process to identify evacuation assistance and transportation needs.
- Vehicle Accessibility – Knowing what accessible vehicle options are available and have MOUs in place. This not only includes accessible vehicles for people with wheelchairs, scooters, and other assistive devices, but also solutions to provide transportation for people who do not have access to a vehicle or cannot drive.
- Transfer/Staging Points/Drop Off Points – Ensuring these areas are accessible (includes parking, signage, directional signs). This also includes logistical considerations for large groups around the community, such as children at school or people in institutionalized settings.
- Adaptive Equipment Loss/Separation – Evacuation planning should include assistive living devices. Ensure individuals with disabilities or access and functional needs are not separated from assistive devices, service animals or personal care assistants during evacuation and transportation. These are not luxury items.
    - Technology has changed the way people with disabilities and others with access and functional needs live. Assistive devices may now include a mobile

device, iPad, or Netbook used for communication (for example, interpreting or translating applications, or Zooming in for people with visual impairments to read).
    - Little to no assistance is needed when people take their devices, but needs may increase when these devices are left behind, lost, or damaged. Without them, people may suddenly need assistance with mobility, seating, positioning, feeding, showering and transportation. They may lose their independence and develop acute issues that impact their health, safety, and quality of life.
- Service Animals – Federal law states service animals must always stay with their owner. Service animals may be dogs or miniature horses. An operator may ask if an animal is a service animal and what task(s) the animal has been trained to perform. However, an operator cannot require special ID cards or harnesses for the animal or ask about a person's disability. Other passengers' allergies and fear of animals are not valid reasons to deny access or refuse service to people with service animals.
    - Any entity serving the public cannot deny access to service animals except in cases of genuine disruption to health or safety (e.g., cause a distraction to the driver, urinating inside).
    - Civil rights law protects the equal access of people with disabilities. There should not be a "special" bus for individuals with service animals. Jurisdictions should, however, include language in their transportation and evacuation plans about household pets and how they will be transported, and how allergies, fear, and other challenges will be addressed for those animals. Jurisdictions may want to have conversations with their partners on the differences between service animals, emotional support animals, and household pets, and how they will transport or evacuate those groups.
    - Jurisdictions with questions about service animals should consult with their local ADA coordinator or other legal expert.
- Driver Training: Ensure transportation providers (including volunteers) are trained on disability etiquette, county transportation and evacuation policies, and how to identify and respond to different groups of animals (service versus emotional support versus pet) on their routes. They will need to know about safety equipment (e.g., hooks to secure wheelchairs) on accessible vehicles. Training can be conducted in advance or just-in-time. Jurisdictions could ask their local paratransit provider or Center for Independent Living for assistance training volunteers and other drivers.

Have additional procedures in place for individuals who choose not to follow evacuation orders.

PERSONAL PREPAREDNESS

Especially for Montanans, personal planning is the place to start. Encourage people to keep their assistive living devices fully charged and operational and, if financially feasible, purchase back-up batteries. Emergency managers can educate the community by

distributing information and networking with organizations that provide services this population.

Avoiding Duplication and Competition

When planning for transportation and evacuation, it is essential that partners share their plans with each other to avoid duplication of efforts or competing plans. For example, do multiple agencies plan to use the same bus for evacuation? Some partners may be hesitant to share their plans due to embarrassment or confidentiality, but this becomes even more important in smaller jurisdictions with limited resources. Whichever partners are mentioned or included in evacuation and transportation plans need to be aware and consent to that plan and have their own corresponding plan, so their staff know how they have committed themselves.

Vehicle Accessibility

Credit: Mountain Line out of Missoula, MT/2025.

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VEHICLE ACCESSIBILITY

These are some images of what an accessible vehicle looks like.

Bodycam Footage Shows Woman's Rescue from California Wildfire [video]

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BODYCAM FOOTAGE SHOWS WOMAN'S RESCUE FROM CALIFORNIA WILDFIRE

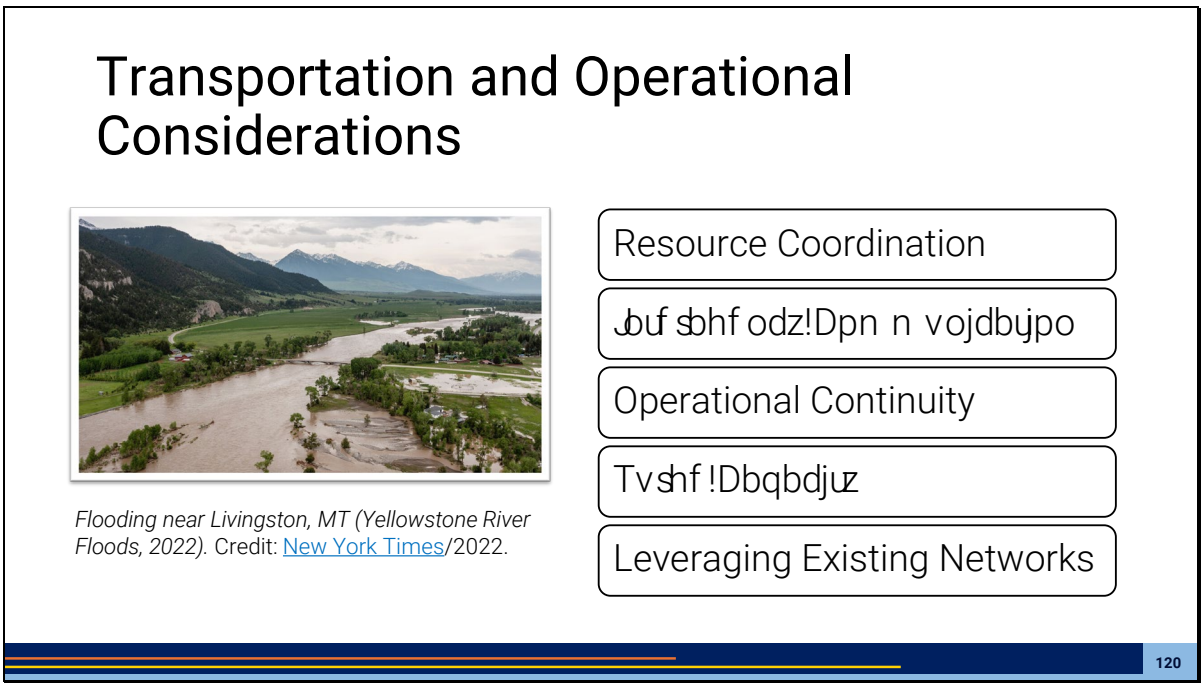
Wildfire evacuation video link: https://www.youtube.com/watch?v=bYcBGL63yTc

Woman Rescued After Trying to Escape Camp Fire in Wheelchair [video]

22:

WOMAN RESCUED AFTER TRYING TO ESCAPE CAMP FIRE IN WHEELCHAIR

Video link: https://www.youtube.com/watch?v=NEXkQEo_S-Q



Flooding near Livingston, MT (Yellowstone River Floods, 2022). Credit: New York Times/2022.

TRANSPORTATION AND OPERATIONAL CONSIDERATIONS

Good planning involves non-profit, government, emergency managers, disability service and access and functional needs providers. Determine where the resources are and coordinate with those agencies. Think about how to care for drivers, mechanics, and other support staff.

Resource Coordination

- Identify how to integrate and obtain these transportation resources.
- Identify and maintain accurate call-down lists to mobilize essential personnel. Essential staff are usually put on standby for advance-notice emergencies so they can report to duty quickly.
- Determine if a dedicated phone line (not 911) can be activated for residents to request evacuation assistance.

Interagency Communication

- Identify how transportation resources communicate with each other.
- Determine how transportation communicates and coordinates with emergency management, law enforcement and fire.
- Transit must liaison with the EOC for effective response and recovery. Communication with the EOC may consist of electronic systems (i.e., MT Core) and other communication strategies to coordinate response and recovery and avoid service duplication. Paratransit operations must have agreed-upon strategies, including MOUs, with the EOC in case of no-notice emergencies. Determine how to correct inaccurate information about

transportation options. For this topic, add details on the Montana EOC communication system once it becomes available.

Operational Continuity

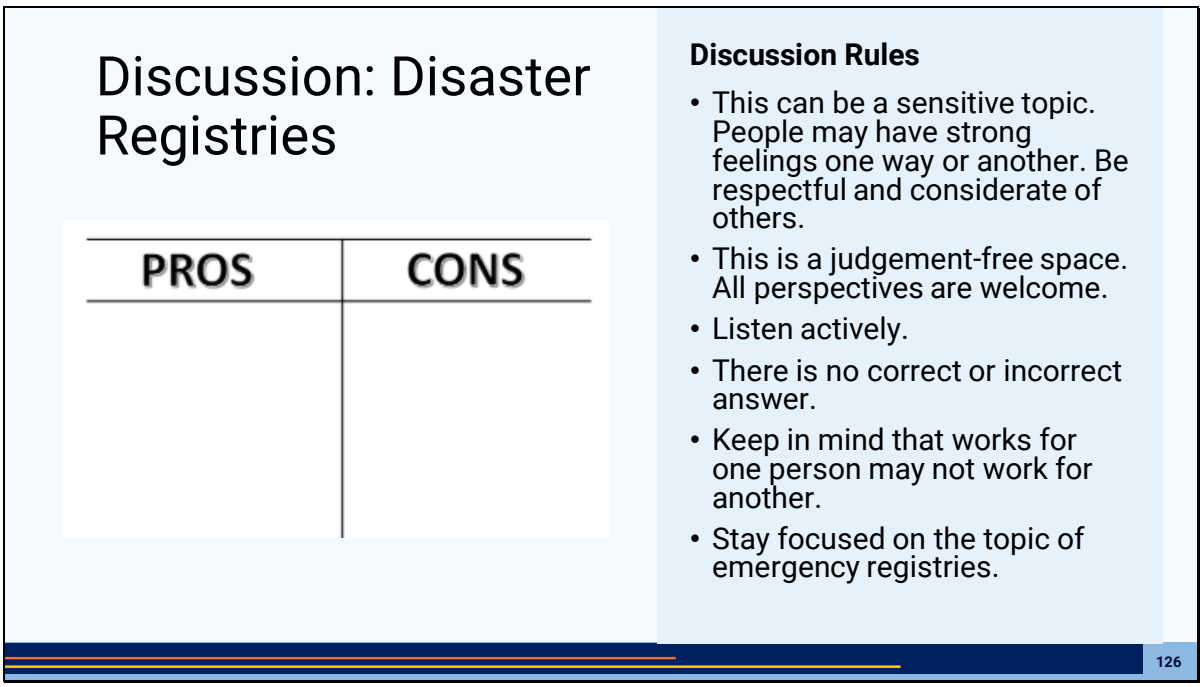
• Identify what services to maintain the longest and restart first.
• Determine the thresholds to suspend transportation services.
• A contingency plan for transportation service disruption can minimize impact to the transportation system. Good comprehensive plans identify services suspended first and those maintained. Transportation provider communication systems interoperability and redundancy is essential for effective emergency response and recovery.
• Identify the protocols and procedures to inform transit users and the community.

Surge Capacity

• Identify who can augment regular transit staff.
• Identify who is trained to operate accessible vehicles.
• Determine how to provide just-in-time training.

Leveraging Existing Networks

• Identify what service networks can be leveraged (i.e., paratransit, Adult Day Health Care, taxis, shuttles).
• In Montana, existing networks include neighbors-helping-neighbors and other community support systems. However, people should also have backups to these plans in case neighbors and other community supports are not available.



DISCUSSION: DISASTER REGISTRIES

Some local jurisdictions build their evacuation plans around local disaster registries. The concept of a voluntary disaster registry is simple – a list of individuals who need additional support during emergencies, which the government can use to provide assistance when disaster strikes. Some of the reasons to explore registries are:

- Improved communication and interaction between responders and people with access and functional needs. Registries can include preferred methods of communication and other information that can reduce confusion or miscommunication with responders and help responders approach situations with greater patience and care.
- Backup support when family members or other support systems cannot reach an individual unable to evacuate independently.
- Wellness checks and targeted educational and outreach campaigns before and after emergencies.
- Technology is constantly evolving, and new programs may have data security and other features that could address concerns about registries.
- Greater awareness of community members with access and functional needs that may be more isolated or not as tied into community systems.

Even if jurisdictions have a registry in place, they should never believe their evacuation planning is complete because they have one. Registries often give registrants a false sense of security; they believe that because they are on a list, they will receive additional resources or priority response services during emergencies. This false assumption is

dangerous and can lead to a decrease in personal preparedness. To address these misunderstandings, local governments should explicitly state that disasters often overwhelm emergency resources and registrants may not receive help or assistance for multiple hours or days, if at all.

A registry is not a means to dispatch physical resources during an emergency. Registries are tools to provide registrants with disaster-related information via telephonic notification or personal visits. As such, registrants should continue their personal and familial disaster preparedness efforts.

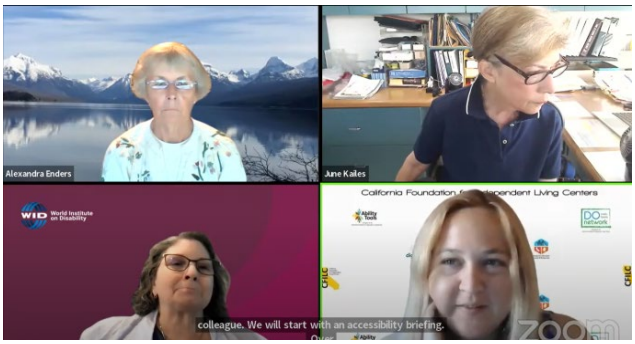
Considerations when evacuation planning:

- May be perceived as a promise or guarantee by local government that the registrants will be provided with evacuation services. Jurisdictions should carefully consider the implications of such perceived promises, as disclaimers do not tend to change perception.
- Tendency to view those on the registry as the only ones in the community who need assistance.
- Registries assume that registrants will always be at home. If designed based on individual residential information only, planning will have a major gap as disasters can occur any time of the day and most people with access and functional needs leave their homes for appointments, errands, and other reasons.
- Health Insurance Portability and Accountability Act (HIPAA) consideration. Montana Code Annotated has additional laws (MCA 50-16-6) that protect the confidentiality of personal information when held by public health entities.
- Potential legal liabilities (i.e., safeguarding data presents difficulties).
- Maintaining up-to-date information on these lists can be challenging.
- Technology can be expensive.
- Places unrealistic expectation on first responders and their capabilities during a disaster.
- Rely on voluntary participation and often have low enrollment, so do not comprehensively reflect the needs of the community. A registry is only as good as the individuals that sign up for it.
    - Distrust in government and concern about future data usage.
    - Concern about stigma and future discrimination for being on a “government list.”
    - Concern personal safety after disclosing vulnerabilities. For instance, someone with an access or functional needs might be hesitant to disclose it as, in the wrong hands, such information could increase their vulnerability to additional risks such as burglary, abuse, or exploitation.
    - Accessibility difficulties with technology-based platforms and the ability of all community members to register themselves and keep their information updated.

When making a decision about a registry, the most important step is getting feedback from the community about what it wants and what is permitted. It is also important to set clear expectations of what a registry can and cannot do, and what roles different groups would play in the creation, maintenance, and use of a registry.

Another consideration is that modern emergency alert systems may have similar capabilities to a registry, without requiring a separate registry or system to hold secure data.

Disaster Registries: Perspective #1.1



Emergency Registries: A Misleading, Harmful & Non-Inclusive Fix
Time mark: 32:48 – 38:29

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DISASTER REGISTRIES: PERSPECTIVE #1

Presentation by Marcie Roth from the World Institute on Disability. Video provided by the California Foundation for Independent Living Centers (CFILC).

Video Link: (PART 1) Emergency Registries: A Misleading, Harmful & Non-Inclusive Fix: https://www.youtube.com/watch?v=mexNCwt1lw8&msockid=e1770619748e11f09b02f63dbf22ef4a
Accompanying slide deck: jik.com/2022 09-08RegistriesSlides.pdf

Disaster Registries: Perspective #1.2

[Pre-Conference Part 1/3 | 2023 Access and Functional Needs Conference]

Time mark: 39:40 – 42:44

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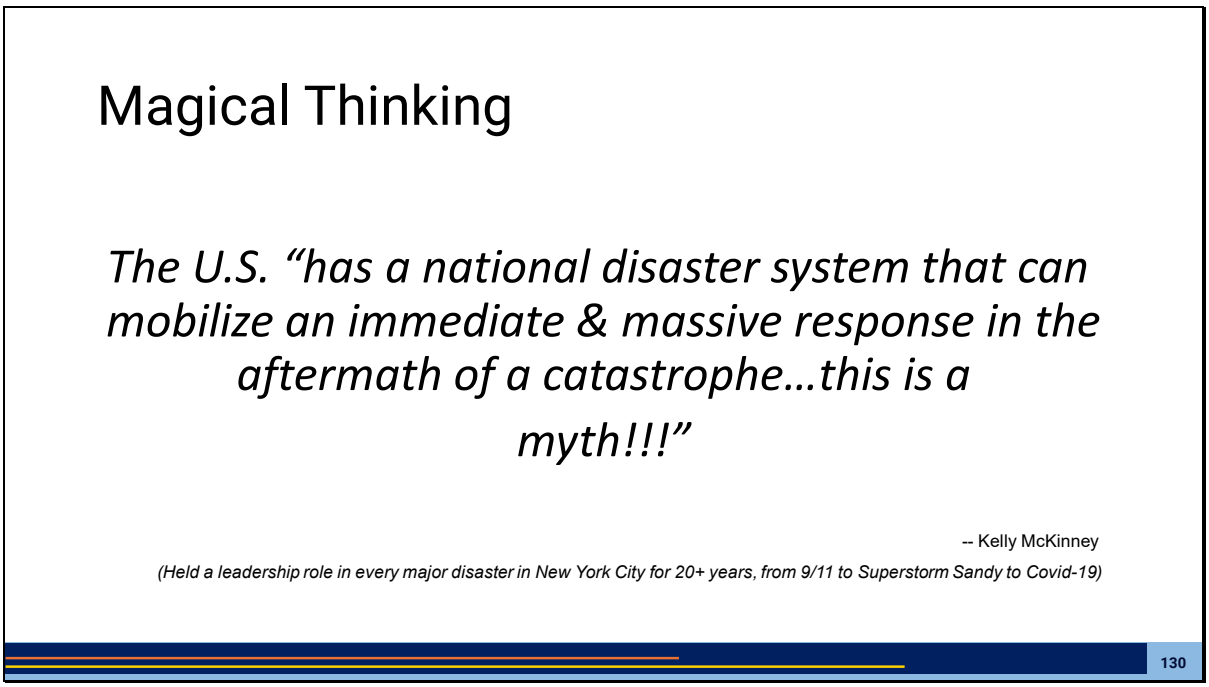
DISASTER REGISTRIES: PERSPECTIVE #1

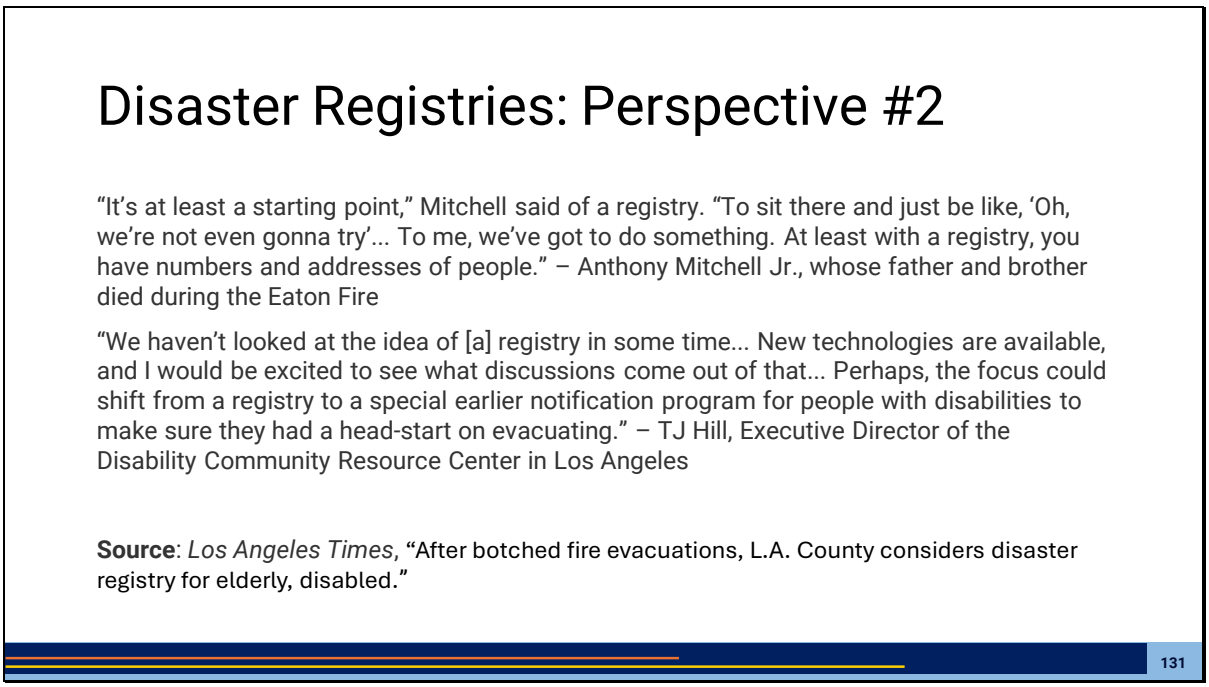
Presentation by June Isaacson Kailes, Disability Policy Consultant, at the 2023 Colorado Access and Functional Needs Conference. Video Link: https://www.youtube.com/watch?v=b412qBC3zaI&list=PLQDCae5hPt4aKzkVv1KRaQIygqo-YQRDK&index=3



MAGICAL THINKING

The U.S. “…has a national disaster system that can mobilize an immediate & massive resp
onse in the aftermath of a catastrophe…this is a
myth!!!” Quote by Kelly McKinney, who held a leadership role in every major disaster in New York City for more than 20 years, from 9/11 to Superstorm Sandy to Covid-19.

This quote demonstrates the importance of setting expectations, whether your jurisdictions implements a registry or not.



DISASTER REGISTRIES: EXAMPLE #2

Source: Jenny Jarvie. "After botched fire evacuations, L.A. County considers disaster registry for elderly, disabled." Los Angeles Times. April 2, 2025. https://www.latimes.com/california/story/2025-04-02/l-a-county-officials-call-for-study-into-emergency-registry-for-disabled

Motion: https://file.lacounty.gov/SDSInter/bos/supdocs/201678.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

Transportation Agreements

- Reminder to have agreements in place for transportation and evacuation
- Agreements with surrounding jurisdictions
  - Surge Capacity
  - More than one vendor

American Red Cross vehicle at Carbon County Fairgrounds (Yellowstone River Floods, 2022).
Credit: American Red Cross/2022.

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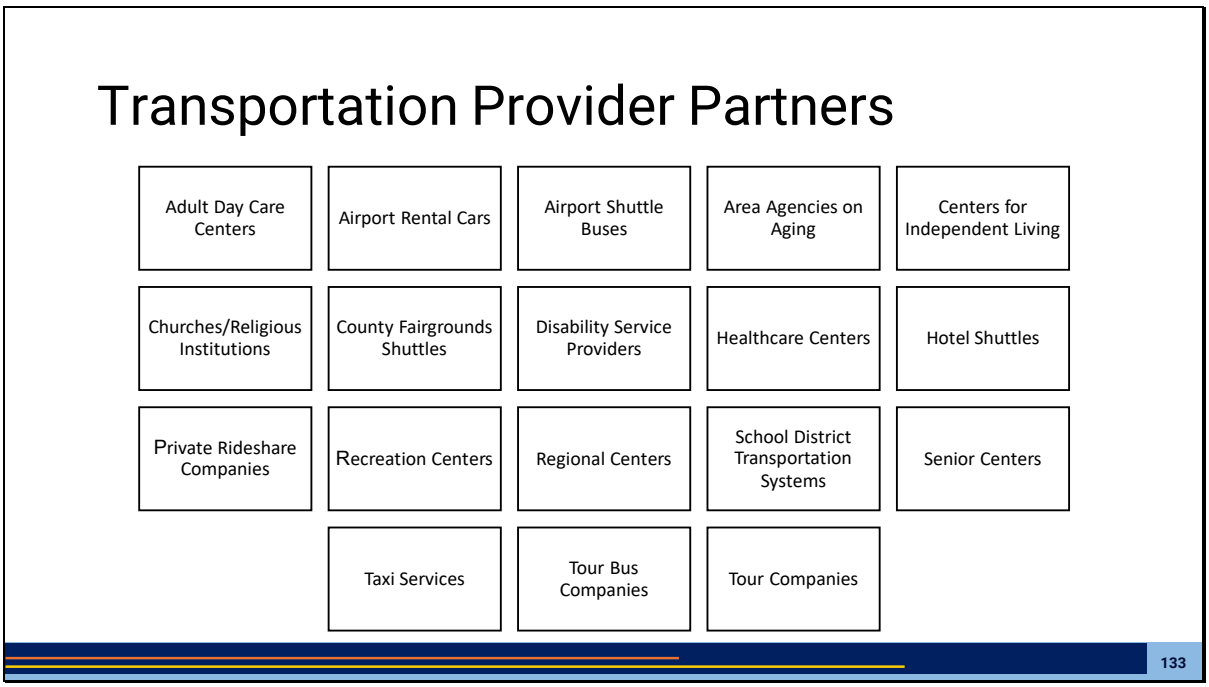
TRANSPORTATION AGREEMENTS

Contracts should clearly state that emergency evacuation services will be provided 24/7 via on demand taxi-like service, at no cost to the user, and that resources will include accessible transportation assets.

Jurisdictions should maintain a list of all transportation/evacuation contracts in the Emergency Operations Center.

During wide-scale evacuations, there may not be enough transportation resources within a single jurisdiction to evacuate everyone who needs assistance. To build a transportation surge capacity, jurisdictions should, as part of their local evacuation planning process, establish transportation contracts with providers and vendors in surrounding jurisdictions. Exercise that these partnerships will work before disaster strikes.

To ensure continuity, planners should secure more than one vendor to provide transportation and evacuation services. This will help to leverage additional accessible transportation resources during large-scale evacuations.



TRANSPORTATION PROVIDER PARTNERS

When identifying potential transportation providers to partner with, jurisdictions should be innovative and think beyond traditional resources. Most communities have more transportation resources than one might initially think. Examples of potential transportation partners include:

- Adult Day Care Centers
- Airport Rental Cars
- Airport Shuttle Buses
- Area Agencies on Aging
- Centers for Independent Living
- Churches/Religious Institutions
- County Fairgrounds Shuttles
- Disability Service Providers
- Healthcare Centers
- Hotel Shuttles
- Private Rideshare Companies
- Recreation Centers
- Regional Centers
- School District Transportation Systems
- Senior Centers
- Taxi Services
- Tour Bus Companies
- Tour Companies

Re-Entry

- Infrastructure assessment
- Staffing of accessible vehicles
- Destination signs
- Other signs and indicators

Jdf !kon !sf n pwbrhcz!qrpx !jo!Foojt -!N U/!
Dsf eju!N pouobb!EFT03122/

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RE-ENTRY

The considerations we discussed for evacuation also pertain to re-entry. The bullets on this slide are additions to those transportation and evacuation considerations, because you have added questions like:

- Is staffing during re-entry the same as it was for evacuation?
- Are any transportation providers available during the evacuation now not available, perhaps because vehicles were damaged or drivers are tending to their families?
- Are routes able to be navigated – are roads and equipment previously needed for evacuation still available?
- Does signage need to be repaired or replaced so drivers know where to go, and is that signage accessible?"

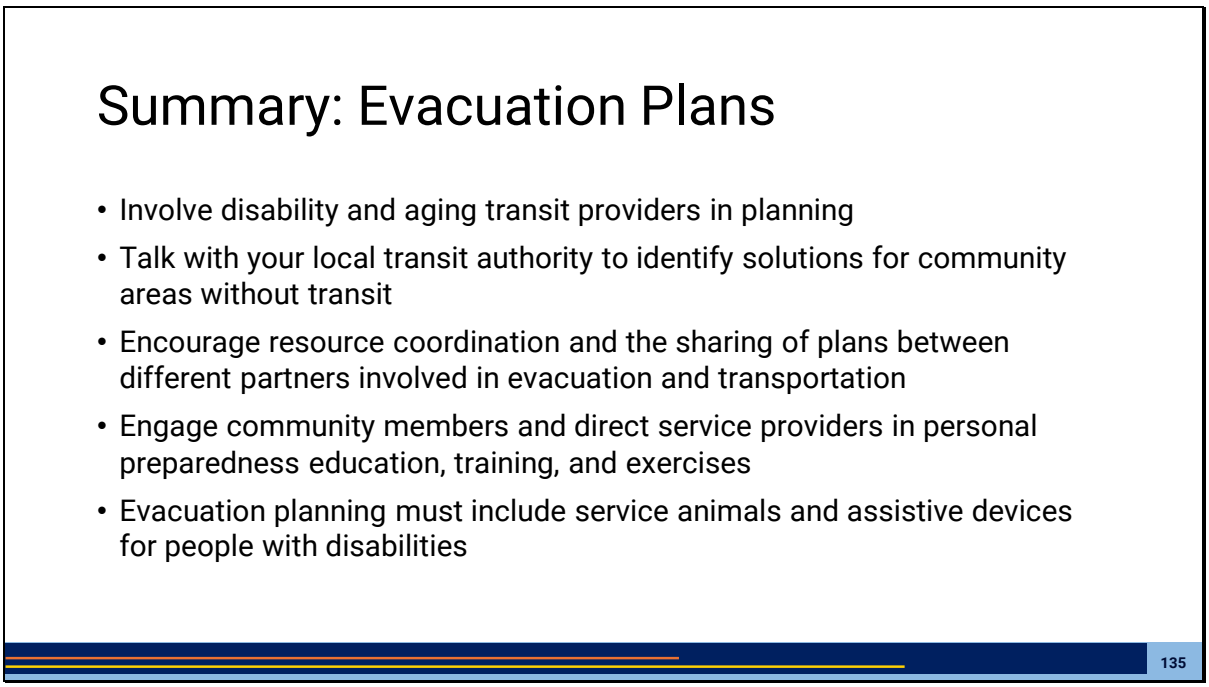
Reentry into a disaster impacted area is challenging for everyone. Effective strategies to address these challenges include:

Planning - Establish temporary routes to help operations and communications with reentry transportation alternatives.

Infrastructure assessment - Individuals with access and functional needs may have a higher need for infrastructure services. Power, water, and accessibility to and within their residence are essential. This includes accessibility to impacted neighborhoods.

Staffing - All vehicles should have a driver and a driver's helper. This speeds loading and unloading, securing mobility devices, assisting passengers with access and functional needs, and answering customer questions and concerns. Ensure appropriate translation services are available.

Destination signs/indicators – Vehicle route numbers and destinations should be displayed on the vehicle or via posted route names. Accessible signage should be placed in the front of the vehicle and on vehicle windows.



EVACUATION PLANS

Evacuation plans should address community areas without transition. To do this, you need to involve your local transit authority and any partners that do or could provide transportation to individuals with disabilities and access and functional needs. Neighboring jurisdictions may also be able to assist in emergencies.

Talk to disability and aging transit providers, such as the senior center and local paratransit service, to learn how individuals with disabilities and others with access and functional needs are transported from schools, neighborhoods, and medical and nursing facilities. Are multiple entities depending on the same evacuation resources? Are they thinking about their evacuation plans? Have they shared their evacuation plans with others to reduce duplication of efforts and ensure resources are not overpromised (for example, multiple entities relying on the same bus company when it only has vehicles for one group at a time)? Do first responders know the disability and aging transit providers in the community? During non-operational hours, how quickly can transportation providers respond? Have secondary or backup drivers that can be immediately available been identified? Do local transit companies need to stick to a fixed route, or can they take alternate routes in response to emergency needs?

These considerations should be discussed with your community partners and addressed in your evacuation plans. Involve first responders, disability service providers, individuals with disabilities, and people with access and functional needs in drills and exercises. Promote personal preparedness to strengthen community resilience.

Break

Unit 4

Image by Mike Goad from Pixabay

Photo of Farm in Big Hole Valley:
https://pixabay.com/photos/big-hole-valley-farm-truck-farm-3799695/

Sheltering
G197 - Unit 5

Unit 5 Objectives

At the end of the unit, participants will:

- Identify key emergency sheltering issues related to access and functional needs
- Apply the CMIST framework to sheltering and mass care
- Learn about possible mass care resources available to the community
- Identify and share best practices related to sheltering

American Red Cross (ARC) emergency response vehicle delivers food at an ARC shelter in Busby, MT (Richard Springs Fire in Bighorn County, 2021).
Credit: American Red Cross.

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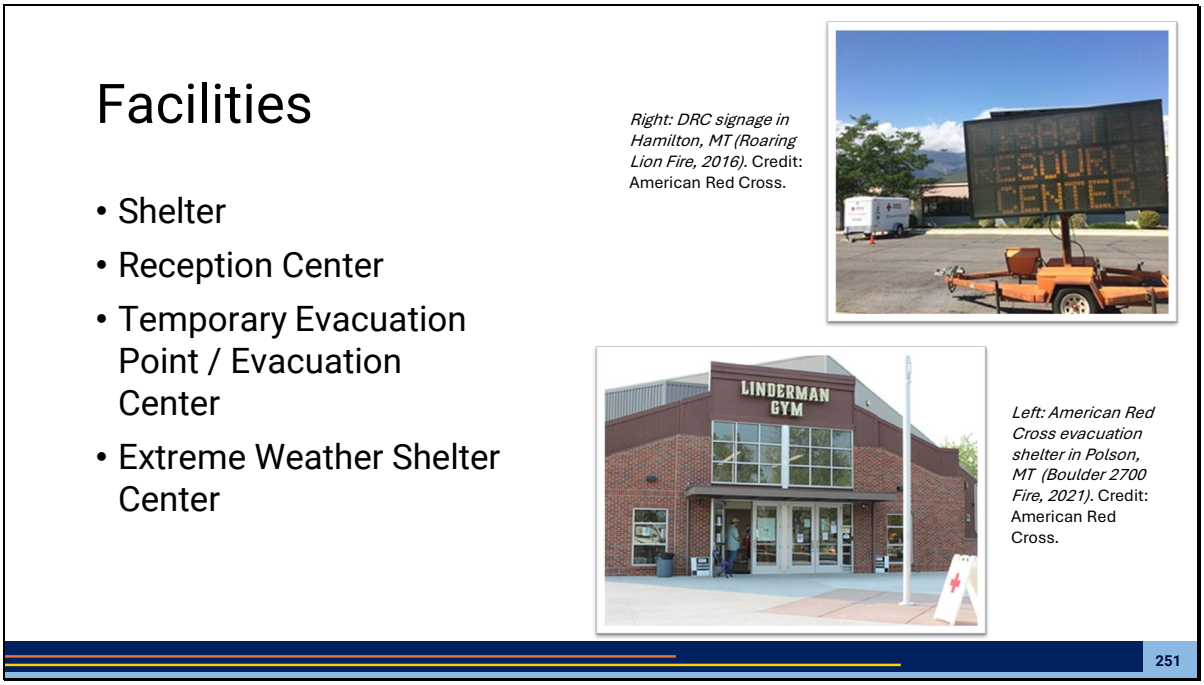
UNIT 4 OBJECTIVES

This unit provides students with a review of transportation and evacuation planning elements for individuals with access and functional needs. Upon completion of this unit, students will have a foundation to develop effective plans that integrate accessible transportation and evacuation elements.

At the end of the unit, participants will:

- Identify key planning issues involved in transportation and evacuation as they relate to access and functional needs
- Apply the CMIST framework to issues of transportation and evacuation
- Learn about possible resources available to the community
- Identify and share best practices



FACILITIES

A **Shelter** is a disaster relief location that provides a roof overhead, food, water, sanitation, and support to residents to maintain their basic living needs until they can return home. Shelters do not duplicate residents' usual standards of living. Survival and basic health maintenance is the goal of disaster sheltering.

A **Reception Center** is a temporary place that accommodates people in need of shelter. This includes displaced people, evacuees, or disaster survivors until more permanent accommodations are found. (A Community Resource Center in a local jurisdiction may be converted to a shelter when needed.)

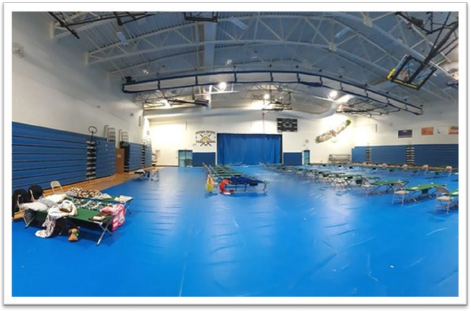
A **Temporary Evacuation Point (Evacuation Center)** is an *expedient* temporary facility when quick evacuation is required (a law enforcement incident or sudden-onset disaster, and when it is not known whether overnight sheltering is needed). An evacuation center provides a safe refuge, information, and limited refreshments and does not necessarily have the resources of a shelter. If overnight sheltering is needed, the residents may be moved to a different shelter-compatible facility or other temporary housing (i.e., hotel, etc.)

The term *Evacuation Center* is used differently in hurricane states. Generally, all refuge sites are evacuation centers, and people evacuating ahead of a storm bring most of their own bedding and supplies.

Some areas or agencies may establish shelters during extreme weather events, including Public Safety Power Shutoff (PSPS) events. These shelters include cooling centers, warming centers, clean air centers, and charging centers. Each will have different considerations compared to an incident-related shelter.

Congregate Shelters

- General population shelters should be equally accessible to everyone in the community
- At a minimum, verify that facilities used as shelters meet ADA requirements
- Most health needs can and should be addressed at general population shelters
  - Individuals with emergent or complex medical needs may need transportation to a higher level of care
  - Respect people's self determination



American Red Cross shelter in Busby, MT (Richard Springs Fire, 2021). Photo Credit: American Red Cross.

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CONGREGATE SHELTERS

Shelters should be physically and programmatically accessible to meet the needs of everyone in the community, including individuals with access and functional needs. In rare cases, individuals may arrive at shelters with complex medical needs and may need transportation to a higher level of care. However, that is the exception, not the rule. Most health and chronic medical needs can and should be addressed at general population shelters (including at Red Cross shelters).

General Population Shelter:
A facility that provides temporary lodging and basic amenities to people displaced by disasters or other emergencies. General population shelters should be physically and programmatically accessible to everyone, including people with disabilities and other access needs. They are staffed by volunteers and professionals who work to ensure safety and provision of necessities, such as food, water, and sleeping. They are generally congregate (combined sleeping areas) and often located in schools, community centers, or churches.

It is a mistake and inaccurate to view most people with disabilities as needing medical assistance. The belief that people with disabilities need medical care overburdens scarce emergency medical resources. Many acute medical needs (including wound care and catheterization) can be addressed at general population shelters.

American Red Cross uses an "All Under One Roof" approach to sheltering. Examples of how this is implemented include:

- Disaster Health Volunteers with clinical experience at each shelter to assist with medical needs.
- Health Services Volunteers who are licensed health care professionals (RNs, MDs, EMTs, PAs, and DNPs) at shelters to provide clinical care.
- Isolation rooms for individuals with contagious health conditions.
- Private spaces for individuals with mental health conditions in need of greater privacy or quiet.
- "Blue Rooms" for children with autism.

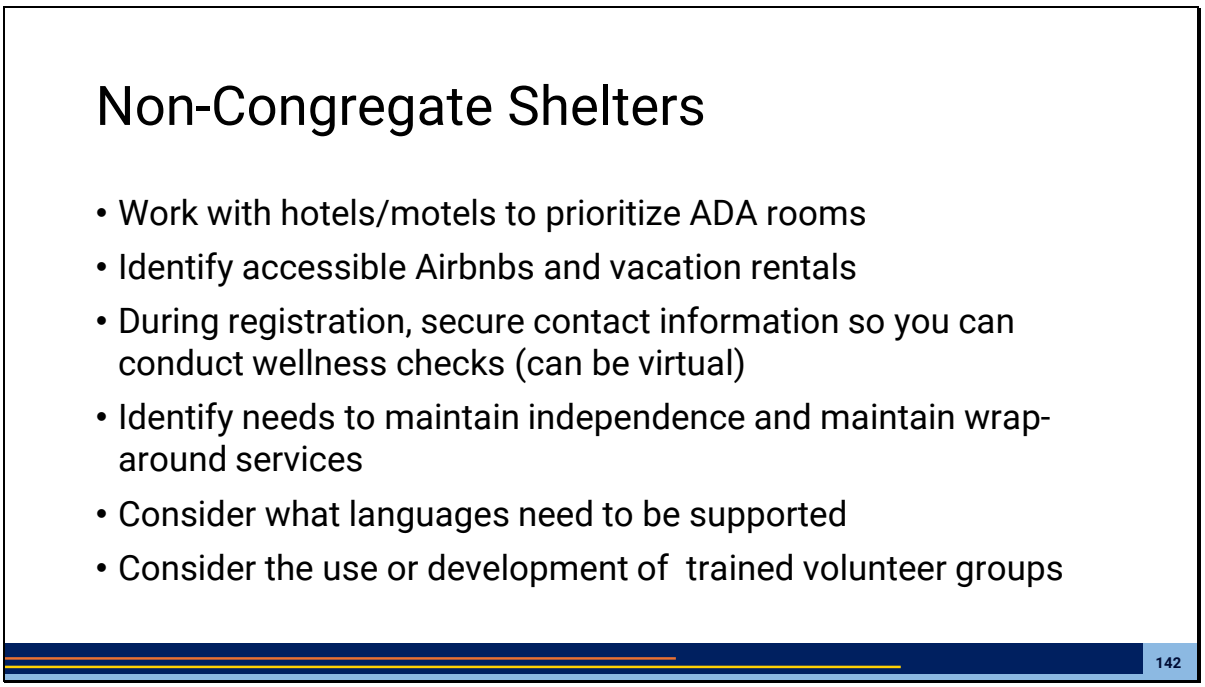
Medical Shelter / Healthcare Centers:

- Those who do not have support from family or others may need assistance with managing health and medical needs, but do not necessarily require a higher level of care.
- Medical resources should be reserved for those with medical needs.
- A person with an unstable, terminal, or contagious health condition may need to be in a medical shelter or a hospital where an appropriate level of care can be provided.

Federal and state laws require individuals with disabilities to have equal access to emergency programs and services. Shelters, with or without modifications, should be able to support people with disabilities or access and functional needs.

Shelter planners and emergency managers should identify shelters that comply with ADA requirements and those that, with modifications, will comply. This includes accessible design standards and state accessibility codes. Red Cross and/or emergency managers may designate shelters as primary or secondary, depending on accessibility.

The American Red Cross executes agreements for facilities that are used as shelters. Appropriate mass sheltering facilities are usually middle schools, high schools, community centers, and recreation centers; however, you should not assume that a facility automatically meets accessibility requirements without verification. Sites must be fully ADA compliant to be used by the Red Cross. Accessibility considerations apply to dormitory areas, dining space, restroom capacity, parking, and mobility device usage. The American Red Cross completes shelter surveys that detail the facility's resources. Red Cross enters this data into the National Shelter System website. The National Shelter System also includes shelters run by other organizations.



NON-CONGREGATE SHELTERS

At times, it may be necessary or advisable to provide non-congregate sheltering services or operations. It is vital that emergency managers communicate that a non-congregate shelter may not have all the services provided at a general population shelter. (Of note, Red Cross can provide services in non-congregate shelters). Explain options and let clients determine their preference. Self determination is an essential right.

Some of these options may not be feasible for your area, but they are ideas that are a starting point to identify local solutions.

Hotel Leases

As locations are identified to lease, it is important to ask and notate:

- How many accessible (ADA compliant) rooms are available?
- Where are they located?
- What are the amenities (e.g., roll in showers, door knock sensor device, etc.)?
- How many rooms are on the 1st Floor?

Ground floor and other accessible rooms should be prioritized for individuals who need them.

Emergency managers' responsibility does not end when the door closes (that is, when an evacuee is placed in non-congregate sheltering). Whether the non-congregate shelter is a

hotel, campground, or college dorm – local jurisdictions should provide full wrap around services and support, which include things like:

- Checking in to make sure people have drinking water and meals, and to assess for unmet needs.
- Provide for durable medical equipment, supplies, mobile phone charging, and translation services.
- Ensure client safety and health is maintained.
- Address concerns regarding the impact of isolation, evacuation, or any health or medical condition.

Shelter Considerations

- Signage
- Sleeping areas and privacy
- Bathing facilities and restrooms
- Feeding
- Activities of daily living
- Power
- Quiet areas

American Red Cross feeding station at a shelter in Busby, MT (Richard Springs Fire in Bighorn County, 2021). Credit: American Red Cross.

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SHELTERING CONSIDERATIONS

We will look at each of these factors in detail in the remainder of the unit:

- Signage
- Sleeping Areas and Privacy
- Restrooms and Bathing
- Feeding
- Power
- Activities of Daily Living
- Quiet areas

About Activities of Daily Living and Self Determination

Activities of Daily Living (ADL) is a term for the basic skills required to independently care for oneself in daily life. These include:

- Ambulating. Ability to walk, sit, stand, lie down and get up, and climb up and down stairs, both inside and outside your home.
- Grooming. Activities necessary to maintain personal hygiene, like brushing your teeth, bathing, shaving, and hair and nail care.
- Toileting. Ability to control your bladder and bowels (continence), use the toilet safely, and clean yourself after use.
- Dressing. Ability to dress yourself properly, including using buttons and zippers.
- Eating. Ability to use cutlery and feed yourself.

“When I leave my home, I leave 70% of my independence.” – Richard Devylder, former California Office of Access and Functional Needs Director.

- People coming to the shelter will make a self-determination if the shelter is accessible to their needs. Involve them in the conversation, as they may have solutions for making the shelter more accessible.

SHELTER ISSUES: PHYSICAL ACCESS

What is wrong with these pictures?

Shelter Issues: Hygiene

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SHELTER ISSUES: HYGIENE

What is wrong with these pictures? What would you do differently?

Shelter Issues: Feeding

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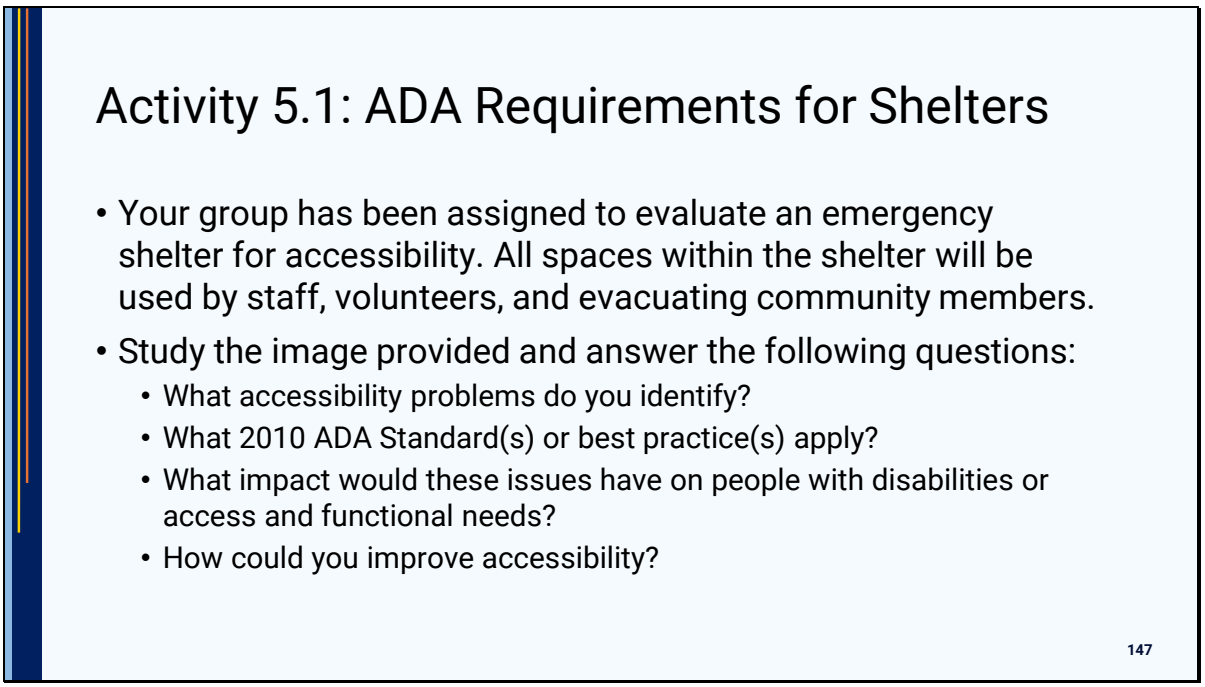
SHELTER ISSUES: FEEDING

What potential issues do you identify in these photos?



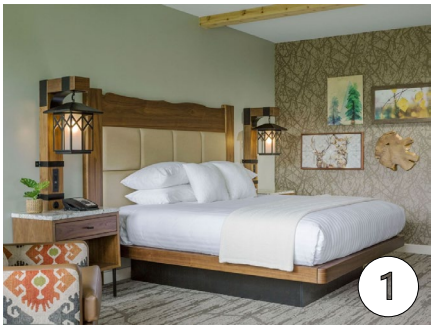
SMALL GROUP ACTIVITY

SHELTER SOLUTIONS: PORTABLE RESTROOMS

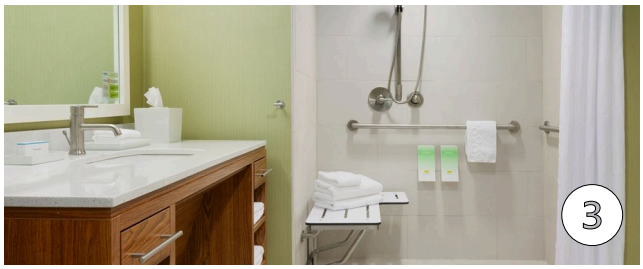
SHELTER SOLUTIONS: PORTABLE WASH STATIONS

Shelter Solutions: Accessible Hotel Rooms

Above: Reception desk at a hotel. Source.



Above: An accessible hotel room. Source.
Right: An accessible hotel bathroom. Source.



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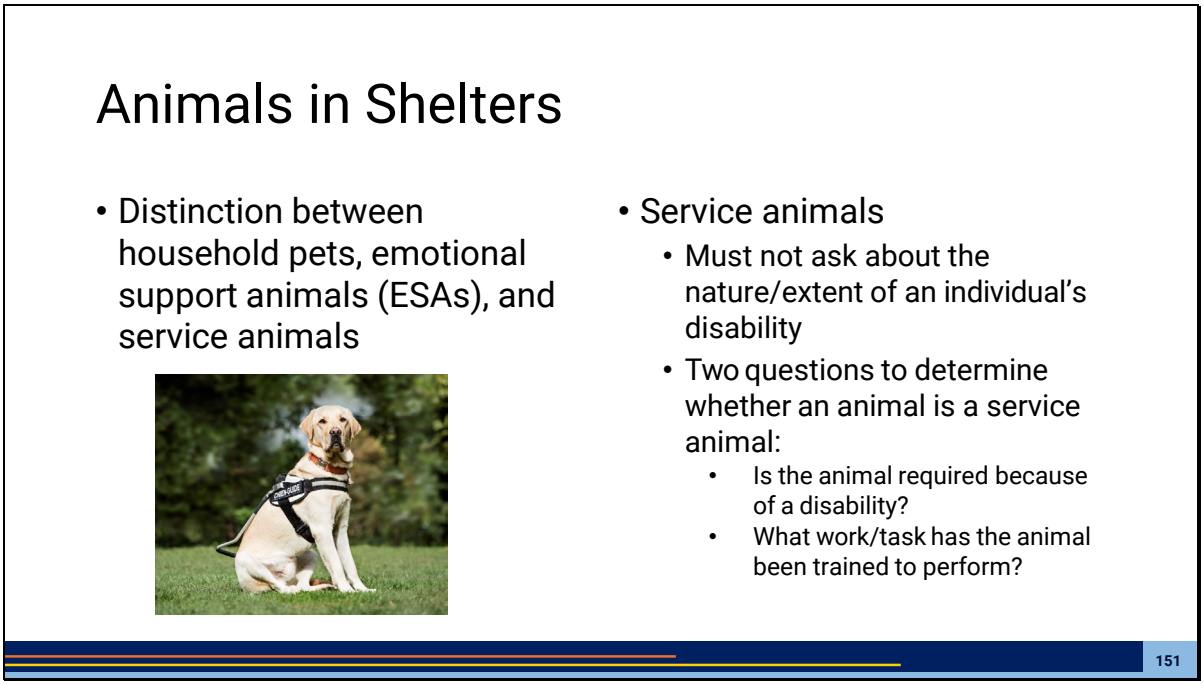
SHELTER SOLUTIONS: ACCESSIBLE HOTEL ROOMS

Image 1 Source: https://www.highpeaksresort.com/hotels/the-resort/accessible-single-king
Image 2 Source: https://www.weareprogressive.com/insights/why-universal-design-is-the-best-way-to-transform-your-hotel-reception-area
Image 3 Source: https://www.freewheelintravel.org/wheelchair-accessible-hotel-room-problems-solutions/



ANIMALS IN SHELTERS

It is important to address animal considerations in your plans. This includes household pets, emotional support animals, and service animals. It may be beneficial to partner with local veterinarians, animal shelters, and animal control officers to plan for health, safety, and animal control in shelters.

Service animals must be permitted to accompany their owners in all public spaces, including shelters. Other passengers' allergies and fear of animals are not valid reasons to deny access or refuse service to people with service animals. A service animal under the ADA is defined as a dog that has been individually trained to do work or perform tasks for the benefit of an individual with a disability. The ADA also allows trained miniature horses as alternatives to dogs, subject to certain limitations. Jurisdictions with questions about service animals should consult with their local ADA coordinator or other legal expert. Emotional support animals are not the same as service animals.

States may vary in the definition of service animals based on their laws. Local governments may also have additional ordinances on discrimination that may need to be considered. Relevant state laws in Montana include:

- MCA 49-4-214 Right to Be Accompanied by Service Animal – Identification for Service Animals in Training
- MCA 49-2-304 Discrimination in Public Accommodations
- MCA 49-3-101 Definitions

Shelters may not require special ID cards or harnesses for the animal or ask about a person's disability. The only questions you are allowed to ask to determine if an animal is a service animal are:

- Is this animal required because of a disability?
- What tasks has the animal been trained to perform?

As of July 21, 2022, Red Cross of Idaho, Montana, and East Oregon sees household pets as essential family members and allows them in shelters, but in a separate area. Please note this is a policy that may change, and it is important to be in touch with your partners at Red Cross for the most updated information. See the resource page in the Appendix for the new Red Cross policy on pets, or email questions to pets@redcross.org.

Emotional support animals (ESAs) are pets that are prescribed by a licensed health professional to provide comfort or emotional support to a person with a mental or emotional condition. They are not allowed in all places like service animals are. Under Montana Code Annotated 49-2-304 ("Discrimination in Public Accommodations"), government entities may potentially need to allow an accommodation for an ESA in a shelter, unless the entity can show that it would be unreasonable (for example, because the ESA would require altering services, create a safety concern or threat, or cause a significant financial burden). To best understand your obligations around emotional support animals in shelters, consult with your jurisdiction's ADA Coordinator, legal team, or Red Cross.

Feeding Solutions

- Accessible tables
  - Consider wheelchairs, children, and culture
- Dietary needs
- Culturally appropriate foods
- Soft food options

Example of table risers

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FEEDING SOLUTIONS

Modifying kitchen and food policies for people with dietary restrictions, cultural restrictions, or access and functional needs may be necessary. People in the shelters may self-identify a specific food need or allergy. Halal, Kosher, low-sodium, vegetarian, and vegan are examples of diets. Infants may need formula or pureed foods and others may need soft foods that are easy to digest.

Dining areas must have accessible serving and eating areas. Tables need to be at an accessible height for individuals with disabilities and others with access and functional needs. Tables should be spaced with enough available room for assistive living devices and service animals. Simple solutions can be wide aisle areas and lowering the table height. People with disabilities or specific needs should not be segregated into separate dining areas and they should have the opportunity to eat alongside their caregivers on site.

Power Issues

- Back-up power supply
- Life-sustaining devices
- Durable medical equipment
- Refrigerated medication
- Communications devices

Red Cross charging station set up following the Missoula County windstorm of summer 2024.
Credit: American Red Cross/2024.

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POWER ISSUES

Individuals with Access and Functional needs may rely on power for life-sustaining equipment, such as:

- Motorized wheelchairs
- Refrigerated medicines
- Cell phone programs/technologies/applications for accessibility (e.g., captioning, relay services, Be My Eyes)
- HVAC systems to maintain moderate temperature

Jurisdictions should plan with community partners and critical infrastructure providers (e.g., utility cooperatives) to ensure critical infrastructure is incorporated at shelters. Regardless of advance planning, some people, due to their disability, simply cannot survive extended periods without electricity and/or support from personal care attendants. Plans must address back-up power supply and access for individuals who require power to maintain or operate life-sustaining devices, power motorized wheelchairs, or preserve certain medications requiring refrigeration.

Technology and Durable Medical Equipment

- Canes, walkers, crutches
- CPAP machines
- Nebulizers
- Folding white canes
- Wheelchairs
- Portable ramps
- Shower chairs
- Oxygen

Glasses, hearing aids, and dentures are the most commonly lost items.

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TECHNOLOGY AND DURABLE MEDICAL EQUIPMENT

Durable Medical Equipment (DME) is any medical equipment used in the home to aid in a better quality of living. Examples of DME are scooters, walkers, wheelchairs, oxygen concentrators, CPAP machines (for sleep apnea), and nebulizers. Emergency plans should cover how to locate, procure, or replace essential technology and durable medical equipment.

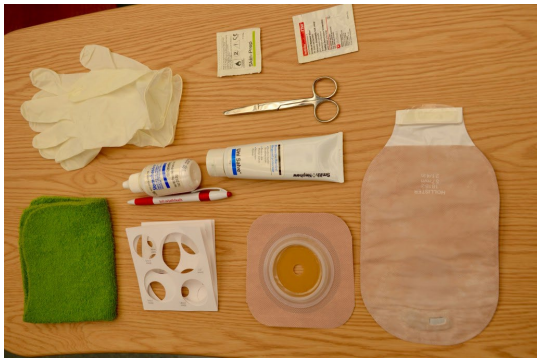
The resource page in the Appendix includes examples of partners that may be able to assist with DME rentals or replacement.

Technology has changed the way people with disabilities or access and functional needs live. When individuals can take their technology and equipment with them, they will remain more independent. Without their devices, assistance may be needed with mobility, seating, positioning, feeding, showering and transportation. A mobile or wireless device may be an assistive living device not a luxury item. Individuals with disabilities can lose their self-sufficiency and become dependent if separated from their assistive device(s).

Personal planning is also a best practice. Encourage individuals to develop personal evacuation plans with considerations for assembling their families, stocking supplies (including medicines) and selecting potential evacuation points (e.g., a friend's house, a hotel or the local shelter). The American Red Cross provides free readiness and preparedness classes for community members upon request, and can tailor it's "Be Red Cross Ready" course toward specific hazards and resource needs.

Consumable Medical Supplies

- Medications
- Catheters
- Wound dressing supplies
- Incontinence supplies
- Feeding tube supplies



Ostomy supplies. Credit: This Photo by Unknown Author is licensed under CC BY.

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CONSUMABLE MEDICAL SUPPLIES

Consumable Medical Supplies (CMS) are nondurable supplies and items that enable activities of daily living. Examples of CMS are tubing, padding, colostomy bags, diapers, diabetic supplies, bandages, and wipes. Consumable medical supplies may be for a long-term need (e.g., for pressure sores) or for an acute medical need post-disaster.

Plans should state how to provide essential medications and consumable medical supplies in a disaster or shelter. They should address how to locate, procure, and store necessary items. Some items should be pre-stocked and others may need just-in-time delivery. Essential medications for heart conditions, high blood pressure, seizures, asthma, insulin, etc. may require immediate replacement. Speed and flexibility will be critical in replacing essential items.

Emergency plans should also address essential medication replacements for those who cannot travel and how to keep essential medicines hot or cold.

Agreements with vendors (including local pharmacies), surrounding jurisdictions, the Red Cross, and other partners can reduce last minute chaos. Health programs and providers may be able to provide supplies; for example, hospital dieticians may have feeding tubes and public health diabetes prevention programs may have access to glucose test strips. Agreements should be updated and exercised regularly. Montana Disaster and Emergence Services can assist with the coordination of resources during an emergency.

Shelter Transportation

- Accessible vehicles
- Drivers
- Coordinator(s)

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SHELTER TRANSPORTATION

CMIST applies to transportation in shelter settings. Shelter residents may need accessible transportation (getting to and from work, school, bank, health services, outings, events, and recovery services, e.g., Disaster Recovery Center). Stage accessible vehicles and have clear dispatching procedures so services are available. This decreases the burden for emergency medical transportation providers. Have designated personnel work with shelter management to coordinate rides and available drivers.

Red Cross does not directly provide transportation. It works with transport providers locally, including ride sharing applications like Uber and Lyft, to provide transportation to shelter residents.

Local emergency managers should focus on developing partnerships and agreements with local transportation providers as part of their planning efforts pre-disaster.

Personal Assistant Services

Examples of support that may be needed:

- Grooming
- Eating
- Toileting
- Transferring
- Completing forms

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PERSONAL ASSISTANT SERVICES

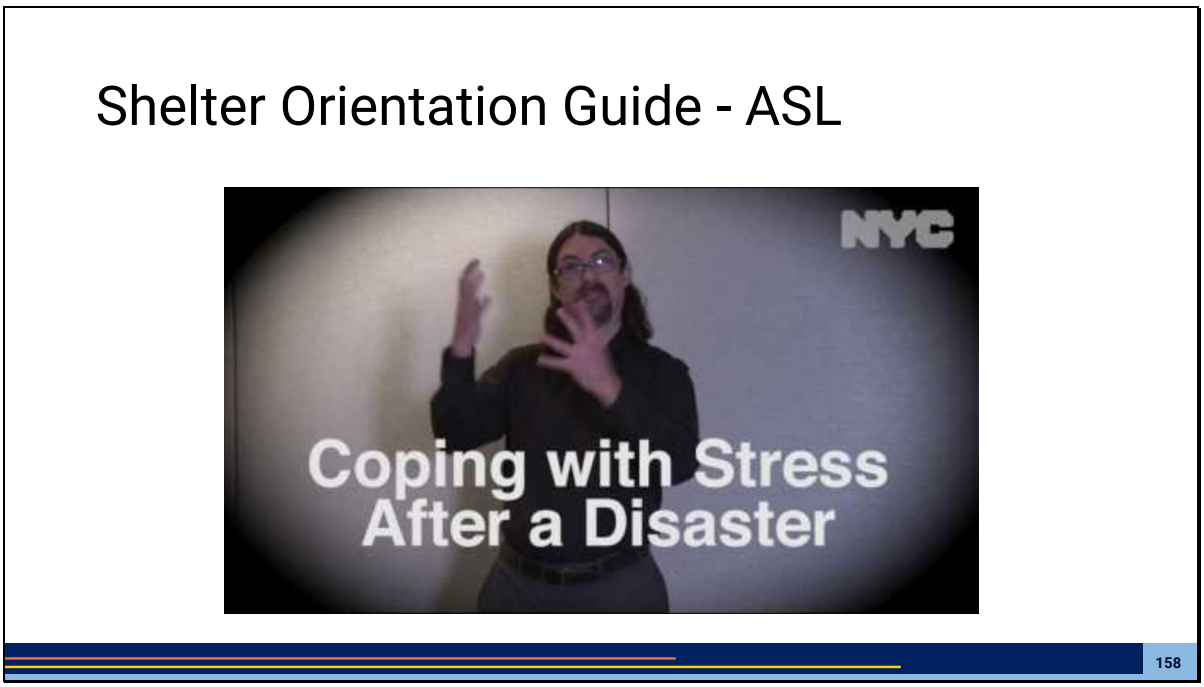
For the more than 8.4 million people nationwide who require assistance with personal care, an ADA-compliant spaces are insufficient.

Personal Assistant Services (PAS) are non-medical services that help individuals perform activities of daily living (ADLs) or instrumental activities of daily living (IADLs) to maintain their level of independence. Services can be formal or informal, paid or unpaid. PAS workers are sometimes referred to as home health aides, Certified Nursing Assistants (CNAs), or caregivers. In emergency shelters, they can include but are not limited to:

- Family members
- Friends
- Neighbors
- Other evacuees in the shelter
- Volunteers
- Home health aide
- In-Home Supportive Services (IHSS) Providers/Personal Assistants

Do not disregard the natural support systems that people have in place, such as family members that provide care.

Make yourself aware of if your agency has agreements or contracts in place to identify where/how to get personal assistant services for survivors when their primary provider is not available.



SHELTER ORIENTATION GUIDE – ASL [VIDEO]

This video from NYC Emergency Management provides an orientation to the shelter in American Sign Language.

Video link: https://www.youtube.com/watch?v=PRNoWF2GQ40

EMERGENCY SHELTER TRAINING: ASSISTING PEOPLE WITH DISABILITIES AND AFN [VIDEO]

Video link: https://www.youtube.com/watch?v=TCl67K0eS5o
Video with audio descriptions: https://www.youtube.com/watch?v=U8mn4JA5AOg

SHELTERING: UNHOUSED

Sheltering the unhoused during a disaster presents a myriad of challenges that demand careful consideration and innovative solutions.

Issues of trust and reluctance to engage with official aid organizations can hinder outreach efforts. Moreover, disasters often exacerbate pre-existing mental health issues among the unhoused population, requiring specialized services. Balancing the need for immediate relief with the long-term goal of transitioning individuals out of homelessness further complicates the sheltering process. Collaborative efforts involving government agencies, non-profits, and local communities are essential to address these challenges and ensure that the unhoused receive effective and compassionate assistance during times of crisis.

Advance Shelter Planning

- Coordination with local partners and jurisdictions
- Jurisdictions should have written mass care and shelter plan(s) or sections
- Have multiple backup options for accessible shelters
- Include transition planning (discharge from shelter)

American Red Cross Health Professionals mug.
Credit: American Red Cross/No Date.

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ADVANCE SHELTER PLANNING

Every jurisdiction should have a Mass Care Plan that designates the agency or department responsible for sheltering during disasters. Sheltering may be done in conjunction with the American Red Cross; however, the responsibility remains with the local jurisdiction. (It is also important to note that Red Cross might not arrive immediately, and plans must be in place for what to do in the meantime.) Shelter operators may also include non-governmental and/or community-based organizations (i.e., spontaneous shelters). Planning for mass care should include coordination with agencies/organizations who may open shelters that are outside local agencies' control.

Pre-identify potential sheltering facilities within the jurisdiction and ensure they are assessed for compliance with the Americans with Disabilities Act (ADA) at regular intervals. Planning needs to ensure physical accessibility and the provision of accessible resources, including personal service assistance, interpretation/translation, medical equipment, cots, transportation, etc. The Americans with Disabilities Act (ADA) requires shelters to conduct operations in ways that offer people with disabilities the same benefits (e.g., safety, comfort, food, health care, support of family and friends) provided to people without disabilities. Jurisdictions should have contracts in place to provide these accessible resources. Creative, flexible, and simple fixes can help improve access to restrooms and other shelter areas.

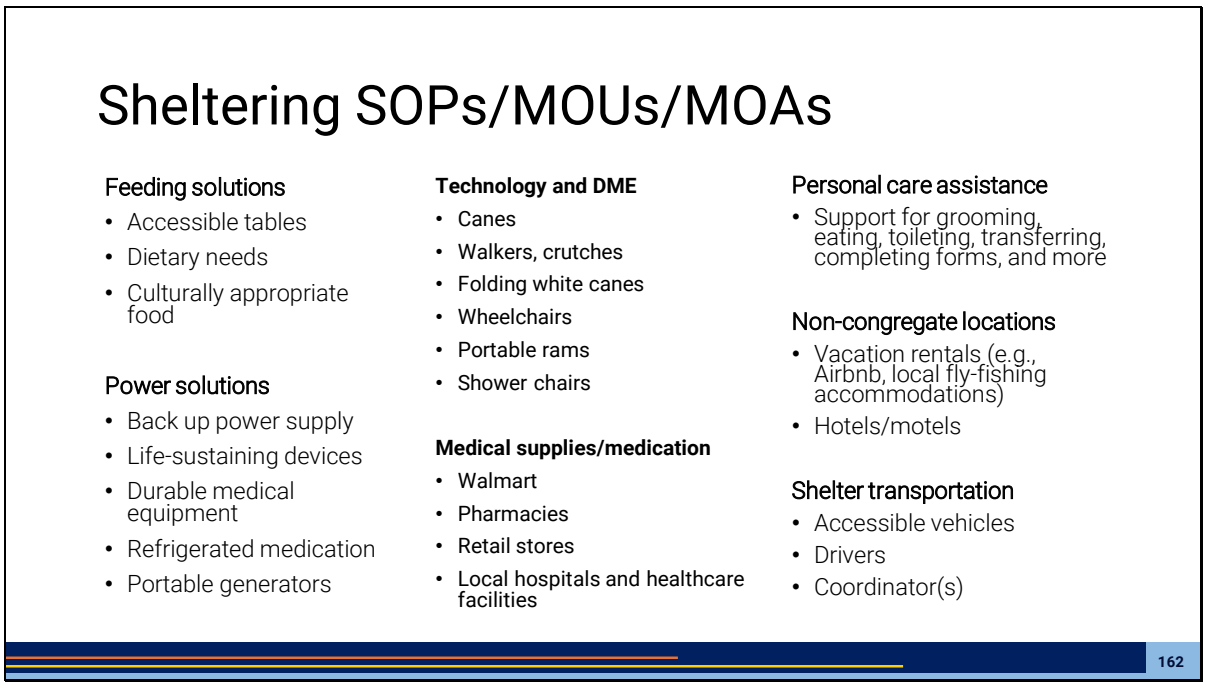
Advance planning for an emergency shelter typically involves ensuring that the shelter will be well stocked with basic necessities, such as food, water, and blankets. Sheltering plans should also address mental/behavioral health resource coordination.

Shelters may have little to no privacy. If needed, create a private area using tenting, fabric, tarps or other materials. Private areas can be helpful for families with children and residents who have sensory disabilities, chemical sensitivities or weakened immune systems. These private areas become a safe place and allow families and residents with disabilities to remain in the shelter. (An example of a private area is a Red Cross Blue Room).

At the shelter, use various pictures and text so shelter residents receive important information based on their communication and language needs. Post written contents of verbal announcements in specified areas and update them frequently.

Transition planning refers to where shelter residents go when the shelter closes. Include partners that can help shelter residents return to the community and understand what resources are available to help people maintain their independence.

Planning for accessible shelters reduces problems when a disaster strikes. Know what resources you have available, make plans to fill gaps, and leverage local, regional, and state resources. Emergency plans should include disability community partners, and collaboration in the beginning means more effective response and efficient use of shelter resources.



SHELTERING SOPs/MOUs/MOAs

Feeding solutions
Accessible tables
Dietary needs
Culturally appropriate food

Power solutions
Back up power supply
Life-sustaining devices
Durable medical equipment
Refrigerated medication
Portable generators

Technology and DME
Canes
Walkers, crutches
Folding white canes
Wheelchairs
Portable rams
Shower chairs

Medical supplies/medication
Walmart

Pharmacies
Retail stores
Local hospitals and healthcare facilities

Personal care assistance
Support for grooming, eating, toileting, transferring, completing forms, and more

Non-congregate locations
Vacation rentals (e.g., Airbnb, local fly-fishing accommodations)
Hotels/motels

Shelter transportation
Accessible vehicles
Drivers
Coordinator(s)

Information and Resources

- www.ADA.gov
- Rocky Mountain ADA Center
- ADA Best Practices Toolkit (archived)
- Accessible shelter checklists
- Centers for Independent Living

American Red Cross charging station in Missoula, MT after a windstorm in 2024.
Credit: American Red Cross.

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INFORMATION AND RESOURCES

The ADA Best Practices Toolkit (March 19, 2017) is designed to teach state and local government officials how to identify and fix problems that prevent people with disabilities from gaining equal access to state and local government programs, services, and activities. The Toolkit also teaches state and local officials how to conduct accessibility surveys of buildings and facilities to identify and remove architectural barriers.

- https://archive.ada.gov/pcatoolkit/toolkitmain.htm
- ADA Tool Kit: Chapter 2, Addendum, Checklist: https://archive.ada.gov/pcatoolkit/chap2toolkit.htm
- ADA Checklist for Emergency Shelters: https://archive.ada.gov/pcatoolkit/chap7shelterchk.pdf
- Chapter 7: Emergency Management Under Title II of the ADA: Chapter 7, Emergency Management Under Title II of the ADA

The Rocky Mountain ADA Center provides training and consultation on accessibility and access and functional needs integration.

Break

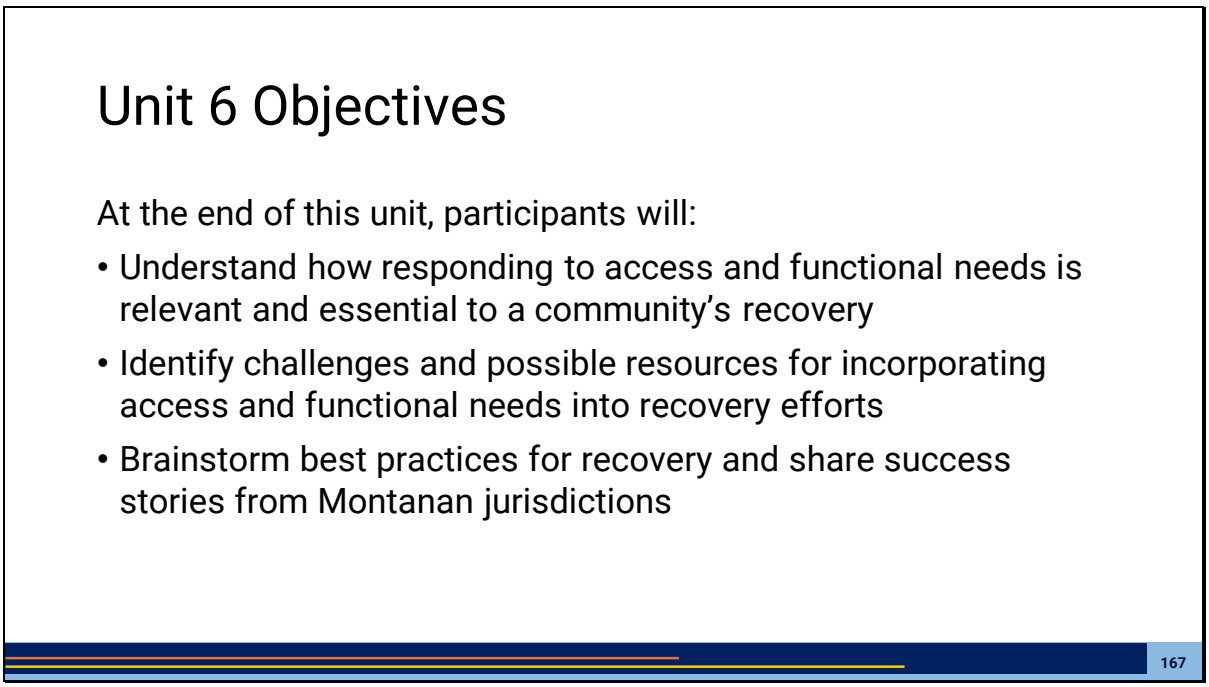
Unit 5

"Hayfield in Twilight" by Sathish J. on Flickr

Photo, "Hayfield in Twilight" at Judith Basin, MT:
https://www.flickr.com/photos/sathishcj/35622001354

Recovery

G197 Unit 6



UNIT 6 OBJECTIVES

This unit reviews common recovery elements related to access and functional needs. At the end of this unit, participants will:

- Understand how responding to access and functional needs is relevant and essential to a community's recovery
- Identify challenges and possible resources for incorporating access and functional needs into recovery efforts
- Brainstorm best practices for recovery and share success stories from Montanan jurisdictions

What is Recovery?

- "Timely restoration, strengthening and revitalization of infrastructure, housing, and a sustainable economy, as well as the health, social, cultural, historic, and environmental fabric of communities affected by an incident." (FEMA NDRF 2024)
- Recovery is:
  - A Whole Community process
  - Personal and unique to individual communities
  - Avenue for improving community resilience and infrastructure in preparation for future emergencies and disasters

A burned area in Montana. Credit: Montana DES/No Date.

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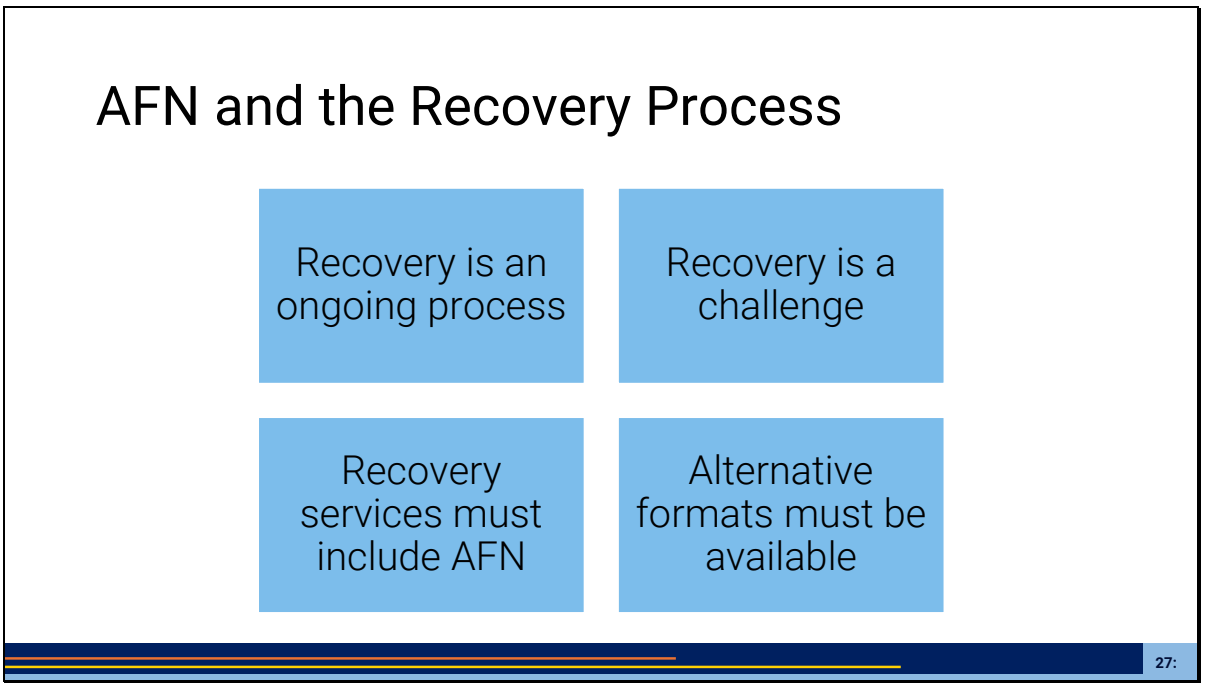
WHAT IS RECOVERY?

Recovery is "the timely restoration, strengthening and revitalization of infrastructure, housing, and a sustainable economy, as well as the health, social, cultural, historic, and environmental fabric of communities affected by an incident." (FEMA NDRF 2024). Like no two communities are the same, no two disasters will be the same. Consequently, recovery is unique to individual communities. Communities are best positioned to determine their needs and goals in the recovery process.

"Build back better." The goal of recovery is to be more resilient once rebuilding happens. Recovery is an avenue for improving community resilience and infrastructure in preparation for future emergencies and disasters.

Organizations that serve people with access and functional needs should be involved in the recovery process and at the table during planning. They can help identify resources to implement during recovery.



AFN AND THE RECOVERY PROCESS

The recovery process is a challenge for anyone and is a long-term process lasting months or years. This is not a single person project. Recovery takes the whole community.

People with access and functional needs will need support to return to their prior state of independence and wellbeing. For people who had disabilities and/or access and functional needs prior to the disaster, the challenges likely will include reestablishing the supports and arrangements they had prior to the disaster or emergency. For people who acquire short or long-term disabilities and/or access and functional needs, they may need more time and support to understand the what challenges can be addressed with disability- and AFN-related supports and services.

Multi-Agency Resource Centers (MARCs): A MARC is a single location where public and private organizations come together to help those affected by the disaster. MARCs are collaborative operations.

Multiagency resource centers, local assistance centers, and disaster recovery centers must integrate access and functional needs. They should be staffed by or involve organizations with experience and resources to provide services to people with access and functional needs. Ensure contracts for services include provisions for:

- Housing case management
- Translation services

- ASL
- Personal Assistant Services
- Long term crisis counseling
- Short term crisis counseling
- Medication / medical needs
- Repair or replacement of Durable Medical Equipment
- Electricity (for refrigerated medication, certain DME, and phones/communication devices)

During the recovery phase of the disaster, continue to have subject matter experts aid with integration related to aging, disabilities, and communication access.

As discussed in Unit 3: Communications, all materials and forms must be available in alternate formats.

Your AFN Lead should work with state Individual Assistance to help accommodate individuals with access and functional needs, coordinate transportation, housing services, and assist with obtaining necessities. The AFN Lead can also collaborate with organizations that provide direct services to individuals with access and functional needs for integration into Disaster Recovery Centers.

Coordinating Recovery

- Use community resources, including volunteer skills
- Communicate and plan with partners and government to identify gaps in services
- Implement procedures for effective communication
  - Reading paperwork, understanding materials, completing forms
- Have pre-made agreements and contracts in place for recovery
- Build back better (more resilient and accessible communities)
- Continue personal preparedness education

Salvation Army Disaster Services Center in Hamilton, MT (Roaring Lion Fire, 2016).
Credit: American Red Cross/2016.

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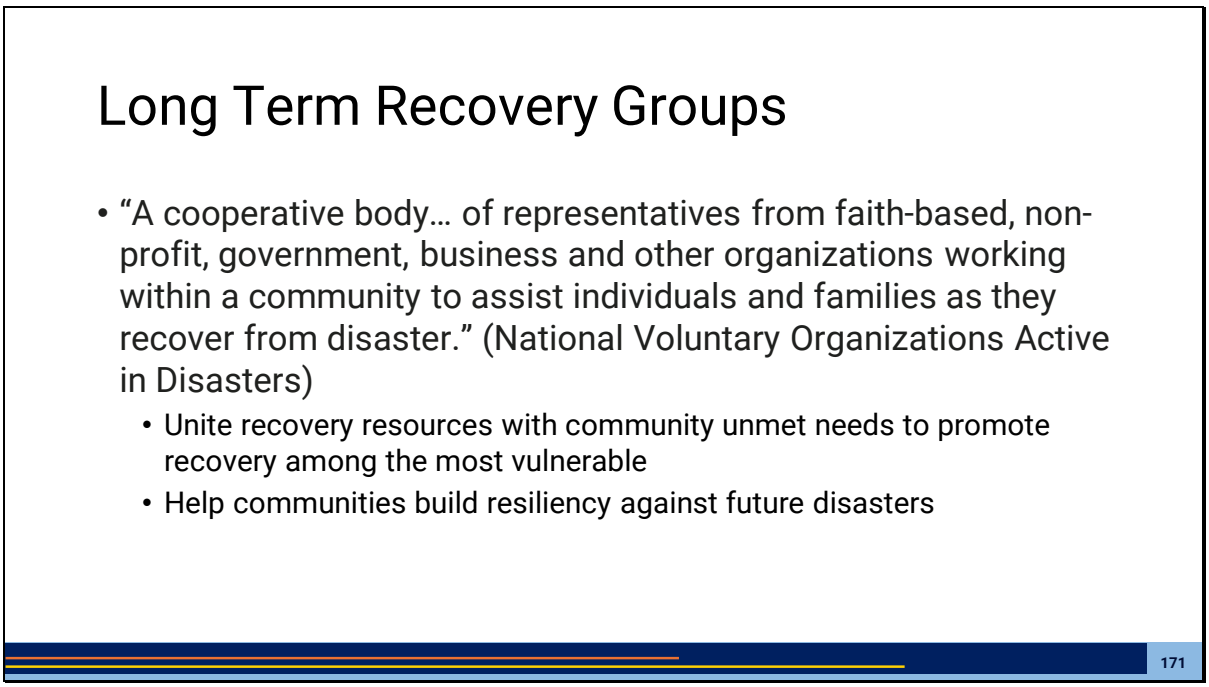
COORDINATING RECOVERY

Recovery planning should always include the AFN lead(s) from your jurisdiction.

- Use community resources, including volunteer skills
- Communicate and plan with partners and government to identify gaps in services
- Implement procedures for effective communication
  Reading paperwork, understanding materials, completing forms (e.g., public benefits, housing applications, Team Rubicon request for muck out)
- Have pre-made agreements and contracts in place for recovery
- Build back better; this means re-building more resilient and accessible communities using universal design features and affordable housing provisions
- Continue personal preparedness education (e.g., prevent heart attacks and injury when removing debris)



LONG TERM RECOVERY GROUPS

A Long-Term Recovery Group is "a cooperative body… of representatives from faith-based, non-profit, government, business and other organizations working within a community to assist individuals and families as they recover from disaster." (National Voluntary Organizations Active in Disasters)

The goal of a Long-Term Recovery Group is to unit recovery resources with community unmet needs so even the most vulnerable can recover. They also help communities build resiliency against future disasters.

For more information, visit:

- Center for Disaster Philanthropy, "Hidden Gems: Funding Long-Term Recovery Groups", https://disasterphilanthropy.org/events/hidden-gems-funding-long-term-recovery-groups/
- FEMA, "Long-Term Recovery Groups Help Communities Affected by Disaster", https://www.fema.gov/press-release/20250121/long-term-recovery-groups-help-communities-affected-disaster

RECOVERY NEEDS AND RESOURCES

In the aftermath of a disaster, the process of recovery involves more than just rebuilding physical structures; it requires restoring the lives of individuals affected by the crisis. Individuals with access and functional needs may require support transitioning back into the community and adapting to the "new normal". They may need help reading, understanding, or filling out forms and applications or getting to the proper service area. They may need help to access or reestablish public benefits, replace supplies, equipment, and repair or rebuild accessible housing elements.

If awarded to Montana, Individual Assistance grants should allow purchases for automatic door openers, wheelchairs, scooters, battery chargers, hearing aids and assistive technology devices. However, it is important to have backup considerations for these resources in case Montana does not meet the requirements to qualify for Individual Assistance. If you are interested in learning more about Individual Assistance, qualifications, and what it covers, review this FEMA guide: https://www.fema.gov/sites/default/files/documents/fema_iappg-1.1.pdf

People with mobility restrictions or in-home caretakers may need additional assistance or prioritization for residential debris removal to enable safe ingress and egress of their property for themselves and their caregivers.

Mobile recovery services may prove easier and more cost effective.

Below is a list of resources that people often need after a disaster. Because all disasters start and end locally, it is important to have local or regional resources in place, regardless of if FEMA may be able to provide support. (FEMA support is also more delayed than local support, and many people cannot wait that long for resources that support their health and independence).

Rehabilitation Services:
• Medical Facilities: Access to hospitals, clinics, and rehabilitation centers for medical care and physical therapy.
• Counseling and Therapy: Emotional and psychological support to help individuals cope with trauma and stress.
• Rehabilitation Programs: Tailored programs for those with physical disabilities to regain independence.

Housing Assistance:
• Emergency Shelter: Immediate housing solutions for displaced individuals and families.
• Temporary Housing: Transitional housing options for those unable to return home immediately.
• Permanent Housing: Long-term solutions, including financial assistance for rebuilding or relocating.

> Historically, people with access and functional needs leaving shelters have not had enough suitable housing options or supportive services. They need transportation services and a reasonable amount of time and assistance to locate suitable temporary housing when they cannot return to their homes. Ideally, they will need to find a home in the most integrated setting. To comply with ADA requirements and to support people in avoiding unnecessary institutionalization, assistance may be needed to help people:
> - Return to their home
> - Locate a new home in the most integrated setting
> - Training / support to appeal FEMA decisions: https://www.fema.gov/blog/how-appeal-femas-decision-step-step-guide

Transportation Support:
• Emergency Transport: Access to emergency transportation for evacuations and medical emergencies.
• Public Transportation: Assistance in navigating public transportation options during and after the recovery phase.
• Vehicle Replacement: Programs for individuals who lost their vehicles in the disaster.

Personal Assistance / In-Home Support Services:
• Home Care Assistance: Support for individuals with disabilities or elderly populations to continue living at home.

• Personal Care Services: Aid with daily living activities, such as bathing, dressing, and meal preparation.
• Assistive Technology: Provision of devices and technologies to enhance independent living.

Case Management:
• Coordination of Services: Centralized case management to streamline access to various resources.
• Needs Assessment: Individualized assessments to identify specific needs and develop tailored recovery plans.
• Follow-up Support: Ongoing support to ensure that individuals receive the assistance they require throughout the recovery process.

Mental Health Services:
• Crisis Counseling: Immediate support for those experiencing emotional distress.
• Trauma-Informed Care: Mental health services designed to address the psychological impact of the disaster.
• Support Groups: Community-based support to foster connections and shared experiences.

Legal Assistance:
• Legal Assistance Centers: Establishing centers to provide legal guidance and support. University law schools, legal aid programs, and pro bono services are ideas for legal assistance.
• Insurance Claims Assistance: Aid in navigating insurance claims and legal processes.
• Tenant and Housing Rights: Legal resources to protect the rights of renters and homeowners.

Coordination of recovery resources is complex and can be different with every disaster. Communication and planning between AFN partners (such as Centers for Independent Living) and government agencies is essential to identify gaps and address unmet needs. Many of the resources exist within the community and can be represented at a Local Assistance Center or when FEMA is involved, a Disaster Resource Center.

Since the COVID-19 Pandemic, some states have introduced virtual Local Assistance Centers was introduced to the emergency management community. In these scenarios, emergency planners need to ensure 508 compliance for websites created. Whether in person or online, ensure inclusionary and accessible practices for all community members, looking at access and functional needs as the foundation. Since a physical location for the Local Assistance Center uses many of the same concepts as a shelter, layouts for these locations can be used as a starting point by examining transportation, parking, layout, accessible restrooms, communication signage, registration, etc.

Break

Unit 6

Image by Mike Goad from Pixabay

Photo of the Madison River:
https://pixabay.com/photos/madison-river-scenery-montana-river-4048035/

Training, Exercises and Preparedness

G197 - Unit 7

Unit 7 Objectives

At the end of the unit, participants will:

- Describe the importance of integrating access and functional needs into training and exercise programs
- Identify methods and techniques to integrate access and functional needs into training and exercise scenarios
- Discuss best practices for working with community partners and how to overcome some challenges
- Understand the role of personal preparedness in building community resilience

This is a TEST POD exercise simulation (2024)
Credit: Montana PHEP/2025,

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UNIT 7 OBJECTIVES

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- Identify methods and techniques to integrate access and functional needs into training and exercise scenarios
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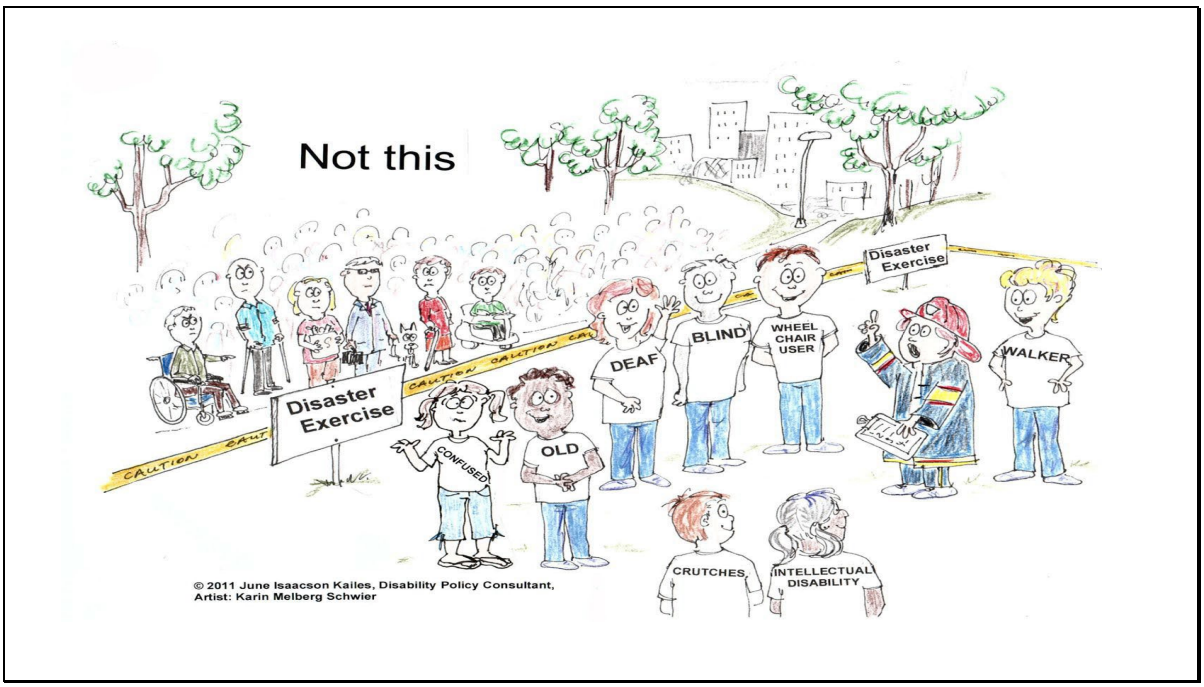
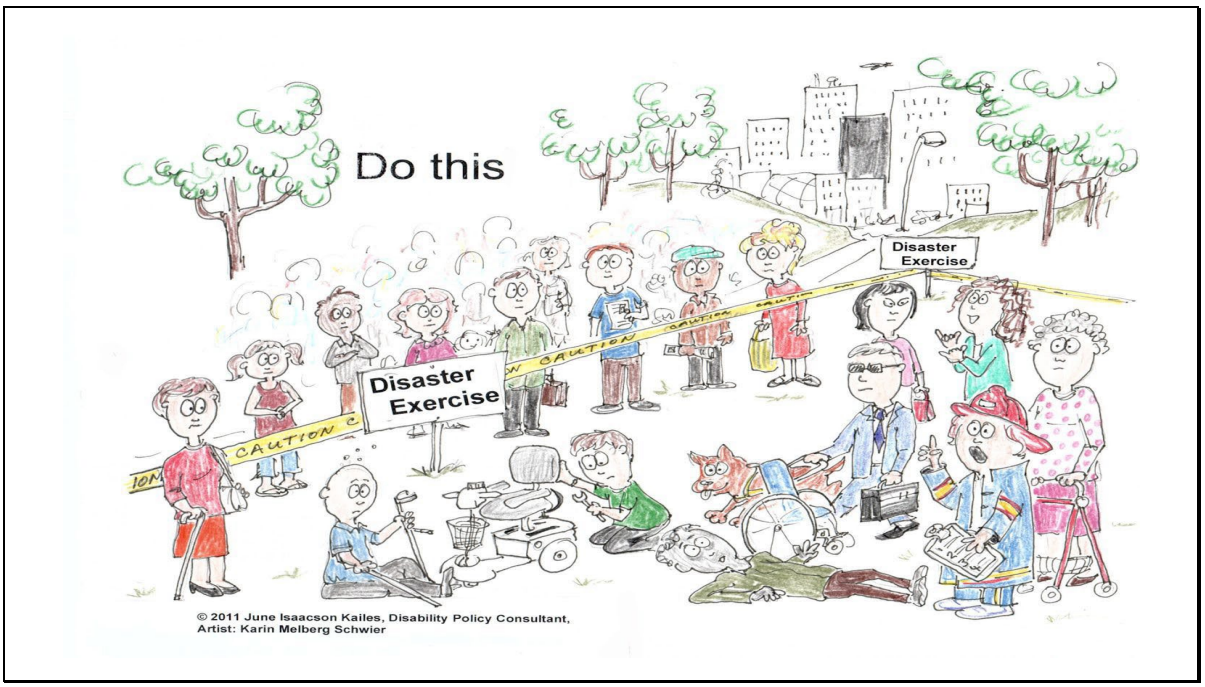


DISASTER EXERCISE GRAPHIC

This slide shows actors playing individuals with access and functional needs. Sometimes this may be necessary. Sometimes this reflects broader gaps; we write our plans, but we can fall short on exercising them and inviting people that the plan includes to the exercises. This practice distorts issues experienced during real emergencies and disasters. When possible, it is best to invite individuals with access and functional needs to exercises and drills to have real experience reflected.

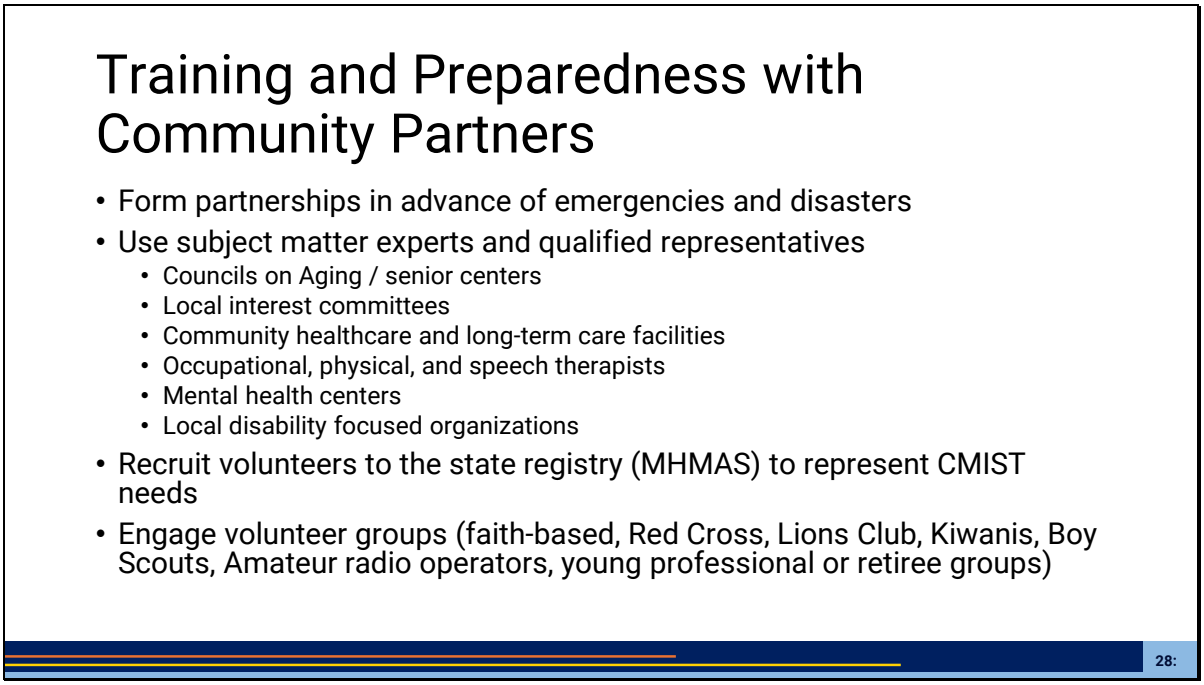


DISASTER EXERCISE GRAPHIC

This slide shows people with access and functional needs participating in an exercise. Including individuals with a lived experience in the exercise adds validity to the emergency plan. It also helps to strengthen partnerships, which is essential to being flexible and adaptable during an emergency.

Part of your planning process should include questions like:

- What opportunities do we have to promote exercises to access and functional needs partners?
- Do we have time to promote the exercises?
- Can we compensate subject matter experts and participants with lived experience for their participation in exercises?



ONGOING TRAINING AND PREPAREDNESS WITH COMMUNITY PARTNERS

The Whole Community should be involved as everyone has a role in disaster response. Focus on working with the whole community and their role in an emergency. Community partners include non-governmental organizations, community, and faith-based organizations, private, nonprofit, federal, state, and local agencies.

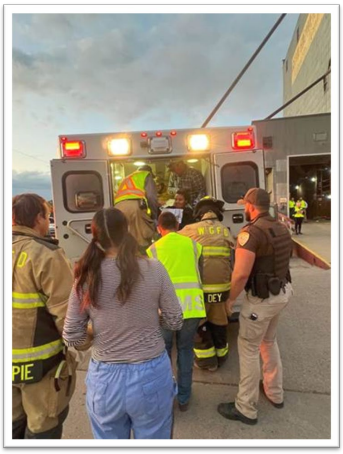
Reach out to organizations who employ and provide services for people with access and functional needs to participate in training. They serve significant yet under-recognized roles in emergency planning, response, and recovery. These organizations may include Independent Living Centers, Adult Day Health Care organizations, in-home support services, disability groups, etc. Subject matter experts can provide training to community partners. Partner agencies can identify services and improve response and recovery for people with access and functional needs. Develop a community network of various experts. Recruit and support community partners that assist with community outreach by providing tools for personal preparedness with the AFN community.

Disaster support groups, such as Red Cross, should include community members with AFN as they have key expertise or abilities to offer the organization such as for training, mentoring, exercise development, and leadership.

Whole Community Exercises

Include partners in all stages and aspects of exercises:

- Planning the exercise
- Act as evaluators
- Develop and review injects
- Review forms like 204
- Review communications or communication strategy
- Review and provide feedback on the After-Action Review and Improvement Plan



Full-scale grain elevator explosion exercise in Dawson County. Credit: Dawson County Public Health Emergency Preparedness/2023.

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WHOLE COMMUNITY EXERCISES

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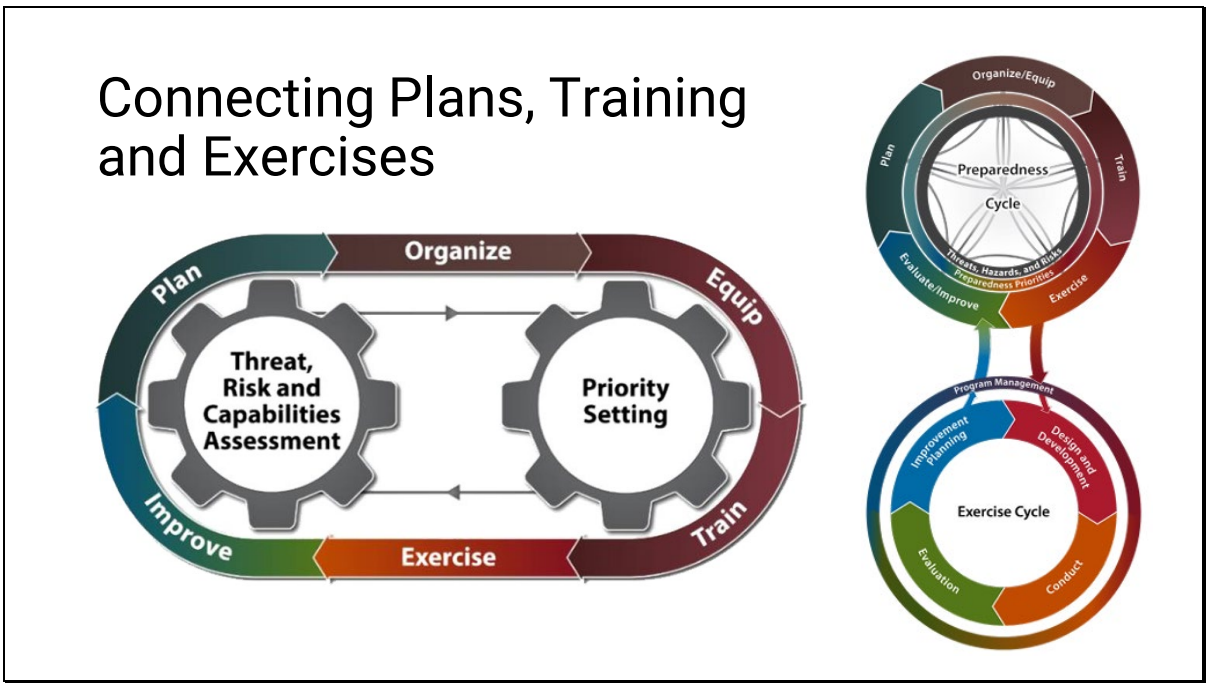


CONNECTING PLANS, TRAINING AND EXERCISES

INSTRUCTOR NOTES

Exercises are just a part of an emergency management program that is whole community focused. Plans, Training, and Exercises are closely connected.

Everything is cyclical and begins with evaluation of risks and hazards that a jurisdiction, tribal nation, or organization may face – this serves as the big "what question – what are we getting ready for?" which helps prioritize what threats or hazards are most likely/consequential.

Plans are developed to deal with the threat or hazard. We plan with people not for people so active engagement in all aspects of this process are important for the community & response/recovery partners are involved in shaping the programmatic parts.

Needed response equipment is acquired and people trained on the plans.

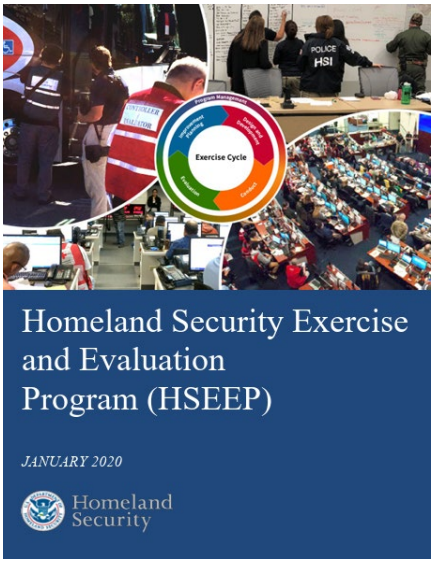
Plans are evaluated through an exercise process. We say what we do in our plan, train and equip our people to respond, then evaluate do our people and equipment use/follow our plan (we are testing – does our plan work.

Strengths and Weaknesses are identified. Gaps allow for improvement to be made by another cycle of the process.

Diagram Source: HSEEP manual pages 2-1 & 2-2.
https://preptoolkit.fema.gov/documents/1269813/1269861/HSEEP_Revision_Jan20_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da?t=1580851559070

Types of Exercises

- Tabletops
- Seminars
- Workshops
- Drills
- Games
- Functional exercises
- Full-scale exercises



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TYPES OF EXERCISES

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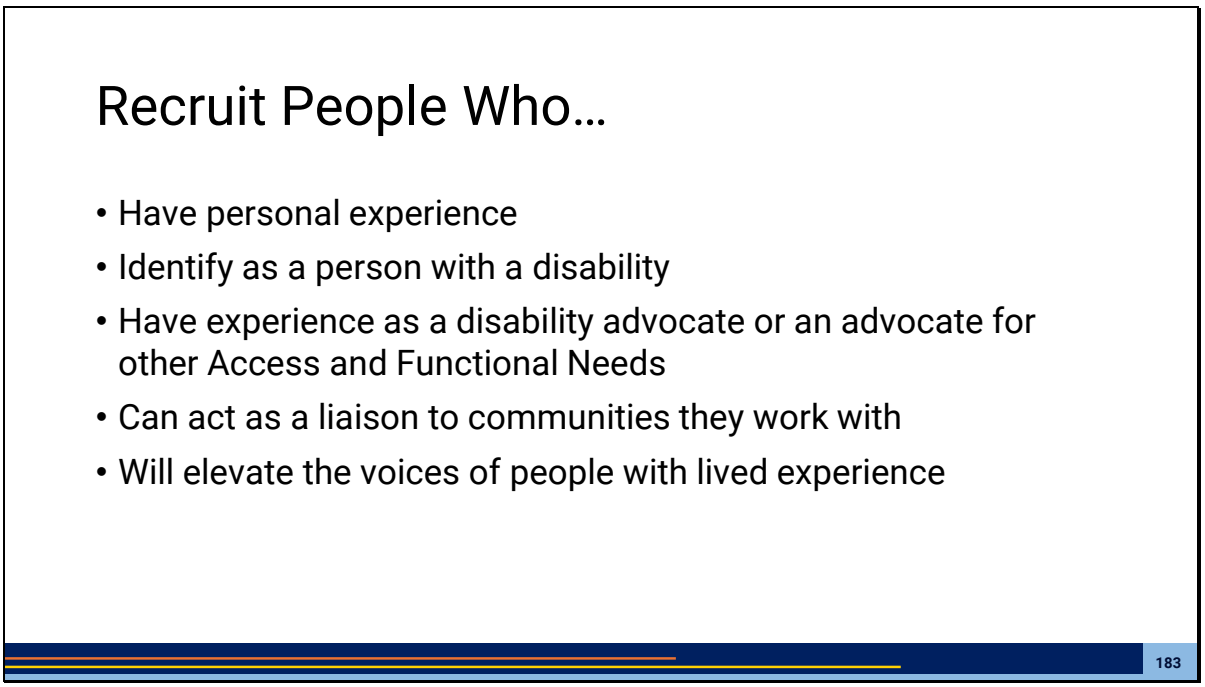
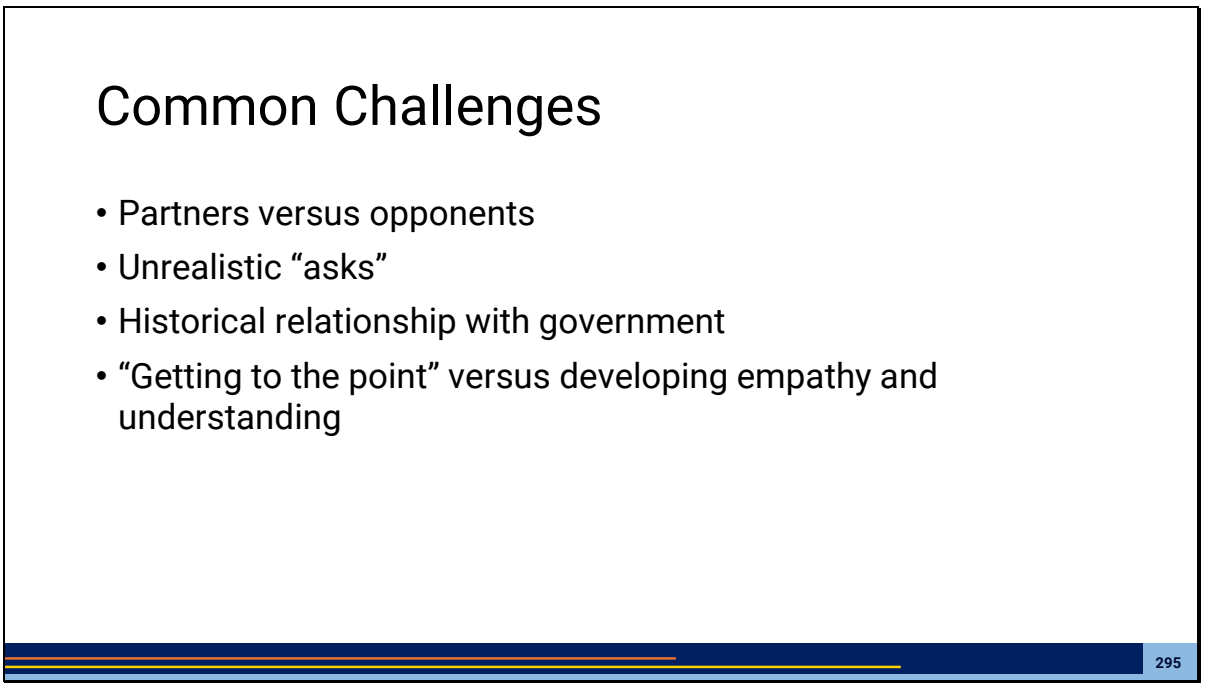


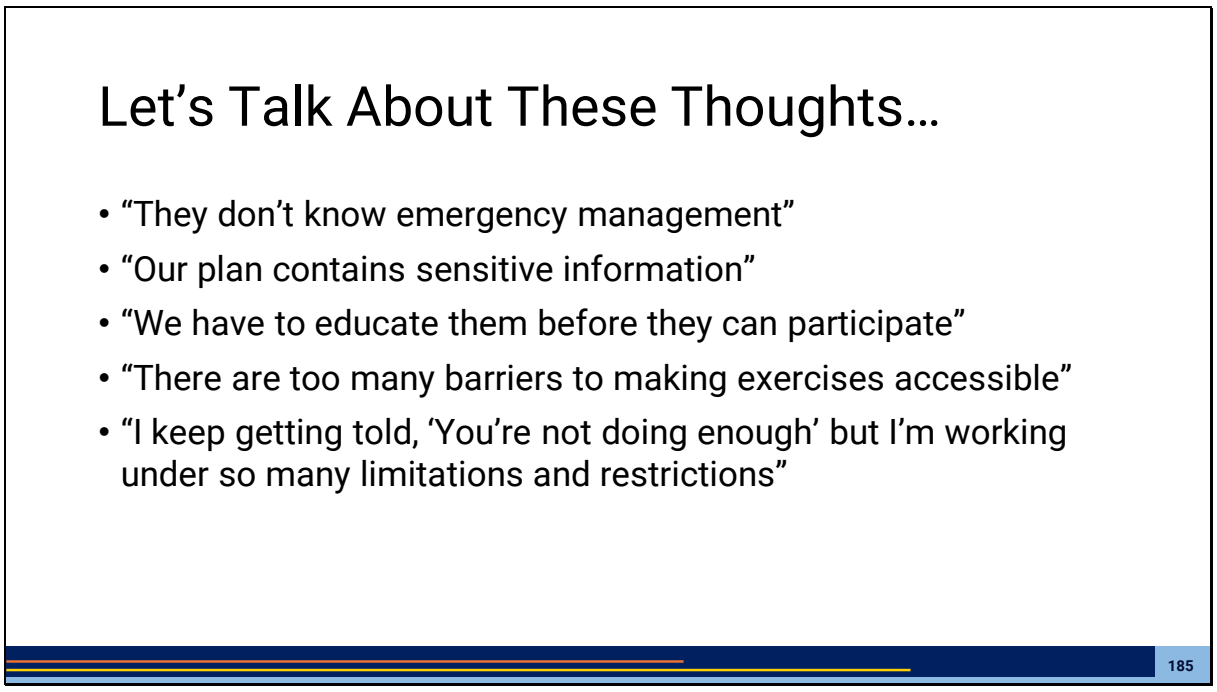
RECRUIT PEOPLE WHO….

- Have personal experience
- Identify as a person with a disability
- Have experience as a disability advocate or an advocate for other Access and Functional Needs
- Can act as a liaison to communities they work with
- Will elevate the voices of people with lived experience



COMMON CHALLENGES

- Partners versus opponents
- Unrealistic “asks”
- Historical relationship with government
- “Getting to the point” versus developing empathy and understanding



LET'S TALK ABOUT THESE THOUGHTS…

- "They don't know emergency management"
- "Our plan contains sensitive information"
- "We have to educate them before they can participate"
- "There are too many barriers to making exercises accessible"
- "I keep getting told, 'You're not doing enough' but I'm working under so many limitations and restrictions"

Source: Massachusetts Office on Disability, July 2023, "Access and Functional Needs in Emergency Management [Video]", https://www.youtube.com/watch?v=Hs6-0-v3lqI

Intentional Planning

- Include people in the planning process for the training / exercise
  - Set up space for the Whole Community
  - Set objectives that include AFN
  - Incorporate inclusive practices in all meetings, trainings, and exercises
- Best practices
  - Same team, same mission
  - Solutions-oriented discussion
  - Keep it professional and respectful
  - Stay humble; aim for improvement. You'll make mistakes so learn from them.
  - Set the example by including this in training and exercises.

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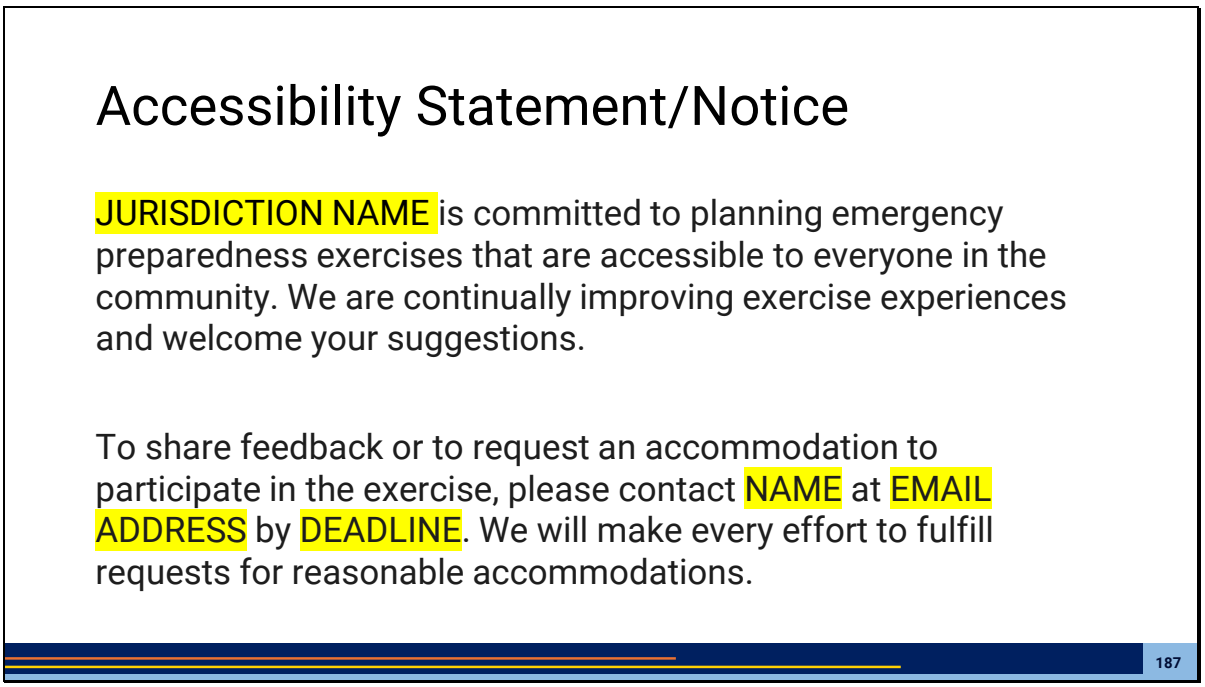
INTENTIONAL PLANNING

So how you can you address these challenges? This is where being intentional about planning becomes very important.

Don't wait until the exercise or training to invite people. You want them to be involved from the start and be familiar enough with each other to understand each other's realities and challenges.

The picnic table images symbolize how Whole Community Planning means changing how you organize. It is about having partners "at the table" in a meaningful way. In the top image, the picnic table is not accessible and not everyone has a place at it. In the bottom image, a picnic table that meets everyone's needs was selected and this facilitates conversation and partnership.



ACCESSIBILITY STATEMENT/NOTICE

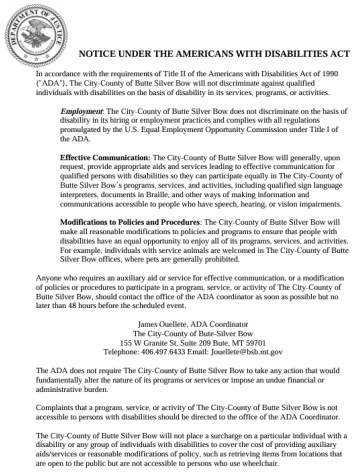
This is an idea of the language you can include on exercise communications to express that the exercise will be accessible and to invite people to state their needs so they can participate.

JURISDICTION NAME is committed to planning emergency preparedness exercises that are accessible to everyone in the community. We are continually improving exercise experiences and welcome your suggestions.

To share feedback or to request an accommodation to participate in the exercise, please contact NAME at EMAIL ADDRESS by DEADLINE. We will make every effort to fulfill requests for reasonable accommodations.

Example: Notice Under The Americans With Disabilities Act

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), The City-County of Butte Silver Bow will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities including emergency planning.



NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), The City-County of Butte Silver Bow will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: The City-County of Butte Silver Bow does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: The City-County of Butte Silver Bow will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in The City-County of Butte Silver Bow's programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

Modifications to Policies and Procedures: The City-County of Butte Silver Bow will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities. For example, individuals with service animals are welcomed in The City-County of Butte Silver Bow offices, where pets are generally prohibited.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of The City-County of Butte Silver Bow, should contact the office of the ADA coordinator as soon as possible but no later than 48 hours before the scheduled event.

James Ouellete, ADA Coordinator
The City-County of Bute-Silver Bow
155 W Granite St, Suite 209 Bute, MT 59701
Telephone: 406.497.6433 Email: Jouellete@bsb.mt.gov

The ADA does not require The City-County of Butte Silver Bow to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial or administrative burden.

Complaints that a program, service, or activity of The City-County of Butte Silver Bow is not accessible to persons with disabilities should be directed to the office of the ADA Coordinator.

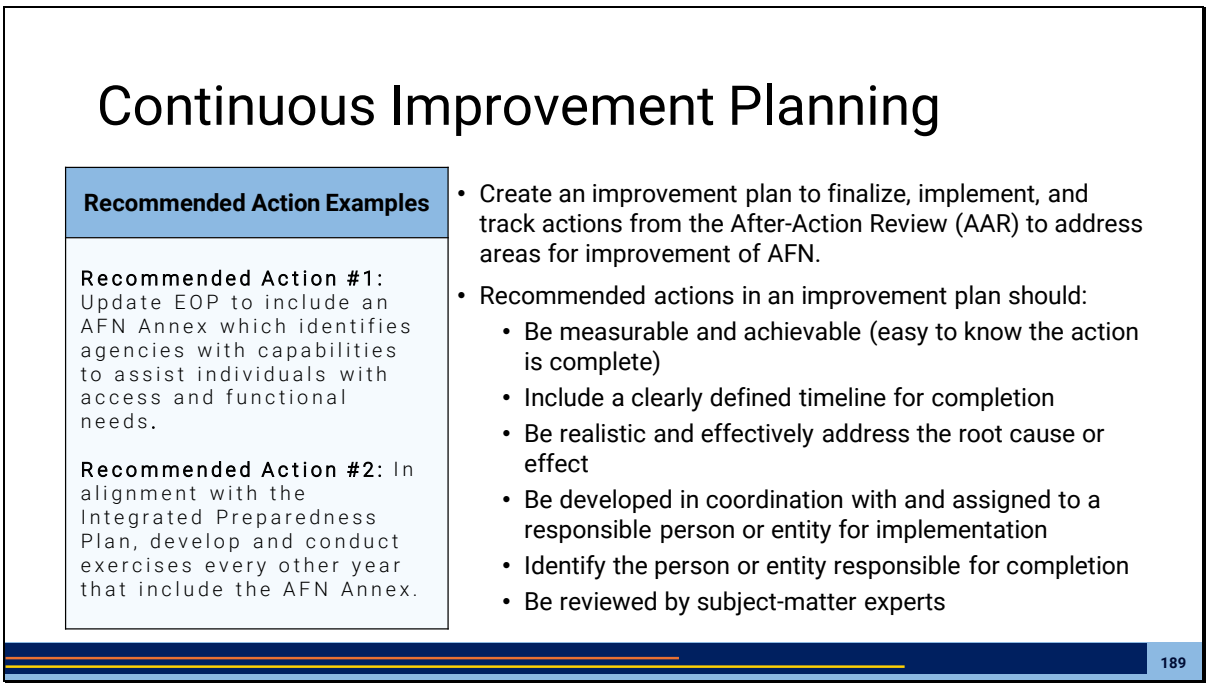
The City-County of Butte Silver Bow will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy, such as retrieving items from locations that are open to the public but are not accessible to persons who use wheelchair.

EXAMPLE: NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), The City-County of Butte Silver Bow will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities including emergency planning.

§ 35.106 Notice.

A public entity shall make available to applicants, participants, beneficiaries, and other interested persons information regarding the provisions of this part and its applicability to the services, programs, or activities of the public entity, and make such information available to them in such manner as the head of the entity finds necessary to apprise such persons of the protections against discrimination assured them by the Act and this part.



CONTINUOUS IMPROVEMENT PLANNING

Continuous improvement ensures that community members with disabilities and other access and functional needs are at the table and active participants during planning, training, and evaluation processes. Integrating AFN considerations into practice and exercises also supports continuous improvement.

Create an improvement plan that will finalize, implement, and track actions from the After-Action Review (AAR) to address areas for improvement of access and functional needs. It is important to not only identify gaps, but to implement recommended actions for improvement.

Recommended actions in an improvement plan should:
- Be measurable and achievable (easy to know the action is complete)
- Include a clearly defined timeline for completion
- Be realistic and effectively address the root cause or effect
- Be developed in coordination with and assigned to a responsible person or entity for implementation
- Identify the person or entity responsible for completion
- Be reviewed by subject-matter experts

Recommended Action Examples:
- Recommended Action #1: Update EOP to include an AFN Annex which identifies agencies with capabilities to assist individuals with access and functional needs.

- Recommended Action #2: In alignment with the Integrated Preparedness Plan, develop and conduct exercises every other year that include the AFN Annex.

Improvement Plan Example

Observation	#	Core Capability	Recommended Action	Responsible Individual / Entity	Point of Contact	Status	Target Completion Date
Area for Improvement: The EOP did not address AFN for all hazards wich resulted in gaps in the entitiy's ability to coordinatre certain critical services.	1.1	Planning	Update EOP to include an AFN Annexes which identify agencies with capabilities to assist individuals with AFNs.	Office of Emergency Management	John Doe	In Progress	August 30, XXXX
Area for Improvement: The EOP did not address AFN for all hazards wich resulted in gaps in the entitiy's ability to coordinatre certain critical services.	1.2	Operational Coordination	In alignment with the Integrated Preparedness Plan, develop and conduct exercises every other year that includes the AFN Annex.	Office of Emergency Management	Jane Doe	Completed	March 31, XXXX

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IMPROVEMENT PLAN EXAMPLE

Personal Preparedness

- Educate community members about their personal responsibility to prepare
  - Encourage registering for the emergency alert system
  - Collaborate with Red Cross or Independent Living Centers to provide training and in-home assessments of personal preparedness
  - Plan a preparedness month to get partners involved in planning
  - Start a social media campaign using pre-developed messages from Ready.gov, the American Diabetes Association, and others
  - Share personal planning templates and resources from national interest groups

Be Prepared Fair in Ravalli County
Photo credit: Montana DES

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PERSONAL PREPAREDNESS

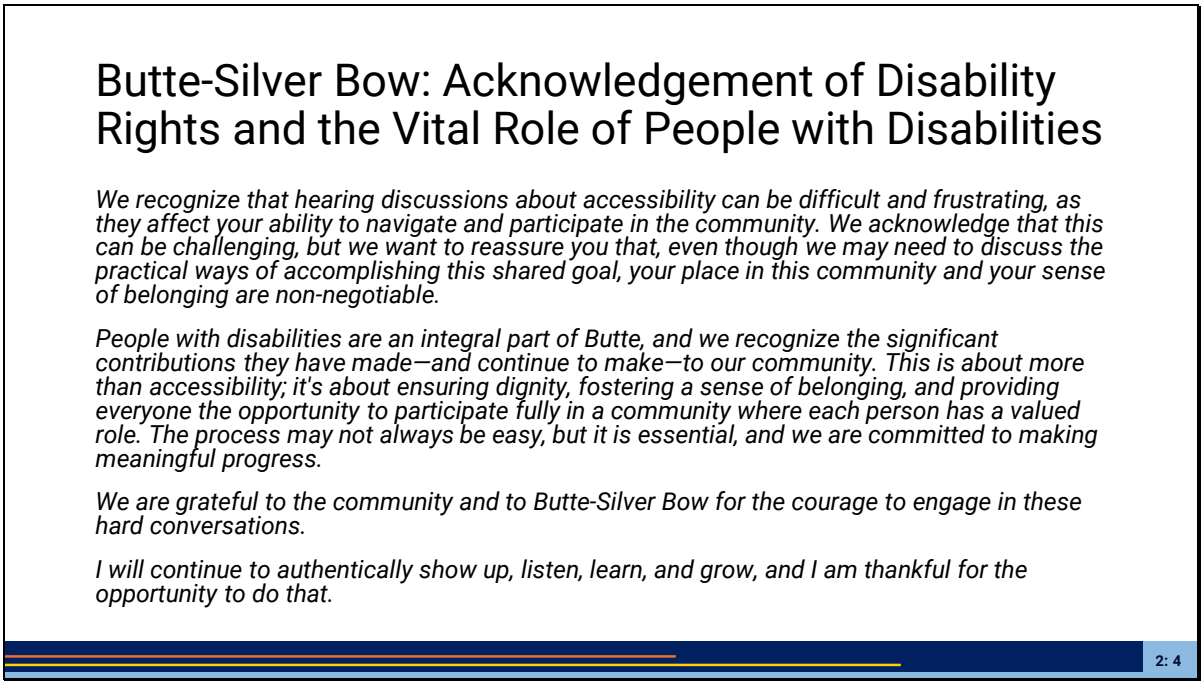
- Community members should not rely on the government to "save" them. Emergency management is here to help people, but they also need to get ready to be able to support themselves and others. Emergency managers are planning for everyone and expecting everyone to also plan for themselves.
- After large-scale disasters 80 to 90 percent of life-saving rescues are provided by neighbors.
- The whole community should be prepared to act as a zero responder =
  - Member of the public (non-professional)
  - First on scene (already there) during an emergency or disaster
  - Before first responders arrive (thus the name)
  - Provide immediate assistance to themself, support network, community
- Using a CMIST approach to personal preparedness will…
  - Prepare you for many disasters
  - Does not exclude anyone from participating in preparedness as it uses universal design
  - Empower individuals with AFN and disabilities to create preparedness plans that meet their own unique needs (we are all the best experts on our own needs)
  - Support independence; protecting independence is part of minimizing impact of disaster on individuals and communities and preserving self-determination

- Reach out to organizations who provide services, resources, or advocacy for people with access and functional needs to encourage their clients and consumers to engage in personal preparedness using a CMIST approach.
    - Independent Living Centers, Adult Day Health Care organizations, County In-Home Support Services, disability groups
    - Immigrant and refugee centers
    - Community resource centers
    - DEI groups
    - Cultural centers
    - Libraries

EXAMPLE: DIABETES PLAN

Source: American Association of Clinical Endocrinology

- Emergency Plan checklist: https://www.aace.com/sites/default/files/2021-03/Diabetes-Emergency-Web-Download%20Checklist.pdf
- How to Pack Your Diabetes Emergency Kit [video]: https://www.youtube.com/watch?v=KFqVq7rm2AI&t=109s



BUTTE-SILVER BOW: ACKNOWLEDGEMENT OF DISABILITY RIGHTS AND THE VITAL ROLE OF PEOPLE WITH DISABILITIES

We recognize that hearing discussions about accessibility can be difficult and frustrating, as they affect your ability to navigate and participate in the community. We acknowledge that this can be challenging, but we want to reassure you that, even though we may need to discuss the practical ways of accomplishing this shared goal, your place in this community and your sense of belonging are non-negotiable.

People with disabilities are an integral part of Butte, and we recognize the significant contributions they have made—and continue to make—to our community. This is about more than accessibility; it's about ensuring dignity, fostering a sense of belonging, and providing everyone the opportunity to participate fully in a community where each person has a valued role. The process may not always be easy, but it is essential, and we are committed to making meaningful progress.

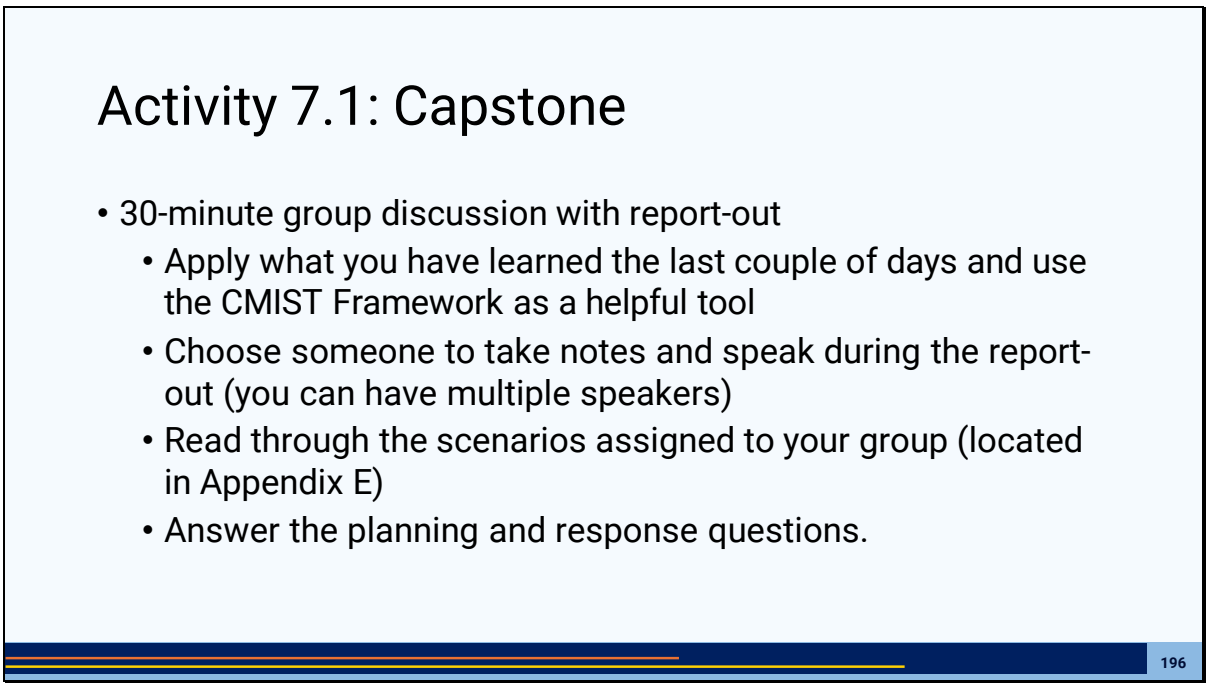
We are grateful to the community and to Butte-Silver Bow for the courage to engage in these hard conversations.

I will continue to authentically show up, listen, learn, and grow, and I am thankful for the opportunity to do that.

BUTTE SILVER BOW ADA ADVISORY COMMITTEE

The Committee consists of twelve (12) members who serve three (3) year terms. Members are appointed by the Chief Executive with concurrence by the Council of Commissioners.

Photo courtesy of James Ouellette, ADA Coordinator , The City County of Butte Silver Bow
Source: City and County of Butte-Silver Bow, MT, 2025, "ADA Advisory Committee": https://co.silverbow.mt.us/244/ADA-Advisory-Committee



CAPSTONE ACTIVITY: PULLING IT ALL TOGETHER

30-minute group discussion then present out.
• Apply what you have learned in the last couple of days.
• Read through the scenarios assigned to your group by the instructor.
• Scenario are located in APPENDIX E
• Answer the Planning questions.
• Answer the Response questions

Break

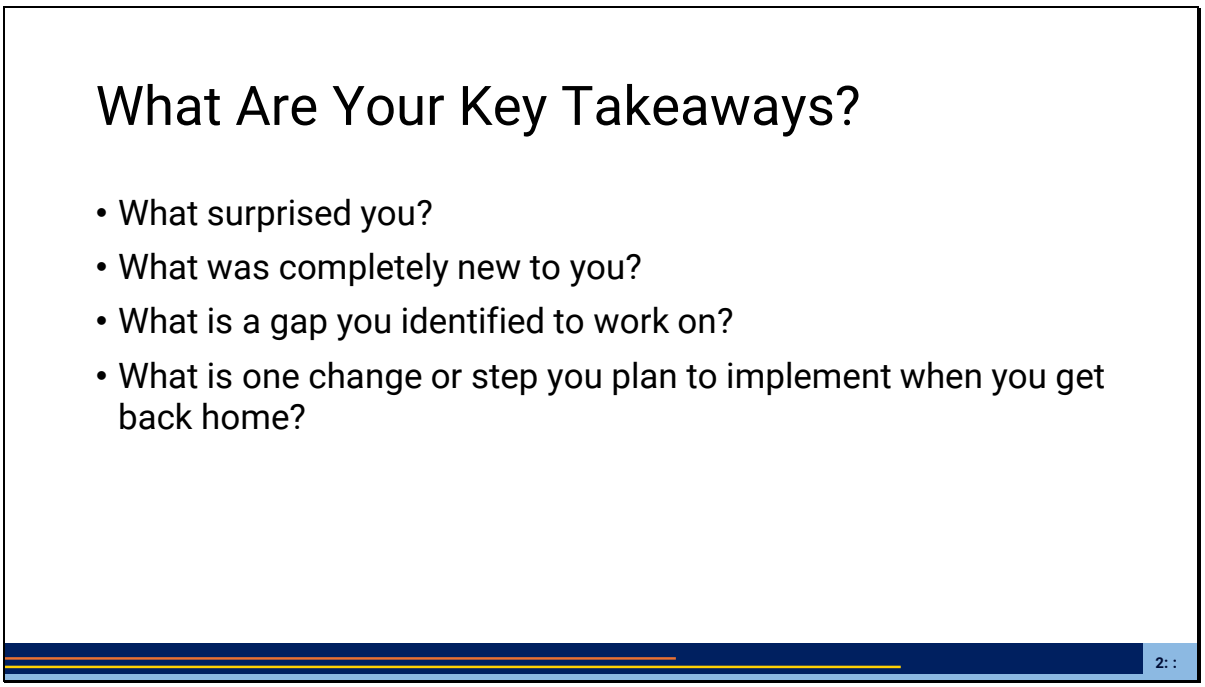
Unit 7

Image by Matt Lavin on Flickr

Photo source: https://www.flickr.com/photos/plant_diversity/36972431410

Course Summary

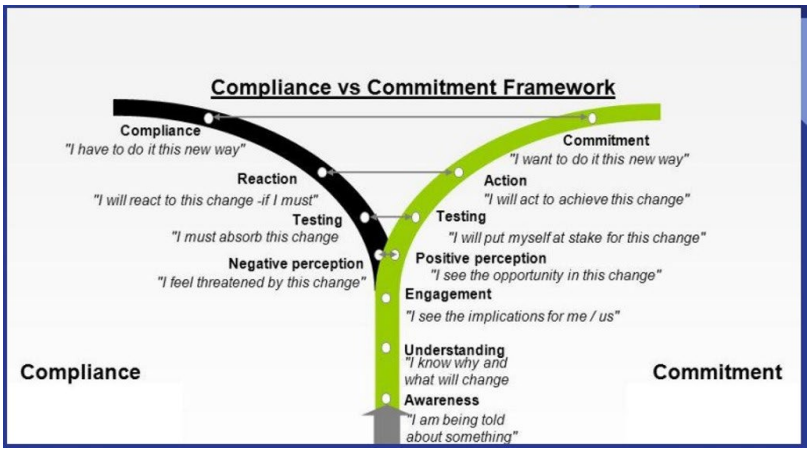
G197 - Unit 8



WHAT ARE YOUR KEY TAKEAWAYS?

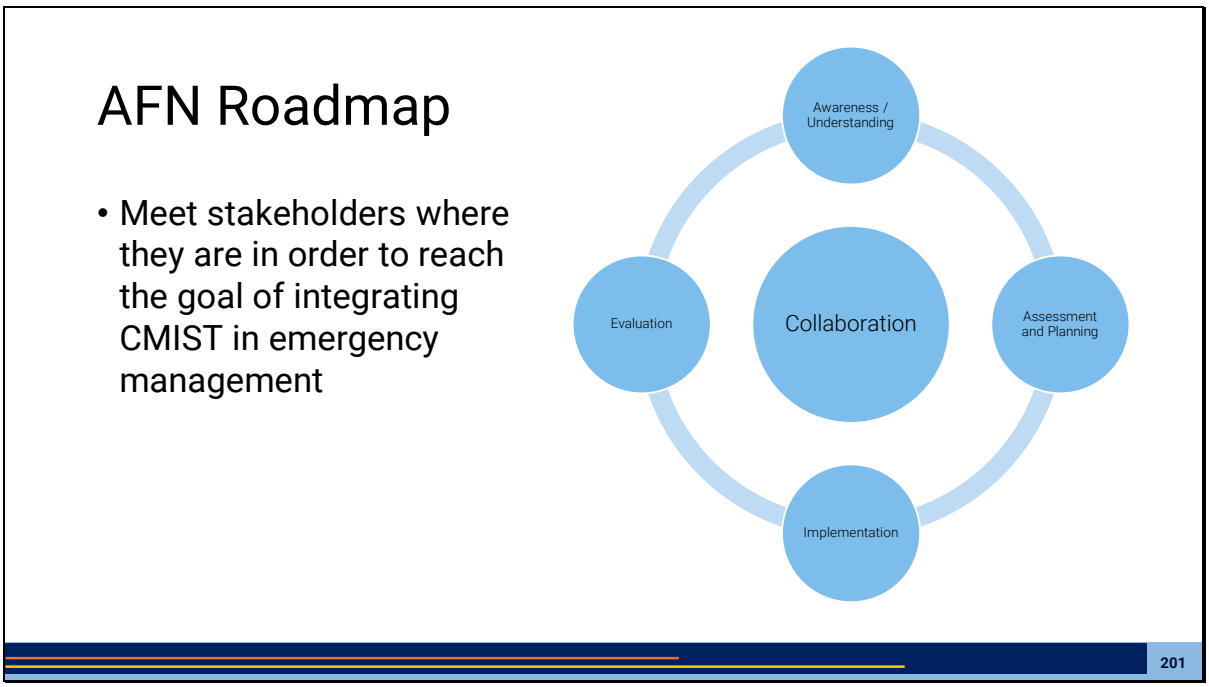
- What surprised you?
- What was completely new to you?
- What is a gap you identified to work on?
- What is one change or step you plan to implement when you get back home?

Revisiting the Compliance vs. Commitment Framework



COMPLIANCE VS COMMITMENT FRAMEWORK

Let's revisit this framework from Day 1. Where on the framework were you when we started the course? Where do you fall now?

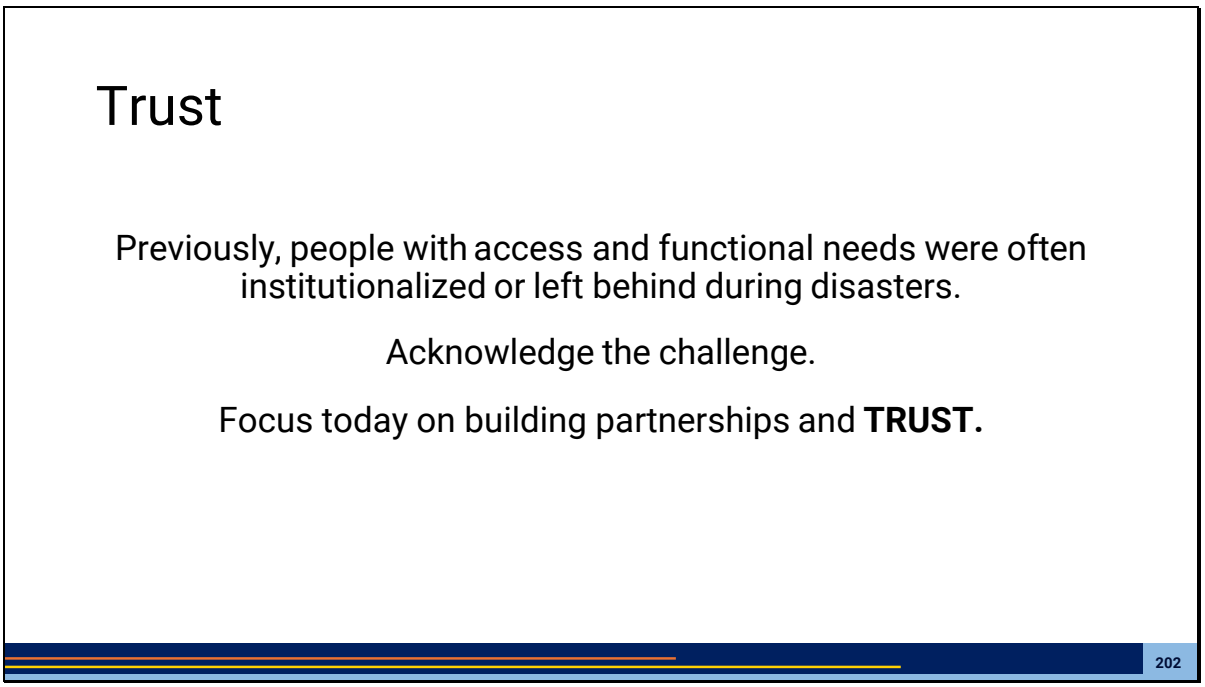


AFN ROADMAP

This is a roadmap example, adapted from Colorado Office of Emergency Management. We know there are a lot of "must-dos" but this roadmap allows you to join wherever you are, because we want this to be feasible for you. At the center of it all is collaboration. Remember that integration of access and functional needs must be a collaborative process, or it is likely to fall short.

AFN Roadmap:

- Understanding and Awareness – The learning phase- what we are doing in this course. As you gain awareness and understanding, help others by sharing this information.
- Assessment and Planning – Where are we at? What are we not doing? How will we fix the gaps? Work with your stakeholders and partners to set realistic goals and milestones for progress.
- Implementation – Understanding the program gaps and making a plan for addressing the shortfalls. Focus on progress, not perfections.
- Evaluation – Regularly taking time to ask, "Did it work?" What gaps still exist and how can we improve?



TRUST

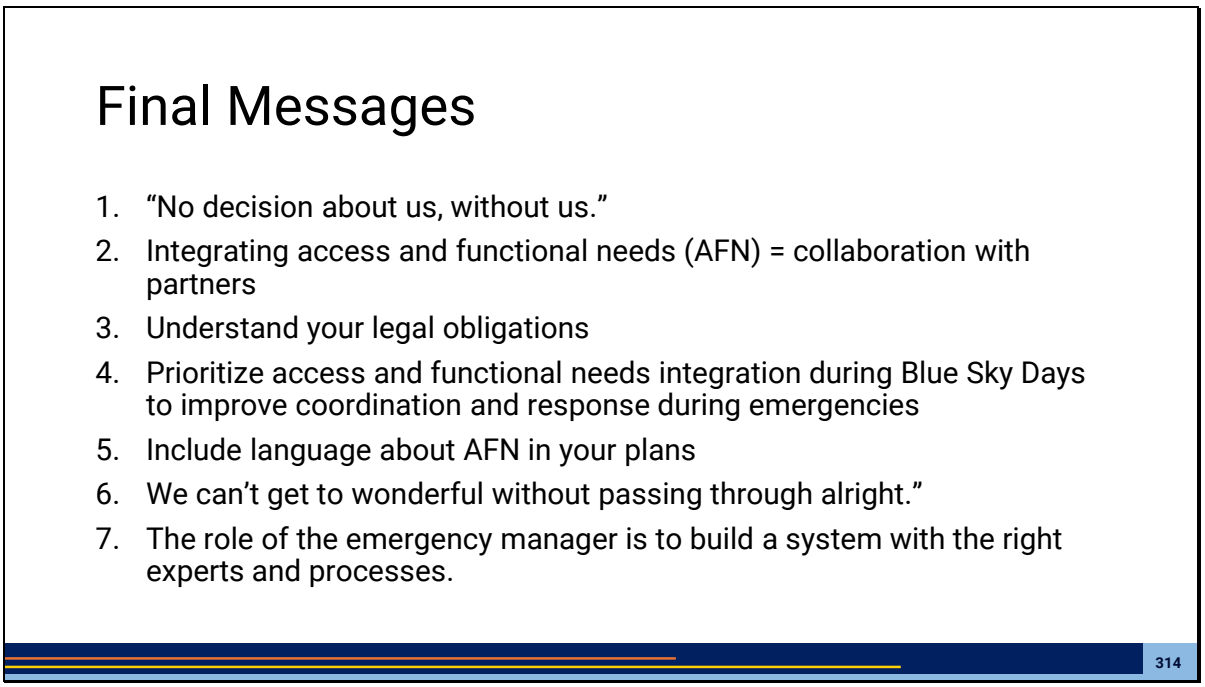
Inclusive emergency management means planning with people, not for people, and results in the development of better products with community buy-in.

Historically, emergency management systems did not incorporate access and functional needs considerations. For example, shelters were not always physically accessible or did not provide programmatic access for people with disabilities to maintain their safety or independence. As a result, individuals with access and functional considerations were disproportionately impacted by emergencies and disasters. As word of these gaps spread in the community, many people with disabilities and access and functional needs became wary of evacuation, public shelters, and other interventions. People with disabilities became afraid they would go to shelters and be institutionalized or experience suffering, and as a result, stopped evacuating even when instructed to do so. This has translated into loss of life and increased human suffering.

Today, there is a cultural shift in the way emergency managers and community partners work together to plan and respond to emergencies. While there are ongoing challenges, emergency managers do their best to ensure people with disabilities or access and functional needs are not forgotten or ignored. There is a greater emphasis on establishing trust and training responders to be compassionate, patient, and willing to meet people where they are at. As individuals with access and functional considerations have their needs identified and addressed, confidence among the whole community grows that people can be safe, secure, and independent in the face of emergencies. This confidence

increases the likelihood that individuals will evacuate and follow other responder requests when called upon and decreases loss of life and suffering among the whole community.

By being here today, you are contributing to building trust in your community.



FINAL MESSAGES

This course contains a lot of content, which may feel overwhelming at times. As we complete the course, we hope you walk away understanding the importance of the following messages:

- “No decision about us without us.” It is important to have an intentional approach to including access and functional needs into emergency management. People with access and functional needs are integral to our communities and should be meaningfully included in all steps of the planning, response, and recovery processes.

- Identify and collaborate with partners that represent access and functional needs. This can be an existing structure or a new, emergency management-specific one.
  - AFN committee
  - Workgroup or subcommittee of LEPC
  - ADA Advisory Committee
  - Other system of advisors
  - City committee on inclusion

- Identify and get to know your jurisdiction’s ADA coordinator, county attorney, or other legal expert that can help you understand your obligations related to disability and access and functional needs. Share your questions with them and involve them in planning efforts before the emergency.

- Intentional planning, identifying responsibilities, and addressing questions about access and functional needs in advance will help you make better decisions and allow the Incident Commander to focus on the event.
    - If you don't plan ahead of time, it does become the IC's responsibility. It's one more thing for them to worry about and it leads to pulled resources.

- Include language about access and functional needs in all your plans.

- "We can't get to wonderful without passing through alright." Take this step by step and understand it is a process. We may not get it right or perfect each time but always make the effort.

- Emergency managers cannot do individual case management or provide direct services, and we are not always those experts. Our role is to build a system that includes the right experts and processes. "We are not the people that put out wildfires."

SPECIAL THANKS

- Justin Webster, SECC Coordinator, Montana Disaster and Emergency Services
- James Ouellette, Safety and Health Coordinator/ADA Coordinator, The City-County of Butte-Silver Bow
- Mackenzie Jones, MPH, CHES, Disability and Health Program Manager, Montana Department of Public Health and Human Services
- Lloyd Sparks, Senior Human Resources Generalist, Montana Department of Administration
- Chris Boyce, PHEP, Montana Department of Public Health and Human Services
- Meg Ann Traci, PhD, Research Professor, University of Montana Rural Institute on Inclusive Communities
- Amy Parks, MPH, MS, MCHES, EMT, Director, Mineral County Department of Emergency Services / Health Officer, Mineral County Health Department
- Hillary Hanson, MPH, MS, Chief Operating Officer, Montana Public Health Institute
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- Arwyn Welander, Senior Community Health Specialist / ADA Coordinator, Missoula City-County Health Department
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- Benjamin Reynolds, Community Disaster Program Manager for Southwest Montana, American Red Cross of Idaho, Montana, and Eastern Oregon

- Ryan Lee, Plans and Assessment Supervisor, Montana Department of Public Health and Human Services
- Luke Fortune, M.Ed., PHEP Planning and Team Lead, Montana Department of Public Health and Human Services
- Shawna Hanson, Associate Director / Outreach Coordinator, MonTECH, University of Montana Rural Institute for Inclusive Communities
- Mary Taylor, Director, Montana Telecommunications Access Program, Montana Department of Public Health and Human Services
- Jude Waerig, Readiness and Response Specialist Southern Region, Montana Healthcare Coalition
- Kristyn Berg, Montana FEMA Integration Team – Recovery, Federal Emergency Management Agency (FEMA)
- Melissa Herrera, Housing Program Executive, Montana Department of Commerce
- Kyrsten Brinkley, District Field Officer, Montana Disaster and Emergency Services
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- Sadie Martinez, Access and Functional Needs Program Supervisor, Colorado Office of Emergency Management
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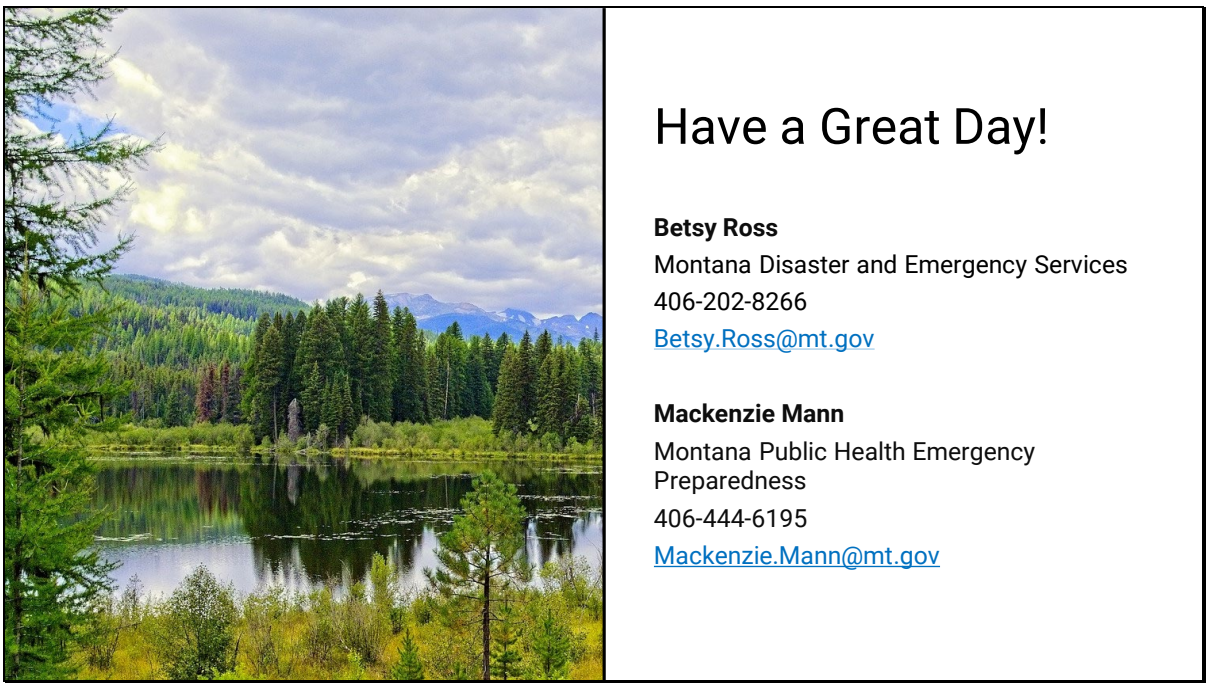
- Samantha Saycich, MPH, Communicable Disease Epidemiologist, Montana Department of Public Health and Human Services
- Jacob Brown, PHEP COOP Coordinator, Montana Department of Public Health and Human Services

Photo by Dana Davis on Unsplash



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