

North Carolina Emergency Preparedness Initiative and Blueprint



September 2014

A Plan for Whole Community Emergency Preparedness

North Carolina Emergency Management

North Carolina Department of Public Safety

North Carolina Council on Developmental Disabilities

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Acknowledgements

NCEM gratefully acknowledges funding from the North Carolina Council on Developmental Disabilities to develop and implement the Emergency Preparedness Initiative to better prepare the whole community for disaster. This report was compiled under the authority of Michael Sprayberry, North Carolina Emergency Management Director; written by Mary Donny, Human Services Program Manager; Abha Varma, PhD, Emergency Preparedness Initiative Grant Coordinator; and Julia Jarema, Communications Manager, all of North Carolina Emergency Management, and Jill Warren Lucas, project writer. Updates will follow for the purpose of documenting progress and providing effective resources to enhance whole community preparedness.

Letter from the Director

Dear Emergency Preparedness Partners:

There is a saying within the emergency management community that “disasters start and end at the local level.” Whether you are referring to a family, community, county or state, we each bear responsibility for being prepared for emergencies and disasters. That includes doing our part by having emergency plans and supply kits in place and practicing those emergency drills. Still, even the best prepared families and communities may need help when disaster strikes. We know that well.

Fifteen years ago we experienced the costliest storm in our state’s history as Hurricane Floyd flooded much of North Carolina leaving a path of destruction that impacted two-thirds of our state. Since then, we have made major strides in regards to emergency planning and preparedness. We have cultivated stronger partnerships, developed more comprehensive plans, established and trained response teams and created preparedness tools. We have developed plans and capabilities to better prepare some of our more vulnerable populations. And we are more prepared now than we were then to protect the whole community. Yet, we still have a long ways to go.

Building upon the foundation laid by the North Carolina Disability and Elderly Emergency Management Task Force in 2008, N.C. Emergency Management this year embarked upon a four-year program to identify, address and prioritize service gaps and action items needed to better serve people with intellectual and developmental disabilities. The project was made possible by a grant from the North Carolina Council on Developmental Disabilities. The program’s first priority was to develop a technical plan and blueprint based on input from critical stakeholders across the state, including self-advocates, family members, state agencies and grassroots organizations serving vulnerable populations. While these tools benefit the whole community, they specifically address the needs of our residents who may require additional support, including individuals with intellectual or developmental disabilities.

To develop this blueprint, more than 100 stakeholders from across the state divided into workgroups to prioritize action items in the broad categories of **C**ommunications, **M**aintaining Health, **I**ndependence, **S**afety and Support, and **T**ransportation. By implementing these strategies, we intend to:

1. Increase statewide participation in planning for emergency preparedness by engaging first responders, grassroots organizations, self-advocates and families
2. Ensure that the implementation process is aligned with the components of the chosen/ established framework.
3. Leverage resources to maximize emergency preparedness for people with intellectual and developmental disabilities.
4. Improve personal preparedness through outreach, education and public awareness.

Working together, we will continue to update and expand this plan as needed to ensure that all North Carolina residents and visitors have access to the resources needed to remain safe during emergencies and fully recover from disasters.

Thank you for all you do to keep North Carolina safe.



Michael Sprayberry, Director

North Carolina Emergency Management

Background and Planning Overview

Integrated emergency preparedness plans and strategies have long formed the foundation for ensuring that the whole community is aware of an impending emergency and can take recommended actions to increase their own preparedness and safety. However, the aftermath of several recent catastrophic emergencies, such as Hurricanes Katrina and Sandy, earthquakes, tornadoes and other disasters have revealed gaping holes in preparedness and response plans.

Among the starkest examples is Hurricane Katrina, which devastated New Orleans and the Gulf Coast in 2005. Local leaders were forced to acknowledge the inadequacy of plans that would proactively account for and serve the more than 1,800 people who died during the storm and in subsequent floods. Tragically, a disproportionate number of Katrina's victims were elderly and/or had disabilities.¹

Fortunately, more emergency managers have in recent years begun reconsidering established preparedness models and are updating emergency plans to focus on resources and services that benefit the whole community.

This year, North Carolina embarked upon a four-year program to identify, address and prioritize service gaps and action items needed to better serve people with intellectual or developmental disabilities (see Appendix 1). Referred to as the **North Carolina Emergency Preparedness Initiative**, this project represents the first comprehensive examination of whole community emergency preparedness since publication of the 2008 North Carolina Disability and Emergency Management (DEEM) Report.² Many of the DEEM report's recommendations remain relevant and address pressing concerns, not just for persons with intellectual or developmental disabilities, but for the whole community; the Emergency Preparedness Initiative builds on that earlier work.

The initiative is coordinated by **North Carolina Emergency Management** and is made possible by a multi-year grant from the **North Carolina Council on Developmental Disabilities (NCCDD)**.

The initial meeting to launch the tiered program convened a large and diverse group of stakeholders including emergency management planners, first responders, state agencies, partner organizations, self-advocates and family members. Working together, their goal is to **increase emergency preparedness for persons with intellectual and developmental disabilities**.

The **Emergency Preparedness Initiative** is being implemented to help people like Nessie Siler.

Ms. Siler has been responsible for managing her independence for a long time. Walking difficulties limit her mobility so planning ahead for potential emergencies or other disruptions is an essential aspect of Siler's daily routine. As a longtime resident of the hurricane-prone Outer Banks, personal preparedness has meant, among other things, having an emergency kit with adequate supplies for her household. It also means being aware of and connected with local responders who serve the whole community, as well as agencies that provide aid to address the unique functional needs of people within it.

¹ Hurricane Katrina stats

Frieden, L., Chairperson. (2006). The Impact of Hurricanes Katrina and Rita on People with Disabilities: A Look Back and Remaining Challenges. Retrieved on August 15, 2014 from <http://www.ncd.gov/publications/2006/Aug072006>

² *North Carolina Disability and Elderly Management Report of Recommendations* (2008). Retrieved on September 1, 2014 from <https://www.ncdps.gov/Index2.cfm?a=000003,000010,000024>

Nessie also is concerned about other members of North Carolina’s estimated 167,000 persons with intellectual and developmental disabilities who may need extra planning or resources to get through an emergency. That is why she volunteered her expertise to support the **North Carolina Emergency Preparedness Initiative**.

“Our focus is on system changes and working across networks that serve people with disabilities,” says Adonis Brown, NCCDD vice chair and president of The Arc of North Carolina Board of Directors. “We can’t depend on cookie cutter solutions to create inclusive outcomes. Real systemic change is needed to help people know about available services and how to use them.”

The resulting **Emergency Preparedness Initiative Blueprint** included in this plan is a road map intended to serve the whole community, although it is designed specifically with the needs of persons with intellectual or developmental disabilities in mind. Current preparedness was assessed and recommendations were made in the following broad, cross-agency and cross-functional areas:

1. **Personal preparedness** or things that persons with intellectual or developmental disabilities need to do to take care of themselves
2. **Local preparedness relating to local infrastructure** and how it can accommodate the unique functional needs of all its residents during an emergency, and
3. **Emergency planning at the state level**, including measures the state has taken to build an infrastructure that supports all its citizens during times of emergency.

Assessments conducted by five working groups have demonstrated that there are some things for which we all will need help, with or without functional needs. Among the key lessons learned through the North Carolina Emergency Preparedness Initiative are:

1. **Emergency preparedness planning needs to be inclusive,**
2. **Emergency preparedness planning needs to be integrated with the whole community approach,** and
3. **Emergency preparedness planning needs to address the functional needs of diverse vulnerable populations** including the elderly, the non-English speaking, and persons with disabilities that include physical as well as intellectual and developmental challenges.

The Emergency Preparedness Initiative Blueprint outlines actions to improve proactive communications about anticipated or ongoing emergencies to the whole community, as well as develop better means of informing persons with functional challenges who may need additional resources. An informed community will be better able to determine when they are at risk and take the appropriate actions outlined in their emergency preparedness plan to get out of harm’s way.

It is important that the Emergency Preparedness Initiative Blueprint recognizes the ability of people with functional challenges to advocate for themselves and take responsibility to actively participate in preparedness activities. To achieve this, whole community plans must recognize that there are some extra steps that need to be taken for people with functional needs to accommodate their unique situations.

Accommodations may vary depending on the population in question including the elderly, people with limited English proficiency, people with physical impairments, those with mental illness, or persons with intellectual

“We can’t depend on cookie cutter solutions to create inclusive outcomes.”

-Adonis Brown,
NC Council on
Developmental Disabilities

“We take a pre-emptive approach on getting the word out to everyone. But I am always worried that I am not reaching out to every corner to make sure people are aware of situations and what they need to do to stay safe.”

-Dave Leonard, Alamance County
Emergency Management

and developmental disabilities.

Participants at the kickoff for the Emergency Preparedness Initiative heard a keynote address from June Isaacson Kailes. In 2007, Kailes published an innovative framework to better connect planners, responders, community-based service providers and self-advocates with functional challenges. Known as C-MIST, the framework addresses five key components for including persons with I/DD in local and state emergency plans: Communications, Maintaining Health, Independence, Safety and Support, and Transportation.³

“It’s not the diagnosis but the needs that need to be addressed.”

-June Isaacson Kailes,
C-MIST Developer

The Federal Emergency Management Agency, more commonly known as FEMA, was among the first to recognize the framework’s value and adopt C-MIST as a planning standard.⁴ North Carolina used the framework to develop the Emergency Preparedness Initiative dividing participants into five committees – based on their interest and expertise – to identify gaps in service and develop priorities for each committee. State Emergency Management staff then collectively analyzed committee recommendations and classified the action items under seven broad categories to develop a sort of road map – The Emergency Preparedness Initiative Blueprint.

As the lens through which North Carolina examined its current emergency preparedness, C-MIST proves especially effective in helping to identify service gaps affecting the most vulnerable members of the community, regardless of their functional abilities. It also points to the need for the whole community to recognize and take ownership and to be prepared in the event of an emergency.

The Emergency Preparedness Initiative Blueprint promotes the whole community approach to emergency preparedness and planning. C-MIST assures that the range of functional needs are reviewed and integrated when implementing robust preparedness strategies. It calls for all relevant stakeholders, individuals and organizations to proactively assess community needs while creating effective, emergency response plans with local emergency management officials.

“Collectively, the feedback will pinpoint areas for improvement for a population that tends to be overlooked or forgotten. You want people to be able to maintain the independence as much as possible during an emergency evacuation or disaster situation.”

-Rene Cummins,
Alliance of Disability Advocates

Key Priorities, Strategies and Performance Indicators

Participants serving on the C-MIST committees met over the course of the year to identify gaps, develop concepts and discuss solutions to enhance emergency preparedness for the whole community. Each of the C-MIST committees prioritized their top objectives to be accomplished by the end of the grant.

North Carolina Emergency Management is grateful for the commitment of diverse experts from across the state whose leadership on behalf of persons with intellectual or development disabilities sets a high standard for

³ Kailes, J., & Enders, A. (2007). Moving beyond “Special Needs”. A function-based framework for emergency management and planning. *Journal of Disability Policy Studies*, 17, No. 4, pp. 230-237. Retrieved on September 1, 2014 from <http://www.jik.com/KailesEndersbeyond.pdf>

⁴ Federal Emergency Management Agency IS – 0368 Course. Including People with Disabilities and Others with Access and Functional Needs in Disaster Operations. Retrieved on September 1, 2014 from <http://emilms.fema.gov/IS0368/DIS01summary.htm>

the foundational work of the C-MIST committees. Committee chairs and facilitators along with key priorities of each working group are listed below.



COMMUNICATION

Julia Jarema, Communications Officer, North Carolina Emergency Management

Chris S. Mackey, Disability and Health Specialist, North Carolina Department of Health and Human Services, Office on Disability

1. Use effective messaging in all media formats with clear terminology and simple concrete terms, including universal symbol flash cards for direct communications.
2. Provide training to facilitate referral of persons with functional challenges who need assistance in accessing emergency services and resources.
3. Develop and implement a statewide public awareness campaign to engage and directly involve stakeholders.

MAINTAINING HEALTH

Dr. Chris Szwagiel, Health Director, Franklin County Health Department

Kate Abell, Disaster Preparedness and Response Coordinator, North Carolina Division of Mental Health/Developmental Disabilities/ Substance Abuse Services

1. Train shelter staff to interact effectively with persons with functional challenges.
2. To the extent possible, integrate persons with functions challenges into established shelter facilities, ensuring access to personal devices and basic health supports.
3. Set standards for emergency shelters to meet ADA accessibility.
4. Establish policy regarding personal or provided medications and durable medical equipment, including repair and temporary loaners if damaged.
5. Establish post-crisis procedures to ensure that people with functional challenges are “back to normal” when returning to established or alternate housing.

“The goal is to stop sending people to a medical shelter for no apparent reason. With the right support, people can get what they need and maintain a semblance of health and independence and safety.”

-June Kailes, C-MIST Developer

INDEPENDENCE

Karen Hamilton, North Carolina ADA Network Administrator, North Carolina Council of Developmental Disabilities

Patty Moore, CERT Program Manager, North Carolina Emergency Management

1. Maximize local resources, including local Emergency Management and the disability community, by working together to better serve functionally challenged individuals in accessible shelters.
2. Enhance personal emergency preparedness via reliable delivery of understandable information leading to informed actions.
3. Increase disability awareness among emergency managers and first responders by integrating awareness resources into existing training and tools.

“It’s important to leverage and utilize the resources that already exist. People forget to include potential partners, and a lot of them are very robust and provide needed services. You can avoid duplication and provide more direct services.”

**-Josh Creighton, Wake County
Emergency Management**

SAFETY AND SUPPORT

Josh Creighton, Director, Wake County Emergency Management

**Leah Seabury, Disaster Action Team and Client Casework, Raleigh
Regional Chapter of American Red Cross**

**Jacquie Simmons, Public Health Program Consultant, NC
Department of Health and Human Services**

1. Strengthen partnerships and collaborations to increase awareness and participation.
2. Research existing plans to identify models and forms that can be adapted to best serve constituents.
3. Improve outreach via established and expanded networks to better inform responders and constituents.
4. Provide training via new or adapted resources for front-line staff.
5. Ensure that sheltering standards accommodate persons with functional needs and their support systems.
6. Work with networks to increase informal registries through routine client/patient intake and updates.
7. Expand ReadyNC with a specific component to address functional needs issues.

TRANSPORTATION

**Larry Perkins, Commissioner, State Emergency Response Commission , Vice President of Guest Relations,
PNC Arena**

Steve Davis, Infrastructure Manager, North Carolina Emergency Management

1. Identify and inventory equipment that enhances transport accessibility, including people with functional challenges.
2. Develop intake materials to document passengers and personal effects, including durable medical equipment.
3. Provide training on security and handling of durable medical equipment, including liability issues.

The Emergency Preparedness Initiative Blueprint serves as a springboard for the implementation phase of the grant cycle operating as a foundation from which to build and expand in accordance with statewide priorities and needs.

“We will continue to develop this plan through local implementation to improve preparedness throughout the state,” says Michael Sprayberry, North Carolina Emergency Management director. “We intend to implement systemic change and outcomes that benefit our residents to help all of our communities, and create partnerships that best serve their population.”

“We intend to implement systemic change and outcomes that benefit our residents to help all of our communities, and create partnerships that best serve their population.”

**-Michael Sprayberry, Director
North Carolina Emergency
Management**

“Policy change and tangible products that can be incorporated across the state will make the greatest measurable differences,” agrees Karen Hamilton of North Carolina ADA Network Administrator. “One of the great things coming out of all this has been stronger connections between the disability community and Emergency Management. Everyone has a better understanding of the various roles and responsibilities, which is essential for moving forward.”

The continuing addition of new ideas and solutions will become evident as strategies recommended in this technical plan are implemented in actual emergency situations, and their effectiveness is measured against previous efforts.

Sprayberry stressed that the North Carolina Emergency Preparedness

Blueprint is meant to be actively used and not placed on a shelf.

“The recommendations have been examined through such stringent parameters as: relevance to a community, sustainability, lasting benefit, and actions necessary to implement systemic change,” Sprayberry explained. “We will focus on the Blueprint priorities now, creating opportunities for communities to engage and address a series of short-term and longer-term projects that will both improve services and build momentum. With that accomplished, we will continue to determine what more can be done.”

The resulting **blueprint** priorities have been dubbed “**Six P’s and One T**” as the ideas generated by the C-MIST committee aligned within the following categories:

- Policy, Research, Assessment and Proposed Changes
- Plan
- Products
- Partnerships
- Public Awareness, Education and Community Outreach
- Personal Preparedness
- Training

The following defines the role and provides an example for each blueprint category.

1. **Policy, Research, Assessment and Proposed Changes:** Examine existing guidance, statutory and regulatory research to determine if new laws, rules or policies are needed to meet committee priorities. Once the various questions posed in the blueprint are answered (during year two of the grant), determine the next steps to ensure the objectives are completed.
2. **Plan:** Review existing current plans through the C-MIST lens and determine which additional plans or modifications are needed to increase emergency preparedness.
3. **Products:** Create, develop or refine tangible tools, products and resources to enhance North Carolina Emergency Management’s ability to assist the whole community during an emergency.
4. **Partnerships:** Build upon existing partnerships and develop relationships with additional stakeholder agencies to ensure that all voices are heard and objectives are met. Collaboration and partnerships are the bedrock of this plan.
5. **Public Awareness, Education and Community Outreach:** Expand upon existing resources such as ReadyNC, traditional media and diverse social media platforms to ensure that the whole community is provided timely information. Develop partnerships and products that will enhance whole community awareness of pending emergency situations.
6. **Personal Preparedness:** Equip residents with tools and information that help them create a personal emergency preparedness plan. Personal preparedness is the essential first step in developing a well prepared community. Taking responsibility for creating an emergency preparedness plan helps all residents approach emergencies proactively by being aware of available resources and knowing how to advocate for themselves for specific needs.
7. **Training:** Enhance or develop training for members of the I/DD community, as well as responders and support professionals. Increased training, including cross-training, was consistently referenced by all the C-MIST committees as a critical need for preparing the whole community.



C-MIST working groups develop priorities for Emergency Preparedness Initiative Implementation Committees.

The key priorities of the six Ps and one T drive the strategies and methods by which the emergency preparedness initiative’s goals are accomplished. The performance indicators provide tangible outcomes by which activities can be assessed and improved where needed, and decisions made about how future resources should be applied. Specific performance indicators, listed below each strategy, are the tools by which progress will be measured as tactics are implemented.

Year One (Oct.1, 2013 – Sept. 30, 2014)

Key Priorities	Strategies	Performance Indicators
Policy, Research, Assessment, and Proposed Changes	<p>Develop policy to recommend use of standardized template for all Licensed Care Facilities</p> <p>Conduct transportation survey on accessibility, capacity, and capability to serve I/DD community in emergencies</p>	<p>Standardized template is developed and available for use by all Licensed Care Facilities in NC.</p> <p>Transportation survey is applied and accessed</p>
Plan	Create technical plan to implement the Emergency Preparedness Initiative	Technical plan is developed and implemented
Products	<p>Print & distribute ShowMe card to provide communications support in shelter or similar situations</p> <p>Generate checklist for including persons with I/DD in exercises</p> <p>Enhance ReadyNC website to improve accessibility</p> <p>Create grant database of partnerships and stakeholders</p>	<p>ShowMe card is printed and distributed.</p> <p>Checklist is developed for including I/DD persons in exercises</p> <p>ReadyNC website is accessible for I/DD community</p> <p>Stakeholders database is created</p>
Partnerships	Engage First Responders, MCOs, SERT Partners, local governments, Emergency Managers, persons with I/DD, state government agencies, faith and community based organizations in planning and exercises	New partnerships across systems are established
Public Awareness, Education, & Community Outreach	Develop community outreach campaign to increase personal preparedness	Community outreach campaign is implemented & evaluated
Personal Preparedness	<i>See Public Awareness, Education, & Community Outreach section.</i>	Outreach campaign is underway.
Training	<p>Teach NCEM staff to use person-first terminology</p> <p>Direct Support Staff to review curriculum</p>	<p>Person-first language is continually integrated and ongoing</p> <p>Support Staff reviews curriculum</p>

Year Two (Oct.1, 2014 – Sept. 30, 2015)

Key Priorities	Strategies	Performance Indicators
Policy, Research, Assessment, and Proposed Changes	<p>Survey shelter administrators on the availability of tools and resources</p> <p>Research Functional Assessment Service Team for possible NC application</p> <p>Research personal aide options for shelter users</p> <p>Research Licensed Care Facilities' ability to house temporarily clients during emergency</p> <p>Identify liability issues for private transporters used during evacuations</p> <p>Research licensure requirements for continuing education for first responders and direct support staff</p> <p>Research federal/state service animal definitions</p> <p>Assess liability issues with damaged Durable Medical Equipment during evacuations and in shelters</p> <p>Research gaining access to extra medication pre-/post emergencies</p>	<p>Existing policies, regulations, procedures and issues have been reviewed and assessed for opportunities to provide recommendations</p>
Plan	<p>Use correct terminology in written state plans</p> <p>Promote whole community planning for state emergency operations plan</p> <p>Research best practices for replacing lost or damaged durable medical equipment</p>	<p>Terminology is updated and reflected in written plans.</p>
Products	<p>Distribute ShowMe card and pictograph mobile app to shelters.</p> <p>Distribute exercise checklist statewide</p> <p>Continue review of ReadyNC website for accessibility</p> <p>Develop functional needs shelter checklist</p> <p>Develop web-based pop-up instructions for MyPrep form</p>	<p>ShowMe tool is distributed</p> <p>Exercise checklist is distributed</p> <p>ReadyNC website is accessible for those with I/DD</p> <p>Functional needs shelter checklist is developed</p> <p>Web-based pop-up instructions for MyPrep is completed</p>

Key Priorities	Strategies	Performance Indicators
Partnerships	<p>Expand partnerships to broaden participation</p> <p>Engage media on captioning and interpreters</p>	<p>Partnerships are diverse and reflective of communities we serve</p> <p>Media is informed of opportunities to enhance accessibility issues for wider audiences during emergencies.</p>
Public Awareness, Education, & Community Outreach	<p>Explore communications strategies for reaching I/DD populations and service providers before & after emergencies</p> <p>Continue outreach campaign</p> <p>Ensure NCEM presentations are accessible to I/DD community</p>	<p>Best and/or promising communications practices are identified as outreach tools to I/DD community and service providers pre/post emergencies</p> <p>Outreach campaign is ongoing</p> <p>NCEM presentations are accessible for I/DD audience</p>
Personal Preparedness	<p>Pilot ACERT program</p> <p>Revise MyPrep tool (<i>See Products</i>)</p>	<p>ACERT Program is piloted within two counties</p> <p>MyPrep personal preparedness tool is updated</p>
Training	<p>Review emergency preparedness training curriculum for first responders and direct support staff for working with whole community</p> <p>Inform NCEM staff, county emergency management, and stakeholders on grant plans, tools and resources</p>	<p>Emergency preparedness training curriculum is evaluated and recommendations are provided on building capacity of first responders and direct support staff as needed</p> <p>NCEM staff, county emergency management, and stakeholders are updated on grant plans, tools and resources</p>

Year Three (Oct.1, 2015 – Sept. 30, 2016)

Key Priorities	Strategies	Performance Indicators
<p>Policy, Research, Assessment, and Proposed Changes</p>	<p>Research emergency management best practices for persons with I/DD</p> <p>Research emergency managers' access to governmental records pre-/post- disasters</p> <p>Research lessons learned from medical shelters from across the country and determine next steps</p> <p>Research strategies to find population not listed on Functional Needs Registries</p> <p>Research service providers/MCOs requiring emergency preparedness plans for clients</p> <p>Research insurance policy discount for proof of emergency preparedness plan</p> <p>Research emergency managers integration of persons with disabilities in exercise planning and execution (EMPG)</p> <p>Determine next steps for:</p> <p>Personal shelter aide options</p> <p>Licensed Care Facility for housing temporary clients</p> <p>Determination of DME liability issues during an emergency</p> <p>Prescription medication availability pre/post emergencies</p> <p>Access to governmental records pre/post disasters by emergency managers</p> <p>Use of private transporters during evacuations</p> <p>Service Animal Policy that will meet federal and state standards</p> <p>Guidelines for replacing damaged DME during evacuations and shelter operations</p> <p>Homeowner discount on insurance policies if owner has emergency plan</p>	<p>Research on policies and issues are ongoing and proposed recommendations are evaluated for feasibility</p>

Key Priorities	Strategies	Performance Indicators
Plan	<p>Incorporate whole community planning and people-first terminology in local Emergency Operations Plans (EMPG)</p> <p>Develop and implement FAST plan if needed</p> <p>Develop plans for staffing I/DD shelterees without, but needing, caretakers at shelter</p> <p>Coordinate evacuation exercise for 100 persons (40% of whom have disabilities).</p> <p>Include persons with disabilities in planning and actual exercise.</p> <p>Develop plan for replacing DME at shelters during an emergency</p>	<p>Whole community planning and people-first terminology is embedded in local Emergency Operations Plans (EMPG) as revision occur</p> <p>FAST plan is applied as needed</p> <p>Develop plans for staffing I/DD shelterees without, but needing, caretakers at shelter</p> <p>Evacuation exercise that includes persons with disabilities is completed</p> <p>Identify existing best practices for replacing DME at shelters during an emergency</p>
Products	<p>Review shelter intake forms from I/DD perspective and adjust as needed.</p> <p>Provide technical support to media on consistent/clear all hazards terminology</p> <p>Create interactive county partner connect maps for Emergency Managers and communities</p> <p>Research videos on what to expect at shelters and choose one for ReadyNC website</p>	<p>Shelter intake forms are reviewed and the shelter survey gaps are addressed</p> <p>Media is actively involved in messaging solutions on All Hazards terminology</p> <p>County partner connect maps for Emergency Managers and communities are developed</p> <p>Video is identified and selected for the ReadyNC website</p>
Partnerships	<p>Continue building partnership capacity across the state</p>	<p>Statewide capacity building is increased during grant period</p>
Public Awareness, Education, & Community Outreach	<p>Educate population on All Hazards terminology</p> <p>Post “Shelter Expectations” videos on ReadyNC</p> <p>Promote the ShowMe Shelter App</p> <p>Publicize personal preparedness planning</p>	<p>Knowledge is expanded on All Hazards terminology</p> <p>“Shelter Expectations” videos are on ReadyNC</p> <p>ShowMe Shelter App and personal preparedness planning is presented to wider audiences across the state</p>

Key Priorities	Strategies	Performance Indicators
Personal Preparedness	<p>Consider process to initiate policy changes regarding insurance discounts for emergency plans in place (See Policy priorities)</p> <p>Continue ACERT pilot program</p>	<p>Insurance companies will make final determination on discounts</p> <p>Evaluate ACERT pilot program outcomes and provide recommendations for additional testing or expansion</p>
Training	<p>Adapt identified training module for emergency planning for persons with I/DD</p> <p>Ensure Shelter Leader Training covers policy updates including service animals in shelters, new tools that are available, mental health training updates, etc. on a consistent basis</p> <p>Develop Just In Time Training (JITT) for evacuation and transportation operations</p>	<p>Additional materials and resources are identified and introduced to incorporate or append to existing emergency planning training for persons with I/DD</p> <p>Training incorporates policy updates on an ongoing basis</p> <p>Just In Time Training for evacuation and transportation operations is developed</p>

Year Four (Oct.1, 2016 – Sept. 30, 2017)

Key Priorities	Strategies	Performance Indicators
Policy, Research, Assessment, and Proposed Changes	<p>Continue work on policy recommendations as needed</p>	<p>Actionable policy recommendations are fielded to appropriate decision-makers for consideration</p>
Plan	<p>Implement and assess plans in place during the grant period and modify for broader application and impact</p> <p>Review CRES plan for whole community planning</p>	<p>Plans are developed and implementation is supported and sustainable</p> <p>CRES plan is reviewed under lens of whole community</p>
Products	<p>Monitor products created and/or implemented for improvements.</p> <p>Maintain development of grant database of partnerships and stakeholders</p>	<p>Products have been updated as needed.</p> <p>Database has been updated and maintained.</p>

Key Priorities	Strategies	Performance Indicators
Partnerships	Develop communication plan to continue relationships with established partners	Communication plan for continued relationships with established partners and stakeholders is developed and operational
Public Awareness, Education, & Community Outreach	<p>Provide updated information and education related to preparedness planning</p> <p>Market approved plans, tools, materials and resources to improve the emergency preparedness services for people with I/DD</p>	<p>Ongoing efforts continue to provide education related to preparedness planning</p> <p>Plans, tools, deliverables, materials and resources identified and/or developed to improve emergency preparedness services for people with I/DD are used across state.</p>
Personal Preparedness	Implement ACERT Program if approved as model for statewide use	The status of the ACERT Program is determined
Training	<p>Trainers instruct first responders, shelter leaders and support staff on working with I/DD community</p> <p>Train emergency managers on location persons with disabilities who may need extra help</p>	Training modules developed and implemented

Next Steps

Some of the strategies identified within the 6 P's and 1 T priorities in the Emergency Preparedness Initiative Blueprint can be implemented relatively soon and cost efficiently, while others – especially those related to complex policy changes may take longer. As a result of collaboration among some of the stakeholders, some of the specific recommendations are already underway. For instance, the ReadyNC.org website has been updated to improve accessibility for users with visual or hearing difficulties.



Identifying opportunities and implementing strategies for systemic change to improve emergency preparedness for the whole community requires continued commitment and dedicated effort from self-advocates, stakeholders, local and state government agencies, emergency managers, advocacy organizations and service providers. This blueprint is possible because of the contributions from various stakeholders and partners who participated in the C-MIST committees. Their ongoing involvement is critical to accomplishing the blueprint strategies over the next three years.



As the Emergency Preparedness Initiative continues, NCEM will seek additional partners to lead work groups or task forces to devise strategies, develop policies, implement plans and showcase new tools to increase the emergency preparedness of persons with intellectual and developmental disabilities. The blueprint serves as a foundational document that can be joined, changed, and made stronger with additional ideas and strategies that grow out of the initial objectives.

As with the preliminary work that focused on C-MIST categories, implementation committees will execute strategies identified through the six Ps and T key priorities. These outcomes will increase emergency preparedness across the state for all audiences.

North Carolina Emergency Management is poised to realize significant outcomes as a result of this initiative during the next three years.

Working together to fully implement the strategies of the Emergency Preparedness Initiative Blueprint will position North Carolina as a national leader in emergency preparedness for the whole community.



What does it mean to have an Intellectual or Developmental Disability?

The functional abilities of people with Intellectual or Development Disabilities (I/DD) vary widely. The Federal definition “developmental disability” is a severe, chronic disability of an individual that is attributable to mental or physical impairment, or combination of mental or physical impairments, which is manifest before age 22.

Specifically, IDD results in substantial functional limitations in three or more of the following areas of life activity:

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency; and
- Reflects the individual’s need for a combination and sequence of special, interdisciplinary or generic services, individualized supports, or other forms.

North Carolina statute expands this definition to include traumatic brain injury acquired after age 22.

As of October 2014, approximately 167,000 individuals are known to be members of North Carolina’s community of people with Intellectual or Development Disabilities. That number increases significantly when including their families and caregivers, healthcare providers and participating staff of relevant community-based service organizations.

Since the definition includes varying degrees of functional ability, solutions must be inclusive and actively involve everyone in the individual’s circle of care. Without these supports, challenges will remain in helping individuals to advocate for themselves to the degree that they are able, such as taking proactive steps to prepare for emergency events and endure their aftermath.

To maintain the privacy of all North Carolina residents, there will be no registry of persons with Intellectual or Developmental Disabilities. Likewise, to the extent possible, there will be no segregated or special care zone established within traditional shelters and other venues participating in emergency response.

Instead, community-based organizations and healthcare providers who serve persons with Intellectual or Developmental Disabilities will be encouraged by the North Carolina Emergency Management – and assisted by its local agencies – to adopt emergency preparedness protocols as part of routine patient/client intake and updating processes. Templates and other resources may be modified by participating organizations to best serve constituents.

Federal and State Definitions for Developmental Disabilities

The North Carolina Council of Development Disabilities (NCCDD) is a state council, but its purpose is federally mandated. As a result, the NCCDD is guided by federal definitions for most of its activities.

Federal Definition

According to 114 STAT. 1684 PUBLIC LAW 106-402-OCT. 30, 2000, the term “developmental disability” means a severe, chronic disability of an individual that:

- (i) is attributable to a mental or physical impairment or combination of mental and physical impairments;
- (ii) is manifested before the individual attains age 22;
- (iii) is likely to continue indefinitely;
- (iv) results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - (I) Self-care.
 - (II) Receptive and expressive language.
 - (III) Learning.
 - (IV) Mobility.
 - (V) Self-direction.
 - (VI) Capacity for independent living.
 - (VII) Economic self-sufficiency; and
- (v) reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

(B) INFANTS AND YOUNG CHILDREN - An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described above if the individual, without services and supports, has a high probability of meeting those criteria later in life.

North Carolina Definition

North Carolina General Statute 122C-3(12a) defines “developmental disability” as severe, chronic disability of a person which:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and
- e. Reflects the person’s need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated; or
- f. When applied to children from birth through four years of age, may be evidenced as a developmental delay

Federal and North Carolina Differences

The primary difference between federal and state definitions of developmental disabilities lies in an added clause in the state’s definition to account for traumatic brain injury which may be acquired after 22 years of age.

Source: North Carolina Council of Development Disabilities, <http://www.nc-ddc.org/home/definition.html>

Partners in the North Carolina Emergency Preparedness Initiative

Alliance Council for Independent Living	N.C. Department of Health and Human Services
Alliance of Disability Advocates	Division of Aging and Adult Services
American Red Cross	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Area Agency on Aging Land of Sky Regional Council	Division of Services for the Blind
Cardinal Innovations Healthcare Office	Division of Deaf & Hard of Hearing
Carolinas Health Care	Division of Social Services
Carteret County Emergency Services	Division of Public Health
Catawba County Emergency Management	Division of Vocational Rehabilitation
Centers for Independent Living	Division of Public Health Preparedness and Response
Citizens Together Advocacy Group	Division of Health Service Regulation
Community Care of Southern Piedmont	Division of Medical Assistance
Disability Awareness Council	Office on Disability and Health
Disability Partners	N.C. Emergency Management
Disability Rights and Resources	N.C. Partners in Policymaking
East Carolina Behavioral Health	Partners Behavioral Health Management
Eastpointe LME	Sandhills Center
Fayetteville/Cumberland Advisory Council for People with Disabilities	Self-Advocates
Franklin County Health Department	Smoky Mountain Center
Monarch North Carolina	Special Olympics North Carolina
N.C. ADA Network Project	Statewide Independent Living Council
N.C. Commission on Volunteerism and Community Service	The ARC of North Carolina
N.C. Council on Developmental Disabilities	Davidson County
N.C. Deaf-Blind Association	Orange County
	The Enrichment Center
	The Helen Keller National Center
	University of North Carolina Wilmington
	Wake County Emergency Management

EMERGENCY PREPAREDNESS INITIATIVE BLUEPRINT

(Details, 2014-2017)

Year One (2013- Sept 30, 2014)

Policy, Research, Assessment, and Proposed Changes

- Develop policy to recommend that a standardized template is used by Licensed Care Facilities across the state
- Conduct transportation survey on accessibility, capacity and capability to serve individuals with intellectual and developmental disabilities during an emergency

Plan

- Complete a technical plan that will provide a blueprint for subsequent years, reflecting the work of the C-MIST committees and ensuring increased emergency preparedness for persons with intellectual and developmental disabilities.

Products

- Print and distribute ShowMe shelter communication tool for use with persons with functional communication needs and limited English proficiency in shelter or similar situations during emergencies. This tool highlights carefully designed pictographs that were focus-group tested to ensure they are easy to understand and use by the whole community. This tool provides support if an interpreter is unavailable. A printed hard copy can be kept at each shelter and a mobile app can be downloaded and used wireless on a smart phone
- Generate checklist for including persons with intellectual and developmental disabilities in exercises
- To increase preparedness, North Carolina Emergency Management's website, ReadyNC, was upgraded to meet international Web Content Accessibility Guidelines (WAG 2.0). This objective has been met in 2014.
- Create a database of grant stakeholders and partners to increase collaborations and partnerships

Partnerships

- The first year of the grant, efforts were made to engage First Responders, Managed Care Organizations (MCO), State Emergency Response Team (SERT) Partners, local governments, Emergency Managers, disability community, and state government agencies in grant planning to ensure cross-integration with tools, planning and exercises. We expect the grant database to increase as more partners join this initiative.

Public Awareness, Education and Community Outreach

- A statewide marketing campaign was kicked-off in August, 2014, to ensure the whole community is aware of ReadyNC, its accessibility and the need to be prepared before an emergency strikes.

Personal Preparedness

- See Public Awareness regarding emergency preparedness statewide marketing campaign that began August, 2014.

Training

- NCEM provided several in-house trainings to staff grant stakeholders on use of person-first terminology.

These trainings will continue throughout the life of the grant and beyond via partnerships with major training stakeholders such as the American Red Cross.

- A small volunteer stakeholder committee reviewed potential Direct Support Staff training modules on working with clients and emergency preparedness planning. The committee feedback was captured and will be considered when reviews of additional training curriculums are conducted in the second year of the grant

Year Two (Oct. 2014 - Sept. 30, 2015)

Policy, Research, Assessment, and Proposed Changes

- As a follow-up survey to a 2014 DHHS Department of Social Services' survey to shelter leaders, a survey will be sent to shelter leaders regarding resources/ tools on hand or needed at shelters to ensure functional and access needs by community members can be met. This survey will be developed with input from the community
- Research Functional Assessment Service Teams (FAST) for possible NC application. These are teams that can assist persons with disabilities in a variety of ways at general population shelters
- Research Personal Aide options for shelter users needing assistance (ex., FEMA, PAS, Medicaid)
- Research policies regarding a Licensed Care Facility (LCF) housing temporary clients during an emergency
- Research liability issues surrounding use of private transportation companies during evacuations
- Ensure (future) trainings will meet licensure requirements for First Responders/Direct Support Staff for Continuing Education credits
- Research Federal/State definitions for Service animals
- Determine liability issues if Durable Medical Equipment (DME) is damaged/destroyed during an evacuation or at a shelter and reimbursement possibilities
- Research policy regarding access to extra medication prior and post emergency

Plan

- NCEM will use person-first terminology in emergency operation plans
- Partner with stakeholders to ensure whole community is involved in emergency operations planning
- Research best practices and develop plans for replacing durable medical equipment that is lost or damaged at shelters or during evacuations

Products

- Disseminate ShowMe shelter communications pictograph tool and free shelter pictograph communications phone app to emergency managers and shelter leaders across the state
- Disseminate a checklist to be used by emergency managers and others to ensure inclusion of persons with disabilities in exercises. The list will provide information to consider when inviting persons with disabilities to participate in exercises
- Work has been completed to ensure that NC Emergency Management's preparedness website, ReadyNC, now meets Web Content Accessibility Guidelines (WAG) 2.0 and will be maintained by NCEM. The next step is to ensure that ReadyNC's content is equally accessible
- A checklist will be developed for persons with functional needs to use when preparing to shelter in place or to go to a shelter. This will be posted on the ReadyNC website and partners websites and shared through public outreach campaigns
- A personal preparedness planning tool, MyPrep, was first developed by the DEEM Task Force and University of North Carolina (UNC). A stakeholder committee (with the permission of UNC) is revising it will place this planning tool on the ReadyNC website for use by the whole community. As part of the MyPrep work, online pop up instructions will be developed to assist persons filling out the MyPrep planning form housed on ReadyNC

Partnerships

- Continue to engage First Responders, Managed Care Organizations, State Emergency Response Team Partners, local governments, Emergency Managers, Disability Community, state government agencies to cross-integrate with tools, planning and exercises
- Engage media organizations regarding the use of captioning pre and post-emergencies. Discuss keeping interpreters in the camera frame during media conferences during times of emergencies

Public Awareness, Education and Outreach

- Explore current communications strategies for reaching populations with intellectual and developmental disabilities and service providers prior to as well as post emergencies
- Continue to conduct statewide ReadyNC marketing campaign to increase preparedness and highlight accessibility of website
- Support efforts to ensure that NCEM presentations are accessible to the whole community

Personal Preparedness

- Partner with two counties to develop an Accessible Community Emergency Response Team (ACERT) pilot program to increase personal and community preparedness opportunities for persons with intellectual and developmental disabilities. The county CERT programs will receive funding for the ACERT pilots and NCEM staff support in developing the program and embedding disability-related content into the training
- See Product - Revise MyPrep tool for personal planning

Training

- Complete reviews of emergency preparedness training curriculum for First Responders/Direct Support Staff and Shelter Leaders when working with Disability Community during disasters
- Roll out and reinforce educating NCEM staff and county Emergency Managers on the grant products/tools that are developed. Ensure there is a comprehensive training strategy

Year Three (Oct.1, 2015 – Sept. 30, 2016)

Policy, Research, Assessment, and Proposed Changes

Note: Most policy changes will require significant time if statutory, regulatory, or executive orders are needed

Research

- Research Emergency Management/ Intellectual or Development Disabilities best practices from across the nation and consider applications in North Carolina
- Research access to governmental records pre-/post- disasters by emergency managers
- Research medical shelter after-action reports from across the country for lessons learned and applicability in North Carolina's State Medical Shelters
- Review Functional Needs (Special Needs) Registries in North Carolina. Consider different options and strategies for assisting persons who may not be on a Registry during times of emergencies
- Review current Service Provider/MCO requirements regarding emergency preparedness plans for clients
- Review homeowner insurance policy discounts to see if there are discounts for having an emergency plan in place
- Research emergency managers integration of persons with disabilities in exercise planning and execution by placing as requirement choice in Emergency Management Preparedness Grant (EMPG)

Policy

- Determine disposition of research of previous year and define next steps to update or implement policies for the following:

- Personal shelter aide options
- Licensed Care Facility for housing temporary clients
- Determination of DME liability issues during an emergency
- Prescription medication availability pre/post emergencies
- Private transporter liability during evacuations
- Licensed Care Facilities (LCF) housing temporary clients during an emergency
- Service Animal Policy for North Carolina that will meet federal and state standards
- Guidelines for replacing damaged durable medical equipment (DME) during evacuations and shelter operations
- Homeowner discount on insurance policies if owner has emergency plan

Plan

- Ensure whole community planning and people-first terminology in local Emergency Operation Plans (EOP) by placing requirement options to receive Emergency Management Preparedness Grants (EMPG) funds
- Develop and implement FAST plan if needed
- Develop plans for staffing shelterees without, but needing, caretakers at shelter
- Develop (and execute) evacuation exercise for 100 persons, forty percent of whom should have disabilities. Ensure persons with disabilities are included in the planning and implementation processes
- Identify existing best practices for replacing DME at shelters during an emergency

Products

- Review shelter intake registration forms through an intellectual and developmental disabilities perspective to ensure the forms are comprehensive and appropriate and encourage best practices during shelter operations
- Work with subject matter experts and NC media organizations to develop consistent All Hazards terminology so the whole community understands information being presented prior-to and post-emergencies. Work with media organizations to ensure interpreters are in camera frame during emergency-focused broadcasts. This will require an on-going education effort
- Create interactive county partner connect maps for Emergency Managers and Disability Communities so each partner is able quickly to access and communicate with each other to enhance planning, exercise opportunities and communication during emergencies
- Research YouTube videos that explain what to expect at shelters. Choose one video with accurate quality captioning for placement on the ReadyNC website and disseminate to partner stakeholders for placement on their websites

Partnerships

- Continue to engage First Responders, Managed Care Organizations, SERT Partners, local governments, Emergency Managers, Disability Community, state government agencies to cross-integrate with tools, planning and exercises

Public Awareness, Education, & Community Outreach

- Educate population on All Hazards terminology used by emergency managers, meteorologists and other media personnel
- Post “Shelter Expectations” videos on ReadyNC ensuring whole community understands the role of a shelter during an emergency
- Promote the ShowMe Shelter App to emergency managers, shelter team leaders and the whole community for use during emergencies
- Publicize personal preparedness planning tools and resources to ensure increased awareness of how to

prepare for different emergencies

Personal Preparedness

- Consider process to initiate policy changes that would allow homeowner discount on insurance policies if owner has emergency plan in place (See Policy priorities Year 3)
- Continue and begin evaluation process Accessible Community Emergency Response Team (ACERT) pilot program and evaluate it for potential statewide roll-out

Training

- Adapt selected training curriculum for first responders/direct support staff that focuses on working with persons with intellectual and developmental disabilities during times of emergency
- Ensure Shelter Leader Trainings covers any policy updates including service animals in shelters, new tools that are available, mental health training updates, and other similar updates, on a consistent basis
- Develop Just In Time Training (JITT) for evacuation and transportation operations

Year Four (Oct.1, 2016 - Sept.30, 2017)

Policy, Research, Assessment, and Proposed Changes

- Continue work on policy recommendations as needed

Plan

- Develop plans for staffing persons with Intellectual or Development Disabilities without, but needing, caretakers at shelter
- Review NC Coastal Region Evacuation and Shelter Plan (CRES) plan through the lens of the C-MIST to ensure it encompasses the whole community

Products

- Monitor products created and/or implemented for emergency preparedness improvements
- Maintain and grow grant database of partnerships and stakeholders

Partnerships

- Develop communication plan to continue relationships with established partners

Public Awareness, Education, and Outreach

- Provide updated information and education related to preparedness planning
- Market approved plans, tools, deliverables, materials and resources identified and/or developed that improve the emergency preparedness services for people with intellectual and developmental disabilities

Personal Preparedness

- Implement ACERT Pilot Program if approved as model for statewide use

Training

- Trainers will present lessons on working with persons with disabilities during emergencies focusing on first responders, direct support staff and shelter leaders
- Train Emergency Managers on strategies developed to locate persons with disabilities, not listed on Functional (Special) Needs Registries who may need additional assistance during times of emergencies



www.ncem.org
919-825-2500

www.ReadyNC.org



North Carolina Department of Public Safety