

Dear Interested Person:

The Disability Policy Consortium (DPC) commissioned the attached report: *Hurricane Response in Texas: Disability Issues and Policy Development for Disaster Response* in an effort to assess the impact of hurricanes Katrina and Rita on people with disabilities. The DPC is an independent group of health and disability advocacy organizations committed to promoting the rights, inclusion and independence of Texans with disabilities. The report exposes oversights and complications in state and federal emergency planning processes which led to significant challenges to people with disabilities during and following the hurricanes.

Tina Romano Janek prepared the report after conducting research which included interviews with officials and staff from national, state and local organizations. People who provided direct services, those who supported disaster operations and people involved in planning, education and advocacy operations were included in the interviews.

The report is divided into three components: Issue Areas, Emergency Management and Planning, and Disaster Assistance. The report offers recommendations regarding these components for the DPC's consideration. In response to the report, the DPC created an Ad Hoc Committee to review the content and propose further action. The recommendation was made and approved by the DPC to coordinate a Summit on Emergency Preparedness and People with Disabilities ("Summit") represented by state and local emergency response entities and statewide disability organizations in an effort to address issues that impact people with disabilities during all stages of disasters.

It is evident from this report that people with disabilities and families are simply not at the table at any level of emergency planning. This Summit is an effort to bring the disability community together with national, state and local emergency planning entities to ensure people with disabilities are represented at all levels of disaster planning.

Thank you for your interest.

Sincerely,

Amber McCarthy, Chair

MEMBER ORGANIZATIONS: *Statewide Members:* Advocacy, Incorporated, Brain Injury Association of Texas, Coalition of Texans with Disabilities, Epilepsy Coalition of Texas, The Institute for Disability Access/ADAPT, Lone Star Association for Persons in Supported Employment, Mental Health Association in Texas, National Alliance for the Mentally Ill of Texas, National Multiple Sclerosis Society of Texas, Texas Advocates, Texas AIDS Network, Texas Association of Centers for Independent Living, Texas Association of the Deaf, Texas Center for Disability Studies/ Texas Technology Access Project, Texas Council for Developmental Disabilities, Texas Federation of Families for Children's Mental Health, Texas Legal Services Center, Texas Mental Health Consumers, Texas State Independent Living Council, Texas State Sickle Cell Disease Association of America, Texas A&M University Center On Disability, Council for Families for Children, United Cerebral Palsy of Texas, The Spina Bifida Association of Texas, Inc., and the Depression and Bipolar Support Alliance of Texas. *Local Members:* Epilepsy Foundation Central & South Texas. REACH Resource Centers on Independent Living – Dallas, Fort Worth and Denton, Corpus Christi Committee for Persons with Disabilities and Goodwill of Central Texas.

**Hurricane Response in Texas:
Disability Issues and Policy Development for
Disaster Response**

Prepared for the Texas Disability Policy Consortium

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Hurricane Response in Texas: Disability Issues and Policy Development for Disaster Response

Prepared for the Texas Disability Policy Consortium

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Although great effort has been made to assure that all information here is accurate, current and correct, some human or mechanical error is a possibility. This work represents only a small portion of the information and detail available for the processes and programs presented here. It should be considered an overview and a starting point for more detailed research.

The Disability Policy Consortium of Texas (DPC) is an independent group of health and disability advocacy organizations committed to promoting the rights, inclusion and independence of Texans with disabilities. United Cerebral Palsy of Texas provides administrative support for the DPC.

Financial support for the Disability Policy Consortium is provided to United Cerebral Palsy of Texas by the Texas Council for Developmental Disabilities. The views contained herein do not necessarily reflect the position or policy of the funding agency.

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Executive Summary

ABOUT THIS REPORT

This report is divided into three parts. **Part One: Issue Areas**, contains information about the major areas of concern and difficulty encountered by people with disabilities during the recent disasters. **Part Two: Emergency Management and Planning**, describes the formal emergency planning structure, the responsibilities of governments and organizations formally involved in disaster response in Texas, and identifies some opportunities for changes that would benefit people with disabilities. **Part Three: Disaster Assistance** provides information about standard assistance programs and application of those programs in the Katrina and Rita disasters.

Oversights and complications in the state and federal emergency planning process caused many of the difficulties encountered by people with disabilities during and following the hurricanes. Ironically, many of these problems could have been addressed if planners had applied the recommendations of the “ADA (Americans with Disabilities Act) Guide for Local Governments, Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities,” written by the U.S. Department of Justice, Civil Rights Division, Disability Rights Section in 2004.

Many more problems arose from the back to back storms, lack of ready resources, and the obstacles that confront people with disabilities on a day-to-day basis (e.g., lack of accessible housing).

Many federal, state, local and organizational studies are underway; and more have been recently released. This report adds to that library of knowledge by providing the perspective of people with disabilities and their experiences with emergency responses in Texas.

Much of the research for this study included interviews with officials and staff from national, state, and local organizations and businesses. This included people who provided direct services, those who supported disaster operations, and people involved in planning, education and advocacy operations. The scope of this work did not involve interviews with people with disabilities who were directly affected by the disaster unless they played a role in response and recovery efforts. It would be valuable to interview people with disabilities who were affected by the hurricanes but were not involved in response and recovery activity. This would require a separate research effort.

This work represents only a small portion of the information and detail available for the processes and programs presented here. It should be considered an overview and a starting point for more detailed research.

PART ONE: ISSUE AREAS

In the course of this work several issues surfaced repeatedly. These issues are detailed separately in Part One with Findings, Observations, and Recommendations from the Front Lines. Although detailed separately, there is a great deal of overlap in the issue categories.

The most pervasive issue is the definition and designation of the terms “special needs” and “disabilities.” Formal definitions are not consistent and are often unknown and poorly communicated. Disaster responders faced unprecedented numbers of evacuees who had waited so long that medical conditions worsened or developed, and supports for people with disabilities deteriorated or were lost. As a result, the definitions were broadened and eventually ignored. This flexibility ensured that everyone in need was eligible to receive care, but combined with the lack of appropriate resources it also resulted in confusion about appropriate shelter and support for many people with disabilities.

The support of medical volunteers was critical to triage; but definition problems combined with the wide range of volunteer experience resulted in very inconsistent referrals to special needs shelters. Many people with invisible disabilities, especially people with a mental health illness were directed to general shelters instead of special needs shelters. Also, with more accurate identification and classification of the needs of evacuees, special needs shelters could have been used more effectively. For instance, some shelters were designated “special needs” because they were completely accessible. But instead of being reserved for people with mobility impairments their use was limited to people with young children and women who were pregnant.

A shortage of adequate special needs shelters forced many people with disabilities into hospitals and nursing facilities. Even more people with disabilities faced the choice of remaining with their family or caregiver at a general shelter or going alone to a shelter that might better meet their needs. Sometimes entire families that elected to stay with a loved one with a disability were turned away from a general shelter, forcing them to eventually separate. Many shelters that had been designated as “special need” shelters were not accessible or lacked basic supports and equipment. Once sheltered, the **lack of personal information**, medical diagnosis and history, type and dose of medication, and other information hampered the speedy and effective delivery of support.

There were very real disadvantages to being at a special needs shelter. Many medical personnel worked at the general shelters doing triage and providing general medical assistance. Although these services were vital, the result was sometimes a lack of medical support at special needs shelters. **The American Red Cross**, the official and primary provider of emergency shelter and assistance, does not operate special needs shelters. They support special needs shelters if they are made aware of the location. But since Red Cross chapters do not train or provide volunteers for people with disabilities, they do not staff special needs

shelters. Instead, special needs shelters are staffed by local governments and community volunteers. Since the American Red Cross personnel were not directly involved with special needs shelters, these shelters were late in receiving access to recovery services like Federal Emergency Management Agency (FEMA) services and employment agency visits.

Almost without exception, communication and coordination are named as the number one problem with the emergency management operations. This is understandable given the complexity of the formal structure – nationally, statewide, and locally. The situation for people with disabilities is even worse since they are very rarely involved in or referred to in the formal planning processes. Communication and coordination become even more complicated as efforts transition **from response to recovery**. The responsible parties, processes, and funding sources are different in the recovery phase and there is no clear, organized method of transition. In recovery local organizations and governments take a back seat to the state and federal government and the large non-profit organizations, all of whom are providing most of the resources. After state and federal recovery activities have ended local governments and organizations have responsibility for evacuees who were not eligible for or have exhausted their state and federal recovery resources.

The availability of accessible housing is the number one problem for people with disabilities during recovery. Since accessible housing is a problem even in the best of times, it becomes critical during and after a disaster. Inaccessible FEMA trailers were routinely provided to people with disabilities. Sometimes it was possible to obtain an appropriate trailer, but more often it was not. The attempt to move people with disabilities from shelters to apartments or hotels was poorly coordinated and fairly unsuccessful. A cursory FEMA assessment of accessibility missed many vital aspects and many apartments and rooms were incorrectly identified as accessible. In addition, the federal rules and waivers for temporary housing changed often and with little warning.

Overall, emergency planning processes do not acknowledge the needs of people with disabilities. There is almost no formal attempt to include people with disabilities in the emergency planning processes. Even Texas state agencies that have relationships with people with disabilities do not formally engage them in planning to meet the agency's disaster responsibilities. Even informal inclusion of people with disabilities is rare. It is likely to occur at the local level if at all. This omission has now been recognized at almost every level of planning and various recommendations have been made to correct the situation. Again, many of these problems could have been addressed if planners had applied the recommendations of the U.S. Department of Justice's ADA Emergency Preparedness Guide for Local Governments (see Appendix A).

People with disabilities can affect the recovery phase by becoming involved in local Volunteer Organizations Active in Disasters (VOADs), their Long-Term Needs or Unmet Needs Committees, and Community Emergency Response Teams (CERTs). These local

organizations are a formal part of local emergency management planning. Although they work throughout a disaster, their Long-Term Needs and Unmet Needs organizations primarily support disaster recovery after Red Cross and FEMA leave. Since their activities are included in and supported by the local government plans, VOADs and CERTs can have more influence than individual advocacy. And the financial value of their emergency services is also formally recognized.

PART TWO: EMERGENCY MANAGEMENT AND PLANNING IN TEXAS

Many of the issues and recommendations in Part One indicated a need to understand the emergency management and planning processes. Armed with a better, more complete understanding, it is possible to identify areas where: 1) the system failed to meet the needs of people with disabilities, and 2) how people with disabilities and the organizations that represent them can work to improve outcomes. The entire planning and management process is covered in Part Two; information of special importance to people with disabilities is noted in “black boxes.”

Planning

Here is a very simplified walk through emergency planning and management:

- The emergency planning process begins at the federal level, primarily through the Robert T. Stafford Disaster Relief and Emergency Assistance Act and the Code of Federal Regulations (CFR 44). See Part Two for a more complete list of legal authorizations and links to their web sites.
- Based on the requirements of the federal government, the state is required to create a Homeland Security Plan. Part III of that plan is the State Emergency Management Plan.
- Based on the requirements set out by the state government, localities in Texas are required to create their own Local Emergency Management Plans.
- Federal, state and local emergency management plans use a shared system of Emergency Support Functions (ESF) to identify primary responsibilities and contacts during disasters. The federal government has 12 ESFs. Texas has 23 ESFs (states are allowed to subdivide ESFs). The lead agency for each ESF must create an Annex to the State Emergency Management Plan to detail how that responsibility will be carried out in case of a disaster. The Salvation Army is the only non-state agency leading an ESF (Shelter and Mass Care). Part Two contains a detailed presentation of ESFs.

- There are twelve ESFs that are most important to people with disabilities: Warning, Public Information, Communications, Evacuation, Search and Rescue, Shelter and Mass Care, Health and Medical Services, Disaster Mental Health (not yet in operation), and Recovery. Of the twelve ESF Annexes to the State Plan, only three contain a reference to “people with disabilities” or “special needs:” Evacuation, Shelter and Mass Care, and Health and Medical Services. The Texas State Emergency Management Plan without the Annexes contains no reference to “people with disabilities” or “special needs.”

Management

- Response to disaster begins in local communities through the office of the Mayor or County Judge. There is almost always a local Emergency Management Coordinator who oversees the emergency response, including the activities of CERTs and VOADs. If the resources of local communities are deemed insufficient to address a disaster they can request assistance from their Disaster District (DD).
- The state is divided into Disaster Districts, each of which has a committee of local state agency leaders and volunteer groups; it is chaired by the local Highway Patrol Commander. If the resources of the Disaster District are deemed insufficient to address a disaster they can request assistance from the state.
- At the state level, a governor appointed State Emergency Management Director from the Governor’s Division of Emergency Management will work with the State Emergency Management Council to support the Disaster District. The Council comprises leadership from state agencies and the Salvation Army and Red Cross. If necessary, the Governor can request assistance from the federal government.
- If a Presidential Emergency or Major Disaster Declaration is issued, FEMA manages federal resources in conjunction with state management of state resources.
- As emergency response ends and recovery efforts begin, the management structure changes and local organizations and governments take a back seat to the state and federal government, and the large non-profit organizations, all of whom are providing most of the resources. After state and federal recovery activities have ended local governments and organizations have responsibility for evacuees who were not eligible for or have exhausted their state and federal recovery resources.
- When a disaster involves the local, state, and federal government there will be:
 - at least 4 federal leaders;
 - at least 9 state officials and committees
 - over 30 state agencies and organizations

- at least 8 officials and organizations (with respective committees) for each local area
- up to 12 different emergency management sites, NOT including shelter sites

Understanding the System

With so many different leaders, organizations, sites, and separate plans it is easy to see why communication and coordination is so confusing and difficult. This problem is exacerbated by the fact that very few people involved in the actual emergency response are aware of any of this. They follow the “orders” of whoever sets them to work; and frequently they will be redirected several times as they conduct that work. Leaders on site are usually unable to determine or convey the different leadership positions and working hierarchy to volunteers and workers. The result is confusion, lost time, error, and frustration.

PART THREE: DISASTER ASSISTANCE PROGRAMS

There are many different sources of information, available in varying levels of detail for Federal Assistance Programs. This report contains an overview of the basic programs and the implementation of some of them in Texas. Within that overview are “black boxes” that contain suggestions and questions about the application of certain programs to improve disaster outcomes for people with disabilities.

For a more comprehensive view of any program it is necessary to follow the chain of federal, state, and local program waivers, administrator’s directives, directions to providers, directions for evacuees, revised rules, revisions to revised rules, and many other documents from warning of the impending disaster to daily reports from various organizations.

RECOMMENDATIONS

The recommendations included in this report, at the end of Part One, came directly from people involved in providing services at the “front lines” in Texas and Louisiana. Because of the transcription process they may not be direct quotes, but there was no attempt to abridge or modify the recommendations that were made.

Additional recommendations are published everyday from committees at all levels. Many reports deal specifically with disaster response and recovery for people with disabilities. Some of those reports are listed in Appendix C and include hyperlinks to the documents.

FURTHER STUDY

There are many areas that can be examined in more depth to provide more and better information about the effect of the recent disasters on people with disabilities and their families, including:

- Practical research into the most promising recommendations and the “black box” questions in this report and development of strategies for accomplishing them. For instance,
 - Are there best practices that could be combined to develop the best possible triage process? Does anyone use any combination of screening tool/definition of special needs/training/communication system/other supports that work well for shelter triage? Does this include supports for disabilities that might go unseen in a disaster setting: people who are deaf, people who are autistic, people with mental health needs, etc.? This research should begin by gathering information directly from evacuees.
 - What specific legislative and policy changes would need to be made to allow/require information, services, supports and funding to follow a person with disabilities through a disaster from evacuation to resettlement? What changes to data storage systems would this include? What coordination of information at what level and through which organization?
- Review of the recommendations coming out of assessments and evaluations at all levels; this might include a comparison of “best practice” recommendations from a variety of sources to the recommendations made by Texas State Government
- Coordination and communication are the top difficulties noted in almost every report on the disaster. A lot of work will be done by emergency managers and government agencies to identify and implement corrections. Since this is seen as a management issue, the scope will most likely include only government and large non-profit organizations. It is unlikely that input will be gathered from:
 - evacuees with disabilities, their families, and care givers
 - volunteers who set up, staffed, and/or managed special needs shelters
 - local non-profits and faith based organizations involved in providing support
 - group home, nursing home, respite, and other professional support organizations
- The same information should be gathered from people with disabilities who were affected by the storms. What communication and coordination problems were encountered by evacuees with disabilities and their families and caregivers; including evacuees from within Texas, and those who were relocated to Texas? What specific recommendations do they have?

PART ONE: Issue Areas

ABOUT THIS REPORT

- In the body of this report underlined words are phrases are usually hyperlinks to the organizations and documents they refer to.
- There are black boxes with white lettering throughout the report. They contain information, questions, and suggestions specifically related to improving disaster response and recovery for people with disabilities.
- The following issue areas arose from interviews with federal, state and local officials and staff from national, state, and local organizations and businesses. This included people who provided direct services, those who supported disaster operations, and people involved in planning, education and advocacy operations.

I. DEFINING AND DESIGNATING SPECIAL NEEDS

OVERALL FINDINGS

During the emergency arbitrary distinctions were sometimes made between disabilities and special needs. Sometimes no distinction was made. During the emergency the definitions of special needs and/or people with disabilities:

- were uncertain
- differed among agencies and organizations
- were often self-identified
- broadened over time
- were sometimes too restrictive
- were sometimes impossible to assign

Definitions that were used during the events included:

- The state of Texas definition used by the Governor's Division of Emergency Management and approved by Governor Perry came from 2005 Report to the Governor on Texas Hurricane Preparedness: *"The special needs population includes anyone who might require special care and consideration before or during a hurricane emergency. The elderly, individuals with mental or physical disabilities, the blind, the deaf, as well as homeless persons and shut-ins are all considered part of the special needs population."*
- The Department of Public Safety (DPS) definition: was anyone who needed any type of assistance; in previous disasters only medical conditions were considered special needs.
- The Department of State Health Services (DSHS) is responsible for the definition of disabilities for the state; it includes:

- Medical needs - people who need to be hospitalized and those who need durable equipment
- Special Needs - people who need assistance they cannot supply themselves with everyday living
- People with disabilities are not considered to have special needs if they can manage their own needs in their everyday lives
- Red Cross Shelters considered a person to have special needs if they could not sleep on a shelter floor or could not care for their own day to day needs
- In San Antonio, Advocacy, Inc. used the Americans with Disabilities Act (ADA) definition and pressed for its use by others.

The definitions changed during the event. Originally the 2-1-1 system used the DSHS and DPS definitions; but they quickly found them to be too restrictive. 2-1-1 assisted considerably more people who didn't meet the official definitions but still needed help (i.e., people who were diabetic or had lost their medications; people with disabilities who could manage their day to day lives but had no appropriate transportation). Operators in the 2-1-1 system began to informally expand the definition to include people who were running out of oxygen, needed vital medication, and had other needs that did not fit the formal definitions; DSHS and DPS did the same. There was no formal decision process or notification that anyone noted; the transitions seem to have been an informal response to need.

NOTE: All responses in the Thoughts/Observations and Recommendations Sections in Part One were transcribed and often consolidated; they are usually not direct quotes but there was no attempt to abridge or modify the ideas and recommendations that were made.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- As medical professionals DSHS uses a definition based on acute medical need. During the emergency they had a Department of Assistive and Rehabilitative Services (DARS) representative handle people with non-medical needs.
- Some people want to keep the definition narrow because it connects to their normal service qualifications.
- There was a lack of consistent categorization – or sometimes no categorization at all.
- The medical professionals pretty much expected people to require hospitalization if they were going to call them “disabled or special needs”.
- There was a gap between the people that the professionals identified as disabled or special needs (which did not include people who were on oxygen) and the reality of people who for any reason were not self-sufficient or would not be able to sleep on the floor of a gym safely.

- FEMA used no definition of special needs to refer calls. Anything that had the word disability was referred. Most people had self-identified to FEMA.
- Some people self identified as special needs but they didn't actually meet any specific special needs definition. Everyone still tried to help them and asked about the type of disability so they could make referrals to specialty organizations (United Cerebral Palsy, Epilepsy Foundation, National Multiple Sclerosis Society, etc.).
- What is a special need? It is different and broader than a person with a disability but where does it stop? Many people in the Colonia's cannot speak English and are afraid of deportation – is that a special need? Do we include infants, pregnant women, people who are obese, people who are homeless...?

RECOMMENDATIONS FROM THE FRONT LINES

Several people within the government and on the front lines made essentially the same suggestion: consider a set of "special needs" definitions specifically for emergency situations. They should be different from the programmatic definitions used in ordinary circumstances. Consider categories of actual need in emergency situations. People with different disabilities would fit into different special needs categories. Some of the categories suggested include:

- In Evacuation and Emergency Response phases:
 - Special evacuation needs – including people with no transportation
 - Medical needs
 - Special shelter needs
- In Long term/Recovery phases:
 - Accessibility Needs
 - Other Special Support needs

II. TRIAGE

FINDINGS

- Triage was done by any combination of state and local health department staff, Emergency Management Services (EMS), volunteer medical personnel, and others who were available.
- Where the number and pace of evacuees was reasonable the triage was organized and effective.
- There was no single screening tool or standard definition available or in use. The only similarity seems to have been that anyone who could care for their day to day needs was considered not to have a special need.

- This issue is closely connected to the definitions for people with disability and special needs.
- Most people went through triage several times. At a minimum they were first evacuated to an emergency shelter; then reassessed and sent to a special needs shelter or hospital; and then assessed again for temporary housing.
- DSHS saw a big difference between smaller cities that had a manageable number of evacuees and a more stable triage process vs., the major urban centers where people arrive at a rate that required all available EMS, local health dept, and volunteers to do the best they could to help people with special needs as they showed up at shelters.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- There are so many special needs that are not immediately obvious, and disabilities that are invisible, especially mental disabilities. There were never professionals who could make those assessments.
- Some people (especially young people) who had mental disabilities were labeled “trouble” and treated accordingly.
- The quiet people got lost in the crowds.
- People who had mental health problems were confused with people who were homeless and people who were traumatized.
- A lot of people self identified as having a disability; depending on how busy the shelter was and who was doing the triage, they might or might not be sent to a special needs shelter.
- People with disabilities were being shuffled from nursing home to nursing home with no follow through of charts or information.
- Juveniles ended up in juvenile facilities with no information

RECOMMENDATIONS FROM THE FRONT LINES

- Consider creating a common screening tool for those who are doing triage
- Develop training for those who will do triage.
- When notice of an emergency allows, use an armband or other semi-permanent form of identification for people with invisible disabilities.
- There should be one agency/division/group of some sort to develop a statewide program like a neighborhood watch to help people identify anyone who might need any sort of help in a disaster - including people with various disabilities.
- It would be good to use arm bands like hospitals use (in critical situations like this) that would show identification, home location, contact information, etc. It might be some sort of smart card.

- The FEMA number should follow people so the funds can follow and avoid draining nursing home resources and the other limited resources that are available.

III. AMERICAN RED CROSS

FINDINGS

- The American Red Cross is the largest national non-government organizational responder. The Red Cross is charged by the federal government to provide food, shelter, financial assistance (depending on severity of need), and mass distribution during federal disasters. Depending on severity of the disaster, they might provide only volunteers.
- The Red Cross has regional offices and local chapters and policies at each level. The local Red Cross chapter is allowed to make decisions on the ground during the emergency and generally does not have to wait for approval from the regional or national offices.
- American Red Cross has national, regional and local agreements to do their work. Local Red Cross chapters have contracts with organizations in their jurisdictions to provide shelter, food distribution, and volunteers. Southern Baptist is a major Red Cross contractor and played a large role in the recent disaster responses.
- In Houston the local chapter had contracts with over 250 restaurants; the regional office had agreements in place with larger organizations, and there were national agreements with major national companies such as Cisco. Because of the volume and rate of needs, Houston's local contract resources were quickly depleted. The region called in their contractors and soon after the national contracts were activated. The fact that contracts were already in place allowed Red Cross to quickly meet needs.
- Although the Red Cross does not run special needs shelters they do support them as they would support a general shelter. Local areas provide and run their own special needs shelters and must let Red Cross know where they are located so they can be supported.
- Anyone who can function on their own is welcome at a Red Cross shelter; but if it is clear that a person has needs they cannot meet without help, they will be referred to on-site medical personnel and moved to a special needs shelter.
- Red Cross employee training includes information about people with special needs. The Red Cross quick shelter training for "spontaneous volunteers" does not include information on people with special needs. They feel it would be difficult to do any meaningful training in such a short time.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- Red Cross already knew how to do the responses – they had policies in place; FEMA only had money.
- Red Cross knows how to and has capacity to set up shop, but then they have to leave.
- Red Cross volunteers know nothing about people with disabilities; but they handle trauma, lost loved ones, separations, grief counseling very well.
- The fact that Red Cross volunteers were not prepared to and could not meet the needs of people with disabilities was their biggest source of angst and heartbreak.

RECOMMENDATIONS FROM THE FRONT LINES

- The federal government needs to know the limits of the Red Cross volunteers and consider that in their national contract. The federal government needs to make a definition of special needs for the Red Cross charge; then Red Cross will need to make different plans for addressing the needs of people with disabilities.
- There needs to be a better understanding of what a local Red Cross is expected to do with regard to special needs shelters.
- Local Red Cross chapters need to have a contingent of people who have disabilities and/or are trained about people with disabilities. The Red Cross needs to get leadership from the disability community (and Black and Hispanic communities) on the Red Cross Boards, involved in Red Cross work. They need to invite them to be partners in planning and lobbying and responding.

IV. SEPARATE VERSUS SHARED SHELTERS

FINDINGS

- Most shelters were not accessible and made it impossible for some people with disabilities to stay at general shelters. But there were even special needs shelters in some areas that were not completely accessible.
- When a family refused to be separated from a family member with disabilities they would end up at a general shelter without the needed supports. They were forced to choose between losing touch with their loved one or letting them suffer because their needs could not be met.
- Sometimes families who stayed with a loved one who had disabilities would be turned away from general shelters.
- People with disabilities who were in special needs shelters lost out on or were late getting access to the recovery resources at the Red Cross general shelters. This included medical

assistance, FEMA information and applications, employment presentations and support, and other help that people at general shelters were getting. This occurred because most Red Cross shelter operations are completely disconnected from the special needs shelters.

- There was a new state shelter hub plan that had designated three shelters where people with special needs would be sent and then dispersed. Other shelters had been identified for people who are medically frail. The goal was to consolidate materials and equipment and then send it with the people to their shelter. Since the plan was so new it did not work operate very well. A new plan with more, smaller hubs will likely be developed.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- Some families just would not leave their loved one so instead of sending them to a special needs shelter they brought them to the general shelter with the rest of the family. Sometimes they weren't allowed in if they had a family member with special needs; if they made it into a shelter there were no services or supports of any kind.
- Nursing homes got a lot of latitude and freedom to meet needs. Other regulations were loosed to meet immediate needs. The state plans to improve this process before the next disaster.
- In the response phase there was rarely adequate medical staff or trained volunteers in general shelters who knew how to provide needed care.
- Respite care facilities were used as emergency shelters but they didn't have room for families.
- Special needs shelters are not "advertised" to assure that there will be room for people with "legitimate" disabilities

RECOMMENDATIONS FROM THE FRONT LINES

- We need enough nurses in general shelters so that people with disabilities will not have to be sent to another location, often far away and without their families.
- All shelters – including general shelters - should be accessible; especially since they are often in facilities that should be ADA accessible anyway.
- Plans should always include allowing enough capacity for at least some family members to accompany people with disabilities.
- People should be able to choose which type of shelter they want to stay.
- Special needs shelters should be merged into general shelters as soon as possible. There is no need to maintain special needs shelters past the initial emergency response phase.

V. COMMUNICATION AND COORDINATION

FINDINGS

- Communication problems were named as the number one problem by many local organizations.
- Confusion is not surprising given the complicated state and local emergency management structure, the leadership changes at different stages, and the overlay of federal and large nonprofit organizational structures.
- There are no simple visuals or other materials to help local responders understand the leadership, communications, and coordination relationships.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- Answers and instructions kept changing as political situations changed. This caused people to refer in a circle, back to each other.
- Things were better when it was just the locals who knew each other and local resources and were used to working together.
- Some volunteers became frustrated when they felt their efforts were not well utilized.

RECOMMENDATIONS FROM THE FRONT LINES

- It would be good to see what the line of communication is supposed to be – let us know what it is and when it changes.
- Improve coordination by minimizing changes in leadership. Leave us one contact through the whole event.

VI. RESPONSE VERSUS RECOVERY

FINDINGS

- There is clear agreement from the local care providers that for people with disabilities the worst failure is not response – as bad as it was. The worst failure was the lack of appropriate recovery and long term support.
- When the immediate response efforts phase into recovery efforts the chain of command and the participants change – from the local to the federal level. There is often confusion about who is involved and who is in charge, but the confusion reaches a peak as this transition takes place.

- Everyone agreed that faith based organizations were a great resource. They were often the first ones on site. They did not wait to be invited; they moved quickly into place even though they were not a formal part of the response plan. The interfaith groups were the most effective since brought an array of different, coordinated resources.
- After the evacuation, as the official emergency response begins, the large national disaster organizations arrive and assume responsibility. The local organizations feel they are pushed aside – even though they are in the process of providing services. There is a feeling that the national organizations don't make use of local infrastructure and resources. In fact, local and faith-based organizations have been denied access to shelter sites to unload supplies.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- Rescue worked better for the people who were associated with a facility; worse for people who lived with their families or in the community and weren't part of "the system"
- Each person with a disability usually has at least one group they have ongoing relationship with even if it is a church or neighbor. That person can give information to emergency management, kept in one place, and updated periodically. Florida has made progress with a database but it still has kinks.
- The biggest challenge was the long term work - returning people to their homes, getting them their information, moving toward a normal life.
- Large nursing facilities and hospitals were better off in the evacuation and response phases than the small "mom and pop" places (small home health care, etc.). Maybe because they had plans in place or because they had more resources.
- As bad as any of the other parts were, the worst failure was in the follow through to temporary housing and relocation.
- Emergency preparedness and evacuation plans mostly worked but the follow up did not work well.
- The biggest problem is that after the evacuation the large national disaster organizations come in for the recovery and they take over. They think they need to bring everything because they don't look at the local infrastructure and resources. The local organizations and resources are pushed aside.
- When the shelters close the people who have special needs that don't fit the program definitions are just dispersed into the community with little or no support. They usually end up in hotel rooms with no support since they don't have any "special needs."
- Local non government organizations were much more responsive, and often more helpful, than government organizations.

RECOMMENDATIONS FROM THE FRONT LINES

- Faith based organizations should be included in the planning process, targeted as resources, and trained along with formal responders. These organizations don't necessarily need government money, just support and access.
- Non-government organizations and faith based organizations must be allowed access even after the big national organizations move in. They need to have some sort of pre-authorization (that would be accepted by FEMA and the state) to allow them to access the sites so they can unload food, provide on-site shelter, etc.
- One policy change should be to support volunteer organizations in disasters by having liaisons to state/local/county governments.
- There should be a volunteer coordinator at each locality as part of a volunteer management plan.
- The large national non-profits should partner with local resource agencies when they arrive.

VII. HOUSING AND ACCESSIBILITY

FINDINGS

- The lack of accessible housing in general became very obvious in this event.
- If emergency managers are forced to evaluate this outcome they might help support more accessible housing.

*See the accessibility issues in the **Shelter** category.*

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- Things got really bad when everyone realized that this was going to take longer than they expected and they had to begin to talk about where people would stay
- This is where the lack of accessible housing really hit. People were offered apartments without any thoughtful way to do it. People accepted what they felt they had to.
- Even 1st floor apartments weren't accessible a lot of times.
- The city and FEMA contracted with people who created an accessibility assessment but it was very broad, missed many things and was a y/n for many others.
- Advocacy, Inc. had to represent a good number of clients who needed accessible housing.
- The greatest need was clearly for housing – and not just for people with disabilities. 80% of the Independent Living Research Utilization (ILRU) calls in Houston were for housing and financial assistance.
- If people with no transportation needed to be near doctors FEMA would send a trailer - but they were usually not accessible.

RECOMMENDATIONS FROM THE FRONT LINES

- We need temporary building code waivers so people who have building code violations, like trailer attached to their house, will be not be afraid to call FEMA for help.
- FEMA needs to know which trailer models will work best for people with disabilities.
- Develop a good accessibility assessment that everyone will use. Obviously people with disabilities and their advocates should create or be involved in the creation of this.

VIII. TRAINING

OVERALL FINDINGS

- There are many training resources available and even more being developed in response to the recent events.
- Only resources that were developed by, or with the inclusion of people with disabilities should be considered for use.
- There is almost no use of people first language by people who do not regularly live or work with people with disabilities.
- All American Red Cross staff is trained, but not with adequate information about people with disabilities. In disaster response there is about one Red Cross person per 50 volunteers and the volunteer training does not include information about people with disabilities.
- Everyone at every level needs training – planners, employers, first responders, triage personnel, shelter workers, etc. all the way to final recovery and relocation workers.

RECOMMENDATIONS FROM THE FRONT LINES

- Protection and Advocacy Agencies (P&As) can drive a follow through with governments and major relief organizations. Local organizations can work to get training to local responders.

IX. JOINING THE PLANNING AND PRACTICE PROCESSES

OVERALL FINDINGS

- American Red Cross and Salvation Army are the only two non-profits in the formal planning processes and neither organization has information, expertise, or formal connection to people with disabilities.
- Each of the organizations and state agencies involved in disaster response will do an internal evaluation. These will not be made public, but the recommendations that arise from the evaluations will be folded into the State Emergency Management Plan revisions. (This is discussed in detail in Part Two of this document.)

- The disability world and the emergency world do not know each other; there are no formal or informal connections. People with disabilities and their advocacy organizations will have to take responsibility for changing this.
- Part Two of this document details how people with disabilities and their advocacy organizations can work with local Mayors, Judges, and state agencies to enter into the formal planning processes.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- During and after the response phase the local Planning Council was meeting and evaluating, but advocates for people with disabilities, specialized shelter people, and small organizations were not involved because they were not on the Council. When a special needs advisory group to the Council was formed it was very helpful. It put all these resource agencies in touch with each other.
- Transportation and volume were related problems. Instead of a constant trickle of evacuees the transportation problems caused everyone to wait together and then hit at the same time. Combined with the size of the evacuation this made the volume problem much worse. The transportation planning is critical not just for evacuation but for each stage of the response and relocation too.
- The legal community came together well to do legal counseling, insurance questions, FEMA, landlord tenant, etc. The Louisiana (LA) and Texas (TX) state bar had a very valuable resource guide to help share differences in laws for different states and for those who practice other types of law. The Texas Supreme Court might have done an emergency order to allow this cooperation for this event.
- Two biggest planning needs are to plan for nursing home evacuations and plan to have accessible housing while homes are being rebuilt.
- The biggest systems gap was for people who are deaf. Shelters used existing public announcement systems to communicate with shelter crowds. Other special needs were being met by organizations related to that need but there was no one helping people who are deaf.
- When FEMA realized that they didn't have things set up to respond to calls for people with disabilities they called Independent Living Research Utilization (ILRU) in Houston because Lex Frieden was well known to them. They asked if they could refer calls to ILRU. Anytime the word disability was used the call went to ILRU and callers often didn't know why they were transferred to them. People would say "FEMA said to call you" and sometimes ILRU would have to refer them back to FEMA.

RECOMMENDATIONS FROM THE FRONT LINES

- Institutionalize representation of people with disabilities and/or their advocates into state and local planning processes and agency ESFs.

- We need a collective group of responders to coordinate volunteers, materials and equipment for special needs.
- A needed policy change is for waivers to allow professionals (e.g., attorneys, doctors) who evacuated to practice in Texas so they can help out and so they can maintain their practice at home. As part of planning there should be agreements between adjacent states and information about differences in laws/practices for different states. State bars and other oversight agencies can create these agreements with appropriate approval/agreements from state government.
- All video equipment needs high speed internet
- FEMA needs to have a plan/process to respond to calls by/for people with disabilities. They probably need agreements in place with state and/or local resources.
- People with disabilities will have to develop relationships with Emergency Management staff. Go through the mayor's or judges office to meet them; offer to serve on boards, make presentations, bring resources.

X. VOADS, CERTS, AND UNMET/LONGTERM NEEDS COMMITTEES

FINDINGS

- Volunteer Organizations Active in Disaster (VOADs) have been part of the formal emergency management planning process for about 20 years.
- There is a National VOAD (NVOAD) organization and a Texas VOAD. VOADs are included in Local Emergency Management Plans in Texas. There is no requirement for participation of disability organizations although one is probably included in many area plans.
- NVOAD has published a VOAD Organizational Manual with guidelines for state and local voluntary organizations active in disaster.
- In some areas VOADs are creating Long Term Recovery or Unmet Needs committees. While some Long Term Recovery or Unmet Needs Committees receive funds through VOAD organizations, or through their member organizations, some of these committees are forming 501C3 non-profit organizations in order to apply directly for grant funding. The funding is important since these agencies can easily deplete their resources with one large disaster, or as happened last year, with multiple disasters.
- The Community Emergency Response Team (CERT) program is an official emergency preparedness program of FEMA. CERTs are funded by Congress through Citizen Corps program grants, which are made available to local communities. CERTs are a key component of Citizen Corps. The CERT program trains citizens to be better prepared to respond to emergency situations in their communities. When emergencies occur, CERT members can give support to first responders, provide immediate assistance to victims, and organize volunteers at a disaster site.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- Recovery is where the VOAD long term or unmet need committees would really come in – meeting needs after the big non-profits and FEMA pull out.
- Being part of a long term or unmet need committee is not simple. You have to be realistic about things like: how does this fit each organization's mission, how to handle their regular funding vs. emergency needs and still stay within the guidelines for all their different funds
- Advocacy, Inc. in San Antonio is part of a VOAD through their UMCORE grant. UMCOR is the United Methodist Committee on Relief.

RECOMMENDATIONS FROM THE FRONT LINES

- National Disability Rights Network might be able to help require VOADs to include organizations that represent or work with people with disabilities.
- Since VOADs are created at the local level they would be a good point of entry into the formal planning and response processes for local organizations that represent people with disabilities. The best way to begin this process is to contact the local Mayor's or county Judge's office.
- People with disabilities can take the CERT training and create a local CERT team that can address or specialize in meeting the needs of people with disabilities in disasters.

XI. RESOURCE ALLOCATION

FINDINGS

- People were not displaced or moved down a waiting list because of support for evacuees. But some of the new funding that came in could only be used for evacuees, so for people who had been on waiting lists it looked like the evacuees were getting service before them (they were, actually). People often did not understand this distinction; and later, when there was time to explain this properly the perception had already been formed.
- The Department of Aging and Disability Services (DADS) worked with the Texas Health and Human Services Commission (HHSC) to negotiate the Texas 1115 Waiver. The waiver did not displace any Texas residents on waiting lists or currently receiving services because it did not actually enroll evacuees into Texas Medicaid. However, as the temporary services expire, those evacuees who are eligible and who remain in Texas will be enrolled or added to waiting lists as appropriate. HHSC has estimated the additional costs and requested additional funding.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- Since there were no funds set aside to meet these needs the legislature will have to allocate more funds to ensure that level of service for existing programs is not reduced

RECOMMENDATIONS FROM THE FRONT LINES

- There should be funds set aside to support these types of response efforts. Even if some of it might be refunded by the federal government.

XII. RITA

FINDINGS

- Everyone described Rita as a completely different, and in many ways worse, experience than Katrina because by the time Rita hit almost all resources were already drained and volunteers were tapped out.
- Most of the coordination that was in place or had been developed during Katrina failed for Rita because of the overwhelming necessity to respond to immediate needs under the worst possible circumstances.

THOUGHTS AND OBSERVATIONS FROM THE FRONT LINES

- Rita was a survival situation for emergency medical response, triage, public health infrastructure, everything. No definition or policy mattered much – everyone just pitched in to try to make things work. If a resource was available it was used.
- We had to move the Katrina evacuees out to get Rita people in.
- When Rita hit all planning went out the window.

XIII. OTHER COMMENTS FROM THE FRONT LINES

- Best Practices come from field practices borne of necessity – look there for ideas.
- Is it feasible to plan for two large disasters in a row; do we need to consider the cost/benefit? How often will this happen?
- We did a good job of meeting the needs of these evacuees and it might be hard to do that again with already stretched resources.
- There are many evaluations and reports underway at all levels by individual organizations and joint committees. Most will be ready in late February 2006 but they will only include broad recommendations.

SUMMARY OF RECOMMENDATIONS MADE

The recommendations for each of the issue areas are collected here as a quick reference tool.

DEFINING SPECIAL NEEDS

Several sources, government and front lines made essentially the same suggestion. Consider a set of “special needs” definitions specifically for emergency situations. They should be different from the programmatic definitions used in ordinary circumstances. Consider categories of actual need in emergency situations. People with different disabilities would fit into different special needs categories. Some of the categories suggested include:

- In Evacuation and Emergency Response phases:
 - Special evacuation needs – including no transportation
 - Medical needs
 - Special shelter needs
- In Long term/Recovery phases:
 - Accessibility Needs
 - Other Special Support needs

TRIAGE

- Consider creating a common screening tool for those who are doing triage
- Develop training for those who will do triage.
- When notice of an emergency allows, use an armband or other semi-permanent form of identification for people with invisible disabilities.
- There should be one agency/division/group of some sort to develop a statewide program like a neighborhood watch to help people identify anyone who might need any sort of help in a disaster - including people with various disabilities.
- It would be good to use arm bands like hospitals use (in critical situations like this) that would show identification, home location, contact information, etc. It might be some sort of smart card.
- The FEMA number should follow people so the funds can follow and avoid draining nursing home resources and the other limited resources that are available.

RED CROSS

- The federal government needs to know the limits of the Red Cross volunteers and consider that in their national contract. The federal government needs to define special needs for the Red Cross charge; then Red Cross will need to make different plans for addressing the needs of people with disabilities.

- There needs to be a better understanding of what a local Red Cross is expected to do with regard to special needs shelters.
- Local Red Cross chapters need to have a contingent of people who have disabilities or are trained about people with disabilities. The Red Cross needs to get leadership from the disability community (and Black and Hispanic communities) on the Red Cross Boards, involved in Red Cross work. They need to invite them to be partners in planning and lobbying and responding.

GENERAL VS. SPECIAL NEEDS SHELTERS

- We need enough nurses in “regular” shelters so that people with disabilities will not have to be sent to another location, often far away and without their families.
- All shelters – including general shelters - should be accessible; especially since they are often located in facilities that should be in compliance with ADA accessibility standards.
- Plans should always include allowing enough capacity for at least some family members to accompany people with disabilities.
- People should be able to choose which type of shelter they want to stay.
- Special needs shelters should be merged into general shelters as soon as possible. There is no need to maintain special needs shelters past the initial emergency response phase.

COMMUNICATION/COORDINATION

- It would be good to see what the line of communication is supposed to be – let us know what it is and when it changes.
- Improve coordination by minimizing changes in leadership. Leave us one contact through the whole event.

RESPONSE VS. RECOVERY

- Faith based organizations should be included in the planning process, targeted as resources, and trained along with formal responders. These organizations don’t necessarily need government money, just support and access.
- Non-government organizations and faith based organizations must be allowed access even after the big national organizations move in. They need to have some sort of pre-authorization (that would be accepted by FEMA and the state) to allow them to access the sites so they can unload food, provide on-site shelter, etc.
- One policy change should be to support volunteer organizations in disasters by having liaisons to state/local/county governments.
- There should be a volunteer coordinator at each locality as part of a volunteer management plan.

HOUSING/ACCESSIBILITY

- We need temporary building code waivers so people who have building code violations, like trailer attached to their house, will be not be afraid to call FEMA for help.
- FEMA needs to know which trailer models will work best for people with disabilities.
- Develop a good accessibility assessment that everyone will use. Obviously people with disabilities and their advocates should create or be involved in the creation of this.

TRAINING

- P&As can drive a follow through with governments and major relief organizations. Local organizations can work to get training to local responders.

PLANNING PROCESS

- Institutionalize representation of people with disabilities and/or their advocates into state and local planning processes and agency ESFs.
- We need a collective group of responders to coordinate volunteers, materials and equipment for special needs.
- A needed policy change is for waivers to allow professionals (e.g., attorneys, doctors) who evacuated to practice here so they can help out and so they can maintain their practice at home. As part of planning there should be agreements between adjacent states and information about differences in laws/practices for different states. State bars and other oversight agencies can create these agreements with appropriate approval/agreements from state government.
- All video equipment needs high speed internet
- FEMA needs to have a plan/process to respond to calls by/for people with disabilities. They probably need agreements in place with state and/or local resources.
- People with disabilities develop relationships with Emergency Management staff. Go through the mayor's or judges office to meet them; offer to serve on boards, make presentations, bring resources.

VOADS, CERTS, AND UNMET/LONG TERM NEEDS COMMITTEES

- National Disability Rights Network might be able to help require VOADs to include organizations that represent or work with people with disabilities.
- Since VOADs are created at the local level they would be a good point of entry into the formal planning and response processes for local organizations for people with disabilities. The best way to begin this process is to contact the local Mayor's or county Judge's office.
- People with disabilities can take the CERT training and create a local CERT team that can address or specialize in meeting the needs of people with disabilities in disasters.

RESOURCE ALLOCATION

- There should be funds set aside to support these types of response efforts. Even if some of it might be refunded by the federal government.

ADDITIONAL INFORMATION NEEDED

THE FOLLOWING QUESTIONS WERE RAISED DURING THE RESEARCH INTERVIEWS:

- Where does the definition of special need or disability become critical: Contracts? Service delivery? Planning processes?
- Can we develop a screening tool that could be used by everyone for Triage?
- Is the federal government and Red Cross looking at their contract in light of the recent disasters? Are they doing an evaluation together? If so, are local chapter evaluations included in that work?
- Are any changes in training planned? If so, is the training “approved” by national disability organizations?
- Are any of the state evaluations identifying special needs shelters vs. general shelters as a problem? Are any changes proposed to improve this? What about local areas, American Red Cross or others?
- Are any of the state evaluations identifying coordination and communication as a problem? Are any changes proposed to improve this?
- Who should be trained and specifically how do we make that happen? Should any policies be changed? Is there or could there be a process to certify or approve curriculum for this type of training?
- Will there be public review/comment on planning process revisions driven by the evaluations?
- 2-1-1 has a lot of simple lessons learned, like putting maps in cars, having straws for water bottles, etc. Can we obtain those and incorporate them into formal plans and materials?
- Can we develop a document that would have names and numbers for the people who lead the state and local planning councils – at least in the identified hurricane areas?
- How many Texas VOADs include organizations that represent people with disabilities? Who are these organizations? What is their experience and what recommendations would they make? Is the state planning any changes in the use of VOADs?
- What do we know about Texas CERTs? How many are there? Where? Who provides training?

- Is anyone planning for back to back disasters now? How would people with disabilities be accommodated, especially regarding accessible shelters and temporary housing?

PART TWO: Emergency Management and Planning in Texas

STATE EMERGENCY MANAGEMENT ORGANIZATION

The responsibilities of the state of Texas in the case of a disaster are to:

- Commit resources to augment local efforts
- Take action per state law
- Execute the State Emergency Plan
- Verify information from local governments
- Request joint preliminary damage assessment

This is accomplished through the following personnel, facilities, agencies, organizations and relationships:

THE GOVERNOR

The Governor is responsible for dealing with dangers to the state and people presented by disasters. This is accomplished through the **Texas Office of Homeland Security** and the **Governor's Division of Emergency Management (GDEM)**

THE STATE EMERGENCY MANAGEMENT DIRECTOR (State Coordinator) manages the GDEM, which, in accordance with Chapter 418 of the Government Code, is responsible for overall direction and control of state emergency response and recovery operations. The GDEM:

1. Maintains State of Texas Emergency Management Plan and adopts standards for local emergency management plans
2. Provides emergency public information during disasters
3. Responsible for pre-positioning of resources once a threat is known
4. Requests federal assets and interstate mutual aid
5. Conducts emergency management training
6. Administers disaster recovery programs

STATE OPERATIONS CENTER (SOC)

- Operates 24 hours a day, 7 days a week at all times
- Uses an extensive suite of communications to receive and disseminate warning of threats to regional warning points and to state and local officials
- Monitors emergency situations throughout the state and provides information on these events to federal state, and local officials
- Coordinates state assistance to local governments that are dealing with emergencies.
- As a point of interest, the SOC is housed in a reinforced concrete bunker embedded in bedrock three stories below ground level at Texas Department of Public Safety Headquarters in north central Austin. The facility was initially constructed in 1964, at the height of the Cold War, when federal regulations required state command and control facilities to be hardened against blast and fallout from a nuclear attack.

Co-located with the SOC are the **Texas Security Analysis and Alert Center (TSAAC)**, a 24-hour centralized intelligence collection, analysis, and dissemination organization, and the **Texas Infrastructure Protection Communications Center (TIPCC)**, the state's primary entity for planning, coordination, and integration of government communications capabilities to implement the Governor's homeland security strategy and ensure an effective response to homeland security emergencies.

STATE EMERGENCY MANAGEMENT COUNCIL (SEMC)

- Was established by state law to advise and assist the Governor in all matters relating to disaster mitigation, emergency preparedness, disaster response and recovery.
- Comprised of 30 state agencies, the American Red Cross, and the Salvation Army

THE EMERGENCY MANAGEMENT COUNCIL MEMBERS

- | | |
|--|--|
| 1. Adjutant General's Department | 17. Texas Department of Aging and Disability Services ★ |
| 2. The American Red Cross | 18. Texas Department of Agriculture |
| 3. Department of Information Resources | 19. Texas Department of Assisted and Rehabilitative Services ★ |
| 4. General Land Office | 20. Texas Department of Criminal Justice |
| 5. Governor's Division of Emergency Management | 21. Texas Department of Housing and Community Affairs ★ |
| 6. Office of Rural Community Affairs | 22. Texas Department of Insurance |
| 7. Public Utility Commission of Texas | 23. Texas Department of Protective and Family Services ★ |
| 8. Railroad Commission of Texas | 24. Texas Department of Public Safety |
| 9. The Salvation Army | 25. Texas Department of State Health Services ★ |
| 10. State Auditor's Office | 26. Texas Department of Transportation |
| 11. Comptroller of Public Accounts | 27. Texas Education Agency ★ |
| 12. Texas Animal Health Commission | 28. Texas Engineering Extension Service |
| 13. Texas Attorney General's Office | 29. Texas Forest Service |
| 14. Texas Building and Procurement Commission | 30. Texas Parks and Wildlife Department |
| 15. Texas Commission on Environmental Quality | 31. Texas Workforce Commission★ |
| 16. Texas Commission on Fire Protection | |

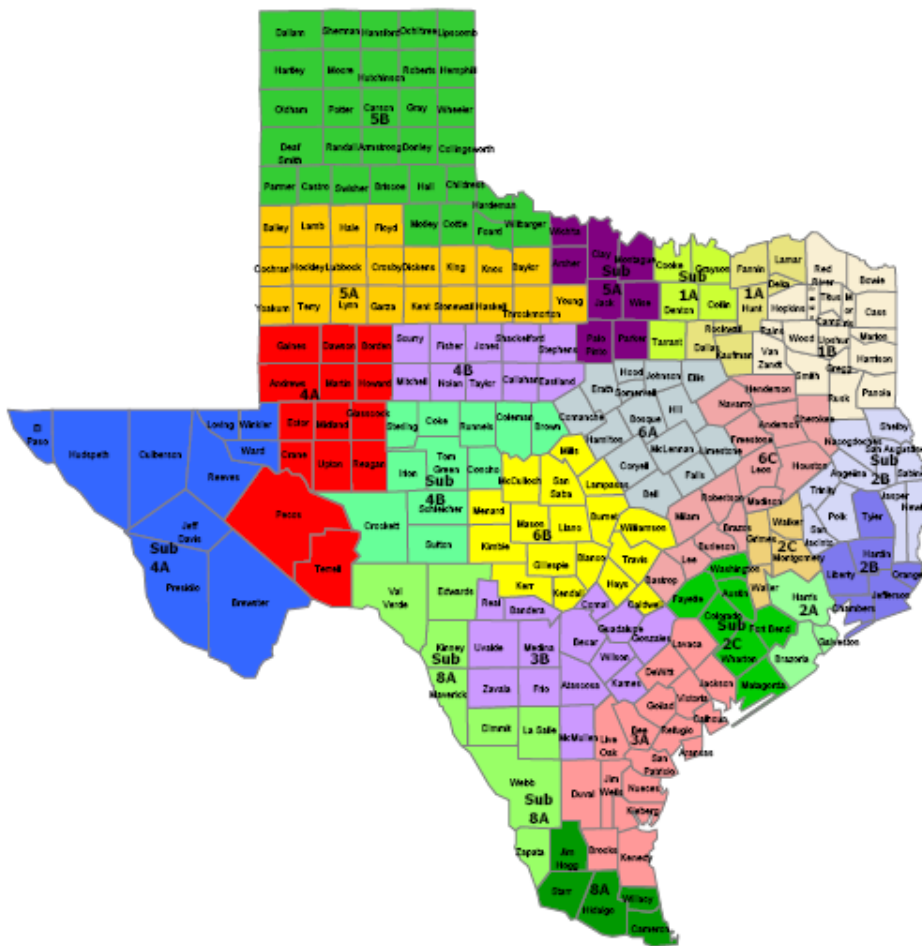
★ The seven starred agencies have on-going relationships with people with disabilities and organizations that represent people with disabilities in Texas. The representatives of these agencies are in a position to help educate the Council and offer recommendations to better meet the needs of people with disabilities in emergency situations.

- During major emergencies, Council representatives convene at the SOC to assist with response operations.
- If local governments request assistance the Council can deploy state resources.
- The Council is organized by emergency support functions (ESF) - groupings of agencies with legal responsibility, expertise, or resources needed for a specific emergency response function. ESFs are discussed in detail later in this document.

DISASTER DISTRICTS

- Disaster Districts are the state's regional emergency management organizations that serve as the initial source of state emergency assistance for local governments.
- If the resources of a Disaster District are inadequate to provide the assistance that has been requested, the request for assistance is forwarded to the State Operations Center for state-level action.

STATE DISASTER DISTRICT BOUNDARIES



DISASTER DISTRICT COMMITTEES (DDC)

Consist of state agencies and volunteer groups that have resources within the District area. Under the direction of the DDC Chair, the committees identify, mobilize, and deploy personnel, equipment, supplies, and technical support to respond to requests for emergency assistance from local governments and state agencies.

Point of Influence: State agencies and volunteer groups on the DDC can be certain that the Committee considers the needs of people with disabilities in their work.

DISASTER DISTRICT COMMITTEE (DDC) CHAIR

- The local Texas Highway Patrol commander chairs the DDC; he/she may activate and commit all state resources in the District in response to local government requests, (does not include the National Guard which requires prior approval by the Governor).
- State resources committed to assist local governments normally work under the general direction of the Disaster District Chair.

DISASTER DISTRICT EMERGENCY OPERATIONS CENTERS (EOCS)

- Activated by Disaster District Chairs as needed.
- May be partially or fully activated as needed

STATE INCIDENT COMMANDER

- Designated by the lead state agency or DDC Chair to provide direction and control of state personnel involved in site-specific response activity.
- Keeps the DDC Chair informed of the emergency situation and the progress of response operations.

STATE AREA COMMAND (SAC)

The State Coordinator, in conjunction with the designated lead agency and affected DDC Chairs, will determine the need to establish a SAC, and will develop and distribute an Operational Control Plan that specifies the organization, direction and control, resource allocation, and operational procedures for the incident.

AGENCY EMERGENCY SUPPORT CENTERS (ESC)

- Established by State agencies as an area from which to manage agency resources during emergencies
- State EMC member agencies that create an SESC are still required to provide representatives to the SOC and DDC EOCs.

LOCAL EMERGENCY MANAGEMENT ORGANIZATION

The responsibilities of localities in the case of a disaster are:

- Response
 - Warn and Evacuate Citizens
 - Conduct Search and Rescue
 - Protect Life and Property

- Recovery
 - Relay assessment of damage and needs to state
 - Mobilize local resources for recovery activities
 - Government offices and resources
 - Local business resources
 - Volunteer Organizations Active in Disasters (VOADs)
 - Provide assistance for those who are not eligible for or have exhausted federal and state disaster assistance.
 - Assess damage and impact on community

This is accomplished through the following personnel, facilities, agencies, organizations and relationships:

MAYORS AND COUNTY JUDGES

Responsible for emergency preparedness and response within their jurisdictions, including:

- threat identification and prevention,
- emergency planning, training, and drills/exercises,
- coordinating emergency response operations during incidents and disasters,
- carrying out recovery activities in the aftermath of a disaster,
- public education,
- hazard mitigation programs

Emergency Operations Center (EOC)

- Most local governments have an EOC that is activated to manage the local response to major threats and incidents and coordinate internal and external resource support.
- Some local governments have an alternate or mobile EOC as well.

Point of Influence: Offices of the Mayor and County Judges can ensure that people with disabilities and organizations that represent them are included in the local emergency planning process, the development of emergency training, and emergency simulation drills.

EMERGENCY MANAGEMENT COORDINATOR (EMC)

Although not required, Mayors and Judges may appoint an EMC to manage day-to-day program activities.

LOCAL EMERGENCY MANAGEMENT ORGANIZATIONS

- May be organized at the city level, at the county level or as an interjurisdictional program that includes one or more counties and multiple cities.
- may be organized as part of the Mayor or County Judge's staff, as a separate office or agency, as part of the local fire department or law enforcement agency, or in other ways.

ORGANIZED VOLUNTEER GROUPS

Community Emergency Response Teams (CERT) and Volunteer Organizations Active in Disasters (VOADs)

- Along with local governments, VOADs are contacted by the SOC with warnings of potential emergency situations
- Take actions to assist as detailed in local plans and as needed
- Often the most flexible responders
- Often the first organizations on-site
- Frequently maintain some level of long-term involvement with some survivors
- Might have subcommittees for long-term needs or unmet needs

Opportunity for Participation: Organizations that represent people with disabilities can become part of local CERTs and VOADs. They can also participate on, or help create Long-Term Needs and Unmet Needs Committees.

LOCAL INCIDENT COMMANDER

- Most local governments use an Incident Commander to direct the local on-scene response from an Incident Command Post set up at or near the incident site.
- Responders from other jurisdictions and state and federal responders that have been called on to assist when local resources are inadequate to deal with a major emergency are integrated into the local incident command system.

INCIDENT COMMAND POSTS (ICP)

- Established by local governments for most incidents and emergencies
- Agencies and organizations providing assistance are represented

The locally established ICP will usually operate for some time before state resources are requested and deployed.

STATE/FEDERAL EMERGENCY MANAGEMENT ORGANIZATION

- If a Presidential Emergency or Major Disaster Declaration is issued, the President will appoint a **FEDERAL COORDINATING OFFICER (FCO)** to exercise overall direction and control of all federal response/recovery assistance operations.
- A FEMA **DISASTER RECOVERY MANAGER (DRM)** will become responsible for management and administration of recovery assistance programs authorized by The Stafford Act.
- The FCO and the DRM may initially operate from the SOC while a Disaster Field Office is set up.
- Once a DFO has been activated, state response operations will gradually be shifted to that facility and the SOC will reduce its operational level
- The DFO will normally continue in operation until the state and FEMA agree that a centralized disaster recovery facility is no longer required in the affected area and residual functions can be transferred to GDEM and the FEMA regional headquarters.

DISASTER RECOVERY CENTERS (DRCS)

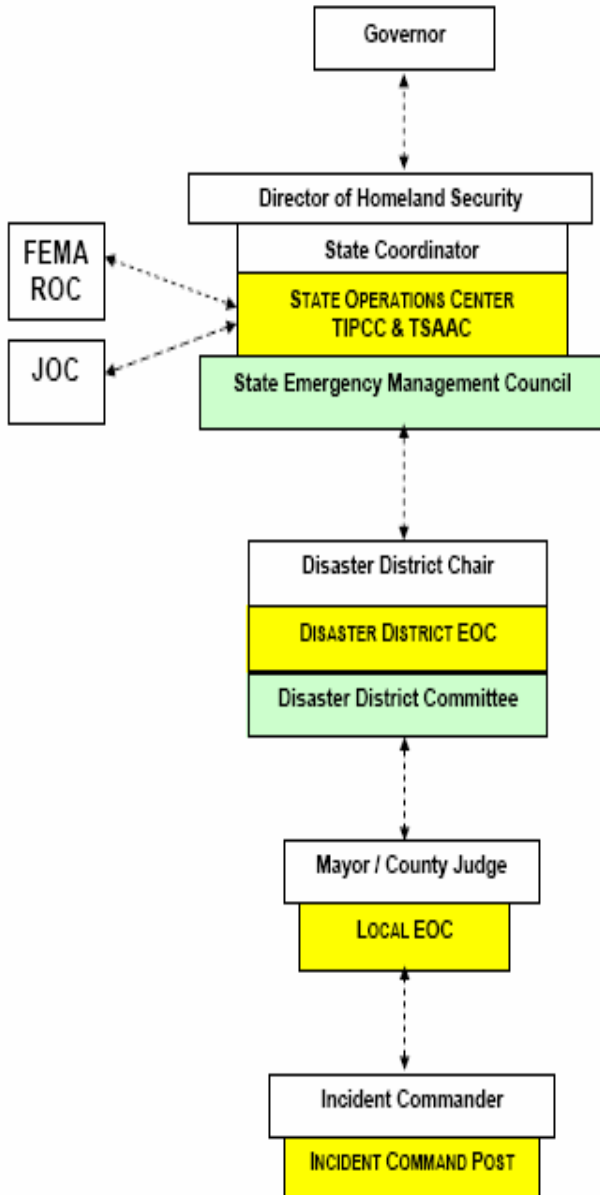
Federal and state personnel at the DFO coordinate on the locations for and opening and closing of DRCS.

DISASTER FIELD OFFICE (DFO)

It generally takes four to six days after a disaster or major emergency has been declared for a DFO to be activated in the general area of impact.

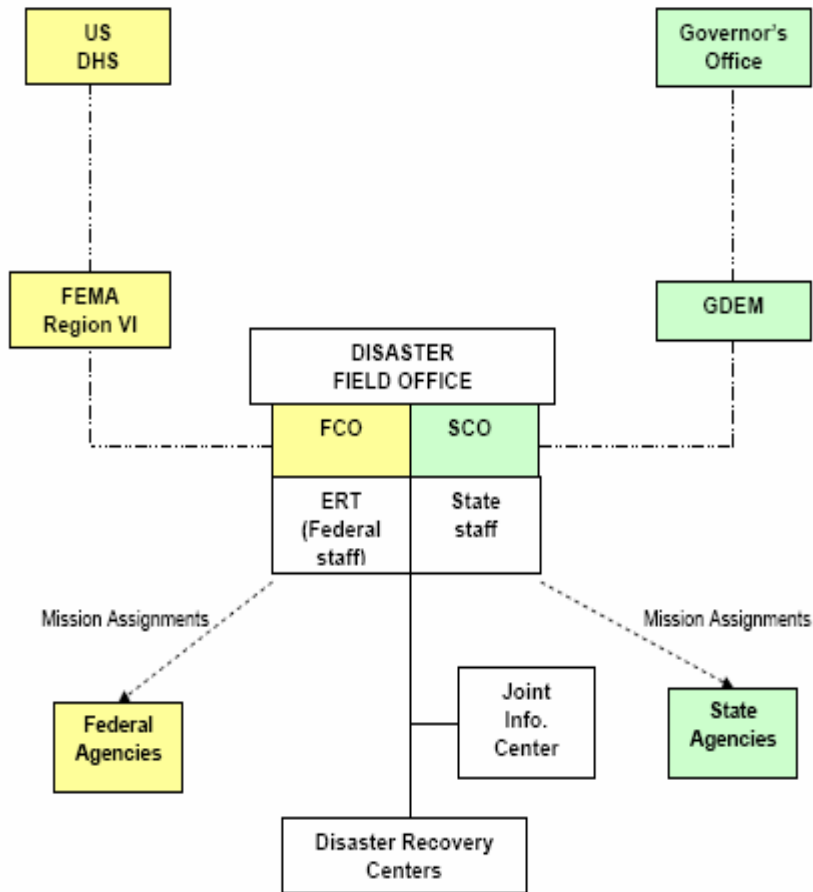
The DFO is a joint state/federal operation, with federal agencies supervised by the FCO and state staff supervised by the SCO.

A Simplified View of State-Local Emergency Management Organization (RESPONSE Phase)



- Emergency and disaster response begins at the local level. Although local Governments begin the formal emergency processes, local volunteer and faith based organizations are usually the first to arrive and provide emergency assistance.
- Emergency Response at the local level is the responsibility of the local Mayor or County Judge. Local emergency managers can appoint an Incident Commander and create an Incident Post if needed.
- If necessary the local area can appeal to its Disaster District Committee for assistance. The DDC can set up an Emergency Operations Center.
- If necessary the DDC can appeal to the State for assistance. The State Emergency Management Council and its Emergency Support Function Leaders begin emergency operations at the State Operations Center.
- If a Presidential Emergency or Major Disaster Declaration is issued, a Federal Coordinating Officer and a Federal Emergency Management Agency Disaster Recovery Manager work out of the SOC until they can set up a Disaster Field Office.

A Simplified View of State-Local Emergency Management Organization (RECOVERY Phase)



- As recovery efforts begin the emergency management organization changes.
- The Disaster Field Office becomes the center of control with state and federal leadership retaining management of their respective employees.
- Disaster recovery centers that were established in the local areas remain operational until state and federal leaders agree that they are no longer needed.
- Local governments and organizations support activities at state and federal centers and carry out recovery activities in accordance with their local emergency management plans.

SUMMARY OF PRIMARY EMERGENCY MANAGEMENT OFFICIALS AND COMMITTEES

STATE

- The Governor
- The Governor's Division of Emergency Management (GDEM)
- The State Emergency Management Director/State Coordinating Officer (SCO)
- State Emergency Management Council (SEMC) - 30 state agencies plus the American Red Cross and the Salvation Army
- Emergency support functions (ESF) - 23 lead agencies
- Disaster Districts (DD) - 22
- Disaster District Committees (DDC)
- Disaster District Committee Chair
- State Incident Commander (SIC)

STATE/FEDERAL

- Federal Coordinating Officer (FCO)
- Disaster Recovery Manager (DRM)
- Disaster Field Office (DFO)
- Disaster Recovery Centers (DRCs)

LOCAL

- Mayors
- County Judges
- Emergency Management Coordinator (EMC)
- Local emergency management organizations - city, county, or interjurisdictional; Mayor or County Judge's office, separate office, or local fire department or law enforcement agency
- Local Incident Commander (LIC)
- Community Emergency Response Teams (CERT)
- Volunteer Organizations Active in Disasters (VOAD)
- State Emergency Response Team (SERT)

SUMMARY OF PRIMARY EMERGENCY MANAGEMENT OFFICES

- State Operations Center (SOC)
- Texas Security Analysis and Alert Center (TSAAC)
- Texas Infrastructure Protection Communications Center (TIPCC)
- Disaster District Emergency Operations Centers (DDEOC)
- Emergency Support Centers (ESC)
- State Area Command (SAC)
- Local Emergency Operations Center (EOC)
- Disaster Field Office (DFO)
- Disaster Recovery Centers (DRCs)
- Incident Command Post (ICP)
- Joint Operations Center (JOC)
- FEMA Regional Operations Center (ROC)

STATE AND LOCAL EMERGENCY MANAGEMENT PLANS

The State of Texas Emergency Management Plan is Part III of the Texas Homeland Security Strategic Plan.

The State Emergency Management Plan:

- Guides all emergency management operations in Texas
- Details integration of state response operations with the federal agencies responding to emergency situations in Texas when requested by the Governor
- Addresses provisions for requesting or providing emergency assistance with other states per the Emergency Management Assistance Compact and other specialized agreements to which the State of Texas is party.
- Includes Annexes for each Emergency Support Functions

EMERGENCY SUPPORT FUNCTIONS AND ANNEXES

A critical part of the State Emergency Management Plan is the identification of Emergency Support Functions (ESF). Federal, state and local Emergency Management Plans use a shared system of emergency support functions to identify primary responsibility and contact during disasters. Texas has 23 ESFs that collapse into twelve broader federal ESFs. Each ESF in Texas is led by a state agency; each has a specific contact person in that agency.

Each state ESF is governed by an “Annex” to the Texas Emergency Management Plan. Within most of the ESF Annexes, are formal responsibilities for state and local agencies and for local Volunteer Organizations Active in Disasters (VOADs).

Point of Influence:

There are two main entry points into the formal planning process: SEMC Annexes and Local Government Plans. There are seven state agencies responsible for 12 Annexes. Local Emergency Management plans can be influenced with formal participation on a planning committee and informally through relationships with local planners and committee members.

The tables below show the emergency management planning responsibilities in Texas and the federal and state agency ESF responsibilities.

Emergency Management Planning responsibilities in Texas are as follows:

Entity	Emergency Management Planning Responsibilities
The Governor's Division of Emergency Management	<ul style="list-style-type: none"> ▪ Responsible for The State of Texas Emergency Management Plan: authorize and issue changes, maintain and update ▪ Coordinate review and revision and ensure that plan is updated as necessary, based on lessons learned during actual occurrence events and exercises, and other changes in organization, technology and/or capabilities. ▪ Ensure that the plan is exercised at least annually in the form of a simulated emergency in order to provide practical, controlled, operational experience to those who have SOC responsibilities. This requirement is applicable to the SOC and each Disaster District EOC. ▪ In consultation with appropriate support agencies, develop, conduct, and evaluate operational exercises and provide written recommendations for revisions to the State Coordinator.
State Emergency Management Council Members (SEMC)	<ul style="list-style-type: none"> ▪ Each is responsible for development, maintenance, and distribution of planning documents that address their assigned responsibilities – this includes State Plan Annexes, standard operating procedures, notification lists, and resource data. ▪ Participate in the annual review of the plan ▪ Provide information concerning capability changes that impact their emergency management responsibilities ▪ Ensure that resource data is accessible to agency representatives at the SOC and at each affected Disaster District EOC to facilitate the capability of agency to support its emergency management responsibilities. ▪ Conduct and/or participate in training activities designed to enhance their ability to accomplish their responsibilities as assigned by the plan.
Local Governments	<ul style="list-style-type: none"> ▪ Maintain a current basic Emergency Management Plan and Annexes covering the following emergency functions: warning, communications, shelter and mass care, evacuation, public information, resource management, direction and control, human services, hazardous materials and oil spill response and terrorism incident response. ▪ Follow the <u>established planning standards</u> for a local basic emergency management plan and 22 functional annexes ▪ Review plan annually and update regularly

State ESF	Plan Annex	Emergency Support Function	Primary State Agency	Primary Federal Agency	Federal ESF
1	A	Warning	Dept. Public Safety		
2	B	Communications	Dept. Information Resources	Office of Science & Technology Policy	2
3	C	Shelter And Mass Care	Salvation Army	American Red Cross	6
4	D	Radiological Emergency Management	Dept State Health Services		
5	E	Evacuation	Dept. Public Safety		
6	F	Firefighting	Forest Service	Department of Agriculture	4
7	G	Law Enforcement	Dept. Public Safety		
8	H	Health And Medical Services	Dept State Health Services	Depart. Health And Human Services	8
9	I	Public Information	Gov Div Emergency Mgmt		
10	J	Recovery	Gov Div Emergency Mgmt		
11	K	Public Works And Engineering	Dept of Transportation	U.S. Army Corps Of Engineers	3
12	L	Energy And Utilities	Public Utility Commission	Department Of Energy	12
13	M	Resource Support	Building Procurement Comm.	General Services Administration	7
14	N	Info and Planning Direction And Control	Gov Div Emergency Mgmt	Fed. Emergency Management Agency	5
15	O	Disaster Mental Health	Dept State Health Services		
16	P	Hazard Mitigation	Gov Div Emergency Mgmt		
17	Q	Hazardous Materials And Oil Spill Response	Comm. Environmental Quality	Environmental Protection Agency	10
18	R	Urban Search And Rescue	Engineering Extension Svc	Fed. Emergency Management Agency	9
19	S	Transportation	Dept Criminal Justice	Department of Transportation	1
20	T	Donations Management	Gov Div Emergency Mgmt		
21	U	Terrorist Incident Response	Dept Public Safety		
22	V	Food And Water	Dept State Health Services	Dept of Agriculture	11
23	W	Military Support	Adjutant General Dept		

THERE ARE TWELVE ESFS THAT ARE MOST CRITICAL TO PEOPLE WITH DISABILITIES:

ESF	TX State Agency	Responsible For
Warning	Dept Public Safety	Coordinating plans and emergency actions to use available warning networks to disseminate warning of emergency situations of state, local, and federal officials and to alert the public of emergency situations and provide information and instructions.
Communications	Dept. Information Resources	Coordinating plans and emergency actions to provide required telecommunications support (including all software and hardware support for electromagnetic communications) for state emergency response and recovery efforts.
Shelter and Mass Care	Salvation Army	Coordinating plans and emergency actions to assist local governments and disaster relief agencies in providing temporary shelter, food, and first aid to disaster victims, coordinate and distribute emergency relief supplies, and feed emergency workers.
Evacuation	Dept Public Safety	Coordinating development of traffic management plans and emergency actions which integrate efforts of state and local agencies to conduct orderly large-scale evacuations of the public from threatened areas to designated reception and care areas, and providing local governments with information to support evacuation planning and execution.
Health and Medical Services	Dept State Health Services	Coordinating plans and emergency actions to provide supplemental and technical assistance to local governments in identifying and meeting the health and medical needs of disaster victims and emergency workers.
Public Information	Gov Div Emergency Mgmt	Developing, coordinating, and disseminating emergency information, instructions to the general public, and disaster preparedness educational materials, and by direct contact and through the news media using briefings, presentations, news releases and advisories, and response to public and news media queries.
Recovery ESF	Gov Div Emergency Mgmt	Coordinating and conducting damage assessment and post-disaster recovery activities in coordination with federal agencies, processing requests for disaster assistance, and implementing state administered disaster assistance programs when such programs are authorized.
Disaster Mental Health	State Health Svcs	being developed
Search and Rescue	Engineering Extension Svc	Coordinating planning for and emergency actions to provide trained personnel, specialized equipment, and other resources to assist local governments in search and rescue efforts.
Transportation	Dept Criminal Justice	Coordinating planning and emergency actions for the use of transportation resources for the movement of personnel, equipment, and goods via air, road, rail, or marine transportation to support emergency operations.
Donations Management	Gov Div Emergency Mgmt	Coordinating the operations of the State's donations management program, to include providing information to the public on the most appropriate methods for donating; efficiently handling donations of goods and services, and assisting Texas voluntary disaster relief agencies, as needed, in receiving, storing, and distributing donated goods to disaster victims.
Food and Water	Dept State Health Services	Providing supplemental assistance to local governments by identifying and obtaining food, water, and ice resources for distribution to areas affected by a disaster.

The following table shows specific references to the needs of “people with disabilities” and “special needs” populations in the State Plan and each of the 12 Annexes that are most critical to people with disabilities.

ESF	Annex	TX State Agency	References to “PEOPLE WITH DISABILITIES” or “SPECIAL NEEDS” in the Annex
Texas State Emergency Management Plan		Gov Div Emergency Mgmt	None The only use of either term is in the stated missions for DFPS, TDHCA, TRC, and DADS.
Warning	A	Dept Public Safety	none
Communications	B	Dept. Information Resources	none
Shelter and Mass Care	C	Salvation Army	<p>D. Coordination of Mass Care Efforts</p> <p>H. SPECIAL NEEDS POPULATIONS</p> <p>Special needs populations (e.g., the elderly, the disabled, those who are medically fragile, those with cognitive impairments, etc.) may need to have specially trained people to care for them as well as have special facilities equipped to care for their needs. Since mass care shelters (either those in the host or risk area) are not usually prepared for such eventualities, the above individuals will need to be transported to appropriate facilities which are equipped to provide the proper quality of care. Institutions support special needs populations need to develop appropriate evacuation plans designating appropriate shelter for residents of nursing homes, rehabilitation centers, personal care/assisted living facilities, special care facilities for the mentally challenged, etc. If state assistance in this effort is needed, this assistance should be requested in accordance with the State Plan.</p> <p>ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES</p> <p>B. ASSIGNMENT OF RESPONSIBILITIES</p> <p>Support Agencies and Organizations</p> <p>e. TEXAS DEPARTMENT OF HUMAN SERVICES</p> <p>(3) Coordinate and assist in the identification and provision of appropriate services to individuals with special needs.</p>
Evacuation	E	Dept Public Safety	<p>IV. CONCEPT OF OPERATIONS</p> <p>D. IMPLEMENTING AND CONDUCTING EVACUATION OPERATIONS</p> <p>2. Each local jurisdiction must initially have in place an operational warning system that can provide up-to-date and accurate information to the public on areas that are or may be threatened. Local officials should also be prepared to advise on how, when, and where to evacuate from the existing or anticipated areas of risk. Additionally, jurisdictions should have a contingency plan for providing evacuation assistance to individuals without transportation or those with special needs. Once a decision has been made to recommend an evacuation, local government officials need to also advise the appropriate Disaster District</p>

ESF	Annex	TX State Agency	References to “PEOPLE WITH DISABILITIES” or “SPECIAL NEEDS” in the Annex
			<p>Chairperson(s) (DDC(s)) as well as adjacent/inland jurisdictions of that fact. This notification will assist the other jurisdictions in deciding if and when to recommend an evacuation of their citizens.</p> <p>Local governments must also execute. Local governments must also execute their responsibilities in accordance with DPS develop traffic management plans.</p> <p>APPENDIX 3 TO ANNEX E TEXAS HURRICANE PREPAREDNESS PROGRAM</p> <p>3. Hurricane Evacuation Study (HES)</p> <p>a. The SLOSH (Sea, Lake, and Overland Surge from Hurricanes) Study serves as the basis for a more detailed examination of the study area called the Hurricane Evacuation Study (HES). The SLOSH surge lines are used to define areas that will potentially evacuate. Census data is added to this mix to determine the number of people living in these areas. Census data can also provide such useful planning information as the number of vehicles per family, the percentage of the population lacking transportation, and the percentage that falls into the category of “special needs”. Behavioral studies are done to determine such things as the percentage of the population that will evacuate if told to do so, likely evacuee destinations, where evacuees plan to stay at the destinations, and the number of vehicles each family plans to take.</p>
Health and Medical Services	H	Dept State Health Services	<p>IV. CONCEPT OF OPERATIONS</p> <p>A. STATE SUPPORT AND ASSISTANCE POLICY</p> <p>7. Some of the ESFs assisting in health and medical services are:</p> <p>c. Transportation – Agencies from this ESF will assist in moving special needs, injured or sick patients before, during and after a disaster to temporary or permanent facilities in appropriately configured vehicles.</p> <p>V. ORGANIZATION AND ASSIGNMENT RESPONSIBILITIES</p> <p>3. SUPPORT AGENCIES/ORGANIZATIONS</p> <p>d. Texas Department of Criminal Justice (TDCJ)</p> <ol style="list-style-type: none"> 1) Provide first aid services. 2) Provide medical personnel. 3) Assist with medically-related transportation of ill, injured or individuals with special needs. <p>e. Texas Department of Human Services (TDHS)</p> <ol style="list-style-type: none"> 1) Assists in identifying facilities with persons with special needs in disaster areas. 3) Monitors long-term care facilities for implementation of disaster plans formulated by the facilities and agencies. <p>h. Texas Rehabilitation Commission (TRC)</p> <ol style="list-style-type: none"> 1) Assist with resource information and identify accommodation requirements for persons

ESF	Annex	TX State Agency	References to “PEOPLE WITH DISABILITIES” or “SPECIAL NEEDS” in the Annex
			with disabilities and special needs. 2) Provide liaison between major coalitions, advocacy organizations for persons with disabilities and health and medical community during disasters.
Emergency Public Information	I	Gov Div Emergency Mgmt	none
Recovery	J	Div Emergency Mgmt	none
Disaster Mental Health	O	Dept State Health Services	Under development
Search and Rescue	R	Engineering Extension Svc	None
Transportation	S	Dept Criminal Justice	
Donations Management	T	Gov Div Emergency Mgmt	none
Food and Water	V	Dept State Health Services	none

STATE AND NATIONAL EMERGENCY PLANS AND RESPONSIBILITIES ARE AUTHORIZED BY THE FOLLOWING:

FEDERAL

- 1) Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended. [A Guide To The Disaster Declaration Process And Federal Disaster Assistance \(PDF Version\)](#)
- 2) The National Strategy for Homeland Security, July 16, 2002.
- 3) Emergency Management and Assistance, [Code of Federal Regulations \(CFR\) 44](#)
- 4) Price-Anderson Amendments Act of 1988, Public Law 100-408, as amended.
- 5) Emergency Management Assistance Compact, Public Law 104-321.
- 6) Homeland Security Presidential Directive 3: Homeland Security Advisory System.
- 7) Homeland Security Presidential Directive 5: Management of Domestic Incidents.
- 8) Homeland Security Presidential Directive 7: Critical Infrastructure Identification, Prioritization, and Protection.

STATE AND LOCAL PLANS

- 9) The Texas Homeland Security Strategic Plan, Parts I and II, December 15, 2003.
ftp://ftp.txdps.state.tx.us/dem/plan_state/state_plan_20040211.pdf
- 10) Executive Order of the Governor relating to Emergency Management and Homeland Security
http://www.governor.state.tx.us/divisions/press/exorders/index_html/rp32
- 11) [Chapter 418, Government Code](#) (Emergency Management)
- 12) Chapter 421 (Homeland Security), Government Code.
- 13) Chapter 433 (State of Emergency), Government Code.
- 14) Chapter 791 (Interlocal Cooperation Contracts), Government Code.
- 15) Chapter 778 (Emergency Management Assistance Compact), Health and Safety Code.
- 16) Sections 88.112-88.116 (South Central Interstate Forest Fire Protection Compact), Educ. Code
- 17) Respective State Agency, Department, and Commission enabling legislation.
- 18) Title 37 (Public Safety and Corrections), Administration Code.
- 19) Constitution of the State of Texas.

OTHER AGREEMENTS AND CONTINGENCY PLANS

- 20) Federal Response Plan (FRP)
- 21) FEMA Region VI Regional Response Plan (RRP)

PART THREE: Disaster Assistance

OVERVIEW OF STANDARD FEDERAL DISASTER ASSISTANCE PROGRAMS

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206 defines and authorizes FEMA's disaster activities. When a disaster strikes the Governor can request three types of assistance from the federal government:

Mitigation - Hazard Mitigation funds state and local community projects that eliminate or reduce an area's vulnerability to a hazard.

Public assistance - Public assistance for states, local communities and non-profit groups is financial assistance to restore public systems and facilities. **This can provide an opportunity to build/rebuild to meet ADA accessibility standards**

Individual assistance is the type of **assistance most relevant to this work**. Human Services provides assistance for individuals & families, farmers, and businesses that have been affected by a declared disaster with:

- Individuals and Households Programs
- SBA Disaster Loans Individual and Business Loans
- (FEMA)Disaster Housing (minimal repair, rental assistance)
- Disaster Unemployment Assistance (DUA) (state)
- VOLAG Emergency Assistance/ Voluntary Agencies
- Tax Relief /Income Tax Assistance
- Crisis Counseling
- Legal Services

INDIVIDUALS AND HOUSEHOLDS PROGRAM

The Individuals and Households Program (IHP) is a combined FEMA/EPR (Federal emergency Management/Emergency Preparedness and Response Directorate) and state program that provides money and services to people in the declared area whose property has been damaged or destroyed and whose losses are not covered by insurance. In every case, the disaster victim must register for assistance and establish eligibility and need before assistance is offered.

- **IHP - Housing Assistance** assures that people whose homes are damaged by disaster have a safe place to live.
- **IHP - Other Needs Assistance (ONA)** provides financial assistance to individuals and households who have other disaster-related necessary expenses or serious needs that are not covered by insurance:

- **Temporary Housing** - homeowners and renters receive funds to rent a different place to live or a temporary housing unit when rental properties are not available.
- **Repair** - homeowners receive grants to repair damage from the disaster that is not covered by insurance. The goal is to make the damaged home safe and sanitary.
- **Replacement** - under rare conditions, homeowners receive limited funds to replace their disaster damaged home.
- **Permanent Housing Construction** - homeowners and renters receive direct assistance or a grant for the construction of a new home. This type of assistance occurs only in very unusual situations, in insular areas or remote locations specified by FEMA/EPR where no other type of housing is possible.
- **Other Needs Assistance (ONA)** - applicants receive grants for necessary and serious needs caused by the disaster. This includes medical, dental, funeral, personal property, transportation, moving and storage, and other expenses that FEMA/EPR approves. The homeowner may need to apply for a SBA loan before receiving assistance.

SBA DISASTER LOANS INDIVIDUAL AND BUSINESS LOANS

The U.S. Small Business Administration (SBA) can make federally subsidized loans to repair or replace homes, personal property or businesses that sustained damages not covered by insurance. The Small Business Administration can provide three types of disaster loans to qualified homeowners and businesses:

- **Home disaster** loans to homeowners and renters to repair or replace disaster-related damages to home or personal property
- **Business physical disaster** loans to business owners to repair or replace disaster-damaged property, including inventory, and supplies
- **Economic injury disaster** loans, which provide capital to small businesses and to small agricultural cooperatives to assist them through the disaster recovery period

DISASTER UNEMPLOYMENT ASSISTANCE

The Disaster Unemployment Assistance (DUA) program provides unemployment benefits and re-employment services to individuals who have become unemployed because of major disasters.

- Benefits begin with the date the individual was unemployed due to the disaster incident and can extend up to 26 weeks after the Presidential declaration date.

- These benefits are available to individuals not covered by other unemployment compensation programs and those who have insufficient quarters to qualify for other unemployment compensation.
- All unemployed individuals must register with the state's employment services office before they can receive DUA benefits.

LEGAL SERVICES

Disaster legal services are provided to low-income individuals who, prior to or because of the disaster, are unable to secure legal services adequate to meet their needs as a consequence of a major disaster. When the President declares a disaster, FEMA/EPR, through an agreement with the Young Lawyers Division of the American Bar Association, provides free legal assistance to disaster victims.

Legal advice is limited to cases that will not produce a fee (i.e., these attorneys work without payment). Cases that may generate a fee are turned over to the local lawyer referral service.

The assistance that participating lawyers provide typically includes:

- Assistance with insurance claims (life, medical, property, etc.)
- Counseling on landlord/tenant problems
- Assisting in consumer protection matters, remedies, and procedures
- Replacement of wills and other important legal documents destroyed in a major disaster

SPECIAL TAX CONSIDERATIONS

- Taxpayers who have sustained a casualty loss from a declared disaster may deduct that loss on the federal income tax return for the year in which the casualty actually occurred, or elect to deduct the loss on the tax return for the preceding tax year. In order to deduct a casualty loss, the amount of the loss must exceed 10 percent of the adjusted gross income for the tax year by at least \$100. If the loss was sustained from a federally declared disaster, the taxpayer may choose which of those two tax years provides the better tax advantage.
- The Internal Revenue Service (IRS) can expedite refunds due to taxpayers in a federally declared disaster area. An expedited refund can be a relatively quick source of cash, does not need to be repaid, and does not need an Individual Assistance declaration. It is available to any taxpayer in a federally declared disaster area.

CRISIS COUNSELING

The Crisis Counseling Assistance and Training Program (CCP), authorized by §416 of the Stafford Act, is designed to provide supplemental funding to states for short-term crisis counseling services to people affected in Presidentially declared disasters. To be eligible the person must be a resident of the designated area or must have been located in the area at the time the disaster occurred. The person must also have a mental health problem which was caused by or aggravated by the disaster or its aftermath, or he or she must benefit from services provided by the program.

A state may request either or both types of available funding:

- The **Immediate Services** program is intended to enable the state or local agency to respond to the immediate mental health needs with screening, diagnostic, and counseling techniques, as well as outreach services such as public information and community networking.
- The **Regular Services** program is designed to provide up to nine months of crisis counseling, community outreach, and consultation and education services to people affected by a presidentially declared disaster. Funding for this program is separate from the immediate services grant.

DETAILED FEDERAL ASSISTANCE PROVIDED SPECIFICALLY FOR HURRICANES KATRINA AND RITA

DEPARTMENT OF HOMELAND SECURITY

- **Customs and Border Protection** saved lives; provided food, water and other supplies; donated seized goods
- **Transportation Security Administration (TSA)** - air passenger screeners and federal air marshals supplied ad hoc security
- **Coast Guard** - rescue operations
- **U.S. Army Corps of Engineers** covered 180,000 damaged roofs under FEMA's "Blue Roof" program

FEDERAL EMERGENCY MANAGEMENT AGENCY FEMA POLICIES

Disaster/Response Program Grants

- **Emergency Food and Shelter National Board Program** - States recommend jurisdictions and funds are distributed at the Board's discretion; DEADLINE: none; Program website: <http://www.fema.gov/rrr/efs.shtm>

- National Urban Search and Rescue (US&R) Response System** ... develop an immediately deployable, national response capability to locate and extricate, and medically stabilize victims of structural collapse during a disaster... enhancing the US&R response capabilities of state and local governments... training exercises... participate in meetings within the National US&R Response System.. ELIGIBLE APPLICANTS: 28 sponsoring jurisdictions designated by FEMA as members of the National Urban Search and Rescue Response System DEADLINE: Contact the Urban Search and Rescue Program Office, FEMA headquarters. **How can we ensure that this training includes information on ways to assist people with disabilities?**
- Community Disaster Loans** Requests for assistance must be made by the Governor; \$585 million for municipalities in Louisiana and Mississippi, Program website: http://www.fema.gov/rrr/dec_guid.shtm
- Cora Brown Fund** provides for disaster-related needs that have not been, or will not be met by government agencies or any other organizations which have programs to address such needs ELIGIBLE APPLICANTS: Individuals, families, and groups identified and recommended by the FEMA Regional Director with assistance from other governmental agencies and voluntary disaster agencies. Program website: <http://www.fema.gov/rrr/inassist.shtm> . **Is it appropriate to require a percentage of this fund be used to meet the disaster-related financial needs of people with disabilities?**
- Crisis Counseling** provides immediate crisis counseling services...for the purpose of addressing mental health problems caused or aggravated by a major disaster or its aftermath. ELIGIBLE APPLICANTS: States, DEADLINE: Immediate Services Crisis Counseling Program applications due within 14 days of a Presidential declaration. Regular Services Crisis Counseling Program applications due within 60 days of a Presidential declaration. Program website: <http://www.fema.gov/rrr/counsel.shtm>. **This only covers problems created or aggravated by the disaster. Can it be expanded to include all people with mental health needs during the early days of a disaster?**
- Disaster Legal Services** provide free legal assistance to individuals affected by a major Federal disaster in non-fee-generating cases; Fee- generating cases will be referred by the Regional Director through existing lawyer referral services. ELIGIBLE APPLICANTS: Low-income individuals, families, and groups. DEADLINE: Not applicable,; when the President declares a major disaster in which individual assistance programs are triggered, legal services and advice are made available to victims who are unable to secure such services as a result of the disaster. Program website: <http://www.fema.gov/rrr/inassist.shtm>

- **Public Assistance Grants** cost-shared grants for: removal of wreckage and debris... emergency protective measures...emergency transportation assistance...emergency communications...**ELIGIBLE APPLICANTS:** State and local governments, other political subdivisions... and certain Private Non-Profit organizations in designated emergency or major disaster areas. **DEADLINE:** Request for Assistance must be submitted by the applicant at the Applicants' Briefing or within 30 days of designation of an emergency declaration or major disaster declaration for the Public Assistance Program. Program website: <http://www.fema.gov/rrr/pa/> **How can we work with political subdivisions in Texas to ensure funding for emergency transportation in every emergency/disaster situation?**
- **Emergency Management Performance Grants** for necessary and essential expenses involved in the development, maintenance, and improvement of state and local emergency management programs. All states are notified of target dates and any applicable deadlines by way of the annual EMPG guidance package. Program website: <http://www.fema.gov/preparedness/empg.shtm>

U.S. DEPARTMENT OF AGRICULTURE

Link to WIC Disaster Response <http://www.fns.usda.gov/wic/hurricanekatrina.htm>

Link to Enhanced Food Stamp Policy
<http://www.fns.usda.gov/fsp/rules/Memo/05/nationalenhancedpolicy.pdf>

\$20 million for grants, \$210 million for direct loans, and \$1.3 billion for guaranteed loans to assist rural families to rebuild and repair their damaged homes, food stamps close to \$900 million

- Rural housing program -waived eligibility requirements to expedite the Rural Development relocation process
- 30,000 Rural Development program housing units made available to displaced residents.
- Authorized/encouraged states to pre-load electronic food benefit (EBT) cards with \$50 worth of assistance for immediate food purchase
- \$22 million in loans and grants to assist rural businesses.
- 90-day minimum moratorium on payments for mortgages through USDA
- 90-day moratorium on debt collection for electric, water and community facilities financed by USDA
- Schools permitted to provide free meals to displaced children
- Rescued and sheltered companion animals and livestock. **Was this effective? Are there any needs or recommendations for improvement?**

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD)

Link to HUD Program Guidance and Waivers <http://www.hud.gov/katrina/proguidance.cfm>

Link to Center on Budget and Policy Priorities Information and Survey on Gaps in Housing Assistance <http://www.hud.gov/katrina/proguidance.cfm>

- Have repaired or currently in the process of repairing more than 6,000 single-family homes
- Moratorium on foreclosures of FHA-insured homes until June 30, 2006
- Mortgage Assistance Initiative (<http://www.hud.gov/news/release.cfm?content=pr05-164.cfm>) advancing homeowners with FHA-insured mortgages payments for up to 12 months
- Section 203(k) loan program encourages lenders to make mortgages available to residents of disadvantaged neighborhoods and to borrowers who would not otherwise qualify for conventional loans on affordable terms.
- Special mortgage insurance program (under Section 203(h) of the National Housing Act), designed to assist disaster victims, is allowing 100 percent financing for individuals or families whose residences were destroyed or damaged to such an extent that reconstruction or replacement is necessary.
- Universities Rebuilding America Partnership (URAP) program in an effort to empower college and university students to utilize their talents to help rebuild the impacted communities. In partnership with the Corporation for National and Community Service, HUD announced these two grant programs totaling \$5 million.
- Working with USDA to place displaced residents in housing across the country
- Nearly \$17.4 billion paid out to National Flood Insurance Program policyholders.
- U.S. Department of Housing and Urban Development (HUD) and the U.S. Department of Homeland Security (DHS) providing 15,000 HUD-assisted or homeless families up to 18 months of housing assistance through the Katrina Disaster Housing Assistance Program
- Deployed HUD's Office of Fair Housing and Equal Opportunity staff to assist evacuees reporting housing discrimination.
- Community Development Block Grant (CDBG) program will administer \$11.5 billion in supplemental funding for the disaster areas. Provided waiver of CDBG's 15 percent cap on public services for states in the Gulf region. President has asked for another \$4.2 billion in CDBG funds for Louisiana's unique mitigation needs.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Awarded \$550 million in Social Service Block Grants for human services and mental health needs, support to those lacking health insurance or adequate access to care, and to health care safety net

providers. Funding was provided in varying amounts to all 50 states, with the majority going to LA (40 percent), MS (23 percent), TX (16 percent), and FL (10 percent)

Department of Health and Human Services

- Waiver under Section 1135 of the Social Security Act
- Waiver of the following requirements under titles XVIII, XIX, XXI of the act or regulations thereunder for the affected areas under the declarations of emergency for Florida, Alabama, Louisiana, and Mississippi, and to the extent necessary to ensure sufficient health care items and services for persons enrolled in Medicare, Medicaid, and SCHIP programs and to insure health care providers that furnish such items and services in good faith, but are unable to comply with requirements due to Katrina, can be reimbursed for services:
 - Certain conditions of participation, certification requirements, program participation, etc of providers, facilities, etc
 - Requirement that physicians and other health care providers hold licenses in the state in which they provide services, if they have a license in another state
 - Sanctions under section 1867 (The Emergency Medical Treatment and Labor Act, EMTALA) for the redirection of an individual to another location to receive medical screening examination pursuant to state emergency preparedness plan or transfer of patient who has not been stabilized if the redirection arises out of a Hurricane Katrina related emergency
 - Limitations on payments under Medicare to permit enrollees to use out-of-network providers
 - Sanctions and penalties arising from noncompliance with certain HIPAA privacy regulations
 - Adopted a series of emergency policy changes to accommodate the needs of thousands of displaced Medicaid and State Children's Health Insurance Program (SCHIP) beneficiaries who have fled Hurricane Katrina and need urgent medical attention in their new host states.
 - Accordingly, CMS is working with affected states to develop a new Medicaid and SCHIP application template, through which states may be granted emergency section 1115 demonstrations to provide temporary eligibility for all eligibility groups. Using this new program, evacuees displaced because of the storm will be able to quickly enroll in Medicaid or the State Children's Health Insurance Program (SCHIP) in the state to which they have been evacuated. (See Texas 1115 waiver later in this document)
- Working with Congress to provide financial support to states that provide Medicaid and SCHIP coverage to evacuees who are currently residing in their states. Consequently, CMS is allowing states to count the full expected cost of these temporary programs in their financial statements to determine federal payments.

The following changes to Medicaid and SCHIP available to states through the special Section 1115 demonstration initiative:

- States may waive the normal documentation requirements for verifying an evacuee's Medicaid or SCHIP status in his/her home state or any information relating to household income or employment;
- The host state may provide temporary eligibility to applicants who are already enrollees in their home state. During the period of eligibility, the host state is required to verify circumstances of eligibility to the greatest extent possible;
- Evacuees may apply using a simplified application in the host state;
- Host states, at a minimum, will provide their own Medicaid and SCHIP benefit packages to the evacuees; and
- Host states must extend the expedited application process to evacuees who may be newly eligible because of new economic circumstances created by the hurricane (i.e., loss of job and income that may have made them ineligible prior to the storm).
- CMS has assigned staff to work with all states who are hosting evacuees to provide speedy access to Medicaid and SCHIP benefits to those in need.
- HHS Grants Medical Care Payments for Evacuees in Mississippi (MS) (22 September 05)
- The agreement with MS would enable evacuees who have little ability to pay for care to get coverage through Medicaid or SCHIP for up to five months, even if they do not have the usual documentation. This emergency Section 1115 waiver was developed by HHD to ensure that evacuees in need of medical care have immediate access to it.
- Under the waiver, needed medical services will be delivered through Mississippi programs to evacuees who are children up to age 19 and their parents, pregnant women, individuals with disabilities, low-income Medicare beneficiaries and those who need long-term care and meet certain income requirements. Evacuees will be asked to complete a simplified application form declaring their income and assets, if any. The program will last through Jan. 31, 2006.
 - This waiver also supports innovative ways to provide needed care that differ from standard approaches in Medicaid, including expanded community-based health care centers, mobile units for providing basic care at convenient locations for evacuees and new referral networks, and care provided by health professionals who may not participate in the Medicaid program.
 - The Employee Benefits Security Administration (EBSA), in conjunction with the IRS has extended a number of deadlines related to health plan coverage under HIPPA and COBRA. The extension will help workers maintain eligibility for continuation of health benefits, and avoid having their benefits cancelled for missed premium payments under COBRA. The

extension will also help workers avoid being subject to preexisting condition exclusions if they are in the process of changing insurance coverage.

ADMINISTRATION ON CHILDREN AND FAMILIES (ACF)

- **Temporary Assistance for Needy Families (TANF)** The hurricane-damaged states of MS, Louisiana (LA), and Alabama (AL) also received additional funding for the TANF program to provide assistance and work opportunities to needy families (\$69 million for loan forgiveness and \$25 million in contingency funds for State Welfare Programs.)
 - **Health Care Delivery and Hospitals** To provide health care for those in need, \$2 billion was provided to states to provide care through the **Medicaid** program (Hurricane Katrina Waivers). States receiving Medicaid waivers include Alabama, Arkansas, California, the District of Columbia, Florida, Georgia, Idaho, Indiana, Louisiana, Maryland, Mississippi, Nevada, Puerto Rico, Ohio, South Carolina, Tennessee, and Texas.
 - **Citizen Corps** includes Community Emergency Response Team (CERT) training, establishing Citizen Corps Councils and supporting the oversight and outreach responsibilities of the councils...supports and promotes efforts to involve a wide range of volunteer groups in activities that enhance individual, community, and family preparedness and contribute to the strengthening of homeland security.... 75 percent of funds must be passed to local governments. Localities receiving grants may use the funding for Citizen Corps Council organizing activities; for organizing, training, equipping, and maintaining CERTs; for defraying the added expense of liability coverage for CERT participants; and for outreach and public education campaigns to promote Citizen Corps and community and family safety measures, to include printing, marketing, advertising, and special events. **ELIGIBLE APPLICANTS:** states; local governments may receive assistance as subgrantees to the states **DEADLINE:** This program has been incorporated into the application process for the Homeland Security Grant Program, 97.067. The FY 04 deadline for that program expired December 3, 2003. Program website: http://www.ojp.usdoj.gov/odp/odp_citizencorps.htm **Is there a way to support local CERTs in applying to the state for funds to improve planning, training, equipment, community and family safety measures, etc needed to support people with disabilities?**

- **Community Emergency Response Teams** purpose is to assist state and local efforts to start or expand CERT training and activities that contribute to the strengthening of homeland security by enhancing individual, community, family, and workplace preparedness. 75 of funds must be passed through to local governments who may use the funding for organizing, training, equipping, and maintaining CERTs. ELIGIBLE APPLICANTS: States - local governments may receive assistance as subgrantees of the state DEADLINE: The deadline expired. Program website: <http://training.fema.gov/EMIWeb/CERT/overview.asp> **Assuming that this funding is offered regularly, how can we encourage localities to expand or begin CERTs? People with disabilities can create and/or become involved with CERTs in order to educate and encourage activities that better meet the needs of people with disabilities in disasters.**

U.S. DEPARTMENT OF VETERANS AFFAIRS

- Within a week after Hurricane Katrina forced the closure of the U.S. Department of Veterans Affairs (VA) Medical Center in New Orleans, mobile health-care clinics from across the VA system were deployed to the surrounding communities of Hammond, LaPlace and Slidell Louisiana.
- The mobile clinics in the three surrounding communities are being replaced with permanent community-based outpatient clinics (CBOCs.)
- Over 11,000 non-veterans received care in as a result of the quick deployment of CBOCs.
- Veteran's Affairs (VA) using established alternative payment procedures the VA issued more than 3,000 replacement and convenience benefit checks totaling more than \$2.7 million

CHILD DEVELOPMENT AND SCHOOL READINESS (HEAD START)

- **Head Start** received \$90 million to replace or repair facilities damaged or destroyed by Hurricanes Katrina or Rita and not covered by insurance or FEMA; also costs of serving approximately 4,800 evacuee children from January 1, 2006 to the end of each grantee's current school year (i.e. late May or early June.)

THE U.S. DEPARTMENT OF EDUCATION (ED)

- \$750 million to help public and private schools along the Gulf Coast reopen
- \$645 million to reimburse public and private schools that enrolled displaced students
- \$5 million for the education of homeless students affected by the storms.
- \$20 million to open/reopen charter schools

- \$200 million to help/compensate colleges that took in displaced students
- 18 million of unused federal campus-based student aid funds

THE U.S. STATE DEPARTMENT

- \$126 million in cash donations for Katrina relief and recovery from foreign governments, private individuals, and international entities in the weeks and months following Katrina's landfall
- Transferred \$66 million to FEMA to finance a case management program to assess the needs of 100,000 households affected by Katrina.
- Finalizing arrangements to transfer the balance of international donations – \$60.4 million – to the U.S. Department of Education (ED) to reconstruct damaged schools and universities in the New Orleans area

SOCIAL SECURITY ADMINISTRATION (SSA)

- Immediately invoked emergency procedures locate displaced Social Security, SSI and disability beneficiaries to provide them with a replacement funds
- Over 73,600 beneficiaries who did not receive their scheduled monthly benefit payments received checks totaling approximately \$38 million.
- SSA assistance to over 528,000 persons at temporary facilities throughout the Gulf Coast area.

U.S. DEPARTMENT OF COMMERCE

- Created the Hurricane Contracting Information Center
- Minority Business Development Agency conducted direct outreach to over 1,500 minority local businesses
- Provided small business bridge loans by redirecting \$2.3 million in loan funds to the Gulf Region

U.S. SMALL BUSINESS ADMINISTRATION (SBA)

- Approved more than \$5.2 billion in disaster loans to over 73,000 homeowners, renters and businesses
- **Granted additional \$4.8 billion in disaster lending to continue providing disaster loans intended primarily for long-term rebuilding and reconstruction of damaged homes and businesses. Is award tied to a requirement to build to ADA accessibility standards?**

U.S. DEPARTMENT OF LABOR (DOL)

- \$210 million in National Emergency grants across 11 states to help individuals, including evacuees, whose employment was impacted by the hurricanes
- \$12 million in grants to train workers for jobs and careers in critical industries such as construction, energy, health care, transportation, and safety/security.
- Developed a partnership with the community college system in LA and MS allowing the states to establish and operate two construction career pathways
- \$15 million to deploy career counselors to One-Stop Career Centers near evacuee centers
- \$5 million to deploy Disability Program Navigators to assist individuals with disabilities who were affected. **Was this used effectively? Are there any suggestions for improvements? Is there any need for additional funding?**
- Formed a partnership in Mississippi between One-Stop Career Centers and Manpower

DOL Waivers:

- Blanket authority to Louisiana, Mississippi and Alabama for immediate use of Workforce Investment Act (WIA)
- Allow the greatest funding flexibility at the local level to increase training options for evacuees (known as “work-flex” authority).
- Waive the administrative cost limitation.
- Permit 100 percent transfer between the WIA Adult and WIA Dislocated Worker funding streams.
- Allow local area funds to be used for incumbent worker training.
- Waive reallocation provision so funds could be targeted to local areas most in need.
- Waive required 50 percent employer match for customized training.
- Increase the employer reimbursement for on-the-job training from the current 50 percent to 100 percent for hurricane-impacted businesses and businesses training hurricane-affected individuals.
- Waive performance and reporting requirements for Program Year 2005 for impacted areas.

DOL Waivers that include states providing services to evacuees:

- Allow public service employment.
- Allow WIA funds to be used to capitalize a small business, up to \$5,000.
- Allow WIA funds to pay the wages of incumbent employees.

- Better target and focus on services most needed by youth.

Disaster Unemployment Assistance (DUA) provide special federally funded weekly benefits to workers and self-employed individuals who are unemployed as a direct result of a Presidentially-declared major disaster, and who are not eligible for regular Unemployment Insurance benefits paid by states DEADLINE: For individuals applications for DUA must be filed within 30 days after the date of the State Workforce Agency announcement regarding availability of DUA. Program website: <http://www.fema.gov/rrr/inassist.shtm>

THE U.S. STATE DEPARTMENT

- Received \$126 million in cash donations for Katrina relief and recovery from foreign governments, private individuals, and international entities
- Transferred \$66 million to FEMA to finance a case management program to assess the needs of 100,000 households affected by Katrina.
- Transferred \$60.4 million U.S. Department of Education to implement reconstruction programs for schools and universities in the New Orleans area damaged by Katrina.

THE U.S. DEPARTMENT OF THE TREASURY

U.S. Department of the Treasury's Internal Revenue Service (IRS) has:

- Allowed automatic extensions for filing returns, paying taxes, and numerous other
- Expanded relief to additional counties and parishes.
- Extended the date for performance of tax-related acts
- Suspended tax compliance efforts (e.g., assessment and collection) in the affected areas
- Waived tenant income requirements for the low-income housing credit
- Extended deadline for employers to make minimum contributions to retirement plans
- Expedited processing of applications for tax-exempt status for charitable organizations providing relief in affected areas.
- Added an automatic extension of the time to deposit excise and employment taxes.
- Guidance for users of tax exempt bonds
- Public outreach effort working with the AICPA to ensure that affected taxpayers are aware of the relief provisions available to them under the tax law.
- Excluded qualified disaster relief payments to individuals, including certain hazard mitigation payments from taxable income

U.S. Department of the Treasury's Financial Management Service (FMS)

- Disbursed, on behalf of FEMA, over 2.7 million disaster assistance payments for \$6.6 billion
- Gulf Opportunity (GO) Zone Act increased business expensing, accelerates bonus depreciation, expensing for demolition and cleanup expenses, and net operating loss carry-backs.
- Allowed employers to adopt donation of leave programs

THE HURRICANE KATRINA FRAUD TASK FORCE

- Was created to coordinate law enforcement at the federal, state, and local levels with other entities involved in the relief and reconstruction effort. The Task Force includes the **Department of Justice's Criminal Division, United States Attorneys' Offices, the FBI, the Postal Inspection Service, the U.S. Secret Service, the Federal Trade Commission, the Securities and Exchange Commission, Federal Inspectors General,** and various representatives of state and local law enforcement.

DEPARTMENT OF JUSTICE'S BUREAU OF JUSTICE ASSISTANCE (DOJ) (BJA)

- Issued 33 supplemental Byrne Justice Assistance Grants to state and local agencies in Alabama, Louisiana, and Mississippi to support immediate law enforcement needs resulting from Hurricane Katrina. DOJ also took additional steps to ensure that grantee access to funds was not disrupted by issuing 6-month, no-cost extensions for all grants in Alabama, Louisiana, and Mississippi.
- DOJ helped the Louisiana Department of Corrections move approximately 4,000 inmates from New Orleans.

THE FEDERAL BUREAU OF INVESTIGATION

- Obtained the authority to provide states access to the FBI's criminal history database for the purpose of conducting background checks on any volunteer, relief worker, or evacuee associated with Hurricane Katrina who would have access to children.

THE FEDERAL TRANSIT ADMINISTRATION

Department of Transportation

- Waived the public participation process that is required before a transit agency can provide charter service. There is no expiration date for this waiver.
- Facilitated Relocation Program, Transportation in Support of Relocation - move evacuees to an interim location (if necessary) and then move them to their home state when it is ready for

them, for a total of two one-way tickets. There are separate requirements and processes for evacuees who are currently patients in healthcare facilities or who have out-patient/ongoing medical needs

TEXAS WAIVERS

TANF Emergency Response and Recovery Act of 2005 (H.R. 3672) authorizes a limited amount of 100 percent federal funds to states that provide short-term nonrecurring TANF cash assistance to Hurricane Katrina evacuees who have relocated to the state, even temporarily.

Texas' share is \$97.0 million for fiscal year 2006. In order to ensure this funding is used for the evacuees, they will be required to pursue One-Time Temporary Assistance for Needy Families (OTTANF) cash benefits (\$1,000 per household) rather than being considered for regular TANF, based on this federal law that requires the assistance to be short-term and nonrecurring. Texas will not accept any OTTANF disaster applications for this type benefit after June 2006.

Disaster OTTANF Eligibility Criteria Applicants must:

- Not be currently receiving TANF benefits in any state;
- Not have received OTTANF benefits in Texas during the past 12 months;
- Include a TANF-eligible child living with an adult relative who is within the required degree of relationship;
- Provide identification;
- Provide a social security number for adults or apply for one through the Social Security Administration before certification;
- Pursue and accept all income to which they are entitled, including unemployment benefits (Applicants who were working before evacuating to Texas due to Hurricane Katrina must provide proof they were denied unemployment benefits before being certified for OTTANF or they must meet the income limits.);
- Have countable gross income below the 100 percent Federal Poverty Income Limit (FPIL) for the household size; and
- Comply with finger imaging requirements, and can only be exempt due to a technical reason (i.e., a low quality image, equipment failure, or if they cannot provide a finger image because of physically disabled fingers).

Hurricane Katrina 1115 Demonstration Waiver

On September 15, 2005, CMS approved an 1115 demonstration waiver submitted by Texas to provide health care coverage for Hurricane Katrina evacuees in Texas. The waiver program covers

services for individual evacuees for a five-month period ending no later than June 30, 2006. The costs of services provided through the waiver will be paid solely from federal funds.

Medicaid Coverage – Applies to persons within existing Medicaid eligibility groups

Eligible Populations

- Children up to age 19 if the family's income is at or below 200 percent of the federal poverty level (FPL). One hundred percent of the FPL for a family of four is \$1,613 in monthly income; \$19,350 annual income.
- Parents of these children if the family's income is at or below 100 percent of the FPL.
- Pregnant women up to 185 percent of the FPL. Individuals with disabilities and individuals in need of long-term care up to 300 percent of the Supplemental Security Income (SSI) level. Three hundred percent of SSI for 2005 for one individual is \$2,394 monthly; \$28,728 annually.
- Budget neutrality is assumed.

Program Benefits

- The benefits for evacuees are the same as provided for within the Medicaid and CHIP state plans through a fee-for-service system.
- The cost of services provided does not count against any other waiver the state may have.
- Cost-sharing will be waived, including applied income for nursing home or other long-term care programs identified by the state.

Eligibility Determination and Eligibility Period

- The waiver creates a separate temporary eligibility category for evacuees from the counties and parishes damaged by Hurricane Katrina.
- Evacuees may use a simplified application. Eligibility determination will waive normal documentation requirements – the evacuee must attest to displacement, resources, income, and immigration status.
- For individuals who need community care services such as Community Attendant Services, Primary Home Care, and Day Activity and Health Services, Texas will waive the requirement for functional assessment scores and accept a physician's statement as to eligibility for these programs.
- Individuals can apply for retroactive coverage back to August 24, 2005. Retroactive coverage from August 24, 2005, through August 31, 2005, will not count against the five-month eligibility period.
- Individuals can apply through January 31, 2006.
- Individuals will receive five months of temporary eligibility.

- Individuals applying after their first five months of temporary eligibility must meet Texas' regular eligibility criteria.

Uncompensated Care Pool – Applies to persons not eligible for Medicaid.

Created to reimburse providers for medically necessary services and supplies provided to evacuees who have no other coverage for these services and supplies through insurance, including Medicaid and CHIP; pool is established for five months starting August 24, 2005; costs of uncompensated care services will be paid solely from federal funds.

Program Benefits

- Benefits not currently covered in the Texas Medicaid program for adults, but which will be added to the program, such as hearing aids; eyeglasses; services provided by podiatric and chiropractic providers; and services provided by licensed clinical social workers, licensed marriage and family therapists, licensed psychologists and professional counselors, and substance abuse treatment. Payment for these benefits will be from the Uncompensated Care Pool until these benefits are added to the Texas Medicaid benefit.
- Outpatient substance abuse treatment for adults 21 and older.

Eligibility

- Individuals, including childless adults, up to an income limit to be identified by HHSC, who have no other insurance, Medicaid, or SCHIP coverage.

Under The Terms of the Waiver

- Texas is authorized to amend the waiver to conform with the passage of any federal legislation related to providing disaster relief related to Hurricane Katrina.
- If legislation passes that extends the temporary eligibility period for evacuees, CMS will automatically extend the waiver eligibility period to conform to federal legislation.
- Texas has the right to suspend or terminate the waiver in whole or in part at any time before the date of expiration.

APPENDICES

APPENDIX A

ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities

APPENDIX B

Disaster Mitigation for Persons with Disabilities

APPENDIX C

Resources

APPENDIX D

Select Acronyms and Terms Used in Emergency Management

APPENDIX A

**ADA GUIDE FOR LOCAL GOVERNMENTS:
MAKING COMMUNITY EMERGENCY PREPAREDNESS AND RESPONSE
PROGRAMS ACCESSIBLE TO PEOPLE WITH DISABILITIES**

U.S. Department of Justice, Civil Rights Division, Disability Rights Section

<http://www.usdoj.gov/crt/ada/emergencyprep.htm>

ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities

U.S. Department of Justice, Civil Rights Division, Disability Rights Section

One of the most important roles of local government is to protect their citizenry from harm, including helping people prepare for and respond to emergencies. Making local government emergency preparedness and response programs accessible to people with disabilities is a critical part of this responsibility. Making these programs accessible is also required by the ADA.

Planning

If you are responsible for your community's emergency planning or response activities, you should involve people with disabilities in identifying needs and evaluating effective emergency management practices. Issues that have the greatest impact on people with disabilities include notification, evacuation, emergency transportation, sheltering, access to medical care and medications, access to their mobility devices or service animals while in transit or at shelters, and access to information.

In planning for emergency services, you should consider the needs of people who use mobility aids such as wheelchairs, scooters, walkers, canes or crutches, or people who have limited stamina. Plans also need to include people who use oxygen or respirators, people who are blind or who have low vision, people who are deaf or hard of hearing, people who have a cognitive disability, people with mental illness, and those with other types of disabilities.

Action Step: Solicit and incorporate input from people with different types of disabilities (e.g. mobility, vision, hearing, cognitive and other disabilities) regarding all phases of your emergency management plan (preparation, notification, response, and clean up).

Notification

Many traditional emergency notification methods are not accessible to or usable by people with disabilities. People who are deaf or hard of hearing cannot hear radio, television, sirens, or other audible alerts. Those who are blind or who have low vision may not be aware of visual cues, such as flashing lights. Warning methods should be developed to ensure that all citizens will have the information necessary to make sound decisions and take appropriate, responsible action. Often, using a combination of methods will be more effective than relying on one method alone. For instance, combining visual and audible alerts will reach a greater audience than either method would by itself.

Action Step: Provide ways to inform people who are deaf or hard of hearing of an impending disaster if you use emergency warning systems such as sirens or other audible alerts. When the electric power supply is affected, it may be necessary to use several forms of notification. These

might include the use of telephone calls, auto-dialed TTY (teletypewriter) messages, text messaging, e-mails, and even direct door-to-door contact with pre-registered individuals. Also, you should consider using open-captioning on local TV stations in addition to incorporating other innovative uses

of technology into such procedures, as well as lower-tech options such as dispatching qualified sign language interpreters to assist in broadcasting emergency information provided to the media.

Evacuation

Individuals with disabilities will face a variety of challenges in evacuating, depending on the nature of the emergency. People with a mobility disability may need assistance leaving a building without a working elevator. Individuals who are blind or who have limited vision may no longer be able to independently use traditional orientation and navigation methods. An individual who is deaf may be trapped somewhere unable to communicate with anyone because the only communication device relies on voice. Procedures should be in place to ensure that people with disabilities can evacuate the physical area in a variety of conditions and with or without assistance.

Action Step: Adopt policies to ensure that your community evacuation plans enable people with disabilities, including those who have mobility impairments, vision impairments, hearing impairments, cognitive disabilities, mental illness, or other disabilities, to safely self-evacuate or to be evacuated by others. Some communities are instituting voluntary, confidential registries of persons with disabilities who may need individualized evacuation assistance or notification. If you adopt or maintain such a registry, have procedures in place to ensure its voluntariness, guarantee confidentiality controls, and develop a process to update the registry. Also consider how best to publicize its availability. Whether or not a registry is used, your plan should address accessible transportation needs for people who use wheelchairs, scooters, or other mobility aids as well as people who are blind or who have low vision.

Both public and private transportation may be disrupted due to overcrowding, because of blocked streets and sidewalks, or because the system is not functioning at all. The movement of people during an evacuation is critical, but many people with disabilities cannot use traditional, inaccessible transportation.

Action Step: Identify accessible modes of transportation that may be available to help evacuate people with disabilities during an emergency. For instance, some communities have used lift-equipped school or transit buses to evacuate people who use wheelchairs during floods.

Sheltering

When disasters occur, people are often provided safe refuge in temporary shelters. Some may be located in schools, office buildings, tents, or other areas. Historically, great attention has been paid to ensuring that those shelters are well stocked with basic necessities such as food, water, and blankets. But many of these shelters have not been accessible to people with disabilities. Individuals using a wheelchair or scooter have often been able somehow to get to the shelter, only to find no accessible entrance, accessible toilet, or accessible shelter area.

Action Step: Survey your community's shelters for barriers to access for persons with disabilities. For instance, if you are considering incorporating a particular high school gymnasium into your sheltering plan, early in the process you should examine its parking, the path to the gymnasium, and the toilets serving the gymnasium to make sure they are accessible to people with disabilities. If you find barriers to access, work with the facility's owner to try to get the barriers removed. If you are unable to do so, consider another nearby facility for your community sheltering needs.

Until all of your emergency shelters have accessible parking, exterior routes, entrances, interior routes to the shelter area, and toilet rooms serving the shelter area, identify and widely publicize to the public, including persons with disabilities and the organizations that serve them, the locations of the most accessible emergency shelters.

Shelter staff and volunteers are often trained in first aid or other areas critical to the delivery of emergency services, but many have little, if any, familiarity with the needs of people with disabilities. In some instances, people with disabilities have been turned away from shelters because of volunteers' lack of confidence regarding the shelter's ability to meet their needs. Generally, people with disabilities may not be segregated or told to go to "special" shelters designated for their use. They should ordinarily be allowed to attend the same shelters as their neighbors and coworkers.

Action Step: Invite representatives of group homes and other people with disabilities to meet with you as part of your routine shelter planning. Discuss with them which shelters they would be more likely to use in the event of an emergency and what, if any, disability-related concerns they may have while sheltering. Develop site-specific instructions for your volunteers and staff to address these concerns.

Many shelters have a "no pets" policy and some mistakenly apply this policy to exclude service animals such as guide dogs for people who are blind, hearing dogs for people who are deaf, or dogs that pull wheelchairs or retrieve dropped objects. When people with disabilities who use service animals are told that their animals cannot enter the shelter, they are forced to choose between safety and abandoning a highly trained animal that accompanies them everywhere and allows them to function independently.

Action Step: Adopt procedures to ensure that people with disabilities who use service animals are not separated from their service animals when sheltering during an emergency, even if pets are normally prohibited in shelters. While you cannot unnecessarily segregate persons who use service animals from others, you may consider the potential presence of persons who, for safety or health reasons, should not be with certain types of animals.

Individuals whose disabilities require medications, such as certain types of insulin that require constant refrigeration, may find that many shelters do not provide refrigerators or ice-packed coolers. Individuals who use life support systems and other devices rely on electricity to function and stay alive and, in many cases, may not have access to a generator or other source of electricity within a shelter.

Action Step: Ensure that a reasonable number of emergency shelters have back-up generators and a way to keep medications refrigerated (such as a refrigerator or a cooler with ice). These shelters should be made available on a priority basis to people whose disabilities require access to electricity and refrigeration, for example, for using life-sustaining medical devices, providing power to motorized wheelchairs, and preserving certain medications, such as insulin, that require refrigeration.

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The public should be routinely notified about the location of these shelters. In addition, if you choose to maintain a confidential registry of individuals needing transportation assistance, this registry could also record those who would be in need of particular medications. This will facilitate your planning priorities.

People who are deaf or hard of hearing may not have access to audible information routinely made available to people in the temporary shelters. Those who are blind or who have low vision will not be able to use printed notices, advisories, or other written information.

Action Step: Adopt procedures to provide accessible communication for people who are deaf or hard of hearing and for people with severe speech disabilities. Train staff on the basic procedures for providing accessible communication, including exchanging notes or posting written announcements to go with spoken announcements. Train staff to read printed information, upon request, to persons who are blind or who have low vision.

Returning Home

The needs of individuals with disabilities should be considered, too, when they leave a shelter or are otherwise allowed to return to their home. If a ramp has been destroyed, an individual with a mobility impairment will be unable to get into and out of the house. In case temporary housing is needed past the stay at the shelter, your emergency response plan could identify available physically accessible short-term housing, as well as housing with appropriate communication devices, such as TTY's, to ensure individuals with communication disabilities can communicate with family, friends, and medical professionals.

Action Step: Identify temporary accessible housing (such as accessible hotel rooms within the community or in nearby communities) that could be used if people with disabilities cannot immediately return home after a disaster if, for instance, necessary accessible features such as ramps or electrical systems have been damaged.

If you contract with another entity, such as the American Red Cross or another local government, to provide your emergency preparedness plans and emergency response services, you should ensure that the other entity follows these steps on your behalf.

Last update September 30, 2004

APPENDIX B

Disaster Mitigation for Persons with Disabilities

<http://www.accessiblesociety.org/topics/independentliving/disasterprep.htm>

Disaster Mitigation for Persons with Disabilities

For the 54 million Americans with disabilities, and millions of others around the world, surviving a disaster can be the beginning of a greater struggle. Whether an individual with a disability requires electricity to power a respirator, life-sustaining medication, mobility assistance, or post disaster recovery services, relief organizations and rescue personnel increasingly must be prepared to address the needs of that individual in the hours and days following a disaster.

Similarly, efforts to accommodate disabled Americans frequently ignore disaster preparedness and response. As a result, too few disaster response officials are trained to deal effectively with people with disabilities, and too few disabled Americans have the knowledge that could help them save their own lives. Seven key principles should guide disaster relief:

1. ACCESSIBLE DISASTER FACILITIES AND SERVICES:

Communications technology is vital for people with disabilities during a disaster to help assess damage, collect information, and deploy supplies. Access to appropriate facilities -- housing, beds, toilets, and other necessities -- must be monitored and made available to individuals with disabilities before, during, and after a disaster. This access also must be ensured for those who incur a disability as a result of a disaster. Appropriate planning and management of information related to architectural accessibility improves the provision of disaster services for persons with disabilities.

2. ACCESSIBLE COMMUNICATIONS AND ASSISTANCE:

As communications technology and policy become more integral to disaster relief and mitigation, providing accessibility to the technology for people with disabilities becomes more essential. For example, people with hearing impairments require interpreters, TDD communications, and signaling devices. In addition, written materials must be produced on cassette tape, on CD-ROM, or in large print for people with visual impairments. People with cognitive impairments, such as those with developmental disabilities, Alzheimer's disease, or brain injury, require assistance to cope with new surroundings and to minimize confusion factors. It is crucial that people with disabilities help develop accessible communications and reliable assistance technologies.

3. ACCESSIBLE AND RELIABLE RESCUE COMMUNICATIONS:

Accessible and reliable communications technology is critical to ensuring fast, effective, and competent field treatment of people with disabilities. Current satellite and cellular technology as well as personal communication networks permit communication in areas with a damaged or destroyed communication infrastructure. Communications technologies can assist field personnel in rescue coordination and tracking and can be combined with databases that house information on optimal treatment for particular disabilities or that track the allocation of post disaster resources.

4. PARTNERSHIPS WITH THE DISABILITY COMMUNITY:

Disability organizations must join with relief and rescue organizations and the media to educate and inform their constituents of disaster contingency and self-help plans. A nationwide awareness effort should be devised and implemented to inform people with disabilities about necessary precautions for imminent disaster. In the event of a sudden natural disaster, such a program would minimize injury and facilitate

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rescue efforts. In addition, more young people with disabilities should be encouraged to study technology, medicine, science, and engineering as a way of gaining power over future technological advances in disaster relief and mitigation.

5. DISASTER PREPARATION, EDUCATION, AND TRAINING:

Communications technologies are crucial for educating the public about disaster preparedness and warning the people most likely to be affected. Relief and rescue operations must have the appropriate medical equipment, supplies, and training to address the immediate needs of people with disabilities. Affected individuals may require bladder bags, insulin pumps, walkers, or wheelchairs. Relief personnel must be equipped and trained in the use of such equipment. In addition, relief personnel should provide training, particularly for personnel and volunteers in the field, on how to support the independence and dignity of persons with disabilities in the aftermath of a disaster.

6. PARTNERSHIPS WITH THE MEDIA:

Many natural disasters can be predicted in advance. Disaster preparedness for people with disabilities is critical in minimizing the impact of a disaster. The media -- in partnership with disability and governmental organizations -- should incorporate advisories into emergency broadcasts in formats accessible to people with disabilities. Such advisories alert the public, provide a mechanism for informing rescue personnel of individual medical conditions and impairments, and identify accessible emergency shelters. The creation and repetition of accessible media messages is critical for empowering people with disabilities to protect themselves from disasters.

7. UNIVERSAL DESIGN AND IMPLEMENTATION STRATEGIES:

Designing universal access into disaster relief plans, far from being a costly proposition, can pay off handsomely. As accessible communications tools become more widely available, their price will decrease. In addition, a universal design approach to meeting the needs of people with disabilities before and after a disaster will benefit many people without disabilities, such as the very young or the aged. A look at existing agreements among relief organizations and local, state, federal, and international governments will offer guidance in developing effective strategies for universal design and implementation plans. The federal government's role has yet to be defined, but it could encourage or even mandate universal design and set standards. For example, the federal government could provide guidelines for evacuation plans or pre-disaster warning periods.

From a report by The Annenberg Washington Program written in collaboration with the President's Committee on the Employment of People with Disabilities by [Dr. Peter David Blanck](#), Annenberg Senior Fellow.

APPENDIX C

Resources

This section references some of the many, many important resources available on this topic. It is necessarily incomplete.

New material is added constantly, materials are updated, and web links change. This information is accurate and correct as of February 2006.

Resources

American Association on Health and Disability Research Abstracts: Emergency Preparedness and People with Disabilities

<http://www.aahd.us/research/BestPractices/emergencyPrep.htm>

An ADA Guide for Local Governments - Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities

<http://www.usdoj.gov/crt/ada/emergencyprep.htm>

DADS Hurricane Katrina Information <http://www.dads.state.tx.us/Katrina/index.cfm>

DADS Hurricane Rita Information <http://www.dads.state.tx.us/Rita/index.cfm>

DFPS Hurricane Updates http://www.dfps.state.tx.us/about/releases_and_newsletter/2005/2005-09-07_katrina_update.asp

DHHS Centers for Disease Control and Prevention Hurricane Information for People with Disabilities <http://www.cdc.gov/ncbddd/hurricanes/disabilities.htm>

DHHS Katrina HIPPA Bulletin, Sept 2, 2005

Disability Info.gov Hurricane Info <http://www.disabilityinfo.gov/digov-public/public/Search.do>

Disaster Preparedness for People with Disabilities, The American Red Cross

Disaster Services and “Special Needs”: Term of Art or Meaningless Term? June Isaacson Kailes, Disability Policy Consultant, February 2005

DSHS Disaster Mental Health Services <http://www.dshs.state.tx.us/comprep/dmh/default.shtm>

DSHS Hurricane Katrina Information and Resources

<http://www.dshs.state.tx.us/katrina/katrina.shtm>

Emergency Evacuation of People with Physical Disabilities from Buildings: 2004 Conference Proceedings, US Dept of Education

Emergency Evacuation Preparedness: Taking Responsibility For Your Safety, A Guide For People with Disabilities and Other Activity Limitations, June Isaacson Kailes, Disability Policy Consultant, The Center for Disability Issues and the Health Profession, Western University of Health Sciences, Pomona, California <http://www.cdihp.org>

Emergency Preparedness for People with Disabilities: An Interagency Seminar of Exchange for Federal Managers

Establishing an Unmet Needs Coalition, Volunteer Florida

FEMA Hurricane Katrina Information http://www.fema.gov/press/2005/resources_katrina.shtm

FEMA Hurricane Rita Information <http://www.fema.gov/news/eventnews.fema?id=5026>

FEMA Individual Assistance Programs http://www.fema.gov/rrr/inassist.shtm#disaster_program

FEMA Policy Digest

FEMA: A Guide to the Disaster Declaration Process and Federal Disaster Assistance

Final Report to the Governor, Task Force on Evacuation, Transportation and Logistics, Feb 14, 2006

Florida Safety Tips for Volunteer Efforts after Disasters

Government Code – Chapter 418

Harkin Bill for Emergency Preparedness and Response for People with Disabilities (S.2124)
<http://www.aapd.com/News/legislature/S2124.htm>

How to Get Housing Help, HUD <http://www.hud.gov/katrina/housinghelp.cfm>

HUD Hurricane Recovery Resource Page <http://www.hud.gov/katrina/index.cfm>

Hurricane Katrina and Homeland Security <http://www.dhs.gov/interweb/assetlibrary/katrina.htm>

Hurricanes Katrina and Rita Relief and Recovery Assistance Guide, National Voluntary Organizations Active in Disaster, December 20, 2005

I.D.E.A.S. Katrina Disability Information <http://www.katrinadisability.info/index.html>

Individuals with Disabilities in Emergency Preparedness, U.S. Department of Homeland Security, Office for Civil Rights and Civil Liberties, July 21, 2005
(<http://www.dhs.gov/disabilitypreparednesslCC>)

Information for the Task Force on Evacuation Transportation and Logistics Subcommittee on Special Needs, Submitted by Pat Pound, Executive Director, Texas Governor's Committee on People with Disabilities, November 30, 2005

Local Emergency Management Planning Guide, Texas Department of Public Safety Division of Emergency Management, January 2004

Long-Term Recovery Manual, National Voluntary Organizations Active in Disaster
<http://www.nvoad.org/articles/LTRManualFinalApr232004a.pdf>

Medicaid at-a-Glance 2005, Department Of Health And Human Services, Centers For Medicare & Medicaid Services, Center For Medicaid And State Operations

Member Organizations and Contact Information, National VOAD

National Organization on Disability, Emergency Preparedness Data, Topline Results, Conducted by: Harris Interactive Inc. 2001-2005

New Mexico Tips for First Responders – includes ordering information
http://cdd.unm.edu/products/tips_web020205.pdf

NOVAD member tools <http://www.nvoad.org/membertools.php>

Oversight of Gulf Coast Hurricane Recovery: A 90-Day Progress Report To Congress, President's Council On Integrity And Efficiency, Executive Council On Integrity And Efficiency, December 30, 2005

Practical Information on Crisis Planning: A Guide for Schools and Communities U.S. Department of Education, Office of Safe and Drug-Free Schools, 2003

Preparing the Workplace for Everyone: Accounting for the Needs of People with Disabilities, Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities, July 2005

Presentation to the Senate Finance Committee, Health and Human Services Commission, November 17, 2005

Principles for Preparedness: A Guide for First Responders, Relief Organizations and Government Agencies December 20, 2005, Consortium for Citizens with Disabilities

Report to the Governor on Texas Hurricane Preparedness, Office of Homeland Security, March 17, 2005

Report: Florida Disaster Relief Project, Florida Developmental Disabilities Council, Inc., Aug 2005

State of Texas Emergency Management Plan, Texas Homeland Security Strategic Plan Part III, February 2004 and Plan Annexes

Summary of Federal Payments Available for Providing Health Care Services to Hurricane Evacuees and Rebuilding Health Care Infrastructure As of October 28, 2005

Texas Dept of Public Service Hurricane Planning Materials, State Emergency Management Plans and Forms <http://www.txdps.state.tx.us/dem/documents.htm#hurricane>

The FEMA Region VI Disaster Operation Overview (PowerPoint presentation)

The FEMA Region VI Human Service Overview (PowerPoint Presentation)

U.S. Department of Justice Americans with Disabilities Act HOME PAGE

<http://www.ada.gov/adahom1.htm>

Unaffiliated Volunteers in Response and Recovery, Volunteer Florida

VOAD Organizational Manual, Guidelines for State and Local Voluntary Organizations

Active in Disaster <http://www.nvoad.org/articles/orgmanl.php>

Working Together When the Worst Happens: Nonprofit Emergency Preparedness in the National Capital Region, the Nonprofit Roundtable of Greater Washington

APPENDIX D

SELECT ACRONYMS AND TERMS USED IN EMERGENCY MANAGEMENT

SELECT ACRONYMS AND TERMS USED IN EMERGENCY MANAGEMENT

CERT	Community Emergency Response Team
CIPC	Critical Infrastructure Protection Council
DD	Disaster District
DDC	Disaster District Committee
DFO	Disaster Field Office
DPS	Department of Public Safety
DRC	Disaster Recovery Center
DRM	Disaster Recovery Manager
EMC	Emergency Management Coordinator
EOC	Emergency Operations Center
ESC	Emergency Support Center
ESF	Emergency Support Function
FCO	Federal Coordinating Officer
FEMA	Federal Emergency Management Agency
FRP	Federal Response Plan
GAR	Governor's Authorized Representative
GDEM	Governor's Division of Emergency Management
ICP	Incident Command Post
JIC	Joint Information Center
JOC	Joint Operations Center
LIC	Local Incident Commander
NRP	National Response Plan
ROC	FEMA Regional Operations Center
RSA	Resource Staging Area
SAC	State Area Command
SCO	State Coordinating Officer
SEMC	State Emergency Management Council
SERC	State Emergency Response Commission
SERT	State Emergency Response Team
SIC	State Incident Commander
SOC	State Operations Center
TIPCC	Texas Infrastructure Protection Communications Center
TLETS	Texas Law Enforcement Telecommunication System
TSAAC	Texas Security Analysis and Alert Center
US DHS	Department of Homeland Security
VOAD	Volunteer Organizations Active in Disaster

Critical Infrastructure: Public or private assets, systems, and functions vital to the security, governance, public health and safety, economy, or morale of the state or the nation.

Emergency: The occurrence or imminent threat of a condition, situation, or event that requires immediate response actions to save lives; prevent injuries; protect property, public health, the environment, and public safety; or to lessen or avert the threat of a disaster. An emergency is a situation larger in scope and more severe in terms of actual or potential effects than an incident. The local Emergency Operations Center (EOC) is typically activated to mobilize local resources, coordinate external resource support, conduct mid- and long-term planning, and disseminate emergency public information. Some technical assistance or resources may be requested from the state; the local Disaster District EOC and the State Operations Center (SOC) are typically activated to monitor and respond to the situation.

Emergency situations: This term is used when the intent is to describe a full range of crisis situations – from incidents at the low end of the crisis spectrum to disasters at the high end of spectrum.

Disaster: The occurrence or imminent threat of widespread or severe damage, injury, loss of life or property that is beyond the capability of the governments within the affected area to resolve with their resources. Local EOCs are activated to carry out the functions described above. State and/or federal response assistance will be needed to resolve the situation and carry out recovery activities. One or more Disaster District EOCs and the State Operations Center (SOC) will be fully activated to respond to the disaster.

Homeland Security Activity: Any activity related to the prevention or discovery of, response to, or recovery from a terrorist attack, natural or manmade disaster, hostile or paramilitary action, or extraordinary law enforcement emergency.

Incident: An emergency situation that is limited in scope and potential effects on lives and property and is typically handled by one or two local response agencies acting under an incident commander. An incident may require limited external assistance from other local response forces. The local EOC is usually not activated.